

THE MANAGEMENT AND DIFFUSION OF
HIV/AIDS INFORMATION IN INSTITUTIONS OF
HIGHER LEARNING IN SOUTH AFRICA

LUYANDA DUBE

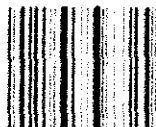
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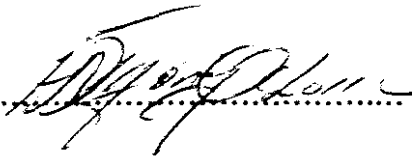
By

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**Thesis submitted in fulfillment of the requirements for the award of the
Degree of Doctor of Philosophy in Library and Information Science at the
University of Zululand, Kwa-Dlangezwa, SOUTH AFRICA.**

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DECLARATION

I declare that this study, "The Diffusion and Management of HIV/AIDS in Institutions of Higher Learning in South Africa" is my own work both in conception and execution. All information that was used has been duly acknowledged in the text and references.

Signed :  Date: 

Luyanda Dube

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This work could not have been successfully completed without the assistance of:

- My Promoter, Professor D.N. Ocholla, for his guidance, involvement and dedication. His patience, encouragement and commitment enabled me to continue with the work against all odds. Without his support I would not have reached the finishing line.
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- My children **Zizo and Palesa** for their love, support and understanding. I hope this will forever be an inspiration to them.
- Last but not least, to GOD for giving me the gift of life, the strength, endurance and courage to execute this study to the finish.

DEDICATION

- To my late niece **NOMSA BABALWA HOLOMISA**, whose untimely death transformed me to another level of life. **MAMGEBE**, I dedicate this piece of work to you. The pain of losing you helped me redirect my energies towards the meaningful accomplishment of goals.
- To my late parents, **NOMATHEMBA** and **WILSON DUBE**, for giving me a solid foundation from which I carved my life.
- To **ZIZO** and **PALESA** my two children, as a legacy that nothing is impossible in life if you set your mind to it.

ABSTRACT

The impact of HIV/AIDS (human immunodeficiency virus/ acquired immune deficiency syndrome) is devastating worldwide especially among tertiary institutions whose constituencies are within the age bracket between 15–45 years. Unfortunately there is still no cure for the disease, and one way of controlling the rampant nature of the pandemic is through educational and enlightening interventions backed by appropriate information. The aim of the study was to assess the framework, nature and scope of the institutional response as well as the appropriateness of HIV/AIDS information dissemination interventions developed and employed by institutions of higher learning in South Africa for the prevention of the spread of the pandemic. The study was informed by theoretical framework grounded on the Diffusion of Innovations theory. Both qualitative and quantitative research design and methodologies were employed largely through survey, observation and document analysis. The study targeted HIV/AIDS service providers, health centers and institutional libraries within all public universities and technikons in South Africa. The respondents within institutions were identified largely through non-probability sampling techniques such as snowball and purposive sampling. The study mapped out the HIV/AIDS response of the higher education sector in relation to programmes offered and strategies and methods that are used to manage the pandemic and disseminate information. The findings reveal that the response of the higher education sector to HIV/AIDS is not uniform, but there is a positive move towards strong management of HIV/AIDS and information diffusion. Secondly, it is observed that the disease has some impact on institutional mandates such as teaching, learning, research and community service. Unexpectedly, the study confirmed widely held views that are also reported in related studies, that the response of academic institutions to the disease is still characterized by silence, denial, discrimination and stigma as most institutions do not address the disease openly. Thirdly, it was established that in those institutions where there is an AIDS Centre the response seemed to be more systematic and well guided as compared to those that relied on the services of the health centre. Fourthly, there was no distinction made in terms of the nature and strength of the institutional response between service providers that had higher academic qualifications and those that did not have.

Most highly qualified respondents though had other academic responsibilities, dealt with HIV/AIDS as additional job. Fifthly, it was easy to distinguish between historically advantaged and disadvantaged institutions, as the latter had interventions that were underdeveloped and limited in scope and depth. Similarly, universities as compared to technikons demonstrated more intense interventions and better resource provision. Sixth, in most institutions management supports the institutional HIV/AIDS management and response. This involvement was evident through observation on the nature of the response, capacity buildings and resources on the ground. However, it was sadly observed that this executive commitment to HIV/AIDS seemed to be overridden by other priorities such as the reconfiguration and reconstruction of the sector. Further, noted that all institutions have HIV/AIDS policies, but some of them have not implemented these policies. Seven, though the Higher Education HIV/AIDS Programme is coordinating the HIV/AIDS response within the whole sector, it does not seem to have all the answers for the systemic problems that are cropping up. Eight, HIV/AIDS information is disseminated by the institutional libraries, HIV/AIDS service providers and health centers. Mostly, information is disseminated in print form while other modern media seemed to be underutilized and repackaging is not extensively done due, partly, to shortage of resources and capacities. The study found strong link between the theoretical models earlier mentioned and results of the study. Specifically, these theories confirmed the importance of the content of HIV/AIDS messages and the value of horizontal and vertical communication strategies. The study recommends that the institutional response needs to be revamped and redesigned to improve the traditional information dissemination strategies that are used by most academic institutions. Information dissemination strategies should be designed in line with current trends in socio-cultural and political lifestyles of young people. However, though there are still flaws and inefficiencies, the sector is responding positively to the epidemic and efforts are being made to synchronize and coordinate the systemic response. The study recommends further research on feasibility, applicability and effectiveness of the centralized coordination of the higher education HIV/AIDS response. It also recommends that the higher education sector should be more involved in the initiative of the Higher Education HIV/AIDS Programme to make valuable contributions based on experiential encounters.

Similarly, strategies should be rapidly implemented to redress past imbalances in relation to strengthening capacities and resources of previously disadvantaged institutions to enable them to deal effectively with the disease. Other issues have been unearthed and a model for effective HIV/AIDS management and information diffusion in the sector suggested.

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Abbreviations and Acronyms

AAU	Association of African Universities
ABC	Abstinence, Faithful and Condomise
ACU	Association of Commonwealth Universities
AIDS	Acquired Immune Deficiency Syndrome
BCC	Behaviour Change Communication
BTF	Broad Transformation Forum
CADRE	Centre for AIDS Development, Research and Evaluation
CFSC	Communication for Social Change
CHE	Council on Higher Education
CHP	Centre for Health Policy
CTP	Committee of Technikon Principals
DoE	Department of Education
DoH	Department of Health
DOI	Diffusion of Innovations
EPPM	Extended Parallel Process Model
GDP	Gross Domestic Product
HAI	Historically Advantaged Institution
HDI	Historically Disadvantaged Institution
HEAIDS	Higher Education AIDS Programme
HEARD	Health Economics and HIV/AIDS Research Division
HIV	Human Immunodeficiency Virus
ICT's	Information Communication Technologies
LIS	Library and Information Science
NACOSA	National AIDS Co-ordinating Committee of South Africa
NCHE	National Commission on Higher Education
ND	National Department
(n.d)	No date
NEPAD	New Partnership for African Development
NGO's	Non-Governmental Organisations
NPHE	National Plan for Higher Education

NQF	National Qualification Framework
PAHO	Pan American Health Organisation
PEST	Political, Economic, Social and Technological
PHRU	Perinatal HIV Research Unit
SADC	Southern Africa Development Community
SAQA	South African Qualification Authority
SAUVCA	South African Universities Vice Chancellor's Association
SHARP	Student's HIV/AIDS Resistance Programme
SWOT	Strengths, Weaknesses, Opportunities and Threats
TECH	Technikon
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNIV	University
UPE	University of Port Elizabeth
VCT	Voluntary Counselling and Testing
WGHE	Working Group on Higher Education
WHO	World Health Organisation

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CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1 Introduction and conceptual setting

According to the Communication for Development Roundtable Report (2002) the HIV/AIDS pandemic presents unique and unresolved challenges which in the absence for a cure will be overcome if the capacity to communicate with each other is broadened. In response to this thesis statement the study focuses on the management and diffusion of HIV/AIDS information in institutions of higher learning in South Africa. The impact of HIV/AIDS (human immunodeficiency virus/ acquired immune deficiency syndrome) is devastating worldwide more especially in developing countries. According to Ambati and Ambati (1997:319) the disease first emerged two decades ago and most probably then, no one actually suspected the magnitude of the epidemic evolving. HIV/AIDS affects all continents and regions. As a result all over the world the disease is causing devastation, destroys communities and families and takes away hope for the future (Joint United Nations Programme on HIV/AIDS (UNAIDS 2002). In the absence of a cure, and in most cases adequate treatment, it affects production as well as household incomes and expenditures; it poses major problems for health systems and health care practices; it impacts upon the capacity of societies to provide essential services and plan for the future; and it threatens good governance and human security (UNAIDS 2002).

Presently HIV/AIDS has reached unprecedented pandemic proportions, from the 1980's until 2002 almost 20 million people globally have died, of which 4,3 million are children (UNAIDS 2002). In 2002 AIDS claimed more than 3 million lives and an estimated 5 million people acquired HIV bringing to approximately 42 million the number of people globally living with the virus (Ennals and Estrellita 2002).

Unfortunately, even after decades UNAIDS (1999) cautions that there is no sign that the scourge of HIV/AIDS is abating. Instead it is still knocking down decades of national development, widening the divide between the rich and poor and shaking the very core of society. The extent of the pandemic as McGregor (2001) warns, is

devastating, as it pervades the home and work, the media, law and justice, the church and morality, health, the education system, personal and sexual relations as well as cultural and socio-economic development.

Globally there are 15 000 new infections everyday, and of these 95% are in the developing countries (UNAIDS 1999). Likewise, Africa, especially Sub-Saharan Africa, is the most severely affected region in the world, with the epicenter of the disease lying in countries of Southern Africa (Katjavivi and Otaala (2003). UNAIDS (2000) reaffirms the above statement by illustrating that 70% of the estimated global total of people with HIV/AIDS, live in the Sub-Saharan region. This according to Ennals and Estrellita (2002) shows that, in this region the disease is the prime cause of death, and as such has been part of people's lives, as most people are either infected or affected. Therefore, the time has come for Africa to build a global coalition between scholars, policy makers, programme implementers and communities in order to save the African population from the devastating impact of HIV/AIDS (Challenge of the Current HIV Paradigm 1999).

Although the African continent is generally affected by HIV/AIDS there are significant regional variations, with Southern Africa being the most affected. For instance, amongst the world's countries that are severely hit by HIV/AIDS are South Africa, Botswana, Namibia, Lesotho, Swaziland to mention a few (UNAIDS 1999). Lack of early intervention until there is documented high prevalence, is a lost opportunity with unacceptable human cost and compounded difficulties to contain the disease, the UNAIDS (2002) report warns. Deane (2002) confirms that the magnitude of the HIV/AIDS problem in underdeveloped countries has been compounded by a lack of resources, insufficient political will, or inappropriate communication and prevention strategies. Moreover, given the migration within the region, it would be difficult to eradicate the disease as many countries still take a *laissez-faire* approach and remain reservoirs of infection (The Challenge of the Current HIV Paradigm, 1999). In the same vein the Communication for Development Roundtable (2002) states that:

HIV/AIDS interventions have not been successful in containing and mitigating the effects of the pandemic in many countries because:

- Opportunities were missed early in the early stages of the epidemic
- Some programmes have paid insufficient attention to the local context
- Interventions focus on individual behaviour rather than addressing social norms, policies, culture and supportive environments
- Information is conveyed from technical experts rather than interpersonal dialogue or public debate

South Africa has the highest number of people living with the disease and the fastest-growing HIV/AIDS epidemic in the world according to Coombe (2000), MacGregor (2001), UNAIDS (2000) and the Sourcebook of HIV/AIDS Prevention Programmes (2003). In South Africa there are close to 43 million people, and Coombe (2000) and MacGregor (2001) note that, approximately over 4 million are currently infected at the rate of 1700 infections per day. It is estimated that these levels will rise by 2005 as 6 million people will be infected and 2.5 will die of AIDS related diseases (Coombe 2000), UNAIDS (2000) and South African Universities Vice Chancellor's Association (SAUVCA 2000). These estimates are confirmed by the Development Bank of Southern Africa's calculations that the country's population will begin to contract by 2016 when the number of AIDS related deaths will exceed births (SAUVCA 2000). The South African government has developed Acts and policies, conceived and implemented a series of plans designed to address and control the HIV/AIDS epidemic. However, Trengrove-Jones (2001), Coombe (2000), Crewe (2000) and Marais (2000) argue that the government's HIV/AIDS policies have been consistently controversial, as a result the country has lagged behind some other African states in responding effectively to the epidemic.

The economic implications of the HIV/AIDS crisis are staggering. Nearly 12% of the South African workforce is assumed to be HIV infected and this will cost the country one percent of its gross domestic product (GDP) by 2005 and will also consume three quarters of the nation's health budget (UNAIDS 2000 and Coombe 2000). Manuel (2002), cautions that the effects of the epidemic in the country are becoming more visible on service delivery, budget forecasts, and personnel planning. Indeed the public sector will endure the impact of the disease on its workforce, productivity and skills base. Due to the high mortality rates, brain drain and other factors the public sector will not be able to cope with the demand for professional personnel, unless a

more concerted plan to increase training in critical areas such as education, health, policing and justice is adopted. This scenario reflects the importance of survival for educational institutions such as universities and technikons as well as students to receive training and staff to offer that training. From the foregoing argument it is obvious that HIV/AIDS needs to be given high priority and must be treated with the urgency it deserves.

Against this backdrop, Piot (2002) and Keelbe (2002) suggest that coherent national responses are required for which there must be political will and commitment, inter-sectoral collaboration, partnership and participation and engagement by a broad range of stakeholders. The South African government has developed Acts and policies, conceived and implemented a series of plans designed to address and control the HIV/AIDS epidemic. For instance, in 1992 the National AIDS Co-ordinating Committee of South Africa (NACOSA) was launched and endorsed by Cabinet in 1994 with the mandate to develop a national strategy on HIV/AIDS (NACOSA 2000). In 2000 the Department of Health released, after much consultation, its five- year plan for HIV/AIDS that listed a series of goals and priority areas of action (NACOSA, 2000). Trengove-Jones (2001), Coombe (2000) and Crewe (2000) argue that, the government's HIV/AIDS policies have been consistently controversial and as a result the country has lagged behind some other African states in responding effectively to the epidemic.

Similarly, Asmal (1999) cautions that South Africa as a nation, its institutions and its people must deal with the HIV/AIDS menace with urgency and purpose, for if that is not done, the country faces a future full of suffering and loss, of untold consequences for communities and institutions. The study focuses specifically on institutions of higher learning, because the sector is also vulnerable, as HIV/AIDS is threatening to wipe out constituencies of these institutions, since most of them are in the highly affected age group. As 53% of the population is under the age of 25 years HIV/AIDS will have serious impact on the future development and growth of this country.

In this bleak picture Coombe (2000) posits that in the higher education sector it cannot be business as usual. MacGregor (2001) sees tertiary institutions as the country's best hope for survival against HIV/AIDS, because they have resources and

the capacity to make a significant contribution to the management and control of the pandemic. Similarly, SAUVCA (2000) states that South African institutions of higher learning not only have a responsibility to fight against the HIV/AIDS pandemic, but also to take a prominent leadership position in the fight against the epidemic and to ensure that tertiary institutions survive in terms of enrolment, funding and sustainability.

Therefore, appropriate action to protect and stabilize the sector before it is compromised by the pandemic needs to be taken. There is an urgent need as Asmal (2002) affirms, for the higher education sector to mitigate the pandemic's potential and actual impact to ensure that those affected and infected by the disease are receiving proper care, support, treatment, education and information. Thus, as Anarfi and Awusabo-Asare (n.d.) articulate the sector needs to live up to its expected role as knowledge-generating and knowledge disseminating sector by actively ensuring that its members are well informed and aware about the disease and its complexities. Responding to the disease means, seeking ways to protect the sector before it is compromised by the pandemic; stabilizing it to ensure that even under attack by the pandemic it functions (self-preservation); mitigating the pandemic's potential and actual impact to ensure that the system survives (counteract the pandemic) and outwitting the disease to ensure that the system continues to provide meaningful, relevant services (Coombe 2000).

According to the UNAIDS (1999) report it is widely agreed that only preventative measures brought about by education can halt the epidemic. Sadly, Uys et al (2001) caution that previous studies on HIV/AIDS indicated that students were generally knowledgeable about the causes and modes of transmission of HIV/AIDS, though this awareness did not correspond with displayed sexual behaviours. Similarly, Labinsky (2000) notes that, in South Africa the amount of information about HIV/AIDS has increased, but the disease continues to spread. They attribute this inconsistency to a variety of factors such as, inappropriate information diffusion methods, failure to adapt to inherent cultural patterns, stigmatization and denial, the liberal and casual attitude of students and peer pressure (Uys et al 2001) and Labinsky (2000). It is against this backdrop that the study seeks to investigate the strategies used by tertiary institutions to diffuse HIV/AIDS information in this country.

The higher education sector can respond to the epidemic by adopting appropriate information and knowledge management diffusion policies, educational and care programmes and awareness campaigns and medical support that are responsive to the specific needs of the individual institution. Through appropriate information dissemination strategies HIV/AIDS will be kept on the public agenda to educate, inform and sensitize communities about the disease and its complexities. It is important to realize that people have a constitutional right to receive and impart information and ideas through any media, so that they can be able to make informed decisions towards behavioural changes and health improvement. Hopefully, the results of this and other similar studies will influence the country and higher education institutions to prioritize the disease and commit resources to combat HIV/AIDS so that the infected and affected people will get a new chance in life.

1.2 Contextual setting

Institutions of higher learning according to Raju (2002:22) include tertiary institutions offering qualifications in the form of degrees and diplomas in various fields that have been accredited by recognized structures such as the South African Qualifications Authority (SAQA). These institutions are universities, technikons, technical colleges and teacher training colleges. Though legally and operationally the higher education sector is one system, it is fundamentally flawed by inequities, imbalances, fragmentation and gross distortions deriving from the past and as a result institutions vary in management capacity, resources, research capacity and institutional cultures (Higher Education Act of 1997 and SAUVCA 2000).

The study will focus on two types of institutions within the sector, universities and technikons. When the study was initiated there were twenty-one (21) universities and sixteen (16) technikons. These numbers are likely to change as the restructuring and rationalisation process in the sector goes on. Currently, technikons focus mainly on career-oriented programmes whilst universities range from career-oriented, professional, general formative and research masters and doctoral programmes (Ministry of Education 2001:52). Raju (2002:23) highlights that in the past university and technikon programmes were deregulated by separate qualifications authorities and frameworks that led to impermeable boundaries between them. However, The

South African Qualification Authority (SAQA) has since been established and has developed a single co-ordinated National Qualification Framework (NQF) that will outline specific descriptions of learning outcomes in various areas of learning (SAQA 1997:2). The single qualifications system, have streamlined the current array of qualifications and integrate the traditional education systems into a seamless system ((NQF 1997:3). However, Raju (2002:27) argues that the imposition of the SAQA-NQF system is more of a strain to universities than is to technikons, because their approach has always been programme-based as opposed to discipline-based approach that universities were using.

To implement change the National Commission on Higher Education (NCHE 1996:1) was tasked with the responsibility of restructuring and reshaping the higher education landscape to meet pressing national needs and to respond to national and global opportunities and challenges. There is still ongoing intellectual debate on issues of transformation, curricular changes, quality assurance, equity and funding (SAUVCA 2000). Similarly, there is ongoing intense reconfiguration of the sector to ensure long-term affordability and sustainability and to establish a single, nationally co-ordinated system suitable for a diverse socio-economic and cultural environment (Crewe 2000). For instance, the Council on Higher Education (CHE) Task Team (2001) suggested a range of institutional types with different mandates on different orientations and foci necessary to achieve diverse social and educational goals, purposes, roles and outcomes (Raju 2002:30). Due to these changes, the higher education landscape has been a rough one, as institutional history, cultures, values and security are threatened.

However, though the degree of ongoing intellectual debate on restructuring and transformation might have caused the sector to be out of synch, there are still other challenges that have to be addressed such as the increasing threat posed by HIV/AIDS (SAUVCA 2000 and Crewe 2000). There is mounting pressure for the sector to deal with HIV/AIDS to ensure survival in terms of enrolment, funding and sustainability. The potential impact of HIV/AIDS is threatening to wipe out constituencies of tertiary institutions if efforts to manage and combat the disease are not done.

In response to the problem, the National Education Policy Act 27 of 1996 and the Higher Education White Paper (1998) feature planning and programmatic

commitment to HIV/AIDS. This provides a framework for institutions to create a working and learning environment that is supportive, sensitive and responsive to those infected and affected by the disease. Institutional response to challenges posed by HIV/AIDS varies, with some institutions having comprehensive programmes and resources for implementation and sustainability, whilst others have done nothing more than mention the disease in their plans.

1.3 Statement of the problem

The university community falls into four relatively distinct groups: students, academic staff (lecturers and researchers), support staff (professional, technical and administrative), and ancillary staff. HIV/AIDS can have an impact on the personal stability, work productivity and future output of individuals from all these categories.

Firstly, the AIDS pandemic is rampant in the higher education sector and students are mostly affected as most of them are within the highly vulnerable age bracket. Uys et al (2001), Labinsky (2000), Keeling (1998) and Mayengela (2000) concur that there is a lot of information available on the disease which culminates into an extensive awareness of the HIV/AIDS problem but sadly this does not translate to the adoption of responsible behaviour. They further argue that this opens a wide array of questions about the translation of knowledge into behaviour, the effectiveness of information diffusion methods, the recognition of inherent cultural patterns, stigmatization and denial attached to the disease.

Secondly, very few studies have been conducted in the sector to establish infection rates and as a result projection of infection rates paint a bleak picture. However, the study conducted by Kinghorn (2000) in the University of Durban Westville indicates that :

- The infection levels for university under-graduates in 2000, is estimated at around 22%. By 2005 this will reach 33%;
- The infection levels for university post graduate students is currently around 11% and will rise to 21% by 2005;

- The infection level for technikon students is currently close to 24.5% and will increase to 36% by 2005.

Contrary to these high estimates the study conducted by the Rand Afrikaans University indicated significantly lower infection levels (Uys et al 2001).

Thirdly, there is a lack of synergy in dealing with HIV/AIDS in the higher education sector in South Africa.

Lastly, since there is no cure for HIV/AIDS the development of appropriate programmes and strategies to, educate, inform and create awareness about the disease and its complexities can help to manage and mitigate the effects of the epidemic.

1.4 Motivation of the study

The researcher was motivated to conduct the study on the diffusion and management of HIV/AIDS information in institutions of higher learning in South Africa because of the following factors:

- i) Globally speaking, South Africa has the highest number of people living with HIV/AIDS. The disease mostly affects young people including students in tertiary institutions who still engage in indiscriminate sexual behaviours that occur due to rape, alcohol and substance abuse, ignorance, complicity and peer pressure.
- ii) The results of previous studies show that students are generally knowledgeable about the causes and modes of transmission of HIV/AIDS, but this does not correspond with their sexual behaviour.
- iii) The disease will have wide-reaching effects on the culture, life, future existence of these institutions and the country's economy as a whole, unless aggressive practical strategies to address the problem posed by the disease are adopted.
- iv) According to Crewe (2000) the main task of tertiary institutions is to train students to high standards of excellence and to empower staff and students to

- be able to operate professionally and personally in a society profoundly affected by the HIV/AIDS epidemic.
- v) These institutions have the responsibility through knowledge dissemination, research and advisory services, to contribute to stemming the spread of the disease and to mitigating its impact within the larger society
 - vi) The youth in South Africa are most likely to hear about HIV/AIDS through mass media, at school and peers because of the silence and shame surrounding the epidemic. In some communities it is still a taboo to talk about sex and sexuality, especially between young people and parents. Many parents still feel uncomfortable to discuss sex with their children
 - vii) Lastly, it is the researcher's conviction that a response to the current situation requires more purposeful and effective dissemination strategies of responsive information on prevention, treatment, care and support to manage the crisis and to embrace those infected and affected by the disease.

1.5 Aim of the study

The aim is a broad statement of intent of what is to be achieved that is non-measurable. For this study the aim was to assess the framework, nature and scope of the institutional response as well as the appropriateness of HIV/AIDS information dissemination interventions developed and employed by institutions of higher learning in South Africa.

1.6 Objectives of the study

Objectives are relatively specific statements that are measurable, reasonable, challenging and achievable. To achieve the above-mentioned aim the following objectives were developed:

- i) To establish and examine how government instruments of HIV/AIDS inform institutional policies
- ii) To establish the existence and implementation of HIV/AIDS policies, programmes and strategies that have been developed by the different tertiary institutions

- iii) To examine information diffusion strategies, tools and policies that tertiary institutions have
- iv) To develop a contextual model appropriate for HIV/AIDS information diffusion in the higher education sector

1.7 Research questions

Several major questions arise from the articulated research problems:

- i) How do government instruments inform the institutional response?
- ii) What initiatives has government introduced to coordinate the sectoral response?
- iii) What is the impact and relevance of HIV/AIDS policies and plans that have been developed by different institutions?
- iv) What is the impact of the disease on the sector?
- v) How has the sector responded to mitigate the effects of the disease?
- vi) What are the information diffusion strategies and policies adopted by academic institutions?
- vii) Are information resources on HIV/AIDS available, accessible, relevant and usable?
- viii) What developments in teaching, research and community service do institutions have on the disease?

1.8 Scope and limitations

1.8.1 Scope

- i) The study focused on thirty six public institutions of higher learning in South Africa. These included specifically fifteen technikons and twenty one universities. When the study was initiated there were still twenty-one public universities and sixteen technikons. Due to the restructuring process that is currently going on some institutions will merge, thus decreasing the number of these institutions.

- ii) Within each institution, the study focused on the structure, body, agency or individual responsible for the development and implementation of HIV/AIDS policies and programmes, information centres and health units.

1.8.2 Limitations

According to Ikoja-Odongo (2002:13) any study has limitations which have to be duly noted by the researcher. The limitations for this study include the following:

- i) The sensitivity surrounding HIV/AIDS affected the study in relation to collecting data necessary to address all the variables that the study intended to address.
- ii) The study was conducted during the final stages of the reconstruction phase. The process of reconstruction brought with it insecurity and instability which resulted in a lack of defined roles for certain individuals. This caused apathy amongst most respondents.
- iii) The obvious lack of the research ethic and professionalism among colleagues in some institutions was also a threatening limitation to the study, as respondents did not keep appointments or were unwilling to participate.
- iv) The study excluded teacher-training colleges, technical colleges, private universities and technikons.
- v) The population within each selected institution excluded the staff and students because of time constraints.
- vi) The study excluded bodies such as the Department of Education (DoE), South African Universities Vice Chancellors Associations (SAUVCA), The Committee of Technikon Principals (CTP) and Higher Education AIDS (HEAIDS Programme). Though the inclusion of these bodies would have widened the scope of the study, the researcher realized that their exclusion somehow had limitations on the study. However, they were excluded because their value in terms of relevance to the study was not perceived during the initial stages of the study. It was only when the results were consolidated that the realization of the importance of the said bodies was realized.

1.9 Significance of the study

Conducting research and forging strategic partnerships and alliances among institutions of higher learning in South Africa are essential to enhance strategizing the management and control of the epidemic as these institutions are vulnerable to the adverse impacts of HIV/AIDS. Because these institutions are richly resourced they have the potential or capacity to take a leading role in educational, health, developmental, social and economic matters. These institutions have the expertise and information resources to be think-tanks or information reservoirs that the country can rely on. It is also crucial that they should maximize their resources to provide enough justification for government funding which is stretched thin because of other socio-economic demands.

Similarly, in a climate of heightened HIV/AIDS awareness, as Kelly (2002) indicates, institutions of higher learning must ensure that they become engines of development, progress, understanding and hope, for people, institutions and society in all that relates to the disease. Kelly (2002) further states that history will judge institutions by the vitality and variety of its cooperative efforts with society to confront the disease aggressively and proactively.

Furthermore, these institutions have a populace of diverse cultural, racial, sexual, political and socio-economic background that if well informed about combating the disease can create awareness in a wider community. This concurs with Crewe's (2000) observation that knowledge gained and attitudes learned by students while studying will have substantial spin-offs for broader society as these students are future leaders of our society. In addition, the importance of studying this educated segment of society is, according to Ambati and Ambati (1997: 319), that their knowledge is a sensitive barometer of the possible inadequacies of educational efforts. The educated segment is also a cream of society that the country will rely on for tomorrow's leadership and workforce. Educated members of society mostly participate in the development and implementation of democratic principles and practices.

Findings from this and other related studies should inform the functioning and welfare of individuals, societies, as well as organisations as HIV/AIDS has become a

dominant factor in national and social life. As centres of learning, progress and development these institutions are supposed to have direction and insight in dealing with catastrophes such as the HIV/AIDS disease. Similarly, Kelly (2002) notes that as the highest concentration of intellectual expertise in an area, institutions should serve agencies, communities and individuals with knowledge, understanding, skills, and capacity in accessing the most up-to-date information and developments. The study will highlight sustainability programmes and strategies of information diffusion that the different institutions have in place. This will make it easy for those institutions that have not developed any programmes to adopt and adapt models of education, information delivery, care, treatment and support that have proved to work in practice.

The study will also develop a model for information diffusion that can be adopted as an asset within and among tertiary institutions and other public and private organisations. The development of a model will also help to improve HIV/AIDS information communication that is vital to managing and controlling the disease effectively. Lastly, any new generated information will make a significant contribution to the depth and breadth of the already existing HIV/AIDS knowledge base, and that if effectively used it can hopefully help to decrease the spread of the disease.

1.10 Dissemination of research findings

Information is not produced for its own sake, it has to be communicated and used. Most research findings present authentic and valuable data not available anywhere else and this can make a significant contribution to development.

The findings will be disseminated through the following methods to reach a wide audience:

- Through the publication of a research report, copies will be available in the University of Zululand Library.
- Articles extracted from the report will be published in refereed journals, nationally and internationally

- Research findings will be presented at conferences, seminars, workshops, and lectures.
- The research will also contribute to the Higher Education AIDS Programme (HEAIDS) which is intended to address the disease in the sector holistically and in an integrated manner by collecting and collation of relevant information on the disease.
- The research will also contribute to any other initiative whether institutional or governmental that is intended to address HIV/AIDS in the tertiary sector.
- Lastly, the findings will be made available to structures dealing with HIV/AIDS within the University of Zululand and beyond.

1.11 Organisation of the report

Chapter one is an introduction and background to the study. It presents the preliminary sections of the research report namely: introduction and conceptual background; contextual setting; the problem statement; motivation of the study; the aim of the study; the objectives; the research questions; the significance of the study; the scope and limitations; dissemination of findings; organisation of the study; definition of terms and conclusion.

Chapter two, deals with the theoretical framework which is an outline of the theory that were used as a basis for the study. The Diffusion of Innovations Theory was perceived as being a suitable conceptual paradigm. There is overwhelming evidence to show that the theory has been applied in health studies and specifically HIV/AIDS studies.

Chapter three is a review of literature related to the higher education landscape in South Africa. The chapter examines in detail the nature and size of the sector as well as the progression of the transformation process that is meant to address past imbalances. It has also outlined HIV/AIDS government interventions to the fight against HIV/AIDS in the higher education sector.

Chapter four presents a review of the literature on the HIV/AIDS in African tertiary institutions. Containing HIV/AIDS will take many years, and there is a current renewed energy and commitment to fight the epidemic in the African higher education sector. The study therefore, assesses the impact of the disease, the response of the sector and challenges that the disease has imposed.

Chapter five deals with the research design and methodology used for the study. A detailed explanation is provided about the design of the study, the area of study, the target population, sampling and sample size, the research methods, the research tools and the procedure used to conduct the study.

Chapter six presents the data that was collected through the use of questionnaires, interviews, observation and content analysis.

Chapter seven presents the discussions of the research findings presented in the previous chapter. This chapter will give a holistic view of the study and will highlight some problems and insights. It also presents the proposed framework for an appropriate HIV/AIDS response in the higher education sector.

Chapter eight provides the following :

- Summary which entails the synopsis of the findings in relation to the reviewed literature as well as other insights
- Recommendations for further research and proposals for further funding
- Conclusions drawn from the whole study with some important highlights and insights.

1.12 Glossary and Notes

This study has provided working definitions of words that have been predominantly used throughout the text.

Diffusion of information

The term refers to information spreading from a source to reach a wide audience. The diffusion of HIV/AIDS information in particular involves the process whereby service providers communicate information to the wider community with the aim of educating, informing and enlightening them.

Institutions of higher learning

The term constitutes all post-secondary level institutions. Prior to 1994 the sector comprised of universities, technikons and colleges. Subsequent changes led to a new landscape that included comprehensive institutions and national institutes for higher

education (see Chapter 3). These institutions can be private or public. They are degree and diploma awarding educational institutions. However, this study was confined to public universities and technikons as found in the old higher education landscape. This is because the two are more developed and account for the bulk of tertiary education in the country. In this study the terms, institutions of higher learning or higher education, tertiary/ academic institutions are used interchangeably.

University

Raju (2002:6) defines a university as an autonomous higher education institution designed for instruction or examination or both of students in many branches of advanced learning. In this study public universities are institutions whose fundamental purpose is to teach, conduct research and provide community service. When the study was initiated there were twenty one public universities and the number was reduced to eleven through the reconstruction and reconfiguration of the sector.

Technikon

The term is uniquely a South African term. It refers to an institution whose main educational task is to provide education and training in order to supply the labour market with personnel who possess particular skills, technological and practical knowledge that ensures that they practice their occupations effectively and productively (National Education Policy 1988:22). In this study the term refers specifically to public institutions that are more oriented towards skills development rather than theory refinement. Prior to the reconstruction process there were fifteen technikons in the country and the numbers has since been reduced to six.

HIV

HIV means the human immunodeficiency virus. HIV is a virus that damages the immune system of the human body. The retrovirus according to the Association of Commonwealth Universities (2000) spreads through unprotected sexual intercourse, transfusion of unscreened blood contaminated with HIV, and from infected women to their children during pregnancy, childbirth or breastfeeding. HIV develops into AIDS.

AIDS is the final phase of HIV infection and at this stage infections which were usually mild can become potentially life threatening (Association of Commonwealth Universities 2000). The study adopts the foregoing definition.

AIDS

AIDS according to Hubley (1995:1) is a group of different diseases resulting from a breakdown in the body's immune (defence) system. Hubley (1992:1) and Smith (2002) define the word AIDS fully as:

A = ACQUIRED – passes down from person to person and not inherited

I = IMMUNE – to be with the body's defence against disease

D = DEFICIENCY – not working properly, a breakdown

S = SYNDROME - a collection of different diseases.

The study adopts the above definitions as forwarded by Hubley and Smith.

Pandemic

The term refers to a disease that is prevalent over the whole country or the whole world. HIV/AIDS is prevalent not only in South Africa but throughout the world and therefore the study refers to it as a pandemic.

Epidemic

In this study an epidemic is a disease such as HIV/AIDS that is prevalent among a community at a specific time.

1.13 Summary

This chapter provides a conceptual and contextual background of the study. It maps the impact of HIV/AIDS globally. It narrows its focus to Africa and more specifically to Sub-Saharan Africa. Furthermore, the chapter focuses on how the disease has affected different spheres of life in South Africa. Consequently, it examines how institutions of higher learning are also affected and what role they can play in the fight against HIV/AIDS. The various constructs of the study such as the aim, objectives,

significance, motivation, research questions, scope and limitations and the definition of terms are outlined. The chapter provides a background for understanding the study. It also provides a guideline or course of action which the study followed from its inception until completion.

The chapter further highlights the magnitude of the pandemic as a global calamity that affects societies, communities and institutions. It has come out clearly that tertiary institutions are vulnerable to the disease because their main constituencies are the youth. The projected estimates for HIV/AIDS infection levels at Durban Westville reflect how the disease has supposedly made inroads in the higher education sector. Studies by Kelly (2001) reflect a similar situation for most African educational institutions where conditions are appalling and unsatisfactory and the response is not well guided and directional. This study seeks to map the sectoral response to HIV/AIDS of the higher education sector in South Africa.

The next chapter provides a theoretical framework used as a basis of the study. It is imperative that a scientific study be grounded on a theory so that the study could at the end confirm or refute and develop the principles predetermined in the theory. The appropriate theory is examined and its applicability or relevance to the study is portrayed.

CHAPTER 2

THEORETICAL FRAMEWORK

2.1 Introduction

This chapter presents a theoretical basis of this study. The aim of the study was to assess the management and diffusion of HIV/AIDS information in higher education institutions in South Africa. As the study was conducted against the backdrop that the higher education sector is ravaged by the pandemic, it sought to find out strategies employed to manage and diffuse HIV/AIDS information. The study also sought to examine the diffusion process by identifying the mechanisms and systems used in this regard. The undertaking therefore, took into cognizance the claims that have emerged in relation to the effect that although there is a lot of HIV / AIDS information available in South Africa the infection levels are still escalating.

In this study, the theory that was selected as an appropriate conceptual paradigm is Rogers' Diffusion of Innovations Theory. Rogers produced a general theory of how innovations are taken up and sustained (Haider 2004). The diffusion of innovations theory was considered as an appropriate framework for informing this study due to its relevance, relatedness and its potential application to health information diffusion. The selection of the diffusion of innovations theory as a conceptual paradigm for a study that focuses on the communication of HIV/AIDS information draws its justification from the following viewpoints postulated by Rogers. Rogers (1983:89) postulates that the diffusion model is a conceptual paradigm with relevance for many disciplines such as education, health, communication, business, sociology and economics as attested to by Rogers and Scott (1997), Maturi (n.d.) and Greenhalgh (n.d.). Hence there are few disciplinary limits on who studies innovation. Notwithstanding the fact that HIV / AIDS research is multidisciplinary in nature as it relates to different disciplines, this study relates to two disciplines, namely, health and communication. There is overwhelming evidence to show that the said theory is relevant for use in both disciplines. Firstly, Haider (2004), Dearing (2004), Bertrand (2004), Barker 2004, Synder et al 2004 and Genius (n.d.) to mention but a few reaffirm that Rogers' groundbreaking model provides a useful framework in the field

of public of health. Of more importance is the fact that the theory has specifically been applied in HIV/AIDS studies (Rogers 1985 and Pan American Health Organisation (PAHO) (n.d.). Secondly, Rogers and Scott (1997) posit that diffusion research is a particular type of communication research although it began outside the communication field and long before the academic field of communication research got underway. According to Rogers (1983:72) it was only after Shannon and Weaver (1949) proposed a simple communication model that human communication was recognized as a scientific field of study. Rogers and Scott (1997) concur that communication research has grown since the inclusion of the transmission of technological ideas in agriculture, health, education and family planning. It is also highlighted by these writers that one of the advantages of communication research tradition is that it can without limitations analyze any particular type of innovation and can be integrated with any other discipline.

2.2 Conceptual background

This section presents an in-depth exposition of the communication process. Communication is fundamental to this study which seeks to assess mechanisms and systems of communication in higher education institutions.

2.2.1 Communication

Communication is a process in which information, thoughts, ideas, feelings or opinions are shared through words, actions or signs, in order to reach mutual understanding (IEC Reference Manual for Health Programme Managers, 1998 and Rogers 1995). In addition, communication involves promoting participatory methods, the formation of partnerships, dialogue, the exchange of ideas and information in a way that is culturally sensitive and acceptable and building social networks for communicating information (IEC: Lessons from the past). As stated earlier the relatedness between conceptual paradigm and study is that the essence of diffusion is the communication of new ideas. On the other hand, communication is fundamental to this study because according to Crewe (2000) one strategy that can curb the spread of AIDS pandemic is education. Education is an empowering process that involves the exchange of information and responsibilities. Needless to say, since there is no

cure for HIV/AIDS communication continues to be one of the most important strategies in the fight against HIV/AIDS. If communication is to be effective it must, as suggested by IEC and Social Mobilization (n.d.), be in local language and idiom, keeping in mind social norms, cultural beliefs, sensitivities of the community and creating space for interaction at various levels. This means that the communication process should be based on how people define themselves and the circumstances in which they live, what they want and need, and how to attain what they need and build upon their life experiences (IEC Reference Manual for Health Programme Managers 1998). There is evidence from related literature that the participation of beneficiaries is crucial especially with regard to HIV/AIDS, as their engagement will not only educate them but will also ensure engagement, leadership and ownership of the whole process of managing the disease. Similarly, several studies have indicated that the engagement of local people will refute the belief that hierarchies, authorities or external forces will provide answers to local problems and will instead prove that collective action will have long-term sustainable societal impact. If the process is accommodative and sensitive to the above-mentioned factors it will promote ownership by those it is intended to benefit. In actual fact ownership of the communication process by those it is intended to benefit is fundamental for the success and effectiveness of the communication process. It is important that HIV/AIDS communicators in the sector should develop multi-dimensional communication strategies based on institutional and inter-institutional needs to achieve appropriate outputs and activities.

The communication process can be hampered by certain impediments. These are factors that impede the free flow of information or the delivery of intended messages. Labinsky (2000) and IEC Reference Manual for Health Programme Managers (1998) highlight factors that can hinder the communication of information:

- **Characteristics of the audience**

- Age – Some people may not feel comfortable communicating with someone who is older or younger than them
- Religion and culture – Due to religious or cultural beliefs some people may be uncomfortable about addressing issues pertaining specifically to sexuality and sexual relations

- Gender – Some people may not feel at ease talking to people of the opposite sex about sensitive matters relating to sexuality or sexual relations
- Language and educational level – Language used mostly to disseminate health information may be too technical and medical to be understood by the target audience.

- **Service providers**

- Knowledge – If service providers are not knowledgeable enough about the subject, their communication perspective might also be limited
- Attitude and behaviour – Attitude and behaviour of service providers can affect the communication process negatively or positively

- **Logistics**

- Timing – The timing for communicating information has to be suitable, that is, messages should be delivered when people are most likely to listen to them and be receptive
- Setting – Setting for communicating information has to be conducive and appropriate to the needs of the intended audience

- **Presentation**

- Messages – Lack of clarity, ambiguity and too much or too little information are all potential communication barriers.

The barriers outlined above clearly indicate that communication can be hindered from a multi-dimensional perspective. Service providers therefore need to take cognizance of the hindrances in order to promote the free flow of information and the delivery of the intended messages. For success to be achieved the communication process has to be planned properly and the strategies and tools chosen implemented carefully.

2.3 Diffusion of Innovations Theory

The purpose of the diffusion of innovation theory is to provide individuals from any discipline interested in the diffusion of an innovation with a conceptual paradigm for understanding the process of diffusion and social change (University of South Florida

Community and Family Health 2002). The premise of the diffusion of innovations theory as indicated by Rogers (1983:5-6) is that diffusion is a social process by which an innovation is communicated through certain channels overtime among the members of a social system. What is emerging from this definition is that the theory rests on the premise that a new idea is communicated through perceivable channels, time and mode of being adopted by individuals or organizations (Rogers 1983:5-6). From the foregoing definitions there are four important principles of the theory that come out. Rogers (1983:5-6) and University of South Florida Community and Family Health (2002) below give an outline of these principles to help comprehend the theory:

- Innovation – is a new idea, item, thought, process, practice, object that is perceived new by its audience. The newness encompasses a degree of uncertainty which is what gives diffusion its special character
- Communication – is the process of the new idea traveling from one individual to another individual or unit of adoption
- Time – how long it takes for the group to adopt an innovation and what is the rate of adoption
- Social system – these are groups of individuals that together complete a specific goal (adoption)

These four principles of the theory are a cornerstone of this chapter. The principles will be adopted and contextualized to form pillars of this conceptual framework and will be discussed in the sections that follow.

2.3.1 Innovation

As stated earlier an innovation is an entity or object perceived as new by the individual or unit of adoption (Rogers and Scott 1997). Rogers (1983:5) further states that the perceived newness by the individual determines his/her reaction to it. Therefore, the variable of newness need not just be seen as new knowledge but should be expressed in terms of persuasion or a decision to adopt. Innovations are developed and communicated with the intention that they bring about social change. According to Rogers and Scott (1997) innovation theorists maintain that certain characteristics

affect the rate at which an innovation is adopted within a social system. These characteristics as postulated by Rogers and Scott (1997) are discussed below:

2.3.1.1 Relative advantage

This is the degree to which an innovation is perceived as better than the idea it supercedes. The degree of relative advantage can be measured, according to Rogers and Scott (1997) in economic terms, prestige, convenience and satisfaction. Accordingly, if the perceived advantage is greater the adoption will be faster.

2.3.1.2 Compatibility

Rogers (1983:15) defines compatibility as the degree to which an innovation is perceived as being consistent with the existing values, past experiences and needs of potential adopters. Rogers and Scott (1977) further state that the more an innovation is compatible with the prevailing social system, the faster its adoption because individuals need not adopt a new value system that comes with an incompatible innovation.

2.3.1.3 Complexity

Rogers (1983:15) defines complexity as the degree to which an innovation is perceived as difficult to understand and use. This means that innovations that are less complex and easy to understand and use will be adopted more readily whilst complicated ones will be adopted slowly (Rogers and Scott 1977). The slow adoption of complicated innovations is caused by the fact that they require the adopter to develop new skills and understandings.

2.3.1.4 Trialability

According to Rogers (1983:15) trialability is the degree to which an innovation may be tried on a limited basis. An innovation that is triable represents less uncertainty to the individual who is considering it for adoption, and who can learn by doing (Rogers and Scott 1997).

2.3.1.5 Observability

This is the degree to which the results of an innovation are visible to others (Rogers 1983:16). Such visibility stimulates debate around the new idea as friends and family of an adopter often request innovation evaluation information about it (Robinson (n.d.). Thus, the easier it is for individuals to see the results of an innovation, the more likely they are to adopt it (Rogers and Scott 1997).

Thus, innovations that are perceived by the units of a social system as having greater relative advantage, compatibility, trialability, observability and less complexity will be adopted more rapidly than those that do not have these qualities. Although these elements are not the only qualities that affect adoption rates, there is evidence that they are important in explaining adoption rates (Rogers and Scott 1997). This means that HIV/AIDS information diffusion process should take cognizance of these factors as they are likely to affect adoption rates. The next section will examine the communication channels, time and social system because the communication process must take place overtime and within a social system, if the innovations are to spread beyond their innovators.

2.3.2 Communication channels

Diffusion is a particular type of communication in which new ideas are exchanged. Communication is an important component of the theory of the diffusion of innovations because innovations do not exist for their own sake. Communication can be effected through a conduit that connects different units of the social system. Communication channels are the means by which messages about an innovation are transmitted among members of a social system (Rogers 1983:17). Rogers (1983:17) states that communication channels include:

- Interpersonal communication which involves face to face exchanges between two or more individuals.
- Mass media channels which are often the most rapid and efficient means to disseminate information to potential adopters about the existence of an innovation, that is, create awareness and / or knowledge. Mass media channels can reach large audiences very rapidly thus eliminating the barriers

of space and time. These channels include radio, television, films, slides, video, newspaper articles, brochures, pamphlets, calendars and flip charts to name a few.

As stated earlier communication channels have to be compatible with the existing values, past experiences and needs of potential adopters. Given the importance of communication in the diffusion process, it is imperative that communication channels be realigned with the current trends in socio-cultural and political lifestyles of different constituencies of the social system.

2.3.3 Time

Rogers (1983:20) notes that time, is an important element in the diffusion process. This is because the innovation decision process involves time in the sense that one must first understand how one person adopts an innovation before understanding how an innovation diffuses through society (Rogers (1983:20). According to Rogers and Scott (1997) the time element focuses on three dimensions. Firstly, the innovation decision making process which is the process an individual goes through from the time an innovation is introduced until he/she decides to accept/reject the innovation. Secondly, the innovativeness of the individual or other units of adoption which refer to the relative earliness or lateness with which an innovation is adopted. Thirdly, it is the rate of adoption which is measured according to the number of members of a system that adopt the innovation in a given time period. Furthermore, Rogers and Scott (1997) and Robinson (n.d.) mention that for any given behaviour, an audience can be broken down into five segments, based on their propensity to accept the new idea or behaviour. These five segments are innovators (visionary and imaginative), early adopters, early majority, late majority and laggards (skeptics). The measure of innovativeness and the classification of the system's members into adopter categories are based upon relative time at which an innovation is adopted (Rogers 1983:23).

2.3.4 Social system

The social system is defined by Rogers (1983:24) as a set of interrelated units such as individuals, informal groups, organization and sub-systems that are committed to

accomplish a common goal. In a given social system there are elements that determine the communication process (Rogers 1983:24). These are:

- Interpersonal networks that link the units of a social system
- The norms, opinion leaders and change agents

According to Rogers and Scott (1997) within a social system the decision to adopt or reject an innovation may be optional (individuals can take decisions independently without external influences), collective (members of a social system can collectively decide to adopt or reject) and authority-based (few individuals who possess power or expertise can make decisions and impose them on other people). Accordingly, the social system can impact on the diffusion process through the social structure, the effect of the norms, the roles of opinion leaders and change agents, types of innovation decisions and the consequences of an innovation (Rogers and Scott 1997).

The higher education social system has units within it that can enhance or impede the diffusion process. For instance, there is evidence that institutional management can determine institutional attitude towards the adoption or rejection of innovations.

2.4 Relevance of the Diffusion of Innovation Theory

As the HIV/AIDS pandemic continues its relentless spread in many parts of the world, the diffusion of innovations theory provides a useful framework for analyzing the difficulties in achieving behaviour necessary for slowing down the HIV infection rates (Dearing (2004), PAHO (n.d.), Bertrand (2004), Barker (2004), Synder (2004), Hamilton and Mitchel (2004), Hayashi et al (2004) and Genius (n.d.)). The theory has also been useful in shedding some light on the reason why some innovations are adopted whilst others are not. It goes a step further to give some guidelines about how to design successful innovations. However, there is a recent shift from considering innovation attributes and adopter categories to considering communication channels and diffusion context (Oldenburg, Hardcastle and Kok 1997).

The importance of theories generally as expressed in Theory at a Glance: A Guide for Health Promotion (n.d.) is that on the one hand they explain the dynamics and processes of the behaviour, and on the other they help identify programmes and

methods suitable for changing behaviour. Theories are therefore important strategic planning, implementation and monitoring models essential for successful health programmes and initiatives.

Different theories are suitable as conceptual frameworks for different disciplines. Thus no single theory dominates one discipline because of inherent disciplinary dynamics. The diffusion of innovations has been perceived as a suitable framework for this study because; firstly, it is helpful in the understanding of the interconnectedness within a social system. Secondly, the theory is anchored on community change as opposed to individual change. This is an area that is emerging in health communication and it draws strength from community engagement and defined societal roles. Thirdly, the model has the ability to promote health literacy through interpersonal networks that can close the knowledge gap within a social system. Thus, if these networks are strengthened they can build a robust health system that provides equitable access to health information that will empower people to manage their own health. Fourthly, diffusion is characterized by the natural progression of people's attitudes, opinions and feelings. This progression takes time. Experience has shown that products that spread rapidly are generally limited to fads and fashion and are less permanent. Contrary to this, diffusion is not an immediate process but a thorough one. This attribute is fundamental in health promotion because interventions need to have a lasting impression that will promote life long adoption of healthy lifestyles. In his analysis of the impact of HIV/AIDS Tufte (2003) reaffirms that the disease has catastrophic consequences that requires not only urgent but substantial and long-term responses to be efficiently combated.

The diffusion of innovations concepts that are mostly relevant to HIV/AIDS include, the attributes of an innovation, communication channels, the time and social system (Bertrand 2004).

