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**THE INVOLVEMENT OF THE YOUTH LEADERSHIP IN  
PROMOTING PUBLIC AWARENESS OF HIV/AIDS,  
AND IN HIV/AIDS EDUCATION CAMPAIGNS:  
A CASE STUDY OF THE UNIVERSITY OF  
DURBAN WESTVILLE**

by

**NKOSINATHI INNOCENT NGCOBO**

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**SUPERVISOR : PROFESSOR TIM QUINLAN**

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## **Dedications**

This study is dedicated to all those who are living with HIV/AIDS. We also remember those who have died of HIV/AIDS. To those who still believe that HIV/AIDS is a myth or a 'systematic propaganda' to discourage any form of sexual engagement are lying to themselves. AIDS is there and it kills. Ignorance and the 'I do not care' tendency among our people have to be discarded and be substituted with a degree of responsibility. The struggle against this pandemic is not yet over; it has just begun. If the nation does not collectively, and constructively address the impact and the challenges that this pandemic poses, the imbalances that exists in our society as a result of the previous historical experiences will continue overshadow our communities. The huge desperate need for water, houses, sanitation, employment, poverty and infrastructure will remain a principle rather than a practical solution to some of the problems that we are faced with as a nation. To the youth, HIV/AIDS is not a myth, but a reality. Research has shown that the youth is the most vulnerable group to HIV/AIDS, the need to break the silence in our communities is vital, not tomorrow, but today.

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God Bless you all.

## **ABSTRACT**

This study examines the involvement of youth leadership particularly at the University of Durban Westville, in promoting public awareness about HIV/AIDS and in HIV/AIDS awareness initiatives. The aim of the study was to investigate the contributions of the student leaders in initiatives to combat HIV/AIDS. Accordingly, interviews were conducted with leaders of various student organisations at the university. The aim was to test the student leadership's general understanding of the HIV/AIDS pandemic, types of HIV/AIDS programmes and their involvement in them.

The study is based on a random sample of 15 of 35 student's clubs and societies and the Student Representative Council at UDW. In addition, five organisations from the university structures were interviewed for the purpose of this study. These included: the Student Counsellor from the Wellness Centre, the Academic Registrar from the University Management, Deputy President of the Combined Staff Association, President of the Academic Staff Association and the Director of the Centre for Educational Research, Evaluation and Policy at University of Durban-Westville.

The general finding of the study is that the role of the student leadership and its involvement on HIV/AIDS initiatives has been minimal and unorganised. In response this study presents a number of recommendations to address this problem. The key recommendation revolves around the need for the student leaders and the university management to collectively design a framework

from which all HIV/AIDS initiatives will be administered. This includes policy formulation and discussions on AIDS.

In the final analysis, it is imperative to note that this study was not done only for the benefit of the UDW community, but other institutions such as the government departments, particularly the Education Department, NGO's, Youth Commission and other youth organisations.

## List of abbreviations

❖ AIDS	: Acquired Immune Deficiency Syndrome
❖ ASA	: Academic Staff Association, University of Durban-Westville (UDW) <sup>1</sup>
❖ AZASCO	: Azanian Student Congress
❖ CEREP	: Centre for Educational Research and Evaluation
❖ COMSA	: Combined Staff Association
❖ CONVEX	: Convocation Executive
❖ HIV	: Human Immunodeficiency Virus
❖ NAPWA	: National Association for the People Living With AIDS
❖ NGO's	: Non-Governmental Organisations
❖ PASMA	: Pan-African Student Movement of Azania
❖ PRB	: Population Reference Bureau
❖ SADESMO	: South African Democratic Student Movement
❖ SALSA	: South African Liberal Student Association
❖ SASCO	: South African Student Congress
❖ SCF	: Student Fellowship Christians
❖ STI's	: Sexually Transmitted Infections
❖ SRC	: Student Representative Council
❖ UDW	: University of Durban Westville
❖ UND	: University of Natal Durban

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<sup>1</sup> All organisations mentioned in this study, unless stated otherwise, are based at the University of Durban-Westville, hereinafter referred to as UDW.

- ❖ **UNICEF** : United Nations Children's Fund
- ❖ **UNAIDS** : Joint United Nations Programme on HIV/AIDS
- ❖ **WHO** : World Health Organisation

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# CHAPTER ONE

## An introduction to the Study

### 1.1 Introduction

Over the last two decades HIV/AIDS epidemic has developed into a global health problem that poses a serious threat to the social and economic development of Africa. According to a recent report by the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2000:7),

*"A decade ago, HIV/AIDS was regarded primarily as a serious health crisis. Estimates in 1991 predicted that in sub-Saharan Africa, by the end of the decade, 9 million people would be infected and 5 million would die - a threefold underestimation. Today, it is clear that AIDS is a development crisis, and in some parts of the world is rapidly becoming a security crisis too. There is now a compelling evidence .... that the trend in HIV infection will have profound impact on future rates of infant and child mortality, life expectancy and economic growth. These unprecedented impacts at the macro-level are matched by the intense burden of suffering among individuals and households. AIDS is unique in its devastating impact on social, economic and demographic underpinnings of development."*

As it is today, 34.3 million people have contracted the HIV virus; in addition to that, it is estimated that about 18.8 million people around the world have died of AIDS, of which 3.8 million of them are children (UNAIDS, 2000: 8). Within South Africa, The Department of Health has noted that,

*"The epidemic is growing rapidly, with over 1500 people becoming infected each day. This is equivalent to more than 550000 new infections a year. The UNAIDS estimates that South Africa alone has more HIV infected people than in any other country, except India.... Within three years almost a quarter of a million South Africans will die of AIDS each year, and that this figure will have risen to more than half a million by 2008. Average life expectancy is expected to fall from about 60 years to around 40 years between 1998 and 2008 (Department of Health, 2000:3)*

What is most disturbing about these figures both national and international is that, the youth, particularly young women, seem to be the most affected group. The Department of Health, in South Africa, has noted that "young adults are having the highest levels of infection. By implication the nation's economically active population and future leaders are thus at greatest risk "(Department of Health, South Africa, 2000:9). The Daily News (12/01/2000) put this concern bluntly... "that more than half of all new infections world-wide –about 7000 a day – are among young people aged between 10-19."

It was in view of the above concerns that this study was conducted. The focus of this study is around the role of youth leadership in promoting public awareness on HIV/AIDS and in HIV/AIDS education campaigns. The study is limited in view of time constraints; I have restricted my research to the University of Durban Westville. I used this setting as a case study with the aim of providing a basis for discussion and action amongst youth leaders on how they can contribute to broader campaigns against HIV/AIDS.

## **1.2 Statement of the Problem**

This study has four key research questions that it seeks to address at the end. First, what is the current level of HIV infection at the University of Durban Westville. Secondly, what is the degree of awareness on HIV/AIDS, particularly amongst the student leadership? Thirdly, what are student leaders doing with regard to this problem of HIV/AIDS, fourthly, how effective are student leaders in promoting, endorsing and leading programmes to

counter this pandemic.

The assumption is that youth leaders have a critical role to play in this context. However, in my experience as a student leader at UDW, I have not witnessed or been involved in any systematic attempt by the students to address the HIV/AIDS pandemic. This experience is in contrast to knowledge of concerted actions taken by many youth leaders elsewhere, notably in Uganda. Uganda is considered to be relatively successful in an attempt to build a civil society and at the same time, responding actively to the challenges of the AIDS pandemic (Whiteside and Sunter, 2000: 133). The Ugandan government engaged religious and traditional leaders and other sectors of society in a vigorous debate to raise awareness and forge consensus around the need to address the HIV. Active prevention programs included education on delaying sexual relations and negotiating safe sex behaviour amongst schools children, and of setting up community groups to counsel people and families living with HIV/AIDS. Unfortunately, the same cannot be said of the student leadership at UDW. The preliminary results of this study have shown that the role of the student leadership has been minimal, particular on HIV/AIDS awareness initiatives, and when they have intervened it has been in an ad hoc, unorganised way.

I contend that the youth leadership in South Africa has not addressed the HIV/AIDS pandemic on the basis of coherent institutional and organisational policies. In order to argue this point further it would be appropriate to firstly establish what the youth leadership has done and is doing with regard to addressing HIV/AIDS. Following to that

will be an attempt to investigate the role of the youth leadership in HIV/AIDS related programmes; specifically at UDW, and generally, to provide a basis for designing programmes for youth leaders elsewhere in South Africa.

### **1.3 The Motive for the Study**

One of the principal reasons that motivated me to pursue this study, was the idea that tertiary institutions owe it to the broader community to initiate programmes that would empower the society at large on HIV/AIDS initiatives. My concern is that much 'education' on HIV/AIDS to date has been to shock people by broadcasting statistics and figures on rates of infection, rather than to carry out systematic and coherent programmes that assist to reduce rates of infection (though the situation is changing now). Little is gained from showing that the youth is the most affected group in our society if there are no means to involve and empower them, particularly to deal with the impacts that this pandemic can have in their daily lives. My study was also motivated by the message that recently was communicated through the Daily News (12/01/2000) by the Chairperson of the National Youth Commission, Jabu Mbalala.

For him,

*"As youth we have a responsibility to educate ourselves about HIV/AIDS. AIDS is not a myth or a rumour but a reality that will affect us all in some way in our lifetime. We may not be able to see HIV/AIDS with the naked eye but unless we join the fight we will be affected by it in some way."*

Mbalala's comment emphasizes the need for greater public awareness on the significance of HIV/AIDS in South Africa. It follows that youth leadership and the youth

in general has a significant role to play in promoting public awareness on HIV/AIDS. For instance Vukile Pokwana, also a youth leader, quoted in City Press (03/05/2000), suggested that,

*"What we need in this country today is a programme that will get the youth embarking on a discourse about AIDS that will lead to conscientising others about the importance of safe sex. We also need a programme that will go beyond awareness and look at issues of prejudice, support for affected families, distributing information aimed at stopping the virus and care for the people living with AIDS."*

As noted, this research is a case study. It focuses on the students between ages 18 and 26 at the University of Durban Westville. I have chosen this age grouping simply on the grounds that it incorporates students at UDW who can be categorised as youth. When defining the 'youth' the Population Reference Bureau noted that, youth generally means people between ages of 10 and 24, which includes preteens and teenagers (ages 10-to-19) and young adults' ages 20 to 24 (2000:2). However, it should be noted that the definition of the youth varies in different contexts. For instance, when the National Youth Commission was tasked to formulate policy framework for national and provincial government department in South Africa of which one of its aim was to define youth, the NYC defined the youth as "young persons between the ages of 14 and 35 (HSRC, 1996). There are also 'leaders' of students such as management personnel and students who were above 26 years, but my concern was with students who were recognisably 'young' and with leaders drawn from within the latter number.

One important stimulus was a survey on HIV/AIDS at UDW in 1999. This survey revealed that 88 of 385 tested (male and female) students were HIV positive. In other words the implication was that 22.86% of students at UDW were HIV positive (Brimer, 1999). In view of these developments, as noted in my introduction and recent vacillation of the government on HIV/AIDS, it is probable that the percentage rate of infection has increased since then. However, it worth highlighting at this stage that there have been several initiatives to raise the student's awareness of HIV/AIDS at UDW, which can be categorised as follows:

**(a) Programmes by the Wellness Centre at UDW**

The principal function of this centre is to co-ordinate and implements all HIV/AIDS programmes at UDW. Part of these programmes includes handing out information leaflets and booklets on HIV/AIDS, offering counselling to HIV infected and non-infected students and staff.

Furthermore, the Centre has been responsible for inviting a number of experts on HIV/AIDS to present research papers. For instance, in September 2000, the Centre launched a programme known as 'The Women Against AIDS Initiative at UDW. Ludna Nadvi who organised this event stated that, "The Women Against AIDS Initiative at UDW," intends to have a strong advocacy role to put pressure on organisations in both private and public sectors, to deal with the AIDS pandemic as a humanitarian crisis and lobby for action." (Inside UDW. Newsletter: 09/2000)

## **(b) Student Representative Council**

The Deputy Secretary-General of the SRC has advocated HIV/AIDS related programmes. Her agenda for the year 2000 included awareness programmes such as an HIV/AIDS Talk (where I was invited to give a talk on HIV/AIDS pandemic), sex education by means of distributing condoms, HIV/AIDS leaflets, and organising a 'focus week' on HIV/AIDS.

## **(c) The UDW HIV/AIDS Committee**

This committee was formed in 1999 through the efforts of the Academic Registrar. Its primary function was to address the need for a university policy on HIV/AIDS. This committee worked closely with other people and units that specifically deal with HIV/AIDS initiatives at UDW, namely;

- ❖ the Wellness Centre,
- ❖ Centre for Educational Research, Evaluation and Policy (CEREP),
- ❖ Student representative Council (SRC),
- ❖ University Of Durban Westville management (Academic Registrar
- ❖ and the UDW workers Unions, Academic Staff Association (ASA) and Combined Staff Association

Apart from being a member of the UDW-AIDS Committee, I was also appointed by this Committee to formulate a Draft Policy on HIV/AIDS for UDW community. This alone had a significant impact on this study. The process of drafting a policy began in the first week

of August 2000 and was completed in November 2000.

This committee has managed to lobby various national and provincial institutions and committees around the HIV/AIDS pandemic. For instance, UDW committee managed to forge good working relations with the University of Natal and the University of Pretoria. The basis of these relations stemmed out of the fact that these institutions had long been exposed to HIV/AIDS research, debates and forums through their research units and Support groups. The UDW committee was able to build its strength from these institutions. The pro-active measures of the Committee revealed by contrast lack of intervention and involvement by the student leadership at UDW. All HIV/AIDS programs by the students at UDW were, and are still confined to one office, the Deputy General Secretary of the Student Representative Council. And during the interviews it became apparent that almost all clubs and societies including the SRC do not have policies on HIV/AIDS

In view of the above, it seems that youth leadership at UDW, at least, is not playing an effective role in combating HIV/AIDS. There are also indications that this situation at UDW prevails elsewhere. For instance, Cameron Tabane, of the Pan-Africanist Youth Congress, accused the ANC Youth League and Youth Commission of being responsible for the destruction of young people. According to him, as a youth organisation they warned the Youth League in 1999 when they started,

*"Organising Kwaito bashes and street parties on June 16 that they were going to detract young people from the real issues. Young people are disillusioned. What has the Youth Commission done for them? They don't even know it exists..."*

*...Youth leaders in the government and political parties have failed to provide leadership on issues affecting the youth. For him they follow everything that old leaders adopt even if it's to the detriment of youth. GEAR (the government's economic policy) has cost us many jobs, yet the so-called youth leaders in the government supports it. The President has adopted a disastrous view on HIV/AIDS, which is killing young people, and still they support him. Youth leaders have themselves failed to provide leadership on youth congress" (Sunday Times, 12/10/2000).*

## **1.4 The aims of the study**

This study therefore seeks to assess the suspicions voiced by Tabane, and my own doubts about the role of student leadership at UDW. Put differently, the study assesses the activities of the student leadership with a view to:

1. Establishing a clear understanding of what the leadership has done and is doing to promote awareness and education campaigns at UDW.
2. Providing a basis for the development of an appropriate HIV/AIDS education campaign at UDW.
3. Contributing to the broader policies and debates on HIV/AIDS awareness and Education.

