

# **The Impact of HIV/AIDS on the University of the Western Cape**

***A Report for the  
Association for the Development of Education  
in Africa***

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**Conducted for the  
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# Preface

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The growing HIV/AIDS pandemic has already had a marked impact on higher education and will continue to do so as the disease intensifies. This, in turn, will have multiple effects on society, particularly in developing countries where the incidence is so high. Higher education institutions therefore have a crucial role to play in developing effective mechanisms to deal with this impact both within the academy and in surrounding society.

In the light of this, this study was commissioned by the Working Group on Higher Education of the Association for the Development of Education in Africa (ADEA). The investigation forms part of eight case studies of how HIV/AIDS affects some individual universities in Africa and how these institutions have developed responses and coping mechanisms.

The aim of these case studies is to develop an understanding of how the disease is affecting universities and to identify responses of staff, students and management that will help develop effective policies and practices in other institutions facing similar circumstances.

The central research questions are:

1. In what ways have the universities concerned been affected by HIV/AIDS?
2. How have the universities reacted to these impacts?
3. What steps are the universities taking to control and limit the further spread of the disease on their campuses?
4. What HIV/AIDS-related teaching, research, publication and advisory services have the universities undertaken?
5. How do the universities propose to anticipate and address the larger impact of HIV/AIDS on the national labour market for university graduates? Should university access, including via distance education, be consciously increased to compensate for expected national losses in skilled professional personnel?

The studies were conducted in relation to a *Terms of Reference* document which was developed by ADEA. In addition, a checklist of topics and information areas, possible sources of information, and a draft report outline were provided to ensure that the studies were as complete and analytical as possible and comparable.

Each case study was conducted 'internally' by a local university staff member who received the backing of the university administration in gaining access to informants and relevant information sources. The emphasis was on qualitative data obtained through interviews and group discussions. Wherever possible, this was supplemented by quantitative data, however rudimentary in form and quality.

The findings of the case studies will be shared with the institutions studied, and disseminated to universities throughout Africa. They will also be presented at regional and international gatherings of African universities. The immediate aim is to

empower university self-expression around HIV/AIDS and in this way to help bring HIV/AIDS issues to the fore in each institution. The ultimate goal is to stimulate African universities to integrate HIV/AIDS fully into all aspects of their planning and operations. If this is accomplished, African universities may proactively address HIV/AIDS on campus while at the same time help society cope with and surmount the epidemic.

A call for expression of interest to participate in this study was made by Dr William Saint, co-ordinator of the Working Group. In response, the Director of the Education Policy Unit (EPU) at the University of the Western Cape (UWC) made contact and began to explore possibilities. Initially, concern was expressed by the Director about to appropriateness of the choice of the University of the Western Cape as a case. As the Western Cape region of South Africa has the lowest incidence of HIV/AIDS in the country, impacts are likely to be less visible than in other institutions. However, the rate of increase of the disease is the highest in the country (and arguably the world). In addition, many students originate from regions which have higher incidence. Furthermore, as some work of this nature was being conducted at other institutions in these regions, it was felt that focusing on the Western Cape and on UWC in particular, would form a useful complement. In the light of these considerations, it was agreed that UWC would form part of the study.

Thereafter, the EPU Director made contact with the UWC Working Group responsible for developing an institutional HIV/AIDS policy, as well as the director of the Public Health Programme at the University. Efforts to identify a suitable internal investigator were made both by word of mouth and by putting out a campus-wide call for interested academics. The investigation was conducted during September and October 2000.

## Executive Summary

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The University of the Western Cape (UWC), in Cape Town, South Africa, is internationally recognized for its history of joining political activism with innovative academic practice. UWC has hardly felt the direct impact of the South African HIV/AIDS epidemic – which has already reached crisis proportions. This “cushioned effect” has come about for two main reasons. Firstly, UWC is located in the province which probably has the lowest incidence of HIV/AIDS in South Africa. But secondly, there is a deep and broad, official and unofficial, personal and institutional silence about HIV/AIDS on campus. For example, despite the fact that there are most probably thousands of HIV positive people on campus, and an unknown number of people living with AIDS, the study conducted for the purposes of compiling this report heard tell of only one – *one* – person who has publicly revealed his positive status. This silence is possible in part because there are no baseline scientific studies of the prevalence of HIV/AIDS at UWC.

The silence persists, especially in the student population, despite a fairly low-level but consistent HIV/AIDS information and awareness program, run mainly from the Campus Health Services (CHS). The silence persists, too, in relation to worrying levels of gender violence, and unsafe cultures of intimacy amongst students which have resulted, *inter alia*, in a perceived high levels of student pregnancy and of mainly illegal abortions.

The response of the university community to the HIV/AIDS epidemic has had two additional aspects. Firstly, concerned staff members have been at work for nearly the past two years developing a policy document on HIV/AIDS for the benefit of the university community. Secondly, there are significant pockets of academic expertise in AIDS education and outreach in the university community. So far these have been largely “grassroots” initiatives which are directed only at specific groups of students. These initiatives are often completely unconnected with each other, due to the lack of a coordinating impulse across faculty and departmental barriers.

However, if members of the UWC community share their expertise, resources and experiences with each other in conjunction with a energetic articulation of and commitment from the top to a comprehensive campaign, it should be possible to develop a powerful, integrated university-wide contribution to combating the epidemic.

## HIV/AIDS – The Situation in South Africa

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South Africa's "long walk to freedom" achieved a significant milestone in 1994 with the first-ever democratic elections, which returned the African National Congress as the country's ruling party. This historic event has been followed by six years of mainly peaceful democracy, which looks set to continue under the leadership of the ANC. In this period, the new government has set about trying to find ways to attack and vanquish the deep social and economic disparities entrenched in every sector of society by 300 years of colonial rule, the last 50 of which were characterized by the extreme racial supremacist policies known as apartheid.

According to current government statistics, in a population provisionally estimated to be 43 million in 1999, there are between 4 million and 4.2 million South Africans infected with the HIV virus. 1,600 new infections are thought to occur daily.<sup>1</sup>

Statistics on HIV infection in South Africa are drawn almost exclusively from studies conducted since 1990 on women attending public sector ante-natal clinics.<sup>2</sup> According to the 1999 ante-natal clinic survey, a national average of 22.4% of women tested HIV-positive.<sup>3</sup> If this figure can be extrapolated into the adult population at large, South Africa has the world's highest levels of infection. In 2000, it is anticipated that there will be 100,000 AIDS-related deaths in South Africa; in 2010 estimates are that this will increase to 500,000 people per year.<sup>4</sup>

Thus, one word describes HIV/AIDS in South Africa: catastrophic.

However, one word describes the response of the new South African government to the HIV/AIDS pandemic: controversial.

South Africans have not ignored the AIDS pandemic. In 1992, in the transitional period between the end of apartheid and the onset of majority rule, the old government initiated the National AIDS Coordinating Committee of South Africa (NACOSA), which by 1994 produced "the South African Strategy and Implementation Plan". Four years later, the National AIDS Programme, within the Department of Health was in place nationally and in each of the nine provinces. In 2000, the national Minister of Health launched the "HIV/AIDS/STD Strategic Plan for South Africa", in conjunction with the South African National AIDS Council (SANAC). These bodies are relatively well-financed; for example, R450 million (approximately US\$65 million) was allocated over a three-year period nationally for education, health and

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<sup>1</sup> Statistics South Africa, Mid-year estimates, [Http://www.statssa.gov.za/RELEASES/DOCGRAP/99; HIV/AIDS/STD Strategic Plan for South Africa, 2000-2005](http://www.statssa.gov.za/RELEASES/DOCGRAP/99;HIV/AIDS/STD%20Strategic%20Plan%20for%20South%20Africa,%202000-2005) (February 2000; hereafter *Stratplan 2000*), p. 8.

<sup>2</sup> See, however, B.G. Williams, et. al., "Patterns of infection: using age prevalence data to understand the epidemic of HIV in South Africa," *South African Journal of Science* (vol. 96 no. 6, June 2000).

<sup>3</sup> *Stratplan 2000*, p. 7.

<sup>4</sup> B.G. Williams, et. al., "Where are we now? Where are we going? The demographic impact of HIV/AIDS in South Africa," *South African Journal of Science* (vol. 96 no. 6, June 2000).

welfare work on children affected by AIDS. As of this writing, South Africa can boast of SANAC, chaired by the Deputy President; SANAC technical task teams; an Inter-Ministerial Committee on HIV/AIDS; an Inter-Departmental Committee on HIV/AIDS; NACOSA continues as first among a host of non-governmental organizations as a center for AIDS-related research and activism. In new South Africa-speak, these national "structures" are replicated down to provincial, regional and municipal level.<sup>5</sup>

In 1990, South Africans had "talks about talks." A decade later, South Africa is having a "crisis about the crisis" – and this is where the controversial nature of the national response to the AIDS pandemic resides. Top-heavy with policies and committees, the government has been picking its way through a mine-field of turf wars between departments and ministries, fallout from political compromises, a conservative fiscal policy, an inauspicious international economic climate, and the overwhelming need to meet the post-apartheid needs of the majority of the population. In 1999, of South Africa's total population of 42 million, 78% are racially classified as African, 61% of whom live in poverty.<sup>6</sup> Meeting their needs in terms of housing, sanitation, water provision, education and health is a mammoth task. Coordination efforts across the bureaucracies have often faltered, while individual efforts to bypass the logjams have resulted in mudslinging, if not outright failure. In relation to HIV/AIDS, these failures have included an extravagantly expensive travelling "township musical" about AIDS, and development regimes for local anti-AIDS drugs. These have been coupled with President Thabo Mbeki's impatience with knee-jerk compliance with international conventions on AIDS causation and treatment. Most controversial of all has been his recent intellectual flirtation with the arguments of an internationally discredited group of dissident AIDS scientists who assert that there is no direct causal link between HIV and AIDS.

Government ministries and departments have thus been warily treading an uneasy path between a fairly long-standing commitment to combating the spread of AIDS primarily as a sexually-transmitted disease on the one hand, and on the other, a stubborn reluctance from the top to jump on the world AIDS bandwagon in their efforts to find an appropriately 'local' solution. Typical is this speech by the Education Minister, Prof. Kader Asmal.

...all our planning will come to naught unless we take seriously the impact of HIV/AIDS on the education system and indeed, on society as a whole. The projections of the extent of this pandemic are mind boggling. If the prevalence of HIV/AIDS is as high as 32% in some parts of the country, what does this, for example, mean for future student enrolments? What impact will the declining life expectancy rate have on the future viability of the National Student Financial Aid Scheme? Concrete and substantive mechanisms must be in place at an institutional level in order to respond to the crises. I am not in the habit of using the word crisis loosely. Sadly, the HIV/AIDS epidemic can only be

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<sup>5</sup> Carol Coombe, "Managing the Impact of HIV/AIDS on the Education Sector," (unpublished paper, July 2000), p. 17-21.