2.5 Application of Diffusion of Innovations Theory to the study

2.5.1 Agenda setting

An innovation has been defined as an entity, object, idea previewed as new by the individual or unit of adoption. The development of an innovation is usually a lengthy process that involves the development of an innovation, diffusion and all decisions taken throughout the process and their consequences (Rogers 1995). The development of the innovation largely depends on the identified need, problem or gap within the components of the social system. The problem usually emanates from a performance gap which is the discrepancy between the institution is performing in comparison to its potential (Rogers 1995). Furthermore Rogers is of the view that the discrepancy is identified by members of the institute and it compels them to search for innovation to solve the identified problem. These pre-diffusion processes are important, as they will impact on the diffusion process and the ultimate adoption/rejection of the innovation. The agenda setting in the South African higher education sector was prompted by the higher HIV rates prevailing amongst the student population Kinghorn (2000), SAUVCA (2000), Crewe (2000) and Coombe (2000). Given the fact that South Africa is one of the countries in Southern Africa where the HIV/AIDS situation is described as catastrophic (Barnes 2000) obviously, the higher education system is equally affected. Due to the legacy of apartheid the higher education sector's response to the challenges of the AIDS epidemic is unbalanced as some institutes have world ranking programmes whilst others have none in place. Since 1994 the first South African democratic government was instituted it has worked endlessly to address past imbalances.

In the higher education sector the government developed the National HIV/AIDS policy for Educators and Learners and established the Higher Education AIDS programme (HEAIDS). The programme was a means to actualize the policy by integrating and coordinating the sectoral HIV/AIDS response. As reflected in Chapter 4 where the HEAIDS programme is outlined in detail, there has been significant improvement in the synchronization of the systematic response. This improvement amongst other things is evidently shown by the fact that individual institutions have a structure in place to address HIV/AIDS. Furthermore, since the HEAIDS programme is a constitutional intervention, it has raised the AIDS pandemic to a priority status

within the sector. As the sector is rationalizing its response to the AIDS pandemic it is apparent that appropriate theoretical foundation is necessary to anchor the systemic response. As indicated earlier there is no other theory that can be said to be relevant for all situations. The diffusion of innovations was perceived as an appropriate conceptual framework for the HIV/AIDS higher education sectoral response. The study looks at diffusion as a process by which HIV/AIDS interventions (innovations) are communicated through certain channels overtime among the higher education sector (social system). The elements of Roger's theory that will be outlined below are: the innovation, communication channels, innovation-decision process and the social system.

2.5.2 Attributes of an innovation

As stated earlier an innovation is an entity or object perceived as new by the individual or unit of adoption (Rogers and Scott 1997). Rogers (1983:5) further states that the perceived newness by the individual determines his/her reaction to it. Therefore, the variable of newness need not just be seen as new knowledge but should be expressed in terms of persuasion or a decision to adopt. In this study the innovation is the intervention / programmes that are communicated to educate, inform, enlighten, and create awareness about HIV/AIDS and its ramifications. The development of HIV/AIDS programmes has to be done in accordance with the pre-diffusion processes discussed earlier. This means that institutions have to start by conducting a needs analysis and establish prevalent rates. This will ensure that a series of programmes is developed in response to the needs or problems identified. This will also ensure precision and avoid an indiscriminate provision of interventions that are not context-specific.

It needs to be reiterated that innovations are developed and communicated with the intention that they bring about social change. Adoption is relevant to HIV/AIDS interventions because related messages and education efforts have to be adopted to effect attitudinal and behaviour change. Rogers (1983:15) has outlined five attributes that affect adoption rates. According to Rogers and Scott (1997) innovation theorists maintain that certain characteristics determine the rate at which an innovation is adopted by a social system. These characteristics are discussed below:

2.5.2.1 Relative advantage

This is the degree to which an innovation is perceived as better than the idea it supersedes. The degree of relative advantage can be measured, according to Rogers and Scott (1997), in economic terms, prestige, convenience and satisfaction. Accordingly, if the perceived advantage is greater the adoption will be faster. HIV/AIDS programmes have to be relevant and practical in addressing the AIDS problem. This means that programmes have to empower the affected and infected individuals with knowledge, skills and attitudes to manage the disease effectively. In some institutions the design and implementation of an intervention is haphazard, non-responsive and irrelevant to the academic setting. Therefore, to achieve relative advantage programmes have to be planned, designed, implemented and evaluated in accordance with institutional and inter-institutional considerations. Cognizance should be taken of the fact that programmes have to be perceived by the customer as having prestige and inherent advantages. Thus, their development and implementation should be customer-centred. This can be achieved if programmes are designed according to the needs and aspirations of academic constituencies.

Furthermore, in the context of this study relative advantage extends to cover the communication processes and systems. This means that HIV/AIDS messages should be carefully designed to be context-specific and to appeal to academic communities. The messages should be responsive to the needs of academic communities and be able to empower them to deal with the challenges of AIDS pandemic. It is imperative that the content of communication should be appropriately designed and clearly presented. In this regard the IEC Reference Manual for Health Programme Managers (1998) and Keeling (1998) note that health messages have to be specific, in terms of language (understandable), timing (appropriate time for people to listen to them and be receptive), intellectual systems and ways of life. Thus the nature and content of a message are important elements that will determine the relevance and acceptability (adoption) of the message. However, the trend with HIV/AIDS messages specifically is that they normally have scaring tactics or fear appeals. Witte (1997) and Williams (1999) note that “fear messages” have been ineffective in solving the spread of HIV/AIDS in Sub-Saharan Africa because public health messages have made the threat clear, whilst the efficacy component which includes self-efficacy and response

efficacy has not been provided. The problem with these one-sided messages is that, most HIV/AIDS messages are frightening and provide no solace or enhancement of self- and response efficacy. There is evidence from related literature that students in higher education institutions are generally knowledgeable about HIV/AIDS. In such a context it is imperative for health messages to build upon and extend that knowledge base rather than communicating monotonous messages that are not likely to arouse any interest. The onus is therefore on individual institutions to establish the knowledge levels of their constituencies to be able to design and communicate suitable messages. As centres of learning, academic institutions are richly resourced with academic and professional expertise. These resources can be utilized to enrich and deepen diffusion processes through the adoption of collective processes.

2.5.2.2 Compatibility

According to Rogers (1995) compatibility entails consistence with existing values, past experiences and needs. Furthermore, Rogers and Scott (1977) state that the more an innovation is compatible with the prevailing social system, the faster its adoption because individuals need not adopt a new value system that comes with an incompatible innovation. HIV/AIDS touches upon the lives of people and because of this it might not be compatible with certain cultural and religious value systems. The constituencies of higher education institutions are diverse in terms of race, age, educational levels, religion, politics and levels of the infected and affected (Crewe 2000 and Coombe 2000). Programmes have to be introduced and communicated in a manner that is sensitive to diversity. They also have to be socially, culturally, politically and economically appropriate. Amongst other things the principle of compatibility encompasses the notion of relevance and appropriateness of HIV/AIDS related messages. The attributes can be measured in terms of content, language and channel suitability. In the same vein, Williams (1999) notes that, it is crucial that for public health messages to work, they must target specific knowledge beliefs and perceptions held by target communities. Similarly, the Communicative Initiative (2001) is of the view that this will ensure according to that HIV/AIDS communication creates space for people's voices at all levels of society to be heard, has bias toward local content and is grounded in a political, social and cultural context ideally owned by those affected. Clearly, it is of the utmost importance that HIV/AIDS service

providers should be aware of how the target community define themselves and the circumstances in which they live, what they want and need, and how to attain what they need and build upon their life experiences. Knowing the different perceptions held by clients will enable the service provider to design messages and programmes that are responsive and sensitive to those perceptions. In addition service providers need to create a space for the active participation of all stakeholders. The participation of beneficiaries is crucial especially with regard to HIV/AIDS, as their engagement will not only educate them but will also ensure engagement, leadership and ownership of the whole process of managing the disease. On the other hand, it will refute the belief that hierarchies, authorities or external forces will provide answers to local problems. It promotes vertical and horizontal communication characterized by multi-directional trickle of information, which will promote the move that the affected communities become information producers than being mere consumers. This brings the realization that HIV/AIDS communicators are not the only experts and communities, people living with HIV and other stakeholders all have their own views which have to be considered. Generally academic institutions have communities that are diverse in terms of socio-economic, political and technological backgrounds. Therefore, to achieve compatibility HIV/AIDS service providers need to ensure that in order for communication strategies and mechanisms achieve appropriate outputs and activities they need to be realigned with this diversity.

Compatibility in a diverse environment can be achieved through nurturing the environment, and segmenting the population to ensure that innovations are directed to smaller units of the social system. Segmenting has to be done sensitively in order for it to achieve precision. As stated earlier by Rogers and Scott (1997) compatible innovations are likely to be readily adopted because the individual or group does not have to learn new skills, ways of understandings and value systems. The adoption of HIV/AIDS programmes will therefore depend on the value attached to these programmes, responsive and sensitive content and their ability to fit in with the diverse elements of academic institutions.

2.5.2.3 Complexity

This characteristic entails the degree to which the innovation is difficult to understand and use. While some innovations are easy to understand at first glance, others are more complicated and require an explanation. This is perceived to refer to the practical elements of the HIV/AIDS interventions based for example on the following principles, Voluntary Counseling and Testing (VCT), Abstinence, Faithfulness, alertness to Condomize (ABC), openness, upholding human rights and so on. Voluntary testing and counseling might be frightening to some people who are not ready to know their HIV/AIDS status. The second aspect entails abstinence, faithfulness and being alert to use condoms. Notably this aspect might be difficult to comprehend as it touches the moral status of individuals. HIV/AIDS programmes may promote or inhibit openness about one's status. There is evidence that in some circles openness may not be fully embraced because of cultural beliefs and other discriminatory practices. Lastly, HIV/AIDS interventions are supposed to promote the recognition and respect of human rights. However, some people still contravene these rights by failing to recognize and respect them. All in all, HIV/AIDS interventions have to be clear and simple to remove ambiguity and uncertainty.

2.5.2.4 Trialability

This is the degree to which an innovation can be experimented with on a limited basis (Rogers 1995). Trialability involves individuals actually trying an innovation to better understand if and how it will work in a particular setting. With regards to HIV/AIDS this attribute might entail putting the usage of antiretrovirals, condoms, ABC and VCT principles into practice. To enhance trialability of HIV/AIDS related innovations service providers have to make sure that they inform customers of the advantages of these in order to encourage and motivate them. Obviously, a lot of groundwork has to be done before people can reach a stage where they are ready to try an innovation. This means that, vigorous and meaningful educational programmes to empower people to be ready to try an innovation must precede the experimenting stage. It might also have help to have observable evidence of people who have tried these innovations. This attribute is outlined below.

2.5.2.5 Observability

Observability allows individuals to see how an innovation works out for others and hear about the experience of an innovation from others. It is assumed that in any given social system there will be individuals that understand and apply the educational and precautionary messages about HIV/AIDS. These people can testify about the effectiveness of innovations. In an academic environment this might happen at different levels. Firstly, observability might be in terms of management and other influential internal and external people embracing the institutional response and being its advocates. Secondly, peer contribution cannot be under estimated, as it can significantly influence the larger institutional attitude. Lastly, the active involvement and public output of people living with HIV/AIDS might demonstrate results associated with openness and the adoption of healthy and positive lifestyle. The potential adopters depend on a subjective evaluation of an innovation that is conveyed to them from other individuals like themselves who have previously adopted the innovation (Rogers 1995). Furthermore, this dependence of the communicated experiences of peers suggest that at the heart of the diffusion process is modeling and imitation by potential adopters of their network partners who have adopted previously (Rogers1995). Accordingly, the observable elements can give credibility to the institutional intervention and positively influence the institutional attitude, demystify the disease and ultimately enhance adoption.

Innovations which are perceived by the units of a social system as having greater relative advantage, compatibility, trialability, observability and less complexity will be adopted more rapidly than those that do not have these qualities. Although these elements are not the only qualities that affect adoption rates, there is evidence that they are important in explaining adoption rates (Rogers and Scott 1997). This means that for HIV/AIDS messages to be adopted the HIV/AIDS information diffusion process should take cognizance of these factors. The next section will examine the element of communication, because the communication process must take place if the innovations are to spread beyond their innovators.

2.5.3 Communication channels

According to Freimuth, Linnan and Potter (2000) even the best-crafted message is useless if it fails to reach the intended audience. Communication channels therefore are a means by which information concerning an innovation flows between the members of a social system. A lot of things including the centralized or decentralized nature of the diffusion system can influence this flow of information. There is proof according to Rogers and Scott (1997) that the more credible and respected the information source the greater the likelihood of innovation adoption. Rogers (1995) identifies two major categories of communication channels, namely, mass media and interpersonal communication. Mass media channels provide ample opportunities for social system members to learn quickly and effectively about the existence of the innovation (Rogers and Scott 1997). Scholars like Leung (1998) and Valente (1993) observe that mass media consumption, as part of an external influence measure is positively related to innovations and personal networks. Interestingly, Rice and Shook (1990) are of the view that individuals with complex positions and lifestyles, are as a matter of fact more likely to use complicated communication systems. On the other hand, studies by Singhal and Mahasan (1997) as well as Valente and Saba (1998) established that interpersonal communication in the form of friends, family, health and providers and support groups work better in changing attitudes and behavior and stimulate community involvement. The importance of interpersonal relationships is further attested to by several studies which, claim that the diffusion process is speeded up when health innovations are introduced through opinion leaders, other influential people and peers (Faraqual et al (1990), Lanias et al (1990) and Puska et al (1991). This background information illuminates the importance of choosing communication channels that are appropriate for the intended audience. The major constituencies of tertiary institutions are young people. Therefore channels used have to appeal to them. In recent years the emergence of computer-based communication channels like the Internet that provide interactive forms of communication have transformed and increased channel options (Freimuth, Linnan and Potter 2000). To ensure relevance and responsiveness the HIV/AIDS service providers have to establish trends and preferences through continuous needs assessment.

Obviously, if the channel is inappropriate the message will not reach the target audience. Needless to say that the context of the message is as important as the channel itself. The communication channels are important in informing and persuading the possible adopters about the innovation. The question that comes to mind is which of the two channels has the ability to influence the elements of the social system to adopt. In this regard Rogers (1983:18) notes that most individuals do not evaluate an innovation on the basis of scientific studies or its consequences. Instead they depend upon a subjective evaluation of an innovation that is conveyed to them by individuals like themselves. This highlights a level of dependence on observable results communicated by those who have experienced the innovation. Furthermore, it suggests that at the heart of the diffusion process is the modeling and imitation by potential adopters of those who have previously adopted. From the point raised above one can conclusively state that precautionary and educational messages delivered by people living with HIV/AIDS are likely to result in higher adoption rates. This highlights the power of human interaction. Whilst still on the subject of human interaction, Rogers (1983:19) talks about homophily and heterophily. He believes that the transfer of ideas occurs most frequently between individuals who are alike, similar or homophilous. Homophilous individuals share common meaning, sub-cultural aspects, personal and social characteristics. This brings in the idea of peer group involvement in the process of diffusing innovations because possible adopters share various characteristics with them that make them to identify with each other. Not only do individuals communicate with each other, some individuals pass along their influence as well as their knowledge to others. Rogers (1983: 19) refers to the individuals who exert influence on others as opinion leaders. These are people in a social system to whom others come for information and guidance. Examples of these influential people are experts, role models and leaders. They are capable of mobilizing and motivating people to take cognizance of the seriousness of the HIV/AIDS epidemic and its complexities. With regard to institutions of higher learning specifically the importance of commitment from different hierarchies of management cannot be over emphasized, as it will determine the success of HIV/AIDS interventions. The different hierarchies of management constitute people whose decisions on resources and opinions can influence the social and political processes, revise and formulate laws, policies and regulations, allocate resources and ensure wide participation of the institutional society.

Rogers (1983:7) notes that the diffusion process can be centralized or decentralized. In a centralized diffusion system decisions about communication strategies and mechanisms are made by officials or experts. But in a decentralized diffusion system such decisions are made widely by clients and potential adopters. In the decentralized system new ideas grow out of practical experiences of individuals and not necessarily experts. In this latter system horizontal networks are the main mechanisms through which innovations spread and these are likely to elicit higher adoption rates. As indicated earlier the involvement of clients will ensure the compatibility of the innovation which is one of the factors that influence adoption rates. It also highlights the fact that people are likely to respond positively and support those HIV/AIDS interventions in which they have been actively involved in the design and implementation. Therefore, service providers should be aware of the fact that even though they may be experts they do not have all the answers and people need to be involved to entrench the ownership of interventions. Clearly, ownership of interventions will lead to positivism that might lead to higher adoption rates. All in all, the communication processes, systems and mechanisms employed in any innovation diffusion situation should promote the adoptability of the innovation.

Rogers (1983:7) notes that communication can be planned or spontaneous. Obviously planned communications are likely to be more effective in achieving higher adoption rates than the spontaneous ones. As indicated earlier that the appropriate design of the message, appropriate choice of communication channel and involvement of stakeholders are important in the diffusion of innovations, these attributes can hardly be fulfilled in a spontaneous communication process. To be effective the communication process needs proper planning and enough time thus rendering planned communication processes imperative.

2.5.4 Time

Rogers (1983:20) concur that time is an important element in the diffusion process. This is because the innovation decision process involves time in the sense that one must first understand how one person adopts an innovation before understanding how

an innovation diffuses through society (Rogers (1983:20). According to Rogers (1995) the adoption process can be broken down into five steps:

- Knowledge/ awareness

This occurs when an individual is exposed to the innovation's existence and gains some understanding of how it functions.

- Persuasion

Persuasion occurs when an individual forms a favourable or unfavourable attitude towards an innovation.

- Decision

Occurs when an individual engages activities that lead to the choice to adopt or reject an innovation.

- Contemplation

When an individual gives the innovation a chance to see how it fits with his/ her needs and desires.

- Confirmation/Adoption

The individual uses information gathered earlier to decide whether or not to adopt the innovation. What emerges from the above-mentioned process is that individuals need to be exposed to the adoption in order for them to decide whether to adopt or not adopt. Thus, HIV/AIDS programmes have to be clearly communicated to people for them to make informed decisions to adopt or reject the innovation. Clearly, individuals adopt innovations at different times for different reasons. This therefore leads to the adopter categories.

2.5.4.1 Adopter categories

Rogers (1983:22) talks about five groups of adopters which are:

- i. Innovators – risk takers, visionaries who put themselves at the front. These are dedicated members within an institution who at their individual and/or collective or institutional capacity have been at the forefront of the institutional response. This group includes service providers and other members who make a contribution to the institutional response.
- ii. Early adopters – They are more visible and respected in their settings. Institutional management fits into this category. As stated earlier in this study early adopters determine the strength and direction of the institutional

response. They command respect in their institutions as they influence others to take cognizance of the dangers HIV/AIDS is posing to the sector.

- iii. Early and late majority – They are not first to adopt, they take longer to adopt. The larger institutional community who are likely to be influenced by early adopters to take a positive stance against the disease.
- iv. Laggards – If they adopt at all, they tend to adopt innovations that others have already abandoned. The group that fits into laggards will be those individuals that are skeptics who will be suspicious and not be convinced of the dangers of HIV/AIDS.

Adopter categories help diffusion scholars to better determine the relative time in which users adopt an innovation. It also enables them to classify units of a social system.

2.5.5 Social system

A social system is a group or groups of people through which an innovation diffuses (Rogers 1983:24). Similarly, it is a boundary within which an innovation diffuses. To understand the social system one has to understand its different components, which are networks, norms and opinion leaders (Rogers 1995). These components of a social system are discussed below.

2.5.5.1 Networks

Networks are formed through the interconnectedness between the units of a social system. These networks have a degree of structure and stability that allow predictability related to information flow. Furthermore, networks that connect homophilous units are stronger. This, according to Rogers (1995), is caused by the fact that communication is more effective when the source of information and the receiver are similar. For example, peer group communication is perceived to be effective. On the other hand, heterophilous communication that connects dissimilar individuals has some informational potential, for example opinion leaders or organizational management. Networks are fundamental to the effective communication of HIV/AIDS information in higher education institutions. Homophilous and heterophilous networks are equally important as they can ensure the

horizontal and vertical flow of information or centralized and decentralized diffusion process. This recognizes the importance of peers, role models, opinion leaders, and service providers in influencing behaviour change. What is of the utmost importance is that a balance should be maintained between vertical and horizontal communication systems.

2.5.5.2 Norms

Norms are established behaviour patterns for the members of a social system (Rogers 1995). According to Robinson (n.d.) norms define a range of tolerable behaviour and serve as a guide or a standard for members of a social system. Norms can be a barrier to change. There is evidence that the conservative nature of some cultural and religious beliefs may somehow limit the process of diffusing HIV/AIDS information.

2.5.5.3 Opinion leaders

Opinion leadership is the degree to which an individual is able to influence other individual's attitudes or overt behaviour informally in a desired way with relative frequency (Rogers 1995). Opinion leaders are members of a social system in which they exert their influence. They are cosmopolite, have somewhat higher status and are more innovative. In higher education institutions the leadership role is played by different structures as outlined in Chapter 3. Several studies reaffirm that institutional management is an edifice that the institutional response to HIV/AIDS stands or falls by (Kelly 2002, Crewe 2000, Coombe 2000 and SAUVCA 2000). Given this level of importance management support is essential to guide the institutional response to the AIDS pandemic. This means that service providers have to ensure that management is involved in the development of an innovation because management support is usually resource-backed.

2.6 Criticism of the Diffusion of Innovations Theory

Critics of the theory include Clarke (1999) who argues that the theory is at its best a descriptive tool, less strong in its explanatory power and less useful still in predicting outcomes, and providing guidance as to how to accelerate the rate of adoption.

However, the current study being largely descriptive, exploited the descriptive aspects of the theory. Furthermore, the diffusion model is based on a centralized system whereby an innovation originates from an expert source to passive potential adopters who accept or reject the innovation. Rogers (1983:334) observes that this centralization derives from the fact that the basic paradigm for diffusion research grew out of the Ryan and Gross's 1943 hybrid corn study, which was based on the centralized agricultural development system of the United States of America at the time, and this influenced the formulation of the diffusion model. The classical diffusion model as criticized by Schon in Rogers (1983:334) fails to capture the complexity of relatively decentralized diffusion systems in which innovations originate and evolve from numerous sources as they diffuse via horizontal networks. This is true for HIV/AIDS diffusion systems. Service providers cannot be the only source of information. Instead vertical and horizontal communication systems are to be encouraged to ensure wider participation, support and ownership of programmes.

2.7 Conclusion

This chapter has discussed the theory of Diffusion of Innovations and how it is applied in the communication of HIV/AIDS information in the higher education sector. Although the theory derives from another perspective, it is nonetheless amenable to the critical orientation of this study as its principles provide a suitable framework for this research. Elements of the theory such as the innovation, communication channels, time and social system have been outlined in relation to the study. One of the points emerging from this theory is that there are different types of adopters of innovations in every target audience that are represented in certain proportions and have unique motivations for adopting new behaviours. This is complemented further by the focus on the determinants of speed and the extent of diffusion of innovations and on the relative effectiveness of different methods of disseminating an innovation.

The next chapter reviews the literature related to the nature of the higher education sector, the transformation process and the government's response to HIV/AIDS in South Africa.

CHAPTER 3

INSIGHT INTO THE TRANSFORMATION OF THE SOUTH AFRICAN HIGHER EDUCATION SECTOR AND GOVERNMENT INTERVENTIONS TO THE HIV/AIDS PANDEMIC

3.1 Introduction

This chapter is descriptive in nature and it represents the purpose, nature and transformation of the higher education sector in South Africa. It also portrays the government stance towards HIV/AIDS and the statutory interventions meant to address the pandemic in the higher education sector. By mapping the history and transformation of higher education landscape the chapter intends to paint a picture of the contextual setting of the study. The historical background of the sector reflects divisions and inequalities resulting from the apartheid era. This legacy is relevant to the study as it impacts on the ability or inability of the sector to fulfill its mandate and its subsequent response to the disease. Likewise, the government's stance towards the HIV/AIDS pandemic is relevant to the study as it will have a bearing on national and systemic HIV/AIDS interventions. While the previous chapters provided an introduction and a theoretical foundation for the study, this chapter will place the study in its proper context by highlighting the historical background, the trajectory of the transformation process and the statutory commitment to fighting the disease.

3.2 Purposes of higher education

The purpose is a statement of intent. In this regard the purpose constitutes the philosophical foundation of the sector. It reflects the functionality of the sector and its commitment to deliver mandates. According to SAUVCA (2000) higher education is a vitally important activity in any modern society as it is responsible for stimulating, directing and using the creative and intellectual energies of the entire population. Similarly, The CHE Report (2000) states that higher education must produce through research, teaching and learning and community service programmes, the knowledge and personpower for national reconstruction and economic and social development to enable South Africa to engage proactively with and participate in a highly competitive

global economy The CHE Report (2000) identifies the diverse, specific and well-defined purposes that the system must serve. These are :

- ◆ Attending to the pressing local, regional and national needs of South African society and to the problems and challenges of the broader African context.
- ◆ Catering for the general development of a good quality education and training which could, as part of the process of reconstruction and development in South Africa, offer equal opportunities to all citizens throughout their lives. It should help them to acquire or improve knowledge, skills and values for self-development their culture, the economy and the country.
- ◆ Meeting the learning needs and aspirations of individuals through the development of their intellectual abilities and aptitudes. It equips individuals to make the best use of their talents and the opportunities offered by society for self-fulfilment. Higher education is thus a key allocator of life chances.
- ◆ Providing the labour market, in a knowledge-driven and knowledge-dependent society, with the high-level competencies and expertise necessary for the growth and prosperity of a modern economy.
- ◆ Being responsible for the socialisation of enlightened, responsible and constructively critical citizens who are committed to the common good and have a willingness to review and renew prevailing ideas, policies and practises.
- ◆ It must be directly engaged in the creation, transmission and evaluation of knowledge, to ensure the continued pursuit of academic scholarship and intellectual inquiry in all fields of human understanding, through research and teaching.

The significance of this purpose is that it is a realization and commitment of the sector to be an effective and efficient academic service provider, guided by relevance and responsiveness to emerging challenges. This commitment is essential to guide the

higher education sector to be relevant to the current socio-political dispensation by addressing diverse national challenges and being.

3.3 A brief history of the higher education sector in South Africa

According to Gultig (2000:14) apartheid policies had created a higher education system that was complex and discriminatory and by the beginning of the 1990's consisted of twenty-one universities and sixteen technikons and a host of colleges. Ishengoma (2002) notes that universities and technikons in South Africa can be broadly categorised as Historically Disadvantaged Institutions (HDI's) and Historically Advantaged Institutions (HAI's) depending on which race predominantly attended these institutions and how much financial and material resources were allocated to them during the apartheid era. The oldest university could be traced as far back as 1829 whilst the newest one was established in 1982 (SAUVCA 2000). Similarly, Cooper (1994:70-71) reports that by the early 1990's fifteen technikons had emerged nationally. Behr (1984:128) indicates that the emergence of a new type of intermediate institution the technikon was brought about by the shortage of skilled and high-level personnel to meet the needs of commerce and industry in the country. SAUVCA (2000) notes that the academic, educational and professional role of a technikon differs from that of a university. This difference as SAUVCA (2000) further explains is based on the fact that university education focuses on academic disciplines, whereas, the technikon curriculum is of an experiential and vocational nature with study programmes designed to prepare students for a specific role in the economy. Raju (2002:19) observes that there was no clear indication on the status of universities and technikons in relation to each other, except that they were to develop parallel to each other and have different foci. It should be noted that the subsequent changes in higher education to bring about a more integrated higher education system will address this issue.

3.4 Impact of apartheid policies on the higher education system

Prior to 1994 when South Africa had its first democratic elections, the higher education sector was, according to Badat (1999), ADEA (2001), Bitzer (2000),

Ishengoma (2002) and Higher Education Act No 101 (1997), a racially fragmented system, with gross distortions and inequalities in the following areas:

- ◆ Distribution of resources and facilities
- ◆ Capacities necessary for quality production in an academic environment
- ◆ Skewed distribution of student population with very few non-white students in fields such as the sciences, engineering and technology
- ◆ Excessive competition amongst institutions for students
- ◆ Geographical location
- ◆ Governance characterised by inefficiency and ineffectiveness
- ◆ Lack of vision and paralysis in policymaking.

Gultig (2000:14) and the CHE Report (2000) POSIT that the inherited system had major inequities, problems and weaknesses that are extensive and varied and compromise its ability to effectively and efficiently achieve important national goals and serve various social and educational purposes. Further, the CHE Report (2000) notes that, these systemic problems translate into the following key challenges:

◆ **Effectiveness challenges**

The effectiveness of the system in delivering the objectives of the White Paper can be judged in areas such as increasing the number of graduates and diplomates to address the shortage of high-level skills on the labour market.

◆ **Efficiency challenges**

These are closely tied to quality measures as well as sound planning measures both at institutional and system levels. Appropriate quality mechanisms have to be utilized to increase production, avoid unnecessary duplication and strive to achieve affordability and sustainability.

◆ **Equity challenges**

Given the legacy of gross inequalities in South Africa, the system has to address inequities in terms of race, gender, financial access and social class distribution of students in various fields of study. However, from 1994 onwards, the transformation

process was initiated to redress past imbalances by overhauling the sector through the implementation of institutional mergers and systemic policies and programmes. The importance of the transformation process is that it will afford the sector an opportunity to realign its goals and objectives with the effectiveness, efficiency and equity challenges. This is of the utmost importance as systemic challenges like HIV/AIDS will be dealt with in a holistic and systematic manner that is integral to sectoral development.

3.5 Transformation of the fragmented system

The transformation process is discussed under two sections namely; the structural transformation and the restructuring of academic programmes. The former covers transforming the size of the sector and the latter entails the transformation of the academic programmes.

3.5.1 Structural transformation

South Africa's first democratic elections in 1994 signaled the beginning of a new era in many sectors including the higher education sector. According to Ishengoma (2002) due to the limitations of the old system transformation was inevitable, to ensure that all the previous practices and institutional values are reviewed and renewed to meet the moral, social and economic demands of the new era. Asmal (2002) concurs with the above assertion when he states that the country cannot afford to sustain the incoherent, wasteful and uncoordinated system of education. He further notes that the higher education system cannot be left to chance if the country is to realize the vision of a rational, seamless system responsive to the needs of students of all ages and the intellectual challenge of the 21st century. The CHE Report (2000) therefore suggests that the reconfiguration of the system must lead to a more rational landscape whereby, institution will have clear mandates that will encourage coherent and more defined purposes in their production of knowledge and graduates. Rationalisation would reduce duplication and overlap in institutional programmes and service provision that was created during apartheid (SAUVCA 2000).

With regard to rationalizing the sector a range of proposals, recommendations and pre-requisites for successful reconfiguration and combination were intensively considered. After much consultation and interactive participation of the stakeholders the following institutional landscape was adopted.

According to the New Institutional Landscape for Higher Education in South Africa (2001) the new institutional landscape consists of :

- ◆ Eleven (11) universities, two (2) of which would offer vocational type career-oriented programmes to address regional manpower needs
- ◆ Six (6) technikons
- ◆ Four (4) comprehensive institutions, three (3) of which would be established through the merger of a technikon and a university and one (1) through the redevelopment and refocusing of an existing university and
- ◆ Two (2) National Institutes for Higher Education will be established in Mpumalanga and the Northern Cape. These institutes will serve as the administrative and governance hub for ensuring the coherent provision of higher education programmes, largely through programme collaboration between the higher education institutions currently operating in the two provinces

The New Institutional Landscape for Higher Education in South Africa (2001) cautions that consolidation in the number of institutions from thirty six (36) to twenty-one (21) will not, however, lead to a decrease in provision, as all the existing sites of delivery would continue to operate, although in new institutional and organisational forms. The transformed sector is presented in Table 3.1 below.

Table 3.1 The transformed higher education landscape : from the old to the new

INSTITUTION	STATUS
EASTERN CAPE	
1. University of Fort Hare	HDI -- Founded in 1916 will merge with East London Rhodes campus and the Medical School of the University of Transkei. Keeps old name.
2. Rhodes University	HAI -- Founded in 1904 will be retained. Keeps old name.
3. University of Port Elizabeth 4. Port Elizabeth Technikon	HAI - Founded in 1964 HAI Port Elizabeth Technikon, University of Port Elizabeth & Port Elizabeth Vista campus will merge in 2005 into comprehensive institution. New name Nelson Mandela Metropolitan University
5. Border Technikon 6. Eastern Cape Technikon 7. University of Transkei	HDI HDI HDI -- Founded in 1976 Border & Eastern Cape Technikons will merge in 2005. New name Eastern Cape University of Technology University of Transkei - other programmes other than the Medical School will close down.
KWA-ZULU NATAL	
8. University of Natal 9. University of Durban Westville	HAI HDI -- Founded in 1971 University of Natal & University of Durban Westville merged in 2004 into one unitary institution. New name University of KwaZulu-Natal
10. University of Zululand	HDI -- Founded in 1960 Will refocus its mission and become a comprehensive institution offering technikon-type programmes. Will keep its old name.
11. M.L. Sultan Technikon 12. Natal Technikon 13. Mangosuthu Technikon	HDI HAI HDI M.L.Sultan merged with Natal Technikons in 2002. New name Durban Institute of Technology. Mangosuthu Technikon will merge with Durban Institute of Technology
FREE STATE	
14. University of Free State	HAI Retained and will absorb Bloemfontein campus of Vista University and QwaQwa campus of the Univ. of the North. Keeps old name.

15. Free State Technikon	HAI Retained will absorb Welkom campus of Vista University Keeps old name.
GAUTENG	
16. Rand Afrikaans University 17. Technikon Witwatersrand	HAI - Founded in 1967 HAI Rand Afrikaans University will merge in 2005 with Technikon. Witwatersrand to form a comprehensive inst. New name University of Johannesburg
18. University of Witwatersrand	HAI - Founded in 1922 Retained
19. University of Pretoria	HAI - Founded in 1908 Retained + Mamelodi campus of Vista University - Name unchanged.
20. Technikon Northern Gauteng 21. Technikon North West 22. Technikon Pretoria	HDI HDI HAI Techs. Northern Gauteng, North West & Pretoria will merge in 2004. New name Tshwane University of Technology
23. Vaal Triangle Technikon	HDI Retained will absorb Infrastructure of Sebokeng campus of Vista University Name unchanged.
NORTHERN PROVINCE	
24. University of the North 25. University of Venda 26. MEDUNSA	HDI - Founded in 1960 HDI HDI - Founded in 1978 Universities of the North, Venda & MEDUNSA will merge. New name University of Limpopo
NORTH WEST	
27. Potchefstroom University 28. University of North West	HAI - Founded in 1869 HDI - Universities of Potchefstroom, Vista and North West merged in 2004. New name Northwest University
WESTERN CAPE	
29. University of Cape Town	HAI - Founded in 1829 Retained. Name unchanged.
30. University of Western Cape	HDI - Founded in 1960 Retained. Name unchanged.
31. University of Stellenbosch	HAI - Founded in 1918 Retained. Name unchanged.
32. Cape Town Technikon 33. Peninsula Technikon	HAI HDI

	Cape Town & Peninsula Technikons will merge in 2005. New name Cape Town Peninsula University of Technology
34. University of South Africa	HAI – Founded in 1916
35. Technikon South Africa	HAI
36. Vista University	HDI – Founded in 1982
	Universities of South Africa & Vista & Technikon South Africa merged in 2004. New name University of South Africa
TERMINOLOGY HDI – Historically Disadvantaged Institution HAI – Historically Advantaged Institution	

Source : Information adapted from Asmal (2002) The restructuring of the higher education system in South Africa

Table 3.1 above reflects that eighteen of the thirty six institutions are HDI's and eighteen are HAI's. In the implementation of mergers only three HDI's were retained whilst seven HAI's were retained. The relatedness of mergers reflected in Table 3.1 to the study is two-fold. Firstly, as stated earlier, the latter enjoyed preferential allocation of resources during the apartheid era. This put these institutions in a better position and strengthened their academic capabilities. On the other hand, due to financial constraints the HDI's were somehow unable to develop academic capabilities similar to their counterparts. This inequity in resource provision has impacted on the ability of institutions to fulfill their mandates. This is reflected the lack of consistency in the institutional response to HIV/AIDS. The consolidation of the number of institutions from thirty six (36) to twenty-one (21) will ensure strengthened delivery of institutional mandates and national priorities. It will also close the racial divide and inequities between the historically disadvantaged and advantaged institutions. Furthermore, it will eliminate unnecessary duplication of services and systems and will provide space for a more concerted systemic effort to address sectoral challenges.

Secondly, the transformation process did not only result in structural adjustments but in statutory interventions meant to redress past imbalances. This redress was necessary to give attention the impact of HIV/AIDS in the sector. So significant is this impact on the lives of students and staff that the epidemic must be centrally located in the transformation process. Notwithstanding its broad advantages the transformation process will benefit the sectoral response to the HIV/AIDS challenge. This will happen through rationalization and the pooling together of resources to strengthen the systemic response. Amongst the interventions that emerged from the transformation process is the development of the National Policy on HIV/AIDS, for Learners and Educators in Public Schools and Further Education and Training Institutions and the establishment of the Higher Education AIDS programme. Both interventions are discussed later in this chapter. The HEAIDS programme enabled the sector to address the AIDS pandemic in holistic and systematic manner.

3.5.2 The restructuring of academic programmes

According to Ishengoma (2002) the transformation of the higher education system also relates the institutional mandates and focus, the levels and range of programmes

offered and field or disciplinary orientations. The Draft White Paper on Higher Education (1997) requires institutions to design programmes to improve the responsiveness of the higher education system to present and future social and economic needs, including labour market trends and opportunities. Institutions need to be different and diverse so that there can be effective responses from institutions to the varied social needs of the country (CHE Report 2000). The Report further states that institutions should have a range on mandates (principal orientations and core foci), and pursue coherent and more explicitly defined educational and social purposes with respect to the production of knowledge and successful graduates.

The essence of this new development is that institutions will embrace emerging challenges and fulfill their purpose by redesigning responsive programmes. With reference to the study this means that HIV/AIDS has to be incorporated into the curriculum. This means that various disciplines have to infuse HIV/AIDS into their core programmes in order for them to provide demand-led output. As stated in this report HIV/AIDS is not a health problem but is multi-dimensional in nature therefore, it can be incorporated at a multi-disciplinary level. The introduction of new programmes brought about a need for standardization and quality assurance as a form of compliance with statutory stipulations. This entails the incorporation of new programmes and qualifications within a National Qualifications Framework (NQF) designed to promote articulation, mobility and transferability (Higher Education Act 101 of 1997). The concept of an NQF emerged in various policy initiatives of the democratic movement prior to 1994 and was regarded as a major innovation, aiming to bring all learning under one single framework of outcomes-based standards and qualifications (South African Qualifications Authority -SAQA) 1995). In principle the NQF is a high profile government programme established as an emblem and instrument of the single national, high quality education and training (SAQA 1995). The intention of the NQF is to widen opportunities for learning and enable prior learning, however achieved to be recognized so as to cater for learners from diverse backgrounds (Higher Education Act 101 of 1997). Since HIV/AIDS is now part of academic programmes it has to comply with SAQA requirements and fit in within the national qualifications framework (NQF). Therefore, SAQA compliance and NQF relevance are important to this study because as it examines HIV/AIDS related teaching.

3.6 Funding

Since 1994 the transformation of the higher education system in post-apartheid South Africa has according to Ishengoma (2002) taken place in tandem with the formulation of policies and guidelines for funding higher education to ensure that the system eliminates inequalities of access based on race, gender and socio-economic class. The Draft White Paper on Higher Education (1997) articulates that the establishment of the new funding framework was based on the appropriate balance between institutional autonomy and public accountability and procedures that are simple, transparent, flexible and fair and are capable of being managed within the available and foreseeable capacity of individual institutions and the Department of Education. Funding is one of the important elements of the HIV/AIDS response. However, many African higher education institutions have resources strained to meet the basic needs of the institutions as a result HIV/AIDS is relegated to the back burner (How are Universities responding to the AIDS pandemic? : African Perspectives 2003). This is also true of the historically disadvantaged institutions in South Africa. To address this problem the South African government and the higher education sector should set aside realistic budget allocations that will ensure the sustainability of interventions. This is important because the scope, strength and growth of the response will to a large extent depend on the availability and adequacy of a funding mechanism. For the higher education sector in this country, strategies to redress funding inequities are crucial to ensure that all institutions are financially able to deal with the pandemic. Academic institutions are allocated grant funding through the HEAIDS programme. *This financial injection is not sufficient, therefore government needs to strengthen it to enable institutions especially the historically disadvantaged ones to develop appropriate responses.*

3.7 Governance

According to the Draft White Paper on Higher Education (1997) the principle of democratisation requires that governance of the system of higher education and of individual institutions be democratic, representative and participatory and characterised by mutual respect, tolerance and the maintenance of a well ordered and peaceful community life. In this transformation era, governance in higher education institutions is characterised by struggles for control, lack of consensus and conflict

over differing interpretations of the higher education transformation (Hall, Symes & Luescher 2002). The South African concept of cooperative governance calls for the sort of collaborative working relationship envisaged in the idea of shared governance, and also calls for a far wider range of interrelationships (Draft White Paper on Higher Education 1997).

The issue of governance is important for this study because as indicated in several studies the strength of the institutional response to HIV/AIDS is founded on the exceptional personal, moral, social and political commitment of management. There are two identifiable levels of governance in the higher education sector. The two levels are the system's level and the institutional level.

3.7.1 Governance at system level

- ◆ *CHE is a statutory body designated to provide independent, strategic advice to the Minister of Education on matters relating to the development of higher education in South Africa.*
- ◆ Higher Education Branch of the Department of Education is responsible for the functions of the Department related to policy development and planning, resource allocation and financing, information collection and analysis and monitoring and reporting on higher education.
- ◆ South African Universities Vice Chancellor's Association (SAUVCA)
- ◆ Committee of Technikon Principals (CTP)

It must be noted that management at the systemic level has taken strides to address the HIV/AIDS pandemic in a holistic and integrated manner. This is evidenced by initiatives such as the Higher Education AIDS Programme (HEAIDS) spearheaded by SAUVCA, CTP and the Department of Education.

3.7.2 Institutional governance

It is the responsibility of higher education institutions to manage their own affairs. The Draft White Paper on Higher Education (1997) outlines the following structure for institutional governance:

- ◆ Councils – are responsible for the good order, and governance of institutions for their missions, financial position, performance, quality and reputation. 60% of members should be external to the institution
- ◆ Senate – is accountable to the council for the academic and research functions of the higher education institution
- ◆ Principal – responsible for the management and administration of the institution
- ◆ Vice Principals, Registrars and Directors
- ◆ Workers' and students' representative

At institutional level it is important that management should embrace the HIV/AIDS pandemic and position it as a strategic objective of the institution. This study investigates institutional management support for HIV/AIDS.

3.8 Impact of HIV/AIDS on higher education institutions

According to Kelly (2001) the impact of HIV/AIDS on tertiary institutions is much the same as on any other enterprise. He further states that it tends to increase costs, reduce productivity, divert resources from planned activities and threaten sources of income. With regards to the impact of the disease on the higher education sector Crewe (2000), McGregor (2001) and SAUVCA (2000) concur that the tertiary sector finds it difficult to deliver the expected mandates as its various constituencies are either affected or infected by the disease. The HIV/AIDS effect on academic institutions is a vicious cycle, as it affects the potential candidates who are likely to enter the system, candidates already in the system, those who have already exited from the system and staff who are engines of the system. HIV/AIDS therefore, threatens to destabilize the sector by decreasing the number of entrants and candidates

already in the system, thus making it impossible to create healthy reservoirs to meet the demands of the working class.

According to Kelly (2001) HIV/AIDS has forced individual institutions to review their mandates. He further suggests that to comprehend the disease institutions have to develop customized plans that will clearly spell out how HIV/AIDS will be integrated into their core business. In South Africa this has to happen in an environment where various units or departments have for a long time enjoyed freedom to function independently and sometimes in isolation. This academic freedom has to a certain extent led to the lack of synergy in dealing with the epidemic.

To deal with the disease effectively, it is important to analyze and outline the weaknesses and strengths of the South African higher education sector. This has to be done to get a synopsis of the capabilities, resources available or lack of such essentials. Table 3.2 below through the SWOT analysis highlights the capabilities and shortcomings of the higher education sector. These will have a bearing on the sectoral response to HIV/AIDS.

TABLE 3.2: SWOT analysis of the higher education sector

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
▪ Well developed sector in the whole of Africa ▪ Has capacity and potential to conduct research and generate new knowledge ▪ Some institutions have HIV/AIDS programmes that are fully functional and effective ▪ Institutions have a framework in terms of the Higher Education Policy on HIV/AIDS, which can be used to develop institutional policies ▪ The establishment of the HEAIDS Programmes which seeks to profile and integrate sectoral HIV/AIDS activities ▪ SAUVCA has an HIV/AIDS Committee with representatives from all institutions of higher learning in the country	▪ Being a product of apartheid characterized by racial segregation ▪ Inequalities in capacities necessary for quality academic production ▪ Sector characterised by a pattern of interconnectedness ▪ Weak or non-existent HIV/AIDS programmes in some institutions ▪ Lack of networking and resource sharing between HIV/AIDS service providers ▪ Lack of accurate information on how the disease has eroded the sector ▪ The strength of the HIV/AIDS response is determined by institutional enthusiasm and commitment ▪ HIV/AIDS not prioritized in many institutions and these cases activities are haphazard and uncoordinated	▪ Legislation : Higher Education Act No 101 of 1997 ▪ Development of the Higher Education Policy on HIV/AIDS ▪ Development of the Higher Education AIDS Programme ▪ Restructuring size and shape of sector to redress past imbalances ▪ National roll out of antiretrovirals ▪ Keen international donors for HIV/AIDS	▪ South Africa has the highest number of people living with HIV/AIDS in the whole world ▪ There is no cure for HIV/AIDS ▪ Decreasing number of students due to HIV/AIDS, affordability and output from schools influenced by apartheid ▪ HIV/AIDS is more prevalent among high school-leavers ▪ No estimates predicting how the disease will affect the sector in future ▪ Critical shortage of skilled persons

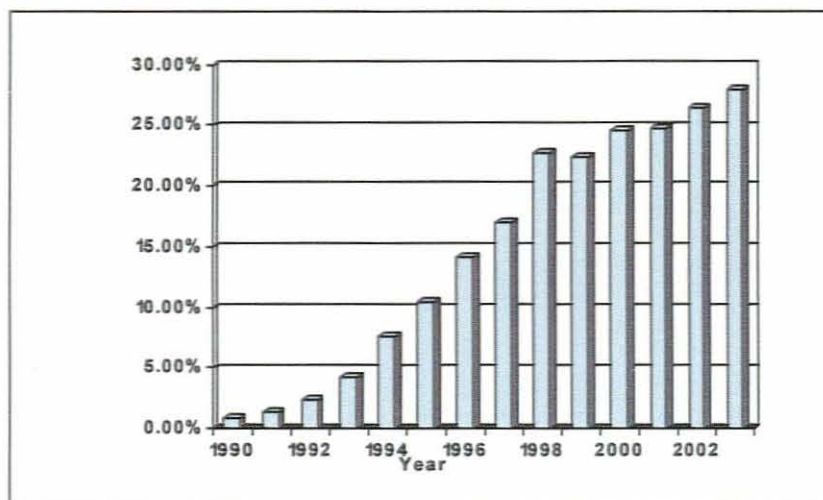
Source : South African Vice Chancellors Association - SAUVCA (2000)

Table 3.2 above reflects some positive developments in the form of strengths and opportunities. One of the strengths of the higher education sector in this country is that there is constitutional framework for anchoring the systemic response. Furthermore, there are institutions that have world-class programmes which can be used to help those still lagging behind. Secondly, the opportunities can be measured in terms of government's support to systemic development of a coordinated HIV/AIDS response. The strengths and opportunities outlined above show that there is a positive move towards addressing the challenges posed by the pandemic in a meaningful way. It is because of this positivity that there is a perception and hope that the weaknesses and threats will be managed. This is by no means an under estimation of their relevance and impact but it is realization that the sector is geared to minimize them.

3.9 The South African government stance towards HIV/AIDS

This section is presented in three stages. The first stage presents the levels of HIV/AIDS prevalence in the country. The second stage outlines how the South African government has generally responded to the AIDS pandemic. The last one covers how the government has specifically addressed the disease in the higher education sector. As already indicated in Chapter 1 South Africa has had a turbulent past which might have an impact on the response adopted by country towards HIV/AIDS. HIV/AIDS was first diagnosed in South Africa in 1982 and after two decades the infection levels have drastically escalated to 26.5% in 2002 (SAUVCA 2000). Figure 3.1 below reflects this explosion in prevalence between 1990 and 2002. The prevalence among antenatal attendees has increased rapidly from 0.7% in 1990 to 24.5% in 2002 (Elsay and Ketangule 2003). According to Berry (2004) this was the time when South Africa was distracted by major political changes and the virus gained a foothold because it was not given the attention it deserved.

FIGURE 3.1 Infection levels in South Africa 1990 - 2002



Graph created with information from: Berry (2004) and Elsey and Ketangule (2003)

The prevalence levels indicated in Figure 3.1 above are drawn from studies conducted on pregnant women who attend public sector antenatal clinics. These surveys are the only reliable sources of information on the HIV prevalence in the country therefore they are of the utmost importance. Whatever the precise levels of infection are, HIV/AIDS in South Africa (2003) notes that what is certainly clear is that the problem of HIV/AIDS is a huge one. With regard to the South African higher education sector Mitchell (2003) notes that there is a dearth of baseline data detailing prevalence rates. She further states that only a few higher education institutions can provide answers to these questions :

- What is the prevalence and incidence rate at your institution?
- How does the rate compare with other professions?

The reason for this bleak picture is the fact that in the South African higher education sector there has been no systematic attempt to assemble data on HIV prevalence rates. Presumably, surveillance on the disease has been inhibited by the ability of institutional members to access alternative medical services other than institutional facilities.

Having considered the prevalence rates, the study will now consider how South Africa as a country has responded to the disease. The country's response to the

disease will have a direct bearing on the higher education sectoral response to the disease. However, this study will not deal with this topic in detail instead it will only provide a synopsis of the country's response to the disease. South African response to HIV/AIDS took a sharp turn during Thabo Mbeki's presidency which has been branded as being controversial and confusing. Thabo Mbeki is the second South African president elected in the new political dispensation based on democratic principles and values. Barnes (2000) defines the HIV/AIDS situation in South Africa as being "catastrophic". The whole HIV/AIDS debacle started when Mbeki denied the causal link between HIV/AIDS, the efficacy and safety of anti-retroviral drugs and the extent of the epidemic in the country (Mbali 2002, Berry 2004, Samantha 2004 and South Africa : Chronology of HIV/AIDS treatment row 2005). According to Asser (2000), Mbali (2002) and Kineapple (2003) Mbeki instituted in 2000 a scientific discourse which included an expert panel of inquiry into the assumption about the causes of AIDS, how to properly diagnose it and which treatments are genuinely helpful. They further state that because in this HIV/AIDS discourse Mbeki also invited "dissidents", he was heavily criticized for embracing counter-productive theories that questioned conventional wisdom or the prevailing HIV/AIDS orthodoxy. This elicited shrieks of dismay in some circles in South Africa and around the world. However, although the Mbeki's stance was heavily criticized it was also supported in some circles. For instance, the Presidential AIDS Advisory Panel (2001) reported that "no scientific theory should be run like a protection racket. The Panel further stated that, the fact that voices are raised so defensively to enforce conformity and silence debate should be seen as a sign that the prevailing HIV/AIDS theory is in trouble". Besides the controversial policies Mbeki also raised hackles in the international community by refusing to distribute such drugs as AZT in public clinics. Various documents such as Asser (2000). From controversy to action (2005), South African President critic used for lack of focus on AIDS (2004) and Mbali (2002) reaffirm the above statement when they noted that the South African government argued that the toxicity of AZT drugs promotes AIDS among carriers of the virus. They further note that this goes against the overwhelming body of evidence which shows that treatments developed in recent years have proved effective in slowing the onset of AIDS and significantly reducing the rate of transmission of the virus from HIV/AIDS positive mothers to their babies.