## **1.5 The Significance of the Study**

This study has been carried out primarily to establish a basis for the development of a policy on HIV/AIDS in UDW. However, it also seeks to contribute to the broader debate on the role that youth leadership can play, in initiating awareness programmes on HIV/AIDS.

Therefore the principal targets of this study were,

- (i) The student leaders, and the university management at UDW,
- (ii) Organisations like Youth Commission, Political Parties and youth organisations,
- (iii) And other institutions such as NAPWA, Health Systems Trust, which are involved in designing and implementing policies on HIV/AIDS awareness campaigns.

## **1.6 Outline of dissertation content**

This section deals with the arrangement of following chapters in the dissertation.

### **CHAPTER TWO**

#### **Literature Review.**

A review of literature on the countries or institutions that have adopted a pro-active role on HIV/AIDS awareness initiatives. I focus primarily on the Ugandan literature. The Ugandan government has played a significant role in terms of initiating HIV/AIDS programs that subsequently stimulated active involvement of the Ugandan youth. The review also includes research done at UDW, policy documents and management records on HIV/AIDS.

### **CHAPTER THREE**

#### **Research Methodology**

This Chapter discusses the hypothesis, and the sample of informants, the interviews and the group discussions.

## **CHAPTER FOUR**

### **UDW student leadership and HIV/AIDS**

This Chapter analyses and interprets the data on the involvement of the student leadership on HIV/AIDS initiatives at UDW.

## **CHAPTER FIVE**

### **UDW Management and HIV/AIDS**

This Chapter analyses the responses and documents by the UDW management and staff on HIV/AIDS awareness initiatives.

## **CHAPTER SIX**

### **The Conclusion and the Recommendations**

The conclusion of this study presents the findings of this research and also highlights whether the goals and the aims of this study have been achieved. Therefore the recommendations, based on such findings will be presented with an ultimate objective, to develop a framework that will be essential for policy formulation. Lastly, it should be noted that this study does not only seek the maximum participation of the youth on HIV/AIDS prevention strategies but also seeks to stimulate a broader, informed debate as well as a pro-active stance by the youth.

## CHAPTER TWO

### Literature Review

#### 2.1 Introduction: An overview of the global trends of HIV/AIDS

The global significance of HIV/AIDS has been emphasised in the new millennium, as has the need for coherent initiatives to combat this pandemic. For instance the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2000:8), have recently noted that,

*"When AIDS emerged from the shadows two decades ago, few people could predict how the epidemic would evolve, and fewer still could describe with any certainty the best ways of combating it. Now, at the start of the millennium, we are past the state of conjecture. We know from experience that AIDS can devastate whole regions, knock decades off national development, widen the gulf between the rich and poor nations and push already-stigmatised groups closer to the margins of society."*

The above quotation indicates the political and economical implications of the pandemic. Poor nations find it difficult to cope with the political and economic aspects of the HIV/AIDS pandemic, let alone the general issue of citizen's health, because 'poverty' often occurs with high rates of unemployment, of sexually transmitted infections and of crime. Furthermore, in Africa, some nations are still contending with the legacy of political and social disruptions of civil wars. The difficulties have recently been highlighted in the World Bank Policy Research Report (World Bank, 1997:V):

*"Each day about 8,500 people, including 1,000 children, became newly infected. About 90 percent of these infections occur in developing countries, where the disease is likely to exacerbate poverty and inequality. But HIV/AIDS is not the only problem demanding government attention. In the poorest countries especially, confronting AIDS can consume scarce resources that could be used for other pressing needs. How can developing country governments and the international community identify the public priorities confronting this global epidemic?"*

## 2.2 The impact of HIV/AIDS Pandemic in Africa

The impact of the HIV/AIDS pandemic in Africa has been aptly highlighted recently by Souleyman Mboup (2000:6):

*"Despite all global, regional and individual efforts, the epidemics of HIV/AIDS are still growing in developing countries and more especially in sub-Saharan Africa and South East Asia, although some rates of infection are starting to decline, in specific groups in some countries. In many African countries HIV/AIDS has become a major public health problem of almost unmanageable proportions. It is now widely acknowledged as constituting a significant component of Africa's socio-economic crisis."*

Grassly and Garnett (2000:11-12), stated that:

*"The sub-Saharan Africa has suffered the greatest losses to AIDS mortality accounting for 84 per cent of all AIDS deaths (UNAIDS/WHO:1999). Decades of economic growth and development have been wiped out by the HIV pandemic. The epidemic in Africa is not only impacting on life expectancy but is expected to have a major negative impact on economies, with declining GDP's in many countries attributable in part to AIDS mortality."*

Likewise, a presentation by Nathanson (2000:10) combined the views above:

*"The impact of AIDS on developing nations and many mid-developed countries is staggering with even greater potential disaster to come. AIDS in Africa is killing ten times as many people as war, sabotaging economic development, leading to massive social breakdown and creating a generation of orphans. AIDS is reversing decades of progress in public health, lowering life expectancy, and significantly affecting international business. Lost productivity and profitability, the cost of sickness and death benefits, and the decline in a skilled workforce in the developing world will have world-wide economic impact."*

On the other hand the recent statistics by the UNAIDS (1998:1) on HIV/AIDS trends in Africa have noted that:

*"Africa continues to dwarf the rest of the world on the AIDS balance sheet. According to UNAIDS and WHO estimates, 7 out of 10 people newly infected with HIV live in sub-Saharan Africa; among children, the proportion is 9 out of 10. Of all AIDS deaths since the epidemic started, 83% have been in the region. At least 95% of AIDS orphans have been*

*in Africa. Yet only one-tenth of the world's population lives in Africa south of the Sahara. The sheer number of Africans affected by the epidemic is overwhelming. Since the start of the epidemic, an estimated 34 million people living in sub-Saharan Africa have been infected with HIV. Some 11.5 million of those people have already died, a quarter of them children. In the course of 1998, AIDS will have been responsible for an estimated two million funerals in Africa."*

Most disturbing about the above indications is that,

*"The majority of the reported cases in Africa among adults aged between 15-49 years, which is the reproductive age group in any society. The male to female ratio of cases is 1:1 although amongst younger age groups the number of females outnumbers that of males. In countries where the epidemic is spreading rapidly, there is a meteoric rise in infection rates in females in the 15-19 age group" (Tembo, 2000:16)*

A recent report by UNAIDS (2000) on specific age groups that are reported to be highly affected by this pandemic, particularly in the context of Africa, noted that,

*"In most sub-Saharan countries adults and children are acquiring HIV at a higher rate than ever before: the number of infections in the region during 1999 was 4.0 million. This acceleration effect is yet another challenge posed by long standing epidemics. As the rate of infection in the general population rises, the same patterns of sexual risk result in more new infections simply because the chances of encountering an infected partner become higher. Altogether, there are now 16 countries in which more than one-tenth of adult population aged 15-49 is infected with HIV. In seven countries, all in the southern cone of the continent, at least one adult in five is living with the virus."*

In sum, Africa seems to be the continent with very high rates of HIV infection and AIDS deaths. This impression is reinforced every day in South Africa. Issues like high number of funerals every week and how to best treat HIV/AIDS are common topics in the media everyday and conversations. All discussions have one thing in common, to arrive to an effective solution of the problem. When commenting about some of the things that are responsible for the spread of this

pandemic in Africa, Mhalu (2000:4-5) noted that "The major facilitators of heterosexual HIV epidemic in sub-Saharan Africa are:

- ❖ Ignorance of the population.
- ❖ Poverty including poor health care systems and facilities.
- ❖ Low socio-economic status especially of women compared to men.
- ❖ Social demographic and cultural conditions in communities with predominance of one sex such as in the military, mines, fishing villages and among long distance truck drivers. These are clear examples of conditions in which men share the sexual favours of few females who happen to be nearby.
- ❖ High prevalent infections including sexually transmitted diseases and tuberculosis which facilitate HIV transmission and increase replication of the HIV. Between 30%-50% of females in the reproductive age group have more one or more than 80% of the adult population have latent infection with the tuberculosis agent.
- ❖ Mystification of sexuality and denial of existence of sexual life among youth and adolescents thus preventing open discussion and sharing of desires, fears and expectations of would - be sex partners and avoiding to educate adolescence and the youth.

Marlink (2000:185) also expanded these views:

*" AIDS in Africa has reached such catastrophic levels that analogies to past wars and plagues no longer drive home the present-day to-urgency. AIDS in the continent is not only affecting many millions, but even more catastrophically, adequate care and treatment for HIV infection are essentially non-existent in most African settings."*

In other words, living conditions in Africa play a significant role in spreading the HIV/AIDS virus.

### **2. 3 HIV/AIDS in Southern Africa with special reference to South Africa**

Current studies on the HIV/AIDS pandemic indicates that the southern region is the most affected area in the world, particularly South Africa<sup>1</sup>. For instance, when comparing the rates of infection in this continent Tembo (2000:17) noted that:

*“The horn of Africa has relatively low levels of HIV infection except for Ethiopia where infection levels have reached the proportion of some countries in Southern Africa. HIV prevalence rates range from 5-10 per cent in pregnant women attending antenatal clinics. The epidemic in East Africa is among the oldest and most mature epidemics in Africa. HIV prevalence among women attending antenatal clinics in urban areas of this region ranges from 15-25 per cent. Uganda has seen a decline in HIV prevalence rates in specific populations and areas in the past years. Conversely, other countries in the region have seen a meteoric rise in prevalence rates. The HIV/AIDS epidemic in West Africa appears to have been concentrated in specific countries and population groups. Cote d’Ivoire is the main hub of infection in this region with prevalence rates of above 15 per cent being recorded amongst pregnant women in Abidjan. Ouagadougou in Burkina Faso shows similar prevalence rates to that of Abidjan. Although the HIV/AIDS epidemic is reported to have stabilised at lower levels in a number of West African countries in this region, other countries are experiencing a rapidly spreading epidemic. In Nigeria, for instance, it is estimated that the number of people infected with HIV infection is well over 2 million...Southern Africa is experiencing the worst epidemic of HIV/AIDS in the continent. Prevalence rates of HIV infection in pregnant women are as high as 45 per cent in Francistown, Botswana and in some sites in Zimbabwe. In Malawi, Zambia and Namibia prevalence rates range between 25 and 30 per cent. South Africa has probably the fastest spreading epidemic in Southern Africa. In some parts of South Africa, prevalence rates*

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<sup>1</sup> I have heard that a recent (June 2001) TV news report stated that Tanzania has overtaken South Africa as the sub-Saharan country with highest infection. I have not been able to confirm this report.

*have increased from less than 1 per cent in 1990 to over 18 per cent in 1998."*

To support the above noted statement on HIV/AIDS prevalence in the southern region both Decosas and Beaston (2000:26) noted that,

*"The evolving history of the HIV epidemic in the southern Africa is a history of a devastating public health crisis. It is therefore not surprising that the world receives the images of AIDS from this region through the filters of doom and gloom, invariably couched in statistics of large numbers. The advent of AIDS has made life in southern Africa more difficult, more tragic, and filled with some suffering."*

When presenting statistics prior the XIII International AIDS Conference in Durban (2000), both Karim and Karim (2000:7) argued that,

*"South Africa had a relatively late introduction of HIV but is currently experiencing an "explosive" spread of HIV. HIV infection amongst antenatal clinic attendees rose from 0.76% in 1990 to 22.8% in 1998. It is estimated that approximately 4.2 million South Africans are currently infected with HIV, accounting for a disproportionate 10% of the global burden of infection."*

## **2.4 The impact of the HIV/AIDS pandemic to the youth**

According to the Development Update (2000:145):

*"More than 10 million young people between 15 and 24 years are presently infected with HIV world wide, and that this number increases by 2.6 million each year. That's 7000 new infections a day. Every minute, five young people will be infected with HIV. If we extrapolate the figures for the South Africa in a similar way, we get 150 children under the age 15 being infected everyday. UNAIDS estimates that more than this number of 15 to 24 year olds contract the virus daily."*

Most disturbing about the above figures is that the rate of infection is escalating.