<sup>6</sup> Statistics South Africa, Mid-year estimates, [Http://www.statssa.gov.za/RELEASES/DOCGRAP/99](http://www.statssa.gov.za/RELEASES/DOCGRAP/99), p. 9; Julian May, ed., "Poverty and Inequality in South Africa – Report prepared for the of the Executive Deputy President...Summary Report, 13 May 1998." Accessed at <http://www.polity.org.za/govd.../poverty.html>.

described as a crisis of enormous dimensions. I am aware that many universities and technikons have already developed policies to respond to the situation and that work is underway to craft national policy in this regard. Higher education also has the responsibility to mobilise its resources and capacity to support research into every aspect of the scourge.<sup>7</sup>

Therefore, it would be incorrect to say that the South African government has fiddled while the country burns with HIV/AIDS. There is certainly "awareness" in government. But infection rates have increased despite the millions spent. We have not witnessed anything like the kind of transformation which has occurred in Uganda, where consistent high-profile iteration of the problem has been undertaken by national leaders and where a culture of disclosure has been strongly encouraged by example. This has led to significant advances in reducing infection rates, mainly through reduction in the number of sexual partners.

Worst of all, perhaps, is the deadly stigma which is still attached to HIV infection in South Africa. This was tragically demonstrated in December 1998 when Ms. Gugu Dlamini, a volunteer health worker in the province of KwaZulu/Natal was beaten to death by members of her own community for publicly disclosing her HIV-positive status. The killers "accused her of degrading her neighbourhood."<sup>8</sup> Faced with this attitude it is understandable that only one South African of national prominence – a provincial high court judge - has publicly announced that he is HIV-positive.

In fact, as this report is being finalized, the government's indignant and vigorous denial of media speculation that AIDS was the cause of death of one of its prominent young spokespersons speaks volumes about the profound national discomfort with openness about the disease.<sup>9</sup>

AIDS is not a notifiable disease in South Africa. It rarely appears on death certificates. The vast majority of the estimated 100,000 South Africans who will probably die this year of AIDS-related illnesses will be buried in dark shrouds of secrecy and denial.

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<sup>7</sup> Keynote Address by the Minister of Education, Professor Kader Asmal, at the Consultative Conference of the Council on Higher Education, 29 November 1999 (Benoni, Gauteng, South Africa).

<sup>8</sup> "Mob kills woman for telling truth; health worker stoned and beaten for confession about HIV" *Sunday Times* (South Africa), December 27, 1998.

<sup>9</sup> See, for example, "Seize this opportunity, Mr Mbeki", *Sunday Independent* (South Africa), November 5, 2000.



## The University of the Western Cape (UWC) and its Programmes

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As its name suggests, UWC is situated in the Western Cape, South Africa's southernmost province.<sup>10</sup> Located in metropolitan Cape Town but far from the scenic beaches and mountain ranges for which the city is famous, UWC is celebrating its 40<sup>th</sup> anniversary in 2000. Founded in 1960 as a separate university for the "coloured" population, UWC became better known in the 1970s and 1980s for its courageous stand against the apartheid regime and its efforts to operationalize one key aspect of the 1955 Freedom Charter: "The doors of education shall be open to all." Arguably to a greater extent than their colleagues and counterparts in of South Africa's other 20 universities, UWC faculty, staff and students turned their institution into a virtual think-tank for the liberation movement in fields such as law, education, history, and international relations. In other fields, innovative curricular and research responses to the challenges of the day were also routinely developed – as members of the university community dodged the teargas canisters and bullets of the apartheid police.

Yet, since 1994, proud UWC has fallen on hard times. The contradictions of its past: a progressive politically-minded intellectual project run on a shoestring grafted onto a conservatively-structured bureaucracy – have surfaced. In addition, the post-1994 changes in the entire South African higher education system have been mind-boggling. In a new climate where a World Bankish emphasis on entrepreneurialism and managerialism among higher education institutions, cost recovery from individuals paying for services (including secondary and university education) has been intensified. After a more relaxed period in which disadvantaged students were actively recruited without such stringent fee policies, this has caused a sharp reduction in enrolments. Alongside the unresolved pits of poverty in which the majority of the population is still mired, fewer and fewer high school students have qualified for university entrance. This has also cut deeply into one of UWC's previous target populations: African students from that historically politically charged, but most poverty-ridden South African province, the Eastern Cape. Thus, as a combined result of these conditions, UWC's student enrollment has dropped from a historic high of nearly 14,000 in 1996 to just over 9,400 in 2000.<sup>11</sup> The other historically black universities (HBIs) have seen a similar decline in enrollment levels at an average of 20% over the 1995-1999 period.<sup>12</sup> As all South African universities compete for a shrinking pool of applicants, they become, inter alia, hyper-sensitive to "bad publicity" which could scare away potential applicants and their parents. In a national atmosphere of silence about HIV/AIDS, this sensitivity has generally

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<sup>10</sup> There are two other universities in the Western Cape province: the University of Cape Town and Stellenbosch University.

<sup>11</sup> University of the Western Cape, "Statistical Summary on Student Registrations, 1996 to 2000," March 2000.

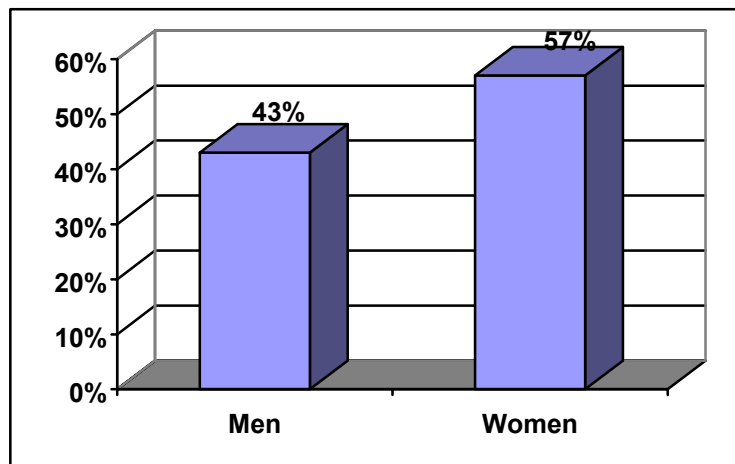
<sup>12</sup> Council on Higher Education Annual Report 1998-99, p. 13.

translated into reluctance to discuss or even publicly release information about the HIV/AIDS situation on campuses.

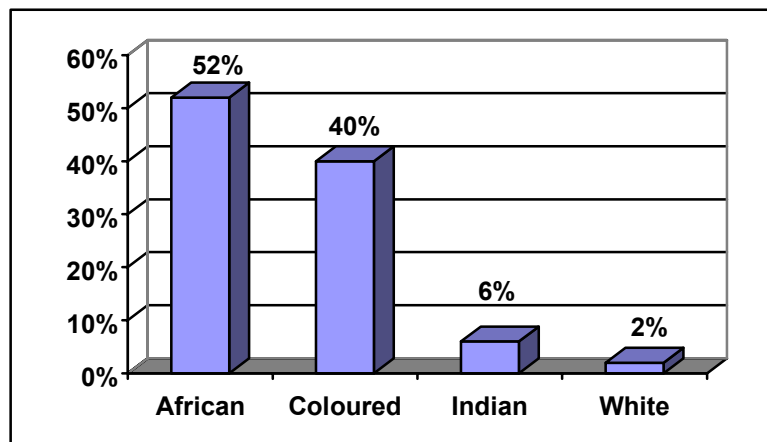
As universities without endowments, financial reserves, active alumni associations or professional-level fundraising offices, which are funded primarily from student fees and government subsidies, the HBIs live a precarious, financially crisis-ridden existence.

Despite all these difficulties, UWC remains well-known for its committed staff and its innovative, developmental and community-oriented academic programs. The university has seven faculties which run undergraduate and post-graduate programs. In descending order of student registrations they are: Economic and Management Sciences, Arts, Law, Community and Health Sciences, Science, Education and Dentistry. As of mid-2000, the profile of UWC students was as follows.

**UWC Student Registrations, 2000<sup>13</sup>**

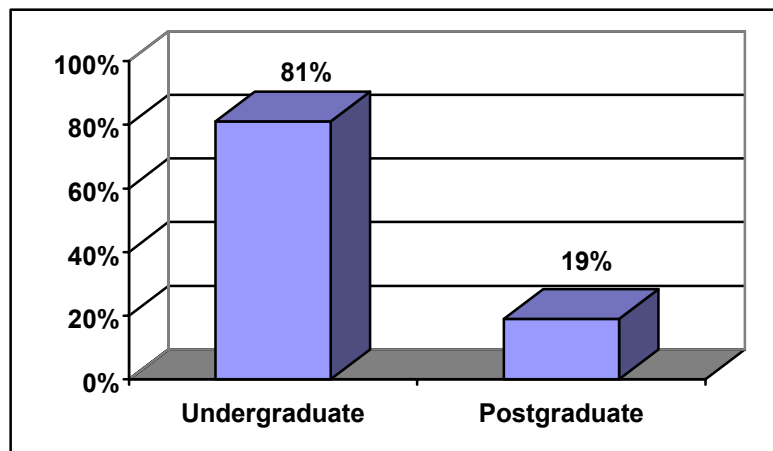


Gender: Women 57%, Men 43%

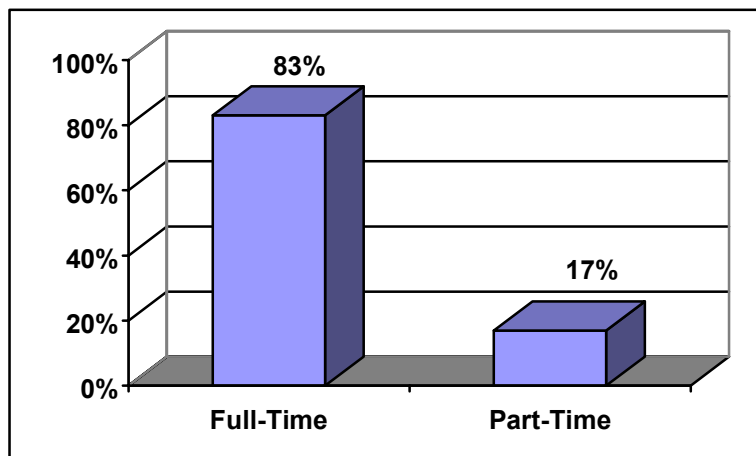


<sup>13</sup> UWC "Statistical Summary on Student Registrations, 1996 to 2000," March 2000; UWC Office of Residential and Catering Services, "Quality of Life in Residences, 2000", p. 2.