According to Kineapple's (2003) analysis Mbeki's resistance stemmed from a desire to prevent Western influence, as he has called for the development of a uniquely African response to the crisis, free from the imposition of Western scientific claims. The effect of the President's resistance has been enormous, as the nation's attempts to deal with the crisis have been plunged into confusion (Mail & Guardian Editorial 2000). The editorial further states that even if the largely discredited dissident's views to which Mbeki wishes to give so much air are eventually proved to have been right, this will not compensate for the ground lost in the fight against what best science sees fit to call HIV/AIDS. However, the controversies surrounding the South African government stance towards the disease seem to have settled down. The country seems committed to creating space for a positive move towards addressing the AIDS pandemic. This is evidenced by the fact that the South African government has moved from focusing on whether HIV causes AIDS, to the establishment of high level committees and progressive policies such as Partnership Against AIDS, HIV/AIDS Strategic Plan, South African National AIDS Council, Interdepartmental Committee on HIV/AIDS to mention a few. Evidently, there is still a long way to go before the country's response can be realigned to the extent of the disease in the South African society. This is a broad subject that is beyond the scope of this study. Instead the study will limit itself to government interventions directed to fighting HIV/AIDS in the higher education sector.

3.10 Higher education HIV/AIDS government interventions

Having given the country's response to HIV/AIDS, this section focuses specifically on the government mechanisms that are in place to address the disease in the higher education sector. Pillay (2003) states that HIV/AIDS is a global concern and the higher education sector should recognize its obligation to increase awareness and concern about AIDS and the impact the disease could have on the continuing commitment of the sector to provide a healthful environment for students and employees. Mitchell (2003) concurs that tertiary institutions do not have an excuse for not addressing HIV/AIDS, because they have the knowledge, the skills and the resources. Likewise, universities are citadels of learning and repositories of knowledge that should provide the larger society with solutions to social, health, political and economic problems (How are Universities responding to the HIV/AIDS

Pandemic : African Perspectives). Kotecha (2001) notes that in South Africa the response of tertiary institutions to the pandemic manifests itself into a three tier system :

- Firstly, a few institutions of higher learning have done nothing more than mentioning HIV/AIDS in their mission statements.
- Secondly, others have institutional policies that were launched some time ago, but not backed-up by the implementation of HIV/AIDS programmes.
- Thirdly, there are institutions with dedicated AIDS Centres that have implemented diverse institutional programmes and are “world-class leaders” in areas such as biomedical research.

The first two levels of this three tier system have been caused amongst other things by inadequate capacity and resources, a narrow focus on prevention and little institutional planning to anticipate the impact of HIV/AIDS (Kotecha 2001 and SAUVCA 2000). The lack of focus in the systemic response might have resulted from the government disorientation with regards to the AIDS pandemic. However, as already indicated government has reaffirmed its commitment to the fight against the disease. This commitment is evident from the government interventions in the fight against HIV/AIDS in the higher education sector that have been implemented through a number of policies and programmes. This study will focus on two statutory interventions. These include the National HIV/AIDS Policy and the Higher Education AIDS Programme (HEAIDS).

3.10.1 National HIV/AIDS Policy for Learners and Educators

The National Policy on HIV/AIDS, for Learners and Educators in Public Schools and Further Education and Training Institutions (1999) developed by the Department of Education (DoE) provides a strong foundation on government policy on HIV/AIDS management in higher education. The policy guarantees that its founding philosophy will keep in accordance with constitutional imperatives of : the right to basic education, the right not to be unfairly discriminated against, the right to life and bodily integrity, the right to privacy, the right to freedom of access to information, the right to freedom of conscience, religion, thought, belief and opinion, the right to freedom of association, the right to a safe environment and the best interest of the

learner. This statement is all inclusive as it reflects government recognition of the seriousness of the epidemic and commitment to minimize the social, economic and developmental consequences of the disease to the education system, all learners, students and educators. Specifically the policy entrenches the following; the rights and responsibilities of staff and students, preventative care and support services. These elements are relevant to this study which deals with the management and diffusion of HIV/AIDS information because they form the legal framework within which the process of diffusion has to take place. These elements should in return, should be a founding philosophy for HIV/AIDS institutional policies which are supposed to be developed by individual institutions and informed by the national policy. This means that institutional policies have to relate to the national policy. This is an indication that government is an important role player in the fight against the epidemic as it can determine the direction and strength not only of institutional response but of the national response. In recognition of this importance, Asmal (2002) notes that, government has aimed at strengthening capacities within institutions, because it recognizes that prevention among young people is crucial towards controlling the epidemic. The Higher Education AIDS Programme (HEAIDS) reiterates that government has developed and implemented policies and guidelines on HIV/AIDS in higher education, thus creating a constitutional impetus to mainstream responses within the sector and coordinate activities at institutional level. Finally, UNAIDS (2000) regards government involvement as a strategic commitment that is always necessary to ensure the provision of adequate resources, providing political commitment and placing HIV/AIDS in the frontline. It is in this regard, that the study included as part of its philosophy, the National Policy on HIV/AIDS for Educators, Learners and Students (1999).

3.10.2 Higher Education AIDS Programme (HEAIDS)

The National Policy on HIV/AIDS, for Learners and Educators in Public Schools and Further Education and Training Institutions was meant to guide the HIV/AIDS response in the education sector. However, the government went a step further and launched in 2001 the Higher Education AIDS Programme (HEAIDS) which involves a partnership of the South African Universities Vice Chancellors Association (SAUVCA) and the Committee of Tecnikon Principals (CTP). The HEAIDS

programme is meant to actualize the HIV/AIDS policy developed earlier. Its purpose is to address HIV/AIDS in higher education in a holistic and integral manner by pulling isolated responses together for the sector to have a unified response to the epidemic. By doing so the programme will institutionalize the response, devote more resources to HIV/AIDS and build capacity (HEAIDS). The programme is also a strategy by which government in conjunction with the higher education sector attempt to actualize the principles of the National HIV/AIDS Policy. Of the utmost importance is the fact that through the programme grant funds are allocated to institutions to develop a coordinated and contextual response to HIV/AIDS. According to Pillay (2003) many of the institutions have managed to strengthen their response through this grant. What is critical about the implementation of the programme is that for the first time government has facilitated the sharing of models and practices. In addition it has audited the strengths and weaknesses of the HIV/AIDS sectoral response. For it is only when these elements are brought into the open that the weaknesses can be addressed and the strengths be maximized for the benefit of all institutions and the country as a whole.

The Higher Education AIDS Programme (HEAIDS) (n.d.) has developed a plan of action which stipulates specialist and unique contribution to make through the following areas:

Table 3.3 HEAIDS research / knowledge creation programme

Strategic objective
To provide resource material that will educate and inspire students regarding HIV/AIDS
Collate resource materials within institutional libraries
Encourage research into HIV/AIDS within the HE environment
Establish network within institutions in SADC region
Build seamless higher education knowledge base
Encourage inter-disciplinary and inter-institutional networks

All tables have been adopted from HEAIDS (n.d.)

From the Table 3.3 above the HEAIDS programme proposes to strengthen the institutional information resource base through intensification of research, auditing resources from institutional libraries and facilitating networking within the South African Development Community (SADC). The initiative will ensure the provision of timely, accurate, user friendly information to suit the diverse information needs of the academic communities. It will promote service heterogeneity and counteract the lack of synergy characterizing the communication of HIV/AIDS information at the institutional and inter-institutional level. Furthermore, it will ensure the scalability of HIV/AIDS institutional information resources to national level, thus strengthening institutional resources through cross-fertilization and multi-disciplinary interactivity.. Finally, it will address the interconnectedness that exists, within the institutions, within the entire higher education sector and between government and the sector.

Table 3.4 HEAIDS teaching programme

Strategic objective
Integrate HIV/AIDS into the existing academic and professional curriculum
Increased integration and penetration of HIV/AIDS curricular at institutions where pertinent courses are in existence
Use and develop existing programmes to create a comprehensive institutional network
To strengthen the capacity to prevent, mitigate and manage the impact of the epidemic at national and institution level
Integrate academic and skills development programmes for new lectures
Encourage gender and cultural sensitivity across institutions

From Table 3.4 above it is evident that the HEAIDS programme champions the institutionalization and infusion of the HIV/AIDS epidemic into the academic and professional curriculum. This will be intensified through standardized integration of HIV/AIDS into the curriculum. It will be accompanied by appropriate empowerment of academic staff to enable them to deal with the challenges of the epidemic within their various domains. The element of the lack of HIV/AIDS related skills amongst staff members has emerged as one of the reasons why academic institutions in Africa have not responded to the disease (How are African Universities responding to the HIV/AIDS pandemic? 2003). The programme also realizes the importance of promoting gender and cultural sensitivity in academic institutions since in some circles in the South African wider society these variables still impact negatively on one's right to fight against the HIV/AIDS infection.

Table 3.5 HEAIDS care and support programme

Strategic objective
Institutionalise HIV/AIDS as a way of life
Improve the number and capacity of dedicated persons
Achieve collaboration and co-ordination of all HIV/AIDS programmes within institutions
Conduct a detailed risk assessment of HIV/AIDS and the primary and secondary- illness, absenteeism – impact on institutions
Distinguish difference between contact and distance students within the HIV/AIDS context
Explore anti-retrovirals’ strategies within tertiary institutions

Basically in Table 3.5 the HEAIDS programme intends to achieve the following:

- Institutionalising the disease to widen its scope through collaboration and cooperation and will address the problem compartmentalization in the form of individual departmental initiatives. By institutionalizing the disease institutional initiatives will be integrated and communicated. This will have a snowball effect as it will in return address the problem of stigmatization, shame and denial.
- Conducting a detailed risk assessment on HIV/AIDS. This initiative will address the concern raised earlier by Mitchell (2003) that there dearth of baseline data detailing prevalence rates in the sector. It will hopefully paint a clear picture on how the disease has eroded the sector in the country. This is crucial as the sector is attempting to adjust its response to ensure precision, relevance, strength and width. Of importance knowing the prevalence rates will position the sector appropriately in relation to the national roll out of anti-retrovirals.

Table 3.6 HEAIDS community outreach programme

Strategic objectives
Raise awareness in the immediate community as well as provincially
Assist in community counseling
Ensure sharing of resources relating to HIV/AIDS
Mobilise community in order to ensure a two way flow between institutions and community

The programme realizes that tertiary institutions need to make a contribution to the fight against the disease beyond their parameters. As already indicated academic institutions are renowned as centres of enlightenment that have the skills, knowledge and resources which have to be extended to benefit neighbouring communities. Moreover, community service is one of the core functions of these institutions. Obviously, whatever service that institutions will offer to the communities will be determined by the needs of the community itself. In South Africa where HIV/AIDS is rife, community needs will be influenced by this upsurge. Therefore, if academic institutions can strengthen the extension of the academic arm in HIV/AIDS related matters they might lessen the devastating impact of the epidemic in the wider society.

Table 3.7 HEAIDS policy, leadership, advocacy and management

Strategic objective
To identify and develop appropriate HIV/AIDS policy requirements around Voluntary Counselling and Testing (VCT) and prevention programmes
To ensure the visible commitment of management – especially Vice Chancellors’ (VC) – towards the HEAIDS programme, especially the de-stigmatisation of the epidemic
Encourage management to establish additional revenue streams dedicated to HIV/AIDS
Establish Executive Management Committee HIV/AIDS at institutional level
Ensure continuity at leadership and institutional coordinator level
Develop awareness and capacity within institutional HR
This also entails the collection and collation of accurate data on a regular basis
Encourage inter-disciplinary and inter-institutional networks
Higher Education to become the “home” of critical debate on HIV/AIDS IN South Africa

Source: All tables have been adopted from HEAIDS (n.d.)

What is emerging from Table 3.7 above is that The HEAIDS programme intends to address managerial issues such as policy requirements, the visible commitment of institutional management, the establishment of an HIV/AIDS Committee, the strengthening of networks and the promotion of critical debate on the HIV/AIDS pandemic. Related studies confirm that positive management attitude towards HIV/AIDS is a critical factor in determining the success and strength of HIV/AIDS interventions. Therefore, the above objectives are critical to the successful strengthening of the HIV/AIDS sectoral response. More so as the sectoral response in

this country has lacked uniformity in terms of resource-backed management it is necessary that efforts have to be made to place the disease on the institutional priority list. Hopefully, with the HEAIDS programme in place all this will change, because of the national synergy that will strategically put obligations on all institutional management to ensure that there is an enabling environment in all institutions to address HIV/AIDS.

3.11 Summary

The South African higher education is characterized by lack of uniformity in terms of resources and institutional capacities. The scenario reflects the undesirable consequences of apartheid policies. Prior to the reconstruction and reconfiguration process the sector had 21 universities and 15 technikons and the number was reduced to 11 universities, 6 technikons, 4 comprehensive institutions and 2 National Institutes for Higher Education. Guarantees have been made that the reconfigured sector will not lead to decrease in service delivery, but it will instead redress past imbalances and will bring equity and uniformity in services provided.

Whilst the reconfigured landscape will presumably address past problems and concerns, it will also deal with other challenges such as the HIV/AIDS epidemic. The disease has affected the sector like the rest of the country in a profound way, and positive and meaningful interventions are necessary to mitigate its impact. Unfortunately, the country's response to the disease had a bad start marred by controversies and wrangles. Although these badly affected the response to the AIDS pandemic positive action has since been taken to address the backlog. With regard to the higher education sector, the government has implemented some statutory interventions. These interventions are for instance in the form of the National Policy on HIV/AIDS and the HEAIDS Programme. These statutory interventions were meant to provide an integrated synergy and leadership in directing and determining the institutional response. The kind of coordination provided by HEAIDS standardizes the systemic response and addresses the challenges posed by the disease in an integrated manner. In its third year of operation there is somehow marked improvement in the overall sectoral response. For instance, the fundamental provisions necessary for an institutional response are in place. These include the institutional policy, HIV/AIDS Committee, mobilizing institutional and inter-

institutional collaboration and awareness. To improve the situation will take serious commitment of financial and human resources, attitudinal change as well as political and institutional commitment.

The study acknowledges that is of the utmost importance that tertiary institutions have to take the forefront in the fight against the epidemic because as centres of learning they should be a beacon of hope for the whole country and generations to come. Obasaju-Ayo (2003) concurs when she asks the question "if our think tanks cannot implement or show by example how to combat an emergent disease, then what becomes of those with limited literacy and understanding of the disease?".

The next chapter provides a general survey of the HIV/AIDS situation on campuses. It examines how the disease has affected the ability of academic institutions to deliver their mandates. It also discusses how institutions have responded to the challenges thrown up by the AIDS pandemic.

CHAPTER 4

HIV/AIDS ON CAMPUSES

4.1 Introduction

The chapter is a review of related literature and presents an overview of the HIV/AIDS situation in academic institutions in Africa and the response of these institutions to the AIDS epidemic. The relevance of this chapter to the study is that it gives an overview of the broader African higher education response to the HIV/AIDS pandemic. This background information is important to the study as it will provide a basis for comparison with the findings of the study, as there are likely to be similarities or dissimilarities. More importantly it maps out how the disease affects academic mandates and how the academic institutions in the African continent have responded to the challenges of the pandemic.

Africa is home to 70% of the adults and 80% of children living with HIV/AIDS in the world (HIV & AIDS in Africa, 2002). AIDS is a life-threatening, infectious disease, and a major public health issue. The epidemic is not restricted by national boundaries, nor is it confined by age, gender, social status, or learning environment (UNAIDS 2000). Similarly, Coombe (2000) notes that the deadly virus has not been successfully contained in Africa, as a result it continues to spread so widely that it is now having a profoundly adverse impact on communities and institutions. Crewe (2000) notes that what is frightening about the disease is that, once it has gained a foothold, it can affect every aspect of an institution, and ultimately tear and destroy the social fabric of communities in general. In consequence most institutions as Kelly (2001) alleges, have to operate in a worsening socio-economic environment, where households, the demographic structure of society and the economy in general are adversely affected by HIV/AIDS. This is what has happened in Africa.

Katjavivi and Otaala (2003) allege that one of the criticisms of universities and academics in Africa is that they do not play a role in addressing some of the most critical problems in Africa, and hence do not make a contribution to development efforts. They further state that Africa's perennial problems include hunger, poverty,

wars and disease such as HIV/AIDS. HIV/AIDS presents in a university challenges that are urgent, multiple and monumental, and to overcome them requires coordinated institutional response which protects its own functioning and supports those infected and affected by the disease (McGregor 2001 and Kelly 2003). Badcock-Walters and Whiteside (1999) explain that the vulnerability of educational institutions is evidenced from the fact that limited resources available will be reduced by the demands of health benefits enjoyed by infected staff, the cost of replacement staff to cover-sick leave absence, the cost of educator training to replace those who die and the other competing demands of the sector. However, even though they are vulnerable academic institutions are still seen as agents of change that are in a unique position to shape debate, action policy or practice in the fight against the epidemic (Association of Commonwealth Universities- ACU, 2001). It is therefore, according to Katjavivi and Otaala (2003) imperative for tertiary institutions to examine their policies, to ensure that through their operations they strengthen their contribution to food production, disease control, political stabilization and the general well-being of people.

4.2 The Impact of HIV/AIDS on the education system

This section gives an overview of how the disease affects the education system of which academic institutions are part of. Malaney (2000) notes, the education system, which is the primary mechanism for the implementation of educational objectives and the development of the future human resources, has not been spared from the effects of the epidemic. Piot (2002) outlines the value of education when he states that education is life sustaining, as it is capable of furnishing tools with which young people carve out their lives for lifelong comfort, renewal and strength. Katjavivi and Otaala (2003) concur that education should be given the highest priority because it ranks among the most effective and cost effective means of HIV prevention. This means that the disease must be placed at the centre of educational agendas, policies, planning and management. UNAIDS (2002) emphasizes the importance of education by stating that it is an effective weapon against HIV/AIDS, though the pandemic is threatening to derail education systems. However, there is conclusive evidence according to Ghana (2001) and Piot (2002) that, without education HIV/AIDS will continue its rampant and inexorable spread. Kelly (2001) concurs with the above

statement when he alludes to the fact that education remains virtually the only “vaccine” currently available for warding off HIV infections. Ghana (2001) and Piot (2002) further state that with AIDS out of control education systems are under siege and will ultimately be out of reach. Conclusively, it is within the context of catastrophe, challenge and loss that the education sector needs to give HIVAIDS the highest priority (Coombe 2000).

The following are various spheres of the education system affected by the pandemic:

4.2.1 HIV/AIDS affects demand for education

According to Coombe (2000) and the Sourcebook of HIV/AIDS Prevention Programmes (2003) primary and secondary school enrolments have declined, due to the increase in the number of orphaned children, reversed parental responsibilities, deepening of poverty, illness, lack of motivation and trauma. It is clear that the potential clientele and beneficiaries of education will change as HIV/AIDS reshapes demographics. In the same vein, Coombe (2000) notes that, given the uncertainty about the present primary and secondary enrolments, institutions of higher learning will be greatly affected, as they depend on the output of these institutions. However, Crewe (2000) notes that it is not only these entrants that will affect the resilience of the higher education sector, instead university and technikon dropouts will also have a tremendous effect on its existence and viability. The relevance for tertiary institutions as Kelly (2002) argues is that they must see the education sector in its totality, with themselves as one of its parts, and having needs which they may have to subordinate for the common good.

4.2.2 HIV/AIDS affects institutional mandates

Society, according to Kelly (2002), invests heavily on tertiary institutions so that they may accumulate knowledge, transmit it through teaching and training, develop, elaborate and evaluate it through study, expand and generate it through research, disseminate and spread it through publications and conferences, promote its utilization through engagement with institutions and individuals within and outside the institution. However, Mayengela (2002) notes that, because of the HIV/AIDS

crisis, teaching and overall functioning of tertiary institutions will be negatively affected as some members of institutional communities will be ill, absent, dying, or preoccupied with family crises. Kelly (2002) reckons that these problems will be compounded by reduced resources, generalized poverty, a pervasive doubt about the need for education when it seems certain that many will die young because of the disease. It is against this background therefore, that McGregor (2001) and Crewe (2000) propose that to survive in terms of enrolments, funding and economic impact, institutions need to create mainstream AIDS awareness through all its activities. In a society ravaged by HIV/AIDS academic institutions will be affected in their delivery of mandates.

4.2.3 HIV/AIDS affects the content of education

Institutions of higher learning are directly responsible for the physical welfare and awareness of large numbers of young people who are opinion-formers in their own right and in their own environments (Kelly 2001). It is therefore according to Crewe (2000) and MacGregor (2001) crucial that HIV/AIDS is incorporated into the curriculum, to impart knowledge, attitudes and life-skills that will enable learners to handle the potential impact and implications of the disease in their own lives, workplace and society as a whole. This means that because of the AIDS pandemic academic institutions have to restructure their programmes to be responsive to emerging challenges.

4.2.4 HIV/AIDS affects the role of education

Piot (2002) claims that as people all over the world begin to grasp the dimensions of the tragedy of HIV/AIDS, they also begin to realize that strategies and systems need to change to embrace the emerging problems brought about by the disease. He further states that, education is one of the powerful, tools for prevention that can unleash massive behavioural and environmental changes, which are dependent on it. Therefore, tertiary institutions as education centres need to re examine their academic and professional roles and responsibilities to ensure that they are empowering to young people in relatively high-risk circumstances. These institutions need to be conceived of as multi-purpose development and welfare centres, delivering more than

traditional formal education. Fortunately, as Kelly (2002) and Mitchel (2003) acknowledges, most of these institutions have the capacity to introduce strategies that will contain the spread of the disease in the sector, thereby ensuring that in the long-term economies are neither weakened by a diminishing supply of educated, skilled and professionally qualified young people nor deprived of future leaders.

4.2.5 HIV/AIDS affects the availability of resources

Kelly (2002), Katjavivi and Otaala (2003) and MacGregor (2001) state that HIV/AIDS makes an impact on institutional resources by increasing costs, reducing productivity, causing diversion of resources, and threatening sources of income. Despite the potential for AIDS to exert a substantial financial impact in the institution, Kelly (2002) further states that basically the increase in costs arises from direct costs (those that involve the financial outlay), indirect costs (those that reflect reduced workforce productivity), and systemic costs (those arising from the way the disease reduces the overall skills and experience in the workforce, affects morale etc). Clearly, the disease as Coombe (2000) affirms, is eroding the human and social capital of educational institutions, undermining their capacity to offer academic and support services.

4.3 Higher education and HIV/AIDS

According to Katjavivi and Otaala (2003) the dangers of HIV/AIDS to all people's around the world and particularly universities are now a matter of public record. As stated earlier by Badcock-Walters and Whiteside (1999), Kelly (2002) Crewe (2001), Coombe (2000), Seclonde (2000), Katjavivi and Otaala (2003), Saint (2004) Chetty (2000), Anarfi (2000) and Magambo (2000) higher education institutions are high risk institutions that constitute a potentially fertile breeding ground for the AIDS pandemic because of the :

- Large proportion of the adult population are brought together in close proximity devoid of systematic supervision
- Risky social and sexual behaviours
- Little or no condom use
- Alcohol and drugs being readily available and sometimes abused

- Divergent levels of economic resources that lead to transactional sex
- Denial about the reality of HIV/AIDS shown by lack of planning and proactive responses

Because these factors create a very risky environment from an AIDS perspective they comprise a compelling argument in favour of an explicit engagement of the higher education institutions in the HIV/AIDS struggle (Saint 2004). Besides these factors the Association of Commonwealth Universities - ACU (2001) and Chetty (2000) present six primary reasons why the higher education community should be interested and involved in the struggle against HIV/AIDS:

4.3.1 HIV/AIDS is a development issue, not just a health issue

There is a gradual emphasis and recognition that AIDS is not only a medical matter, but also a catastrophe for development. The epidemic has become a full-blown development crisis with consequences that are felt not only in health but also in education, industry, agriculture, transport, human resources and the economy in general (HIV & AIDS in Africa 2000). Similarly, Ennals and Estrellita (2002) and ACU (2001) also indicate that, the disease has far reaching consequences at all levels of society as it affects not just the health status, but also the social, economic and psychological well-being of individuals and communities. To sum it up Saint (2004) posits the disease affects the social, economic, and psychological well-being of individuals and communities and is therefore a legitimate topic for university inquiry.

4.3.2 HIV/AIDS affects not just individuals, but institutions and systems

According to Coombe (2000), Asmal (2000) and Magambo (2000) HIV/AIDS devastates and affects not only individuals, families and communities but institutions, systems and governments. As stated earlier Badcock-Walters and Whiteside (1999), Kelly (2002) Crewe (2001), Coombe (2000), Seclonde (2000), Katjivivi and Otaala (2003) and Saint (2004) note that tertiary education institutions are vulnerable to the negative impact of the disease on their core operations of management, teaching, research and community service. In the same vein Kelly (2002) notes that the disease affects an institution through its impact on individuals who comprise it, their

performance, the processes that govern the very core of its operations, and the financial and material resources needed to carry out institutional operations. Institutions therefore, should be committed to playing a leadership role in addressing HIV/AIDS in order to mitigate the impact on an inter-institutional, intra-institutional and extra institutional level (University of Port Elizabeth – UPE : Policy on HIV/AIDS (n.d.). Moreover, Kelly (2003) purports that institutions need to be crucial agents of change that are dynamic sources for new intellectual, philosophical, theological, linguistic, scientific understandings of the disease.

4.3.3 HIV/AIDS directly conditions the possibilities for human resource development

Crewe (2000), Asmal (2000) and Saint (2004) note that, institutions of higher education play a critical role in the education and training of highly skilled people in most economies. Unfortunately, as ACU (2001) realizes these skilled individuals, who are the life-blood of universities, are particularly vulnerable to HIV/AIDS infections by virtue of a range of factors which make institutional environments a focal point of social and sexual interaction. Similarly, as Malaney (2000) notes, AIDS morbidity and mortality is concentrated among the working-age individuals or productive citizens, resulting in a devastating impact on human capital and economic demand and supply framework.

4.3.4 The struggle against HIV/AIDS requires new knowledge

ACU (2001) and Saint (2004) note that, in a world dominated by knowledge-based economies, academic institutions are charged with the mission of generating new HIV/AIDS technologies, practices and understanding through research. Therefore, as ACU (2001) and Kelly (2001) further state, preventing the spread of the disease, managing it according to institutional life and operations, is crucial to contribute to wider society in prevention, care and impact mitigation. Fortunately, most academic institutions according to Crewe (2000) and Mitchell (2003) have the potential to give leadership to government and the community in the development of policies which are founded on human rights and which address the whole range of medical, social, economic, legal and political implication of HIV/AIDS.

4.3.5 The fight against HIV/AIDS requires leadership

According to Saint (2004) tertiary level staff and students are traditionally among leaders of their societies, and their active commitment is essential to the development of open national debate and action responses related to the HIV/AIDS epidemic. In addition there is documented evidence that the success and strength of the institutional response will be determined by a resource-backed management commitment. Kelly (2001) and Mitchell (2003) concur that institutional management should develop a business case that positions HIV/AIDS as a strategic objective that will be collectively supported by all stakeholders. But what is happening on the ground in most institutions is different from the assertion above as it is indicated in the document "How are African universities responding to the HIV/AIDS pandemic: African Perspectives (2003) that in most academic institutions in Africa there is paucity of visionary leadership which can be attributed to the following:

- Resistance to accept the prevalence of the epidemic in the institution
- Being swayed by political pressures
- Belief that admission of an HIV problem will diminish the reputation of the institution and jeopardize student enrolment
- Leaders ceding HIV responsibility to the donor community by refusing to authorize budgetary provisions for HIV-related services

4.4 The response of the higher education sector

According to Kelly (2003) there are fundamental principles for every institutional response to HIV/AIDS. These include :

- Dynamic, sustained, publicly manifested, resource-backed and action-backed leadership from the institution's most senior executives at the highest level
- A widespread diffusion of this leadership function, expressed in the involvement, support, backing and commitment of senior institutional personnel at every level
- Openness about the disease, its prevalence and its impact in all departments and at every level of the institution's operations

- A sense of urgency and crisis that judiciously combines the development of strategic understanding and planning with the need to take immediate action to mitigate impact and thereby save lives.
- Promotion of gender equity and female empowerment and the adoption of a strong human rights approach
- Inclusion at all levels of people living with AIDS
- Cohesion with national policies and strategies (Kelly 2003).

The principles above are ideal for creating an institutional framework appropriate for managing and mitigating the impact of the disease. However, dealing with HIV/AIDS is touching upon the private sphere of people's lives. Therefore it is sensitive and in some circles is not debated or publicly addressed. For instance, according to ADEA (2001), Barnes (2000), Malaney (2000) and Badcock-Walters and Whiteseed (1999) a decade ago there has been a deep and broad, official and unofficial, personal and institutional silence about HIV/AIDS in many institutions. When referring to this era Kelly (2001) notes that the most striking feature of university response to HIV/AIDS is the awe-inspiring silence that surrounds the disease at the institutional, academic and personal levels. Keeling (1998) confirms the assertion above by stating that the history of the higher education's attempt to comprehend and respond to HIV/AIDS is a complex record of desperate fear, terrible confusion and great courage. Furthermore, Chetty (2000) alleges higher education institutions are conservative in nature and take time to respond to new ways of thinking and working. These are the factors that might have influenced most African universities to take time to undertake serious efforts intended to meet the challenges posed by the HIV/AIDS pandemic. In the same vein the document: *How are African Universities responding to the HIV/AIDS pandemic: African Perspectives* (2003) has outlined constraints that have generally affected the response of African universities. These are :

- Critical lack of funding and financial resources
- Lack of skilled human resources
- Resistance among academics to accept the pervasiveness of the pandemic
- Stigma, discrimination and fear of losing job positions forcing staff to keep quiet about their HIV status
- Lack of leadership and commitment from senior university staff

However, for higher education institutions to be able to mitigate and manage the impact of HIV/AIDS Coombe (2000) suggests that every weapon available must be used against the disease, as it has the potential to erode the human and social capital of educational institutions, undermining their capacity to offer academic and support services. It is comforting according to Pillay (2003), Chetty (2000) and Saint (2004) to note that in the past few years there has been positivism that has led to substantial progress in the African higher education sector in broadening and deepening an understanding of the dynamics of the disease. Saint (2004) outlines below the dimensions of this significant progress :

- At least ten case studies of HIV/AIDS within different institutions of higher learning have been undertaken
- The Association of African Universities (AAU) has incorporated an AIDS component within its core services programme for 2000 – 2005
- The Association of Commonwealth Universities (ACU) has produced guidelines for institutional response
- In South Africa a partnership of three higher education institutions (the National Department of Education, South Africa Universities Vice-Chancellor's Association and the Committee of Technikon Principals) launched in 2002 a nationally coordinated programme to improve the capacity of tertiary institutions to prevent, manage and mitigate the impact of HIV/AIDS
- More and more institutions from Anglophone countries are developing formal institutional policies for managing HIV/AIDS
- In 2003 the universities Vice-Chancellor's from thirteen countries of the Southern Development Community (SADC) agreed to take a series of actions to create enabling environments for easing the impact of HIV/AIDS on their campuses

This is a clear indication that African higher education institutions are embracing the "African Renaissance" notion by developing regional efforts and institutional interventions that are meant to understand the dimensions of the disease and develop solutions and interventions. Having shown that tertiary institutions are increasingly engaging in innovative responses that are driven by institutional and inter-institutional reviews and innovations, the response to HIV/AIDS will now be discussed.

The response to HIV/AIDS will be discussed under the following areas:

4.4.1 Role of Management

Various studies show that in any organization, enterprise or institution the importance, in principle and in practice that leadership accord to HIV/AIDS is critical in ensuring strategic commitment. Saint (2004) and SAUVCA (2000) note that, where Vice-Chancellors, principals and other senior managers have made AIDS an institutional priority, the effect on their institutions has been immediate and visible. Chetty (2000) highlights that management commitment entails establishing decision making and programme management structures, creating networks, finding resources and breaking down denial and silence that surrounds the disease. In the same vein, Kelly (2002) acknowledges that success in overcoming HIV/AIDS in a university demands exceptional personal, moral, political and social commitment on the part of the top university executives

According to SAUVCA (2000) management needs to recognize that the leadership role in combating and managing the impact of HIV/AIDS is an integral part of its responsibilities, and a core value in the ethos of the organization. Kelly (2002) states that institutional leadership needs to galvanize the institutional community to look beyond individual concerns and to articulate and act upon systemic HIV/AIDS related issues. He further states that institutional management needs to be resource-backed and action-backed to ensure the development of appropriate policies and strategies, and evaluation frameworks for implemented programmes.

Apart from serving as an advocate for attention to AIDS within their institutions, institutional leaders should as Kelly (2002) and Crewe (2000) and Otaala (2003) advise, take the responsibility to:

- Develop decision-making and programme management structures and promote institutional and inter –institutional networking

- Mainstream HIV/AIDS into all institutional activities, because in the absence of such stimulation and leadership, individual efforts remain uncoordinated, un-resourced and impossible to sustain.
- Undertake an impact of AIDS on their institutions and strengthen capacity building of key staff
- Mobilize HIV awareness and commitment to challenge instances of shame, stigma and discrimination. Develop and send public messages about the risks of the disease, its prevalence and impact at every level of institutional operations
- Establish AIDS-informed management and financial information systems that will meet direct and indirect costs arising from the disease
- Review policies and procedures governing HIV/AIDS issues and its implications

Various studies attest to the fact that over and above all these interventions, strategies and pillars, the total dedication of management is what holds everything together, the whole edifice stands or falls by this. To sum up management responsibilities ACU (2000) notes that “Without leadership there is no commitment to change, and little chance of shifting institutional culture, of creating a sense of urgency, or mobilizing key stakeholders”.

4.4.2 HIV/AIDS service providers

According to Saint (2004) experience shows that in order to have better organized programmes there is a need to have AIDS Coordinating Units with dedicated personnel. This is true because new initiatives do not happen by themselves. Saint (2004) further notes that the AIDS Coordinating Unit, is a location and visible focal point necessary to provide day to day attention, strategic reflection and a means of disseminating new knowledge and ideas in the AIDS arena. Likewise, HEAIDS (n.d.) and Otaala (2000) note that the unit is responsible for coordinating institutional

activities, to mainstream HIV/AIDS through all activities, to establish a supportive environment, educate and inform institutional communities and develop policies, educational programmes and administrative procedures for addressing the disease. In addition Mwape and Ravinder (n.d.) note that institutional centres need to provide skills-based health education to enable people to acquire the knowledge, attitudes, values and life skills needed to avoid HIV/AIDS infection.

As an illustrative example Table 4.1 below reflects the location of HIV/AIDS service providers within specific institutions in South Africa.

Table 4.1 HIV/AIDS related centres in some South African tertiary institutions

iversity of watersrand	The Perinatal HIV Research Unit (PHRU) This Research Unit belongs to the university though it is situated at Chris Baragwanath Hospital in Soweto The Centre for Health Policy (CHP) CHP is located within the Department of Community Health and does independent, multi-disciplinary health policy research and development
iversity of oria	Centre for the Study of AIDS The Centre was developed to ensure that the university as a whole is able to plan for, and cope with, the impact that HIV/AIDS is likely to have on the institution and the tertiary sector as a whole
iversity of il	Health Economics and HIV/AIDS Research Division (HEARD) HEARD undertakes academic and applied research into the economic, development and social impacts of HIV/AIDS. It also undertakes academic teaching in health economics related to HIV/AIDS, provides training workshops, organizes conferences and symposia to identify ideas and strategies and review interventions dealing with the epidemic
des iversity	Centre for AIDS Development, Research and Evaluation (CADRE) CADRE is a south African non-profit organization working in the area of HIV/AIDS social research, project development and communications

Source: South African University Programmes available @ www.heaid.org.za

According to HEAIDS (n.d.) these AIDS Coordinating units should be managed by a committee/ group of people that is responsible for guiding the institutional response.

activities, to mainstream HIV/AIDS through all activities, to establish a supportive environment, educate and inform institutional communities and develop policies, educational programmes and administrative procedures for addressing the disease. In addition Mwape and Ravinder (n.d.) note that institutional centres need to provide skills-based health education to enable people to acquire the knowledge, attitudes, values and life skills needed to avoid HIV/AIDS infection.

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Table 4.1 HIV/AIDS related centres in some South African tertiary institutions

University of Witwatersrand	The Perinatal HIV Research Unit (PHRU) This Research Unit belongs to the university though it is situated at Chris Baragwanath Hospital in Soweto The Centre for Health Policy (CHP) CHP is located within the Department of Community Health and does independent, multi-disciplinary health policy research and development
University of Pretoria	Centre for the Study of AIDS The Centre was developed to ensure that the university as a whole is able to plan for, and cope with, the impact that HIV/AIDS is likely to have on the institution and the tertiary sector as a whole
University of Natal	Health Economics and HIV/AIDS Research Division (HEARD) HEARD undertakes academic and applied research into the economic, development and social impacts of HIV/AIDS. It also undertakes academic teaching in health economics related to HIV/AIDS, provides training workshops, organizes conferences and symposia to identify ideas and strategies and review interventions dealing with the epidemic
Rhodes University	Centre for AIDS Development, Research and Evaluation (CADRE) CADRE is a south African non-profit organization working in the area of HIV/AIDS social research, project development and communications

Source: South African University Programmes available @ www.heaid.org.za

According to HEAIDS (n.d.) these AIDS Coordinating units should be managed by a committee/ group of people that is responsible for guiding the institutional response.

The said committee should have an inclusive structure that is set up with representatives of top management, supervisors, workers, unions, students, human resource department, occupational health unit, health and safety committee and persons living with AIDS. These individuals will be responsible for manning the above-mentioned units. They are known by a variety of names such as AIDS Control Board, AIDS Control Unit, AIDS Committee, AIDS Societies or Anti-AIDS Clubs.

The International Labour Office (ILO) (n.d.) and Chetty (2000) have enlisted some of the responsibilities of the HIV/AIDS Committee. These include the following:

- The committee should decide on the terms of reference and decision making powers and responsibilities
- It must review national laws and policies and their implications for the organization
- It must investigate the needs of the enterprise by carrying out a baseline study to determine the impact of the disease
- Monitor developments with regard to HIV/AIDS and coordinate institutional efforts to address the disease
- Resource mobilization and sensitization
- Internal and external partnership development and management
- Formulate a policy, establish a plan of action and communicate these widely
- Include a timetable and lines of responsibility to the implementation of the policy and programmes
- Monitor the impact of the policy and programmes and review them regularly
- Organize seminars and workshops for HIV awareness
- Provision of educational material
- Provision of medical advice and counseling
- Promotion of voluntary testing
- Distribution of condoms
- Establishment of peer education/ support mechanisms.

McGregor (2000) affirms that in addition to these direct functions, these committees/ structures perform HIV-related educational efforts in other contexts, including centres for women studies, and gender issues, health departments, and courses. There is

ample evidence that where these units and structures are in place and their impact is clearly felt and the institutional response is more organized. Coombe (2000) suggests that these units should form links with other units or individuals within the institution that provide related services in order to build supportive environments. These strong links she further states can help students to link the knowledge and attitudes learnt in the classroom and elsewhere with action to protect themselves from infections.

4.4.3 Policy Development

Otaala (2003) argues that because HIV/AIDS is without a doubt one of the tragic and challenging health problems it requires progressive policies to guide the vision and goals of the institution before strategic planning and implementation are begun. According Saint (2004) a written institutional policy provides an explanation and legitimacy of actions taken in the process of AIDS control and prevention. Similarly, Chetty (2000) notes that an institutional policy defines a path that is appropriate, relevant and feasible in context in which the institution operates. The Guidelines for Developing a Workplace Policy and Programme on HIV/AIDS and STD's (n.d.) articulate the importance of an HIV/AIDS policy :

- A workplace policy is central to developing and implementing an effective workplace programme
- An HIV/AIDS policy defines the organisation's position and practices in relation to employees with HIV/AIDS and to preventing the spread of HIV
- An HIV/AIDS policy demonstrates the organisation's concern and commitment in taking active steps to manage the HIV/AIDS pandemic

According to SAUVCA (2000) it is imperative that tertiary institutions should be notionally aware that they should be concerned about HIV/AIDS, and its impacts, and should translate this notional awareness into a meaningful action plan. The overall aim of the policy as suggested by Elsey and Kutengule (2003) and the Policy Framework : HIV/AIDS and chronic diseases should be to:

- Develop proactive and structured guidelines for programmes and other interventions
- Raise awareness to ensure a better understanding of HIV/AIDS
- Seek to minimize the socio-economic and developmental effect of HIV/AIDS

- Promote an environment in which people can be open about their status without fear of stigma and discrimination
- Provide education and support systems

Furthermore, Kelly (2002) notes that the policy should be forward-looking, propelling the institution to be several steps ahead of the disease, and should look beyond containing and controlling the disease to overcoming and vanquishing it. It is important to note that the policy is important as part of the institutional response, as clear policy frameworks will ensure that institutions become HIV risk-free environments. SAUVCA (2000) cautions that institutions must be mindful of the obligations which come with policy, because if there is no visible commitment to resources and programmes in tandem with policy, it will easily become a worthless exercise. Since there is no known cure for HIV/AIDS the policy is according to SAUVCA a tool whereby means to provide education to minimize unfounded fears and to raise awareness about the disease, its symptoms, means of transmission, and precautions for reducing infections will be established.

According to Saint (2004) the institutional policy is a strategic activity that should be owned and supported by all the stakeholders. In formulating HIV/AIDS policies the Policy Framework : HIV/AIDS and Chronic Disease (n.d.) suggests that institutions should be guided by : a legal framework that covers relevant legislation, institution-wide ownership of strategies and solutions, non-discrimination, respect for confidentiality and disclosure, sensible voluntary counseling and testing, care and support, clearly defined management responsibilities, the recognition of human resource issues, the commitment to create a non-discriminatory environment, the commitment to provide training and education, the need for an implementation team and policy monitoring, review and evaluation. The five principles of an HIV/AIDS policy developed by Otaala (2000) sum up the above framework :

- Rights and responsibilities of staff and students
- Integration of HIV/AIDS into institutional business and activities
- Preventive care and support activities
- Policy implementation, monitoring and review

Having outlined the policy requirements, necessity and considerations it would be interesting to know how far higher education institutions in Africa have gone in developing HIV/AIDS policies. As indicated by Saint (2004) and How are African Universities responding to the HIV/AIDS Pandemic : African Perspectives (2003) there are some illustrative examples of good practice in HIV/AIDS policy development as twenty tertiary institutions from Anglophone countries have developed formal institutional policies. Saint (2004) further stated that in October (2003), the university vice chancellors from thirteen countries of the Southern African Development Community (SADC) agreed to take a series of actions intended to establish essential services, promote policies and management practices. These positive initiatives have resulted in the growth of the number of institutions with policies as this study can attest that in 2004 all tertiary institutions in South Africa had HIV/AIDS policies in place. However, in spite of these accomplishments, it must be realized that the magnitude of the problem facing the African higher education institutions is enormous and can therefore not be solved by only having policies in place. Instead as several studies have shown institutions must adopt mechanisms and approaches that are holistic in nature and are based on the institutional and inter-institutional needs and opportunities. Having considered policy development the focus will now be on measuring system level impacts and how policies have been translated into action in terms of plans and programmes developed.

4.4.4 Measuring system level impacts

According to Kelly (2001) and Katjavivi and Otaala (2003) in Africa on the overall there is poor information on the extent of HIV/AIDS on campus and on perceptions relating to it. Without risks assessments or any other form of situation analysis, there is no way of knowing the extent of the impact of HIV and AIDS on the institutions. This as Kelly (2001) acknowledges greatly hampers institutional efforts in responding to the pandemic. According to SAUVCA (2000) the lack of information from tertiary institutions is attributed to inadequate records on HIV/AIDS prevalence at institutional level, AIDS-related illnesses, absenteeism or deaths among institutional members. Kelly (2002) alleges that due to the lack of adequate up-to-date records on the HIV/AIDS the real situation is not reflected, instead it remains indistinct, in disarray and misunderstood, hence the response is based upon presumptuous

information that is not valid or reliable. In addition to that, Badcock-Walters and Whiteseed (1999) state that the problem is fear of openness, anxiety about stigmatization and discrimination, due to experiences of those who are infected being ostracized and even attacked by family members and communities. They further state that discrimination and stigmatization are not always overt, but they take subtle and veiled forms. Labinsky (2000) affirms that there is evidence that various factors such as cultural beliefs and taboos, religious beliefs, misinformation or ignorance, lack of proper support systems as well as the stereotype that the disease affects mostly those at the bottom end of the scale, have caused the uncommunicative mindset. It therefore remains a challenge that tertiary institutions still have to undergo a major paradigm shift with regard to this, as they have the advantage of an enlightened, open-minded and receptive environment.

The situation is worsened by the fact that in most countries it is the legal right of the individual, as enshrined in the constitution and National HIV/AIDS Policy for Educators and Learners, to reveal his/her HIV/AIDS status, and even when revealed the information has to be treated with confidentiality. However, the importance of having records on the mortality and morbidity of institutional communities is that, programmes based on the results of situation analysis will be responsive to the expressed needs and expectations. The assessment of local needs will provide a firm foundation for programmes design it will eliminate the designing programmes that are baseless and offering services on assumption as regards the real situation.

4.4.5 HIV/AIDS Programmes/ interventions

According to Chetty (2000) the range of interventions in higher education sector has now broadened and deepened to include far more sophisticated projects and structural reforms that are making HIV/AIDS more integral to the core business of tertiary education. It is of the utmost importance that tertiary institutions should define a response that makes sense in their educational context to ensure precision. Similarly, interventions needs to holistic in nature and create an enabling environment. This cannot be achieved by a single unit or person, instead through a cooperative and collective effort. Kelly (2001) notes that HIV/AIDS is mostly regarded as a student problem due to the high HIV prevalence among young people as a result in most

institutions most HIV/AIDS-related interventions are student-centred. Piot (2002) notes that morally and legally, young people have the right to knowledge and understanding, and therefore they have to have access to the full range of information and preventative measures that will allow them to protect themselves against infection. He therefore suggests that prevention programmes that increase access to information, resources and services at places and times, and in manners, that are likely to be appealing and acceptable to young people should be developed as early as possible and be continued through childhood and adolescence. Uys et al (2000) caution that although information is necessary, knowledge alone is not sufficient to protect young people against HIV/AIDS. It is in this regard that Piot (2002) further suggests an interactive process that helps young people acquire knowledge, attitudes and skills to enable them to take greater responsibility for their own lives, resist negative pressures, minimize harmful behaviours and make healthy life choices. Various programmes or interventions commonly found in tertiary institutions are applied.

4.4.5.1 Awareness-raising programmes

Kelly (2002) states that the main thrust of university HIV/AIDS awareness raising efforts seems to concentrate on brief period of orientation undergone by new students. He further states that these programmes provide learners with training in psychosocial life-skills such as assertiveness, effective communication and decision-making. Crewe (2000) notes that in the University of Pretoria the awareness programmes include forums as well as seminars that are conducted monthly. Generally, awareness-raising activities are needed in order to equip students to resist peer pressure in such high risk areas as alcohol abuse, drug-taking, and casual sex. Moreover, these programmes according to Coombe (2000) will demystify the disease and decrease vulnerability to HIV/AIDS through providing and expanding access to universal, good quality and safe education. Piot (2002) describes how some institutions have an annual campus-wide HIV/AIDS awareness week or week celebration float, during which debates, discussions and guest speakers provide ample opportunity for deepening knowledge and awareness of the disease.

4.4.5.2 Youth engagement and peer education

Youth engagement and active participation is important in all aspects of HIV/AIDS prevention. According to Magambo (2000) and Mayengela (2002) student peer education programmes has helped to breakdown the taboo on the disease in tertiary institutions and is the most effective communication strategy. However, Magambo (2000) further states that it must be realized that peer education will have financial implications, due to the constant training of peer educators as most will graduate and leave with the skill, knowledge and experience. Kelly (2001) and MacGregor (2001) note that active participation through project work, theatre, dance and debate, as well as in other ways, is a necessary and effective way of customizing the messages and ensuring programme relevance. The Sourcebook of HIV/AIDS Prevention Programmes and Otaala (2000) have also listed programmes from South Africa, Tanzania, Uganda, Zambia, Namibia and Zimbabwe to show the magnitude and importance of youth-led programmes. Few examples of student/youth led programmes from two countries will be given just as an illustration. According to Katjavivi and Otaala (2003) and MacGregor (2001) these programmes are a pioneering effort through which young people forge partnership and support from a wide range of community organizations, crafting entertainment, proactive and insightful programmes that truly make an impact on the youth. Firstly, in Namibia programmes include Youth Radio Station, house to house counseling and peer group communication. Secondly, in South Africa programmes include Love Life, Soul City, HIV/AidsNetworking (HIVAN), Students' HIV/AIDS Resistance Programme (SHARP) of the University of Cape Town and University of Pretoria students (from the Medical, Law and Sociology departments) undertook a multidisciplinary development of an AIDS kit for home-based care.

4.4.5.3 Education and training for staff and students

Otaala (2000) notes that, within tertiary institutions capacity development is imperative as personnel need to be constantly empowered to deal with the disease. Coombe (2000) agrees that staff (academic, administrative and ancillary) and students must be well prepared and supported in their work on HIV/AIDS through ongoing education and training. Both Coombe (2000) and Otaala (2000) concur that staff and

students require on-going support in introducing the enquiry-based, right-oriented types of education about HIV/AIDS that will encourage active participation, skills development and recognition of human rights. Specifically the training for educators should according to Katjavivi and Otaala (2003) entail inculcating skills necessary for, integrating HIV/AIDS into curriculum development and teaching and enhancing research related to HIV/AIDS. It is important that academic communities should be well educated and informed about the disease because studies by Uys et al (2000) and Anarfi and Awusabo-Asare (n.d.) indicate that students in universities are generally knowledgeable about the disease though this knowledge is not transformed into observable behaviour.

4.4.5.4 World AIDS Day and other special events

Crewe (2000), Kelly (2002), Piot (2002) and McGregor (2000) note it is important that this day is not considered merely as a one day event, but rather as an opportunity to bring together HIV/AIDS projects and programmes already in place in tertiary institutions, locally, regionally, nationally and internationally. They further state that World AIDS Day also encourages the creation of new awareness and prevention programmes, enabling individuals, communities and countries to be involved in issues surrounding HIV/AIDS.

4.4.5.5 Collaboration and partnerships

According to Otaala (2000) collaboration has become a buzz word in discussions on the fight against HIV/AIDS. Collaboration can be applied at institutional and inter-institutional level. Furthermore, partnerships can be formed with government departments, civil society organizations, religious groups and the business sector. The Communication for Development Roundtable Report (2002) acknowledges that collaboration bring synergy as it brings people together to build and share intellectual and financial resources. Within the institutions partnerships formed should pull together all stakeholders including people living with or affected by HIV/AIDS. According to the Communication for Development Roundtable Report (2002) people living with HIV/AIDS have an important role as they can assist in the designing and implementation of teaching programmes as well as providing access to perspectives

and experiences that help reduce risk. Obviously, their involvement can help to eliminate the stigma and discrimination, with the view to respecting human rights and encouraging greater openness concerning the epidemic. According to Mayengela (2002) the participatory approach reduces the degree of negativity and promotes commitment and ownership of all the stakeholders. As stated earlier collaboration can as suggested by SAUVCA (2000) extend beyond institutions to engage communities in outreach programmes such as home-based care, support groups, partnerships with Non-Governmental Organisations (NGO's), schools, churches, women and youth groups, research groups, medical treatment and so on. Collaboration amongst universities, health organizations and other stakeholders should be built across national boundaries in the conceptualization and implementation of comprehensive programmes of research, prevention, treatment and special education needed to defeat the HIV/AIDS pandemic (SAUVCA 2000).