This situation can be attributed to a number of factors. For instance, the Population Reference Bureau (2000:10) had noted,

*"Adolescents are at high risk of contracting HIV and other STI's because, among other reasons, they often have multiple short-term*

*sexual relationships and do not consistently use condoms. They tend to lack sufficient information and understanding of HIV/AIDS: their vulnerability to it, how to prevent it, and self-confidence necessary to protect themselves."*

In other words youth are particularly vulnerable to infection, a point that has often been made by others. For instance, the Social Marketing for Adolescent Sexual Health, SMASH (2000:5) noted:

*"One third of sub-Saharan Africa's 630 million people are between the ages 10 and 24 – a group that is increasingly vulnerable to health risks... More than half of all new infections are among young people ages 15-24, and every year about 1.7 million young people in Africa become infected."*

Likewise Tembo (2000:16), noted:

*"In the worst-affected areas, young people are especially more vulnerable to HIV infection. The early age at which most teens begin having sexual intercourse greatly increases their chances of acquiring HIV infection. Studies in Africa show increasingly that many youths are acquiring HIV infection at a very fast pace. More often, girls become infected at a younger age than boys. Recent studies in Kenya and Zambia showed 22 per cent of girls were infected compared to 4 per cent and 4.5 per cent boys in the respective countries. The age group at infection indicates that young girls are getting infected through sex with older men. Many girls may choose such relationships because they come with gifts, money or other favours. The prevalence of social ills such as rape and sexual exploitation is on the rise in most African countries. This behaviour presents serious risks for HIV infection, especial for women."*

What worsens the situation is that a number of young, sexually experienced youth believe themselves at little or no risk of AIDS because they "stick to one partner." Adolescents may not be aware that their partners' sexual history may put them at risk or that their partners could have other partners (Population Reference Bureau, 2001:5)

Compounding the problem, according to the SMASH (2000:5)

*"Young people are at high risk of unintended pregnancies and sexually transmitted infections (STI's) including HIV/AIDS because they are sexually active at younger ages than in previous generations or delayed marriages until they are older. As a group, they tend to be uninformed or misinformed about sexual and reproductive health and reluctant to take action to protect themselves."*

Aggravating the youth's vulnerability is the limited implementation and poor co-ordination of HIV/AIDS programmes. In particular, "past initiatives have used a top-down-approach with adults addressing young people as children, such that the key messages are often ineffective" (Development Update, 2000: 144)

In sum, the vulnerability of youth to HIV/AIDS is increasing and is due to a wide range of factors (Elliot, 2000; Tembo, 2000).

## **2.5 The impact of the HIV/AIDS pandemic to the South African Youth**

To summarise, current research has shown that, the youth is the most affected group in South Africa. This is in contrast with a popular assumption that in most instances people who are illiterate and unemployed, particularly in rural areas, tend to be the victims of the HIV/AIDS.

The need for a focus on youth is beginning to be acknowledged in South Africa. For instance, upon his visit to South Africa during the XIII International AIDS Conference in Durban, Dikembe Mutomba, NBA basketball player for Atlanta Hawks, was quoted in the Daily News (06/12/2000) as saying that,

*"I know the epidemic mostly affects the young people in South Africa, they are the one's who are mostly vulnerable. I am here to show my support, and to fight the struggle for our children."*

Nonetheless, we should not forget that a focus on youth, and by implication on youth leadership, has already been occurring elsewhere in Africa, notably in Uganda. In Uganda, the factors attributed to the marked decline in infection rates (in stark contrast to what South Africans have witnessed in the last two years) include:

- Head of State being committed to trying to save his people.
- State, churches and NGO's working together;
- A policy of promoting 'Behaviour Change,'
- A policy of non-discrimination against people living with HIV/AIDS
- The courage and openness of people with HIV to speak out (Duggan, 2000:29).

With regard to HIV/AIDS pandemic and the Ugandan youth a special a programme known as '*Education for life-A Behaviour Change Process*' has been introduced to prevent the spread of HIV/AIDS. Through this programme, many young adults made commitments to abstain from sex outside marriage or to turn away from behaviour that would put them at risk, (eg. drugs and alcohol). Furthermore, support groups, such as 'Youth Alive,' were established, to promote positive peer pressure among the youth, and to encourage their involvement in various church and community activities, including supporting young people living with AIDS. This programme has spread to many other African countries: Zambia, Kenya, Zimbabwe and Tanzania (Duggan, 2000:30)

Upon her visit South Africa, Edith Mukisa the founder of the Uganda's Teenage HIV/AIDS Clinic in Nuguru, was quoted as follows,

*“The subject of HIV/AIDS is no longer a taboo, more people are voluntarily going to be tested, to find out their status. But most significantly, Uganda’s youth regarded as the country’s window of hope have started changing their behaviour. Young men and women are waiting longer to have sex. When they do, it is usually with one partner. And if they embark on a more promiscuous lifestyle, they use condoms (Daily News, 06/11/2000)*

Such affirmation that the youth can play a role poses the question of what could be done in South Africa to involve the youth on HIV/AIDS awareness initiatives? Another question that can also be asked at this stage is, is the South African youth doing enough on HIV/AIDS? This brings us to this study, 'Youth leadership in promoting public awareness on HIV/AIDS and in HIV/AIDS awareness and educational programmes: A case Study of UDW.'

## **2.6 HIV/AIDS and the South African Tertiary Institutions; with Special reference to UDW and UND**

Since the emergence of the pandemic over two decades ago, HIV/AIDS has been the centre of discussions and debates, particularly in tertiary institutions. To illustrate the seriousness, with which tertiary institutions view the HIV/AIDS epidemic, it is worth citing the position of Commonwealth universities (1999: 3) as follows:

*“Many Commonwealth universities face such grim realities daily. Staff and students are falling sick and dying, with concomitant reductions in income and productivity on the one hand and rising costs on the other. How will universities already facing severe budgetary problems deal with this? The role of universities as opinion formers within society, their pivotal position in the creation and dissemination of knowledge and the fostering of innovation, and their contribution to their nation’s human resource capacity marks them out as an essential site for the establishment of national, regional and global responses to the scourge of HIV/AIDS.*

It was against this background that the University of Natal and the University of Pretoria established working relations on all HIV/AIDS related initiatives. These working relations were centred on sharing ideas, resource materials and other institutional strategies to combat the spread of HIV/AIDS in their institutions. Recently these institutions have been informally joined by institutions such as the University of Stellenbosch, Rhodes, Durban Westville, Vista, Witwatersrand, Peninsula Technikon and Technikon Natal (Preston-Whyte, 1999: 1)

The reason that motivated these institutions to join together against the spread of AIDS was that students and staff were gradually losing their lives to HIV/AIDS. For instance, the Commonwealth Symposium (1999:13) noted that

*"The incidence of infection in the universities is increasing rapidly because young people are becoming sexually active at ever younger ages and because the participants in many instances fail to take advantage of protection offered by the use of condoms."*

Some of the institutions decided to take a pro-active stance and coherent strategies to combat the spread of this epidemic amongst their students. When describing the situation at the University of Natal, Professor Preston-Whyte (1999) noted that:

*"The University of Natal recognised the problem of HIV/AIDS early in the epidemic. This resulted both in the swing of a number of existing research thrusts to address the issue, and also in the realisation that we would need, as an institution, to consider and plan for possible effects which the epidemic would have on staff and students. While it is largely the latter that I will be considering here, it is instructive to note that the University now has a number of dedicated research centres and units focussed on HIV/AIDS. These range across the full academic spectrum – from biomedical to social/behavioural.... We have held, and will continue to hold, research forums designed to focus on, and discover such synergies."*

In addition, the universities of Natal and of Pretoria have been instrumental in formulating of a number of policies around HIV/AIDS pandemic. This includes the 'National Policy on HIV/AIDS for all Staff and Students in Universities and Technikons Draft'. According to this draft policy (2000:8),

*"The tertiary sector is particularly vulnerable to HIV and AIDS. The age of the students makes it likely there will be many students who enter the sector already living with HIV. In addition, both the lecturing and support staff are likely to have some people infected. The impact that this will have is yet unknown, but institutions will have to prepare for large component with HIV and with some deaths from AIDS. This makes it imperative that the tertiary institutions prepare for the impact of this epidemic in all aspects-education, counselling, care and support. The epidemic may affect the ability of students to repay loans and fulfil bursary obligation. Institutions need carefully to access the financial and legal implications of the epidemic. They must also plan for the likely change in student enrolment, the early boarding of staff and the loss of their graduates."*

The warnings in the policy have been affirmed by two recent surveys conducted at the University of Natal-Durban and UDW. According to the ABT Report (1999: 2) on the current HIV/AIDS prevalence in the University of Natal and in the University of Durban Westville,

*"For 1998, anonymous, unlinked testing of blood specimens of 240 students attending the clinics with STD's indicated levels among males of 13.4% and females 16.3%. How representative these figures are of overall student infection levels, even among people with STD's is unclear. Several possible biases introduced by, for example, age profile and possible use of other off-campus or health care for STD's, could not be quantified."*

The UDW management authorised a survey on its campus. However, it should be noted that there were a number of factors that motivated the UDW management to pursue the matter; one being the suspicious deaths of 40-50 students. By and large it seemed as if there was a strong connection between

the death of these students and the HIV/AIDS pandemic. Against this background the university management decided to commission Prof. Smith (from the Department of Virology at the University of Natal, Durban) to conduct a study, to establish the infection rates amongst students. This survey was conducted in February 1999, with students as its sample. A large proportion of the sample was drawn from the first entry students, and the justification for that was that senior and post graduate students resisted to participate in the survey. The survey consisted of the anonymous saliva tests. However, at a later stage the results of this survey did not remain anonymous (the reasons are discussed in Chapter Four and Five).

When commenting about the results of this survey Brimer (1999:1) noted that:

*“ This was a world first, as far as we know. In so far as the statistics are reliable, we discovered that 22,8% of our students are HIV-positive, and that approximately twice as many women as men are HIV-positive. This put the campus about 10% below the estimated average for the Province, a fact which is small comfort. Many of those tested would have been fresh intake from schools. Female students, it seems, are being infected while still at school. Many male students have to wait longer than female students before becoming habitually sexual active, and so their rate is lower than that of females. And of course, we know that females are biologically more susceptible than males.”*

The survey final results are outlined below:

Figure I : **Saliva results of HIV prevalence at UDW in 1999**

<b>Overall prevalence</b>	<b>: 88/385 = 22,86%</b>
<b>Females</b>	<b>: 65/230 = 28,3%</b>
<b>Males</b>	<b>: 23/154 = 14,94%</b>
<b>Males &lt; 25 years</b>	<b>: 10,5%+</b>
<b>Males &gt; 25 years</b>	<b>: 23%+</b>

**Females < 25 years : 25%+**

**Females > 25 years : 29%+**

When analysing the UDW survey- Preliminary results the ABT Associates Report (1999) noted that,

*"The preliminary results of a seroprevalence survey among students at the University of Durban Westville in March 1999 may provide the best available evidence of the likely magnitude of HIV infection among University of Natal students... Caution clearly has to be exercised in extrapolating from the sample even to all black students at University of Durban Westville. In particular, preliminary analysis indicates that the participation of male students at high risk may have been low. In addition, sample size for ages 15-19 and ages over 30, and among men were small.... However, the survey gives a clear indication that high levels of HIV infection among students are likely to exist."*

Irrespective of its limitations, the 1999 survey identified a problem at UDW, and also indicated the need for a systematic approach to resolve it. This is further discussed in Chapter Four and Five.

## **2.7 Conclusion**

This Chapter reviewed literature in relation to the study, which shows that South Africa has a very high infection rate, particularly amongst the youth. However, I could not find literature on what the youth has done in order to address this situation.

The 1999 saliva test survey conducted at UDW affirms the reports on the general high rate of infection of people, particularly the youth. With regard to the lack of literature in what youth are doing to address the situation, my study is an attempt to provide some baseline information for South Africa.

## **CHAPTER THREE**

### **Research Methodology**

#### **3.1 Introduction**

This Chapter presents the procedures and techniques used in the study to collect data. This study adopted qualitative research methods, notably, interviews and group discussions. Furthermore, the research entailed a degree of participatory research, because I, as a researcher, was involved in some of the forums and organisations set up at UDW to address the HIV/AIDS pandemic.

Prior to beginning the study I had been a member of the Student Representative Council, for almost three terms of office. My term of office came to an end in May 2000. Most crucial is that I was also a member of the UDW-HIV/AIDS Committee.

#### **3.2 The Research Design**

The aims of this study, as noted in Chapter One, are as follows:

- (i) To establish a clear understanding of what the student leadership has done and doing about HIV/AIDS at the University of Durban Westville.
- (ii) To provide the basis for the development of an appropriate HIV/AIDS education campaigns at UDW.
- (iii) To further contribute to the broader local and national policies and debates on HIV/AIDS awareness and education particularly on the role of the youth leadership on this epidemic.

However, it worth highlighting that more emphasis was laid on the first aim. In order to assess what student leadership has done and doing about HIV/AIDS at UDW, I conducted group discussions and interviews with the student leadership, mainly the Chairpersons of clubs and societies, SRC, Unions, Academic Registrar, Director of CEREP, Student Counsellor at the Wellness Centre.

### **3.3 Sampling Framework**

The main focus of the study was on the youth leadership on HIV/AIDS at the University of Durban Westville. This meant that I had to work closely with the Student Representative Council and clubs and societies. Out of 35 Clubs and societies that fell under the SRC's jurisdiction, 13 of them were randomly sampled for the study. In addition I selected two SRC officials, (the President and the Deputy Secretary-General) as the central institution of the student leadership on campus. The sampling technique was done by putting 35 names of clubs (written on paper) into a hat and without looking at the names, I took out 13 paper slips indicating these clubs that were to participate on the research interviews and group discussions. Immediately thereafter I contacted chairpersons of these clubs and societies in order to arrange group discussions and interviews.

Having got 13 clubs and societies and selected two SRC representatives, I then arranged a group discussion with the chairpersons of clubs and societies and representatives from

the SRC. I used the group discussion to ask if it was appropriate, for the purpose of this study, to interview the chairpersons. They all agreed with this view and shared similar sentiments in their responses. Their responses indicated that in most instances chairpersons are the most knowledgeable persons about the state of affairs on campus as well as on organisational matters. They further agreed that individuals elected to this position were those who had experienced and knowledge of how the organisation worked.

### 3.4 Description of the Sample

This study was conducted with a sample of 15 out of 35 student leaders including the SRC. In addition to that 5 research participants were drawn from the university structures that focused on HIV/AIDS related initiatives. All in all there were 20 research participants.

The following list presents the organisations interviewed for the study:

<b>Portfolio</b>	<b>Organisation</b>
1. Executive Director	: South African Liberal Student Association
2. Chairperson	: Commerce Faculty Council
3. Treasurer General	: Student Christian Fellowship
4. Chairperson	: South African Student Congress
5. Deputy Secretary	: Student Representative Council (UDW)
6. President	: Student Representative Council (UDW)
7. Chairperson	: South African Democratic Student Movement
8. Chairperson	: Amnesty International

9. Chairperson : Information Systems & Technology Society
10. Chairperson : Islamic Student Society
11. Chairperson : Taifa-la-wato Student Movement
12. Chairperson : “P” Block House Committee
13. Chairperson : Dental Therapy Student Association
14. Deputy Chair : Azanian Student Congress
15. Chairperson : Pan-African Student Movement of Azania
16. Prof. Brimer : University Management (Academic Registrar and  
Chair of the UDW-AIDS Committee)
17. Director : Centre for Educational Studies, Evaluation &  
Policy
18. Student Counsellor : Wellness Centre
19. Organiser : Combined Staff Association
20. Chairperson : Academic Staff Association

In addition, I conducted interviews with representatives of other organisations, off campus, that are involved in HIV/AIDS awareness initiatives: these were the National Association for People with AIDS and Health Systems Trust.