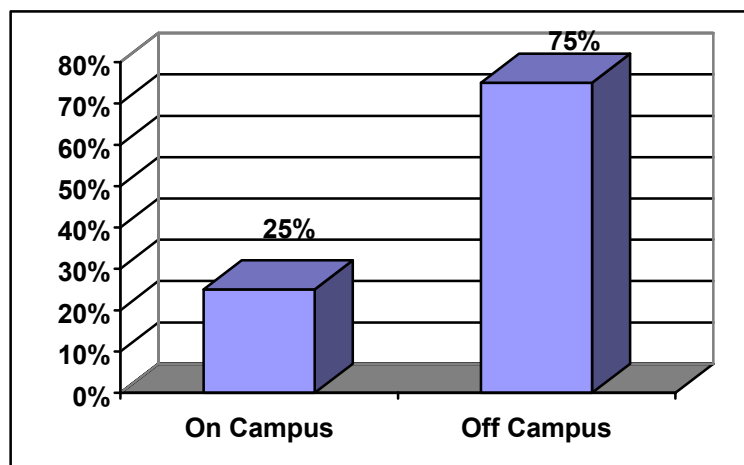
Race: African 52%, Coloured 40%, Indian 6%, White 2%



Study type: Undergraduate 81%, Postgraduate 19%



Study type: Fulltime 83%, Part-time 17%



Student residence: living in university residences 25%, living off campus, 75%

UWC employs approximately 1,459 staff comprising 663 academic staff, of whom 359 are full-time (represented by UWCASU, the UWC Academic Staff Union), and 796 non-academic support staff, of whom 359 are full-time (organized by a branch of NEHAWU, the National Education Health and Allied Workers' Union). The outsourcing of support functions in 1998-99 has resulted in key services such as cleaning, catering, grounds care and security being provided by companies on a contract basis. Thus, on any given busy day, close to 11,000 people are learning and working at UWC.

## The HIV/AIDS Situation at UWC

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To be blunt, no one knows what the HIV/AIDS situation is at UWC. Condoms have been distributed at UWC since 1988, and the first survey about student attitudes towards AIDS was carried out in 1989.<sup>14</sup> Nonetheless, there have been no direct screening studies or research which have involved blood or saliva testing. There is only a small amount of data from tests which students have asked for. In 2000, 70 students have come to the Campus Health Services voluntarily asking to be tested for HIV. Of these, seven people, or 10%, tested positive.

This figure comes from too small a sample to be significant; the rates of infection amongst UWC students must be higher than that, for the following reasons:

- As noted above, it is generally accepted that nationally, 22% of adult South Africans are HIV positive;
- The national ante-natal clinic figures indicate that women between the ages of 20-29 have the highest HIV prevalence, at approximately 26% - and the majority of UWC's students are women in this age group;<sup>15</sup>
- Most of UWC's students are African women; most come from the Eastern Cape province, where the ante-natal clinic figures are 18%;<sup>16</sup>
- The ante-natal clinic figures for women in the Western Cape averaged 7,1% in 1999; but in clinics in the African townships, or in clinics attending to African women from the townships, the figure was closer to 15%;<sup>17</sup>
- The rate of increase of these figures for all the South African provinces was highest in the Western Cape, at 36.5%;<sup>18</sup>
- In 1999, a study of 385 students at the University of Durban-Westville, a sister HBI in the province of Natal with student demographics roughly similar to UWC's, showed that 23% were HIV positive.<sup>19</sup>

In the absence of hard data, therefore, it would be reasonable to assume that perhaps 20% of UWC students are HIV positive.<sup>20</sup> This would mean in a student population of 9,400 that 1,880 – or nearly 2000 students - are HIV positive. Similarly, with this assumption, perhaps nearly 500 students in the campus residences are HIV positive.

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<sup>14</sup> Adrian Perkel and Anna Strebels, 'AIDS Report: Results of the 1989 UWC AIDS Survey, Typescript, Department of Psychology, UWC, 1989.

<sup>15</sup> South Africa, Department of Health, "Summary Report: National HIV Sero-prevalence survey of women attending public antenatal clinics in South Africa, 1999," (April 2000), p. 7.

<sup>16</sup> Ibid.

<sup>17</sup> Personal communication from Director of UWC Public Health Program.

<sup>18</sup> 1999 Sero-prevalence survey, p. 7.

<sup>19</sup> Sunday Times, 25 April 1999.

<sup>20</sup> In commenting on a draft of this report, a senior UWC researcher pointed out that the extrapolation of ante-natal data into the general student population – in the absence of baseline data – should very cautiously undertaken. While this is a valid point, we believe that a few percentage points either way should not blind the UWC community to the fact that there *is* a catastrophe in the making on campus.

It should be stressed that nothing like even these speculative figures has ever been discussed in any campus forum. When, during this year's "AIDS week" (sponsored by Campus Health Services, CHS, for the past two years), a visitor to campus speculated that an even higher percentage of students could be HIV-positive, he was asked to withdraw the comment by a member of the university executive because of fears of inaccuracy and potential "bad publicity."

Out of a total of 9,000 students, approximately 1,500 – or about 16% - drop out every year. For the first time, a survey of students who did not return to the university at the beginning of 1999 was attempted in September 1999.<sup>21</sup> The anticipated reason for not returning were financial; and as expected, 86.5% reported this to be the case. Only 6% said that they did not return "for personal reasons." The survey did not ask if students failed to return for health reasons. For the moment it is only possible, again, to guess what role HIV/AIDS played in the decision-making of these former students.

UWC has a contract with a private medical insurance company, Methealth, to provide coverage for its employees. This coverage varies according to employment status. Fulltime employees must have it; some are covered under their spouses' medical schemes (and therefore not through UWC). Contract/temporary staff can opt for coverage through the university, although most do not. UWC pays two-thirds of employees' medical aid premiums. There are currently 830 staff members who have coverage through Methealth. This probably represents 85% of the University's 896 permanent employees (the rest are probably covered through spousal schemes). Clearly, however, contract/temporary staff largely fall outside UWC's medical aid scheme (although some may have medical aid coverage through other means).

In addition to its other benefits and policies, Methealth's "AIDS Management Programme" is as follows:

- There is no payment for anti-retroviral drugs;
- Prophylactics for opportunistic infections are covered;
- Patients will be covered for up to four consultations per year for the following: pathology tests (CD4 counts and viral load), specific HIV medical consultations, and psychotherapy visits related to HIV/AIDS.
- The scheme can help direct patients to drugs that are 30% cheaper than normal and to drugs provided free of charge through research trials.

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<sup>21</sup> Vincent Morta, UWC Office of Management Information and Quality Assurance, "Survey of non-returning students," 6 September 1999.

## The Current Study

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For the purposes of this report, three interview questionnaires on the impact of HIV/AIDS at UWC were developed for use with students, staff and university managers. In September – October 2000 (towards the end of the last university term for the year), these questionnaires were administered by a team consisting of Dr. T. Barnes and three research assistants: Mr. Monwabisi James, Mr. Patrick Mavata, and Ms. Thandiwe Haya.<sup>22</sup> We were able to interview 195 members of the UWC community: 89 individual students (59 women and 30 men), 50 students in 17 focus groups (tabulated separately), 42 academic and non-academic staff, six deans and five members of the university top management.<sup>23</sup> In addition, informal discussions were held with three staff members who have been involved in the process of developing an HIV/AIDS policy at UWC (see below).

Students were contacted with the help of the Residence Administration staff, through their political and social organizations, and individually. Staff members were approached for interviews on a fairly random basis, although Nehawu shop-stewards were especially sought after. In addition, we tried to interview workers from the outsourced functions (cleaning, grounds and security) as they are fairly new members of the university community.

Background reading in preparation for the study included the following:

- Documents collected by the UWC Education Policy Unit on student attitudes towards HIV/AIDS at other university campuses, mainly in Southern Africa and North America;
- Documents of the South African ministry and national department of health on HIV/AIDS policy;
- University documents such as the budgets for 1999 and 2000 and the 1999-2000 minutes of University Council meetings; recent media reports on the South African pandemic; and
- Selected articles written by and speeches given by members of the UWC community.

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<sup>22</sup> Barnes is a lecturer in the UWC History Department; James is an MA graduate of the University of Cape Town; Mavata is a former UWC student, and Haya is currently an MA student at UWC.

<sup>23</sup> The questionnaire results in this report are offered, not as a definitive statement of the attitudes of the entire UWC community, but as a sample of such perceptions. We believe that this report is the first to match data on student, staff and university management perceptions about HIV/AIDS. There were comments from many of those interviewed that our questions had stimulated them to think about these issues and their implications for the first time.

The draft report was circulated for comment to the UWC Rector, the Vice Rectors (Student Affairs and Academic), members of the UWC Working Group, the Directors of the EPU and the Gender Equity Unit.



# The Impact of HIV/AIDS at UWC: Student Perceptions

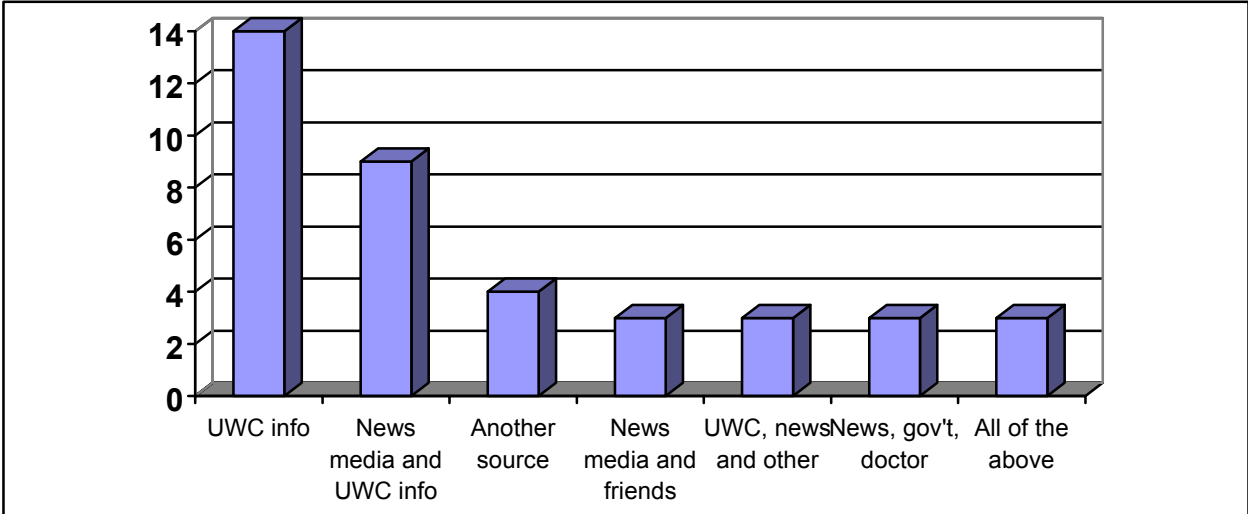
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*"We don't think that the University is doing enough to make both the staff and students aware of HIV/AIDS. This can be done by having workshops round the topic. During the weekends, the residences are not used most of the time and this is an opportunity for people concerned to make use of them."<sup>24</sup>*

## **General student attitudes about HIV/AIDS**

Students are generally aware of the existence of HIV/AIDS and draw their knowledge from a variety of sources, ranging from the media, friends, doctors, and UWC programs.