Otaala (2000) asserts that collaboration is not an easy exercise nor is it a passive phenomenon. Notably, in the African higher education landscape there is an encouraging level of collaboration. This is between various academic institutions in individual countries. Of more importance this collaboration permeates boundaries to link institutions from African and international countries. In the African higher education sector the collaboration has been instituted by local, regional and international associations such Association of Commonwealth Universities (ACU), Association of African Universities (AAU), South African Universities' Vice-Chancellor's Association (SAUVCA), Association for the Development of Education in Africa/ Working Group on Higher Education (ADEA/WGHE), United Nation Development Programme (UNDP) to mention just a few. Besides forming partnerships between themselves academic institutions also collaborate with health agencies, research institutes and other related regional and international organizations.

4.4.5.6 HIV/AIDS related teaching and learning

Kelly (2001) alleges that although the disease has been prevalent in the region for more than a decade no substantive changes in university academic policies or practices have been introduced in response to the disease. Similarly, MacGregor (2001) notes that academic institutions need the intellectual understanding that they

will have to fundamentally change in terms of teaching, learning, student recruitment and support in order to respond adequately to the epidemic. SAUVCA (2000) notes that to address the AIDS problem it is important for academic institutions to examine the impact of HIV/AIDS on the labour market for graduates so as to determine the need to adjust in terms of the duration of programmes, content of programmes, methodology of programme presentation and other relevant aspects. Kelly (2002), Crewe (2000), MacGregor (2001) and SAUVCA (2000) assert that it is important that institutions should strive to produce competent graduates who are self-motivated and equipped with intellectual tools that will enable them to be more adaptable and innovative in responding to the needs of a fast-changing and unpredictable world of AIDS. This assertion calls for the integration of HIV/AIDS into the professional aspects of the curriculum. However, Kelly (2002) highlights the fact that knowledge about HIV/AIDS is far from perfect, even among academic staff, some of whom say they do not know enough to be able to incorporate the topic into their courses. Crewe (2000) concurs with Kelly (2002) that it is crucial that, for staff to generally understand the epidemic, its effects, as well as its interaction the area of professional expertise, they need to be empowered through regular training.

Furthermore, Kelly (2002), ACU (2001), Mayengela (2002), Crewe (2000), Katjavivi and Otaala (2004) and HEAIDS (n.d.) suggest the following for consideration by tertiary institutions as the disease is throwing up a host of teaching/learning problems that require rigorous thinking and examination:

- A need to introduce new areas of study, training and research as the rapid growth of the pandemic is calling for professionals in new areas and more professionals in traditional areas
- Professional integration of aspects of HIV/AIDS into formal training programmes and the clear recognition by students that knowledge and expertise in this area positively contributes to their marketability and career prospects
- Establishing a campus-wide course on HIV/AIDS as an affirmation of the seriousness with which the university takes the AIDS problem and it can also help to bring the topic out in the open, thereby disabling the fatal triad of

shame, secrecy and stigma. However, caution is given that establishing this kind of course could lead to the belief that mainstreaming the disease into professional programmes is superfluous. Furthermore, Mayengela (2002) is wary of the fact that students do not want to be lectured on AIDS because they claim it is an old song.

- Mainstreaming of HIV/AIDS in existing courses to increase knowledge of the pandemic at institutional level
- Identify, adopt and implement examples of good practices and models
- Institutions should focus on long-term capacity building in a variety of areas through extra-curricular activities and programmes
- The exponential increase in the number of orphans points to an area where deeper and more extensive professional understanding is needed

Although Kelly (2001) has earlier alleged that in African institutions there are no substantive changes in policies and practices Saint (2004) purports that institutions have begun to incorporate HIV/AIDS in teaching, research and community service. Otaala (2004) has given illustrative examples of efforts to integrate HIV/AIDS into the curriculum. What emerges from these examples is that commendable efforts to infuse the disease into the university's core business are intensified. However, as Otaala (2003) indicates there are still few institutions that are lagging behind as a result complete mainstreaming of HIV/AIDS into academic programmes has not been achieved. According to McGregor (2001) and Crewe (2000) this calls for academic institutions to mainstream the professional aspects of HIV/AIDS into every training programme, in order to produce graduates who are competent to manage and control the disease within their respective professions. They further state that the higher education sector has to maintain the supply of the workforce to augment the depleting national stocks of skilled and qualified personnel in various fields because of the impact of the disease on human welfare. Besides the curricular efforts UNAIDS (2000) emphasizes that extra-curricular efforts, including sports and recreational activities promoting HIV/AIDS prevention messages, community-based drama and theatre activities, livelihood skills programmes, and mass media work involving and

targeting young people, have an important role to play in broadening the reach of education for HIV/AIDS prevention.

4.4.5.7 HIV/AIDS related research

The United Nations General Assembly Special Session on HIV/AIDS as cited by Kelly (2001), states that “With no cure for HIV/AIDS yet found, the development of national and international research infrastructure, laboratory capacity, improved surveillance systems, data collection, processing and dissemination, and training of basic and clinical researchers, social scientists, health-care providers and technicians is crucial”. This means that tertiary institutions have an obligation to provide research leadership and generate debate and critique in the battle against HIV/AIDS. Fortunately, academic institutions have the potential to respond to this challenge. However, it must be stated clearly that research requires a supportive climate and resources, without which very few research work and publications can be produced. ACU (2001) notes that, institutions must also begin to see research into HIV/AIDS epidemic as an opportunity to have a primary impact on the most pressing social, health and economic issue in recent history. Kelly (2001) notes that universities are duty bound to make their own unique contribution by dedication to HIV/AIDS-relevant theoretical, scientific, applied, and action research, to the extent that their human, physical and financial resources allow. The ultimate aim must be that the research efforts of academic institutions should contribute to technical advancement, new products, improved diagnosis and treatment, new understandings, improved economic growth, accelerated industrial and agricultural growth and an improvement in the quality of life of those who live in an HIV/AIDS-infected society (Kelly 2001).

According to Kelly (2002) African university researchers pursue the quest for a cure or vaccine for AIDS, but also contribute to enhanced understanding of the disease in other ways. MacGregor (2001) notes that while tertiary institutions in South Africa produce limited realms of research, they are morally bound to help prevent infection among academic communities and produce graduates equipped to manage the epidemic. Few South African tertiary institutions have centres that dedicated to managing and developing HIV/AIDS research. For instance, the Perinatal HIV Research Unit (PHRU) and the Centre for Health Policy at the University of

Witwatersrand are centres dedicated to multi-disciplinary research and development. Secondly, the University of Natal has Health Economics and HIV/AIDS Research Division (HEARD) which undertakes academic and applied research. Thirdly, the Rhodes University has established a South African non-profit organization working in the area of social research and this is the Centre for AIDS Development, Research and Evaluation (CADRE). These are just a few examples to illustrate that academic institutions can have research dedicated units to coordinate institutional research efforts and expand the research output.

With regard to the research output, Saint (2004) notes that a small but growing body of HIV/AIDS related scientific output is materializing in the form of graduate theses and dissertations. ACU (2001) acknowledges that generally tertiary institutions are in a uniquely privileged position in that through collaboration in research and the sharing of strategies, information and experience of good practice, they have the potential to be a powerful influence for change not only within the sector but also within the regional, national and international community. SAUVCA (2000) further argues that institutions have an ethical responsibility to set an example by openly debating HIV/AIDS issues and finding creative responses to the threat that is posed by the pandemic.

There are certain features that should according to Kelly (2001) and Otaala (2000) characterize a university's HIV/AIDS research. These are:

- The recognition that the disease is a multidimensional human problem that can only be understood through a concerted effort of several disciplines
- HIV/AIDS is an area of investigation that lends itself to collaborative efforts between various organizations, to enhance global ability to manage the disease and strengthen research capacities
- The pandemic is of such tremendous human import that investigating it attracts considerable human and financial research resources

- HIV/AIDS is unique that every facet of it is studied with ethical questions and problems, as a result there is a need to constantly review the ethical principles governing research to safeguard the rights of all stakeholders

4.4.5.8 Information dissemination strategies

Crewe (2000) notes that in the face of the epidemic academic institutions have a dual function of finding humanitarian ways to manage the epidemic and ensuring that their constituencies have access to adequate and appropriate information. There is evidence according to Mayengela (2002) that mass media has emerged as the main conduit for disseminating information on HIV/AIDS.

▪ Types of media

Using a wide range of media for disseminating health messages is usually most effective according to Mayengela (2002). The IEC Reference Manual for Health Programme Managers (1998) states that the media chosen should be credible, appropriate and accessible. The manual further indicates that possible media could include interpersonal communication, group discussions, radio, television, cinematography, mass media, print media, entertainment education, information communication technologies (ICT's) and so on. These can be used in various ways for instance the University of the Western Cape in South Africa has developed a website on HIV/AIDS. According to Mukelebai (2003) the character of HIV/AIDS is said to be one that calls for mass media interventions as these can create and increase public awareness, educate people about the disease its causes and treatment, change people's attitude about the disease, advocates for policy changes and create favourable social norms.

▪ Appropriateness of media

Problems about informing and discussing HIV/AIDS are aggravated because of the silence surrounding the epidemic (Kelly 2001). Mayengela (2002) suggests that because academic community members often seem busy, HIV/AIDS messages should be very simple, brief, clear, meaningful, location specific and attractive to capture the

minds of hurrying students and staff. Mass media, popular traditional channels should be combined in order to maximize penetration and impact (IEC Lessons from the past (n.d.)). It is important that the type of messages disseminated must be carefully designed to appeal mostly to the youth whose interest and focus are determined by local and international trends Keeling (2000). The use of logos and symbols has been successful in HIV/AIDS campaigns as it allows the audience to build up interpretations and meanings overtime impact (IEC Lessons from the past (n.d.)).

Generally, HIV/AIDS is known among students though infection levels are still escalating (Uys 2000 and Magambo 2000). The challenge would therefore be to design and present messages that will be appealing and empowering to young audiences as they become easily bored and are sometimes irrational. HIV/AIDS information providers need to be creative and imaginative in order to capture and sustain interest in delivered interventions. Moreover, the involvement of the youth in programme design can be a motivational factor that can ensure commitment, ownership and sustainability.

Mayengela (2002) advocates the use of humour as a tool for breaking the silence or taboo that surrounds the disease and to offer space or a forum for public discussions of taboos and silenced realities. He further states that the advantage of this strategy is that, these interventions are entertaining, fun, instructive and take shape as a context for social therapy. Interventions that can be humorous include theatre, drama, concerts, puppets and music. Some South African tertiary institutions have embraced the notion of entertainment education. For instance, the University of Natal has a Graduate Programme in Cultural and Media Studies. Similarly, the University of Zululand has established a project that uses participatory drama and other interactive educational methodologies to control the spread of the HIV/AIDS pandemic.

4.6 Summary

HIV/AIDS has impacted on the education system generally by affecting the demand for education, content of education, role of education, availability of resources and the ability to deliver mandates. Tertiary institutions are equally vulnerable to the disease due to the inherent high risk that emanates from a variety of factors such as the liberal

environment in these institutions and other problems that characterizes campus life. The response of tertiary institutions to the disease is as it is alleged in several studies characterized by silence, denial and stigmatization. It is also grossly affected by lack of management commitment essential to ensure interventions that are resource-backed and action-backed. It has emerged from the discussions that total dedication of management is the main determinant of the nature, scope and strength of the institutional response. On the overall, institutional response should include the integration of HIV/AIDS into the curriculum, the development and sustainability of multidimensional research initiatives which should be backed up by appropriate policies or plans. It has emerged from various studies acknowledge that the first step to deal with HIV/AIDS is to recognize that the disease is not just a health problem but that it brings psycho-social, economic and other consequences which threaten the efficient operation of the system itself. Tertiary institutions have developed and implemented a variety of programmes and they also offer a wide range of information resources. This is a good step because slowing down the epidemic requires the proper use of communication approaches, strategies and tools to tackle behaviours such as inequality, prejudice, poverty, social and political exclusion and discrimination.

The study noted that there is very little documented information on programmes and interventions of tertiary institutions in South Africa. Due to the momentum of the HIV/AIDS pandemic, the country and the higher education sector in particular needs to shift priorities and dedicate the same kind of commitment and determination that it had for restructuring, in order to control the epidemic that threatens the ability to deliver the expected mandates. This study will compensate for this shortcoming as it will document programmes and interventions of the sector as a whole. Similarly, the HEAIDS Programme is still in the process of profiling the sectoral response with the aim of popularizing best practices. The next chapter presents the research design and methodology that the study employed.

CHAPTER 5

RESEARCH DESIGN AND METHODOLOGY

5.1 Introduction

Research as defined by Neuman (2003:12) is a structured, systematic, organized inquiry or investigation into a subject in order to discover or revise facts, theories and applications. It is a quest driven by a specific question that needs an answer. According to Peritz in Rochester and Vakkari (1988:167) research is an inquiry where the goal is to elicit, by means of a systematic method, new facts, concepts and ideas. Newman (2003:12) considers research to be the use of scientific methods to transform ideas, hunches and questions sometimes called hypotheses, into scientific knowledge. Research involves a sound frame of reference, exact problem formulation and connection to earlier research (Rochester and Vakkari 1988:167). Any research, if correctly designed and undertaken, will build knowledge because it represents an objective investigation of a phenomenon with which there is a concern. According to Neuman (2003:12) the research process begins with the choice of the topic or research problem and is complete only when the researcher informs others about his/her findings.

A research method is the first step in the way of providing answers and the means by which a research project is implemented. For this study the researcher used a variety of methods such as survey, observation, literature review and content analysis. To implement the study a research design was developed. The study design according to Ikoja-Odongo (2002:159) involves a set of decisions regarding what topic is to be studied, among what population, with what resources, with what methods and for what purpose. According to Neuman (2003:13) the design is a strategic framework for action that outlines how variables will be tied together to test a hypothesis. He further notes that it is also a platform of establishing causality in a relationship when doing research. Ikoja-Odongo (2002:159) pinpoints that the research design requires a formal and even rigid adherence to a defined system of inquiry to find out unknown facts or to collate old ones in a new way. Through a research design, Ikoja-Odongo

(2002:159) observes that the researcher narrows the scope and focuses his/her perspectives for purposes of the study.

Once the study has been designed the next step would be to collect data using an appropriate research technique. A research technique according to Neuman (2003:15) is the instrument, tool, approach or strategy by which research is carried out. Ikoja-Odongo (2002:159) notes that the choice of technique depends on the type of information needed to address the research problem. He further states that the data collected can either be qualitative or quantitative or primary or secondary data.

The purpose of this chapter is to describe the research design and methodology that was used in the study. In particular the chapter includes the following elements: the study design, the study area, the research methods, the research instruments, the population and the sampling methods. In essence the chapter highlights all the steps or procedures that were undertaken to complete the study.

5.2 The study design

A research design is according to Ikoja-Odongo (2002:159) the plan, structure or blue print of the study and it describes what to do and how to do it. Leedy (1997) suggests that in order to have a good design, four basic but fundamental questions need to be resolved with respect to data, that is, what data are needed?; where are the data located?; how will data be secured?; and how will the data be interpreted?. There are many approaches to social research, which according to Vulliany, Lewin and Stephesens (1990) depend on the nature, aims, and objectives of the study. Therefore, the choice of the research design must be appropriate to the subject under investigation.

5.2.1 Quantitative vs qualitative research

Approaches to research can either be qualitative, quantitative or both. Qualitative and quantitative methods differ in many ways, but it is important to note that these differences are not absolute, and are often a matter of degree. In general, qualitative research according to Jones (1997) generates rich, detailed and valid data that

contribute to an in-depth understanding of the context in which the phenomenon under study takes place. On the other hand, quantitative research generates reliable population based and generalizable data and is well suited in establishing cause and effect (Neuman 2003). Quantitative methods use numbers and statistics, whereas qualitative methods use descriptions and categories or words. However, these methods complement each other as each method has particular strengths and weaknesses.

Table 5.1 - Strengths of qualitative and quantitative approaches

STRENGTHS	
QUALITATIVE APPROACH	QUANTITATIVE APPROACH
◆ Depth and detail – which is not possible with a standardized instrument ◆ Is able to handle large amounts of data which through repeated sampling can be generalized to represent the total population ◆ Encourages the informant to introduce more concepts of importance from the emic aspect, rather than adhere to the subject areas that have been pre-determined by the researcher ◆ Permits the identification of longitudinal changes whereas the quantitative approach tend to take a snapshot of behaviour, cognition or affect when the research is conducted ◆ Openness – can generate new theories and recognize phenomena ignored by previous researchers	◆ Appropriate to measure overt behaviour ◆ Strong in measuring descriptive aspects, such as the composition of the population ◆ Allows comparison and replication ◆ Reliability and validity may be determined more objectively than qualitative techniques

Source: Jones, I. 1997. The Qualitative Report vol 3(4)

Jones (1997) suggests that the researcher should aim to achieve a situation where “blending qualitative and quantitative methods can produce a final product which can highlight the significant contribution of both, that is, maximising the strengths of mixed methods approach”. According to Neuman (2003:139) using several methods to test the same finding is triangulation of methods and can occur sequentially or simultaneously.

The advantages of combining both types of research methods as outlined by Jones (1997) include:

- ◆ Research development whereby one approach is used to inform the other, such as using qualitative research to develop an instrument to be used in quantitative research
- ◆ Increased validity in terms of confirmation of results by means of different data sources
- ◆ Complementarity that is adding information for example, words to numbers or vice versa
- ◆ Creating new lines of thinking by the emergence of fresh perspectives or contradictions

For this study both qualitative and quantitative approaches to the research design and method were chosen and used simultaneously. The study is descriptive and explanatory in nature. Therefore, applied and action research were used. However, a lot was drawn from qualitative research in the form of literature review. Lastly, quantitative analysis was used as Jones (1997) notes that it is more appropriate to assess behavioural or descriptive components of the population. Moreover, it complements the findings of qualitative methods by indicating their extent within the population (Jones 1997).

The choice of both qualitative and quantitative designs and methods was based on the nature of the study and the data that was needed for the study. Qualitative approach was chosen because of its potential to, as Jones (1997) indicates, elicit verbal, visual, tactile, olfactory and gustatory data in the form of descriptive narratives like field notes, recordings, or other transcriptions from audio and video tapes and other written records and pictures or films. It was the researcher's conviction that this approach will be compatible with the study as it investigates the management and diffusion of HIV/AIDS information in higher education institutions in South Africa. HIV/AIDS information can be communicated or presented through multi-media or in a multi-dimensional approach. Therefore, a methodology that is broad in scope and flexible is suitable for this study.

However, to produce more valid and reliable results the study needed to go beyond the parameters of the qualitative method to establish cause-and-effect relationships

through quantitative techniques. The goal of the study was to establish and assess the effectiveness of HIV/AIDS information diffusion strategies, systems and the channels and effectiveness and appropriateness of sustainability programmes that institutions have. It also intended to uncover the underlying successes, challenges and impediments to HIV/AIDS information communication in these institutions. Therefore, bringing in both methods in this study was necessary, as it required both quantitative and qualitative data.

Blending the two approaches through triangulation enabled the researcher to achieve the goals of the study, as the strengths of both methods were maximised. Goode and Hart in Ikoja-Odongo (2002:160) give a warning of the false dichotomy of separating qualitative and quantitative studies, or statistical or non-statistical approaches. They argue that the difference between these approaches is “ideal-type”, as they are usually used to complement each other because in a study aspects can be best presented in either a descriptive or statistical form.

With the use of these two approaches, comprehensive and detailed responses about the management and diffusion of HIV/AIDS information in the different institutions were obtained. This enabled the study to go beyond determining information provision, but discover underlying factors that affect the communication process of HIV/AIDS information, negatively or positively.

5.3 The research methods

Leedy (1997:104) defines the term methodology as merely an operational framework within which the data are placed so that their meaning may be seen more clearly. There are several methodologies that are used to collect data in social science and they all belong under the two approaches that have been discussed above, that is, quantitative and qualitative. The methods that were used were observation which by its very nature is qualitative as well as survey and content analysis, which are quantitative. The triangulation of methods was employed to get a complete picture of the HIV/AIDS information diffusion strategies and strengthen the validity and reliability of results. For instance the questionnaire would elicit responses from the respondents, the observation schedule would enable the researcher to identify

observable features to substantiate the questionnaire responses and lastly, from the analysis of related literature documented evidence would be collected.

5.3.1 Survey method

Ikoja-Odongo (2002:164) notes that the survey method is a method of collecting data in which a specifically defined group of individuals is asked an identical question in a similar manner. According to Neuman (2003:267) a survey measures many variables, test multiple hypotheses and infer temporal order from questions about past behaviour, experiences or characteristics. Jones (1997) considers a survey research to be correlational. Neuman (2003:267) further observes that survey researchers use control variables to approximate the rigorous test for causality that experimenters achieve with their physical control over temporal order and alternative explanations.

This method according to Ikoja-Odongo (2002:164) enables the study to describe what is going on in the research settings to obtain relevant facts about the activity in question and to be able to state those activities and facts quantitatively. When using this method, questions are put to the sample of respondents with the intent of not describing the particular individuals, who by chance are part of the sample, but to obtain a composite profile of the population (Jones, 1997). This knowledge allows generalisations to be made about the entire population. More than this, a survey allows for the collection of background and hard-to-find data (Busha and Harter 1980:62). Consequently, this method according to Ikoja-Odongo (2002:164) has been found to save money and time without sacrificing efficiency, accuracy and information adequacy in the research process.

The survey method was chosen for this study because it is evident from the literature surveyed that it is useful when a researcher wants to collect data on phenomena that cannot be directly observed, such as opinions, attitudes, views, experiences and characteristics. The method was applied by using several tools or measures such as questionnaires and content analysis which are discussed towards the end of this chapter later.

5.3.2 Observation method

According to Neuman (2003:381) a great deal of what researchers do in the field is to pay attention, watch and listen, carefully. They use their senses, noticing what is seen, heard, smelled, tasted or touched, that is, they are instruments that absorb all sources of information (Neuman 2003:381). The basic principle of this method as Jones (1997) affirms, is the belief that the core of social life is communicated through mundane, trivial, every day minutia, which most people tend to overlook, but researchers need to learn how to notice. It is worth noting that observation can also be used as a research instrument.

Very often, observes Ikoja-Odongo (2002:166), concepts like “obtrusive or unobtrusive” observation techniques are used to describe the strategy employed in observing. In other instances, phrases such as “observer as full participant”, or “partial participant”, “full observer”, “partial observer” are used, depending on the level of the researcher’s involvement and the nature of the relationship with the respondents.

Busha and Harter (1980:148) state that observation is widely recognized as a prime requisite of research in general and descriptive research in particular. This study, being descriptive and explanatory in nature, used observation to get a complete picture of the visibility and accessibility on site of strategies, systems, services and channels which the different institutions have to communicate HIV/AIDS information. The method was applied by using an observation schedule. The schedule focused on observable communication strategies and systems employed by the different tertiary institutions.

5.3.3 Content analysis

Content analysis is a quantitative research method and can also be used as a research instrument. Woodrum in Neuman (2003:311) and Busha and Harter (1980:171) note that content analysis remains an underutilized technique with great potential for studying beliefs, attitudes, human relations and organisations. Neuman (2003:311) defines content analysis as a research technique for the objective, systematic and quantitative description of manifest content of communications. Similarly, content

analysis according to Monette, Sullivan and DeJong (1990:212) refers to a method of transforming the symbolic content of a document, such as words or other images from a qualitative unsystematic form into a quantitative systematic form. They further state that the content refers to words, meanings, pictures, symbols, ideas, themes or any message that can be communicated and the text is anything written, visual, or any occurrence of communicative language. Palmquist (n.d.) notes that content analysis in particular:

- ◆ Looks directly at communication via texts or transcripts, and hence gets at the central aspect of social interaction
- ◆ Can allow for both qualitative and quantitative operations
- ◆ Can provide valuable historical/cultural insights over time through analysis of texts
- ◆ Allows closeness to text which alternate between specific categories and relationships and also statistically analyzes the coded form of the text
- ◆ Is an obtrusive means of analyzing the text
- ◆ Provides insight into complex models of human thought and language
- ◆ When done well, it is considered as a relatively exact research method based on hard facts.

Neuman (2003:312) notes that, content analysis can indicate pertinent features such as comprehensiveness of coverage, or the intentions, biases, prejudices, and oversight of authors, publishers as well as other persons responsible for the content of materials. Similarly, the study used this method to examine the contents, nature and scope of relevant official documents such as government instruments, institutional policies and records of HIV/AIDS interventions or programmes.

5.4 The study area

South Africa has a population of approximately 43,981.000 people and is divided into nine (9) provinces. The institutions of higher learning are sparsely dispersed in these provinces. Figure 5.1 is a map of the higher education landscape in South Africa.

South African Universities and Technicons

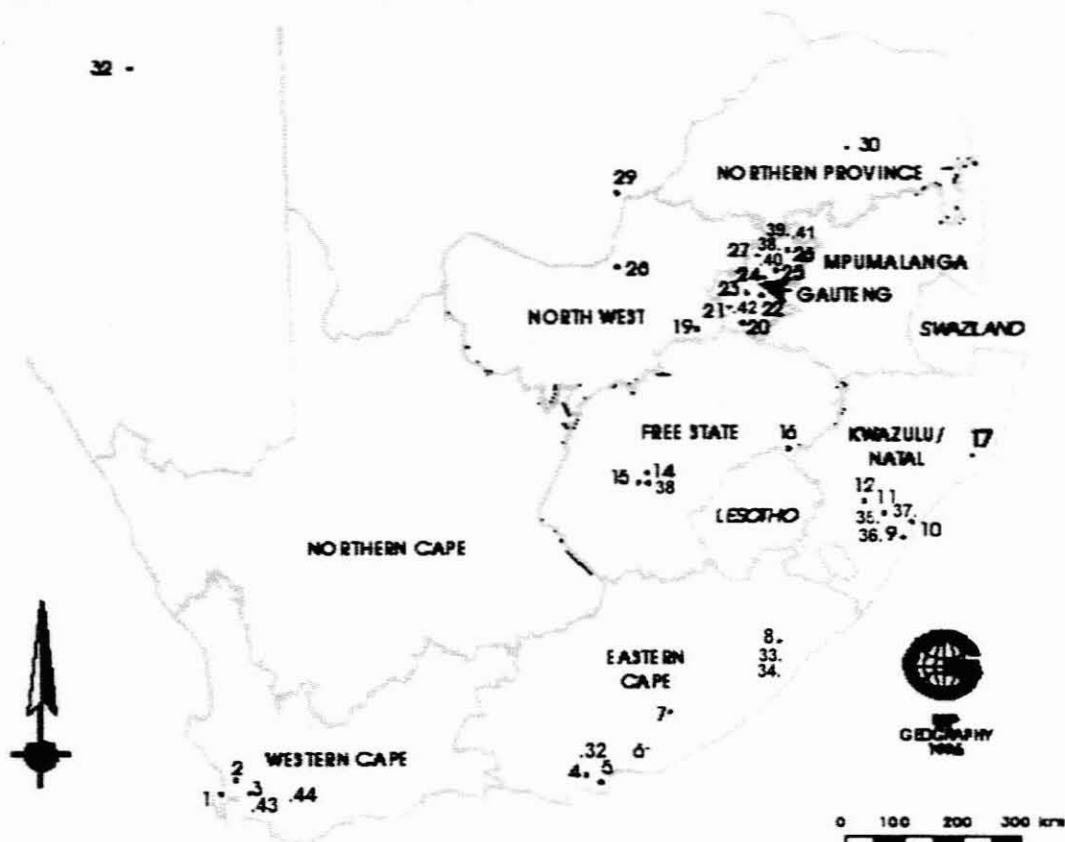


Figure 5.1

Key to map

WESTERN CAPE	FREE STATE
1. University of Cape Town	14. University of Free State
2. University of Western Cape	38. Technikon Free State
3. University of Stellenbosch	NORTH WEST
43. Peninsula Technikon	19. University of Potchefstroom
44. Cape Town Technikon	27. University of North West
EASTERN CAPE	GAUTENG
4. Port Elizabeth Technikon	21. Rand Afrikaans University
5. University of Port Elizabeth	22. University of Witwatersrand
6. Rhodes University	23. University of Pretoria
7. University of Fort Hare	24. University of South Africa
8. University of Transkei	25. Vista University
33. Eastern Cape Technikon	26. Medical University of Southern Africa
34. Border Technikon	38. Technikon Pretoria
KWA-ZULU NATAL	39. Technikon Witwatersrand
10. University of Natal	40. Technikon Northern Gauteng
11. University of Durban Westville	41. Technikon North West
17. University of Zululand	42. Vaal Triangle Technikon
35. ML Sultan Technikon	NORTHERN PROVINCE
36. Natal Technikon	30. University of Venda
37. Mangosuthu Technikon	29. University of the North

Available: [wysiwyg://60http://www.heaids.org.za/links/higher_edu.html](http://www.heaids.org.za/links/higher_edu.html).

The study included all public universities and technikons in the country in order to get an overall picture of how the sector deals with the impact of HIV/AIDS. Due to the

legacy of apartheid there are glaring inequalities in these institutions in terms of resources, capacities and development.

5.5 The study population

Any empirical-scientific investigation commences with a statement of intent in which both the problem to be investigated and the field to be covered should be clearly described and demarcated. Ikoja-Odongo (2002:172) confirms this when he says that, in scientific application the attributes are defined and clearly designated by name, the quality is weighted and the subjects to be studied and place of study must have an exact name. This means that every aspect and attribute in the research process must be given precision. The term population according to Ikoja-Odongo (2002:172) means all the people or objects under investigation before any sample is drawn, in other words, the census population or the subjects from which the sample is drawn. In the same vein, Powell (1991:68) defines the population as the aggregation of units to which one wishes to generalize the results of the study.

In this study the population included thirty-six (36) institutions of higher education in South Africa. As stated earlier the inclusion of all public universities and technikons yielded results about HIV/AIDS that are comprehensive, in-depth and all-inclusive of the realities and the challenges that the sector is facing. The list of institutions is provided on Table 3.1, Table 3.2, Figure 5.2 and Appendix C.

5.6 Sample and sampling

A sample is a small-scale representation, a kind of miniature model of the population from which it was selected. When the target population turns out to be too large for the study to handle effectively, or when the geographical area is more widespread than originally planned, or the resources are inadequate, a portion of it or a sample is used (Ikoja-Odongo 2002:172). A sample must in many respects resemble closely the parent population. According to Hoinville and Jowell (1989:57) it is this resemblance that makes sampling so useful in the study of populations too large to survey in their entirety. For instance, the proportions, ratios, averages and other similar measures computed from the sample must correspond to those of the parent population.

However, how close the resemblance is, depends according to Hoinville and Jowell (1989:57) on several factors, in particular, the size of the sample and the way in which it was selected.

The study used nonprobability sampling, whereby the investigator according to Monette, Sullivan and DeJong (1990:150) does not know the probability of each population element included in the sample. Neuman (2003:211) notes that with nonprobability sampling the researcher rarely determines the sample size in advance and limited knowledge about the larger group or population from which the sample is taken. The study chose nonprobability sampling because as Neuman (2003:211) highlights it is the relevance of sample to the topic that is of importance, rather than its representativeness. Similarly, prior to conducting the study the researcher had limited knowledge on the people who are responsible for HIV/AIDS matters in the different institutions. So, it was for this reason that nonprobability sampling was appropriate. The following nonprobability sampling techniques were used.

5.6.1 Snowball sampling

Snowball sampling is also known as network, chain, referral or reputational sampling and is a method for identifying and sampling cases in a network (Jones 1997). According to Neuman (2003:214) snowball sampling is based on the interconnectivity of people or organizations and an analogy to a snowball, which begins small but becomes larger as it rolled on wet snow and picks up additional snow. This sampling technique is a multistage technique, which normally begins with a few people or cases and spreads out on the basis of links to the initial cases (Neuman 2003:214). According to Gelles (1978) in Monette, Sullivan and DeJong (1990:152), snowball sampling can also be useful in the investigation of sensitive topics, where respondents might be hesitant to identify themselves if approached by a stranger, such as a researcher, but might be open when approached by someone they know. The crucial feature of this technique is that each unit or person is connected with another through a direct or an indirect linkage. It is the ability to spread out through linkages that made the researcher to choose this technique. One of the drawbacks of snowball sampling is that though it taps on people who are involved in social networks, it misses people who may be isolated from such networks (Monette, Sullivan and DeJong, 1990:153).

To apply snowball sampling, the researcher used the contact list published by the Higher Education AIDS Programme (HEAIDS (n.d.)). In this list twenty-one (21) universities and fifteen technikons (15) are listed. The contact details provided included the name of the person, position in the institution, institutional address, telephone number, fax number and E-mail address. The researcher contacted the thirty-six (36) respondents and they either responded to the questionnaire themselves or referred her to other people in each institution that are involved in HIV/AIDS matters. This meant that in some institutions the questionnaire was answered by the contact person whilst in others it was answered by other people involved in HIV/AIDS related matters. This confirms the assertion made by Monette, Sullivan and DeJong (1990:152) that, with snowball sampling, the researcher starts with a few cases to study and have them lead him/her to more cases, which in turn are expected to still give a lead to more cases.

5.6.2 Purposive sampling

Purposive samples are made up of people or units specially selected for a particular purpose and those selected are supposed to be typical. Monette, Sullivan and DeJong (1990:154) note that with this sampling method the investigator uses his/her judgement and prior knowledge to choose people for the sample to best serve the purpose of the study. According to Neuman (2003:213) the technique uses the judgement of an expert in selecting cases or selects cases with a specific purpose in mind. He further states that with this technique, the researcher never knows whether the cases selected represent the population. Purposive sampling is appropriate in three situations:

- ❖ To select unique cases that are especially informative
- ❖ To select members of a difficult-to-reach specialised population
- ❖ To identify particular cases for in-depth investigation (Neuman 2003:213).

Purposive sampling was used to firstly, select target institutions within the higher education sector. The institutions that were selected are public universities and technikons. Colleges were not included in the study. The reason for selecting public

technikons and universities is the fact that these institutions are predominant in the sector as they cater for the bulk of tertiary education in the country. Secondly, purposive sampling was used to identify special and typical cases within the academic community that are dealing with HIV/AIDS institutional matters. The researcher used her own judgement to identify the following categories of respondents namely HIV/AIDS officers, the institutional clinic or health unit and libraries or resource centres. The selected groups were informed in matters relating to HIV/AIDS, therefore, their input was immensely critical.

5.6.3 Sample size

According to Neuman (2003:232) the size of the sample depends on three things, namely; the degree of accuracy required, the degree of variability or diversity in the population and the number of different variables examined simultaneously in data analysis. Every thing else being equal, larger samples as Neuman (2003: 232) purports are needed if one wants high accuracy and also if the population has a greater deal of variability or heterogeneity, or if one wants to examine many variables in the data analysis simultaneously. Busha and Harter (1980:261) concur with the above analogy as they state that the precision of an estimate improves as the sample size increases. Neuman concludes that, the larger the sample the smaller the sampling error (2003:233).

All the thirty-six public institutions of higher education were included in the study. The study sampled one contact key person or HIV/AIDS Officer per institution.

5.6.4 Sampling frame

The sampling frame according to Neuman (2003:216) is a list developed by the researcher to operationalize a population that closely approximates all elements in the population. He further cautions that a good sampling frame is crucial to good sampling. The sampling frame for this study consisted of a list of thirty-six (36) key contact people of the different universities and technikons.

5.7 Data collection instruments

After the research design has been completed with a clearly articulated research problem, attention should focus on the best way to collect data. A research instrument is a tool, technique or a means by which primary data are collected in social science. The choice of technique involves decisions about the type of information required and the kind of analyses to which it will be subjected. Data collection instruments or techniques include screening records, and reports, direct or indirect observation of behaviour, literature review and questionnaires. Each of these techniques produces data in a different way. These techniques are not equal in terms of the degree to which they produce systematically valid and reproducible data. The researcher therefore, must according to Summerhill and Taylor [nd] clearly specify what it is that will be measured, so that he/she can be able to choose techniques that can produce precise information because good research is a matter of matching appropriate instruments and the problem.

Summerhill and Taylor [nd] enumerate the various factors that have to be carefully considered when a research instrument is selected as follows:

- ◆ Technical adequacy: reliability, validity, freedom from bias etc
- ◆ Practicability: cost, political consequences, duration, personnel needs etc
- ◆ Ethics: protection of human rights, privacy, legality etcetera.

5.7.1 Types of research instruments

Monette, Sullivan and DeJong (1990:166) state that frequently, the use of more than one technique is encouraged because it increases the validity and the reliability of the findings. The use of multiple data-gathering techniques in a study according to Busha and Harter (1980:46) enhances precision. They further argue that two or more instruments compensate for the inherent weaknesses of each other, thereby producing supplementary research data that can be used to minimize errors (1980:46). In this study the researcher used questionnaires, observation, literature review and content analysis.

5.7.1.1 Questionnaires

According to Monette, Sullivan and DeJong (1990:167) a questionnaire contains written questions that people respond to without the aid of an interviewer. A good questionnaire has to be designed specifically to suite the aims and objectives of the study and the nature of its respondents. Hoinville and Jowell (1989:27) maintain that a questionnaire must have some of the same properties as good law: to be clear, unambiguous, and uniformly workable. They further pinpoint that the design must minimize potential errors from: respondents - it must be easy to answer, interviewers must be able to administer it and the coders must be able to edit, code and transfer data onto a computer file for statistical analysis.

Hoinville and Jowell (1989:27) acknowledge that people's participation in research is voluntary. Therefore, a questionnaire has to help in engaging their interest, encouraging their co-operation and eliciting answers that are close to the truth. The subject of the research and the approach to the respondent will be primary factors in securing cooperation, but the format of the questionnaire can help maintain it (Hoinville and Jowell 1989:27). This is a clear indication of the importance of a proper and efficient design of a questionnaire.

Questions asked (See Appendix B1) were based on the following broad subject areas:

- ❖ Communication strategies, channels, systems for HIV/AIDS information
- ❖ The accessibility, relevance and responsiveness of HIV/AIDS information resources
- ❖ HIV/AIDS-related teaching, research, publications and advisory services
- ❖ The impact of HIV/AIDS in higher education institutions
- ❖ Institutional response to the impact of HIV/AIDS
- ❖ Institutional HIV/AIDS policies
- ❖ Sustainability programmes for dealing with HIV/AIDS
- ❖ Intervention and care strategies/programmes
- ❖ Collaborative links with other institutions
- ❖ Institutional plans to deal with the disease in the future
- ❖ Government support for HIV/AIDS institutional initiatives

According to Judd, Smith and Kidder (1991:239) open-ended questions allow respondents to convey the fine shades of their attitudes to their satisfaction instead of forcing them to choose one of several statements usually found in close-ended questions. However, they also advise that close-ended questions are equally good because they enable respondents to compare alternatives and help them to select the choice closest to their own position (1991:239). Both question types have strengths and weaknesses and the decision to use both was taken in order to maximise and to benefit from the strengths. The questionnaire used for the study was highly structured with 5% open-ended questions and 95% close-ended questions. The reason for providing the predetermined answers was the fact that the tool consisted of a long list of questions, which if they were to be left open-ended would take a very long time to complete, and this would supposedly affect the response rate.

The questions in the questionnaire were categorized into six sections namely, general information, institutional status of HIV/AIDS, impact of HIV/AIDS on campus, institutional response to the disease, developments in teaching, research and community service and the last section invited general comments. (See Appendix B1). Questionnaires were chosen for the study because of their ability to elicit qualitative and quantitative data on unobservable behaviours, such as feelings, attitudes, ideas, opinions, viewpoints etcetera. It is the researcher's conviction also that they were more convenient and suitable for the study, as they were sent electronically to the identified respondents. Lastly, the researcher thought that since respondents are mostly executives in their institutions, it may be difficult to secure time for an interview with them. Therefore, the questionnaire may prove to be flexible as respondents are able to answer it at anytime that suites them.

To apply this instrument, the researcher sent a letter to all academic institutions (36) asking for permission to conduct the study and to introduce the project, secure their participation, assistance and support throughout the study. The second step involved sending questionnaires electronically to key contact people in the different institutions listed by HEAIDS. This list provided telephone numbers and e-mail addresses of each person. The researcher therefore utilized the opportunity by sending instruments electronically for efficiency and speed. Before they were sent, they were pre-tested to

ensure clarity of the questions and establish whether they are able to measure the variables that they are designed for.

5.7.1.2 Content analysis

Neuman (2003:310) notes that content analysis is a tool focused on the gathering and analysis of the actual content and internal features of the media. He further states that to conduct a content analysis on a text, the text is coded, or broken down, into manageable categories on a variety of levels. For example, word, word sense, phrase, sentence, or theme and then examined using one of the content analysis basic methods: conceptual analysis or relational analysis (Neuman 2003:310). This technique according to Palmquist (n.d.) also enables the researcher to compare content across many texts and analyze it with quantitative techniques such as charts and tables. According to Busha and Harter (1980:172) content analysis is aimed at exactness and the elimination of bias in the investigative process. They pinpoint further that, the technique is employed to decrease the degree of subjectivity inherent in procedures designed to analyze or evaluate the contents of materials. Neuman (2003:310) states that materials can be scrutinized to determine the relative importance or occurrence of textual or graphic elements under analysis

Content analysis was chosen because most information that is relevant for the study is recorded. The researcher chose this tool specifically because it is able to reveal the differences in communication content. This is crucial for this study in particular, as government instruments, institutional policy documents on HIV/AIDS and records of HIV/AIDS programmes were reviewed to identify differences, strengths, weaknesses and constraints. Moreover, the study assessed how the existing government instruments have informed HIV/AIDS institutional policies.

The advantage of this tool is that it enables the researcher to identify intentions, focus or communication trends of an individual, a group or an institution. Needless to say that, through content analysis the study will be able to establish how well institutions of higher education manage and diffuse HIV/AIDS information, thus establishing communication trends within different institutions. Lastly, by using this tool it will be

possible to describe attitudinal and behavioural responses to HIV/AIDS information communication.

To apply the instrument the researcher identified and selected target documents, messages or media to be analyzed. These included official documents such as government instruments such as legislation, policy and programmes, institutional policies, documents, record of awareness campaigns and other programmes. Government instruments which included the National HIV/AIDS Policy and the HEAIDS Programme were obtained from the internet.

These documents were analyzed and their contents measured according to predetermined and well-defined categories. Table 5.2 below shows these categories.

Table 5.2 Reviewed literature and categories measured

(i) TYPE OF LITERATURE	(ii) CATEGORIES
Government instruments on HIV/AIDS	Form, content, scope, relevance, adaptability
Systems-level policy documents	Form, content, strengths, gaps, relevance, applicability, impact
Documents on awareness campaigns	Relevance, impact, focus, regularity
Sustainability programmes	Relevance, practicability, sustainability, focus, content, scope, impact

Official documents are outlined in Chapter 3. The schedule used to analyze official documents specifically focused on form, content, scope, relevance, adaptability, applicability, strengths and gaps. On the other hand, documents on awareness campaigns were requested from individual institutions during the site visits. Unfortunately, except for one institution others were not keen to give the researcher these documents. The documents were assessed for their relevance, focus, scope, practicability, regularity and content. Information from these sources was to used validate and enrich the responses elicited from using other tools such as the questionnaire.

5.7.1.3 Observation schedule

According to Busha and Harter (1980:147), observation implies that some type of surveillance is undertaken for the purpose of satisfying an investigator's interest or curiosity about a distinct research task. They further note that it is a technique for securing measurements without the aid of instruments. Observation entails the systematic noting and recording of events, behaviours, and artefacts in the social setting chosen for the study (Marshall and Rossman 1959:79). Busha and Harter (1980:148) argue that when observations are not unduly distorted by subjective interpretations, more objective and reliable data are collected. They further state that to be done objectively, observation requires a plan for making observations which includes, identifying what behaviours are to be observed, a schedule identifying how often and when behaviours are to be observed, a recording format for the observations, and a method for analysis. Observation has to be carried out carefully, accurately and precisely. Often, observation is detailed and tedious work.

The aims of using this instrument were:

- ◆ To establish recurring patterns of HIV/AIDS information management, diffusion strategies, channels or systems in institutions of higher education in South Africa
- ◆ To establish and assess the visibility and communication of HIV/AIDS information in different institutions, in particular the use of, billboards, posters, signs, pamphlets etcetera. These strategies will be assessed in terms of position, content, language, consistency and message
- ◆ To examine records of sustainability programmes that have been implemented and their impact
- ◆ To examine institutional records on mortality and morbidity statistics
- ◆ To visit and assess information centres for the depth and breadth of HIV/AIDS information resources and services
- ◆ To examine the relevance of information resources in terms of language, form, usability and content, on the other hand, the relevance of services will be examined in terms of relevance, practicability and impact

- ◆ To establish and explore the HIV/AIDS services, systems and products offered by health institutions or agencies in the different institutions
- ◆ To determine the overall communication strategies in each and every institution
- ◆ To elicit results that will indicate the vertical and horizontal diffusion of HIV/AIDS information and the suitability and effectiveness of various communication strategies and sustainability programmes.

An observation guide was developed by the researcher to record events, behaviours and artefacts found in each research site. This instrument allowed the researcher to collect data quickly and it also facilitated the identification of a variety of information diffusion strategies. Thus, the technique was used to establish how information trickles down from the communicator to the recipients. The observation guide had two sections:

- ◆ Section 1 covered billboards, posters, signage, pamphlets etcetera
- ◆ Section 2 covered the different information centres such as libraries, resource centres, HIV/AIDS centres and health units or agencies

To apply the tool the researcher looked out for billboards, signs, posters, pamphlets, brochures, slogan etc and used the observation schedule to mark the available communication tools. (See Appendix B2). In addition, HIV/AIDS centres were visited where applicable, health units and various information centres were also visited to get the real picture of how information is managed and diffused. Secondly, the researcher made observations on the various information diffusion strategies on HIV/AIDS at system's-level. The observation schedule solicited information on the following : the recurring patterns of HIV/AIDS information management and diffusion strategies adopted by tertiary institutions, the availability, accessibility and visibility of media used to communicated HIV/AIDS information, the services offered by information centres and HIV/AIDS Centres and service providers. The schedule comprises of two sections. Section 1 covered the following areas: display media, print media and signage. The schedule focused specifically on the availability, positioning and accessibility of billboards, banners, signage, posters, pamphlets, brochures, flyers as well as condoms and other relevant tools. Section 2 covered institutional information

centres and health units. It focused on the HIV/AIDS related services offered by these centres (See Appendix B2).

5.8 Research strategy

Before collecting data, the study and suitable research instruments were designed. Institutions were contacted to get permission to conduct the study.

5.8.1 Data collection procedure

Data was collected from the 19th of May – 30th October 2003. Data was collected in the following manner:

- ◆ Questionnaires – were sent first to the key contact people from the different institutions. The researcher was aware that the list was compiled in the year 2001. Therefore, there was a likelihood that some people in the list would no longer be working for the institutions. To overcome this, prior to sending questionnaires, appropriate verifications were done.
- ◆ Observation – was conducted during the site visits. In each institution it was done according to the observation guide in order to achieve consistency.
- ◆ Content analysis – included examining government instruments, institutional policies on HIV/AIDS as well records of interventions. The assessment of documents depended on their availability at each and every site.
- ◆ Literature review covered documents that contained specific or related information on HIV/AIDS in academic institutions.

During this study primary and secondary data was collected. Primary data was collected by using questionnaires and observation (See Chapters 6, 7 and 8) whilst, secondary data was collected from the various documents that were reviewed (See Chapters 1, 2, 3, 4, 5 and 8).

5.8.2 Ethical considerations

Busha and Harter (1980:25) caution that researchers cannot afford to ignore ethical rules and social standards which govern the actual conduct of an inquiry, and guide the selection of research priorities, the content in which research is undertaken and the application of results. Dealing with HIV/AIDS as indicated by Status and Impacts is touching upon the private sphere of people's lives, and it is thus sensitive and not easy for researchers to design research instruments for investigating the subject. The disease in some sections of the population is still fraught with stigmatization, discrimination and human rights violations of those infected. As a result most people feel uncomfortable talking about it. It becomes clear that HIV/AIDS remains a challenge to those responsible for making it a matter of public debate or transforming it into a multi-sector response. The researcher therefore, was aware that ethical considerations had to be seriously considered throughout the study. As a matter of principle, the researcher respected the respondent's right to privacy, anonymity and confidentiality. For instance, in cases where respondents refused to answer specific questions or make accessible certain documents such as the institutional policy, the researcher respected the respondent's point of view.

5.9 Reliability and validity of instruments

A good measuring instrument will have two important characteristics, namely: reliability and validity. Prior to starting a research project it is important to determine how the study will measure particular phenomena. Both reliability and validity are essential for good measurement, because they ensure that the instruments will accurately measure what they are supposed to measure. Reliability is about achieving consistency, repeatability, stability and dependability of research instruments. Baker (1994:480) notes that reliability is expressed as the degree to which a measurement procedure produces similar outcomes when it is repeated. Reliability cannot be calculated. It can only be estimated, and the best way to estimate it is to measure the degree of correlation between the different forms of a measurement and the higher the correlation, the higher the reliability (Neuman, 2003:138).

A measurement must first be reliable before it can be valid. Thus, reliability is a necessary, but not sufficient condition of validity. In other words, as Neuman (2003:138) notes, a measurement may consistently assess a phenomenon, but unless that measurement tests what it is supposed to test, it is not valid. Validity is the degree to which an instrument measures what it intends to measure, and the degree to which the “thing” that the instrument measures has meaning (Myers [nd]). In the same vein, validity refers to the internal consistency of the measuring instrument (Nkpa 1997:61).

Neuman (2003:138) indicates that it is better to look at something from several angles than to look at it in only one way. This process is called triangulation and it is normally used to ensure validity and reliability. The most common type of triangulation is triangulation of measures, whereby researchers take multiple measures of the same phenomena, in order to see all its aspects (Neuman 2003:138). In this study, the measures that were used were questionnaires, literature review, content analysis and observation. In each case the researcher checked or compared findings from each measurement against the other techniques. This was to establish the consistency of findings generated by the different data collection techniques. Moreover, the desired reliability and validity of instruments was achieved in the study by pre-testing these instruments before the actual study. The questionnaire as research instruments in primary data collection was piloted at the University of Zululand to determine clarity, completeness and relevance.

5.9.1 Pilot study

The study investigated the management and diffusion of HIV/AIDS information in the institutions of higher learning in South Africa. The pilot study was conducted from the 2nd – 6th of June 2003 at the University of Zululand.

Preliminary findings showed that :

- Though government has tried to restructure the HIV/AIDS sectoral response through the HEAIDS programme very little progress has been made on the ground

- The institution has structures in place to deal with HIV/AIDS.
- HIV/AIDS policy was implemented though its implementation did not lead to observable results
- Institutional response was limited by financial constraints and the shortage of human resources
- HIV/AIDS is not prioritized and lack of prioritization is evident from the status accorded the disease, the allocation of resources and the overall institutional attitude
- The disease is addressed openly but there are no institutional records of morbidity and mortality
- The HIV/AIDS Committee is responsible for communicating information
- The institutional library has in its collection HIV/AIDS related information resources that have been ordered by various academic departments
- There seems to be a weak interaction between the Committee and the institutional library with regard to the procurement and usage of HIV/AIDS information resources
- The Committee therefore does not know the scope, relevance and accessibility of the material in the library
- Since there was no audit of the institutional HIV/AIDS related research output, it was assumed that the research output is low
- The institutions are collaborating with local hospitals and clinics on HIV/AIDS related matters
- HIV/AIDS has been integrated into the curriculum by several departments, the latest development which is still in the pipeline is that academic staff members will be required to spend two minutes before every lecture addressing students about HIV/AIDS. There are also transparencies that can be used by lecturers to inform students about the pandemic.
- There is a wall in the student centre where graphical presentations on HIV/AIDS have been made.

The pilot study highlighted the multilateral nature of the higher education HIV/AIDS stakeholders which included not only the institutions but also the HEAIDS programme. It also helped to expand the focus of the study.

5.10 Data analysis and presentation

The study collected qualitative and quantitative data through the use of questionnaires, observation, literature review and content analysis.