### **3.4.1 Gender**

Out of 15 clubs and societies (including two SRC officials), 13 of them were males and 2 of them were females. In other university organisations four of them were men and one was a women.

### **3.4.2 Age group**

Out of 15 clubs and society's chairpersons interviewed, 12 of them were between the ages 20 and 24.

## **3.5 Research Instruments**

The interview schedule (**see appendix 3-5**) was designed and structured around:

- ❖ The student leadership's awareness on HIV/AIDS initiatives at UDW
- ❖ HIV/AIDS policies
- ❖ The 1999 saliva test survey, and the response of the student leadership towards that survey.
- ❖ The role of the student leadership on HIV/AIDS awareness initiatives at UDW.

I constructed a formal set of interviews (**see appendix 3**) to ascertain the levels of commitment by the student leaders to HIV/AIDS awareness programmes. Like all research techniques, interview schedules have their limitations. Their limitation can be attributed to the fact that interviews involve people. To a certain degree people have their own judgements, attitudes and orientations that shape their way of life Gochros and Bailey (1998:269-273: 1996). This then suggests that one can not always predict the

responses by the respondents.

### **3.6 Field Work**

Table 1 in the next page summarises my fieldwork:

<b>RESEARCH ACTIVITIES</b>	<b>DATE</b>
Attended the XIII International AIDS Conference in Durban (Collected data)	<b>July 4-14, 2000</b>
Visited Economic Research Centre, Department of Economic, UND, to access general literature.	<b>July 2000</b>
Visited NAPWA, and Health Systems Trust, for information.	<b>2-4 August 2000</b>
Notified Clubs and societies and SRC in Writing about the dates for group discussions	<b>14 August 2000</b>
Met with the university manager, CEREP- Director, Wellness Centre-UDW, to introduce the study.	<b>20-22 August 2000</b>
Conducted group discussions with Clubs and societies and SRC to introduce the study and to give dates for interviews.	<b>4 September 2000</b>

Collected information about SRC and Clubs and societies. Talked with some of the UDW-AIDS committee for the type of information I needed for the study	<b>5- 24 September 2000</b>
Finalised the design or structure of the interview schedule.	<b>25-29 September 2000</b>
Interviews with clubs and Societies and SRC. Also UDW management, Wellness Centre, CEREP-Director	<b>9 October to 4 October 2000</b>
Began to write the research content	<b>11 October 2000</b>
University was 'shut down' for December vacations (all department that I was working with for the study were closed the study had to wait for year 2001 for continuation	<b>15 December 2000</b>
Interviewed COMSA and ASA officials for the purpose of the study	<b>2 April 2001</b>

Preliminary work on this study was conducted between June and July 2000 and included the following:

- (1) I worked as a volunteer at the XIII International AIDS Conference in Durban taking notes on pertinent speeches/paper presentations and identifying possible literature.
- (2) I met with UDW management, particularly with the Academic Registrar in order to arrange for access to data on HIV/AIDS at UDW.
- (3) I visited the following organisations:
  - (i) Centre for Educational Research, Evaluation and Policy (CEREP) at UDW to access its database. CEREP is currently establishing a database on AIDS.
  - (ii) The Economic Research Centre, Department of Economics, UND, so as to access general literature on HIV/AIDS
  - (iii) Observe activities all HIV/AIDS awareness initiative at UDW both for staff and students.

Thereafter I conducted a group discussion, as I discuss in detail shortly, followed by interviews with the student leaders and with representatives of other organisations on campus. The group discussion meeting with clubs and societies was arranged through a formal letter in 14 August 2000 (see appendix 1). The intention of the group discussion was to introduce the study to the participants. Firstly, the club representatives were introduced to the nature of the study, its aims and objectives. Thereafter they were allowed to ask questions about the study itself. Club representatives were then

encouraged to discuss the presentation that I had made. They were also encouraged to discuss issues more broadly in order to assist me in my design of the study. Here, it should be noted that I used this strategy primarily because it is commonly used by the SRC in its meetings with the clubs, and thus they were familiar with it. It was in this meeting that the dates for the interviews were also discussed, and I made arrangements with individuals.

The interviews were conducted with chairpersons of the clubs and societies. During the interviews I took notes of the respondents in point form. Subsequently, I compiled notes a comprehensive reports on each interview. The difficulties that were encountered were also recorded. I followed a similar approach in my interviews with representatives of other organisations on campus. The intentions of the study were made known to the participants. Interviews were then conducted. As was the case with the clubs and societies, I took notes during and after the interviews by the researcher. As I went along with the process of the interviews I compiled a diary/report from the notes.

### **3.7 Limitations**

Although I was well acquainted with the procedures that are followed by both clubs and the SRC, there were number of problems that were encountered during the fieldwork. These problems included:

- (1) Out of 15 clubs and societies including the SRC that were invited for this group

discussion invited, only 9 club representatives managed to attend. I continued with the discussion with the representatives who were present, and arranged another meeting with absent representatives.

- (2) I experienced difficulty in arranging meetings with the CEREP Director, the Wellness Centre, CEREP Director and a representative from the university management. The problem was that they were always attending meetings. However, as indicated in Table 1 I managed to resolved these problems.
- (3) The random sampling technique and the use of the chairpersons on the clubs and societies led to a gender imbalance in the sample. The sample size included only two women, one from the SRC and from the House Committee. While it can be argued that in itself the random sampling technique does not guarantee gender balance, the fact is that even in the list of the Chairpersons that I had, showed that there was a very limited number of female students who were involved in the student leadership.
- (4) Some of the students preferred to use the interviews as a platform to attack both the SRC and the university management, in ways that did not serve the purpose of this study. However it should be noted that the sentiments raised by the respondents did provide some information relevant to the study. For instance, some of the aspects of their attack demonstrated that there was 'leadership crisis' at UDW to both management and the SRC, and this helped me to understand

some of the problems with HIV/AIDS initiatives at UDW.

### **3.8 Conclusion**

A point worth noting at this stage is that this study was exploratory. It was a case study that ran in conjunction with own experience as a student leader and then my involvement in the UDW-AIDS Committee. As an exploratory study, it was limited in scope, and in sources of data. However, I believe, that I have been able to obtain a cross section of 'student leadership' on campus.

## **CHAPTER FOUR**

### **UDW Student Leadership and HIV/AIDS**

#### **4.1 Introduction**

The next two Chapters discuss the findings of the research. Specific reference is made to the role of the student leadership in addressing the HIV/AIDS epidemic at UDW. Whether the role of the student leadership has been minimal or maximal is assessed. This is the start to addressing the hypothesis that the student leaders have not played an effective role on HIV/AIDS initiatives. The discussion is based on the 1999-saliva tests survey at UDW, because of the debate that followed thereafter. The debate on the 1999 survey also helped to reveal the role of the student leaders on HIV/AIDS awareness initiatives at UDW.

#### **4.2 The background and controversy surrounding the 1999 survey**

The 1999 saliva tests survey was an exploratory study, aiming at assessing the level of HIV infection among the UDW student population. But there were many limitations, which were noted amongst the student leaders. These include the following:

- ❖ The details of the survey were not properly communicated by the university management to the university constituencies.

- ❖ There was no specific group or population that was targeted for this survey; any student who attended or consulted the university clinic for other reasons other than for the survey was subjected to testing.
- ❖ The majority of the students tested were first entry students. Senior and post-graduate students refused to participate in this survey.

The situation was worsened by the fact that the results were leaked to a newspaper. This leak and misrepresentation of the survey in the media caused anger, suspicion and distress amongst the members of the university community. Though there were few constituencies that responded formally against the media's perspective on the results, the rest of the constituencies preferred to avoid this matter.

For instance, the first people to respond formally against the press reports, were the executive members of both the SRC and Convocation. According to Prof. Brimer (Unpublished document: 1999),

*"Convocation Executive (Convex) and the SRC objected to the findings as they appeared in the newspaper and sought for clarity to the university management since they commissioned the survey. At this point they reported that students were finding themselves being looked at strangely by their families."*

The SRC and Convex arranged to meet with the university management to open discussions on this matter, but no meetings were held. After all attempts to meet the university management had failed, the SRC and the

Convex decided to forward a formal joint letter to the university management entitled **“The publicity surrounding the survey on the incidence of HIV/AIDS,”** (29/04/99). This letter was addressed to Prof. Brimer. It stated:

*“Today April 29, the SRC and Convex held a collective meeting to discuss the issue of publicity surrounding the outcome of the study of HIV/AIDS on campus. In that meeting it was resolved that we seek further information regarding the whole study. This letter therefore serves as a request for you on behalf of the university management to furnish us with a comprehensive report regarding the matter. We would like to receive a report that details the whole process from the beginning to the end. Further we would appreciate if your report could also enlighten us about what was the objective of the survey and whether the objective have been met or not?”*

In response, Prof. Brimer stated in a letter (30/04/1999):

*“I am not in a position to reply to the letter on behalf of the University Management, as other managers are not at present available for consultation. I therefore have to reply on my own behalf, despite your request. Please accept my apologies.*

*In late 1998 I proposed to a meeting of the management Committee that I commission the performance of saliva tests, early in 1999, to establish the prevalence of HIV/AIDS on campus, in order that we should be in a position to take a managerial action appropriate to our situation, the nature of which would have been established by saliva tests. The management committee took no firm decision at time, but the vice-chancellor later authorised my proceeding with the initiative.*

*The tests, which were anonymous, and in which students were invited to participate knowing full well what they were doing, were conducted during February, and the results were received in March.*

*They demonstrated that while our figures are lower than the Provincial average announced by the Minister of Health, we have a very serious situation on our hands.”*

The interviews with the student leaders elicited a variety of responses to the survey. For instance, when asked whether the 1999 saliva tests survey

served as a true reflection of the situation at UDW, 14 (93%) out of 15 of the respondents avoided the question by saying that they did not like the distortion of the results in the media. Only one individual acknowledged that the results were a true reflection at UDW. Furthermore, it became evident during my interviews that the majority of the students (including many student leaders) at UDW only learnt about this survey through the media. Some of the students that I discussed this matter with informally labelled these results as “propaganda.” Most evident was that some members of the student body including the respondents (student leaders) held a view that the results were not a true reflection of the situation at UDW.

This mixture of opinions was highlighted further by the Executive Director of the South African Liberal Student Association (SALSA):

*“The newspaper was a distorted version of the results. They tested 380 students, yet the newspaper was quoted saying that 90% of the students were infected, when the truth was that plus or minus 15-20% of the students were infected.”*

The general avoidance of the survey results was indicated by the Chairperson of the Commerce Faculty Council noted,

*“Firstly, the survey was taken at the wrong period of the year, where people were busy with registration process and it might have happened that some of the students did not know the intentions of that survey.”*

Likewise, the response by the Chairperson of the Amnesty International who argued that,

*"We do not recognise this survey and its results. Most of the students were not aware of such a survey and how truthful was it to the university community."*

Much of the responses by the respondents had more to do with their relationship with the university management. They demonstrated that they were concerned about criticising the university management than dealing with the actual issue of HIV/AIDS and its prevalence at UDW.

For instance, the Taifa-la-wato <sup>2</sup> representative was angry at the distorted version of the results in media, but he was also convinced that the study and the results were biased because the researcher (Prof. Smith) was not a member of the university community. In his opinion, the university authorities should have commissioned a person from UDW to conduct the survey

Likewise, the Deputy Secretary general of the SRC maintained that as presented in media this survey,

*"...was not a true reflection of the situation at UDW. The findings according to me were exaggerated. And also I think that this defeats the purpose of making people aware of the implications that this disease might have their general communities."*

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<sup>2</sup> KiSwahili word meaning the Nation of the People. A student organisation founded in 1993 whose ideology is Pan-Africanism and Afrocentricity.

The President of the SRC questioned the validity of the methods used for the survey, on the grounds that a small sample was used and workers and senior and post-graduate students were not included in the sample.

My basic argument, at this stage, is that the majority of the respondents avoided the interview question by referring mostly to the media distortion. Given that 14 (93%) of the respondents did this, the suggestion is that student leaders at UDW were not ready to confront the issue of HIV/AIDS at UDW.

This suggestion is supported by the fact that the majority referred to the media distortion in order to address the issue of HIV/AIDS in a familiar way. By and large they laid the blame on others, without themselves addressing the core issue that the study revealed a significant health problem amongst students. In contrast, it is ironic that one person who said that the survey results were a true reflection of HIV/AIDS situation at UDW had not been aware of the survey and the media coverage before I mentioned it. He did not wish to discuss the media coverage (*"It would be improper for me to respond to this question since I do not have necessary facts to back my argument."*)

Accepting that the student leaders made valid points about the methodological limitations of the 1999 saliva tests survey, and about the distortion of the results in the media, I was surprised to find out that only 2 of them (out of 15 club's representatives) actually acted on those concerns

through the clubs and societies they represented. Their clubs and societies responded formally to the 1999 saliva tests survey saga. One of the clubs wrote a letter to the Sunday world questioning the validity of the survey results<sup>3</sup>. Both (2) clubs launched HIV/AIDS awareness initiatives through the office of the Deputy Secretary-General of the SRC.

The general lack of action on the side of the student leaders in the 1999 survey suggests that student leaders have not taken the HIV/AIDS pandemic seriously. What worsens the situation is that this survey became a national issue and also sparked a debate about the future of tertiary institutions in relation to the findings made by Smith at UDW. As discussed earlier, the results were distorted in the article in the Sunday World (27/06/1999) under the title, "Virginity tests at a 'scandal varsity,' by Penny Sukhraj and Ajith Bridgral.