### **Q 6. HOW DID YOU LEARN WHAT YOU KNOW ABOUT HIV/AIDS?**



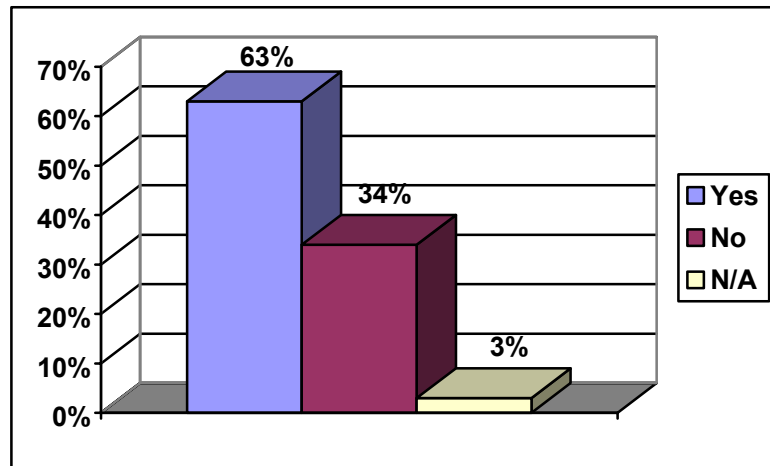
The news media seems to play a pivotal role in shaping people's understanding of the pandemic.

Encouragingly, what students have learned seems to have had an influence on their behaviour.

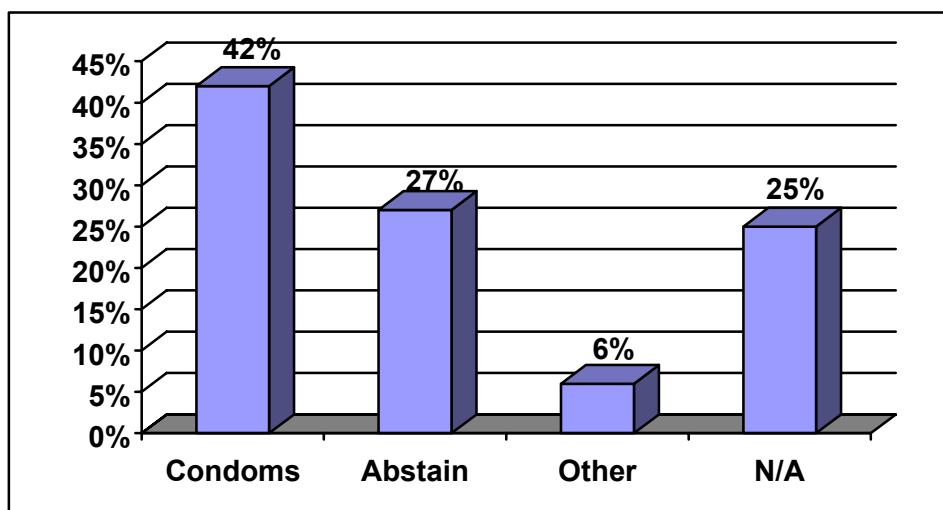
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<sup>24</sup> Group of five students from the Student Christian Organization, interviewed 14 September 2000.

**Q 29. HAVE YOU CHANGED YOUR SEXUAL BEHAVIOUR IN ANY WAY BECAUSE OF WHAT YOU KNOW ABOUT HIV/AIDS?**



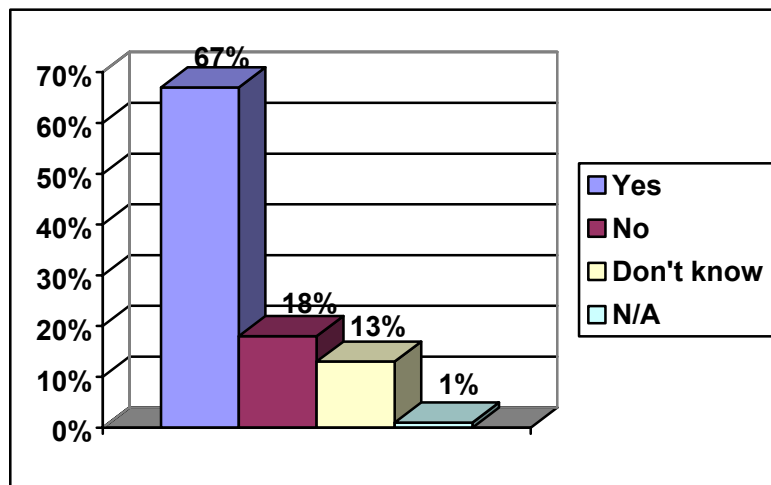
**Q 30. IF YES, THIS CHANGE IS TO:**



The majority of students agreed that they see HIV/AIDS as a problem on campus. This indicates that an encouraging level of awareness exists. However, some students have reservations about the extent to which the disease has affected UWC. They claim that they don't know the number of HIV positive people on campus, and very few knew staff or students who are HIV positive. The university, they claim, has statistics but is keeping them quiet. The Residence Coordinators, who look after the welfare of students in the university residences, shared this belief.

Students had a positive view of UWC's information programs on HIV/AIDS. In the first-year orientation program, new students are informed about CHS, its location and the services it offers to students and the UWC community generally. These include counseling, free HIV/AIDS testing, general medical services and the provision of contraceptives. Condoms are also available at CHS.

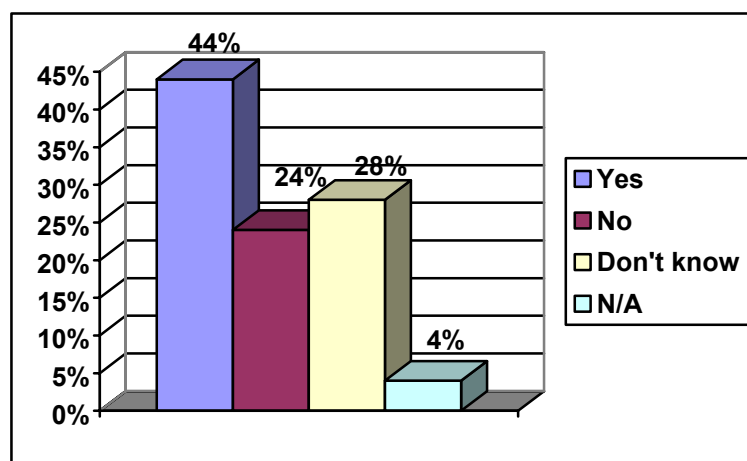
### Q 7. ARE YOU AWARE OF HIV/AIDS AS A PROBLEM ON CAMPUS?



The university also hosts information workshops on how AIDS is contracted and can be prevented through condom usage and abstinence from sex. Posters are put up. Students reported that HIV/AIDS has been included as part of the academic curriculum in Biology, Psychology and the nursing program. It was also reported that one academic broke the silence in class when he divulged his HIV-positive status. This was a useful, positive and “de-stigmatizing” experience for his students.

However, HIV-positive status is felt to be a terrible stigma for students.

### Q 54. IS IT CONSIDERED TO BE A STIGMA (BAD OR SHAMEFUL) TO BE HIV POSITIVE OR TO BE A PERSON LIVING WITH AIDS?



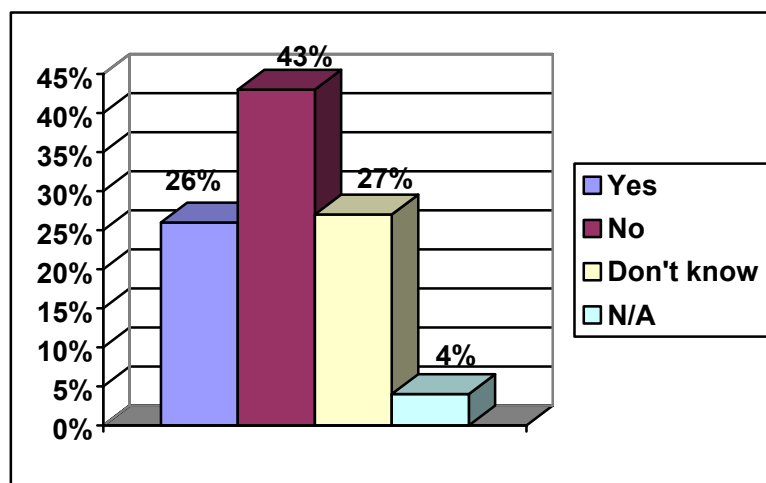
Comments from students were emphatic on this point: anyone who was HIV positive feared for his or her status to become known. For example, students said:

- “I’m afraid that anyone can justify that I’m HIV/AIDS if I tell anyone.”
- “Sometimes people discriminate against you and avoid you.”
- “I find that things are not kept a secret here.”

- "I would be afraid of losing friends."
- "According to my understanding there is no one on campus who would support me."
- "I trust no one. People would treat me differently."

We also asked if HIV positive men were treated in the same way as HIV positive women. Again, students were emphatic that while people took it in stride if a man was found to be HIV positive, it reflected very badly on women.

**Q 58. IS AN HIV POSITIVE MAN TREATED THE SAME WAY BY THE COMMUNITY AS AN HIV POSITIVE WOMAN?**



Student comments on this issue included:

- "Women are badly treated and regarded as sluts."
- "Females are treated badly compared to males."
- "Men are treated better than their women counterparts."
- "A man is tolerated whilst a woman is seen as promiscuous."
- "Before there was a difference in treatment between the sexes but the more people become aware of HIV/AIDS, the treatment is more the same for both men and women."
- "It is difficult or impossible for a woman to have another relationship if she is HIV positive publicly."
- "Women are treated badly but guys nicely. For instance we treat my HIV positive friend nicely. We drink together."

These perceptions were born out during a candlelight vigil organized for victims of gender violence in 1999. A young black woman who was not a member of the UWC community spoke at the program and revealed that she was HIV positive. She was booed by the students in the audience, who told her, "You're a traitor! You're telling lies! It can't be true!"<sup>25</sup>

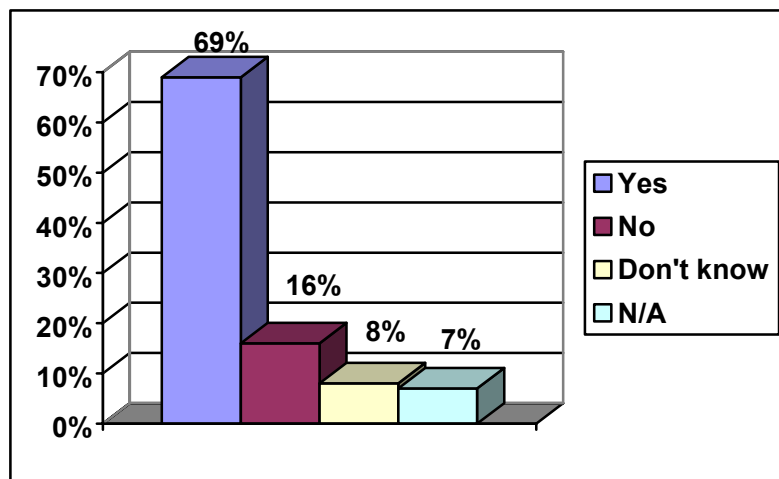
<sup>25</sup> Recollection of Dr. Andre George, CHS, interviewed 28 August 2000.

Although the university's awareness programs were welcomed and judged as interesting, students had the following comments and suggestions.