According to Katz (1992) data analysis involves breaking down existing complex factors into simpler parts and putting the parts together in new arrangements for the purposes of interpretation. Data was tabulated under various themes and subheadings, and presented using graphs, charts, tables, frequencies, percentiles and generalizations. Quantitative data was analysed using Microsoft Excel and the Statistical Package for Social Sciences. On the other hand, qualitative data was analysed using techniques of analytic comparison, successive approximation and parallel demonstration. Furthermore, both descriptive and inferential statistical analysis procedures were applied. After the data had been analysed and interpreted the researcher made deductive observations, drew inferences and drew conclusions and made recommendations.

5.11 Problems encountered

- The institutional profiles listing the contact people for HIV/AIDS were not updated. In most instances the personal details including phone numbers and addresses were no longer applicable. Some respondents were no longer with the institution, whilst others were no longer responsible for HIV/AIDS. Because of this it was not possible to contact the respondents prior to the site visits.
- The sensitivity surrounding HIV/AIDS made respondents to react to the study with apathy even before determining the actual nature and parameters of the study.
- Timing of the study. The study was conducted during the final stages of the reconstruction phase. The process of reconstruction brought with it insecurity and instability which resulted in a lack of defined roles for certain individuals. This caused apathy amongst most respondents.

- The obvious lack of the research ethic and professionalism among colleagues in some institutions was problematic, as respondents did not keep appointments or were unwilling to participate.
- In some institutions there was a lack of defined roles for most HIV/AIDS Officials which made it difficult for the researcher to identify the appropriate respondents as lines of responsibility were not clearly drawn.
- The red tapes, bureaucracies and institutional hierarchies impeded the researcher from conducting the study. In some institutions permission to conduct the study was not granted. Applications were made and did not elicit any responses from the authorities.
- The respondents promising to mail questionnaires back at a later stage, which in most cases did not happen and this impacted negatively on the response rate.
- Financial and time constraints – Funds were limited and time was constrained, therefore, it was not possible to wait indefinitely for outstanding responses.
- Finally lack of an equation between some responses and observable features of the institutional response.

5.12 Summary

This chapter was set out to present a detailed account of methodological procedures followed during the process of conducting this study. Both the quantitative and qualitative approaches to the research design and method were used. Specifically the following research methods which included survey, observation, literature review and content analysis were used. To apply these methods, research techniques such as questionnaires, observation and content analysis were utilized. The triangulation of measures as Neuman (2003:138) sees it, is important to achieve consistency, reliability and validity. The researcher predominantly used the electronic media in the form of e-mails to send questionnaires and this worked well. The minor hurdle that was encountered is that the list published by HEAIDS that was used to identify key contact people was not up-to-date. The overall response rate after follow-ups and reminders was 92%. This was improved by the site visits that were done during which questionnaires were personally collected.

The next chapter presents and analyses the data obtained.

CHAPTER 6

PRESENTATION OF RESEARCH FINDINGS AND DATA ANALYSIS

6.1 Introduction

The main focus of this chapter is the presentation and analysis of data collected through the use of questionnaires, observation and document analysis. Saravanel (1990) defines data analysis as the study of tabulated material in order to determine inherent facts or meanings. This exercise Onyancha (2002:88) notes, involves summarizing the huge amount of data into smaller, simpler and manageable parts to ensure that the interpretation responds to the objectives of the study. To analyze the data the study used mainly the Statistical Package for the Social Sciences (SPSS) and Microsoft Excel.

The aim of the study was to assess the framework, nature and scope of the institutional response as well as the appropriateness of HIV/AIDS information dissemination interventions developed and employed by institutions of higher learning in South Africa for the prevention and spread of the pandemic. The study focused on information communication which is one of the main weapons that can be wielded in the fight against HIV/AIDS, since there is no cure. The importance of the study therefore emanates from the effectiveness of strategies used in information diffusion and management in the higher education sector. The vulnerability of this sector to HIV/AIDS is increased by its main constituency, the students, most of whom belong to the age bracket (15-24yrs) in which the disease is mostly rampant. It is therefore crucial that effective interventions are developed and implemented to respond to the disease and its ramifications, to ensure sustainability of the sector and the ability to deliver mandates.

The responses of the sector to the disease are varied in scope, content and depth, with some being on a par with the best practices world-wide. Thus, it is important that best practices that have been successfully applied in academic environments are identified and highlighted so that they can be popularized and shared within the sector. This will have a multiple effect where on the one hand, institutions with best practices will be

acknowledged for their pro-activeness and innovations, whilst on the other hand other the institutions can adapt and adopt these practices to suite their unique circumstances. Data was collected from all 36 South African institutions of higher learning using questionnaires (See Appendix A). The responses were received from 33 institutions that is 92% response rate as indicated in Table 6.1 below.

Data in this chapter is presented in narrative, tabular or graphical forms. The chapter covers the presentation of findings derived from the questionnaire and the observation schedule. The findings derived from the questionnaire are presented under Section 1 and findings from the observation schedule are under Section 2.

The structural arrangement of this section is similar to the questionnaire structure. For instance, the first part deals with demographic information where the name of the institution, status of the respondents and their responsibility in relation to HIV/AIDS is indicated. This is followed by the status of the disease at institutional level as well as the availability of morbidity or mortality records. The third part deals with the impact of the disease in each institution. The fourth part covers the institutional response to HIV/AIDS. The fifth part covers teaching, research and community service.

SECTION 1 – RESPONSES FROM QUESTIONNAIRES

Table 6.1 Distribution of respondents by institution type

Institution	Total Number	Responses received
Universities	22	19 (86%)
Technikons	14	14 (100%)
Total	36	33 (92%)

The questionnaires were sent electronically to all institutions using e-mail addresses taken from the HIV/AIDS institutional profile compiled by SAUVCA and Higher Education AIDS Programme (HEAIDS). However, some of the addresses were no

longer valid as some people were no longer in the institution, whilst others were no longer responsible for HIV/AIDS. The institutional visits were conducted mainly to collect questionnaires and also to administer them to those respondents whose details were not in the institutional profile. The site visits were done to make observations about institutional HIV/AIDS communication strategies using an observation schedule. During these institutional visits some of the respondents promised to mail the questionnaire back, and after much persuasion and reminders through e-mail, the questionnaires were never sent back.

6.2 – Demographic information

Section 6.2.1 and 6.2.2 were aimed at establishing the demographic characteristics of the respondents. The study wanted to gather information about the institutional name, professional or academic status of the respondents as well as their HIV/AIDS responsibilities.

6.2.1 Status of respondents

The respondents were required to indicate their professional or academic status. The information was essential for establishing the calibre of HIV/AIDS officials in the different institutions. It was assumed that the tenacity of these officials will firstly, determine their ability to be proactive, innovative about HIV/AIDS related matters and conduct research. Secondly, it will accord the disease recognition and respect in academic circles, which is fundamental for strategic engagement and involvement.

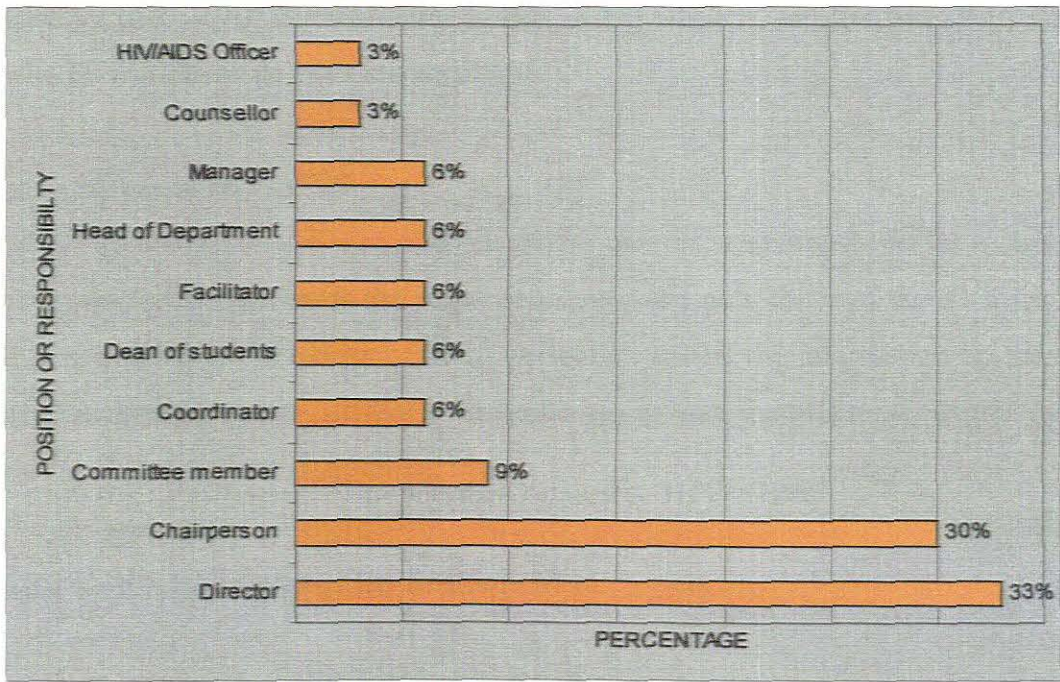
With regard to the question of the status of the individuals results showed that 28% are professors, 14% hold doctoral degrees whilst 58% did not indicate any academic status or qualifications.

6.2.2 Position or responsibility related to HIV/AIDS

The respondents were asked to indicate individual responsibility related to HIV/AIDS. The titles used for HIV/AIDS officials across the board vary significantly. These titles and/or responsibilities also show the designated mandates of various officials. Figure 6.2 below shows the positions held by the different respondents.

Figure 6.1 : Position or responsibility related to HIV/AIDS

N=33



The information on individual responsibilities was needed to map titles of HIV/AIDS officials used and responsibilities attached to them. The responses also show the ranking of the respondents as lines of responsibility were not clearly drawn in some institutions. The responses clearly indicate varied titles and responsibilities of HIV/AIDS officials. It was established that all the institutions have an HIV/AIDS Committee comprising of staff members from different sections which is responsible for dealing with HIV/AIDS issues at institutional level. However, some of the titles above show that the respondents are members of the committee, for example, 10 (30%) of the respondents are Chairpersons and 3 (9%) are Committee members. Other titles though, are independent of this Committee like, the HIV/AIDS Counsellor, HIV/AIDS Manager, Facilitator of HIV/AIDS Programme, Coordinator of HIV/AIDS Programme and Director of HIV/AIDS Programme. About 11 (33%) of the respondents hold the HIV/AIDS Directorship which may be linked to executive status with executive remuneration and benefits. It is however pleasing to note that all the institutions have a body or individuals responsible for HIV/AIDS matters, though in many instances it is executed from the sideline. For instance, findings show that 2 of the respondents (6%) are Heads of Departments, who are also responsible for the

HIV/AIDS. Other 2 (6%) of the respondents are holding positions of Dean of Students and as an additional responsibility also deal with HIV/AIDS matters. However, although the rest of the respondents have HIV/AIDS related titles ranging from the Director of HIV/AIDS Programme to HIV/AIDS Officers, most of them were dealing with HIV/AIDS as an extra responsibility.

6.3 – Status of HIV/AIDS

From this section onwards the responses shown are only those of the 33 institutions that responded to the questionnaire. The section covers the information on the status of the disease in the different institutions. It also includes the availability of HIV/AIDS records at institutional level.

6.3.1 HIV/AIDS status at institutional level

The impact of HIV/AIDS on the higher education sector is devastating. Academic institutions therefore, need to strengthen their fight against this killer disease. The question on the status of HIV/AIDS was asked to determine how the disease is regarded in different institutions. The level of seriousness accorded to the disease was assumed to determine whether the prevention of the disease is prioritized or not. Prioritization of the prevention of the epidemic will supposedly be backed by the provision of adequate resources and an enabling environment.

Table 6.2 : Status of HIV/AIDS
N=33

	Number of respondents and percentages		
	Yes	No	Do not know
HIV/AIDS is very much an issue affecting both staff and students	28 (84%)	3 (9%)	2 (6%)
It ranks high in terms of institutional priorities	21 (64%)	9 (27%)	3 (9%)
It is addressed openly	19 (57%)	13 (40%)	1 (3%)
It is an issue but is not addressed	11 (33%)	22 (67%)	
It is characterized by silence, secrecy, denial, stigmatization and discrimination	12 (37%)	19 (57%)	2 (6%)

From Table 6.2 above it is evident that, HIV/AIDS is at least taken seriously as 28 (84%) of the respondents indicated that it is an issue affecting students and staff. About 21 (64%) of the respondents indicated that it ranks high in terms of institutional priorities. However, although 19 (57%) of the institutions indicated that it is addressed openly, it is disturbing to note that 11 (33%) acknowledged that though it is an issue, it is not addressed. Furthermore, in 12 of the institutions (37%) the disease is still characterized by silence, secrecy, denial, stigmatization and discrimination. From the above scenario, it is evident that there is no correlation between the ranking of the disease in terms of priorities and situating it openly at the centre of constructive and successful de-stigmatization initiatives. For instance, the responses indicate that 21 of the institutions (64%) conceded that it ranks high in terms of institutional priorities, whereas 12 of the institutions (37%) conceded that it is still characterized by silence, secrecy, denial and discrimination.

6.3.2 Institutional records or statistics on HIV/AIDS

The respondents were asked to indicate whether institutions have records on mortality and morbidity statistics. These statistics are a foundation or basis for determining the impact of the disease and portraying the real picture of the effects of the disease. Without the availability of reliable statistics, determining the impact will be based on assumptions and not on reliable hard core data. HIV/AIDS records are also necessary for designing responsive, customized and relevant HIV/AIDS interventions and programmes including the rollout of antiretroviral treatment which the National Health Department has initiated.

Table 6.3 Records or statistics on HIV/AIDS

N=33

	Number of respondents and percentages		
	Yes	No	Do not know
There are records on staff who have died of HIV/AIDS	4 (12%)	19 (58%)	10 (30%)
The are records of students who have died of HIV/AIDS	5 (15%)	18 (55%)	10 (30%)
There are records of people living with HIV/AIDS	7 (21%)	20 (61%)	6 (18%)
There are no records	18 (55%)	9 (27%)	6 (18%)

Table 6.3 above indicates that, very few of the institutions have records of mortality and morbidity. About 6% of the respondents expressed their concern about the sensitivity of this question and felt that it has invaded the sensitive moral ground. Contrary to their belief, it is the researcher’s conviction that questions asked were within the acceptable ethical and sensitive boundaries, because they were not asking individuals to reveal their status, nor were they asking institutions to reveal the actual percentages of mortality and morbidity. Instead they were enquiring about the availability of records at each institution.

From the surveyed literature Kelly (2001), Badcock-Walters and Whiteseed (2000), ADEA (2000) and Malaney (2000) allege that institutions of higher learning in general do not have these records. The study therefore intended to establish the position in South African tertiary institutions, because to institutionalize HIV/AIDS interventions it is essential to know the impact of the disease in each and every institution. Table 6.3 above is a confirmation of the above allegation as 18 (55%) of the institutions do not have records, whilst 6 (18%) had a non-committed response as they did not know whether records are available or not.

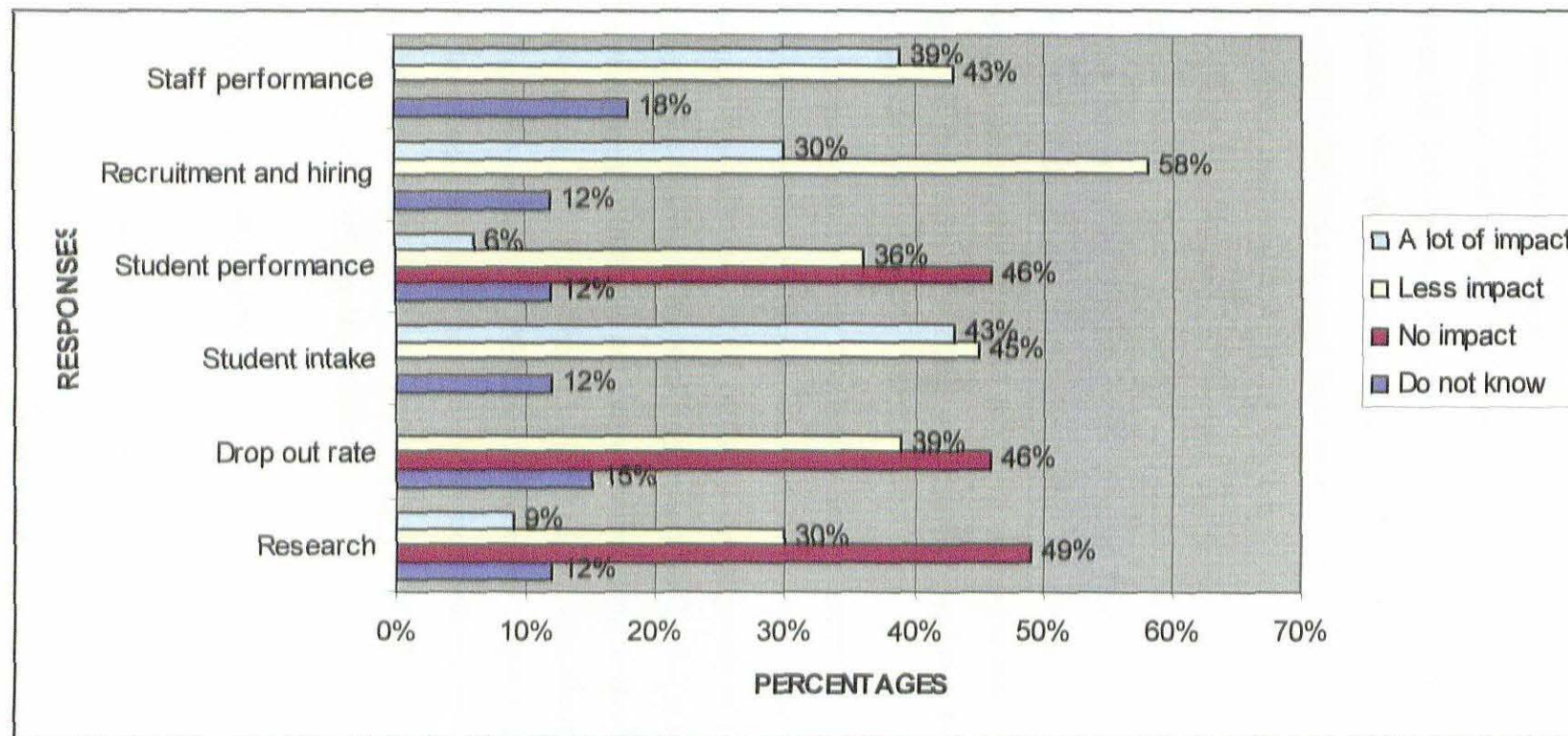
6.4 - Impact of HIV/AIDS

Under this section the findings of how the disease has affected the mandate and nature of the institutional constituencies are presented. Such mandates include staff performance, recruitment and hiring, research and community outreach, student performance, student intake and drop-out-rate.

The respondents were required to indicate how the disease has affected staff performance, research and community outreach, recruitment and hiring. They were also asked to provide insight on how student performance, intake, numbers and drop out rate have been affected by HIV/AIDS. This information will highlight the impact of the disease on the different constituencies of the academic institutions and their mandates. It can also be used as a basis for determining appropriate HIV/AIDS interventions for the academic institutions.

Figure 6.2: Impact of HIV/AIDS on the institution

N=33



The rendition of Figure 6.2 above can summarily be seen as indicating that HIV/AIDS has, to a certain extent, an impact on staff, student responsibilities and welfare.

The respondents were required to indicate HIV/AIDS impact on the following:

- Staff performance - 14 (43%) of the respondents indicated less impact whilst 13 (39%) said a lot of impact and 6 (18%) said no impact.
- Recruitment and hiring – The responses were as follows : 19 (58%) less impact, 10 (30%) a lot of impact and 4 (12%) do not know.
- Research – The question on the impact of the disease on research was intended to establish how this integral responsibility is affected by the pandemic. The respondents indicated that HIV/AIDS has : no impact 16 (49%), less impact 10 (30%), a lot of impact 3 (9%) and 4 (12%) said they do not know.
- Student intake – Most university and technikon entrants fall within the age bracket that is highly affected by the disease. The research findings show that 14 (43%) of the respondents indicate that the disease has a lot of impact on student intake. According to 15 (45%) of the respondents the disease has less impact on the intake of students, whereas the remaining 4 (12%) indicated no impact.
- Student performance - By their very nature students are diverse socially, culturally, racially, politically, economically and otherwise. The research findings indicated that, for 15 (45%) of the respondents HIV/AIDS have no impact, for 12 (36%) it has less impact and for 2 (6%) it has a lot of impact. The remaining 4 (12%) did not know whether it has an impact or not.
- Drop-out rate – To this effect, 15 (45%) of the respondents indicated that the disease has no impact, 13 (39%) said less impact whilst 5 (15%) did not know. The drop-out-rate cannot be easily measured because most learners drop out for various reasons such as financial, social problems, health reasons and inability to cope with tertiary studies.

6.5 – The response to HIV/AIDS

This section covers the national and provincial response to the disease. It also narrows to the institutional level where it covers institutional policies or plans, level of management commitment, nature of institutional response, programmes or

interventions, role of the health centre, people responsible for HIV/AIDS, communication of available information resources and nature of information.

6.5.1 Provincial and national response to HIV/AIDS

Questions were asked to establish how institutions have collaborated and established links with different hierarchies of government such as local, provincial and national government as well as the private sector. It is imperative to note that to be able to address and manage the disease, institutions must collaborate amongst themselves and with other external related structures. Collaboration broadens their scope as well as their financial and human capacities. It also enables them to make a significant contribution to reservoirs and intellectual intervention needed in dealing with global calamities such as HIV/AIDS. The responses regarding institutional collaborations are shown in Table 6.4 below.

Table 6.4 : Collaboration with government and the private sector

N=33

Institutional response	Number of respondent and percentages	
	Yes	No
Institution is part of a provincial government initiative against HIV/AIDS	29 (88%)	4 (12%)
Institution is part of national government initiative against HIV/AIDS	27 (82%)	6 (18%)
Institution is part of a multi-sectoral initiative against HIV/AIDS	29 (88%)	4 (12%)

The respondents indicated that collaborative efforts with government, its agencies and the private sector were mainly on research, IEC programmes, fund raising efforts, testing, support services and special events such as the AIDS Day Celebrations. Research findings show that 29 (88%) of the institutions are part of a provincial government initiative whilst 4 (12%) are not part of any provincial initiative related to HIV/AIDS. Furthermore, although 27 (82%) of the respondents acknowledged being

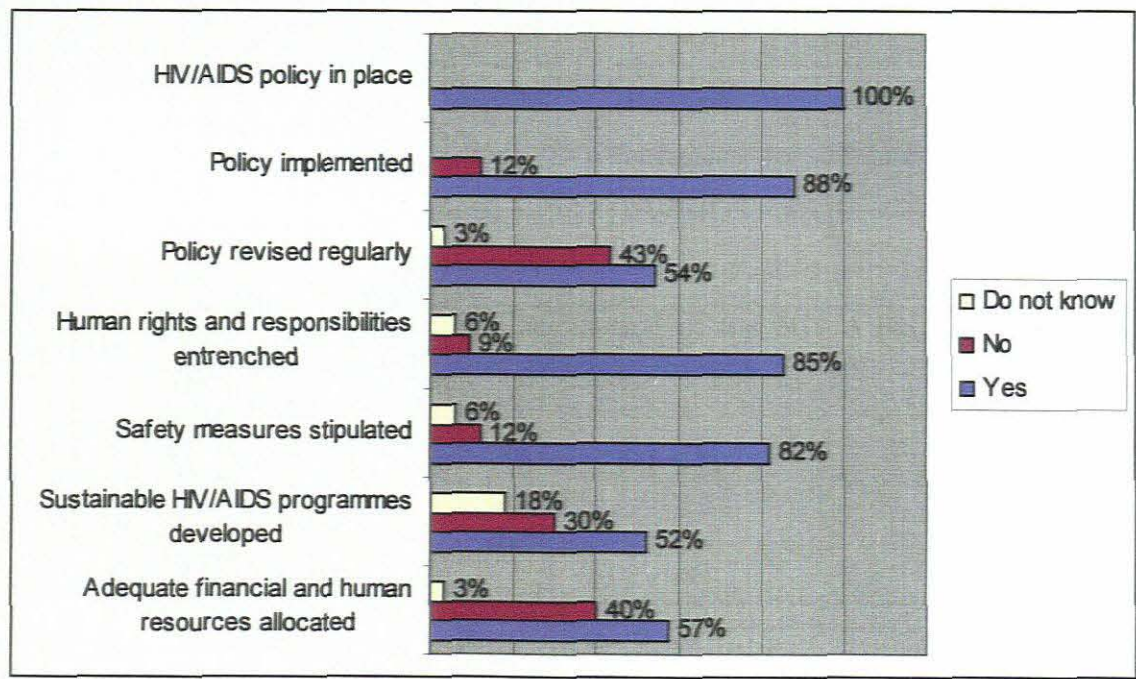
part of a national government initiative, 6 (18%) indicated that they are not part of this initiative. Lastly, 29 (88%) of the institutions have collaborated with various other sectors that deal with HIV/AIDS related issues and only 4 (12%) do not partake in this multi-sectoral initiative.

6.5.2 HIV/AIDS policies or plans

An HIV/AIDS policy is a fundamental framework or a cornerstone for setting up all HIV/AIDS activities and interventions. It is necessary to stipulate the guidelines, minimum standards scope and nature of other HIV/AIDS considerations for the whole Department of Education (DoE). The respondents were asked to provide information relating to the development and implementation of the HIV/AIDS policy in their respective institutions.

Figure 6.3 : Institutional policies

N=33



It is pleasing to note that all 33 (100%) of the respondents indicated that their institutions have an HIV/AIDS policy in place. This is a step in the right direction, as the policy is needed to provide guidance and give direction to the institutional HIV/AIDS response. However, having a policy in place is not enough. It is important

that the policy should be implemented to bring the desired change. With regard to the implementation of the HIV/AIDS policy, 29 (88%) of the respondents said that in their respective institutions the policy has been implemented. The implementation of a policy is crucial because it is where the principles and guidelines are converted into measurable activities that are put into practice. Moreover, through implementation the commitment of all the stakeholders is entrenched. For the remaining 4 (12%) the policy was developed, but it was never implemented. What is interesting though is that the researcher noticed through observation and from the respondent's answers that these institutions have HIV/AIDS interventions that are going on. This shows the incoherent and haphazard nature of HIV/AIDS interventions in some sections of the higher education sector. The lack of a national coordinating force that will ensure that in each institution systems are set for the implementation of the policy has perpetuated the situation of uneven development within the sector.

The HIV/AIDS policy like any other policy has to be revised regularly to keep up with changes within its environment and the ever changing dynamics of the disease. Most of the respondents 18% (54%) said that their institutions revise the policy regularly. However, 14 (43%) of the respondents admitted that the policy is not regularly revised. In most of these institutions, the likelihood is that the policy is not actively used or implemented, because it is through use that limitations, gaps and shortfalls can be established. This again can be attributed to the shortage of staff, relevant expertise, other resources and necessary artifacts. The remaining 1 (3%) provided a non-committed response as they were not aware whether the policy is revised regularly or not.

Questions relating to the nature and scope of the contents of the HIV/AIDS policy were asked. Firstly, the respondents were asked to indicate whether human rights and responsibilities are provided for, in the institutional policy. About 28 (85%) of the respondents acknowledged that human rights and responsibilities are entrenched in their institutional policies. About 3 (9%) of the respondents indicated that their institutional policies do not provide for these rights. The remaining 1 (3%) respondent stated that he/she is not sure about the element of the entrenchment of human rights in their respective institutional policies. The purpose of asking this question was that HIV/AIDS is marred by discrimination and stigmatization, therefore the policy has to

stipulate clearly how the institution will address these. It is imperative that institutions should overcome discrimination and stigmatization so that the environment becomes supportive and receptive for those who are infected and affected by HIV/AIDS.

Another question relates to the stipulation of safety measures. In this regard, 27 (82%) of the respondents admitted that safety measures are stipulated clearly in their institutional policies. On the other hand, 4 (12%) said these measures are not stipulated and 2 (6%) said they were not aware of the stipulations. It is absolutely crucial that precautions relating to safety measures have to be taken, to strengthen prevention measures and protect the wider community. More importantly, these safety measures should be clearly communicated to the wider institutional community, so as to remove the myth surrounding HIV/AIDS and strengthen the concept of “UBUNTU” (friendliness and sensitivity towards fellow human beings). With regard 4 (12%) of the respondents who claimed that safety measures are not stipulated, it is likely that these responses were arbitrarily given without careful consideration of their preciseness or validity. It is the researcher’s conviction that due to the inherent risks associated with the disease, an HIV/AIDS policy cannot be complete without the stipulation of safety measures.

Unfortunately, the researcher did not manage to get the institutional policy from 29 (88%) of the institutions in order to examine them and validate the given responses. The inability to get these institutional policies can be attributed to one of the limitations stated in Chapter 1 the lack of the research ethic and professionalism among participants in certain institutions. However, the researcher managed to get only 4 (12%) policy documents from the higher education sector. The policies were examined to determine the extent to which they are informed by the national policy and the nature and scope of the contents. The study concluded that the examined policies are informed by the national policy in terms of similar features, principles and specifications. The distinction between the institutional HIV/AIDS policies is merely nominal, as it defined the focus of the institutional response.

It is expected that the implementation of a policy should lead to the development of appropriate and sustainable HIVAIDS interventions that would have a significant impact in controlling the disease. Figure 6.4 above shows that 17 (52%) of the

respondents stated that sustainable HIV/AIDS programmes have been developed in their institutions. The sustainability of implemented programmes is of the utmost importance, because it is this long term and continuous affordability that will determine whether the higher education sector will ever be able to manage the epidemic. It is therefore crucial that careful planning should be done to ensure sustainability through equitable distribution of resources and sharing to ensure growth and strength of the institutional response. However, according to 10 (30%) of the respondents the implementation of the HIV/AIDS policy has not led to the development of sustainable programmes. The remaining 6 (18%) admitted that they did not know whether the implementation of the policy has led to the development of sustainable programmes. Those institutions which indicated that policy implementation has not led to observable programmes stated the lack of financial and human resources as the reason for the lack of development and growth.

All the above aspirations cannot be realized without enough financial and human resource provisions as well as other fundamental mechanisms. The respondents were asked to indicate whether their respective institutions have adequate human and financial resources for HIV/AIDS programmes. Only 19 (58%) admitted to having adequate resources. According to 13 (41%) of the respondents their institutions did not have adequate resources. They stated that due to the constrained financial situation, HIV/AIDS competed for funds and recognition with other institutional basic necessities. Because of this fierce competition HIV/AIDS is marginalized and pushed down the priority list. Furthermore, for the remaining 1 (3%) respondent the response was non-committed as they did not know whether resources are adequate or not.

As stated earlier most institutions have the potential to attract enormous funding when it comes to HIV/AIDS. On the other hand, others which include mostly historically disadvantaged institutions are so constrained financially that their mere existence is threatened, which makes the adequacy of HIV/AIDS resources to be out of question. However, the situation is not going to remain like this for long, due firstly, to the ongoing mergers of institutions which is hoped to be beneficial to historically disadvantaged institutions. Secondly, the ongoing HEAIDS project which is intended to integrate and coordinate all HIV/AIDS activities in the sector will also address and alleviate the existing problems and challenges.

6.5.3 Commitment of institutional management in the fight against HIV/AIDS

Management has an important role to play in the fight against HIV/AIDS. The attitude and commitment of management will determine the strength, direction and sustainability of the institutional response. This is because management commitment and support will in most instances ensure financial and human resource mobilization. It will also instill within the institution a positive attitude and hope towards the successful management of the disease. Kelly (2002) reiterates this fact when he says that, institutional leadership needs to be resource-backed and action-backed to ensure the development of appropriate policies and strategies, and evaluation frameworks for implemented programmes. The success in overcoming HIV/AIDS highly depends on how management regards it and how they prioritize it within their respective institutions. The respondents were asked to indicate the level of this executive commitment in their respective institutions.

Table 6.5 : The role of management

N=33

Commitment of institutional management	Number of respondents and percentages	
	Yes	No
Management supports institutional response	21 (64%)	12 (36%)
Management has mobilized and committed resources to fight HIV/AIDS	21 (64%)	12 (36%)
Management has set up the necessary implementation structures	20 (61%)	13 (39%)
Meaningful efforts to eradicate silence, stigmatization and discrimination have been developed	18 (55%)	15 (45%)
Management has adopted steps to facilitate HIV/AIDS awareness and acceptance	20 (61%)	13 (39%)
Management has developed monitoring and evaluation Procedures	17 (51%)	16 (49%)

The responses on Table 6.5 above paint a picture that in most institutions 21 (64%) management supports HIV/AIDS interventions. The responses from 12 (36%) indicated that the HIV/AIDS response in these institutions is not supported by management. It is crucial that management support must be backed by the commitment of resources. In this regard, 21 (64%) of the respondents indicated that management has mobilized and committed resources to the institutional response. Notwithstanding this positive undertaking, about 12 (36%) indicated that their institutional response is not backed up by the commitment of resources. The respondents were asked whether management has set up the necessary implementation structures and 20 (61%) noted that the necessary structures were in place. However, 13 (39%) noted that structures supporting and strengthening the institutional response have not been implemented.

The respondents were asked whether management has made efforts to increase awareness and eradicate silence, stigmatization and discrimination. The responses indicated that 18 (55%) of the institutional management has implemented efforts to minimize silence and stigmatization. However, 15 (45%) of the respondents indicated that in their respective institutions management has not attempted to eradicate silence, discrimination and stigmatization. It is important that management should mobilize the whole institutional populace and adopt a vocal and liberal approach towards the disease. This will determine the stand that management has taken towards the epidemic and will compromise or strengthen the institutional response. Respondents were asked whether management has developed monitoring and evaluation procedures in their institutions. About 17 (51%) noted that monitoring and evaluation procedures were in place whereas, 16 (49%) noted none.

By virtue of its status and position, management commands respect. Therefore, its commitment to HIV/AIDS can have a snowball effect that can lead to the commitment of all the stakeholders. For instance, the success of eradicating silence, stigmatization and discrimination can be achieved if management displays awareness and acceptance of the disease. Although the research findings reveal a reasonable level (64%) of managerial support, a lot still needs to be done in the form of vigorous lobbying and AIDS literacy campaigns, to ensure unwavering executive commitment.

6.5.4 Elements of the institutional response

The respondents were asked to map how their institutions have responded to HIV/AIDS. The study wanted to establish strategies that different institutions have in the fight against the epidemic. The HIV/AIDS response of the different institutions varies between piecemeal uncoordinated responses to sustainable, integral and diverse programmes that are sensitive to cultural, racial and other fundamental differences.

Table 6.6: Elements of the institutional response

N=33

Institutional response	Number of respondents and percentages		
	Yes	No	Do not know
An AIDS Centre exists	12 (36%)	24 (64%)	
Institutional response fits well within the framework of national policies and strategies	18 (55%)	10 (30%)	5 (15%)
Institutional response is a joint effort of various stakeholders	24 (72%)	9 (28%)	
Institutional response is characterized by piecemeal uncoordinated individual response	9 (28%)	24 (72%)	
People Living with HIV/AIDS are involved in designing and implementing programmes and interventions	20 (61%)	13 (39%)	
HIV/AIDS interventions are sensitive to cultural, racial, sexual and other differences	20 (61%)	12 (36%)	1 (3%)
Institutional response is backed by adequate allocation and effective use of adequate resources	22 (67%)	11 (33%)	
Sustainable HIV/AIDS programmes and strategies are in existence	17 (52%)	12 (36%)	4 (12%)
Institution is committed to the provision of HIV/AIDS sensitive information in different forms	25 (76%)	8 (24%)	
Healthy corpus of research undertakings	21 (64%)	12 (36%)	
Customer-friendly health and counseling services	29 (88%)	4 (12%)	
Horizontal and vertical communication on HIV/AIDS matters is promoted	25 (76%)	8 (24%)	

Table 6.6 above shows that 12 of the institutions (36%) have an AIDS Centre. The AIDS Centre is dedicated to designing and implementing HIV/AIDS institutional response. These institutions seemed to have a stronger, coherent, effective and well guided response as compared to their counterparts, whose activities are mostly driven by the institutional health centre and other related sections. Another advantage of the AIDS Centre is the bringing together of multiple expertise and capabilities. The personnel of most of these centres range from researchers, academics, People Living with HIV/AIDS, counsellors and other practitioners. About 24 of the institutions (64%) indicated that they do not have an AIDS Centre, and the health centre in these institutions is mostly responsible for HIV/AIDS activities.

The response of the institution is supposed to be based on the institutional policy which in return should be in unison with HIV/AIDS national policies, strategies and frameworks. The respondents were asked whether they think their institutional responses are in accordance with these national specifications. About 18 (55%) of them asserted that their responses are in line with the national specifications. It is crucial that institutions should at least strive to meet the minimum standards and stipulations as endorsed by the Education Ministry through its HIV/AIDS Policy. This in return will ensure an equitable, coherent and dedicated HIV/AIDS response within the higher education sector.

The respondents were asked to indicate the institutional cooperation and inclusive participation of their communities to HIV/AIDS activities. About 24 (72%) of the respondents acknowledged that they have the participation of various stakeholders. Community participation and involvement are crucial to ensure commitment, support and ownership of HIV/AIDS interventions. On the other hand, 9 (28%) of the respondents asserted that the institutional response is characterized by piecemeal uncoordinated individual responses. This lack of coordination happened mostly in those institutions that did not have an AIDS Centre, where HIV/AIDS activities were the sole responsibility of the health centre.

Furthermore questions were asked to establish the level of involvement of People Living with HIV/AIDS. In about 20 of the institutions (61%) responses showed that People Living with HIV/AIDS are involved in designing and implementing

programmes and interventions. A lesser number of the institutions 13 (39%) indicated that People Living with HIV/AIDS are not involved in the designing of HIV/AIDS related programmes. To achieve success with HIV/AIDS interventions, the support, active involvement and commitment of those directly affected by the disease is crucial.

In relation to sensitivity, 20 (61%) of the respondents indicated that responses in their institutions are sensitive to cultural, racial, sexual and other differences. For 12 of the institutions (36%), interventions are not sensitive to the above mentioned variables. Only 1 institution (3%) gave a neutral answer. By its very nature, HIV/AIDS is sensitive therefore precautions should be taken to ensure that interventions are reasonably sensitive to the different dynamics. This sensitivity stems from the myths, low levels of acceptance and low literacy levels that still surround the disease. The designing and implementation of sensitive HIV/AIDS interventions can be achieved through collective input of stakeholders and interested parties.

For the institutions to be able to fulfill their obligations with regard to HIV/AIDS, they need adequate provision and use of the necessary resources. Respondents were asked to indicate whether institutional response is backed by the provision of adequate resources. About 22 (67%) of the respondents stated that resources are adequate, whereas, 11 (33%) noted the inadequacy of their resources. However, the study did not investigate the issue in-depth to establish further information on the adequacy of resources.

Presumably, adequate resources will lead to sustainable and effective programmes and interventions. The respondents were asked to indicate whether the HIV/AIDS programmes that they provided were sustainable or not. Sustainability is of the utmost importance as it ensures continuity in a system with adequate backing of resources and correct projections of growth. In relation to this issue, 17 (52%) of the respondents acknowledged that their institutions have sustainable programmes in place. For 12 (36%) of the respondents HIV/AIDS programmes provided were less short than being sustainable. Obviously, the lack of sustainable programmes was attributed to lack of adequate financial and human resources and other necessary constructs that promote sustainability of programmes.

6.5.4.1 Information provision

For effectiveness and growth HIV/AIDS programmes have to be supported by comprehensive and relevant information. Information is an important element in the effective management of the disease. The study enquired whether institutions provided sensitive HIV/AIDS information in different formats. According to 25 (76%) of the respondents institutional HIV/AIDS programmes are backed by the provision of sensitive HIV/AIDS information in different forms. However, 8 (24%) of the respondents stated the opposite. They noted a lack of adequate information resources to strengthen their HIV/AIDS response. The higher education sector needs to promote the HIV/AIDS information resources so that those institutions with meager resources can benefit. This has to be synchronized and coordinated at provincial and national level to ensure effectiveness.

The communication of information is crucial in ensuring a positive HIV/AIDS response. Information has to be communicated horizontally and vertically. Vertical and horizontal communication will ensure the inclusion of wider audiences from different levels or hierarchies. The respondents were asked to indicate the shape of their communication strategies. About 25 (76%) of them indicated that their communication strategy draws the input of people from different levels and sections, that is, through horizontal and vertical communication. A lesser number of 8 (24%) of the respondents did not necessarily use vertical and horizontal communication. Appropriate and effective communication of information is one of the fundamental requirements of adequate HIV/AIDS interventions.

It is important that information is provided in a language, form and content that is relevant to the target audience. The relevance of information disseminated is absolutely crucial to ensure the effectiveness of the delivered messages. Therefore, HIV/AIDS communication in whatever form should be oriented towards the target audience to ensure that the needs and subsequent dynamics of the audience are considered. The respondents were asked to indicate whether the institutions provided health and counseling services. In response to the question 29 (88%) of them asserted that their services were customer-friendly. The remaining 4 (12%) indicated that services provided were not customer-friendly.

To enhance the institutional response it is essential that institutions should vigorously promote research and knowledge creation. This is crucial because in the absence of a cure, the generation of new knowledge will create insights into the complexities of the disease. The study requested the respondents to indicate the level of their institutional research involvement. About 21 (64%) of them indicated that their institutions have a healthy corpus of research undertakings. For the minority of 12 (36%) of the institutions research undertakings could not be categorized as healthy or satisfactory. Through research, knowledge is generated and new insights and ideas are developed which are absolutely crucial to address global calamities such as HIV/AIDS. However, it is not enough to conduct research for its own sake, but generated information must be collated and effectively used to better the HIV/AIDS response.

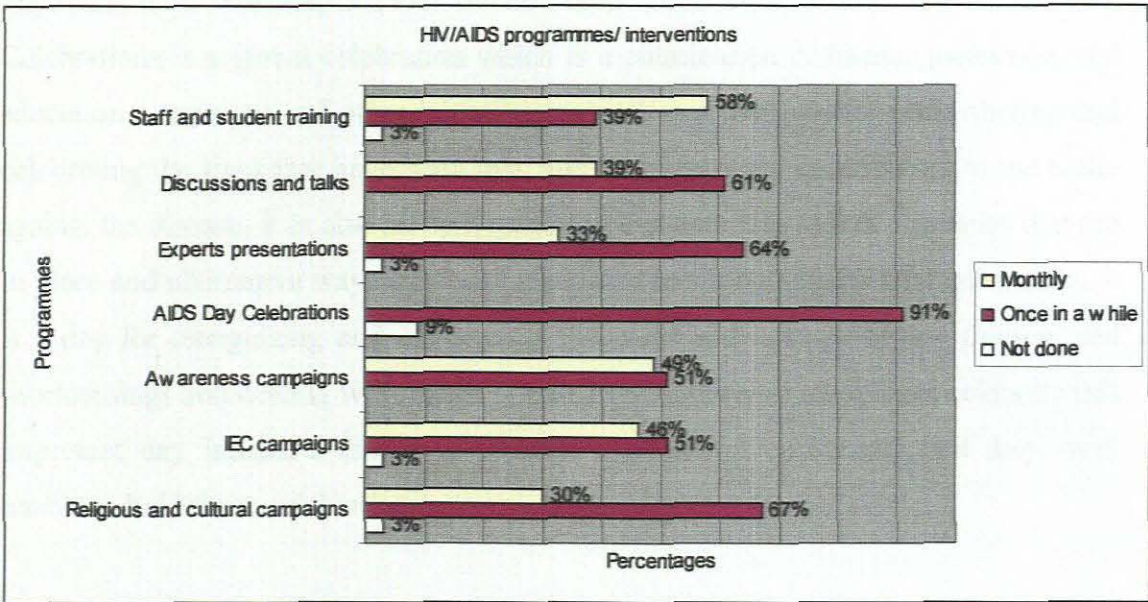
6.5.5 HIV/AIDS programmes or interventions

The respondents were asked to indicate the institutional response in terms of programmes that they have implemented. As indicated in Table 6.6, about 52% of the respondents stated that they have sustainable HIV/AIDS programmes in existence. There is a wide range of HIV/AIDS programmes that can be implemented in the fight against the disease. The question was intended to establish and later popularize the programmes that different institutions have implemented in the fight against the said disease.

The variety of programmes and interventions offered by the higher education sector are shown in Figure 6.4 below.

Figure 6.4 : Programmes or interventions

N=33



The responses above show the programmes implemented by various academic institutions to address HIV/AIDS challenges and mitigate its impact on institutional constituencies. Questions related to HIV/AIDS campaigns were asked to find out how institutions communicated HIV/AIDS information, raised awareness and addressed pertinent issues related to the disease. The responses show that HIV/AIDS campaigns which include religious and cultural campaigns, IEC campaigns and awareness campaigns are done by most institutions, once in a while. A lesser number of institutions though admitted that they conduct these campaigns at least monthly. For instance, 16 (49%) conducted awareness campaigns on a monthly basis whilst 17 (51%) of the institutions conducted them once in a while. With regard to IEC campaigns results indicated that these are conducted monthly by 15 (46%) of the institutions, once in a while by 17 (51%) of the institutions and are not done at all by 1 (3%) the group. The question on religious and cultural campaigns elicited the following findings, 10 (30%) of the institutions conducted them on a monthly basis, whilst 22 (67%) conducted them once in a while and for 1 (3%) institution these were not done at all.

To effectively address HIV/AIDS challenges, an integrated and holistic approach is necessary to address diversity in all its forms and other fundamental differences. The

respondents were asked to indicate whether their institutions celebrated the AIDS Day. An overwhelming majority of 30 (91%) indicated that they celebrate this important day, whereas, 3 (9%) do not hold these celebrations. The AIDS Day Celebrations is a global celebration which is a culmination of intense awareness and education campaigns and other initiatives as well as a platform for remembering and celebrating the lives that have been lost, and the significant contributors to the battle against the disease. It is also an opportunity to evaluate HIV/AIDS strategies that are in place and alternative ways that can be adopted to strengthen the strategies. Thus, it is a day for recognizing and celebrating successes and acknowledging failures and shortcomings and dealing with them. The few institutions which did not celebrate this important day indicated that it is because of financial constraints that they were unable to hold these celebrations.

To deal with HIV/AIDS effectively, institutions need to adopt a multi-dimensional approach which besides celebrating the AIDS Day, will include activities such as the involvement of experts. About 21 (64%) acknowledged that experts are invited once in a while to make presentation on HIV/AIDS. For 11 (33%) of the institutions, experts presentations are done almost monthly, whereas for 1 (3%) they are not done at all. The experts range widely from medical professionals, academics, politicians, religious leaders, community leaders researchers, government representatives, Non-Governmental Organisations (NGO's) and other interested individuals or structures. Having reputable and respected people address academic constituencies about HIV/AIDS can help in popularizing the disease, and also with the demystification and destigmatisation of the disease. For it is very important that influential people become publicly vocal about the disease to remove the shame and isolation associated with the disease and encourage openness, freedom and acceptance.

Empowering people to deal with HIV/AIDS does not end with involving them in talks and discussions instead it extends, to imparting HIV/AIDS skills through training. To establish whether the institutions offer training to their constituencies, the respondents were asked to indicate whether they offered training to staff and students. About 19 (58%) indicated that staff and student training is offered at least once a month. For 13 (39%) of the respondents training is offered once in a while, and for 1 (3%) institution it is not done. Acquiring HIV/AIDS skills is crucial in an academic environment

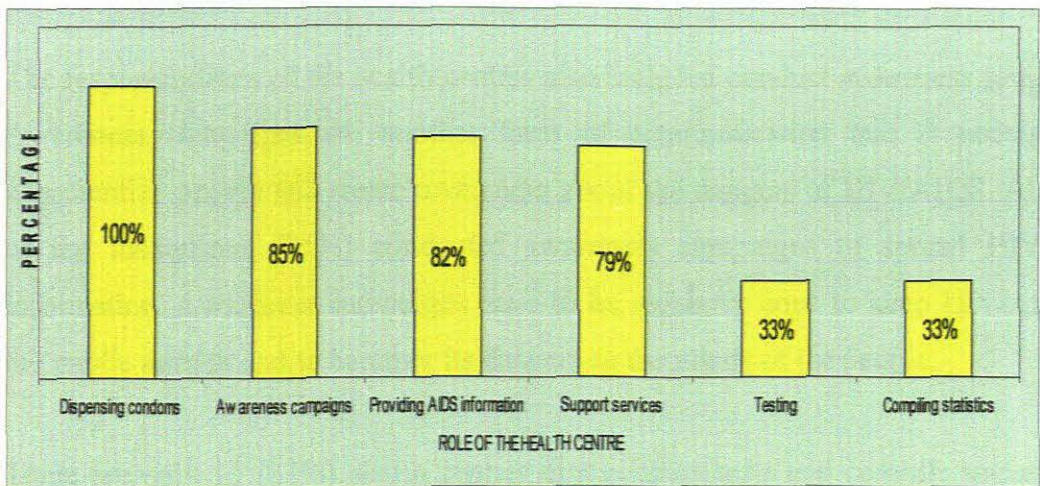
where the disease is rife, as they will enable individuals to handle crisis situations without endangering their own lives. Through the skills acquired, fear generally associated with the disease can be alleviated thus, reducing paranoia and increasing acceptance. These skills can also be beneficial to trainees who can use them beyond institutional parameters so as to make a difference in wider societies where the disease is also having devastating effects.

6.5.6 Role of the health centre

Generally all the academic institutions have a health centre which is an appendage responsible for institutional health matters. As earlier stated 12 (36%) of the institutions do not have an AIDS Centre and the health centre in conjunction with the AIDS Committee is responsible for HIV/AIDS matters. The respondents were asked to indicate the role of the clinic in their respective institutions. Figure 6.5 below shows that the health centre is an integral part of the institution and it has an array of responsibilities.

Figure 6.5 : Role of the health centre

N=33



The responses tabulated on Figure 6.5 show that health centres in all institutions play a very fundamental and important role. Health centres in all 33 of the institutions (100%) dispense condoms. Condoms are a crucial element of the preventative strategy. Fortunately, in most situations they are freely available. However, condom usage is affected by cultural and social dynamics. It is also influenced by gender

inequality, whereby in some sectors women cannot freely express their choice of whether to use or not to use a condom.

Most of the institutions (26) provide support services through counseling and establishment of support groups. This is necessary to empower the infected and affected people with skills and knowledge that will enable them to deal with the disease in a positive manner. Of more importance is the fact that institutions also offer referral services whereby clients are referred to alternative professional service providers. In addition to these responsibilities, 27 (82%) of the health centres also provide AIDS information. Information is the vital weapon against the disease in the absence of a cure. Therefore its communication has to be carefully implemented to ensure effectiveness. The researcher observed that the health centres diffused mainly printed information in the form of booklets, pamphlets, brochures, posters, flyers, newsletters and so on. Some of the respondents indicated that they did not have enough money to procure or develop a comprehensive collection of these materials and they depended on donations. The content of the information covered a wide range of areas such as care, prevention, support, education, treatment and other services. Needless to say, person-to-person communication also forms a significant part of their information diffusion strategy.

The responsibilities of the health centres also included conduct awareness campaigns. Awareness campaigns are another form of communication that is necessary to conscientize people and create awareness about the dangers of HIV/AIDS. About 28 of the institutions (85%) conducted awareness campaigns to spread HIV/AIDS information. Awareness campaigns have to be regularly done to keep HIV/AIDS on the public agenda and to hammer its dangers to the minds of the people.