According to this article,

*"Hundreds of students, where almost 90 percent of women are alleged to be HIV positive have volunteered to have their virginity inspected to restore their reputation." This came in the wake of a study commissioned by the University of Durban Westville earlier this year which claim 88 percent of female students on the campus to be HIV positive."*

It was against this background that the university management responded to some of the press reports as appeared in the media. When responding to

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these debates by the press, Mr. Kiru Naidoo, the Director of Public Affairs (UDW) (1999: 1) noted that,

*"We have been very concerned about the incidence of HIV/AIDS among our young population. People under 30 are at the most sexually active stage of their lives and it is important that we are pro-active in promoting responsible sexuality. We believe that the profile of infection among our community is roughly indicative of the situation on other campuses around the country."*

In addition, Mr. Naidoo wrote a letter (12/07/1999) to the Evening Post editor and acknowledged that,

*"...UDW has mounted an aggressive campaign aimed at promoting responsible sexuality. We were among the first to undertake a study of our infection profile and have used this data to inform our AIDS awareness and education strategies..."*

However, such responses were not that much evident amongst the student leaders. The lack of responses to the survey and to the revelations of an HIV/AIDS problem at UDW, were in contrast to the student leaders responses during 2000 to the issues of university tuition and resident fees. In May 2000, the student leaders led a boycott of lectures that lasted for a month. In other words, student leaders can mobilise their constituencies. However, that capacity has not been evident in relation to HIV/AIDS. The experience of two student organisations that did at in response to the survey saga highlights the point.

The Chairperson of the student branch of Amnesty International at UDW stated that

*"From the day that the results were published our organisation began to initiate a huge range of HIV/AIDS related programmes. Such programmes included the introduction of the AIDS Talk on campus, a focus week on HIV/AIDS, initiated debates, where different speakers were invited to present papers on the subject of AIDS. However, more could have been achieved if the SRC was co-operative. To a larger extent the SRC did frustrate some of our programmes."*

To support the above statement the SALSA representative noted that,

*"The SRC has been arrogant and ignorant when it comes to health related issues. They have been continuously frustrating our programmes by not releasing funds for our programmes on HIV/AIDS. Most of the activities that we had initially planned for this year did not materialise as a result of the SRC's inability to support such initiatives."*

The Student Christian Fellowship (SCF) representative noted that,

*"most of the SRC programmes are not properly publicised or marketed, while the programmes that are initiated by the university management tend to be properly administered and well publicised."*

Some of my informants went beyond the view that the SRC have failed to publicise AIDS initiatives, to note that they have never seen a pamphlet written by the SRC or clubs and societies on HIV/AIDS.

However, it must be noted that my informants acknowledged the efforts of the Deputy Secretary-General who had shown interest and commitment to these initiatives. When I asked her to comment on this view made by clubs representatives she confirmed that

*“The SRC officials have shifted all HIV/AIDS related programmes to the office of the Deputy Secretary General of the SRC. To a larger extent my programmes on HIV/AIDS are endorsed by the SRC yet do not enjoy any form of support from the SRC.”*

The above data suggest a lack of co-operation and collaboration between the clubs and societies and the SRC. The inability of the SRC to avail funds to the clubs for HIV/AIDS awareness programmes proves to have an impact on the general implementation on these programmes. The situation becomes worse if the SRC does not support these programmes by the clubs. As a former member of the SRC I would also like to support the views both by the SALSA and Amnesty International UDW branch by noting that there was very little that the SRC did in order to address that HIV/AIDS problem. By and large HIV/AIDS was synonymous to the Deputy General of the SRC, even the minutes of the SRC then reflects this sentiment. It was only the Deputy Secretary who oftenly enforced HIV/AIDS issues to the agenda of the SRC. I do not remember a time where another member of the SRC included HIV/AIDS issue on the agenda either than the Deputy Secretary-General.

The general lack of co-operation and co-ordination may be seen partly to the fact that there is no consensus amongst student leaders on whether HIV/AIDS is a significant problem. The chairpersons of the SRC, of the P Block House Committee, Commerce Faculty Council and of the Information Systems, and Technology Student Society asserted that the rates of infection were going up . Ironically these respondents felt that the rate of infection was going up

because student leaders were not able to make students aware of the need to change attitudes and behaviour that lead to HIV/AIDS infection. The chairperson of the Commerce Faculty Council gave an astute explanation. He said that the levels of infection were going up, because he had noticed that the number pregnant female students had increased; that was a clear indication that students did not use condoms; therefore, there was an indicator of increased HIV/AIDS infection. In addition, he said that he had noticed an increase in the number of students dying.

Nonetheless a significant number of student leaders (40%) contended that the rates of infection were going down. For instance, the chairperson of the Islamic Student Society noted that,

*"The rates of infection have gone down. More and more people have become vigilant and respectful to the disease and this might be as a result of the input that structures such as the Wellness Centre and other organisations on campus have made."*

In addition to that the Treasurer General of the Student Fellowship Christians also maintained and emphasised that *"the rates of infection are definitely going down."* And this for him had to be *"attributed to the programmes that the university have initiated for the entire university community."*

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The remaining number of the respondents remained unclear of whether the rates of infections have gone down or up. Two respondents argued that it was



not possible to give a definite answer because there had never been a proper survey at UDW. For instance, the SASCO representative noted that,

*“One cannot come up with a clear answer because there has never been a HIV test that in actual sense included the majority of the student population at UDW. Based on the 1999 saliva survey findings one cannot conclude that the rate of infection has gone up or down.”*

My findings indicate a diversity of opinions amongst student leaders at UDW about the HIV/AIDS situation at UDW. There is really no consensus and by implication, there is no basis as yet for collaboration by student leaders to combat the pandemic.

#### **4.3 Student leadership on HIV/AIDS awareness initiatives at UDW**

Most of my informants (98%) acknowledged that they were aware of HIV/AIDS initiatives at UDW. However, the same majority also admitted that their personal involvement and that of other clubs and societies was minimal. For instance, the Chairperson of the Islamic Student Society stated that the student leadership, including the SRC, were not fully involved and committed to HIV/AIDS related programmes.

Surprisingly, some clubs and societies on campus (AZASCO, SASCO, PASMA and SADESMO) are affiliated to national structures that have been conducting HIV/AIDS education programmes, but not at UDW.

For instance, the representative from SASCO noted that,

*“As an organisation we have been launching HIV/AIDS programmes, both national and provincial, however I must accept that we have not done anything at UDW in relation to that.”*

In other words my research indicates some awareness amongst student leaders of the need to combat the spread of the pandemic, but, at the same time, little interest or incentive to take action. This finding indicates that HIV/AIDS initiatives are not on the immediate agenda of the student leadership.

I have shown that the student leadership seems to be aware of the problem, but has done little to address it. This ‘contradiction’ needs further exploration. The lack of action is due, it seems, to the involvement of student leaders in other pressing issues such as student fees. This was highlighted in the response of the SRC President:

*“One of the reasons that impact upon the role of the student leaders on HIV/AIDS initiatives is the fact that most of our time as student is mostly spent on various political matters and other financial related matters. This situation does have a potential to rob us of an opportunity to come up with coherent programmes on HIV/AIDS.”*

Such views by the SRC officials indicated that a principal reason for the lack of involvement of students generally and of clubs and societies, was the lack of commitment of the SRC itself. The Deputy Secretary-General affirmed this

contention that HIV/AIDS resides in 'one' office that of the Deputy Secretary-General. I can confirm the above in light of my experience as an SRC member the past 3 years (1998-2000). For instance, during my tenure as an SRC member all of the HIV/AIDS programmes were confined to the office of the Deputy Secretary-General of the SRC. The entire executive committee was not that much involved to such initiatives. Furthermore, for the past six years (it has been a tradition) female officials have administered this office, which has created an impression amongst students that HIV/AIDS initiatives were a responsibility of the women. For example, I remember the frustration that the Deputy Secretary-General had with the 1998-1999 male dominated SRC executive. Whenever she received an invitation to an AIDS workshop or Conference not a single member of the executive was willing to accompany her to such a function.

The conclusion that can be draw from this discussion is that the more the SRC distances itself from the HIV/AIDS programmes, the more the clubs and societies see no need to participate in such programmes.

#### **4.4 Student leaders and HIV/AIDS Policies**

This section discusses the part of my interview schedule where I sought to establish whether the organisations had policies or guiding documents on

HIV/AIDS. When responding to this question, 9 of the respondents noted that their clubs and societies do not have policies on HIV/AIDS.

Notably, SRC itself had no policy, according to the Deputy Secretary-General. Likewise, the clubs and societies that are affiliated to national bodies (SASCO, SCF, AZASCO, Islamic Student Society and PASMA) that have national policies on HIV/AIDS have not applied those policies.<sup>4</sup>

The SALSA was the only organisation on campus that had applied a policy on HIV/AIDS at UDW. This organisation has been working closely with the Deputy Secretary-General of the SRC (for the past two years). Its chairperson has been actively involved in the office of the Deputy Secretary-General of the SRC implementing HIV/AIDS programmes. As a former member of the SRC I can confirm the contribution of this organisation on HIV/AIDS, such as raising the issue of HIV/AIDS at its workshops.

The lack of policy documents amongst the student organisations is surprising for a number of reasons. Firstly, clubs and societies are not ignorant of the value of policy documents to guide their activities. For instance, before a club affiliates under the jurisdiction of the SRC it has to submit its constitution and a programme of action.

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<sup>4</sup> The Islamic Society representative made mention of the fact that in all sexual-related matters they rely upon the Holy Q'uran as their guiding document.

Secondly, there have been numerous occasions in the last few years where HIV/AIDS has been broadcast as an important student issue. For example, last year (2000) the theme for the orientation was "Beyond Awareness." Further to that, there were a number of programmes organised by both the university management and the Deputy Secretary-General of the SRC around HIV/AIDS. However, it is evident that the significance of AIDS has yet to find its way into the policies of clubs and societies.

Interestingly, when I was doing preliminary work for this study and looking at SRC documents, I noticed that the SRC had formulated some policies on issues such as, Fee Increment, De-registration, Financial Aid scheme, Counselling and other academic related matters, but nothing on AIDS. The question is that if the SRC is able to formulate policies around so many issues, why it is so difficult for them to design a policy on HIV/AIDS?

My own experience indicates some of the problems. In May 2000, the Deputy Secretary-General of the SRC together with the Amnesty International invited all clubs and societies including the entire SRC executive, to an 'AIDS Talk-UDW', at which I was a guest speaker. About 15 students (student leaders and general student body) attended the event, but not a single member of the SRC attended that meeting. The Deputy Secretary-General of the SRC threatened to cancel the meeting and to resign. Her primary reason was that the SRC did not take her efforts seriously. She had time and again invited

them her initiatives on HIV/AIDS, only to find that they did not attend them. She also mentioned that, in some instances, she publicised some workshops or meetings on HIV/AIDS only to find that the SRC would schedule a meeting at the same time and that further frustrated her. However, the talk did continue.

Further problems were also encountered after I was appointed by the UDW AIDS Committee to formulate a draft HIV/AIDS policy for UDW. I consulted SRC officials, asking them for their input and recommendations. However, I never received any verbal or written input from any member of the SRC. Furthermore, (beside the Deputy Secretary-General) no member of the SRC ever attended any of the meetings of the committee to discuss the formulation of a UDW-HIV/AIDS policy.

#### **4.5 Student leaders and their role in promoting HIV/AIDS Awareness education**

In my interviews I asked the student leaders a question that required them to reflect on their role in promoting HIV/AIDS awareness (question ii, appendix 5). This question came after many others (such as those noted in discussion earlier) had been asked. The effect was that answers often included explanations of how the informants justified their lack of leadership on this issue, for example blaming someone else for the failures of AIDS initiatives.

12 (80%) of my informants stated that the student leadership has not played a leading and exemplary role on HIV/AIDS awareness programmes. While it is important to note that the majority of the informants argued that the student leadership have not played a significant role on HIV/AIDS initiatives, there were two elements in their responses; one being around UDW politics and the other on the constraints against initiative on AIDS (e.g. poor publicity for HIV/AIDS initiatives)

By and large the above sentiments were also evident in the response made by the Student Counsellor at the Wellness Centre on the role of student leadership in HIV/AIDS campaigns. According to him,

*“Students identify themselves with their leaders and the student leadership has a pivotal role to play in combating the spread of HIV/AIDS. Unfortunately, our student leadership from the SRC to clubs and societies have dismally failed to recognise their role in the fight against AIDS. So far none of the House Committees in the university have initiated an HIV/AIDS programme or consulted us to do so. The SRC as well has not shown signs of commitment, particularly on the struggle to combat the spread of HIV/AIDS on campus. What they are capable of doing is to spend more money on bashes and other forms of entertainment. This is also well applicable to other student formation such as the House committees.”*

It is clear from the above responses that not much has been done by the student leadership to promote awareness on HIV/AIDS at UDW. Firstly, there is evidence that the SRC itself has not been effective in promoting education and awareness campaigns at UDW. Secondly, the lack of action was

generally explained in terms of blaming other organisations, notably the SRC, yet they themselves did take an initiative to address the problem.

It was only after the distortion of the survey results in the media that the SRC (including myself) took a collective stance, supported by other university organisation such as Convocation Executive (Convex). We began to realise the need to open up debates and action around this pandemic. The most successful initiative was the year 2000's Orientation programme, under the theme of "Beyond Awareness. However, I can testify that this and other programmes were run on ad hoc basis. There was no coherent strategy.

## **4.6 Conclusion**

The primary aim of this Chapter was to identify the involvement and the role of the student leadership in promoting awareness at UDW. My research shows a general lack of awareness, consideration and action by student leaders, amidst diversity of opinions and lack of co-operation. The SRC has not been consistent, except in relegating HIV/AIDS as an issue to one official. Furthermore, the SRC has not provided leadership to other clubs and societies on this matter. It is evident also that student leaders of clubs and societies have not interacted with the SRC to any great extent or with success on the problem of HIV/AIDS. In sum, (collectively) the student leadership at UDW has not taken HIV/AIDS seriously.

## **CHAPTER FIVE**

### **UDW Management and HIV/AIDS**

#### **5.1 Introduction**

This chapter discusses the role of the university management and staff members in addressing HIV/AIDS problem at UDW. Generally speaking, my findings indicate a lack of commitment to HIV/AIDS campaigns by the university management. There are two issues that I examine here:

- (1) The inability of the university management to coherently address the HIV/AIDS pandemic at UDW;
- (2) The failure of the university management, (as suggested by other informants) to create a framework or a conducive environment for the university community membership to systematically address the issue of HIV/AIDS.