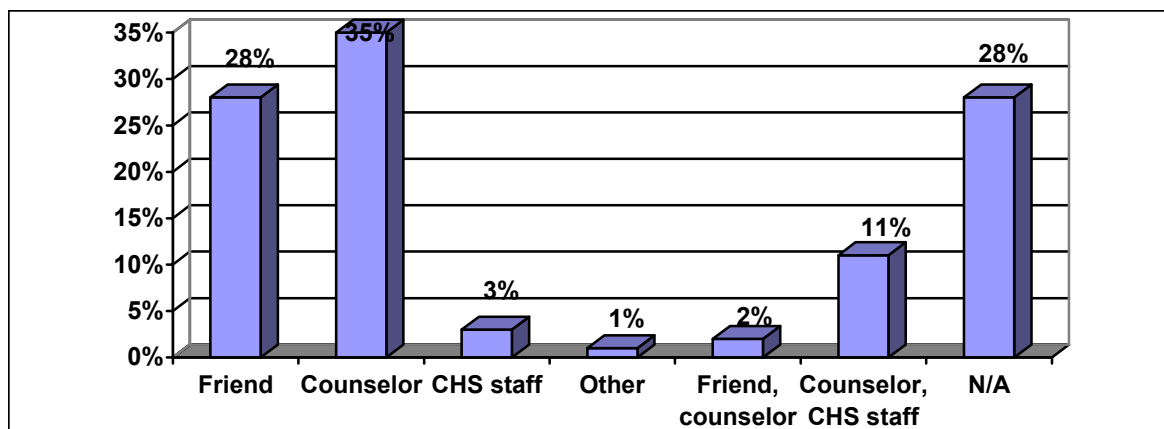
- The programs are often not well-advertised, and the only means of publicity used are posters. These are not adequately eye-catching.
- Workshops – which are few in number - are therefore not well-attended.
- Students are not directly involved in the programs designed to assist them.
- More programs should be held in the residence halls instead of other venues, like in front of the library.

Aware of the HIV/AIDS "problem", students felt very strongly that if they were to discover that they were HIV-positive, they would go to someone in the UWC community as a source of support. Interestingly, this person was more likely to be a university counselor than a personal friend.

**Q 15. IF YOU DISCOVERED THAT YOU WERE HIV POSITIVE, IS THERE ANYONE ON CAMPUS THAT YOU WOULD GO TO FOR SUPPORT?**

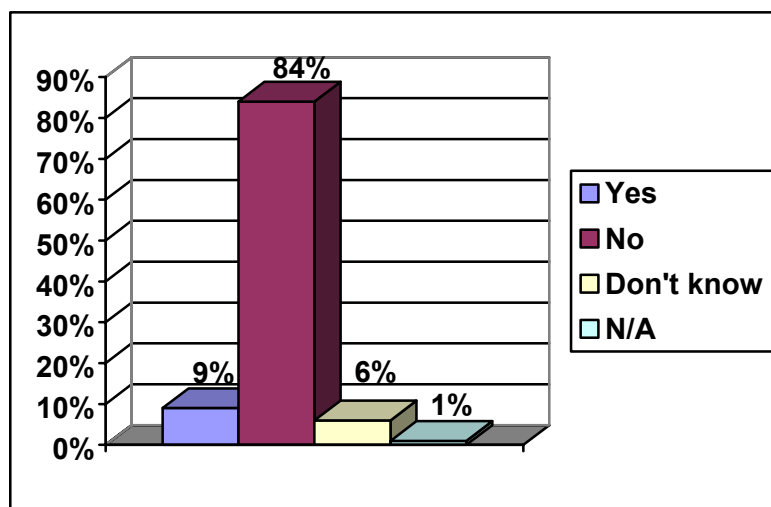


**Q 16. WHO WOULD THAT PERSON BE?**

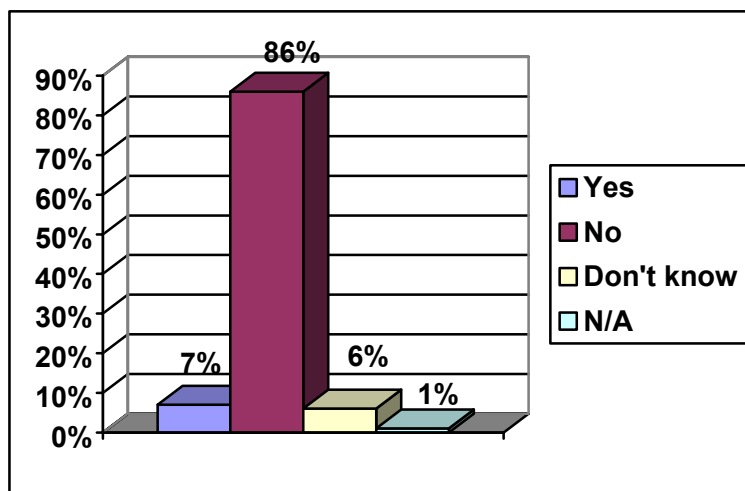


Our research showed that students claimed that they did not personally know of people who are HIV positive, who are living with AIDS on campus, or people who have died of AIDS. If indeed close to 2,000 students are HIV positive, this is a clear indication of the extreme care with which people keep their secrets. One part of the explanation for this is that given the relatively low rates of HIV positive incidence in the Western Cape, we are still in an early stage of development of the disease in this region. As a result, the visibility of the disease is not as pronounced as in other regions, with the majority of those infected not yet symptomatic and therefore not aware of their status. On the other hand, it should be borne in mind that many students emanate from the Eastern Cape, where infection rates are much higher.

**Q 18. DO YOU KNOW OF UWC STUDENTS OR STAFF WHO ARE HIV-POSITIVE?**



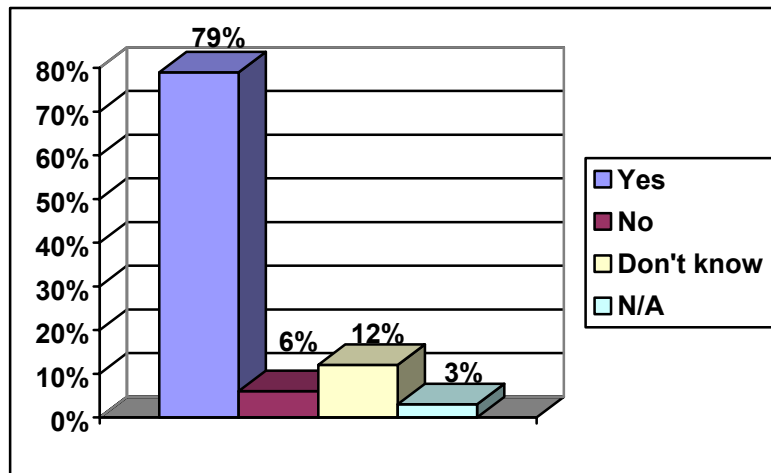
**Q 19. DO YOU KNOW OF UWC STUDENTS OR STAFF WHO HAVE DIED OF AIDS?**



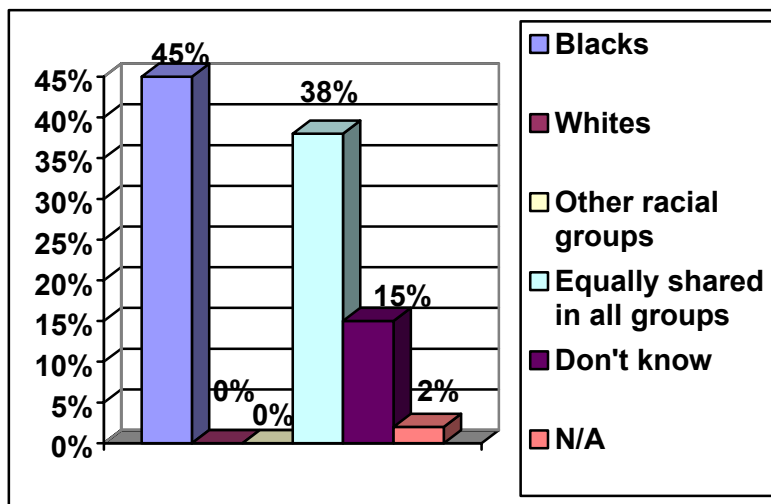
There is general consensus on the causes of HIV/AIDS among students although there is a small minority who respond differently from the orthodox view (that HIV

causes AIDS). Some view the cause as poverty, a view which is linked to President Mbeki's expressed personal opinion. The students would at times think deeply before answering this question and some would say, "Before I knew what causes AIDS but now I do not know." There was some adherence to a "conspiracy theory" by one student political activist, that AIDS does not exist but is something that doctors diagnose when people are really dying from other diseases.

**Q 60. DO YOU THINK THAT AIDS IS CAUSED BY THE HIV VIRUS?**



**Q 62. AMONGST WHICH GROUP DO YOU THINK AIDS IS MORE COMMON?**



**Sexual activity among students**

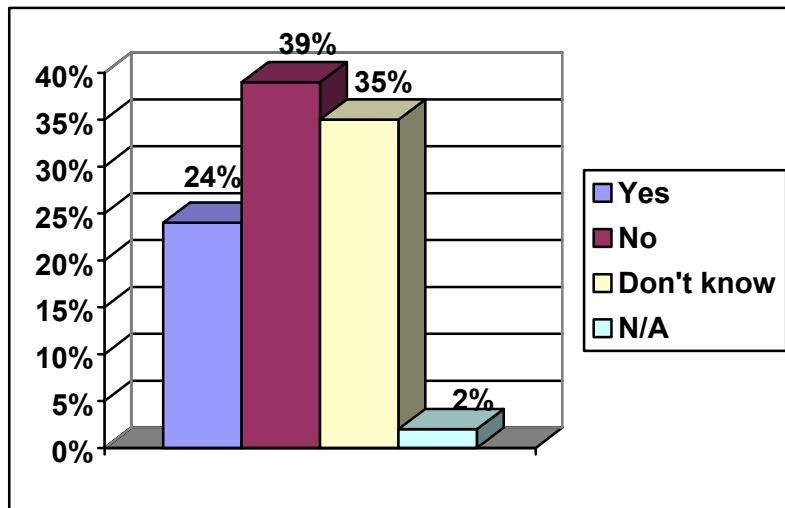
In the early 1990s, studies showed that approximately half of first year UWC students were sexually active. In this study<sup>26</sup>, students generally claimed that sexual

<sup>26</sup> L. Nicholas, "AIDS knowledge and attitudes of Black South African first-year students, 1990-1992," Research Report of the Centre for Student Counselling, UWC, 1992.

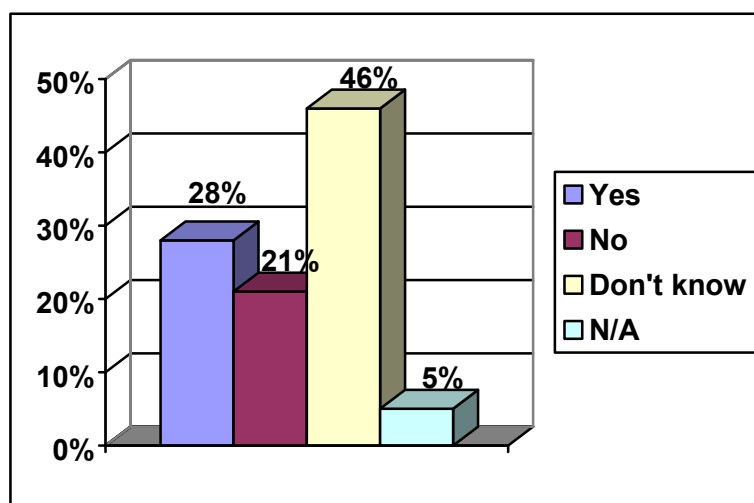
relationships on campus are generally not steady and monogamous, as “the guys play their ‘taste and go’ approach.” Most of the male students who were sexually active say that they use condoms during their sexual encounters. Others who are not sexually active took the decision to abstain long ago and some of those decisions were informed by their religious beliefs. For them, religious beliefs were more important than what they later learned about HIV/AIDS.