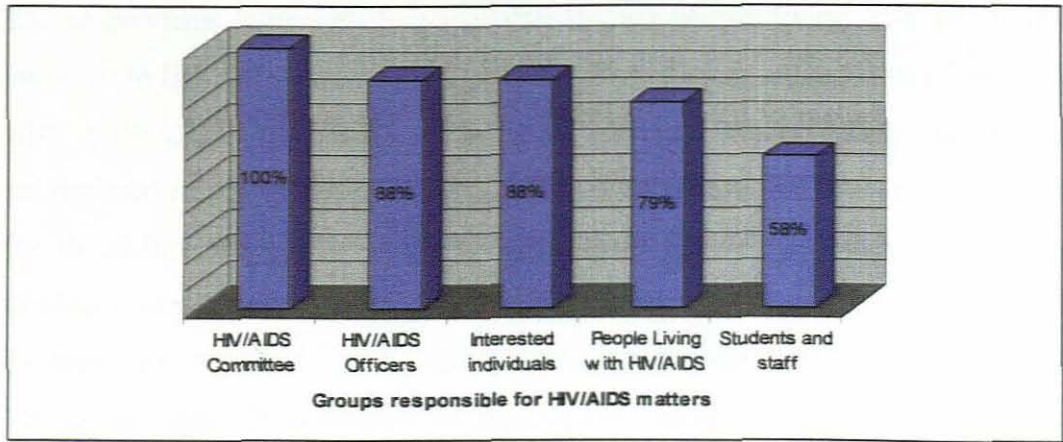
There are only 11 (33%) health centres that conduct tests and compile statistics. As discussed earlier, due to the sensitivity of HIV/AIDS most members of the academic community do not utilize the services of the health centre because of the fear that confidentiality will be compromised. Instead most people seek alternative services as they have medical aids that will cover the bills. Moreover, most of the health centres do not have an adequate staff complement that is able to deliver the expected services and meet certain specifications, if testing is done.

In those institutions (21 or 64%) where there is an AIDS Centre, the health centre is not the main role player dealing with HIV/AIDS, though it deals with medical issues. As stated earlier, by its very nature, HIV/AIDS is not only a health issue, instead it is a development problem that requires a diverse and multi-directional approach. In this regard, the health centre, other relevant structures, other sections or departments and individuals need to coordinate their efforts in the fight against the disease. Obviously, the health centres play an important role in managing the disease in the higher education sector. However, a lot still needs to be done to strengthen their capacity and resolve to maximize their abilities with regard to the fight against the disease.

6.5.7 Groups or individuals responsible for HIV/AIDS matters

In the different institutions individuals and or groups at their different capacities are responsible for dealing with HIV/AIDS. The respondents were asked to state groups that are active in HIV/AIDS matters in their respective institutions. The purpose of asking this question was to establish the level of holistic inclusiveness of the academic communities. As stated earlier, to deal with the disease effectively, a holistic and multi-sectoral approach needs to be adopted to include diverse expertise as well as socio-cultural backgrounds. Similarly, to ensure that institutional communities support HIV/AIDS interventions it is of the utmost importance that all stakeholders are involved in the designing and implementation of these interventions. The level of inclusiveness and diversity in different institutions is shown in Figure 6.7.

Figure 6.6 : Groups or individuals responsible for HIV/AIDS
N=33



From Figure 6.6 above it is evident that all the respondents indicated that their institutions have an HIV/AIDS Committee. The Committee is an institutional body which draws members from a wide spectrum of institutional sections, departments and levels. The members of the Committee are supposed to be a representative of the larger academic community. The representation of all the academic communities is important to ensure that everybody is given a voice that will influence the designing and implementation of HIV/AIDS interventions. The HIV/AIDS Committee in conjunction with other institutional structures or agencies is supposed to drive the institutional response. It is therefore important that this Committee is composed of self-driven, dedicated individuals who have the expertise and commitment necessary for constructive and successful HIV/AIDS interventions.

The research findings reveal that in addition to the HIV/AIDS Committee 29 institutions (88%) have HIV/AIDS Officers. In the different institutions these HIV/AIDS Officers hold different titles. As indicated earlier titles range from HIV/AIDS Counsellor, HIV/AIDS Manager, Facilitator of HIV/AIDS Programme, Coordinator of HIV/AIDS, to Director of HIV/AIDS Programme. Regardless of their titles, HIV/AIDS Officers are responsible for determining, driving and contributing towards the institutional response. About 29 of the respondents (88%) also stated that interested individuals are also involved in HIV/AIDS matters. These are people who are part of the academic community who because of their personal or academic interest are actively involved in designing the institutional response. As stated earlier, the involvement of a wider spectrum of the institutional community is of utmost importance.

The respondents were asked to indicate whether people living with HIV/AIDS are involved in HIV/AIDS matters. About 26 (79%) of them indicated that People Living with HIV/AIDS are involved in designing and implementing the HIV/AIDS institutional response. Basically, the HIV/AIDS institutional interventions are meant for those infected and affected by the disease as well as other members of the academic community. About 19 (58%) of them alluded to the fact that staff and students are involved. Staff and students make up the academic community. Therefore, their involvement in HIV/AIDS matters will empower them with

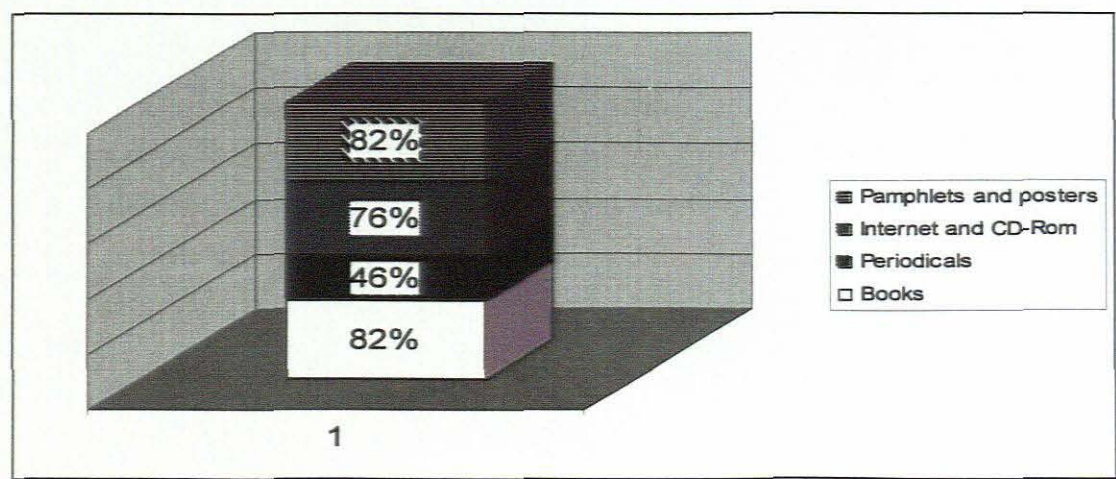
knowledge and skills that will enable them to manage the disease at a personal and institutional level. The research findings show that a lot still needs to be done to ensure that staff and students are more involved in the HIV/AIDS institutional response.

6.5.8 HIV/AIDS information resources provided by the library

The library is an integral part of the academic institution as it supports the teaching and learning process with valuable resources. The responses under this section do not total up to 100% because the respondents were given a chance to choose more than one category as they were likely to be providing more than one type of information resource. The respondents were asked to indicate information resources that the library provides in relation to HIV/AIDS. The importance of this question stems from the fact that information is still regarded as the fundamental weapon in the fight against the HIV/AIDS pandemic. Information resources provided by the library are crucial as their depth, width, relevance, accessibility and usability will strengthen or compromise the institutional response. The responses to the question are shown in Figure 6.7 below.

Figure 6.7 Library resources

N=33



The research findings show that different institutional libraries provide information resources in different forms. For instance, 27 (82%) institutional libraries provide

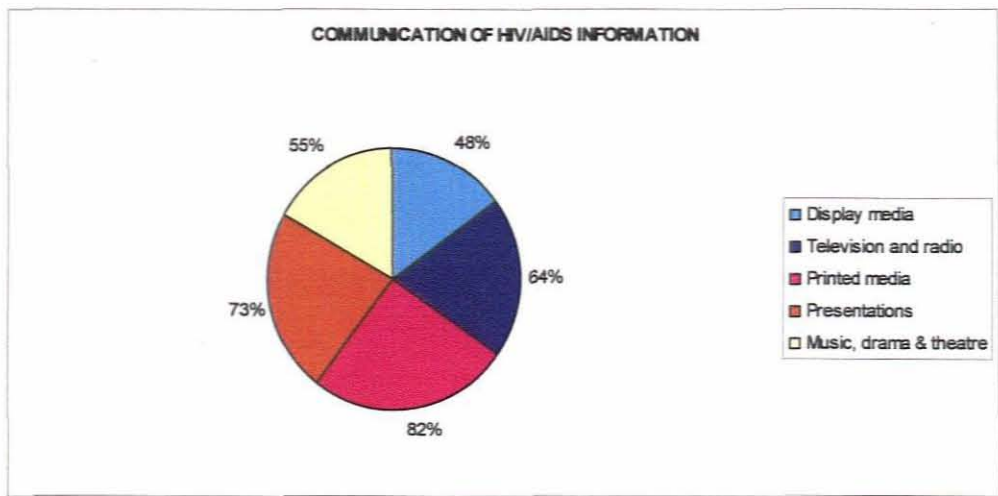
pamphlets and posters on HIV/AIDS. These information sources are largely ephemeral, but are useful in the dissemination of information as they have the advantage of being subject specific. Posters on the other hand are large, usually printed placards which are illustrated to advertise or publicise something. Other sources that academic libraries provide are journals which may be in print format or on the Web as electronic journals or “e-journals”. About 46% of the respondents mentioned that their libraries provided periodicals with HIV/AIDS information. Other respondents 27 (82%) indicated that their respective libraries provide books with HIV/AIDS information. Books can be lengthy and give detailed information or they can be short and concise. The results show that most libraries provide these resources. Lastly, 25 (76%) of the respondents indicated that HIV/AIDS information is also disseminated electronically through internet sources. The advantage of internet sources is that they are timely and very useful.

6.5.9 Dissemination of HIV/AIDS information

Information can be communicated through different media. The medium chosen for dissemination will be determined by situational relevance and responsiveness. Moreover, the different types of media have their advantages and disadvantages that is why it is important that it should be carefully chosen. In different institutions different structures such as the AIDS Committee and AIDS Centre, agencies such as the health centre or library or individuals are responsible for communicating HIV/AIDS information. The respondents were asked to indicate the different media that is commonly used in their institutions to disseminate HIV/AIDS information.

Figure 6.8 Communication of HIV/AIDS information

N=33



The responses from Figure 6.8 above show that 48% of the institutions use display media to communicate HIV/AIDS information. Display media involves media used in different institutions to exhibit, to show ostentatiously or set in view conspicuously for the sake of publicity, HIV/AIDS information. Such media includes billboards, posters and signs. From the site visits that were conducted by the researcher it can be conclusively stated that very few institutions utilized billboards for disseminating HIV/AIDS information. When the respondents were asked why billboards were underutilized, they stated that it is because of cost implications and financial constraints that they were faced with. Most institutions had posters which were displayed in the health centre, AIDS Centre, Library and other crucial entrance points. Other types of media used as a communication vehicle for HIV/AIDS information included television and radio. About 64% of the respondents alluded to using these communication tools. The researcher noticed that most of the institutions have a local television and radio stations which were mostly used to reach the student population. These tools have the advantage of broadcasting customer-designed programmes that are suitable for addressing local needs as they are run by members of the student population. What the study did not investigate though is the integrated inclusion of all stakeholders in the designing of broadcasted programmes. Moreover, it did not investigate the effectiveness of these communication tools.

In addition to the television and radio about 82% of the respondents stated that their institutions also use print media to communicate AIDS information. Media that is categorized as print include:

- Books – such as fiction, non-fiction and reference sources
- Periodicals such as journals, magazines, newsletters, memoranda and newspapers
- Ephemeral material such as pamphlets, brochures, flyers, posters, booklets and so on.

The study can conclusively state that print media is largely used in different institutions of higher learning. Comparatively speaking, it is easy and cheaper to acquire and to use as compared to other types of media, thus it plays a significant role in empowering people with HIV/AIDS information.

Another type of media used to disseminate information according to 73% of the respondents is in the form of presentations. Discussions or talks on HIV/AIDS and related matters can be made by experts or other influential individuals from the wider society or these presentations can be locally generated. As discussed earlier, presentations by either local or external members of society are crucial in stimulating and enhancing personal dialogue on HIV/AIDS. They are also important for putting the disease on a public forum or platform in order to publicise or create general awareness about it and all its entwined implications or inferences. Through community engagement it is possible to ultimately achieve public commitment which is pertinent in the fight against the disease.

The research findings showed that some of the institutions (55%) have adopted the entertainment approach of using music, drama and theatre to communicate HIV/AIDS information with their constituencies.

6.5.10 Types of AIDS information provided

By its very nature HIV/AIDS is complicated and multi-dimensional. The HIV/AIDS information has to be provided in accordance with these complications, stipulations

and dimensions. It is of the utmost importance that the scope of information provided is wide and comprehensive enough to cover the necessary specifications and areas. The importance of information in the fight against HIV/AIDS cannot be emphasized enough as information is still the one of the few mechanisms available for managing the disease and its impact. The respondents were asked to indicate types of HIV/AIDS information provided by their respective institutions. Figure 6.10 below tabulates the responses.

Figure 6.9: Types of information
N=33

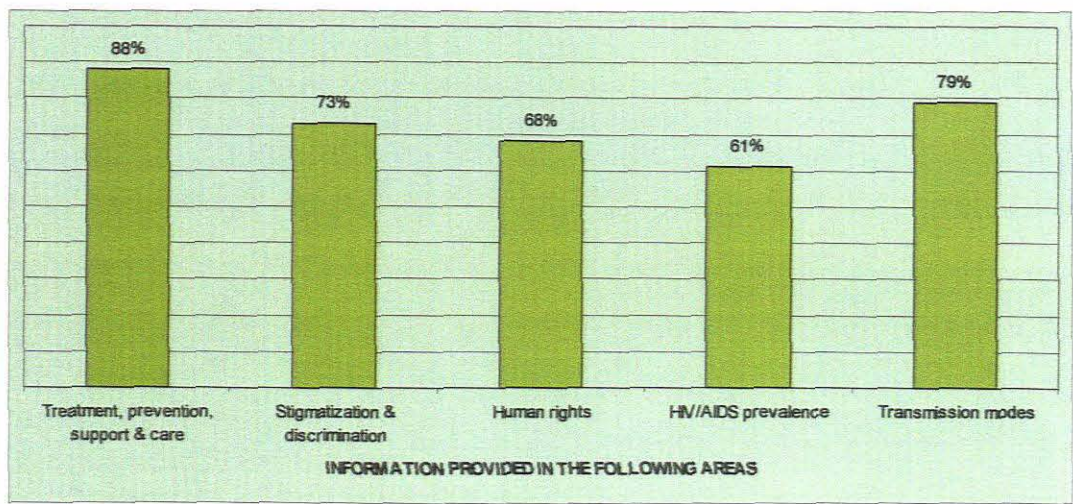


Figure 6.9 above shows that the HIV/AIDS information provided in the different institutions covers different subject areas. About 29 (88%) of the respondents indicated that information on treatment, prevention, care and support is provided in their institutions. This type of information is necessary for empowering the infected and uninfected members of the academic community. Firstly, people need to know where they can get treatment, what type of treatment is available and what other precautionary measures they need to take that will improve their medical condition. Secondly, they need to know about precautionary measures or prevention strategies that will help to curb further infections. Thirdly, for those already infected, information that will clearly state where support and care can be obtained is very important.

Another sensitive and important area surrounding HIV/AIDS is stigmatization and discrimination. The respondents were asked to indicate whether their institutions provide information related to stigmatization and discrimination. About 73% of the responses showed that most institutions provide information on these areas. To reduce stigmatization and discrimination academic communities in general need to be informed and enlightened about the disease and its variables so that they can be AIDS literate. It is through enlightenment and improved literacy that the mindset of people and stereotypes related to the disease can be influenced and changed.

From the above-mentioned social ills namely, stigmatization and discrimination stems the element of human rights. The study investigated whether institutions provided information on human rights. The responses indicated that 22 (67%) of the higher education communities provide information on human rights. The recognition and respect of human rights is enshrined in the constitution of South Africa. Furthermore, the AIDS Policy of the Department of Education and Training and some institutional policies stipulate the rights of the infected and uninfected members of the educational communities. This means that legally individuals are protected against any form of abuse. Therefore, providing information on human rights will empower and educate the wider academic community to minimize violations of these rights.

The respondents were asked to indicate whether their institutions provided information on the prevalence of HIV/AIDS. In this regard, 20 (61%) of them noted that information on HIV/AIDS prevalence is provided. The question was asked to establish whether institutions communicate the extent at which the disease has made hostile inroads in the academic community. The study also investigated whether institutions provided information on the different modes of transmission. The responses to this question show that 79% of the institutions provide information on transmission modes. HIV/AIDS can be transmitted sexually, through blood transfusion and mother-to-child infection. This information has to be communicated clearly to people to inform and educate them so that they can take the necessary preventative measures. It is a common assumption that the modes of HIV/AIDS transmission are common knowledge. Such assumptions can be dangerous and limiting. HIV/AIDS Officers need to communicate clearly the different transmission modes to entrench on a regular basis the idea in the mind of the target audience.

6.6 - Teaching, research and community service

This section deals with how HIV/AIDS has been integrated into the learning teaching process. It also covers the focus and niche of institutional research and collaboration. Lastly, it deals with how the institution is reaching out to neighbouring communities.

6.6.1 Teaching

The main business of tertiary institutions is teaching, learning, research and community service. This basic mandate has also not been spared from the ravaging effects of HIV/AIDS. The respondents were asked to indicate how the institutional basic mandate is affected by the disease. The importance of asking this question is that it is an attempt to identify the impact of HIV/AIDS on the general functioning of the institution. Moreover, it attempts to establish how the institutional response is strengthened through teaching, research and community service. The responses to the questions asked are tabulated in Table 6.7 below.

Table 6.7 Integration of HIV/AIDS into teaching and learning

N=33

Integration of HIV/AIDS into teaching and learning	Number of respondents and percentages		
	Yes	No	Do not know
A campus wide compulsory course is offered		33 (100%)	
Orientation for new students	33 (100%)		
Departments have introduced new fields of study in response to HIV/AIDS imperatives	25 (76%)	8 (24%)	
Institution is promoting the readjustment of programmes to promote more flexible graduate preparedness	22 (67%)	9 (27%)	2 (6%)
There are extra-curricular activities related to HIV/AIDS	18 (55%)	10 (30%)	5 (15%)

The respondents were asked to indicate whether they have a compulsory HIV/AIDS course for the general student population. In response to the question 33 of the respondents (100%) denied having a compulsory course. Instead they noted that they conduct orientation programmes for new students yearly. The orientation programme familiarizes new students with the academic environment and also covers HIV/AIDS. The subject of HIV/AIDS is introduced and students are also informed about available services including institutional support systems. Normally in most institutions the orientation programme is conducted once at the beginning of the academic year. It would be advantageous though to have it conducted on a regular basis to achieve regular awareness and continuity.

The study further investigated whether within the institutions individual departments have introduced new fields of study in response to the disease. Research findings show that 25 (76%) of the respondents admitted that certain departments have responded to the challenges of the disease by adapting their curriculum. In this regard 8 (24%) noted that departments have not introduced new fields of study in response to HIV/AIDS imperatives. As stated earlier, to achieve success in the fight against HIV/AIDS, it is important to adopt a multi-disciplinary and multi-dimensional strategy that will positively utilize all available resources. The teaching-learning process can make a significant contribution in the fight against HIV/AIDS because it is through it that students acquire skills, knowledge, experiences and attitudes.

Academic institutions have a responsibility to empower learners with appropriate skills and knowledge to enable them to make a contribution to the wider society that is also ravaged by the disease. The respondents were asked whether their respective institutions are promoting the readjustment of programmes to promote more flexible graduate preparedness. About 22 (67%) of them stated that their institutions have made attempts to encourage a multi-disciplinary response to HIV/AIDS. For 9 (27%) of the respondents within their institutions there has been no such promotion of the readjustment of programmes. The remaining 2 (6%) said they did not know of such an institutional initiative. The two last responses show a need for a focused and coordinated institutional response driven by innovative personnel who will take the initiative to influence the various stakeholders to play their part. The respondents were asked whether there are any extra-curricular activities related to the disease that

their institutions had. In this regard 18 (55%) admitted to have such extra-curricular initiatives, whereas for 10 (30%) there were none and 5 (15%) did not know. However, the study did not ask respondents to specify the extra-curricular activities. Generally, these are activities beyond the parameters of the curriculum that are implemented to address HIV/AIDS as such activities are varied.

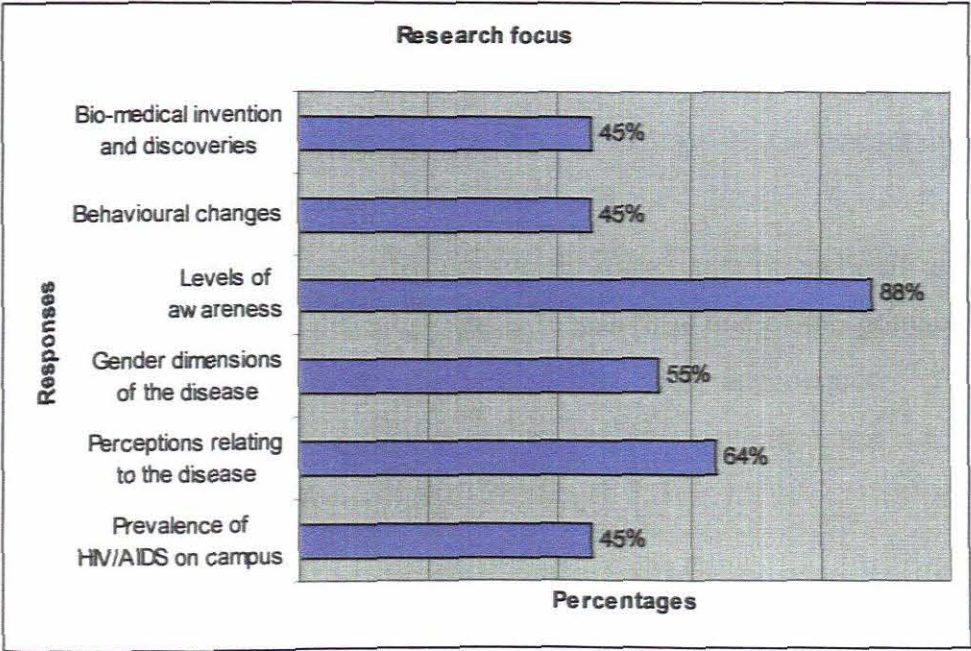
6.6.2 Research

6.6.2.1 Focus of HIV/AIDS research

The respondents were asked to indicate the focus area or niche of the institutional research initiatives. As indicated earlier, research is one of the primary functions of tertiary institutions through which valuable knowledge is generated.

Figure 6.10 Research focus

N=33



The responses indicate that 15 (45%) of the respondents conduct research focused on bio-medical inventions and discoveries. About 15 of the institutions (45%) conduct research on behaviour changes related to HIV/AIDS. With regard to levels of awareness, 29 of the respondents (88%) indicated that their institutions conduct research relating to levels of awareness. The research on gender dimensions of the

disease is conducted by 18 (55%) institutions. The institutions that focus their research on HIV/AIDS perceptions are 21 in total (64%). Lastly, concerning the prevalence of the disease on campus 15 (45%) of the respondents indicated research focus in this area.

6.6.2.2 Research collaboration

The study investigated whether there was collaboration within the higher education sector, or with other international institutions and health agencies. Collaboration in research as in other areas is of the utmost importance. Academic institutions locally should work together with their sister institutions to conduct research on important areas. This will help to strengthen the capacities of those institutions that do not have a strong research element. More importantly, funding organizations seem to prefer a collaborative approach to research.

Figure 6.11 Collaboration in research

N=33

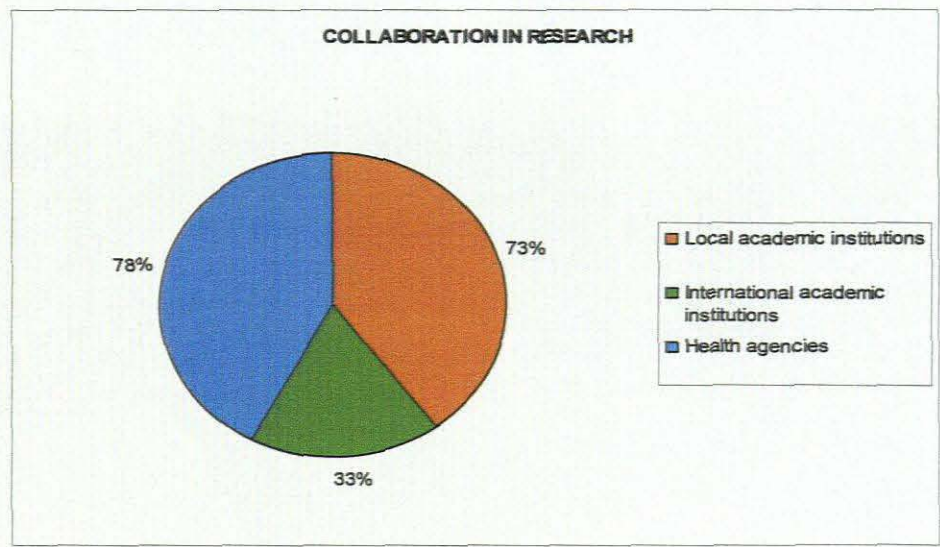


Figure 6.11 above show that 24 (73%) collaborate with the local academic institutions. Only 11 (33%) collaborate with international academic institutions. About 25 (78%) of the respondents indicated that they collaborate with health

agencies. The question had an “other” category whereby few 5 (15%) of the respondents indicated that they also collaborate with provincial government.

6.6.3 Outreach programmes

Academic institutions are supposed to make a contribution towards the development and improvement of their neighbouring communities. This is done to extend the academic arm and expertise to those less advantaged. Outreach programmes can take any form or dimension depending on the local needs and the available resources. The respondents were asked to indicate how their institutions have contributed to the development of their neighbouring communities. The responses are shown in Table 6.8 below.

Table 6.8 : Outreach programmes and community service

N=33

Number of respondents and percentages		
Outreach programmes	Yes	No
Information resources are provided to neighbouring communities	23 (70%)	10 (30%)
Institution has programmes to equip communities with life skills	27 (82%)	6 (18%)
Institution provides education, training and capacity building on HIV/AIDS	21 (64%)	12 (36%)
Institution offers referral services	25 (78%)	8 (22%)
Institution provides home-based care	7 (21%)	26 (79%)

About 23 of the respondents (70%) indicated that they provide information resources to the neighbouring communities. The remaining 10 (30%) noted that they did not provide neighbouring communities with information. The respondents were asked to indicate whether the institutions had programmes that are meant to equip communities with life skills. In response to the question, 27 (82%) of the respondents admitted to having life skills programmes for neighbouring communities. A lesser number of 6

(18%) said they have no such programmes. With regard to education training and capacity building, 21 (64%) of the respondents indicated that they do offer HIV/AIDS education and training. For the remaining 12 (36%) of the institutions this was not done. The respondents were asked whether their institutions offer referral services to nearby communities. About 25 (78%) of them said yes and 8 (22%) said no. In relation to home-based care 7 (21%) of the institutions indicated that they provide this service whereas, 26 (79%) said this was not provided

SECTION 2 - RESULTS FROM THE OBSERVATION SCHEDULE

Under this section the information that emanated from the use of the observation schedule is presented. The section is divided into two parts. Part 1 covers display media (billboards and posters) and ephemeral materials (pamphlets, brochures and flyers). Part 2 covers visibility patterns of services provided by institutional libraries, AIDS Centres and health centres.

6.7 Display media

The display media was assessed according to the following categories, namely, availability, locality (which included centrality and visibility), appropriateness of message and finally grading the source to indicate whether it was excellent, good or fair.

6.7.1 Billboards

It was observed that only 2 (6%) of the institutions utilized billboards. As stated earlier, it was indicated that financial constraints inhibited the use of this medium. The billboards were centrally located. In both institutions they were located close to the library. They were visible and eye-catching due to their size and colours used. They covered crucial aspects such as prevention, care and support, education and other sexually transmitted diseases. They were mostly written in English.

6.7.2 Posters

All of the institutions 33 (100%) that were visited had posters with HIV/AIDS information. In all institutions posters were displayed in the AIDS Centre and/or clinic. Only about 6 (18%) of the institutions had posters displayed in the institutional library. The researcher was informed that posters are also displayed in other nodal points such as entrance to student's residences, the student canteen and entrances to other buildings accessible to the student community. Posters are colourful and conspicuous such that wherever they were displayed, they were visible. On the overall the messages in these posters varied. They covered crucial aspects such as prevention, care and support, education and other sexually transmitted diseases. They were mostly written in English.

6.7.3 Bulletin boards

The bulletin boards were used mostly by AIDS Centres and health centres to display messages related to HIV/AIDS.

6.8 Ephemeral materials

6.8.1 Pamphlets, brochures and flyers

Availability was 100% as all the institutions had pamphlets, brochure and flyers with HIV/AIDS information. These sources were mainly located in the Clinic and/or AIDS Centre. They were written in a variety of languages. They generally contained information on prevention, care and support, education and other sexually transmitted diseases.

6.9 Centres disseminating HIV/AIDS related information

6.9.1 Library

The types of information resources provided included books, journals, newspapers, posters and electronic gateways such as internet and CD-Rom. Visible patterns of

information diffusion were minimal as little signage or presentations on HIV/AIDS were available.

6.9.2 Health centre and AIDS Centre

Both these centres proved to have a rich resource of information resources such as posters, pamphlets, flyers and brochures. Visible patterns of information dissemination were profound. The services provided were displayed and self-communicated through clear and distinct signage. For the health centres, services generally included support services, prevention, care and education. On the other hand the AIDS centres provided HIV/AIDS specific services that included referral services, education, awareness campaigns, information generation and communication.

6.10 Summary

The impact of HIV/AIDS on institutions of higher learning is profound. The results show that the disease has affected basic mandates such as teaching, learning, research, community service and constituencies such as staff and students. The response of the sector to the epidemic is not uniform. It is characterized by well guided programmes and underdeveloped ones. Generally, programmes offered varied from educational, informational and preventative. Furthermore, a variety of communication strategies, approaches and tools have been utilized by individual institutions to disseminate HIV/AIDS information. On the overall, there seem to be a general positive response to the epidemic as all the institutions have an HIV/AIDS Committee and a policy framework in existence. However, a lot still needs to be done to strengthen and shape the sectoral response to deal effectively with the challenges of the epidemic. Firstly, though the HIV/AIDS committee exists in all institutions, in most of them it has not managed to develop a constructive and coordinated institutional response. Secondly, most of its members still deal with HIV/AIDS from the sideline. Thirdly, in some institutions the HIV/AIDS policy has not been implemented, though there are programmes on the ground. Fourthly, there are glaring disparities in relation to institutional resources, capacities and the overall institutional attitude, development and commitment towards HIV/AIDS. Fifthly, the communication of HIV/AIDS information in some institutions is incidental as it lacks coordination, planning and

variability. The research output of the sector has still to be collated, communicated and popularized within and beyond the sector as research is a conduit through which new knowledge can be generated and shared to inform a wider audience.

The current scenario reflects an urgent need to streamline the systemic response in order to develop and strengthen institutional response. Streamlining can be done through the equitable provision of resources, the nurturing of the academic environment and the building of capacities to empower individuals with skills that will enable them to effectively manage the disease. Within individual institutions the response can be strengthened and developed by institutionalizing it, developing and implementing well planned communication strategies that will contribute positively in the mitigation of the impact of the epidemic.

The next chapter presents discussions that emanated from the findings of the study.

CHAPTER 7

DISCUSSIONS OF FINDINGS

7.1 Introduction

The aim of this chapter is to analyze the results emanating from the study on the management and diffusion of HIV/AIDS information in institutions of higher learning in South Africa. The research method used was survey, observation, content analysis and literature review. This chapter discusses the results from data collected by using questionnaires, observation, content analysis and literature review. The discussions will provide an insight and apparent relations in the findings of the study. From the discussions it will be possible to deduce whether the aim of the study which was to assess the effectiveness and appropriateness of strategies for management and diffusion of HIV/AIDS information in the higher education sector was achieved. The major elements of the discussion which indicate the structural arrangement of this chapter include, the specific objectives of the study which include establishing the impact of the disease, assessing the institutional response, examining information diffusion strategies as well as establishing developments in teaching, research, advisory and intervention services that institutions have on the pandemic.

The results of the study indicate that the HIV/AIDS response of the higher education sector is fraught with inequality, unevenness and lack of coordination. On the positive side, the findings show that the higher education sector is responding positively to the host of challenges posed by the disease. However, a lot still needs to be done to enhance and strengthen the HIV/AIDS response by redressing past imbalances and building capacities. The study used the questionnaire as the main research tool. It also applied the observation technique to establish different strategies utilized by academic institutions to disseminate HIV/AIDS information. The observation schedule was also used to substantiate and augment questionnaire responses.

7.2 Respondents

▪ Status

The research findings indicate that 28% of the respondents hold the position of Professorship, while 14% hold Doctoral degrees and the remaining 58% have lower qualifications. The calibre of respondents can presumably have an effect on the recognition the disease is accorded in the higher education sector. The fact that senior academics are responsible for HIV/AIDS demonstrates the institutional commitment and prioritization of the disease. It also reflects the capabilities at institutional level of a breed of personnel with appropriate qualifications, research capabilities, experiences and commitment needed to generate new knowledge and design and implement policies and effective strategies that can be used to combat the disease. The study did not make any distinctions in terms of the strength and the nature of HIV/AIDS interventions implemented in institutions with highly qualified personnel and the less qualified ones.

In the light of dealing with HIV/AIDS from the sideline, the HEAIDS programme recommends that the higher education sector needs to establish and build the capacity of dedicated persons managing the HIV/AIDS programme to prevent, mitigate and manage the impact of the epidemic at national and institutional level (Table 3.4). However, the study observed that, the HEAIDS objective of improving and increasing the number of dedicated staff to manage the epidemic by 2003-2004 (HEAIDS n.d.) has not been achieved because the shortage of staff in many institutions has not changed.

▪ HIV/AIDS responsibility

To indicate the position or responsibility related to the disease, respondents mentioned a variety of titles. As indicated earlier the most commonly used titles seemed to be Chairperson of the HIV/AIDS Programme/Project (30%), Director of the HIV/AIDS Programme/ Project (33%) and Committee member (9%). Other titles used included the following, Dean of Students, HOD, Coordinator, Facilitator, Manager of the HIV/AIDS Programme and they all drew 6%. The remaining two which are

HIV/AIDS Officer and Counsellor drew 3% each. It is clear that titles used are diverse and they range between the HIV/AIDS Officer and the Director of the HIV/AIDS Programme which is an executive position. Sadly though, most of them deal with HIV/AIDS as an extra responsibility. There was no association made between the quality of HIV/AIDS interventions and the titles of the responsible officers. The findings concur with HEAIDS that there is a need for a clearer, more forceful and systematic definition of roles and responsibilities among all those involved in HIV/AIDS response.

Working with HIV/AIDS according to HEAIDS requires time, human resources, skills and funding. In the current scenario only 61% of the institutions have personnel designated with full-time responsibility for HIV/AIDS. It has been observed that only those institutions that have a dedicated AIDS Centre or its equivalent have full-time posts for HIV/AIDS Officers. Providing adequate capacity is a key strategic issue because there is a real danger of overtaxing existing services and personnel who at the moment are dealing with the disease as an add-on responsibility. To improve the capacity building thrust, HEAIDS (n.d.) recommends that institutions should consider sharing capacity and other resources within the sector, developing partnerships with AIDS services organizations and establishing capacity needs as a priority at national and institutional levels. This reaffirms the element of innovators reflected in Chapter 2 where the diffusion of innovations theory is outlined. Further, experience has shown for institutions to have better organized programmes they need dedicated personnel (Saint 2004, Otaala 2000, McGregor 2001 and Chetty 2000).

7.3 HIV/AIDS status at institutional level

Several studies such as those by Kelly (2001), Badcock-Walters and Whiteseed (2000), Malaney (2000), ADEA (2001) and Anarfi, Katjavivi and Otaala 2003 and Awusabo-Asare (1999) observe as stated earlier, that there is ignorance lined with layers of secrecy, silence, denial and fear of openness and anxiety about stigmatization and discrimination that still surround the disease. The research findings confirm these observations as they show that, 40% of the respondents alluded to the fact that the disease is not addressed openly. Similarly, 67% alleged that it is an issue but is not addressed, while for 37% it is characterized by silence, secrecy, denial,

stigmatization and discrimination. Notwithstanding the low status accorded the disease, about 84% of the respondents indicated that the disease is an issue that affects both staff and students, and that it also ranks high in terms of institutional priorities 64%. The study picked up a lack of correlation between the results given as they show that though the disease is highly ranked (87%) it is not addressed openly (67%).

Studies by Kelly (2001), Crewe (2000), Coombe (2000) and Barnes (2000) maintain that because of its more definite character and defined nature, the higher education sector should be able to create a climate of acceptance which would promote openness about the disease and contribute significantly to attempts to curb it from spreading further. Unfortunately, the research findings refute this assertion, and reflect the failure of the sector to get the HIV/AIDS problem out into the open within and outside institutional parameters.

The study recognizes that it is important that the disease should be positively situated in a public platform and constantly exposed to public dialogue and debate. To make this possible management should be “AIDS” literate, to enable them to be vocal about the disease and commit resources in support of the response. Without this executive commitment and openness, the disease will be relegated to the bottom of the institutional priority list, and it will continue to be shrouded by shame, guilt, denial and rejection (Kelly 2002, SAUVCA 2000, Chetty 2000, Crewe 2000, Otaala 2000 and Saint 2004). On the other hand, this executive openness can have a snowball effect, and can accord the disease recognition and respect which can ultimately change the institutional attitude towards the disease. And only then can subtle and vigorous forms of prejudice and isolation be minimized. From the findings of the study it is obvious that the higher education sector still has a long way to go, to enhance acceptance and openness about one’s health condition. The theoretical foundation of the study highlights the importance of management (early adopters) taking its rightful and constructive place in the forefront in the battle against the disease.

7.4 Records or statistics on mortality or morbidity

Many of the institutions (55%) indicated that records on mortality or morbidity that can throw light on the prevalence of the disease among academic communities did not exist. There are however a few institutions that have records. For instance, 12% have records of the staff who have died, 15% have records of students who have died and 21% have records of the people living with the disease. The unavailability of records stems from the sensitivity and complexity of the disease as 27% of the respondents indicated that records are not made available to the public. By its very nature, HIV/AIDS is a sensitive issue and is still wrapped in a shroud of secrecy and shame and as a result those infected have a right not to disclose their status or to agree to be tested. The study acknowledges that due to this state of affairs it is difficult to determine and know the HIV/AIDS situation in academic institutions in the country. These findings confirm that HIV/AIDS prevalence rate in academic campuses is surmised to be similar to that obtaining for comparable groups in general populations (Kelly 2001, SAUVCA 2000 and Katjavivi and Otaala 2003). However, the HEAIDS programme intends to conduct risk assessments of HIV/AIDS to determine the impact on institutions and ultimately distribute findings throughout the sector. This is in line with Rogers' diffusion of innovations theory which maintains that the analysis of local needs is an important basis for innovation (HIV/AIDS programme) development.

The study presupposes that the lack of records can be attributed to firstly, the shame and disgust which results in secrecy and denial that surrounds those infected and affected by the disease. Secondly, the right to privacy, enshrined in the National HIV/AIDS Policy for Educators and Learners (1999) as part of human rights of the affected and infected, which will be violated if staff and students were required to reveal their HIV status either prior to admission/employment or during the course of their employment or study. Thirdly, the fact that it is important that institutions must seek to affirm the rights of individuals even though in doing so they will find that they are somehow compromising essential elements of managing the disease (Otaala 2000, Saint 2004, SAUVCA 2000 and Elsey and Kutengule 2003). Fourthly, most institutions rely on the health centre to conduct voluntary testing and counseling (VCT). However, most of the health centres do not have the capacity and

professionalism to meet the standard specifications for conducting voluntary testing and counselling. Due to this lack of capacity it therefore becomes presumptuous that confidentiality and professionalism will be compromised. Under these circumstances, academic communities who have the advantage of being members of medical aid schemes are likely to seek alternative medical services, where the prescribed specifications and standards will be met and confidentiality guaranteed. The study endorses the need to build capacity within institutional health centres, so that they are able to provide quality services that will strengthen the institutional response. This is very crucial as government has initiated the national roll-out of anti-retroviral drugs, which are capable of slowing down the progression of HIV/AIDS infection to AIDS. To be part of this national strategy, institutions of higher learning need to be empowered to execute the roll-out to its members who as citizens of this country are entitled to the treatment. However, it is important that this initiative has to be coordinated at national level to ensure that the ground is leveled, all the shortcomings of health centres are addressed and the higher education landscape is ready to embrace positively the provision of these drugs. The availability of records is crucial as such information is a pre-requisite or foundation on to which HIV/AIDS interventions will be based. Interventions that are based on reliable scientific data will be more responsive, effective and adequate for addressing local institutional HIV/AIDS needs.

7.5 Impact of HIV/AIDS on the institution

Studies by Kelly (2001), Coombe (2000), Crewe (2000), MacGregor (2001), Kinghorn (1999) and SAUVCA (2000) indicate that because of the rate at which the disease has made inroads in the higher education sector, it will denude and cripple tertiary institutions to the level that they will find it difficult to deliver their mandates as their constituencies will be grossly affected directly or indirectly. On the other hand, studies conducted by Uys et al (2000) at the Rand Afrikaans University (RAU) contradict the findings of the above-mentioned studies as they indicate that the level of infection among university students in RAU was fairly low. The contradiction suggests verification of HIV/AIDS infection according to social context. This study did not investigate the levels of infection but the impact of the disease on institutional mandates such as staff performance, recruitment and hiring, research, student intake,

student performance and drop-out-rate. The study established that HIV/AIDS does have an impact on higher education constituencies such as staff and students.

The research findings revealed that the disease affects staff performance to some extent as 39% of the respondents indicated a lot of impact and 43% indicated less impact. However, these responses raise questions and concerns as to how the impact was measured if most institutions do not have records or information on mortality and morbidity of institutional communities. Presumably, tertiary institutions are vulnerable to the disease due to their liberal culture, diversity in terms of culture, race, ethnicity, social classes, and the fact that most of their constituencies belong to the age cohort in which the disease is rampant. Moreover, they are part of a wider society that is ravaged by HIV/AIDS therefore they cannot be enclaves that are immune to the impact of the disease. Evidently, to be able to correctly determine the impact of the disease, institutions need to have accurate and up-to-date records of mortality and morbidity. Without such records the impact of HIV/AIDS will be based on assumptions. It is also possible that staff performance can be affected by other factors such as laziness, unfavourable working conditions, burnout, and lack of motivation. This shows that, staff performance can deteriorate, not because of HIV/AIDS but due to other equally imperative variables. It is in this regard that the study affirms that the impact of the disease should be scientifically measured and recorded to quantify and support the assumptions about the impact of the disease on staff performance. The HEAIDS Programme promises to conduct a risk assessment in tertiary institutions in the country and assessments records will be ultimately disseminated on a six months basis to all institutions.

HIV/AIDS has also an impact on recruitment and hiring. The findings show that the impact of the disease as experienced by various institutions varies as 58% said it has less impact while 30% said it had a lot of impact. In most institutions recruitment and hiring is under the auspices of the Human Resource Department (HR). Responses to the question were again indicative of the sensitivity of the HIV/AIDS subject as some of the respondents (33%) expressed discomfort with the question. It is enshrined in the HIV/AIDS Policy developed by the Department of Health that a prospective employee is under no obligation to inform the employer of his/her status (Draft HIV/AIDS Policy for Educators, Learners and Students 1999). Furthermore, pre-

employment testing for HIV/AIDS is prohibited. Against this backdrop it is unconstitutional to discriminate against anyone because of HIV/AIDS status. Institutions however, are wary of the liability of hiring sick persons as that will result in absenteeism and inability to perform to one's full potential. Similarly, academic institutions spend a lot of money investing in human resources through capacity building and staff empowerment. For example, newly recruited staff normally undergo induction and training to sharpen their skills and broaden their horizons, if they are infected the institutional investment is compromised as they will soon die or be sick and as a consequence would fail to fulfill their responsibilities. Thus, the study observes that the exercise of recruiting and hiring personnel is equally challenged by the disease as institutions have to be discretionary not discriminatory in their decision to recruit and hire staff.

With regard to the impact of the disease on research the following findings emerged: 9% of the institutions indicated a lot of impact, 30% indicated less impact and 49% noted no impact. Institutions of higher learning are supposed to be progressive centres that generate new knowledge through research. Furthermore, the obligation of tertiary institutions to provide leadership in mitigating the impact of the disease relies heavily on research undertaken in the various disciplines. Although the disease has been prevalent in the continent for a decade, the study confirmed an assertion made by Uys et al (2000) that very little HIV/AIDS related research and publications have emerged from the institutions of higher learning in South Africa. In the South African higher education sector the research output varies significantly from world-class constructive output to insignificant minimal output (McGregor 2001 and Crewe 2000). These variations are due to inequitable capacities and resources available at institutional level that unfortunately still reflect the legacy of apartheid. This assertion ties well with the outcome of this study which reflects glaring inequalities and lack of uniformity in the HIV/AIDS institutional response. However, due to the transfiguration and transforming of the higher education landscape, capacities will be strengthened and broadened especially of the previously disadvantaged institutions, and basic mandates such as research will be enhanced. This is crucial, because in these centres of learning and development government has invested huge sums of money therefore tertiary institutions have the moral responsibility to generate valuable knowledge, necessary to manage the epidemic within and beyond the institutional

boundaries. The HEAIDS programme indicated its intention to audit HIV/AIDS related research, encourage research in the sector and commission research initiatives that are in line with national department priorities. This initiative can help to enhance what Saint (2004), ACU 2001 and Otaala 2000 saw as a growing body of knowledge of HIV/AIDS related research output in tertiary institutions. It will also hopefully address the bibliographic control problems of the higher education research output and ultimately make it more accessible. This information is vital in determining the impact of the disease in the sector and various other concerns.

In relation to student intake, the research findings show that 43% of the respondents indicated that the epidemic has a lot of impact, whereas 45% noted less impact. The findings confirm what Coombe (2000) and The Sourcebook of HIV/AIDS Prevention Programmes (2003) stated that intake of academic institutions is greatly affected as it depends on the output of primary and secondary schools, whose enrolments have declined because of the epidemic. The entrants to the academic sector who are high school graduates belong to the age cohort (19-35) that is grossly affected by the disease. Therefore, they are equally affected by the disease to the extent that some of them may not be able to continue further with academic education. The way in which the disease affects high school graduates varies from direct impact whereby the individual is infected, to indirect impact whereby children lose parents or breadwinners who are supposed to pay fees for their academic studies. In the scenario where children have lost parents and their support system compromised, they have to look after their siblings and play a parental role. This is how HIV/AIDS has devastated communal roles and structures and as a result societal roles are in most instances reversed, as children assume parental responsibilities. However, the complement of entrants to the higher education sector is not only affected by HIV/AIDS. It is also grossly affected by financial constraints, high levels of unemployment (especially for the university and technikon graduates) and other social ills such as juvenile delinquency. With every thing else considered, the escalation of HIV/AIDS infections in developing countries has caused the disease to be the gross hindrance to continuing education for most learners.

Reviewing the student performance it is revealed by 6% of the respondents that the disease has a lot of impact, and for 36% of the respondents it has less impact. The

performance of the students can be affected positively or negatively by a variety of factors. It cannot be claimed that HIV/AIDS is the only cause of poor performance. For instance, most of the students do not perform well at tertiary level because in most cases there is no bridging provision to acclimatize high school graduates with tertiary education. However, some of the high school students fail to adapt to the academic liberal environment where one has to exercise his/her liberty without being subjugated to parental supervision. For most of the matriculants the freedom that comes with being a university or technikon student is overwhelming and it distracts the individual and leads to the inability to cope with academic studies. In addition to this most tertiary institutions do not have proper mechanisms to select students with the intellect to cope with tertiary studies. The trend which has developed over the past years is that the historically advantaged institutions develop stringent admission requirements which are impossible to be met by the students whose matric results are not good. These institutions therefore are able to attract the cream of students whose intellect is above average. On the other hand, their historically disadvantaged counterparts are left with no choice but to lower their admission standards to attract the average student. This in return becomes a problem as students are unable to perform exceptionally well due to their mental capabilities. The historically disadvantaged tertiary institutions also lack a supportive and conducive environment that can enhance the performance of learners. For instance, due to financial constraints the institutional libraries do not have adequate information resources and students do not have access to the Internet or other supportive resources. All these inadequacies have an enormous influence on the overall student performance. Notwithstanding these factors, due to the rampant nature and concentration of HIV/AIDS within the age bracket of most learners, it is most likely that their academic performance will be affected by the disease. However, further studies in this regard still need to be conducted to quantify and substantiate the above-mentioned assertions.

The drop-out-rate cannot be easily measured because most learners drop out for various reasons such as financial, social problems, health reasons and inability to cope with tertiary studies. However, it cannot be denied that HIV/AIDS is most rampant within the student population and can therefore be the predominant cause for high drop-out rates. The study concurs with Coombe's (2000) assertion that the disease will have long term effects as some students will only succumb to AIDS after they

have completed their studies and left the learning environment. Even the research findings concur with this assertion as the respondents 46% noted that the disease has no impact on the drop-out rate, while 39% indicated less impact. With everything being considered, and though it is still difficult to quantify, HIV/AIDS is alleged to contribute to the increase of drop out levels. This allegation is based on the assumptions that were discussed earlier that the disease is most rampant amongst young people and it also destabilizes the social structure and reverses social roles. Thus, the support systems are compromised and young people have to adopt parental responsibilities at an early age.

7.6 Response to HIV/AIDS

The response to the HIV/AIDS challenge is divided into levels such as national, provincial and the systemic level. The study recognizes that the extent to which the institutional response is compatible with national and provincial response will determine its successes or failures. It also presupposes that the response to the disease will be affected by development and implementation of relevant policies or plans as well as managerial commitment. HIV/AIDS throws up a host of challenges that need a committed cooperation with relevant structures to strengthen the institutional response through capacity building and resource sharing. This section discusses the external and internal response to HIV/AIDS. Collaboration and partnerships are also championed by Otaala (2000), SAUVCA (2000), and Mayengela (2002) because they pull together through sharing intellectual and financial resources and facilities.

The national and provincial collaborative efforts are crucial in the fight against HIV/AIDS for, no one institution can have all the necessary resources, weapons and mechanisms needed to successfully manage the spread of the disease. The aspect of collaboration is important to institutions of higher learning because they are an integral part of a wider society, in which they have to make an indelible contribution especially towards overcoming global calamities like HIV/AIDS. The results show that an overwhelming 88% of the institutions collaborate with the provincial government and the private sector, on issues that are related to the disease. Furthermore, 82% of the institutions noted that they also collaborate with the national government. The respondents indicated that collaborative efforts with government, its

agencies and the private sector were mainly on research, fund raising efforts, VCT, support services and special events such as the AIDS Day Celebrations. The Provincial and National Health Department as indicated in its policy document is committed to working together and forming partnerships with various stakeholders to improve the quality of care at all levels of the health system.