#### **5.2 The UDW Management-Staff responses to HIV/AIDS**

In 1997, against a background of the growing number of 'unexplained' deaths, the death of a senior lecturer as a result of AIDS and the increasing concern at UDW about HIV/AIDS, the university management realised the need to initiate programmes to combat the spread of this pandemic. Various initiatives were started, though initially there was no overall coherent strategies.

Part of this involved an introduction of a foundation module for all students entitled Gender and Sexuality. The university had also taken a strong position

against acts of in-discipline and aggression directed against women. The university situates the crisis in the context of the unequal gender power relations prevalent in South Africa, and believes that part of the solution to the crisis lies in addressing our societal shortcomings (Brimer: 1999)

Brimer (1999) further noted that,

*"The university has also for some time been concern with HIV/AIDS as a specific phenomenon to be taken into account. Thus, our department of Drama was funded by the Province to take AIDS education programmes into the KZN rural communities, and did this for three years in succession. And the deaths from the disease of members of the university community, staff and students alike, have not left us unaffected."*

In 1999, the university management decided to conduct a survey to establish the level of infection at UDW. This decision led to the saliva test survey (as discussed in Chapter Four). According to the university records, students were told about the purpose for which the tests were to be used. They were to establish the rates of HIV infection among students and they were to be anonymous. Unfortunately, the results of this survey did not remain confidential and anonymous.

The university management sent two letters of complaint to the Sunday World, (one by the Deputy Vice Chancellor, Dr. NS Kekana and another by the Registrar (Academic), Prof. A. Brimer). In the latter titled "Complaint against the Sunday World" (07/06/1999) Prof. Brimer argued that,

*"The basis of the complaint is set out in the said letter. I expressly draw your attention to the materially inaccurately publication of the results of an AIDS test conducted on behalf of university. Whereas the report refers to a figure of 88 percent, the correct figure is 28,3 percent. Assuming in favour of the newspaper that the error was made*

*in good faith, it nevertheless is a matter which, at the very least calls for a correction.”*

The letter by Dr. NS Kekana (01/06/1999), titled “Defamation of the University of Durban Westville” stated that:

*“The reference to “almost 90 percent of women are alleged to be HIV positive” and to the fact that the study “claimed 88 percent of female student on campus had HIV” constitute a gross distortion of the truth. The correct position is that out of 230 female students tested, 28,3 percent may be positive. The material discrepancy between 28,3 percent and 88 percent is self-evident. This aspect alone is a source of severe distress and embarrassment. It is a statistic that is readily verifiable if your report had taken the trouble to check their facts with the university authorities before publishing such damaging information. It is important to note that the alleged incidence of HIV among samples of students tested is below the norm for the province of KwaZulu-Natal.”*

Following the survey and controversy around it, the university management held meetings and consultations with organisations such as the United Nation Children’s Fund (UNICEF) and the Health Department. The aim was to provide a basis on which to build a framework for HIV/AIDS programmes on campus. On 24<sup>th</sup> May 1999, the Chair of the UDW Council approved for the establishment the AIDS Committee (Brimer: 1999). The committee was to be chaired by the Academic Registrar, and to consist of representatives from the staff unions, the SRC, the Human Resource Department, SRC, the academics, the religious formations, the university doctor and various community representatives. The functions of the committee were to be as follows:

- ❖ *To establish AIDS outreach programmes at community level*
- ❖ *To be empower to manage a budget*
- ❖ *To raise funds to augment the University’s budgetary provisions*

- ❖ *To establish sub-committees to achieve its objectives*
- ❖ *To network with other tertiary institutions to achieve its objectives*
- ❖ *To promote the inclusion of AIDS information in the curriculum*
- ❖ *To promote research into issues newly raised by the HIV/AIDS epidemic*

(Brimer: 1999).

At its meeting, the Committee decided to do three things:

- (1) To organise a general workshop where all constituencies were to be represented;
- (2) To resolve around the issue of funding;
- (3) To discuss the Committee's programme of action at length.

It was therefore against this background that a Joint Council and Senate UDW AIDS Committee was established with its first meeting convened on 3<sup>rd</sup> June 1999, with an executive composed of representatives from all university constituencies.

It was agreed at this meeting that an amount of R30 000 was to be requested immediately from university funds. It was also resolved that invitations be issued to all university Departments and Schools to provide suggestions for programmes for consideration by the Committee.

Subsequently a one-day workshop was held on the 28<sup>th</sup> June 1999. The purpose of this workshop was to open discussions around the programme of

action and its approval. To do this the Committee brought with it suggestions made by staff and students.

The debates during this workshop led to agreement for the Committee to adopt a particular theme in order to guide its operations. As a result, a theme **“Beyond Awareness Campaign”** was adopted for the year 2000. In addition, the programme of action included the following: AIDS Murals; information dissemination through leaflets and pamphlets and UDW press media; AIDS Drama; presentation; more HIV/AIDS meetings and workshops; formulation of a UDW policy on HIV/AIDS; AIDS awareness training/counselling (including peer counselling); creation of a 'women against AIDS' initiative; and establishment of an AIDS resource centre and community outreach programme.

The first step, after a list of programmes had been compiled, was to implement some of them, particularly the painting of the murals, information dissemination, formulation of an AIDS policy and counselling. The Wellness was tasked to ensure that these initiatives were implemented. It should also be noted that the role of the Wellness Centre was to co-ordinate and facilitates initiatives with input by students, staff of the university.

Accordingly, Fine Arts students painted four murals around campus, but further work was prevented by the closure of this department at the end of 1999. Subsequently, the Committee relied on the Wellness Centre to disseminate information (pamphlets, leaflets and notices) on HIV/AIDS.

The Committee also arranged presentations and discussions on HIV/AIDS, with an aim to spread awareness initiatives at UDW. For instance, at the workshop that was held on 25<sup>th</sup> of June 2000, the Committee invited Mr. Malcolm Steinberg and Anthony Kinghorn of ABT Associates to make presentations on the impacts of the HIV/AIDS pandemic. The ABT representative was invited on the basis that this institution had long been involved on research on HIV/AIDS. In addition, the Committee also invited a speaker from National Association for People Living With AIDS (NAPWA), and Dr. Zweli Mkhize the Provincial Minister of Health in KwaZulu-Natal to talk at later Committee meetings.

The Committee also resolved to provide condoms to students and staff. This was done by locating condom dispensers in the university residences, cafeterias, library and SRC offices. With the assistance of the Wellness Centre, a Counselling Unit was established, offering pre-and post-test counselling to both staff and students. Students, particularly the SRC, House Committees and clubs and societies were also introduced to the personal counselling unit to manage the problem of HIV/AIDS.

Later in 1999 a Provincial AIDS Summit for Tertiary Institutions was organised and held at the University of Natal (Durban). It was organised by student leaders from tertiary institutions in KwaZulu-Natal. Its primary aim was to discuss and come up with a way forward to combat HIV/AIDS in South African tertiary institutions. The UDW Committee sent four representatives to this

Summit. At that Summit a provincial committee was set up by student leaders, the aim being to design a coherent and systematic programme for the province. At the end of the Summit the student leaders produced a detailed report.

The resolutions of this Summit emphasised prevention of HIV/AIDS and education campaigns. However, this Provincial Committee implemented very few resolutions. The resolutions of the Summit and the existence of the Provincial Committee also had little influence on UDW. For instance there was no report back (after the Summit) to the constituencies or any other attempts to implement the resolutions at UDW.

Nonetheless, the UDW Committee managed to set up a plan of action and to implement some initiatives. However, despite seemingly having wide powers, and the concerted efforts of some members, the Committee was not able to achieve many of its goals

From inception, the Academic Registrar has chaired the Committee, but the latter never had the full support of other senior management staff. For instance, due to a number of HIV/AIDS programmes held in 1999, the Committee exhausted its R30 000. The Committee decided to apply for to the university management for other funds. The university management gave the Committee an amount of R250 000 for year 2000 programmes. Out of R250 000 the Committee only used R10 000 for its activities. To the surprise of the Committee learnt from the Director of the office of the Deputy Vice Chancellor

that it had no budget remaining for its year 2000 programmes (Minutes of a Special Meeting of the AIDS Committee: 2000). Most disturbing was that the chair of the Committee had no knowledge about this decision of the university's senior management.

The removal of funding affected the purpose of a meeting to present the HIV/AIDS Health Promotion Matrix. The meeting was adjourned because of a budget crisis, and the planning initiative in a form of a matrix was never taken up again. This matrix was to be presented by Dr. Peterson from the Psychology School at UDW. The matrix outlined the research that the Psychology department had embarked on, specifically on the HIV/AIDS trends at UDW. It also provided recommendations and solutions to the problem of HIV/AIDS at UDW. The matrix was to establish a basis for formulating a systematic and operational procedure to deal with HIV/AIDS at UDW. For instance, it identified the lack of a coherent strategy to combat the spread of HIV/AIDS at UDW, it recommended the appointment of an AIDS Co-ordinator and AIDS manager, to jointly evaluate, implement and monitor all HIV/AIDS initiatives at UDW.

However, this planning initiative was curtailed by the budget crisis, and never taken up again. The effects were soon to be felt. Since then the Committee has not had a framework on which to develop a coherent strategy. That has led to tension within the committee, highlighted by one member's comment that *"people are now using the committee to advance their personal agendas."* Furthermore HIV/AIDS programmes continue to be organised and

implemented on an ad hoc basis because anyone who feels like hosting an HIV/AIDS programme at UDW may do so without relating that to the committee as oversight of all HIV/AIDS programmes.

With regard to the HIV/AIDS policy it should be noted that it has never been adopted. I presented the policy in a meeting specially called for this purpose. This meeting was held in October 2000\*. After I made the presentation, the Committee appointed two of its members to ensure that nothing was missing or needed to be added, before final adoption at the next meeting. Unfortunately the meeting to adopt the policy was never organised. In the mean time the Academic Registrar who had been the chair and most influential person in the Committee retired (in April 2001). By the time this study was completed the Committee had still not adopted the policy. The Academic Registrar has recently been replaced by the Deputy Vice Chancellor (Student Enrolment, Planning and Welfare) as a chair of the Committee.

While the absence of AIDS policy at UDW can be regarded as a serious limitation for UDW, it must be acknowledged that, between 1999 and 2001, the management has helped to promote awareness and understanding of HIV/AIDS through its various initiatives. The most recent intervention is the introduction of a module known as UDW 300 (for first entry students). Through this module first entry students are introduced to various societal problems, and AIDS education form a basis of this module.

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\*Before that it was given to the university lawyer for legal aspects that required ratification.

### 5.3 The role of other UDW constituencies on HIV/AIDS initiatives

This section looks at the role of university staff constituencies, notably the Combined Staff Association (COMSA), the Academic Staff Association (ASA), the Wellness Centre and the Centre for Educational Research, Evaluation and Policy (CEREP). The staff organisations (COMSA and ASA) with the university management have only been involved in HIV/AIDS initiatives since the publication of the saliva test survey in 1999.

The staff organisation's responses to the 1999 survey were similar to those of student leaders. For instance, the COMSA representative stated that the university management had not consulted the unions prior to the survey. On the other hand the ASA representative noted the damage done to the image of UDW as a result of the press reports. The Wellness Centre representative was critical of the methodology of the survey. According to him,

*“One cannot administer an HIV saliva tests on people who attend a clinic and then generalise the findings. People who consult at the head clinic do so because of sickness, there might be high possibility that their sickness could have been related to their HIV/AIDS status. To further publish such findings in media was in itself a contravention of the research ethics.”*

Both ASA and COMSA acknowledged that they do not have HIV/AIDS policies. The representatives highlighted that the Labour relations Act was their guiding document on HIV/AIDS related issues, because it address the matter, and because the work of the organisation is focused on labour issues. The representatives further stated that they usually encourage their members to read the Act. The representatives admitted that neither organisation had pursued a systematic course of action on HIV/AIDS. The ASA representative

stated that the organisation has been involved in some programmes, but their role was minimal. For instance, ASA has recently been a participant in the “March against the Pharmaceutical Companies” organised by the UDW-AIDS Advocacy Group\*.

Likewise, the COMSA representative admitted that the organisation has not been very active on HIV/AIDS awareness campaigns at UDW. However, the representative stated that COMSA adopted a ‘unionist’ position, such that if a member encountered difficulties as a result of his/her HIV status, the union would provide assistance.

As a principal co-ordinator of the HIV/AIDS initiatives, the Wellness Centre does not have a policy on AIDS, but strategies to combat the spread of the pandemic. According to this representative much of the problems that UDW is facing, specifically on HIV/AIDS can be attributed to the nature of programmes that this institution has on AIDS. For instance, he maintained,

*“There is something lacking on UDW programmes and campaigns against the spread of the HIV/AIDS disease. Students and staff are being scared about AIDS than being empowered to participate effectively in the process of arriving to the solution. Personally, I believe that as an institution we are trying our best, but we are not doing enough on our capacity. Our campaigns are taking a form of straightforward talks and messages.”*

Likewise, the Director of the CEREP noted a number of limitations with regard to HIV/AIDS initiatives at UDW. For instance, she questioned the role of the Vice-Chancellor. According to her,

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\* Advocacy Group was formed in 2001 at UDW as an attempt to intensify levels of awareness and education among members of this institution.

*"The Vice Chancellor is the head of the university, she is suppose to be playing a central and critical role on HIV/AIDS initiatives in this institution. I have not seen her doing that instead we have seen different departments and individuals taking a lead on this matter. "*

#### **5.4 Conclusion**

This Chapter shows that there has been a concerted action by the university management and the staff organisations at UDW, but this has been offset by the lack of a coherent strategy amidst a breakdown of effort to develop that strategy. The lack of HIV/AIDS policy at UDW is a major constraint against the development of coherent strategies and co-ordinated programmes. Most notable is the inability of the university management to maintain initiatives at UDW. There have been a number of different programmes, but little co-ordination of them. The situation has not improved and does not seem likely to improve in the near future, because the AIDS Committee set up to resolve this 'management' problem has lost its momentum.