Although it is not reflected in data below, it was generally felt that students who lived off campus were less likely to be engaged in sexual activity because they were living with friends and relatives. Students living away from family on campus had fewer restrictions.

**Q 31. DO MOST UWC STUDENTS WHO LIVE ON CAMPUS HAVE STEADY SEXUAL RELATIONSHIPS?**



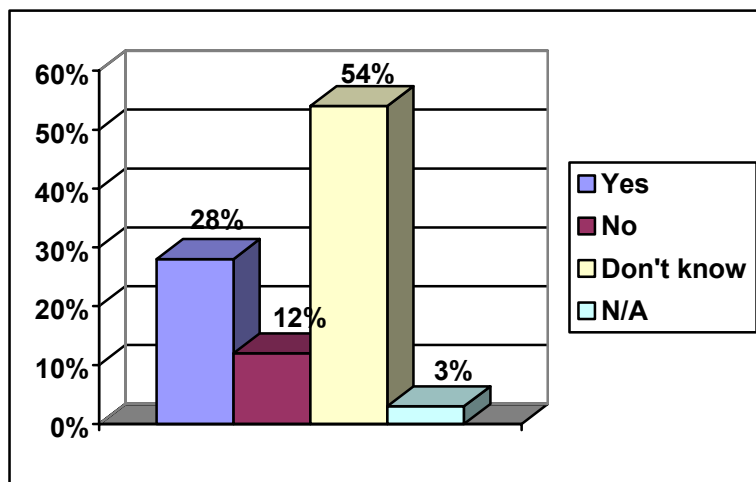
**Q 32. DO MOST UWC STUDENTS WHO LIVE OFF CAMPUS HAVE STEADY SEXUAL RELATIONSHIPS?**





It should be noted that condom use is widespread on campus and seemingly has increased over time. In 1996, when there were 14,000 students at UWC, the health service provided 20,000 condoms in the first quarter of the year. In 2000, however, when there are 5,000 fewer students, the health service has already distributed 150,000 condoms.<sup>27</sup> Condoms are available in the CHS offices, in the residence halls and in offices in the Education Faculty. Residence coordinators reported that supply generally falls short of demand. When boxes of condoms are made available in the foyers of their buildings, they are quickly emptied – the coordinators asked that more condoms be sent from CHS.

**Q 34. DO UWC STUDENTS USE CONDOMS WHEN THEY ENGAGE IN SEXUAL ACTIVITY?**



A minority of male students reported conversationally that condoms “make it feel unreal” and that therefore they do not use condoms for every sexual encounter. According to these students, the outward appearance of a woman is what determines whether to use a condom or not. Anecdotally, one African student said that he uses a condom with coloured girls but not with African girls because in his opinion the latter were more likely to be “clean.” Another said that he did not know what his HIV status was and therefore what was the point of trying to prevent something that, “I am not even sure if I have it or not.” One student, when asked why he didn’t go to the clinic for an HIV test, answered that he was there but panicked and left the clinic just before he was about to receive pre-test counseling.

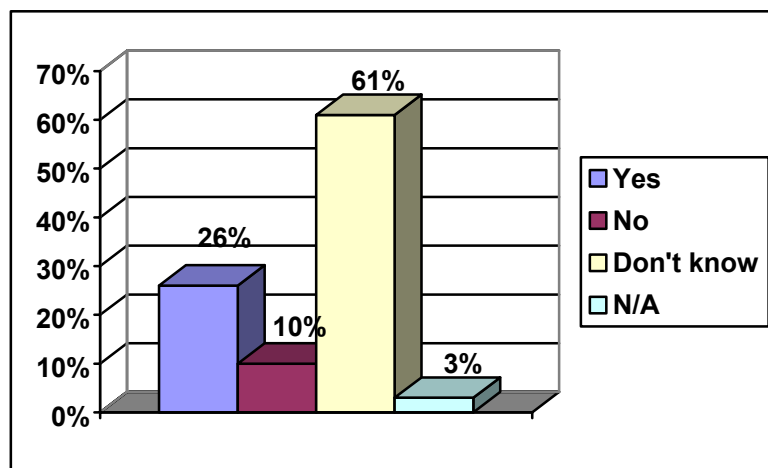
**Perceptions of unsafe sexual practices**

In the absence of hard data on HIV infection on campus, our research asked about student perceptions of prostitution, the “sugar daddy” syndrome, pregnancy and abortion as indicators of the prevalence of unsafe sexual practices.

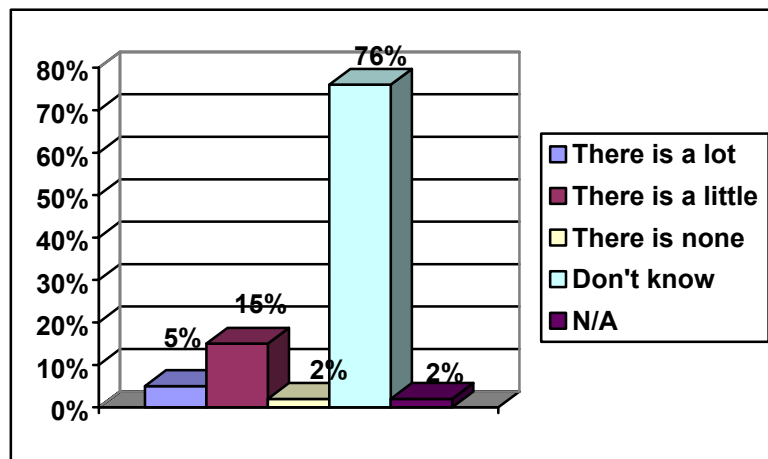
<sup>27</sup> Lionel Nicholas, “Black South African Students’ Beliefs and Attitudes about Condoms,” *Psychological Reports* 83, 1998, p. 892; interview with Dr. Andre George, Campus Health Service, 14 September 2000.

According to the data below, UWC has no reason to rest on any laurels in relation to students' awareness levels. Unprotected sexual behavior was widely reported. Significant minorities of students indicated that the prostitution exists on campus – with some students engaging in sex work, and others seeking paid sexual partners. Perhaps more significant is the more widespread perception that the "sugar daddy syndrome" does exist on campus; more women than men reported this. Respondents were not clear, however, on whether or not unprotected sex was part of the "sugar daddy" bargain.

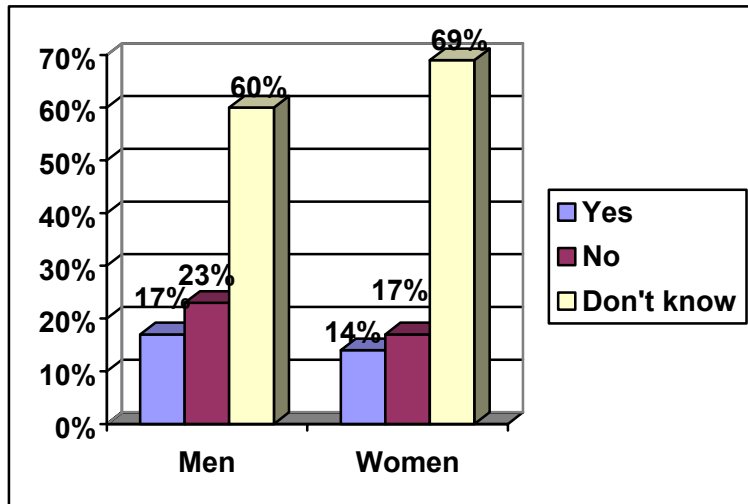
**Q 39. ARE THERE STUDENTS WHO WORK AS PROSTITUTES?**



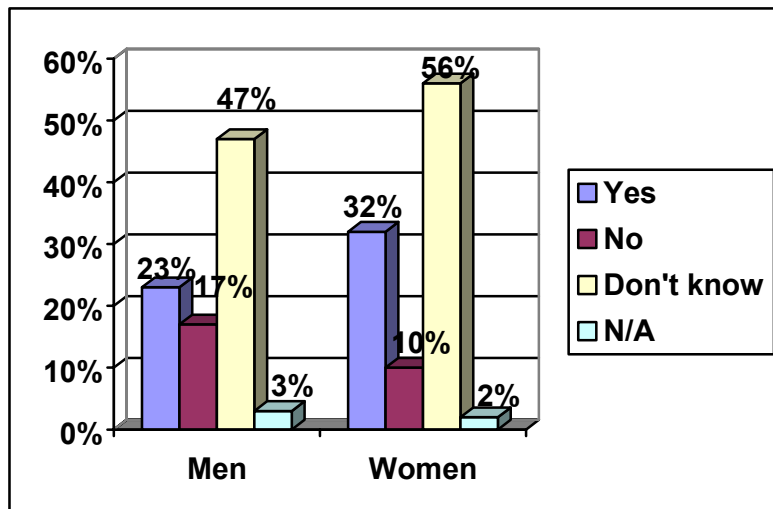
**Q 40. IS PROSTITUTION AMONGST STUDENTS COMMON AT UWC?**



**Q 43. DO MALE STUDENTS VISIT PROSTITUTES, EITHER ON CAMPUS OR OFF CAMPUS?**



**Q 37. IS THERE A 'SUGAR DADDY SYNDROME' ON CAMPUS – ARE THERE MALE STUDENTS OR STAFF WHO PAY WOMEN STUDENTS FOR SEX?**

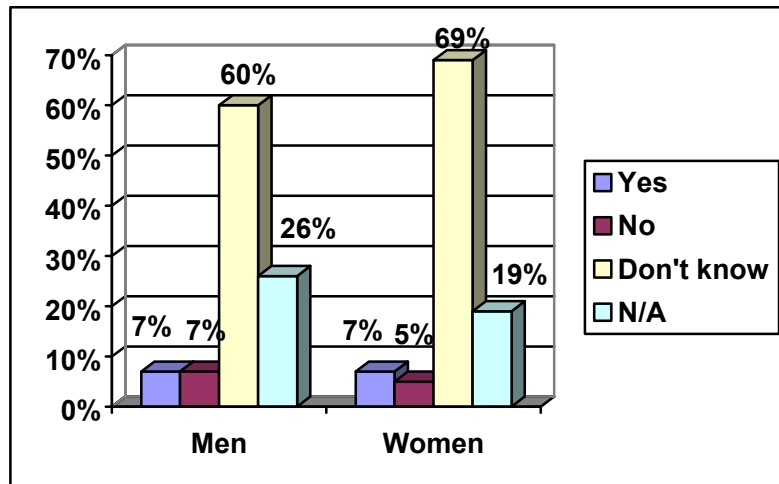


According to one sixth year male student, "They [the sugar daddies] come to campus driving fancy cars looking for women, and pay them for sex."<sup>28</sup>

Only one female student made the following alarming comment, but because of its nature, it should be brought to the attention of the university community. Even if it only happens rarely, it is a cause for concern and may point to the need for tougher enforcement of the university's sexual harassment policy. She said, "UWC staff members send private messages to see some students. Some academics would give you more marks academically. Many academics like visiting student residences."