Tertiary institutions have to support initiatives linked to improving the quality of life of their constituencies by maximizing the resources at their disposal, broadening their horizons and strengthening their capacities and the HIV/AIDS response. However, these collaborative efforts seemed to be haphazard, incidental and unsystematic. It would be essential that such positive and constructive efforts should be consolidated and systematized by coordinating them or building them into the institutional response. For this to be achieved the Health Department and its various agencies have to be strategically roped in and involved in designing and the implementation of the collaborative interdisciplinary HIV/AIDS response. For success to be achieved it is vital for the higher education sector to join forces with other stakeholders. This is in line with the inter-connectedness of networks within a social system which characterizes the diffusion of innovations theory. It should also consolidate and review bi-lateral and multi-lateral agreements. Moreover, through these collaborative efforts, the HIV/AIDS response becomes a national interdepartmental synergy backed up by action and resources necessary to strengthen and shape it.

In addition to collaborating with the external environment it is equally important that the internal response should be structured properly and built on a strong foundation. Such a foundation can be in the form of an HIV/AIDS policy which according to Kelly (2001) and SAUVCA (2000) should be forward-looking with visible commitments to resources and programmes that would reflect a dynamic and positive institutional response. The Jamaica Observer (2000-2001), Otaala (2000), Chetty (2000) and Saint (2004) articulate that the policy should address non-discrimination or life-threatening illnesses and define the organisation's practical position in relation to infected and affected personnel. The development of a policy in the education sector is hierarchical. It follows a two-tier system that starts from the National department of Education level and narrows down to the systemic level. For instance, the Department of Education has developed an HIV/AIDS policy which serves as a

framework for the whole department and various institutions within the department have to define and implement the policy at institutional level. According to HEAIDS (n.d.), the South African education institutions operate within a tradition of institutional autonomy and self-regulation, with the government playing the role of regulator in the last instance. The importance of the national government policy is that through it, the government provides a reference document or guide for HIV/AIDS. It also entrenches financial and administrative commitment and obligations to managing HIV/AIDS in the education sector.

The findings of the study indicate that 100% of the institutions do have an HIV/AIDS policy, and most of them (88%) are implementing the policy. Furthermore, 18 (55%) of the institutions revise the policy regularly, whilst the remaining 15 (45%) of the institutions did not. HEAIDS (n.d.) asserts that given the historical background as well as the social and institutional change in the country, most institutions have drawn policies though they do not have the capacity or will to implement them. The findings in this study confirm these viewpoints as it has been obvious that even those institutions which have not implemented their policies have programmes that are on the ground. Some of the respondents have alluded to the fact that the policy framework is not a pre-condition for good programmes as programmes can be successfully launched and delivered without one. HEAIDS (n.d.), Saint (2004), Chetty (2000) and Otaala (2000) recommend that, the higher education sector ought not to operate in a social and organizational context which has no form of policy framework which is an important aspect of the institutional response. Operating without a policy framework is like having no basis or foundation on which the institutional response is implanted. Moreover, such a baseless response will be void of resource commitment and guidance that comes with a reference document such as a policy. In the present scenario where the tertiary education landscape is being revamped and restructured there are other competing priorities that will easily overshadow any programme devoid of institutional commitment and proper foundation and implementation.

Further to the existence of an HIV/AIDS policy and its foundations at institutional level, the study investigated the contents of such a policy. In relation to the contents of the policy, HEAIDS articulated that as early as 1999 it was debated whether focus

should be on human rights considerations, legal obligations surrounding HIV/AIDS, Labour Relations Act, Occupational Health and Safety Act of 1993 and the economic implications for institutions. According to the Jamaica Observer (2000-2001), Elsey and Kutengule (2003) and Policy Framework : HIV/AIDS and Chronic Disease (n.d.) a good policy sets forth standards of behaviour expected by all those involved and establishes compliance with the country's laws. The HIV/AIDS policy developed by the Department of Education which is supposed to inform the various institutional policies covers all the above-mentioned considerations. With regard to human rights, 85% of the respondents indicated that these rights were entrenched in their policies. One aspect of the HIV/AIDS policy that has proven to be controversial and limiting is the human rights principle which enshrines confidentiality. Though legally and ethically this principle has to be upheld it makes it difficult to manage the disease effectively as it impacts on the ability to quantify the actual effect and impact of the disease. On the other hand, this legal and ethical protection is essential to ensure that the affected people are not exposed to discrimination and human indignation that normally erupt in situations where levels of acceptability and openness are still very low. It means, therefore, that HIV/AIDS Officers are still challenged to strike a balance between changing the policy imperatives and upholding individual rights in a manner that will not compromise the institutional response and violate individual rights.

In addition to human rights the element of safety measures is also equally important because the disease has inherent risk factors. With regard to safety, 82% of the respondents noted that safety measures are stipulated. It is imperative that safety measures be stipulated and communicated clearly to the whole institutional community so that members may take the necessary precautions to minimize the risk of infection or transmission. The National Policy on HIV/AIDS for Educators, Learners and Students (1999) endorses safety measures as it clearly stipulates the universal precautions that should be implemented in learning institutions to ensure that members of institutions lead a full life to the maximum of their abilities.

Some of the respondents who have not implemented their policies indicated that implementation has been hindered by financial constraints. Obviously after a decade of independence, the higher education sector in this country is still fraught with the

legacies of apartheid which are evident in the inequitable capacities, services and resources. The distribution of capacities, services and resources makes the scale to tilt to one side favouring the historically advantaged institutions which are capable of providing reputable world class HIV/AIDS response. Because of its rampant nature and magnitude HIV/AIDS is able to attract for under-developed countries and their institutions enormous funding from First World countries or international organizations. Unfortunately, the trend that has developed from the international funding is that most historically disadvantaged institutions have no potential to secure significant foreign funding and are so constrained financially that their mere existence is threatened.

The successful implementation of HIV/AIDS policies at systemic level will depend on available capacities, adequate resources and continuous visible commitment of resources. About 58% of the respondents indicated that they have adequate resources whilst 43% noted the opposite. With most institutions fighting for their survival and with other competing priorities that they have to consider, it may not be possible at the moment for them to provide adequate HIV/AIDS resources. However, the situation is not going to remain like this for long, due firstly, to the ongoing mergers of institutions which the researcher hopes will be beneficial to historically disadvantaged institutions. Secondly, the ongoing HEAIDS project which is intended to integrate and coordinate all HIV/AIDS activities in the sector will also address past imbalances and alleviate the existing problems and challenges.

The allocation of adequate resources should supposedly lead to observable results in terms of the quality and strength of the institutional response. The study enquired whether the institutions have sustainable HIV/AIDS programmes. The results show that 52% of the institutions indicated that they have sustainable programmes. It is important that the programmes implemented should be sustainable to ensure continuity. The HIV/AIDS epidemic is not static as it has diverse and changing ramifications that can be addressed by amongst other things implementing sustainable programmes. The findings above show that about 38% of the institutions still need to ensure that sustainability is built into all interventions through proper planning and budgeting.

The critical factor in dealing with an emergency of the scale of the AIDS pandemic is the presence and quality of institutional leadership, HEAIDS states. Kelly (2002), Crewe (2000), SAUVCA (2000) and Saint (2003) also confirm that where strong, sustained leadership is provided, success follows and, in the absence of such leadership, efforts flag. In the same vein, Rogers (1995) talks of early adopters (management equivalent) who are visionary and cosmopolite and have an influence on the adoption of an innovation. Paramount to the institutional commitment of management is the national political commitment that will reflect how government regards the disease and its ramifications. Kelly (2001) concurs with this statement when he highlights that, The Africa Development Forum 2000 recognised that combating HIV/AIDS requires even more commitment, vision and leadership than fighting a war of independence. This statement reflects the enormous role that leadership can play in determining the level of executive commitment to the fight against the HIV epidemic. For instance, the transformation of the higher education sector was initiated and implemented with resounding success because of collective strategic support. The South African government fully and publicly supported the transformation of the sector, which to a certain extent made an impression on the whole country and the higher education sector in particular. If the same commitment and devotion can be shown towards HIV/AIDS, the country would have positive observable results in the near future. Similarly, countries like Uganda and Malaysia to mention a few, had their governments rallying strongly behind the effort to mitigate the impact of the disease, and there is evidence that this has worked dramatically well as these countries are known for controlling the rampant spread of the disease. This shows the importance of the executive political commitment and will. The commitment can have a snowball effect that will jerk institutions and other stakeholders to accord the same kind of seriousness that the top political brass has reflected. The perceived political commitment and will is supposed to be backed up by laws that will legalize it and resources that will validate and enable its implementation.

With regard to the element of management commitment, questions were asked to determine the nature and scope of this commitment at the institutional level. The various elements of management commitment that were considered included levels of support, commitment of resources, setting up implementation structures, initiating

steps to minimize discrimination and developing and evaluating procedures. About 64% of the respondents indicated that management supports the institutional response and only 36% of the institutions indicated the opposite. The study also investigated whether management mobilizes and commits resources to HIV/AIDS. The results showed that 64% of the institutions said yes to the question while 36% said no. Furthermore, 61% of the respondents acknowledged that management has set up the structures necessary for implementing HIV/AIDS interventions. Moreover, 55% of the institutions noted that management has adopted steps to eradicate silence and stigmatization by promoting awareness and acceptance. Lastly, 51% of the respondents indicated that management has developed monitoring and evaluation procedures.

The study concurs with Kelly's (2001) assertion that the HIV/AIDS institutional response needs dynamic, sustained, publicly manifested, resources-backed and action-backed leadership from the institution's most senior executives at the highest level. His assertion comprehensively covers most of the ground that management needs to cover to ensure the success and strength of the institutional response. It is understandable that the leadership of academic institutions is at the moment highly challenged due to amongst other things the reconstruction and reconfiguration of the sector. However, they need to make an indelible impression on the fight against the epidemic through being vocal about the disease, giving accolades whenever they are due, delegation of responsibilities, commitment of resources and an enabling environment to support the execution of a constructive and dedicated HIV/AIDS response. The institutional leaders need to be HIV/AIDS executive cadres that fight for the noble cause of bringing the disease to the frontline of their institutional profiles. The strength of the institutional response will be guided by management commitment as the latter has an influence on resources and actions that back up the institutional response.

The existing non-committed attitude of certain institutional managers (36%) can be minimized by ensuring that managers are "AIDS literate". This poses a challenge to HIV/AIDS officials to lobby and enlighten management about the epidemic. In addition to this is the full participation of people living with the AIDS (PLWA) and other stakeholders necessary to influence and change the mindset of management. The

government as the supreme authority in a country can through its policies and commitment ensure positive institutional commitment to the disease. The institutional policies and actions are informed by the national policy and response. Institutions always attempt to align themselves with these national policies. It means that institutions draw strength from government, in the absence of which, haphazard and uncoordinated responses that characterize the South African higher education landscape will dominate. Table 2.5 reveals that one of the goals of the HEAIDS Programme is to ensure that HIV/AIDS concerns are built into the founding mission of institutions and the visible commitment of management. If achieved this is a strong way of institutionalizing the disease by instilling responsibility and commitment within the executive management of the institution.

The Non-governmental Organisations (NGO's), national and international donors can also play a significant role in influencing management focus on HIV/AIDS. The funding bodies have the capacity to determine the criterion for securing required financial support. Due to their ailing financial stand the institutions of higher learning depend largely on external donations to develop and sustain their HIV/AIDS response. They can therefore through compliance be made to realign the institutional response with international stipulations or basic standards. Lastly, there is still the untapped capacity and synergy of the learners. The student body has proven to be an organised and powerful tool capable of influencing national and institutional policies and principles. This means that if adequately empowered and enlightened students can positively influence the direction and strength of the institutional response.

The South African higher education sector has according to HEAIDS, been engaged in a process of transformation since the end of apartheid, but the historical lines of cleavage still shape and largely influence the sector. Kotecha (2001) affirms the above statement when mentioning that HIV/AIDS programmes offered within the sector are uneven, with some institutions having groundbreaking inroads whilst others are constrained by budgetary and management difficulties. After a decade of democracy the defining features of the institutional HIV/AIDS response are mostly piecemeal individual responses with ad hoc activities that are not backed by an institutional framework, adequate capacities, adequate resources, committed institutional leadership and national government directive. To improve the situation in the higher

education sector, HEAIDS recommends a more, clearer and forceful definition of roles and responsibilities amongst all the partners and further development and deepening of the response to the epidemic.

To define the institutional response the study examined the following variables:

- **The existence of an AIDS Centre**

About 36% of the institutions acknowledged the existence of the centre. The existence of the AIDS Centre is advantageous as it alleviates responsibility from the institutional health centres which are thinly stretched due to being constrained financially and with human resources. More importantly, the centre has a primary responsibility of dealing specifically with the epidemic, thus, providing directive and coordinated response at the institutional level. Most of the AIDS centres are strongly capacitated with qualified and committed work force dedicated to the designing and determining of the HIV/AIDS response. If people are dealing exclusively with HIV/AIDS they have the potential to grow and broaden their capacities which is an added advantage that will strengthen the overall response. The establishment of the centre will help to define clearly lines of responsibility and roles of the stakeholders and it is a synergy that drives and coordinates the institutional response. Moreover, the centre will be responsible for coordinating individual and departmental initiatives and research efforts necessary to avoid duplication of efforts and to identify gaps. Of more importance is the fact that the AIDS centre design and implement effective communication strategies to popularize and disseminate HIV/AIDS information, services and successes within the institution and beyond. The study reaffirms what has been said earlier by Saint (2004), Otaala (2000) and McGregor (2001) that institutions which have AIDS centres/units stand a better chance of having a dedicated and well guided HIV/AIDS response than those that do not have an AIDS centre.

- **Policy development**

The HIV/AIDS Policy Development (n.d.), Saint (2004), Chetty (2000) SAUVCA (2000) and Katjavivi and Otaala (2003) provide some lead with regard to the nature and scope of an HIV/AIDS policy when it states that the policy should:

- Form the foundation of the entire HIV/AIDS programme
- Be standard for communication about HIV/AIDS
- Set the standard of behaviour expected of all stakeholders
- Let all stakeholders know where to go for assistance
- Instruct supervisors on how to address the disease
- Establish compliance with all national and local laws and specifications

These are guidelines that should be considered when an HIV/AIDS policy is developed. The section under policy development is discussed under various sub-sections:

- Firstly, the National Policy on HIV/AIDS for Educators, Learners and Students (1999) has stipulated that every institution must designate a committee that will develop, implement, communicate, monitor and evaluate the institutional policy or framework. This clearly indicates that the institutional response is supposed to be based on a well-guided institutional policy or framework. The study reaffirms that the policy declaration has been implemented in the higher education sector, because all institutions 100% have an HIV/AIDS policy in place. But as indicated earlier only 88% of the institutions have implemented the HIV/AIDS policy. Some of the respondents arbitrarily stated that the policy and its implementation is not a precondition for successful interventions. This is a contentious issue because in as much as one does not downplay the efforts and initiatives of various practitioners, not having a plan or framework that guides the intervention is like building a house with no foundation. Any systematic and structural intervention has to be in tandem with a well defined plan that has visible commitments.

- Secondly, the institutional policy must be informed by the National HIV/AIDS Policy. About 55% of the respondents noted that their institutional response fits well within the framework of national policies and strategies. The Department of Education has developed a policy for HIV/AIDS which is supposed to guide or be a reference document for the different educational institutions in their development, implementation and evaluation of HIV/AIDS policies. The national policy will ensure unison and standardization of the HIV/AIDS response. It will also seek to contribute

towards promoting effective prevention and care within the context of the education system. The content of the HIV/AIDS policy has to be carefully considered to ensure that it does not violate individual rights and at the same time does not compromise the quality of the intended response. Because of these stringent specifications, a well considered and designed national policy will ensure that specifications are met and loopholes are covered, as individual tertiary institutions may not have the capacity to execute these strategic tasks.

- Thirdly, as the thrust of the HIV/AIDS response individual institutions are expected to design and implement programmes or interventions based on their plans or policies. The success of these programmes will depend largely on the involvement and inclusive participation of different stakeholders and the adequate provision of resources. Fortunately, 72% of the respondents indicated that programmes have been designed on the basis of active participation and involvement of the various stakeholders whilst 28% acknowledged that the institutional response is characterized by piecemeal uncoordinated individual response. Specifically, 61% of the respondents indicated the involvement of people living with the AIDS (PLWHA). The involvement of PLWHA is crucial as all these programmes and interventions are meant to empower them. Therefore it is proper to recognize that people are agents of change who are capable of participating actively and forming partnerships in matters that directly affect them. These results also confirm that wide involvement of the affected and infected people will ensure that interventions are designed to meet a high level of expressed sensitivity, consideration and expectations.

Overall involvement will, according to diffusion of innovation theory ensure that interventions are compatible with cultural, racial, sexual and other differences. Rogers (1995) indicates that one of the attributes that are essential to the adoption of an innovation is compatibility. The study found out that about 20 (61%) of HIV/AIDS interventions are sensitive to the above-mentioned differences. Due to the diverse nature of academic communities it is imperative that these differences are seriously considered as they determine the nature of the communities and their predetermined attitudes towards the disease. For instance, some cultural values and beliefs make it immoral to be open about one's sexuality. Similarly, because of gender inequality in some communities females are treated as subordinates who cannot make informed

decisions relating to self protection against the disease. Race is also a contentious issue, because even after a decade of democracy racial undertones will always influence any service provided for different races. It therefore becomes a challenge to those designing HIV/AIDS interventions to be sensitive yet address positively and constructively those variables that will hinder the success of planned interventions. This will be difficult but possible if people of different cultural backgrounds and races are actively involved throughout the designing and implementation of programmes, to give them a chance and the satisfaction of being heard, recognized and respected.

However, there is still a part of the higher education sector (28%) that acknowledged that over-all participation or involvement is not yet practiced in their individual institutions. This contradicts with the principles of decentralized diffusion process that encompasses horizontal and vertical participation within a social system. The response in these institutions is allegedly characterized by piecemeal, uncoordinated individual response. Most of these institutions do not have an AIDS centre or an integral unit that will coordinate all HIV/AIDS activities. Because there is no coordinator, enthusiastic individuals develop initiatives haphazardly which due to the lack of systematization and coordination might end up being misguided and ineffective. The problem with this type of response is the danger of duplicating efforts, and having a narrow response that does not address the diversity of institutional communities and the ramifications of the disease. However, the existing individual efforts reflect the patriotic spirit of certain individuals who against the odds are able to make an impression on life-threatening matters such as HIV/AIDS. In all institutions the health centre is available to deal with institutional health issues, though it does not cater fully for the divergent and complex dynamics of the disease. This confirms the studies by Kelly (2001), UNAIDS (2000) and Coombe (2000) that HIV/AIDS is not only a health issue but is also a developmental problem that needs a dynamic multi-disciplinary approach. This can be achieved by adopting a collective approach whereby all stakeholders are actively involved.

▪ **Resource provision**

The success of HIV/AIDS interventions will largely depend on the availability and correct usage of resources to back up the institutional response. About 67% of the

respondents agreed that programmes in their institutions are resource-backed. The National Policy on HIV/AIDS for Educators, Learners and Students (1999) has stipulated that the state is duty bound to ensure that public funds are available to ensure the applicability of universal precautions and the supply of adequate information and education on the disease. The study has also confirmed the pertinence of adequacy of resources to determine the strength, quality and success of the institutional response. As discussed earlier, most institutions especially the historically disadvantaged ones, are faced with a serious shortage of resources to the extent that some find it difficult to deliver expected mandates. In these institutions the HIV/AIDS response is compromised as it cannot grow and expand without the adequate provision of resources. However, most of these historically disadvantaged institutions will through the process of reconstruction and reconfiguration merge with other institutions which may have spin-offs of strengthening and broadening the previously limited capacities. The study did not investigate the source of funding for those institutions which claimed to have adequate resources. It is evident though that the government is the main provider of financial resources which in many instances are not enough even for the day-to-day running of the institution. That is why it is important that the institutions should consider applying for external or foreign funding to augment existing financial provision. Fortunately, AIDS research is still capable of attracting enormous amounts of funding. But it is only the reputable researchers that seem to have the potential to tap and secure these foreign reservoirs.

Adequate resources will also lead to sustainability of programmes. To sustain programmes the institutions need to have a reserve of resources that will ensure continuance and growth. In this regard 52% of the respondents indicated that sustainable programmes and strategies are in place. As the epidemic still unfolds, it is important that the higher education sector provides programmes that can be able to mitigate the impact of the disease now and in the near future. Sustainability, therefore, is an important element that should be enshrined in the HIV/AIDS response to ensure that programmes and services enable the sector to finally conquer the ravages of the epidemic. HIV/AIDS on its own is very complex. It therefore needs the institutions to introduce dynamic programmes that will be regularly reviewed and changed to ensure continued relevance and responsiveness. Similarly, the capacities of staff have to be continuously expanded, developed and shared to enable them to respond to the ever-

changing challenges posed by HIV/AIDS. This can prove to be a costly exercise which can only be possible if enough resources have been provided through previous projections and adequate financial planning. At present, the tertiary institutions in South Africa have not adequately responded to the AIDS epidemic. The sector still needs to maximize the available resources and tap resources that can be collectively used to develop and sustain HIV/AIDS interventions.

▪ **HIV/AIDS Programmes or interventions**

The development and implementation of an HIV/AIDS policy that has entrenched the provision of adequate resources and facilities, the commitment of all institutional stakeholders and the provision of a nurtured and supportive environment will determine the nature, type and effectiveness of programmes or interventions provided by individual institutions. From the findings of the study it is evident that the HIV/AIDS response of the higher education sector is incoherent and inequitable as institutions continue to have different programmes that range from best practices to underdeveloped ones. However, other institutions have also in varying degrees staged a fight against the disease through the development and implementation of related programmes. The dynamic nature of programmes is influenced by a whole range of factors including capacities on the ground, general institutional will and the availability of resources. Furthermore, as indicated earlier by Rogers (1995) innovations (programmes) have to have the attributes that are essential for adoption. These attributes have been outlined in Chapter 2. The above scenario reflects the glaring gaps and inefficiencies in most parts of the higher education sector which are direct results of apartheid system which promoted inequality. As it is now, the HIV/AIDS response of each institution depends on the availability of resources, institutional capacities, the will and commitment to stage a strong fight against the disease and enabling and supportive institutional environments. However, an attempt is being made by the government and executive academic structures such as SAUVCA and CTP to coordinate the response. After several deliberations and consultations the HEAIDS project was developed and implemented to coordinate and integrate the HIV/AIDS response of the whole sector. The programmes undertaken by HEAIDS include:

- Effective policy, leadership, advocacy and management
- Effective prevention
- Effective care and support
- Teaching appropriate to HIV/AIDS
- Appropriate research/ knowledge creation
- Community outreach

The above-mentioned programmes include strategic objectives and performance measures for the years 2003, 2004 and 2005. The inclusion of time frames and a clear indication of what needs to be done within specified times make the HEAIDS project to be directional, focused and action-oriented. However, as the efforts are being made to coordinate and synchronise the HIV/AIDS response in the higher education sector, it is important that institutional profiles are developed and popularized to know what is happening on the ground and to identify strengths and weak points of the overall HIV/AIDS response. This study is one of the attempts directed at profiling the institutional response. Its focus is in the management and diffusion of HIV/AIDS information and all structural, administrative and academic factors that will have a bearing on the process managing and diffusing information.

The AIDS programmes indicated by the respondents included the following:

i) Training of Staff and Students

Empowering communities in environments where the disease is rife through skills development is a crucial element of the HIV/AIDS response. The respondents indicated that 58% of the institutions offer training to students and staff on a monthly basis, whilst 39% offer it once in a while. The results above show that institutions of higher learning are taking cognizance of the stipulations made in the National HIV/AIDS Policy for Educators, Learners and Students (1999) that academic communities must receive education about the disease in the context of life skills in an ongoing basis. However, about 39% conceded the fact that they offer training once in a while. Unfortunately the study did not determine the exact time span, with the view of determining whether training is consistent or not.

Due to the rampant nature of the epidemic in this country most people are either affected or infected by the disease. It is therefore crucial that they should be empowered with appropriate skills to deal with the disease. Skills usually provided include psycho-social and life skills. They include amongst other things assertiveness, effective communication and decision-making. Acquiring HIV/AIDS skills is crucial in an academic environment where the disease is rife, as they will enable individuals to handle crisis situations without endangering their own lives. Through the skills acquired, fear generally associated with the disease can be alleviated thus, reducing paranoia and increasing acceptance. These skills can also be beneficial to trainees who can use them beyond institutional parameters, to make a difference in wider societies where the disease is also having devastating effects (Coombe 2000).

ii) Internal and external dialogue

Internal dialogue will include presentations, talks, debates and other forms of organized engagement where local institutional communities are engaged in public debate on issues pertaining to the disease. The results indicated that 39% of the institutions hold talks and discussions monthly, whilst 61% hold them once in a while. These local discussions and talks help put the disease on public agenda, thus extracting valuable input from local people. The involvement of local people will ensure overall support, commitment and ownership of HIV/AIDS interventions. For instance, the study presupposes that the involvement of learners will guarantee the powerful support of people who have the ability to influence policies, principles and purposes. Studies by Magambo (2000), Mayengela (2002), Katjavivi and Otaala (2003) and Crewe (2000) confirm that the advantage of having student peers involved in HIV/AIDS interventions is that they are able to breakdown the taboo about the disease and are able to communicate at the level that fellow students will understand. On the other hand, staff has the advantage of bringing in the expertise and experiences needed to strengthen the internal dialogue. What is even more important is that with this kind of involvement people will see themselves as part of the solution, rather than looking up to experts to decide and impose what is best for them. To achieve overall community engagement will need a lot of motivation, lobbying, education and support to ensure that people are empowered enough to actively participate in discussions related to HIV/AIDS. More importantly, institutional environments have

to be nurtured by those working with HIV/AIDS and other stakeholders so that they can be seen as freedom enclaves which are conducive for freedom of expression. This can help to address secrecy, denial, disgust, fear and shame, currently associated with the disease. It can promote and enhance the sharing and diffusion of information through horizontal communication channels. It can also positively mobilize and sensitize the whole institutional community against the epidemic.

External dialogue on the other hand, will bring in the valuable participation and input of expertise found in the external environment. In this regard results indicated that 64% of the institutions invite experts to address HIV/AIDS related matters. Experts range widely from medical professionals, providers of support services (psychologists and counselors), academics, politicians, religious leaders, community leaders, researchers, government representatives, Non-Governmental Organisations (NGO's) and other interested individuals or structures. Of more importance, engaging external input can promote the sharing of information, experiences and expertise from sister academic institutions from within and beyond the country. It would be very enlightening to get insight into the experiences and response of other academic institutions. At the same time this involvement can lead to the establishment of networks within and beyond the sector that can broaden the HIV/AIDS response in those institutions where it is still underdeveloped. Similarly, having reputable and respected people who are mostly role models in the community to address academic constituencies about HIV/AIDS can help in popularizing the disease, and with the demystification and destigmatisation of the disease. It will also highlight the fact that the disease is a broadly recognized problem that even people of a higher stature dedicate their time and effort to. For it is very important that influential people become publicly vocal about the disease to remove the shame and isolation associated with the disease and encourage openness, freedom and acceptance.

iii) Awareness campaigns

The awareness campaigns include campaigns of a religious, cultural, educational and informational nature. The results show that 51% of the institutions conducted IEC and awareness campaigns once in a while. and 49% conducted them monthly. Similarly, 30% of the institutions conducted religious and cultural campaigns monthly, 67% of

the institutions conducted them once in a while. The purpose of awareness campaigns is to create awareness, address pertinent issues, sensitize and enlighten members of the community about issues related to the disease. These results show that most institutions are operating in accordance with the stipulations of the National Policy on HIV/AIDS for Educators, Learners and Students (1999) which endorses the provision of adequate information and education on HIV/AIDS.

The awareness campaigns need to be holistic in nature and be customer specific. They need to be responsive to the needs of the intended audience. Campaigns should be backed-up by the provision of comprehensive, relevant and sensitive information. They also need to be provided on an ongoing basis so as to create and maintain awareness about the disease and its imperatives as well as available educational services, support services, care and treatment. To provide a series of awareness campaigns institutions need a well designed schedule indicating programmes to be done which have been tied up with time frames and a commitment of resources (Piot 2002, Crewe 2000 and Coombe 2000). A few institutions had these pre-planned awareness programmes which were indicative of a well guided and sustainable institutional response.

iv) AIDS Day celebrations

The AIDS Day Celebration is a global celebration which is a culmination of intense awareness and education campaigns and other initiatives as well as a platform for remembering and celebrating the lives that have been lost, and the significant contributors to the battle against the disease. It is also an opportunity to evaluate HIV/AIDS strategies that are in place and alternative ways that can be adopted to strengthen the strategies. The respondents were asked whether they celebrated World AIDS Day or not. The results indicate that most of the institutions (90%) hold these celebrations.

The study concurs with Kelly (2002), Crewe (2000), McGregor (2001) and Piot (2002) that the World AIDS Day encourages the creation of new awareness and prevention programmes, enabling individuals, communities and countries to be

involved in issues surrounding the disease. Thus, it is a day for recognizing and celebrating successes and acknowledging failures and shortcomings in dealing with them. During these celebrations a variety of programmes including educational and recreational provide ample opportunity for deepening knowledge and awareness of the disease. Though the AIDS Day is an internationally acknowledged day, celebrations are institutionalized to address local problems and needs and thus vary in content and scope. The findings of the study revealed that a few (10%) of the institutions do not celebrate this important day. The reason that was indicated was the lack of financial resources necessary to hold these celebrations.

It might help the institutions concerned to consider starting joint operations with external stakeholders such as hospitals, schools, Non-Governmental Organisations (NGO's), relevant government departments, to mention just a few. Of equal importance is the fact that, students and staff should be internally mobilized to actively participate and contribute positively in the organization of the AIDS Day Celebrations. The HIV/AIDS Officers have to lobby with the relevant institutional structures to situate the disease in a prime position where momentous occasions such as celebrating the AIDS Day are accorded institutional recognition. This recognition will be reflected not only in celebrating the day and supporting the cause, but also in having it recorded in the institutional annals such as the annual calendar.

v) Role of the Health Centre

The health clinic according to Jimenez and Olson (1998) is a catch term referring to an approved or non-profit facility organized and operated for the primary purpose of providing outpatient and public health services. Academic institutions have this facility dedicated to providing health services to members of the academic community. Most of the health centres operate on a thin staff complement and with limited resources. Under these conditions the available capacities are thinly stretched and the services provided include the distribution of condoms, provision of AIDS information, conducting awareness campaigns, limited voluntary counseling, testing and HIV/AIDS related drugs. All the respondents 100% indicated that health centers in their respective institutions supply condoms. About 82% of the centres provide

AIDS information, and 85% conduct awareness campaigns. Similarly, the health centres also conduct testing 33%, provide support services 79% and compile statistics 33%.

Because of the rampant nature of HIV/AIDS these centres are more challenged as they are expected to play a meaningful role in the fight against the epidemic. In some of the institutions they are responsible for coordinating HIV/AIDS activities, whilst in others they play a supporting role to the AIDS Centre. Due to the lack of capacities and facilities the health centre cannot provide and support a strong well-guided HIV/AIDS response. The study concluded that in institutions where the centre is playing a leading role in designing and directing the institutional HIV/AIDS response, the response seemed to be weaker and full of flaws. Arguably, HIV/AIDS is not only a health issue that can be conclusively dealt with through the services of the clinic. Instead the approach to deal with it should be multi-disciplinary and should reflect wide involvement of stakeholders. It is important that health centres should draw from the diverse expertise available in academic institutions to strengthen their role and ensure the inclusiveness of other stakeholders.

The South African government has recently started the national roll-out of anti-retrovirals through selected state hospitals. Therefore, the institutions of higher learning should also participate in this national strategy of curbing the effects of the epidemic, because constituencies in these institutions as citizens of the country also have the right to access these drugs. For the roll-out to be systematic, feasible and evenly spread throughout the sector it is important that it should be centrally coordinated.

vii) Communication of HIV/AIDS information

In the absence of a cure, information is one of the important weapons that can be used to mitigate the impacts of the disease. The research findings indicate that most (76%) of the institutions are committed to the provision of HIV/AIDS specific information in different forms. However, as earlier indicated, Keeling (1998), Labinsky (2002) and Bertrand and Kincaid regret that, though there is a lot of information available on the disease, people still get infected, which shows that changing behaviour is a slow

process that includes filtering information through the culture and context of the targeted individuals with their own dynamics.

HIV/AIDS information can be provided through a variety of tools and channels that have to be carefully chosen to ensure relevance and applicability. The study reaffirms the theoretical principle that for effective communication of information, channels used must be horizontal and/or vertical. The research results reveal that most of the institutions (76%) have adopted horizontal and vertical communication strategies and a lesser number of 24% has not adopted these strategies. Through horizontal communication, information will be shared amongst the individual members of the community. Information sharing among peers and colleagues is more effective because people normally understand the idiom and language that fellow humans use and more importantly they all can identify with each other. The basic principle of horizontal communication is the flexible, culturally appropriate and consensus-oriented trickling or diffusion of information sideways or among the general members of the community. The cornerstone of horizontal communication which is a reaffirmation of decentralization diffusion process and the principle of homophily, is the dependence of the units of a social system on human interaction. The study concurs with Bertrand and Kincaid (1996) that community involvement will help build coalition and synergy within a community and will ensure that programmes are custom-designed and are able to contribute to sustained behavioural change. Furthermore, horizontal communication recognizes that, the masses of people have solutions to their own problems and that they do not always need experts to decide and impose what is best for them. Similarly, institutions need to adopt and promote horizontal and vertical communication channels to ensure that wider institutional communities can through communication influence the institutional response. Collective involvement is one of the determinants of effective communication strategies and interventions.

Vertical communication on the other hand, brings down to the ground valuable expert or executive input which will be one-directional unless feedback is incorporated into the process. Bertrand and Kincaid (1996) concur that through vertical communication role models and other influential people can communicate HIV/AIDS information which gives the disease the much needed recognition and status. For instance, the

institutional management as well as role models from the external environment, due to their executive status, communicate in a vertical form with the wider academic community. If influential people are involved in the sharing of HIV/AIDS information ordinary citizens will realize that the disease is not a poor man's problem but a national problem worthy of being addressed by all people. To communicate effectively it is essential that a balance is drawn between the two forms of communication, which can be used effectively to complement each other. Similarly, the process of communication needs to integrate external and internal interventions in order to enhance the formation of partnerships with respected leaders in the community. The partnerships with communities are crucial as they form a foundation for one of the basic mandates of an academic institution, which is community outreach.

The communication process is complex, and its effectiveness will also be determined by the nature and form of communicated information. The study established that most the institutions (76%) provide sensitive HIV/AIDS information in different forms. Information provided has to be sensitive to cultural, racial, sexual and other differences. It also has to be relevant in terms of content, form and language. To reach the intended audience communicators need to use the language that people understand. This means that if information is written or produced in a foreign language it has to be interpreted and repackaged to suite local needs. If the form is also inappropriate it has to be changed to suite the needs of the target audience. In the higher education environment the student population makes up the larger component of the academic population. Therefore, the form of information presentation should be appropriate and should appeal to them. One of the factors that generally characterize young people is their short attention span and becoming easily bored. With this knowledge in mind those communicating HIV/AIDS information should diffuse information using tools that are capable of drawing and maintaining attention. The different communication tools utilized by tertiary institutions are discussed in detail later in this chapter and also in Chapter 4. HIV/AIDS information resources can be acquired through procurement processes, donations or can be generated through research. All of these are equally important in ensuring the provision of a resource collection that is deep in breadth and width. The resource collection will back-up and enrich the institutional response.

viii) Groups or individuals responsible for communicating HIV/AIDS information

In the different institutions individuals and or groups at their different capacities are responsible for dealing with HIV/AIDS. As stated earlier, to deal with the disease effectively, a holistic and multi-sectoral approach needs to be adopted to include diverse expertise as well as socio-cultural backgrounds. Similarly, to ensure that institutional communities support HIV/AIDS interventions it is of the utmost importance that all stakeholders are involved in the designing and implementation of interventions and the diffusion of information.

▪ HIV/AIDS Committee

The HEAIDS programme has in its performance measures indicated that by 2003 all institutions will establish an HIV/AIDS Committee. The establishment of this committee is also entrenched in the National Policy on HIV/AIDS for Educators, Learners and Students. This policy recommends that where resources make it possible each institution should establish its own Health Advisory Committee that will amongst other things be responsible for developing and promoting an institutional plan for implementation on HIV/AIDS. This study confirmed the existence of these committees at all the institutions 100%. The Committee is an institutional body which draws members from a wide spectrum of institutional sections, departments and levels. The members of the Committee are supposed to be a representative of the larger academic community. The representation of all academic communities is important to ensure that everybody is given a voice that will influence the designing and implementation of HIV/AIDS interventions. The HIV/AIDS Committee in conjunction with other institutional structures or agencies is supposed to drive the institutional response. In so doing it will perform functions such as creating and maintaining high HIV/AIDS literacy levels, providing empowerment through education and skills development, promoting prevention strategies, popularizing available treatment, services and support systems. It is therefore important that this Committee is composed of self-driven, dedicated individuals who have the expertise and commitment necessary for constructive and successful HIV/AIDS interventions.

▪ **People living with AIDS**

About 79% of the respondents indicated that people living with AIDS are also actively involved in HIV/AIDS matters in their respective institutions. The active involvement of people living with the disease is of paramount importance and it reaffirms theoretical principles which inform the study. The reason for this being that, the HIV/AIDS institutional interventions are meant for those infected and affected by the disease as well as other members of the academic community. For the infected members HIV/AIDS is a reality as it is life threatening. Therefore, the institutions need to design sensitive and relevant interventions that will enable them to cope with the disease. There is no better way of achieving this than involving them fully in the design and implementation of the institutional response. Their active involvement will also alleviate the problem of discrimination, stigmatization and shame. It will also make people living with the disease feel as part of the solution rather than depending on experts to design and impose programmes on them. Of more importance is the fact that their involvement will create a liberal and free environment conducive for acceptance of people with different medical conditions, openness about one's status and personal and academic growth.

▪ **Staff, students and interested individuals**

The staff and students make up the academic community. The HIV/AIDS information is provided for them and it is imperative that they should be involved in the whole process. The research findings show that in 58% of the institutions staff and students partake in activities related to HIV/AIDS. Similarly, they show that in 88% of the institutions interested people are involved in HIV/AIDS related matters. The involvement of these academic constituencies in HIV/AIDS matters will empower them with knowledge and skills that will enable them to manage the disease at a personal and institutional level. They can be involved in a variety of activities ranging from the determination, design and implementation of the institutional response. The results of the study indicate that most institutions are applying the principle of community involvement instead of the imposition of externally designed programmes. The study realizes that staff and students have reserves of untapped talents and potential that can be positively exploited to spread the news about the epidemic. For

instance, institutions can run competitions regularly, whereby members are challenged to develop HIV/AIDS messages on various topics and the best ones are selected and communicated through various institutional media. These can generate diverse messages developed by people who perceive the disease and its dynamics from different professional and personal perspectives. However, for such an initiative to bear successful results it has to be marketed vigorously, to ensure that it is popularized within all levels of the institutional community. This can help to minimize the load of HIV/AIDS Officers whilst on the other hand it will institutionalize the development and communication of HIV/AIDS information.

ix) HIV/AIDS information resources provided by the library

The study concurs with the IEC Reference Manual for Health Programmers (1998) that, HIV/AIDS-specific information resources provided by the library are crucial as their depth, width, appropriateness, relevance, accessibility, affordability and usability will strengthen or compromise the institutional response. Generally academic libraries provide the following sources:

- **Pamphlets and posters**

The research findings show that 82% of the institutional libraries provide pamphlets and posters. These information sources are largely ephemeral, but are useful in the dissemination of information as they have the advantage of being subject specific. Pamphlets are unbound and usually printed and contain information on a current topic. The added advantage with pamphlets is that they are mostly disseminated free of charge. This means that clients are free to take them and read them at their leisure time or privacy. Posters on the other hand are large, usually printed placards which are illustrated to advertise or publicize something. Because of their mostly colourful layout, posters are easy to read. They represent a visual representation of information that is used to catch the eye. Both pamphlets and posters are appropriate for disseminating HIV/AIDS information. The essential consideration with these resources is that they should be well designed, and have content that is relevant, sensitive and appropriate to the needs of the target audience.

▪ **Journals**

Other sources that 46% of the academic libraries provide are journals which are in print format or on the Web as electronic journals or “e-journals”. Periodicals are valuable, regular publications that provide up-to-date and authentic information. They have the advantage of affording the user information on the latest developments about the disease. However, most of them have technical or complicated language that the average user may not comprehend. Libraries need therefore to repackage information to suite the level and needs of the user. In addition to this it may be difficult for users to access these sources, especially electronic journals. This also put a challenge on libraries to market publications with relevant articles or repackage information from them to improve accessibility and retrieval.

▪ **Books**

Books can be lengthy and give detailed information or they can be short and concise. The results show that 82% of the libraries provide these resources. However, academic libraries have huge collections of materials in different forms. These collections may be very intimidating for the average user who needs HIV/AIDS specific information. Therefore, it is important that they should promote easy access and retrieval especially for their HIV/AIDS sources. As mentioned earlier, the majority of people still feel ashamed about freely talking about HIV/AIDS, therefore for such people it would not be any easier to search for HIV/AIDS materials. Academic libraries in conjunction with institutional HIV/AIDS Officers need to identify and display interesting and relevant readings for users to see and explore.

▪ **Electronic sources**

About 76% of the institutions provide information through electronic means. The advantage of Internet sources is that they are timely and very useful. However, the problem with these resources is that in most institutions Internet use is limited or controlled, due to cost implications. Thus, in most institutions not all members of the academic community can freely access the Internet. Under these circumstances learners are likely to reserve their limited access for collecting information relevant

only for academic studies. Another problem that can be foreseen is the fact that library users mostly from disadvantaged communities may not have the skill to use the Internet. However, even in this regard libraries have to situate relevant electronic HIV/AIDS information in such a way that it is easy for the different levels and types of users to find it. For instance, an intranet can be developed to electronically disseminate HIV/AIDS information through the use of Local Access Network (LAN). This innovation can improve accessibility to information through the repackaging of information and the creation of customer-friendly services.

The information centres including academic libraries, do not provide information for the sake of providing it. But it is of the utmost importance that the information provided should be used. For information to be used it must be relevant to the needs of the user and it must be marketed vigorously to make the user aware of it. And lastly it must be easily accessible. This means that libraries need to offer customer-oriented services that are well publicized and promoted through appropriate communication strategies and tools. Furthermore, HIV/AIDS information has to be repackaged and dispensed widely through relevant structures such as the AIDS Centre, Health Centres, the institutional HIV/AIDS Committee, students and workers representatives and people living with the disease. In its provision of HIV/AIDS specific services and information resources, the library has to uphold professionalism and comply with standard specification related to the disease such as, acceptance, sensitivity, human rights, humane treatment and the people's right to information.

x) Media used for communicating HIV/AIDS information

Reviewed literature such as IEC Reference Manual for Health Programme Managers (1998), Communicative Initiative (2001) and Keeling (1998) reaffirms the importance of utilizing and integrating appropriately media that is credible, culturally acceptable, and accessible.

Generally the following media was used in various institutions to communicate HIV/AIDS information:

- Display media which was used by some institutions (48%) involves media that

exhibits, for the sake of publicity, HIV/AIDS information. Such media includes billboards, banners and posters. This type of media utilizes conspicuous large or prominent type to advertise, publicize something or catch the eye of the target audience. To produce billboards, banners and posters, specialist skill and advanced technological facilities are needed. Institutions which do not have capable individuals who can design this media from within will therefore, have to consider buying in the skill from outside or asking outside companies to do the job. It might be very costly to set up this media, as respondents alluded to during the study. However, due to its conspicuous and eye catching nature the media can be used to communicate HIV/AIDS messages. It is important that the media is positioned in a prime area where the target audience in their day-to-day business will get to see the message. It is equally important therefore, that the message being conveyed is as, the Communication for Development Roundtable (2002) asserts, clear, humourous, didactic, authoritative and emotionally appealing. In the same vein, Keeling (1998) and Williams (1999) state that for messages to communicate and influence behaviour change they should be adapted to the people's own language, intellectual systems, way of life as well as their teaching, learning and communication methods. Another important element is the content of the message, which has to be relevant and appealing to the target community without over-emphasizing fear appeals. Witte (1997) and Williams (1999) agree that HIV/AIDS messages must not reflect scare tactics or fear appeals that are not supplemented with information to reinforce efficacy perceptions of self and response. For instance, according to Kelly (2001) at the University of Zambia there is a billboard with the message "GRADUATE WITH A POSITIVE 'A' NOT WITH AIDS". Similarly, Mayengela (2001) gives the following examples of billboards messages:

- **"FUTURE PLAN : A DEGREE OR HIV/AIDS"**
- **IF YOU HAVEN'T GOT HIV, YOU SHOULD'NT GET IT THINK"**

These messages have diverted from the traditional scary AIDS messages. They reflect a motivational dimension and are customized. It is important that HIV/AIDS service providers should adopt a positive approach that is no longer defined by fear but by an educational and motivational perspective.

- Television and radio available in most institutions (64%) were manned by the students and broadcasted student-oriented programmes. Local television and radio have the advantage of broadcasting customer-designed programmes that are suitable for addressing local needs as they are run by members of the student population. The study confirmed an assertion made by Anarfi and Awusabo-Asare that mass media is the main conduit commonly used by tertiary institutions to disseminate HIV/AIDS information. According to Bertrand and Kincaid (1996), Anarfi and Awusabo-Asare, Mayengela (2002) and Magambo (2000) mass media is intended to create awareness, create favourable attitudes, promote the use of desired health practices and reinforce such behaviour among those already practicing it. What the study did not investigate though is the integrated inclusion of all stakeholders in the designing of broadcasted programmes. Moreover, it did not investigate the effectiveness of these communication tools. At a broader scale there are regional and/ or provincial radio stations and national radio and television broadcasters. This broadcasting media has the potential of communicating information simultaneously to heterogeneous and large audiences regardless of their geographical location as long as people have access to the necessary tools and infrastructure. Through this media HIV/AIDS information is communicated either as part of, a news insert, a play, a soapie, an educational programme or a special programme. Thus, the television and the radio are capable of playing a significant role in communicating HIV/AIDS information to diverse and widely dispersed communities because they are able to limit the barriers of space and time.

Print media is largely used by 82% of the academic institutions to communicate AIDS information. Media that is categorized as print include:

- Books – such as fiction, non-fiction and reference sources
- Periodicals such as journals, magazines, newsletters, memoranda and newspapers
- Ephemeral material such as pamphlets, brochures, flyers, posters, booklets and so on.

The study can conclusively state that print media is largely used (82%) in the different institutions of higher learning. Comparatively speaking, it is easy and cheaper to

acquire and to use as compared to other types of media. Thus it plays a significant role to empower people with HIV/AIDS information.

Interpersonal communication is also used by most of the institutions (73%) to communicate HIV/AIDS information. Discussions or talks on HIV/AIDS and related matters can be made by experts or other influential individuals from the wider society or these presentations can be locally generated. As discussed earlier, interpersonal exchange of information by either local or external members of society are crucial in stimulating and enhancing personal dialogue on HIV/AIDS. They are also important for placing the disease on a public forum or platform in order to publicize or create general awareness about it and all its entwined implications or inferences. Through community engagement it is possible to ultimately achieve public commitment which is pertinent in the fight against the disease.

Some of the institutions, (55%), have adopted the entertainment approach of using music, drama and theatre to communicate HIV/AIDS information with their constituencies. These findings concur with Mayengela (2002) that communicating health messages should be done humourously. Effective dissemination of HIV/AIDS information is a challenge that needs the communicators of information to be creative, innovative or artistic. More importantly, academic communities are largely comprised of young people who become easily bored. Therefore it is crucial to use a communication strategy that will attract and maintain their attention. However, this does not down play the other communication strategies, they are also effective in their own right as long as they are carefully planned and implemented. It is through the integration of the different communication strategies that effective communication of HIV/AIDS information can be achieved.

In any given situation the provision of health information is not enough, what is of the utmost importance is that the information provided should be used to empower the individuals and induce positive behaviour change (The communicative Initiative 2002). Most respondents (88%) concurred that for this to happen, it is important that health information should be easily accessible and responsive to local needs. They further indicated that all units (AIDS Centre, Health Centres, library, HIV/AIDS Committee) responsible for disseminating HIV/AIDS information must work together

for a common cause and make sure that the process of complies with the institutional objectives and international standards. The choice of media has to be done in accordance with educational and socio-cultural preferences of the target audience. There are a few problems that can emanate from the extensive usage of print media. Firstly, it may not appeal to the youth, due to technological developments and the popularistic rhetoric that is generally attached to electronic media. Secondly, print media specifically books and journals may not situate AIDS specific information on a readily available level, since their accessibility may be hindered by retrieval challenges. Therefore, the academic responsibilities of students mostly may prevent them from utilizing information resources that require time and skill to locate. This can be overcome through repackaging and vigorous marketing of relevant information. Thirdly, the development of the reading culture which in most societies is still underdeveloped may also inhibit the usage of print media.

xi) Limitations

On the overall the study conclusively express that the strategies that institutions employ to communicate HIV/AIDS are not uniform. They range from the usage of traditional media to the usage of modern electronic gateways.

1. The barriers to information communication such as characteristics of the audience and service providers, the logistics and form of presentation outlined earlier are confirmed as inhibitors of the communication of HIV/AIDS information in tertiary institutions in South Africa.
2. The study confirms the assertion made earlier by Labinsky (2000) and Keeling (1998) that in most institutions the process of communication seemed to be flawed.
3. There is likelihood, that the strength of horizontal dialogue is weakened by stigmatization, institutional silence and denial that prevailed in most institutions. Furthermore it is inhibited by the fact that in most settings the environment is not nurtured to promote horizontal dialogue within constituencies.

4. There seemed to be a lack of marketing of available resources as most HIV/AIDS service providers indicated uncertainty about the nature and scope of resources available in the library.
5. In most institutions there is no communication plan. In such cases communication of HIV/AIDS information is haphazard and incidental as it not implemented according to a well guided plan or reference document.
6. The choice and usage of channels is limited as the electronic media and billboards are under utilized and print media is extensively used.
7. There is an obvious lack of repackaging as information is available in its original form.
8. Most of the media used, such as posters, pamphlets, brochures and so on are pre-designed. Most institutions do not design their own tools. As a result messages are not appropriate for the academia which is knowledgeable about the basics of the disease.
9. Most HIV/AIDS messages are not context-specific and still project unbalanced fear appeals that do not provide solace or motivational aspect.

xii) Types of information provided

By its very nature HIV/AIDS is complicated and multi-dimensional. The HIV/AIDS information has to be provided in accordance with these complications, stipulations and dimensions. It is of the utmost importance that the scope of information provided is wide and comprehensive enough to cover the necessary specifications and areas. The importance of information in the fight against HIV/AIDS cannot be emphasized enough as information is still one of the few mechanisms available for managing the disease and its impact. The study investigated the type of HIV/AIDS information provided by institutions of higher learning and the premise for analyzing the findings has been influenced by the above-mentioned theoretical principles.

Basically, most of the institutions (88%) provided information on treatment, prevention, care and support. This type of information is necessary for empowering the infected and uninfected members of the academic community. Firstly, people need to know where they can get treatment, what type of treatment is available and what precautionary and preventative measures are available to curb further infections.

Secondly, for those already infected information that will clearly state where support and care can be obtained is very important.

Another sensitive and important area surrounding HIV/AIDS is stigmatization and discrimination. To reduce stigmatization and discrimination academic communities in general need to be informed and enlightened about the disease and its variables so that they can be AIDS literate. The research findings show that 73% of the institutions provided information on stigmatization and discrimination. It is through enlightenment and improved literacy that the mindset of people and stereotypes related to the disease can be influenced and changed. From the above-mentioned social ills namely, stigmatization and discrimination stems the element of human rights.

The recognition and respect of human rights is enshrined in the constitution of South Africa. Furthermore, the National AIDS Policy for Learners, Educators and Students (1999) and some institutional policies stipulate the rights of the infected and uninfected members of educational communities. This means that legally individuals are protected against any form of violation or abuse. Therefore, providing information on human rights will empower and educate the wider academic community to minimize violations of these rights. The results indicated that 68% of the institutions provide information on human rights.