## **CHAPTER SIX**

### **Conclusions and Recommendations**

#### **6.1 Introduction**

The primary aim of this study was to investigate the involvement of the youth leadership in promoting public awareness of HIV/AIDS and in HIV/AIDS education campaigns by means of a case study of the University of Durban Westville. Interviews were conducted with a sample of student leaders (chairpersons of clubs and societies including the SRC) between the ages 18 and 26. In addition, representatives of COMSA, ASA, CEREP and university management were interviewed. Information obtained from these people and other sources have been used to assess primarily the role of the student leadership at UDW in combating HIV/AIDS.

My aim was to 'test the hypothesis' that youth leaders have not played an effective role with regard to HIV/AIDS. That aim was guided by the following key research questions:

- ❖ What is the degree of awareness on HIV/AIDS particularly amongst the student leadership?
- ❖ What are student leaders doing with regard to this problem of HIV/AIDS?

- ❖ How effective are student leaders in promoting, endorsing and leading programmes to counter this pandemic?

My general conclusion is that student leadership has not played an effective role on HIV/AIDS. I go further to conclude that my study has shown that HIV/AIDS does not form a substantive part of the student leadership agenda.

## **6.2 Student leaders and HIV/AIDS awareness and participation At UDW**

Prior 1999 there was a little systematic action taken at UDW. It was only after the death of a senior lecturer 1993 that the university gradually addressed the issue of HIV/AIDS at UDW. Following the gradual increase in the number suspicious deaths amongst students, the university management began to recognise the need for a systematic approach to combat the spread of HIV/AIDS. The first action was to introduce a foundation module in 1998 for all students entitled Gender and Sexuality.

The intentions of this module were to empower students on gender and sexual matters, specifically on HIV/AIDS. However, this initiative had no evident effect on student leadership. Although HIV/AIDS has gradually been given more prominence as an issue on campus, the student leadership has not taken a strong pro-active role to address the problem. The SRC continues to allocate, as it has done in the past, the responsibility for HIV/AIDS

initiatives to one official - the Deputy Secretary-General. Furthermore, women have usually been appointed to the Deputy Secretary-General position, which suggests that the student leadership has tacitly perceived HIV/AIDS as a 'women issue'.

The majority of the research participants (staff and students) have acknowledged their awareness on some of these initiatives at UDW, yet their role in them was minimal. Their lack of participation can be attributed to the nature of programmes they had initiated on behalf of their constituencies. By and large, student leaders prefer to prioritise political, entertainment and financial-related matters that effect their constituencies, rather than health-related matters.

Only the Deputy Secretary-General of the SRC has proven to be committed on HIV/AIDS awareness initiatives. She has managed to initiate awareness campaigns at UDW, such as the HIV/AIDS focus week, an AIDS talk, distribution of condoms, information dissemination through leaflets and pamphlets and the distribution of AIDS T-shirts on campus. A conclusion that can be reached is that degree of awareness on HIV/AIDS amongst students is high, but their commitment to HIV/AIDS initiatives is low.

This situation is in contrast to the activities in Uganda by the youth. The Ugandan youth has seen the need to actively participate on HIV/AIDS

awareness and prevention initiatives. This has been noted by Duggan (2000) that

*“On-going support groups such as “Youth Alive” were established by the youth leaders. These promote positive peer pressure among the youth and encourage the youth to develop their talents; and to be involved in various church and community activities including supporting young people living with AIDS: other groups with a similar philosophy working in Uganda are “True Love Waits” and ‘Youth on the Move.’ These energetic Youth Movements are providing that it is possible for young people to wait until marriage despite the messages the media Frequently give.”*

This is in contrast with the situation at UDW. The UDW student leadership still needs to take the first step, to seriously take HIV/AIDS as a health problem. Nonetheless the committee has a draft policy, even though it has not been adopted as a standing university policy by the university management. The pertinent question therefore, is how to revive the impetus of the committee, in order to develop a coherent strategy at UDW.

### **6.3 UDW Management and HIV/AIDS**

The university does not have a policy on HIV/AIDS. The university has not adopted the current draft policy on AIDS. The vast majority of the clubs and societies do not have policies on HIV/AIDS. The clubs that are related to national organisations acknowledged that they have not implemented such policies at UDW. In other words, there is no coherent basis for designing a strategy to address HIV/AIDS at UDW.

In the absence of policies, ad hoc interventions abound. The effect of these interventions is debatable. In Uganda the youth and government have resorted to coherent institutional and organisational policies that promote behavioural change (Duggan, 2000: 30). In contrast, at UDW, the student leadership as a whole was unable to show any evidence of behavioural change that tackle HIV/AIDS and this can be attributed to ad hoc interventions. Ironically, the anecdotal evidence of one student leader on increased number of pregnancies amongst students suggests that the campaigns have yet to have a position effect.

Thus is not to deny efforts at the level of management to develop and implement a policy. However, the efforts have been contradicted by various factors. Firstly, the AIDS committee established by management to devise a policy clearly never had the full support of all the managers. Secondly, apart from establishing the AIDS committee, there has never been an instance where the university management attempted to organise all university constituencies with an aim to address HIV/AIDS problem.

There are lessons to be learned from this, if one compares situation at UDW with what happened in Uganda. Uganda has a reputation for effectively confronting HIV/AIDS, That reputation is due in part to the systematic and committed initiatives of the government. After AIDS was identified as a

serious health problem a commission was immediately set up: a body of people drawn from eight line Ministries, church leaders, and some people active in the field of AIDS. This body was under the president's office and had the mandate to draw up policies related to AIDS prevention and care in the country, as well as to co-ordinate all activities. All sectors were encouraged to get involved and to play their part (Duggan: 2000). The departure of the Academic Registrar in itself was a blow to the university, because he was central, influential and supportive to all AIDS initiatives at UDW. He has been recently been replaced by the Deputy Vice-Chancellor as a chair of the committee. However, the Committee has done little to propel the momentum on HIV/AIDS awareness initiatives.

## **6.4 Recommendations**

My recommendations are based on, and refer to an initiative in 2000 to develop a strategy. The initiative, which was supported by the AIDS committee, was a preparation of an HIV/AIDS Health Promotion Matrix by the Department of Psychology at UDW (See Table on the next page for the Matrix). This matrix was presented at a workshop held on 5<sup>th</sup> October 2000 at UDW. The matrix was a strategy document. It identified a problem; it stated what should be done in order to address the problem; it stated how to address that problem; it identified individuals and organisations that ought to be involved in addressing the problem; and lastly, it stipulated the time frames for each and every intervention that it identified.

**SYNTHESIS OF WORKSHOPS HELD ON 05 OCTOBER 2000 AND 02 MARCH 2001: HIV/AIDS HEALTH PROMOTION MATRIX FOR THE UNIVERSITY OF DURBAN-WESTVILLE<sup>6</sup>**

<b>Levels of Health Promotion Intervention at the primary level (addresses causes)</b>	<i>Action plan for primary level interventions (addresses causes)</i>			
	<i>What</i>	<i>How</i>	<i>Who</i>	<i>When</i>
<b>Person-Centred:</b> *information programmes *emotional-coping programmes *life skills programmes <ul style="list-style-type: none"> <li>• Social skills (e.g. Communication, assertiveness)</li> <li>• Problem solving skills</li> <li>• Problem focused behavioural skills (e.g. how to use a condom, negotiating condom use, self-defence for women)</li> <li>• Critical consciousness (e.g. gender roles, cultural context, sexual ethics)</li> </ul>	. Expand peer-counselling programme in quantity as well as quality. In addition to information on HIV/AIDS and STD prevention, to facilitate behaviour change through participatory learning focusing on: <ul style="list-style-type: none"> <li>• Life skills, part.</li> <li>• Assertiveness training</li> <li>• Consciousness raising (part. With regard to gender roles)</li> <li>• Communication skills</li> <li>• Condom usage skills</li> <li>• Raising self-esteem</li> <li>• Stigmatisation</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a new compulsory foundation module, which is 100% cam and comprised of prac periods in order to facilitate participatory learning Adapt Stepping-Stones and other peer counselling manuals to suit student population.</li> <li>• Evaluation</li> </ul>	Psych PCU Philosophy Advocate. group	2 <sup>nd</sup> sem 2002
	2. Integrate HIV/AIDS and STI's into the educational curricula at UDW	<ul style="list-style-type: none"> <li>• Develop policies and practices for academics to integrate HIV/AIDS and STI's into their curricula</li> </ul>	DVC (Acad) DVC (Welfare) Senate Advoc. Grp	2002

<sup>6</sup> HIV/AIDS Health Promotion Matrix was designed by the Department of Psychology at the University of Durban Westville with an aim to address the spread of the HIV/AIDS pandemic in this institution.

	3. Student mentorship prog. for first years (women on women)	House committees, residence wardens and SRC members to be trained to serve as mentors and peer counsellors in residences and on campus	PCU Mentorship Office SRC House committee	April 2001
	4. Orientation prog. To emphasize safe sexual practices and protect particularly first year women students from exposure to infection from older male students	<ul style="list-style-type: none"> <li>Targeted AIDS intervention prog. incl. AIDS awareness events; develop AIDS theme for bashes</li> <li>Older women to take on leadership and mentorship roles</li> </ul>	DVC (Welfare) Enrolment Planning Residence s SRC Advoc grp	2001(2 <sup>nd</sup> sem)
	5. Ongoing information and targeted media campaigns which dispel myths on campus and in residences and include messages around STDs	<ul style="list-style-type: none"> <li>UDW STDs/AIDS day</li> <li>Toy- toyi competition</li> <li>Participatory drama and plays</li> <li>Evaluation</li> </ul>	PCU Psychology House Coms Residence s Advoc. Grp SRC	2001
	6. Promote HIV/AIDS awareness in surrounding communities	Link peer counselling training programme to Upward Bound and Phelophepa project	Upward Bound PCU Residence s Various Faculties & Schools Advoc. Grp	
	7. Evaluation of person-centred interventions	<ul style="list-style-type: none"> <li>KAP survey</li> <li>Repeat KAP</li> <li>Focus-groups</li> <li>Process evaluation</li> </ul>	<b>Psychology</b>	Jan 2002

<b>Levels of Health Promotion Intervention</b>	<i>Action plan for primary level interventions (addresses causes)</i>			
	<i>What</i>	<i>How</i>	<i>Who</i>	<i>When</i>
<b>Situation-Centred:</b> *provisions and facilities *environmental interventions (programmes focusing on reduction of environmental stressors, e.g. peer pressure), particularly for vulnerable students, UDW sex workers) *policy interventions (institution-specific/regional/national) *economic interventions (institution-specific/regional/national)	1.Address problems with condom distribution	<ul style="list-style-type: none"> <li>Contract for Lover's Plus condoms &amp; dispensers</li> <li>Address design, structure and positioning of condom dispensers</li> <li>Distribute condoms with toilet rolls in residences</li> <li>Evaluation</li> </ul>	SRC PCU Dr Balgobin Dr Kekana Pharmacy (Vasi Naidoo) Advoc. Grp	
	2.Create a containing/supportive environment in residences for first year students	<ul style="list-style-type: none"> <li>Restructure campus residences to create common rooms on each floor</li> <li>Place a trained mentor/peer counsellor on each floor</li> <li>First year students to share a room?</li> <li>Hostel for first year female students with restricted access?</li> <li>Evaluation</li> </ul>	SRC House Com DVC: Welfare DVC: Academic Dir:Res	Policy by end 2001
	3.Reorientate student culture to healthier forms of entertainment such as sport and recreation	Develop more sporting activities & strategies for participation, part. For women students	HMS SRC Sports Union	2001
	4.Market UDW HIV/AIDS/STD services	Include info with application and registration forms & staff correspondence	DVC: Academic PRO PCU Advoc. Grp	

What	How	Who	When
1.Ensure facilities for early detection and treatment on campus	Establish a voluntary counselling and testing programme on campus with: <ul style="list-style-type: none"> <li>• Face to face pre and post test counselling</li> <li>• Hotline for information and counselling</li> <li>• Testing facilities</li> <li>• Evaluation of VCT programme</li> </ul>	PCU Clinic DVC (Welfare) Pharmacy Pharmacology Advoc. Grp	End of 2001
2. Ensure provision of anti-retrovirals and counselling for needle stick injuries and other problems such as rape	<ul style="list-style-type: none"> <li>• Lobby drug companies to sponsor anti-retroviral drugs</li> <li>• UDW AIDS policy</li> </ul>	PCU Clinic DVC (Welfare) Pharmacy Pharmacology Advoc. Grp	End of 2001

**Action plan for tertiary level interventions (rehabilitation and care)**

What	How	Who	When
1.Ensure a continuum of care for HIV positive students and staff	<ul style="list-style-type: none"> <li>• Establish support groups of HIV positive people</li> <li>• Provide support for home-based care-staff to have specialist skills/home-based care kits</li> <li>• UDW policy on rights of HIV positive students and staff.</li> </ul>	Social Work PCU HR DVC: Welfare Dir: residences Aids policy Advoc. Grp	Ongoing
2. Promote healthy lifestyles for HIV positive students and staff	Include info with application and registration forms & staff correspondence	PCU Residences Social work Education Clinic Advoc. Grp	End of 2001

Firstly, there is an inappropriate gender bias in point 3 (page 79) of the matrix.

This point outlines the need for a student mentorship programme, for first year

students, and emphasis on women on women mentorship. This strategy tacitly endorses a view that prevails within the SRC - that HIV/AIDS is a women issue, men do not have anything to do with it. My point is that the mentorship idea is useful, but it needs to be preceded by an initiative to educate student leadership (both men and women), that HIV/AIDS pandemic is not a 'women to women' issue, but a problem that affects everybody.

Secondly, point 3 identifies members of the House Committees (in the university residences), the SRC and residence wardens as agents to implement this initiative. However, my research shows that the student leadership do not view HIV/AIDS as a priority issue, indeed it is not really part of the broader student leadership 'political agenda.'

The problems that are noted above are also replicated in Point 4 (page 79), which suggests that older women should take a leading role on HIV/AIDS awareness initiatives at UDW. The SRC, the Deputy Vice-Chancellor and residence wardens have also been identified as key people to lead this initiative. The problem with this approach is that the vast majority of the people mentioned above are not women. Yet they are tasked to lead this initiative.