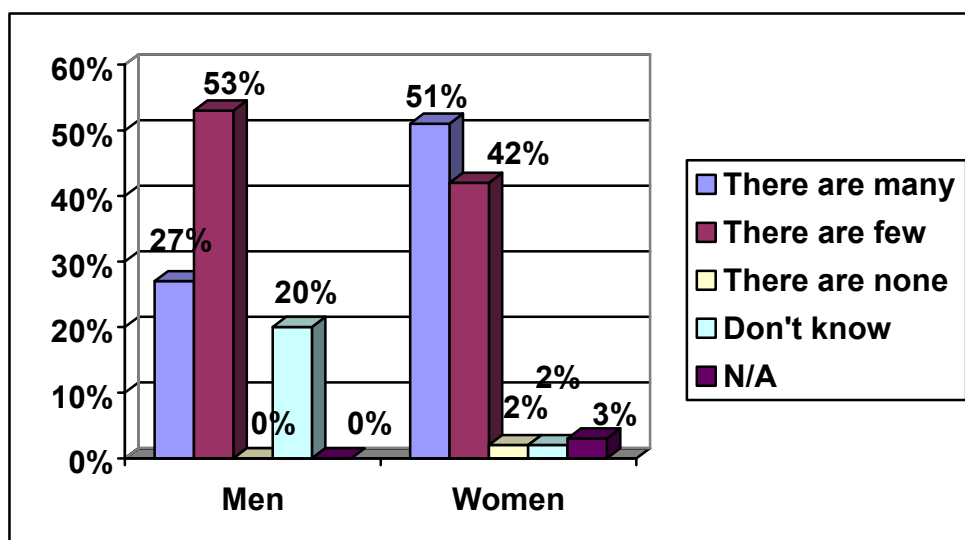
<sup>28</sup> It should be noted in this regard that the university's residence authorities have participated in a new system of monitoring the vehicles that come onto campus after hours.

**Q 38. IF THERE ARE 'SUGAR DADDIES' DO THEY PAY WOMEN FOR UNPROTECTED SEX?**



Another cause for serious concern is the perception that many students fall pregnant during their tenure at UWC. Significantly, this was reported by more women than men. Similarly, abortion seems to be a fairly common reaction to student pregnancy – worryingly, however, many seem to be illegal, “backstreet” abortions<sup>29</sup>. In one documented case this year, an aborted baby was found in a rubbish bin near the old entrance to the university. Anecdotes are told of aborted fetuses being found in residence hall toilets and on the playing fields of the university.

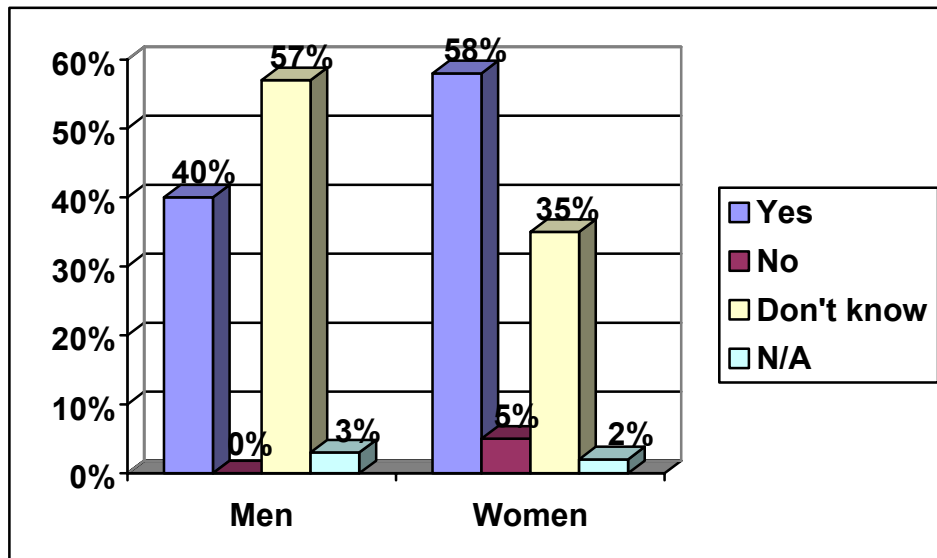
**Q 45. HOW MANY WOMEN FALL PREGNANT WHILE THEY ARE STUDENTS AT UWC?**



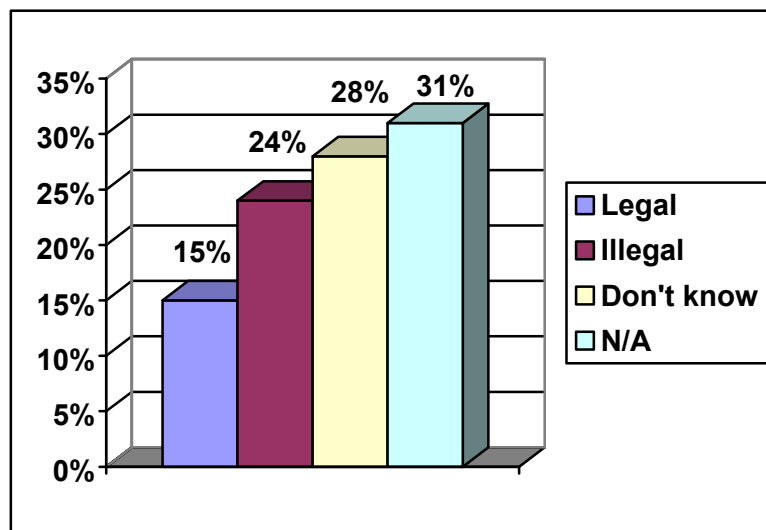
One third year female student commented, “especially this year.” Others commented that pregnant students went to clinics outside the campus.

<sup>29</sup> The *Choice on Termination of Pregnancy Act* of 1996 made abortion legal under certain conditions, which include that it is carried out by medical practitioners and also midwives (in certain cases).

**Q 48. ARE THERE WOMEN WHO HAVE ABORTIONS WHILE THEY ARE STUDENTS AT UWC?**



**Q. 49. ARE THESE ABORTIONS LEGAL OR ILLEGAL?**



A comment on this issue was, "They drink laxative tablets. We see a lot of blood running in our bathroom." Another said, "Many students realize too late that they are pregnant and desperately attempt illegal abortions."

**Students and Gender Violence**

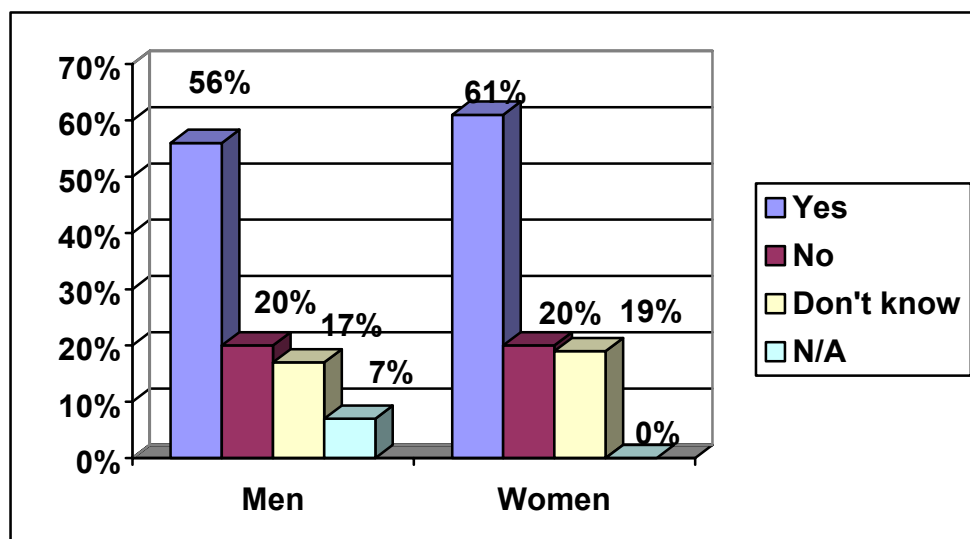
Gender violence is endemic in South African society. The website of the Rape Crisis Centre in Cape Town features a banner headline that reads: "Seconds until the next rape:" and counts down, over and over again, from 23.<sup>30</sup> Interestingly, however, just

<sup>30</sup> <http://www.rapecrisis.org.za>

as President Mbeki has become known for his questioning of "AIDS orthodoxy," in 2000, in 1999 he hit the headlines by questioning the basis on which estimates of the prevalence of rape were made. The South African silence around rape and rape statistics is slowly being broken, due in no small measure to courageous women such as Charlene Smith, a journalist who went into print about her own experience of rape in April 1999.<sup>31</sup> It is, however, a measure of the unease that the South African public feels about matters of sex, sexual violence and the prevalence of gender stereotyping that Ms. Smith's openness has rarely been emulated, and that in relation to HIV/AIDS, only a few people have followed in her footsteps.

In the study for this report, a majority of students, male and female, agreed with the statement that UWC is a "woman-friendly" environment.

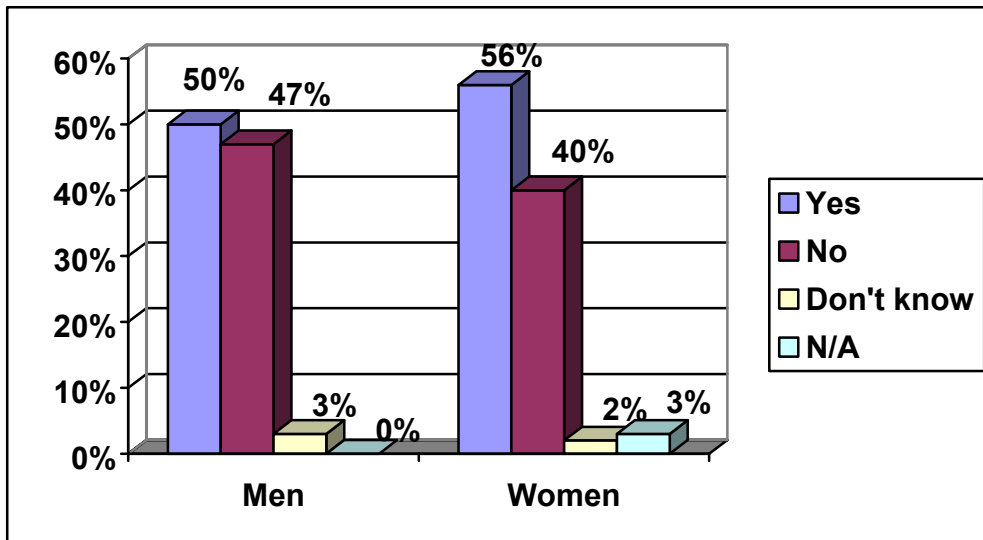
**Q 5. THERE ARE MORE FEMALE THAN MALE STUDENTS ON CAMPUS. DO YOU FIND THAT UWC IS A 'WOMAN-FRIENDLY' ENVIRONMENT?**



This is encouraging but it sits uneasily with other data about gender violence on campus.