Information on HIV/AIDS prevalence is also provided by most of the institutions (61%). If people are aware of HIV/AIDS prevalence in their own environments they will heed the warnings given about the dangers of the disease. On the other hand, if such information is not available, people tend to distance themselves from the disease and think that it is remote and abstract and will never affect them. Therefore communicators of HIV/AIDS information need to communicate in a holistic, integrated and vigorous manner to cover all the pertinent areas.

About 79% of the institutions also provide information on the different modes of transmission. HIV/AIDS can be transmitted sexually, through blood transfusion and mother-to-child infection. This information has to be communicated clearly to people to inform and educate them so that they can take the necessary preventative measures.

It is a common assumption that the modes of HIV/AIDS transmission are common knowledge. Such assumptions can be dangerous and limiting. HIV/AIDS Officers need to communicate clearly the different transmission modes so as to instill this idea in the mind of the target audience.

xiii) Teaching, research and community service

This section deals with how HIV/AIDS has been integrated into the learning teaching process. It also covers the focus and niche of institutional research and collaboration. Lastly, it deals with how the institution is reaching out to the neighbouring communities.

▪ Teaching

The main business of tertiary institutions is teaching, learning, research and community service. This basic mandate has not been spared from the ravaging effects of HIV/AIDS. The institutions have integrated HIV/AIDS and teaching through orientation programmes which are meant to familiarize new students with the academic environment including HIV/AIDS. During orientation the subject of HIV/AIDS is introduced and students are also informed about available services, including institutional support systems. Normally in most institutions the orientation programme is conducted once at the beginning of the academic year. It would be advantageous though to have it conducted on a regular basis to achieve regular awareness and establish continuity.

The results show that all the institutions (100%) do not have a compulsory course on HIV/AIDS. Instead, the institutions (100%) offer orientation for new students. In addition to the orientation programme, the findings of the study reveal that 76% of the academic departments have generally responded to the challenges of the disease by adapting their curriculum. About 67% of the academic departments have introduced new fields of study and readjusted programmes to promote more flexible graduate preparedness. The results reaffirm Kelly's (2001) assertion that academic institutions should strive to produce competent graduates who are self motivated and equipped with intellectual tools that will enable them to be more adaptable and innovative in

responding to the needs of a fast changing and unpredictable world of AIDS. However, the problem with most of these academic initiatives is the lack of coordination, systematical guidance and limited capacities on the disease as most staff members are less informed or skilled about the disease. Due to these inefficiencies, new programmes are introduced haphazardly without knowing how each programme fits within the overall institutional response. It cannot be over-emphasised that success in the fight against HIV/AIDS will be achieved if a multi-disciplinary and multi-dimensional strategy is adopted. However, the teaching-learning process can make a significant contribution in the fight against HIV/AIDS because it through it that students acquire skills, knowledge, experiences and attitudes.

▪ **Research**

Academic institutions can contribute to the HIV/AIDS response by conducting HIV/AIDS specific research. Kelly (2001) asserts that the institutions are duty bound to make their own unique contribution by dedicating to the epidemic relevant theoretical, scientific, applied and action research to the extent that their human, physical and financial resources allow. For instance, the information available on the status of the disease at institutional level and the perceptions that relate to it is limited. Therefore, scientific investigations still need to be conducted vigorously to address this shortage and improve new understandings and growth about the disease and its imperatives. The research findings established that some institutions (45%) conduct research on bio-medical interventions, behavioural changes and prevalence of HIV/AIDS on campus respectively. Furthermore, 88% of the institutions conduct research on levels of awareness whilst others 55% focus on the gender dimensions of the disease. Lastly, 64% focus on perception relating to the disease. Kelly (2001) exemplifies what the focus of the institutional research should be when he states that:

- Institutions must realize that the disease is neither a medical or scientific problem instead it is a multidimensional human problem that can only be understood through a concerted effort of several disciplines

- HIV/AIDS is an area of investigation that lends itself to collaborative efforts

between various organizations, to enhance global ability to manage the disease and strengthen research capacities

- HIV/AIDS is unique in the way every facet of it is studded with ethical questions and problems, as a result there is a need to constantly review the ethical principles governing research to safeguard the rights of all stakeholders

The assertions made above show that inter-institutional, multi-sectoral and multi-disciplinary collaboration in research is of the utmost importance. The research findings show that 73% of the local academic institutions are working together on matters related to HIV/AIDS research. Similarly, 33% of the institutions collaborate with international institutions. Furthermore, about 78% of the institutions collaborate with provincial and national government departments in conducting research on HIV/AIDS and related areas. However, the scope of these collaborations is limited to a few capacitated institutions as observable results are not visible throughout the sector. The advantage of the collaborations or establishing research conglomerates would be to strengthen the capacities of those institutions that do not have a strong research element and are also faced with financial constraints. More importantly, the funding organizations seem to prefer a multi-disciplinary and multi-sectoral approach to research.

- **Community Service**

In addition to making a contribution through research, academic institutions are also supposed to make a contribution towards the development and improvement of their neighbouring communities. This is done to extend the academic arm and expertise to the less advantaged members of society. Academic institutions are public reservoirs of academic expertise that is supposed to be maximized and expanded to empower communities with the geographical advantage of being at close proximity to the institution. The institutions are part of the civil society. Therefore, they are duty bound to make a contribution to the overall improvement and development of the society at large. Generally, the institutions extend their services to surrounding communities through outreach programmes that can take any form or dimension depending on local needs, the institutional commitment and available resources. The

research findings though, show that the involvement of the sector in empowering external communities is fairly reasonable. For instance, 70% of the institutions provide information resources to the neighbouring communities while, 82% equip communities with life skills. Furthermore, 78% provide referral services and only 21% provide home-based care.

Notwithstanding the fact that the whole sector has currently been under enormous pressure because of reconstruction and reconfiguration, institutions have managed to extend the academic arm to reach neighbouring communities. Moreover, though most institutions are faced with a serious problem of financial constraints and limited capacities that threaten their mere existence and the ability to deliver mandates, they have risen above these limitations. However, the services offered by the academic sector can be improved and extended. But it has to be considered that currently the services offered by most of the institutions in response to the disease compromise the preservation and development of the sector and the country as a whole. Arguably, the institutions which are grappling with their mere existence can hardly be expected to deliver appropriate services to the external community. This means that some institutions still need to strengthen the internal response to be able to extend appropriate services.

7.7 Summary

The study mapped out the HIV/AIDS response of the higher education sector in relation to programmes offered and strategies and methods that are used to disseminate information. After a decade of democracy the response of the sector to HIV/AIDS is still characterized by inequality and unevenness as most institutions boast of a strong well guided response, whilst others have very little to show in terms of tangible programmes. However, though there are still flaws, the sector is responding positively to the epidemic and efforts are being made to synchronize and coordinate the systemic response.

Overall, the disease has an impact on the institutional mandates such as teaching learning, research and community service. However, there is a likelihood that the stated impact is based on mere assumptions because it does not collate or balance with

the lack of information on the status of the disease on campuses. The institutional response to HIV/AIDS has to comply with national policies and strategies. More so, the response has to be watertight and seamless and grounded on sound institutional frameworks that reflect the executive and financial commitment that will sustain the response. Similarly, the success and strength of the institutional response will depend on the level of involvement and commitment not only of institutional management, but of all the relevant stakeholders. The HIV/AIDS response must be institutionalized through the involvement of all members of the academic community. They should be involved in the designing and implementation of programmes and interventions. The latter should be customer-designed and reflect diversity and multi-cultural that characterizes the South African society. Though various parts of the sector have made significant inroads in the fight against the disease a lot still needs to be done to strengthen and widen the horizons of those still hampered by the bondages of apartheid. Initiatives such as the establishment of the Higher Education AIDS Programme should be commended, as they have documented plans to guide and strengthen the HIV/AIDS sectoral response to be on a par with the new reconfigured sector.

The next chapter provides a summary, conclusions and recommendations that have emanated from the study.

CHAPTER 8

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

1.1 Introduction

It is ironical that South Africa with a fairly stable economical and political environment is one of the countries in Sub-Saharan Africa with a high prevalence of HIV/AIDS infection. Compared to other African countries, the country has better infrastructure, institutions and international accolades as compared to the rest of the continent but it has not managed to control the ravages of the epidemic. The impact of the disease in the whole country is profound and is more visible in educational institutions where there is a high concentration of young people. The estimates projected by the Development World Bank of Southern Africa and the Institute for Race Relations predict that the current mortality rates will double by 2015 and will lead to a drastic drop in life expectancy from 55% to 47.2% (SAUVCA 2000).

This study has been informed by the diffusion of innovations theory. Both qualitative and quantitative research designs and methodologies were employed largely through survey, observation and data analysis. The study targeted HIV/AIDS service providers, health centres and institutional libraries within all public universities and technikons in the country. Analysis of data was done using the Statistical Package for Social Sciences (SPSS) and Microsoft Excel.

Broadly, the aim of the study was to assess the effectiveness and appropriateness of strategies for the management and diffusion of HIV/AIDS information in institutions of higher learning. Its objectives were to : establish the existence, relevance and impact of HIV/AIDS policies, programmes and strategies that have been developed by the different tertiary institutions, determine the impact of the disease and the response adopted to mitigate the effects of the disease, examine information diffusion strategies and policies adopted, determine the availability, accessibility, relevance and use of HIV/AIDS information resources, establish developments in teaching, research, publications, advisory and intervention services and to develop a contextual model to improve HIV/AIDS information diffusion strategies and policies in the sector.

The purpose of this chapter is to summarize, make recommendations and conclude on the study and develop a model appropriate for the diffusion of HIV/AIDS information. The chapter comprises four major sections, the summary, conclusions, recommendations and the model appropriate for diffusing HIV/AIDS information.

8.2 Summary of findings

This section is organized by objectives. The study was about “assessing the management and diffusion of HIV/AIDS information in the higher education sector”. It was undertaken because the major constituencies of the higher education sector, the youth, are grossly affected by the disease despite the advantageous situation of being centres of progress and enlightenment that are capacitated and resourced. Given the understanding that the spread of HIV/AIDS can be minimized by education backed up by appropriate information, the study was motivated by the desire to unearth the issues hampering the diffusion of information and the effectiveness of institutional interventions. Grounding itself on the important role of the collective communication approach, the main assumption was that the communication of HIV/AIDS information in the sector is inappropriate and ineffective. This assumption was based on the assertion that the disease is not prioritized in some parts of the sector. Secondly, very little is known about the impact of the disease and the systemic response. Thirdly, the lack of coordination within the sector has led to lack of uniformity and transparency of the sectoral response. Further, profiling the HIV/AIDS response of the entire sector will be a solid foundation for reconfigured landscape.

To achieve the objectives, the survey and observation methods as well as document analysis were applied. The research instruments used included the questionnaire and observation schedule. A model will be developed and will be followed by recommendations. The summary of research findings are discussed under the following sections:

Objective 1 : To establish and examine how government instruments of HIV/AIDS inform institutional policies.

The Department of Education's recognition of the importance of responding appropriately and systematically to the AIDS epidemic is evidenced by the development of the National HIV/AIDS Policy for Educators, Learners and Students (1999). The policy is a fundamental instrument that government has developed in response to HIV/AIDS challenges. Through this policy government stipulates clearly policy imperatives and provides leadership in institutional policy development and implementation. The national policy serves as a reference guide that is a foundation for developing institutional policies or plans. The respondents (55%) acknowledged that their institutional policies are informed by this policy and they fit well within the national strategy or framework.

The second government instrument that the study has identified is the HEAIDS Programme formed by SAUVCA, CTP and the Department of Education. The programme is a government initiative that seeks to coordinate, synchronise and integrate HIV/AIDS activities in the higher education sector. This it has done firstly by profiling institutional interventions, capacities and resources. Secondly, it has designed and projected predetermined future engagements in the form of performance measures tied up with time frames. These performance measures cover areas such as policy, leadership, care and support, teaching, research and community service. The importance of this initiative is that the systemic response will not only be profiled but will be nationalised and standardized. The overall consequence of the programme it is assumed, will be that the sectoral response will cease to be defined according to historically advantaged and disadvantaged, instead it will be defined according to institutional focus, determination and responsiveness to predetermined environmental needs.

Objective 2 : To establish and examine the existence, relevance and impact of institutional policies and how they are informed by national policies

All the institutions of higher learning have an HIV/AIDS policy in place. The policy is part of the institutional strategy adopted to fulfill the mission of the institution

through achieving predetermined objectives. The institutional policies address unique institutional needs. More importantly, they must lead to the implementation of customized and responsive programmes. The results showed that 88% of the institutions have policies on the ground. However, even the remaining 12% which have not implemented policies have HIV/AIDS programmes on the ground. More than 60% of the programmes that were offered by the institutions which implemented their plans were well-guided and directional. On the other hand, the institutions (12%) which did not implement their policies had HIV/AIDS programmes that were running. The lack of implementation and observable interventions was attributed to a lack of adequate resources, capacities and the institutional will.

Objective 3 : To determine the impact of the disease on the higher education sector.

The disease has profoundly affected the sector and its ability to deliver mandates. It has affected the student performance and intake as indicated by the results. Secondly, the disease has affected staff performance as well as recruitment and hiring of staff. For both the staff and students it does not only affect those already in the system but it affects even the potential candidates who are likely to enter the system for studying or for work. Thirdly, the AIDS epidemic has affected the institutional output in terms of graduate preparedness to serve and make a difference in an AIDS ravaged society.

Basically the impact of the disease was firstly determined by establishing the status accorded to the disease at institutional level. In some of the institutions the disease is highly regarded and addressed openly, whilst in others it is not. Generally, the results showed that in some parts of the sector the disease is still characterized by silence, stigmatization and discrimination. Openness about the disease as reaffirmed by Kelly (2002) can be enhanced by a participatory approach.

Objective 4 : To examine the response of the sector in terms of interventions adopted to mitigate the effects of the epidemic

The institutional response in this study is defined in terms of a variety of factors that influence and/or determine the response. Such factors include:

- Policy development and implementation determines the strength of the institutional response. Institutions that have developed and implemented policies had to a greater extent better programmes than others
- Collaboration with government agencies and the private sector enhances the institutional response by building capacities and sharing resources.
- Management commitment is one aspect that is crucial to the success of the institutional response as it is backed by resources and actions. Institutions that indicated to have management support had a better resourced response.
- Adequate financial resources are essential for the development, sustainability and growth of the institutional response. By its very nature HIV/AIDS is not static therefore it needs a dynamic sustainable response which is only possible if resources are adequate.
- The participatory approach that actively involves all stakeholders and determines the nature of the institutional response is adopted by most institutions. The level of involvement of the infected and affected members of the academic community will determine their support of institutional initiatives. The involvement of people living with AIDS is of the utmost importance.
- HIV/AIDS programmes that are offered by different institutions varied in scope, nature and strength. They include education and training, AIDS Day celebrations, awareness campaigns, support services, internal and external dialogue and entertainment education. On the overall, the universities seemed to have more stronger and well-guided responses than the technikons. But it was also easy to draw a distinction between historically advantaged and disadvantaged institutions. No distinction was made between the nature, strength and scope of HIV/AIDS programmes offered by highly qualified and less qualified personnel. In those institutions that did not have an AIDS centre the response seemed to be haphazard and incidental. It reflected a lack of coordination and directive guidance. It was also characterized by individualistic, compartmentalized and decentralized initiatives.

Objective 5 : To determine the management of information and communication strategies adopted.

All the institutions have an individual or structure such as a committee responsible for HIV/AIDS matters. As indicated earlier, the people responsible for HIV/AIDS mostly deal with it from the sideline which is an indication of the shortage of human resources. The units or structures within the institution that are responsible for communicating information are libraries, health centres, AIDS centres, HIV/AIDS Committees, AIDS Programme/ Project, Departments and individuals. Depending on institutional policies the communication of information is coordinated or haphazardly done. There is no clear policy guiding the communication of HIV/AIDS information. However, the strategies that institutions generally used to disseminate information reflected the adoption of a participatory approach whereby horizontal and vertical communication approaches are promoted. This is clearly indicated by the internal and external dialogue that institutions indicated is part of the institutional response. Furthermore, the type of media used to disseminate information included print, electronic, display, humorous, personal, ephemeral and mass media. The print and mass media seemed to be the mostly used forms. The types of information generally communicated included care, treatment, support, transmission modes, services available and opportunistic diseases. The messages need to be carefully worded and communicated in an appropriate language and through an appropriate medium. For instance, instead of using the traditional print media, alternative media such as electronic resources that are more popular with the young generation can be utilized. It is imperative that when communicating information service providers should take cognizance of various factors that hinder the free flow of information. These factors can affect both the communicator and the intended audience. The ultimate purpose of communicating health information is to positively influence behaviour change. It has emanated from various studies as earlier indicated that, though there is a lot of information on HIV/AIDS this has not led to a decrease in infection levels.

Objective 6 : To establish the availability, accessibility, relevance and use of HIV/AIDS resources.

Basically, the HIV/AIDS information resources are provided by the institutional library, health centre, AIDS centre and HIV/AIDS related structures such as the AIDS Committee. The resources available ranged between print, electronic, humouristic, ephemeral and personal resources. The information resources that were freely available and easily accessed were largely ephemeral such as pamphlets, brochures, booklets, flyers, newspapers and so on. These were largely available from the health centre and the AIDS centre. The libraries provided huge collections on HIV/AIDS that are likely to intimidate the average user who does not have the skill or passion to search for information. There was an obvious lack of repackaging of HIV/AIDS specific information as it was available in its original form. Similarly, there seemed to be a lack of marketing of available resources as most HIV/AIDS service providers indicated uncertainty about the nature and scope of resources available in the library. Furthermore, the study picked up a lack of cooperation and coordination between the various providers of HIV/AIDS related services. Everyone seemed to be providing in isolation what deemed to be a necessary service for HIV/AIDS. This element weakens the response and does not maximize the available resources. With regard to relevance of information provided, the respondents who unfortunately are service providers indicated that the information provided is relevant. Due to the financial and time constraints the study did not include users of information who would give a clear indication as to the responsiveness of the information. To be able to provide relevant information it is important that information should be selected and provided in accordance with expressed needs of users. These needs can be determined through a needs analysis that has to be regularly conducted to identify the real and diverse needs of the academic community.

Objective 7 : To establish the developments in research, teaching and community services.

- **Teaching**

With regard to teaching all the institutions conduct orientation of the new students. None of them offers a compulsory course on HIV/AIDS. On the overall, the academic departments have designed programmes that respond to the challenges of the epidemic by enhancing graduate preparedness. However, in some of the institutions the integration of HIV/AIDS into teaching is haphazard and not institutionalized. It reflects the individualistic approach that compartmentalizes the institutional response.

- **Research**

The institutions generally conduct HIV/AIDS related research. The focus and depth of this research is influenced and determined by the available financial and human resources. The research focused generally on HIV/AIDS prevalence, transmission modes, gender dimensions and biomedical research. Institutions largely collaborated with other local and international academic institutions, government, agencies and the private sector. This collaboration was deemed essential to augment limited resources, promote sharing and interaction and to enrich the institutional response. The level at which the research output is shared within the sector is still unsatisfactory. Furthermore, collaboration needs to be enhanced and strengthened to maximize the available resources.

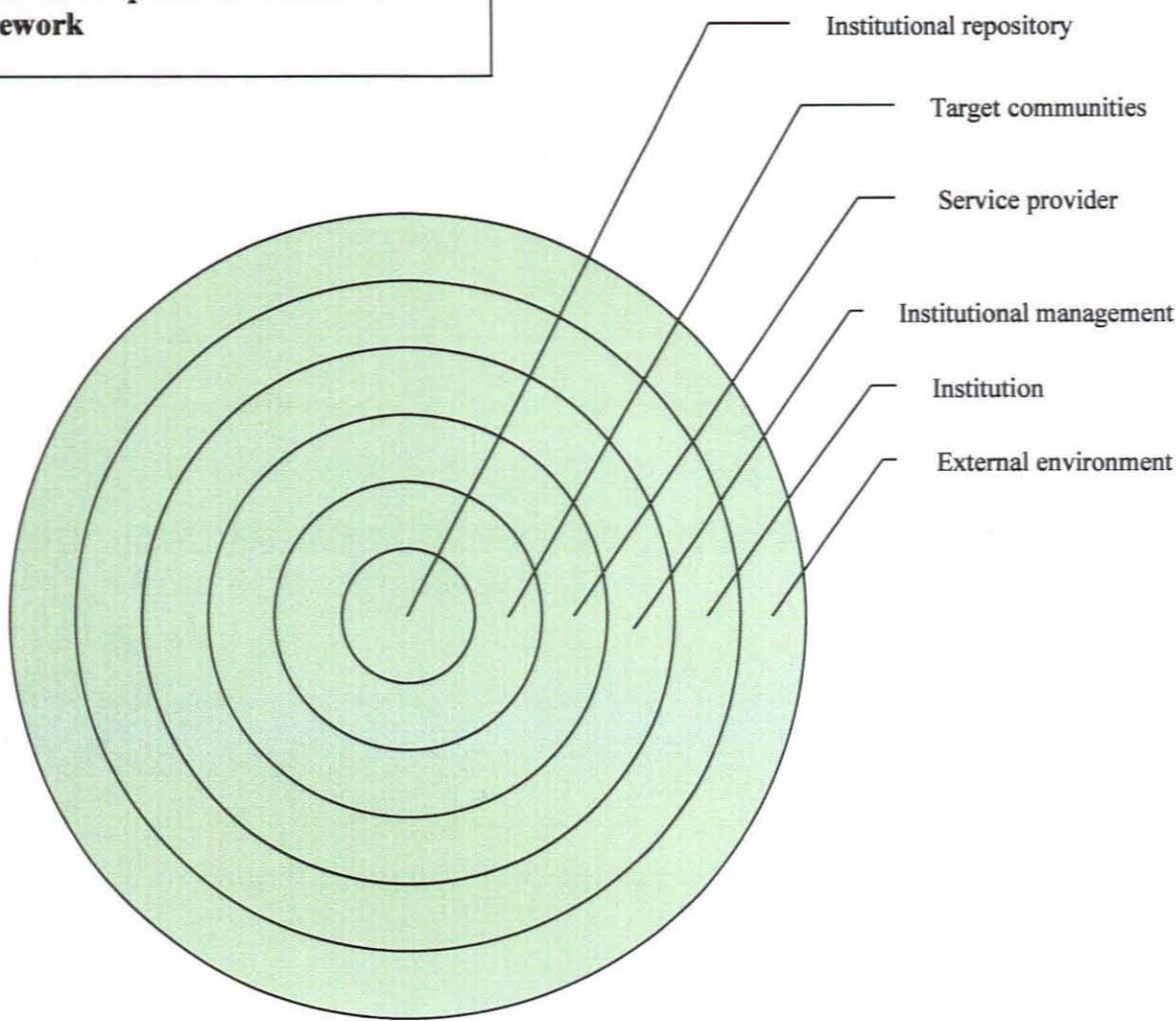
- **Community service**

Most institutions offered outreach programmes to the neighbouring communities. These programmes focus specifically on skills development and the sharing of information and expertise. Very few institutions offered home-based care. It is important that institutions should intensify internal services first through capacity building and adequate resource provision, to enable themselves to extend the academic arm to the neighbouring communities.

Objective 8 : To develop a contextual model and provide recommendations that are appropriate for the management and diffusion of HIV/AIDS information.

The study has shown that the HIV/AIDS higher education sectoral response is marred by flaws that compromise its strength. The sectoral response is characterized by two distinct but parallel types of programmes which are best developed practices and under-developed ones. The lack of uniformity in the sectoral response somehow weakens the response to the AIDS epidemic because South Africa as a country and its institutions are no longer defined along racial lines or other dividing parameters but according to unity of purpose and intent. It is along these lines that the study proposes the framework in Figure 8.1 below to establish uniformity and strengthen those aspects of the sectoral response that are still ailing.

Figure 8.1 Proposed institutional framework



To seize the HIV/AIDS mantle in the higher education sector in South Africa the study proposes the framework in Figure 8.1 above that constitutes five major components: the external environment, the institution and institutional management, the HIV/AIDS service provider, the target community and the institutional HIV/AIDS repository. To facilitate and deepen the levels of communication the model champions multi-directional communication between the different components. These major components are discussed below:

Firstly, the external environment comprises of, the government, national and international educational institutions, health agencies, neighbouring communities, non-governmental organizations funding organizations and other stakeholders. The study recognizes that the external environment has an influence on the institution, service provider and the target community. Furthermore, it has clearly come out in the study that the strength of the higher education sector against the AIDS pandemic can be improved through cooperation with the external environment. The collaboration with the external environment is likely to bring about synergy in the sectoral response to the AIDS pandemic. It is also a holistic approach that can counteract the piecemeal approach that presently characterizes the sectoral response. Furthermore, it can enhance the pooling together of resources which is an enabler mostly to those institutions that are lagging behind.

Secondly, the study recognizes that institutions themselves have an important role to play, in revamping and shaping their overall response to HIV/AIDS. Within the institution management commitment is of paramount importance to ensure that the response is resource-backed and action-backed. The study observed that in institutions where management commitment was not strong the institutional response was also not strong. This confirms an assertion made earlier by Kelly (2002), Crewe (2000) and MacGregor (2001) that management commitment determines the strength or weakness of the institutional response. To influence the institutional response positively management can:

- Be vocal about the disease and display public support
- Prioritize the disease
- Institutionalise the disease

- Provide adequate financial and human resources and an enabling environment
- Engage the whole institutional community as well as government and the external environment
- Champion the development of external partnerships

Thirdly, management commitment is not the only success factor within the institution, the HIV/AIDS service providers are equally important as they are the cadres that ensure that services are delivered. The service providers need to be empowered to enable them to focus not only on strengthening the institutional response, but also the nationalization of information access. They need to :

- Conduct a needs analysis to use as a basis for the institutional response
- Develop action plans or adopt those produced by the national directorate
- Institutionalize the disease by extending and intensifying communication
- Promote institutional engagement by enhancing internal and external partnerships
- Design messages befitting of a scholarly community
- Develop motivational messages to strengthen efficacy of self and response
- Take cognizance of socio-cultural dynamics, logistics and nature of messages
- Adopt multi media approach based on local preferences
- Establish institutional repositories that are adequate and sustainable

Fourthly, the target community is also an important entity of the institutional response. These communities are victims of HIV/AIDS. Therefore, they should be actively involved in the fight against it. It is imperative that the academic environment should be nurtured to enable communities and promote participatory principles. The target community should :

- Be steadfast and ensure that the academic environment is safe and enabling
- Engage management, the service providers, government and the external environment
- Mobilise vigorously to ensure maximum commitment

Fifthly, the framework above proposes the establishment of quality assured and open access data centres in the form of AIDS repositories in all institutions. These AIDS

repositories will be the heart of the institutional response. They have to function in accordance with national plans and policies. They have to provide and channel timely, accurate, appropriately packaged, user friendly information to suit the diverse information needs of the academic communities. They have to be institutional treasures that promote service heterogeneity and counteract the lack of synergy characterizing the communication of HIV/AIDS information at the institutional and inter-institutional level. Similarly, they will champion the institutionalization of the HIV/AIDS epidemic to ensure that the institutional response is systematized and strengthened through cross-fertilization and multi-disciplinary interactivity. The institutional response will be systematized in terms of developing and implementing appropriate responses that will address predetermined needs of the institutional constituencies. Appropriate responses will emanate from developing and implementing action and/ or communication plans that have to be evaluated continuously. Furthermore, they will ensure the scalability of HIV/AIDS institutional information resources to national level. Thus, these repositories will address the interconnectedness that exists, within the institutions, within the entire higher education sector and between government and the sector.

Sixthly, the external environment comprises national and international academic institutions, healthy agencies, neighbouring communities, non-governmental organizations, funding organisations and other stakeholders. The external environment has an influence the other elements which are the government, institution, service provider and the target community. Furthermore, it has clearly come out in the study that the strength of the higher education sector against the AIDS pandemic lies in the cooperation with the external environment. The collaboration with the external environment will bring about synergy in the sectoral response to the AIDS pandemic. It is also a holistic approach that will counteract the piecemeal approach that presently characterizes the sectoral response. Furthermore, it will enhance the pooling together of resources which is an enabler mostly to those institutions that are lagging behind.

The study strongly believes in the collective approach which has emerged as a fundamental aspect of the theoretical framework which it has adopted. Thus, it is a proponent of vertical and horizontal participation (decentralized diffusion) that will

ensure that expert input is integrated into the local value and belief systems. This assertion is articulated further in the conclusions and recommendations listed below.

8.3 Conclusions

The main aim of the study was to assess the effectiveness and appropriateness of strategies used to manage and diffuse HIV/AIDS information in the institutions of higher learning in South Africa. The purpose of this section is to make conclusions drawn from the study. These are :

- The whole sector in general is responding positively to the disease though there is still a need to strengthen the response in some sections of the sector
- The HIV/AIDS systemic response still lacks uniformity and even development. Though the HEAIDS Programme is mandated to address this aspect it does not seem to have answers for all the problems and challenges that are cropping up. The HEAIDS Programme seeks to coordinate and integrate the systemic response
- All the institutions have HIV/AIDS policies that are informed by the national policy though in some instances the policies have not been implemented. It became clear that some of the respondents do not regard the implementation of a policy as a crucial factor deemed necessary for stronger and effective institutional response
- All the institutions have an AIDS Committee or an equivalent structure responsible for HIV/AIDS matters. But the engagement and commitment of the aforesaid committees vary significantly. Most personnel responsible for the HIV/AIDS related matters at the institutional level deal with the disease as a sideline which compromises such things as focus, dedication and professionalism
- Most institutions do not have a strong financial backing that usually comes with strong management support as well as well designed plans. Lack of management commitment can be attributed to a disintegrated will, low status accorded to the disease and other competing priorities such as the dynamics of the reconfigured sector

- The disease is not prioritized within most institutions due to the lack of management commitment and overall institutional recognition
- Programmes offered vary in nature, scope and strength. In the institutions where there is no AIDS centre, services seemed to be uncoordinated, unsystematic and more incidental and individualistic. Programmes offered by the various institutions need to be popularized and communicated clearly and widely
- Methods used to communicate HIV/AIDS information have not led to a decrease in levels of infection. Because it has been affirmed that the amount of HIV/AIDS information has increased over the years, but this has not led to decrease in infection levels, the most probable conclusion is that the problem lies with the strategies used for diffusing information
- Communication of information within the individual institutions and the sector at large is still limited. Participatory approach that promotes vertical and horizontal communication still needs to be enhanced
- In most instances there is limited cooperation between the various agencies that communicate HIV/AIDS information at institutional and inter-institutional level. Existing expertise and resources are not maximised
- Networking among the HIV/AIDS service providers is limited
- The institutions largely used traditional media to communicate HIV/AIDS information. Information is not repackaged or marketed. Information is not appropriately situated to promote accessibility and easy use. Information provision is incidental
- Problems of information dissemination emanate from the way information is managed and diffused within the individual institutions and from the lack of policy thereof
- HIV/AIDS has been integrated into the curriculum though in most instances it still haphazard and individualistic
- Research is conducted by most institutions though to a limited extent.
- Research output is not well communicated within individual institutions and the sector as a whole
- It is disturbing to note that institutions do not uphold and promote research, which is one of the main responsibilities of the sector. Obviously, for the sector to manage the disease it needs to enhance inter-disciplinary approach to

knowledge generation, collaboration and cooperation within and beyond the sector. Some of the institutions are involved in such collaborations but they are few and the extent of their involvement seems limited

- The historically advantaged institutions seemed to have stronger and well guided programmes than their previously disadvantaged counterparts and universities seemed to offer better programmes than technikons.

Based on the conclusions above, it is concluded that this study achieved its aim, the objectives were reached and the research questions addressed.

The theoretical framework used for this study, the diffusion of innovations theory provided a fairly suitable framework for addressing the diffusion and management of HIV/AIDS information. The relatedness of the theory to the findings is summarized according to the main principles of the theory namely; innovation, communication channels, time and social system. Firstly, for an HIV/AIDS programmes (innovation) to be successful (adopted) they need to be novel, relevant, applicable and meaningful. For this to be achieved all the pre-diffusion processes have to be done collectively and appropriately. The results showed that in those institutions with a dedicated AIDS Centre programmes were more organized whilst in those institutions without this unit the opposite was true. The study notes that in those institutions with an AIDS Centre the institutional interventions somehow fulfilled the innovation attributes discussed earlier. Secondly, mass media and interpersonal communication channels were largely used in the different institutions. According to Rogers' theory innovations diffused through interpersonal communication have the advantage of being readily adopted as compared to other channels. This is important as institutions are addressing issues surrounding HIV/AIDS such as discrimination, stigmatization and shame they need communication strategies that will enhance adoption rates. Thirdly, results show that there are individuals, who are innovative and have contributes significantly to the fight against the pandemic at institutional and inter-institutional level. Furthermore, results confirm that where the early adopters (management) are supportive of the HIV/AIDS initiatives the response seemed stronger. This is a confirmation of the power of personal influence championed in the diffusion of innovations theory. Lastly, results revealed that within institutions there are vertical and horizontal

networks. Likewise, cultural, religious, socio-political norms have an impact on the innovation-diffusion process.

Regarding the methodology used for this study, it was concluded that both qualitative and quantitative approaches were effective. However, the sensitivity accorded HIV/AIDS is somewhat overly expressed and guarded to the extent of being limiting to any initiatives directed to investigating and gaining better understanding of the epidemic. The study recognizes the positive move towards managing HIV/AIDS information which is reflected on the basic provisions (HIV/AIDS Committee and HIV/AIDS policy) at institutional level influenced by the HEAIDS Programme. However, in the larger part of the sector a lot still needs to be done in terms of functionalizing the selected committees to enable them to implement appropriate institutional responses. This cannot be left over to individual institutions to implement but has to be nationalized to enable different stakeholders to make their contribution towards this effort.

8.4 Recommendations

It is apparent and noted that the methods of communicating HIV/AIDS information do not instigate the desired change in behaviour. The most visible factor attesting to this is the escalation of HIV/AIDS infections despite the amount of available information and the wide range of programmes that have been introduced. This calls for strategies that will overcome the shortcomings of the information dissemination process. Such strategies need to address the militating factors at national and systemic level.

Recommendations have been drawn at two levels. Firstly, those directed to government which can influence policy. Secondly, recommendations directed at the systemic level that will improve information management and communication thereof.

8.4.1 Government-oriented recommendations

The study recommends that :

- Government should establish a directorate within the national and provincial education department that will be responsible for developing, monitoring and constantly evaluating the HIV/AIDS response. This directorate will be in better position to coordinate the systemic response more than the HEAIDS Programme which does not seem to have an action plan nor resources to implement the necessary changes
- Government should allocate adequate resources to redress past imbalances and encourage growth and strength of the sectoral response
- Government should streamline the systemic response by redressing past imbalances through the provision of adequate financial and human resources underpinned by a positive political will and commitment to equity
- It should also streamline personnel and titles and responsibilities attached to them. Titles and responsibilities have to be standardized so that all academic institutions can create the predetermined portfolios.
- Provision should be made for building capacities of HIV/AIDS service providers and appropriate remuneration and incentives considered for excellent providers
- A manual or programme schedule that stipulates how a policy should be implemented, how many times it has to be revised, the types of programmes that can be implemented, appropriate information communication strategies and all other important considerations must be developed to provide a standard baseline for all institutions especially those that are still lagging behind. The manual should be distributed among the sector and should be monitored and evaluated regularly
- Government should allocate enough resources to strengthen the systemic response
- It should provide leadership backed by appropriate resources to support and enforce policy development and implementation. Policy should be communicated widely within the sector and be revised regularly to update its

contents in line with the ever changing dynamics of the disease and the serviced community

- It should develop strategies to monitor, evaluate and redirect the sectoral response to make institutions to be accountable for progress made in the fight against the disease and utilization of resources
- It should eliminate the existing interconnectedness within the different institutions by popularizing best practices and HIV/AIDS institutional treasures found in the repositories.

8.4.2 Systemic recommendations

8.4.2.1 Resource provision

The persons dealing with HIV/AIDS should be relieved of other responsibilities to enable them to concentrate their energies, professionalism and expertise on providing adequate services. For this to be possible, it is imperative that more qualified and dedicated individuals should be appointed. The government should also think along the lines of providing incentives and remuneration that would attract and maintain qualified personnel and motivate the dedicated group of AIDS professionals. Currently, through the reconfiguration of the sector some institutions will merge to improve and strengthen their capacities. What is important is that personnel in the new order should be structured, standardized and institutionalised.

- Skills development should be enhanced through regular training, work-shopping and interaction between service providers. This means that inter-institutional networks have to be developed to provide a platform for interaction
- Foreign and local funding secured for HIV/AIDS should be channeled through the institution not the specific unit, to promote accountability and to enable the institution to monitor developments achieved from having external financial injections

8.4.2.2 Institutional commitment

- The HIV/AIDS service providers should lobby vigorously with management to secure support for institutional activities
- The service providers should put more dedication and commitment to services provided so that they can positively influence the institutional attitude
- The HIV/AIDS services should be centralized and coordinated by appropriate structures and/or units to promote cooperation between service providers. For instance, the HIV/AIDS institutional repositories as indicated in Figure 8.1 have to be established to ensure national access to institutional treasures.
- Positive steps should be taken to popularize the disease to minimize stigmatization and discrimination. The academic environment should be nurtured and enabled to promote openness and acceptance
- Institutions should build strategic partnerships/ alliances in order to link with other relevant organizations
- Build support structures and seek support from all key stakeholders

8.4.2.3 Communication of HIV/AIDS information

- The institutions should develop policies that are informed by relevant theories to address the shortcomings of the current information communication strategies
- These policies should be communicated widely to ensure that all members of the academic community know who is responsible for communicating what, how and when. This would streamline and institutionalize the communication process
- Developing a series of plans for the whole year
- The choice of medium, language and format of health messages should be carefully determined and should also be based on institutional needs
- The institutions need to consider setting up an intranet through which repackaged information can be communicated widely.
- Setting up and situating appropriate electronic and static billboards with messages that are motivational and less scary is imperative

- Repackaging of information to promote relevance, accessibility and usage is of the utmost importance
- *Utilizing appropriate communication channels that are likely to promote adoption rates*
- Resource sharing within the sector and beyond should be adopted to maximize the available resources
- Networking should be promoted among academic institutions and other relevant structures or agencies to promote and enhance multi-sectoral partnerships
- More research needs to be conducted and communicated within individual institutions and the sector as a whole
- *Linking research findings to communication and action planning for HIV/AIDS*
- There is an urgent need to inculcate the research ethic among academic institutions because it is through research that the sector can make an important contribution to the fight against the disease
- The service providers should consider utilizing untapped talents of students and staff. This can be done firstly, by co-opting and mandating representatives of staff and students to solicit input from their respective members. Secondly, liaising with the faculties or schools to popularize the epidemic and integrate it in teaching, research and community service

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APPENDIX A – LETTER OF INTRODUCTION

University of Zululand
P. Bag x1001
Kwa-Dlangezwa
3886
06 February 2004

Dear Sir/Madam

I am a PhD candidate at the above-mentioned institution conducting research on “*The diffusion and management of HIV/AIDS information in institutions of higher learning in South Africa*”.

I hereby request your valuable input in this study, which can be made by completing the attached questionnaire. The questionnaire has been designed in such a way that it will be easy and quick to complete, it therefore should not take more than 15 minutes to complete. You are kindly requested to fax the completed questionnaire to (035–9026082) to Ms L. Dube’ attention, or email it to ldube@pan.uzulu.ac.za.

The researcher is fully aware of ethical considerations involved in conducting a study on HIV/AIDS, due to the sensitivity of the subject. As a matter of principle, she will respect the respondent’s right to privacy, anonymity and confidentiality.

Your help will be sincerely appreciated. Thank you in anticipation.

Yours truly

L. Dube (Ms)

Fax- 035 – 9026082

Tel No. 035- 9026481

E-mail Ldube@pan.uzulu.ac.za

APPENDIX B1 -QUESTIONNAIRE

Questionnaire to assess the diffusion and management of HIV/AIDS information in institutions of higher learning in South Africa

General instructions:

- ❖ Please complete/ answer questions or items in **Section A** fully.
- ❖ To answer **Sections B, C, D & E** tick the relevant option(s).
- ❖ **Section F** is for general comments on HIV/AIDS issues in your institution.

SECTION A – General information

A. General information

Name of institution					
Status	Prof	Dr	Mr	Mrs	Ms
Position or responsibility related to HIV/AIDS					
Email/ fax					

SECTION B – Institutional status of HIV/AIDS

A. Indicate the status of HIV/AIDS in your institution

	Yes	No	Do not know
HIV/AIDS is very much an issue affecting both staff and students			
It ranks high in terms of institutional priorities			
It is addressed openly			
It is an issue but is not addressed			
It is characterized by silence, secrecy, denial, stigmatization and discrimination			

B. Indicate whether the institution has records or statistics on HIV/AIDS

	Yes	No	Do not know
There are records on staff who have died because of HIV/AIDS			
There are records of students who have died because of HIV/AIDS			
There are records of people living with HIV/AIDS			
There are records, but are not made available to the public			
There are no records			

SECTION C – Impact of HIV/AIDS on the institution

A. To what extent has the disease affected:

	A lot of impact	Less impact	No impact	Do not know
Staff performance				
Recruitment and hiring policies				

Student performance				
Student intake and numbers				
Student drop out rate				
Research and community outreach				

SECTION D – Response to HIV/AIDS

A. *Provincial and national response*

	Yes	No	Do not know
Institution is part of a provincial government initiative against HIV/AIDS			
Institution is part of a national government initiative against HIV/AIDS			
Institution is part of a multi-sectoral initiative against HIV/AIDS			

B. *HIV/AIDS policies or plans*

	Yes	No	Do not know
Does your institution have an HIV/AIDS policy?			
Has the policy been implemented?			
Is the policy reviewed and revised regularly?			
Does it include human rights and responsibilities?			
Does it clearly stipulate safety measures?			
Has the implementation of the policy led to the development of sustainable programmes on HIV/AIDS?			
Does your institution have financial and human resources adequate for policy implementation?			

C. *Commitment of institutional management in the fight against HIV/AIDS*

	Yes	No	Do not know
Institutional management supports institutional response			
Management has mobilized and committed resources to fight HIV/AIDS			
Management has set up the necessary implementation structures			
Meaningful efforts to eradicate silence, stigmatization and discrimination have been developed			
Management has adopted steps to facilitate HIV/AIDS awareness and acceptance			
Management has developed monitoring and evaluation procedures			

D. *Institutional response*

	Yes	No	Do not know
Does your institution have an AIDS Centre?			
Would you say the response of your institution fits well within framework of national policies and strategies?			
Is the institutional response to HIV/AIDS a joint effort of various stakeholders?			

Is the institutional response characterized by piecemeal uncoordinated individual responses?			
Does your institution involve People Living with HIV/AIDS in designing and implementing HIV/AIDS programmes and interventions?			
Would you rate HIV/AIDS interventions as sensitive to racial, cultural, sexual, and other differences?			
Institutional response is backed by adequate allocation and effective use of adequate resources			
Institution is committed to the provision of HIV/AIDS sensitive information in different forms			
Sustainable HIV/AIDS programmes and strategies are in existence			
Healthy corpus of research undertakings			
Customer-friendly health and counselling services			
Horizontal and vertical communication on HIV/AIDS matters promoted			

E. HIV/AIDS Programmes or interventions

	Monthly	Once in a while	Not done	Do not know
Awareness-raising campaigns are done				
Information, Education and Communication campaigns are done				
Staff and student training on HIV/AIDS matters is done				
Presentations or talks on HIV/AIDS				
Experts are invited from related fields				
Celebration of AIDS Day and other related events is done				
Religious and culturally oriented programmes are implemented				

F. Role of the clinic or health – Tick appropriate answer(s)

Testing	Support services	Dispersing condoms	Providing AIDS information	Awareness campaigns	Compiling statistics	Other

G. Groups or individuals dealing with HIV/AIDS matters within the institution

HIV/AIDS Committee	HIV/AIDS Officers	Interested individuals	People Living with HIV/AIDS	Students and staff	Other

H. HIV/AIDS information resources provided by the library

Books	Journals & newspapers	Internet & CR-Rom	Pamphlets, posters, flyers, newsletters	Other

I. How is HIV/AIDS information communicated to the wider audience?

Display media	Television & radio	Printed media	Presentations & talks	Music, drama & theatre	Other

J. Institution provides information on the following areas:

Treatment, prevention, support & care	Stigmatization & discrimination	Human rights	HIV/AIDS prevalence	Transmission modes	Other (Specify)
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SECTION E – Teaching, research and community service

A. Indicate how HIV/AIDS has been integrated into teaching and learning

	Yes	No	Do not know
Institution is offering a campus-wide course compulsory for all students			
Orientation programme for new students			
Departments have introduced new fields of study in response to HIV/AIDS imperatives			
Institution is promoting the readjustment of programmes to promote more flexible graduate preparedness			
There are extra-curricular activities related to HIV/AIDS			

B. Indicate the focus of HIV/AIDS research in your institution

	Yes	No	Do not know
Prevalence of HIV/AIDS on campus			
Perceptions relating to the disease			
Gender dimension of the disease			
Levels of awareness			
Behavioural changes			
Medical inventions and discoveries			

C. Indicate whether your institution has collaborated in research with any of the following organizations:

	Yes	No	Do not know
Local academic institutions			
International academic institutions			
Health agencies			
Other (specify)			

D. Outreach programmes to neighbouring communities

	Yes	No	Do not know
Does your institution provide knowledge or information resources on HIV/AIDS to neighbouring communities?			
Does it have programmes to equip communities with life skills?			
Does it provide education, training and capacity building on HIV/AIDS issues?			
Does it offer referral services?			
Does it provide home-based care?			
Is there any other service that the institution is providing? (specify)			

Section F – General comments

[illegible]

APPENDIX B2 - OBSERVATION SCHEDULE

OBSERVATION SCHEDULE

Name of institution.....

Date visited.....

SECTION 1. DISPLAY MEDIA AND EPHEMERAL MATERIALS

A. Display Media

Type of Media	Availability	Locality		Message	Grading
		Centrality	Visibility		
Billboards					
Banners					
Bulletins					
Posters					

B. Ephemeral materials

Type of Media	Availability	Locality	Message	Grading
Pamphlets				
Posters				
Flyers				

SECTION 2 - LIBRARY, AIDS CENTRE AND CLINIC

Type of centre	HIV/AIDS services	Visible patterns of information diffusion	Grading
Library			
AIDS Centre			
Clinic			

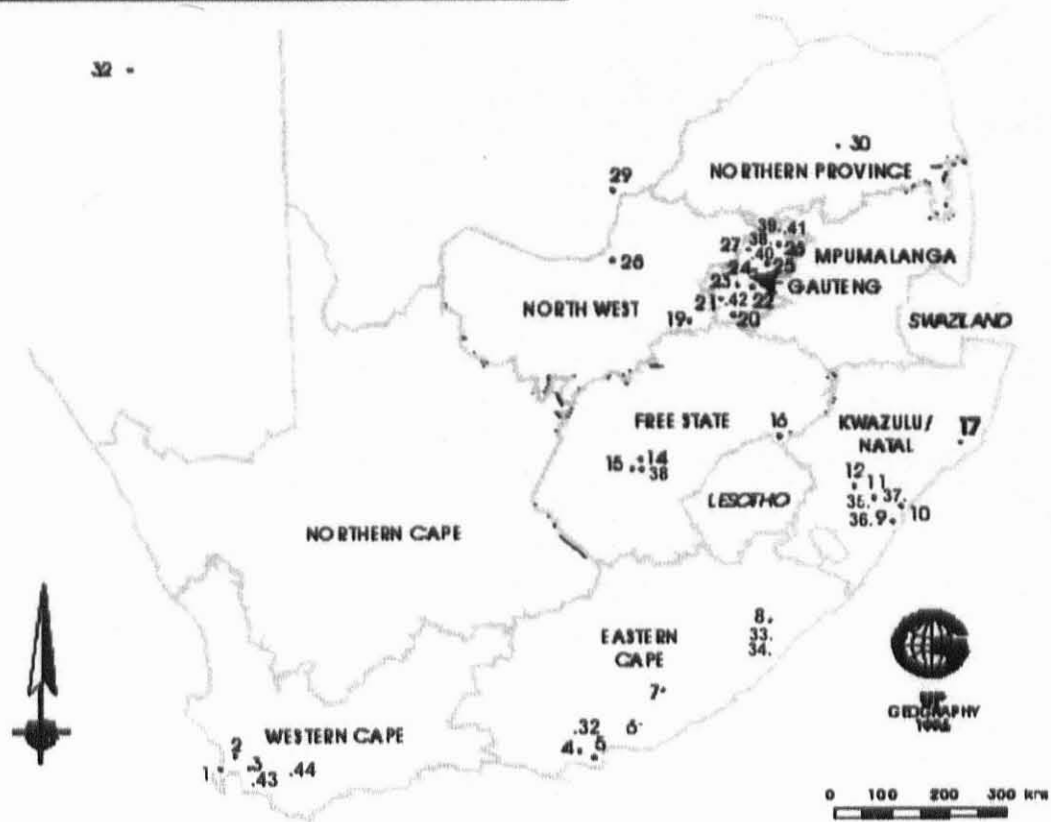
APPENDIX C - LIST OF INSTITUTIONS

Universities and Technikons in South Africa

INSTITUTION
EASTERN CAPE
1. University of Fort Hare
1. Rhodes University
3. University of Port Elizabeth 4. Port Elizabeth Technikon
5. Border Technikon 6. Eastern Cape Technikon 7. University of Transkei
KWA-ZULU NATAL
8. University of Natal 9. University of Durban Westville 10. University of Zululand 11. M.L. Sultan Technikon 12. Natal Technikon 13. Mangosuthu Technikon
FREE STATE
14. University of Free State 15. Free State Technikon
GAUTENG
16. Rand Afrikaans University 17. Technikon Witwatersrand 18. University of Witwatersrand 19. University of Pretoria 20. Technikon Northern Gauteng 21. Technikon North West 22. Technikon Pretoria 23. Vaal Triangle Technikon
NORTHERN PROVINCE
24. University of the North 25. University of Venda 26. MEDUNSA
NORTH WEST
27. Potchefstroom University 28. University of North West
WESTERN CAPE
29. University of Cape Town 30. University of Western Cape 31. University of Stellenbosch 32. Cape Town Technikon 33. Peninsula Technikon 34. University of South Africa 35. Technikon South Africa 36. Vista University

MAP OF INSTITUTIONS OF HIGHER EDUCATION IN SOUTH AFRICA

South African Universities and Technicons



Key to map

WESTERN CAPE	FREE STATE
1. University of Cape Town	14. University of Free State
2. University of Western Cape	38. Technikon Free State
3. University of Stellenbosch	NORTH WEST
43. Peninsula Technikon	19. University of Potchefstroom
44. Cape Town Technikon	27. University of North West
EASTERN CAPE	GAUTENG
4. Port Elizabeth Technikon	21. Rand Afrikaans University
5. University of Port Elizabeth	22. University of Witwatersrand
6. Rhodes University	23. University of Pretoria
7. University of Fort Hare	24. University of South Africa
8. University of Transkei	25. Vista University
33. Eastern Cape Technikon	26. Medical University of Southern Africa
34. Border Technikon	38. Technikon Pretoria
KWA-ZULU NATAL	39. Technikon Witwatersrand
10. University of Natal	40. Technikon Northern Gauteng
11. University of Durban Westville	41. Technikon North West
17. University of Zululand	42. Vaal Triangle Technikon
35. ML Sultan Technikon	NORTHERN PROVINCE
36. Natal Technikon	30. University of Venda
37. Mangosuthu Technikon	29. University of the North

Available: [wysiwyg://60http://www.heads.org.za/links/higher_edu.html](http://60http://www.heads.org.za/links/higher_edu.html).