Point 5 (page 79) in the matrix encourages information dissemination through various media organs at UDW. The aim is to 'dispel myths on campus and in

residences around STD's'. According to the matrix the Personal Counselling Unit (UDW), the Psychology Department, the House Committees and the SRC should play a central role in implementing this recommendation. However, my study has shown that the SRC and the student leaders do not have well co-ordinated and structured publicity campaigns, particularly on AIDS. Only the university management has been able to properly publicise its initiatives on HIV/AIDS.

Point 6 (page 79) emphasises the need to "promote HIV/AIDS awareness in surrounding communities." While this initiative is essential, there are some difficulties in achieving it. Firstly, the study has shown that the majority of the student leaders are aware of the HIV/AIDS pandemic, but they have not played a significant role in awareness campaigns. Therefore one should not expect the student leadership to be capable of being involved, let alone interested in this 'community outreach' initiative. Secondly, this point assumes that the student leaders will play a significant role in implementing this initiative, yet my study indicates that the student leadership campaigns in an ad hoc and unstructured way. Finally, and most important, it does not seem appropriate to promote awareness in surrounding communities, when little is done on campus to address the spread of HIV/AIDS.

Point 1 (page 80) notes the need to distribute condoms on campus. This is also accompanied by the sentiment that the university has to create a

supportive environment in residences for first year students. While this might sound valid, there are limitations associated with this approach. Firstly, the point is, it is of no use to distribute condoms to students when they do not understand the significance of HIV/AIDS to their lives. Students firstly have to be exposed to educational and awareness programmes before introduction of 'aggressive campaign' on HIV/AIDS. My study has indicated predominantly male leadership do not take HIV/AIDS seriously, and so it is probable that they would not take a 'condom' campaign seriously.

The last point (page 81) of the matrix encourages the establishment of support groups and a UDW policy on the rights of HIV positive students and staff. The research has shown that even though there had been attempts by the Wellness Centre there is little that the university community through its constituencies have done to combat the spread of HIV/AIDS. The absence of an AIDS policy at UDW is a core problem. Without it, it is difficult to develop a coherent and systematic approach to AIDS.

In summary my arguments are:

- While it is essential to give support to the first entry students at UDW, the need to involve both male and female (student leadership) on support groups, Counselling Units and Mentorship Programmes is essential. The 'women on women' programmes have to be discarded, because they create an impression that HIV/AIDS is a women issue. To achieve this

there is a need firstly, to subject the student leadership and the university management to Life Skill Training. .

- There is an assumption that first entry students are most vulnerable to HIV/AIDS, they therefore require more attention. While this might be necessary, it may not always be the case. My research has shown that the student leadership (by and large led by senior students) does not take AIDS seriously. If they do not take it seriously, then they are not likely to be committed to reducing the 'vulnerability' of first entry younger students. In view of that situation the university management has to put measures to empower the general student body on HIV/AIDS awareness initiatives.
- The matrix has highlighted the fact that there is a need for ongoing information dissemination on campus through, debates, forums, campus radio and pamphlets on AIDS. The findings have shown that it is only the university management that has a coherent strategy of disseminating such information to the university community, the student leadership does not have a strategy. To avoid that problem the university management has to appoint an AIDS manager and a co-ordinator. The responsibility of these officials would be to see to it that HIV/AIDS initiatives are properly co-ordinated, assist both the management and the SRC in designing a standard publicity framework on AIDS. Lastly, these officials must look to it

that an AIDS policy is adopted implemented and constantly monitored for the university. They also have to report to the Vice- Chancellor directly.

- This research has also shown that little discussions, debates and forums on HIV/AIDS have taken place at UDW. The reason for this can be attributed not only to the fact that there is still no policy on AIDS at UDW (because that in its self calls for a discussion or debate), but that both the university management and the SRC do not have a systematic interventionist approach to HIV/AIDS. The university must adopt an approach to AIDS and then begin to open discussions around the HIV/AIDS strategy.
- The UDW management must ensure that all HIV/AIDS policies are constantly updated, and in accordance with the national and provincial legislature.
- Through various university components such as Public Affairs, students' radio station and campus TV Channel both the university management and student leadership should begin to promote awareness amongst students and staff. This programme deserves a more detailed consideration.
- I acknowledge the emphasis of the matrix on the promotion of HIV/AIDS initiatives on the university residences, however, there is only one way to solve this problem, to formulate a committee with members from the SRC, House Committees, university management, Wellness Centre and the

Department of Student Housing. The above individuals must jointly design a programme to disseminate information among student in the residences.

- Both the university management, staff organisations and student leaders must begin to assume a leading or exemplary role on HIV/AIDS awareness initiatives at UDW
- The study has also shown that there have never been any concrete agreement between the SRC and the management, it is therefore recommended that both these organisations sit down and design a strategy to which HIV/AIDS initiatives would be tackled. This also suggests that the SRC and the university management must be seen to prioritise HIV/AIDS as an issue that deserves special attention.
- Both the university management and student leadership must begin to find ways to involve senior and post-graduate students on HIV/AIDS awareness initiatives at UDW. This is against the background that post-graduate are aware of the HIV/AIDS problem. Their awareness does not suggest that they are not immune to the HIV/AIDS virus.

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## **Appendix 1**

**14 August 2000**

Dear Sir/Madam

### **Re: Invitation to an HIV/AIDS meeting**

Clubs and societies are urged to send two executive members to a meeting on HIV/AIDS (research). The primary aim of this meeting would be to discuss the study (dissertation) that I am currently doing with the Institute for Social and Economic Studies. The study is about the involvement of the student leadership in promoting public awareness on HIV/AIDS and on HIV/AIDS awareness initiative. The SRC and clubs and societies the basis for this study. The agenda of the meeting would be as follows:

- The introduction to the study
- The selection of the research participants/informants To get your views on the study
- Dates for the interviews.

This meeting will take place on the 4<sup>th</sup> September 2000, 1:20 in the SRC boardroom. I am very much aware that as executive members your hands are full, however, it should be noted that your intervention to this matter would be highly appreciated. The rest would be discussed in the meeting.

Thanking you in advance for your co-operation.

Yours faithful

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Nkosinathi Innocent Ngcobo

Researcher

**Appendix 2**  
**Interview Schedule**

Category : Student Representative Council

Person : President

i. What is your general understanding of the HIV/AIDS pandemic?

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ii. Do you think that the general student body is aware of the impact of this pandemic to their daily lives? If yes or no could you explain your response in detail?

Yes

No

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## Appendix 2

- iii. What is the current position of the SRC on HIV/AIDS awareness initiative?

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- iv. To improve the levels of HIV/AIDS awareness amongst the students, what is the SRC currently doing?

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- v. Is your structure aware of the 1999 saliva tests survey? If yes or no how did you learn about them?

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- vi. Do you think in your opinion that this survey served as a true reflection of the situation at UDW, can you elaborate on that?

## Appendix 2

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vii. In your opinion do you think that the rates of infection amongst students is going up or down? Can you elaborate on your response?

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viii As the President of the SRC, do you think that your structure is playing a significant role on HIV/AIDS awareness initiatives? If yes or no can you explain this in detail?

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viii. What are your future projections on HIV/AIDS at UDW and also the role of the student leadership?

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**Appendix 3**

**Interview Schedule**

Category : SRC

Person. : Deputy Secretary-General

i. What is your general understanding of the HIV/AIDS pandemic?

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ii. Does the SRC have a standing policy on HIV/AIDS? If yes or no could you briefly explain your response?

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iii. In full view of the latter question how does your structure monitor, evaluate and implement its programmes on HIV/AIDS?

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### **Appendix 3**

- iv. Do you see the SRC playing a crucial role on HIV/AIDS awareness initiatives or programmes? If yes or no what might be the reasons behind that?

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- v. As of now, how is your relationship with the clubs and societies, particularly on HIV/AIDS initiatives you have made? Are they actively involved in such initiatives, if yes or no what in your opinion can be the reason behind such behaviour?

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- vi. Are you aware of the 1999 saliva tests survey? If yes or no how did you learn about it?

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### **Appendix 3**

vii. Do you think that this survey was properly handled? If yes or no can you substantiate your answer?

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viii. In your opinion do you think that the rates of HIV infections have gone up or down? And can you briefly explain your answer?

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ix. As a person whose task is to co-ordinate all HIV/AIDS initiatives on behalf of the SRC what was your immediate response after the results of the survey were released?

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(x) Beside working with the clubs and societies on campus what other do you normally work with for your HIV/AIDS programmes?

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### **Appendix 3**

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x. For your HIV/AIDS awareness programmes what type of assistance do you normally get from the SRC and the clubs and societies?

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## Appendix 4

### Interview Schedule

Category : Clubs and Societies

- i. There is an ongoing debate around the world on HIV/AIDS, what is your general understanding of this pandemic?

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- ii. Is your formation aware of any HIV/AIDS awareness programmes at UDW? If yes or no, could you explain the reasons behind your response?

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- iii. Does your organisation have a policy or a guiding document on HIV/AIDS and how as an organisation promotes awareness amongst students?

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(iv) Is your organisation or yourself aware of the 1999 saliva tests survey conducted on UDW students? And if yes, how did you learn about them?

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iv. In your opinion, do you think that, that survey served as a true reflection of the situation at UDW, particularly on students? If yes or no what may I ask is the current situation amongst students (infection rates)

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v. How did your organisation response towards the results of that survey?

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vi. In your opinion, do you think that the rate of HIV infections has gone up or down? If yes or no can you substantiate why the situation is like that?

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vii. In your personal capacity, do you think that the student leaders at UDW, have played a significant role on HIV/AIDS awareness programmes? If yes or no could you explain?

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viii. In your opinion, do you think that the SRC is playing an active or exemplary role on HIV/AIDS awareness campaigns? If yes or no can you substantiate your answer?

(ix) Lastly, as a club what do you think has to be done not by the student leaders in order to improve the levels of awareness amongst students?

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## Appendix 5

### Interview schedule

Category : UDW Management

Person : Academic Registrar

i. What is your general understanding of HIV/AIDS?

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ii. Does the university have a policy or guiding document on HIV/AIDS? If yes, could you explain what are the critical areas that the policy address, and if no what might be the reasons for that?

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**Appendix 5**

iii. Are you aware of any SRC programmes on HIV/AIDS? If yes, could you explain more about them?

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iv. Briefly, can you explain the type of relationship that exists between you, (as the Academic registrar and the Chair of the UDW-AIDS Committee) and the student leadership, particularly when it comes to HIV/AIDS awareness initiatives?

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**Appendix 5**

v. In your opinion, do you think that the student leadership is playing a significant role on HIV/AIDS programmes, most particularly after the saliva tests survey results were released in 1999? If yes or no would kindly share with me the reasons behind your assertion?

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vi. Still on the 1999 saliva tests survey, do you think in your opinion, that the findings of this survey served as a true reflection of the situation at UDW? If yes or no could you kindly elaborate the basis of your response?

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**Appendix 5**

vii. Lastly, I would like to know from the side of the university management and the student leadership, of what was their reaction towards the findings of that survey?

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## Appendix 6

### Interview Schedule

Category : Centre For Educational Studies,  
Evaluation and Policy

Person : Director

- i. What is your general understanding of the HIV/AIDS pandemic?

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- ii. Can you kindly relate the latter response to the context of UDW?

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## Appendix 6

- iii. I am convinced that this centre was formed primarily to address the impact that this epidemic has to the lives of the people, on that note I would like you to further elaborate on the principal functions that this centre adheres to and its broader mission statement?

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- iv. With your experience as the director of this centre, do you think that the student leadership has played an active role on HIV/AIDS awareness programmes at UDW? If yes or no could you provide reasons for your answer?

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**Appendix 6**

- v. Do you see UDW community in the nearby future addressing the problem of HIV/AIDS? If yes or no could you briefly elaborate your response?

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- vi. How has policy and programmes of the centre shaped the perceptions around HIV/AIDS at UDW for the past couple months?

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**Interview Schedule**

**Appendix 7**

Category : Wellness Centre

Person : Student Counsellor

i. What is your general understanding of the HIV/AIDS pandemic?

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ii. What is the role of this centre on HIV/AIDS awareness initiatives at UDW?

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iii. In your opinion, do you think that UDW community is doing enough to promote HIV/AIDS awareness and education? If yes or no could you explain in detail?

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## Appendix 7

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- iv. Is your Centre aware of the 1999 saliva tests surveys? If yes how did you learn about them?

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- v. What was the response of the Centre towards the findings of that survey?

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- iv. In your opinion as the student counsellor, what do you think was the general mood of the student body towards the findings of that survey?

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## Appendix 7

(v) After the results of that survey were released, do you think that the role of

the student leadership, particularly on HIV/AIDS awareness initiatives improved or declined? Can you elaborate your response?

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- v. As a centre that primarily deals and co-ordinates all HIV/AIDS Awareness initiatives at UDW, what is your role in bringing both student leadership, staff and university management together, particularly on HIV/AIDS awareness programmes?

**Interview Schedule**

**Appendix 8**

**Category** : Combined Staff Association (COMSA) and Academic Staff Association

**Persons** : President (ASA) and Deputy President (COMSA)

- (i) What is your general understanding of the HIV/AIDS pandemic?
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- ii. Is your organization aware of any HIV/AIDS initiatives at UDW? If yes or no to what extent is the role of your formation to such initiatives/programmes?
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**Appendix 8**

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iii. Does your organization have a guiding document or a policy on HIV/AIDS? If yes what emphasis do such documents entail, if no, what strategy or framework that your organization have employed in order to address the challenges that this pandemic poses to the university community?

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iv. In 1999 the UDW management commissioned Prof. Smith from the University of Natal-Durban to conduct a saliva tests/surveys, was your organization aware or not aware of such a step? If yes how did you learn about such an action?

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**Appendix 8**

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v. What was your organization’s response towards the findings of this survey?

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vi. Do you see your organization playing a significant role on HIV/AIDS initiatives at UDW in the nearby future? If yes, can you share with me some of the elements of your future programmes? And If no what might be the reasons for that?

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## Appendix 8

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- vii. Have you by any chance worked with other university unions/associations on HIV/AIDS awareness programs?

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- viii. Lastly, in your opinion, do you think that the student leaders have played a significant role on HIV/AIDS awareness initiatives at UDW?

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