<sup>31</sup> Charlene Smith, "I lay there and thought, Be Calm. Be Calm. The Night I Was Raped." *Mail & Guardian* (South Africa), April 9, 1999. Accessed at <http://www.mg.co.za/mg/n.../16apr-rape.html>

**Q 50. DO YOU KNOW OF/ HAVE YOU HEARD OF WOMEN STUDENTS WHO HAVE BEEN RAPED ON CAMPUS?**



UWC has a well-developed system to deal with reported rape cases. Students have the resources of campus security services, the Gender Equity Unit, CHS and student counseling to call on. The office of the UWC Proctor, which deals with legal matters concerning students, prosecutes such cases if the female student wishes them to. In the three semesters since the beginning of 1999, there have been three rape cases heard by the Proctors' Office; all resulted in guilty verdicts, and the attackers were expelled from the university. In the judgement of one of these cases, the court noted, "The University has to show concern for the physical and psychological well-being of its students and as such did not condone behaviour that undermines a person's dignity and self-respect; in accordance with ...the Constitution of the Republic of South Africa, the University is committed to providing and environment for students which is free from all forms of sexual abuse."<sup>32</sup>

Once again, however, the University should not be tempted to rest on its laurels. According to a former member of the campus security service (CPS; now outsourced to a private security company) who is now a Residence Coordinator, speaking at a candlelight service for victims of gender violence on campus in 1999:

These are a few of the incidents that have occurred over the last seven months: 13 serious assaults, 17 minor assaults; rape and attempted rape...Amongst the assault cases, most are related to gender violence, i.e. between boyfriend and girlfriend. We do also have cases where men are abused by women. But...those cases are very few. Most of the cases never go further than the CPS office. Because the women withdrew their initial statements, either because of pressure from their boyfriends (who in most cases are the culprits), or because of being afraid of what their parents and friends will say when they hear about the incidents. But not only the campus community are involved. We get the elements from outside who roam around

<sup>32</sup> "Summary of the Proceedings of the Student Disciplinary Court" 4 May 1999, 11 April 2000; UWC Proctor's Office.

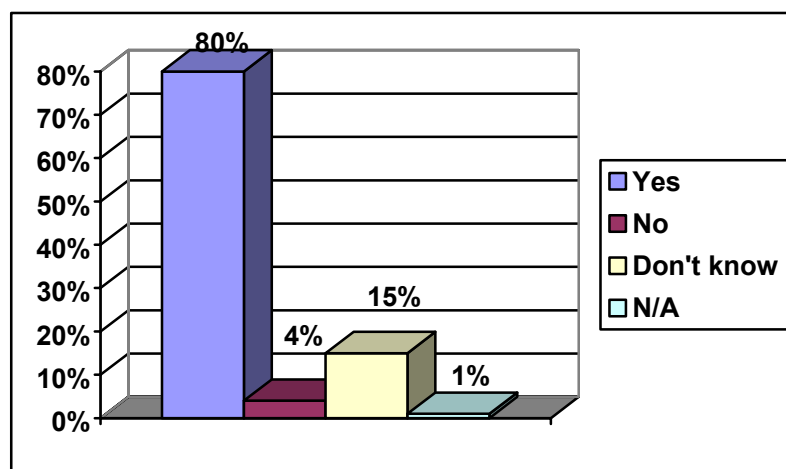
on campus at night, pretending to be students. Even rape and attempted rape cases are reported, but follow the same route as most other cases [i.e. are never reported to the University authorities].<sup>33</sup>

University officials are taking steps to make the campus a safer environment. These steps tend to deal with upgrading the physical environment, such as access control, improved perimeter fencing of the campus and surveillance cameras. The Gender Equity Unit has embarked on an ambitious program to raise external funds – approximately R1.5 million – to construct a multi-purpose “safe road” from the library to the residences; UWC administration is assisting with upgrading services as noted above.

However, new or expanded programs which empower men and women students to deal with matters of sexual harassment and violence have not been reported. The last word on this matter comes from a male third year student: “There are many guys who force women to have sex with them. Women tend to refuse but finally let guys sleep with them and never report these cases. I have examples of such situations on campus, especially with first years [i.e. first year students].”

One final factor must be taken into account in relation to unsafe sexual practices. UWC is located far from the center of Cape Town, and the social and recreational functions in the surrounding suburbs are also inaccessible to students who cannot afford public transport and do not have private transport. What weekend social life there is on campus tends to be organized around the student bar, “The Barn,” and the parties which are organized by the university and the Students’ Representative Council (SRC), called “bashes.” Many students felt strongly that the bashes were overflowing with alcohol, that drunken students practised unsafe sex, and that there should be more control over alcohol on campus.

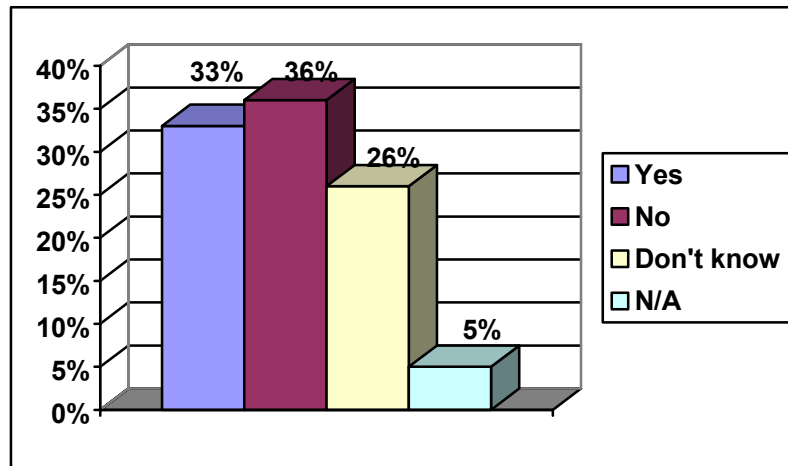
### **Q 35. IS IT COMMON FOR STUDENTS WHO ARE UNDER THE INFLUENCE OF ALCOHOL TO ENGAGE IN CASUAL SEXUAL ENCOUNTERS?**



<sup>33</sup> “Important advice from Gwen Ross,” speech given 6 August 1999 at a candlelight vigil organized by the Gender Equity Unit.



**Q 65. ARE SOCIAL ACTIVITIES ON CAMPUS GENERALLY ORGANIZED IN WAYS THAT ENCOURAGE SEXUALLY RISKY BEHAVIOUR?**



Some of the students who answered “yes” to this question had the following comments:

- “The distribution of alcohol, and alcohol abuse, encourage sexually risky behaviour.”
- “There are a lot of bashes and students drink a lot to the extent that they forget themselves. They often engage in sex without condoms.”
- “When you are drunk you tend to forget to use condoms.”
- “When people get drunk they find it difficult to control themselves.”
- “Bashes encourage bad sexual behaviour. People drink and forget themselves. People on these occasions tend to be careless and sleep with as many women as they can. They do things without considering the consequences.”

The student members of one “house committee” of one of the residences said,

At UWC there are no strict measures against the use of drugs and alcohol. Students have easy access to drugs and alcohol. Many times you pass through a group of students smoking dagga. It leaves one wondering how that affects their behaviour. Most students use both dagga and alcohol – that surely has an effect – putting their sexual behaviour at risk.

**The Views of Residence Coordinators**

We interviewed eight of the nine Residence Coordinators, and include their comments in this section of the report because they are the staff members who are closest to the experiences of students in residence. In their opinions:

- Students are aware of UWC programs to fight HIV/AIDS, but they still think that infection won't happen to them. “They ignore or make fun of the posters.”
- Most students do use condoms when engaging in sexual activity.
- In answering the questions about “the sugar daddy syndrome,” and prostitution on campus, the most common answer was, “don't know.”

- Regarding student pregnancy, six of the eight answered that many pregnancies occur. One commented, "There were three pregnancies in this residence alone last year." Another commented that the situation was "worse this year." The other two said that there were a few student pregnancies.
- Six of the eight also confirmed that there are women who have abortions whilst they are students.
- All but one answered that they were aware of female students who had been raped on campus.
- The coordinator of a residence for first year students reported that some of her students had developed and were performing a drama about HIV/AIDS that they would be performing at all the residences. She felt that there was a lot of positive change around issues of AIDS awareness.
- Another coordinator said, however, "We don't know of students who are HIV positive, or who have AIDS, so it is difficult to tell about the impact of the disease on campus. We only rely on suspicion about ill students. I have seen students dropping weight and dying so quickly, but we really don't have facts about it. It is always hidden to us because it is a sensitive issue."
- Another said, "The trend with HIV/AIDS is, they say they are not going to die alone."

Regarding funerals, the coordinators said that when students die there is a certain amount of money that they donate towards the bereaved families and this comes from their own pockets and not from the university. They attend funerals of students and often travel if the burial is outside the Cape Town area. This travel does not disrupt their work because others act on their behalf while they are away. They report that the same applies to students who attend the funerals of fellow students. The university and the SRC organizes transport to ferry students to and from the funeral. This is not provided free of charge, however. Those who do not have the money to pay for the transport are allowed to go, but the amount is debited into their university accounts. Students did not feel that funeral attendance disrupted their academic activities because they were held on weekends. It should be noted that deaths are generally due to car accidents and illness and which are not publicly confirmed as AIDS-related. The coordinators asked about the development of a university policy in regards to student deaths; at the moment they are not aware if one exists, and they are paying from their own pockets to attend funerals.

Overall, the residence coordinators recommend: more condoms, more education, more workshops, more speakers (especially people who are HIV positive), more discussions and more publicity.

### **Overall Student Recommendations**

The students interviewed generally felt that UWC had been reasonably active in raising awareness about HIV/AIDS on campus. They felt that it was now their own responsibility to take care of themselves. They had the following recommendations about further steps to reinforce current programs:

- HIV/AIDS should be included in all university academic programs, irrespective of faculty. At the moment, only a few courses such as Biology, Psychology, Nursing [see below for other examples] touch on HIV/AIDS in their programs.
- The university should try to organize celebrities/role models to talk about AIDS on campus.
- Debates and discussions should be organized on a monthly basis to clarify issues surrounding HIV/AIDS.
- More condoms should be distributed around campus.
- Students should be trained about HIV/AIDS so that they can help other students and further assist in disadvantaged communities.
- All university programs should directly involve the students for whom they are planned. At the moment students play a small role in AIDS awareness programs.
- The university should organize people living with AIDS, especially “full-blown AIDS sufferers” to speak on campus. People want to know what people living with AIDS look like.
- The university should not only rely on posters to inform students about their awareness programs. There should be announcements in classes and people should go on room-to-room visits to ensure that a maximum number of students are well-informed.
- The university must research and publicly inform students and the general UWC community about the statistics, the nature and the extent of the HIV/AIDS epidemic on campus. At the moment the UWC community is in the dark in this regard.

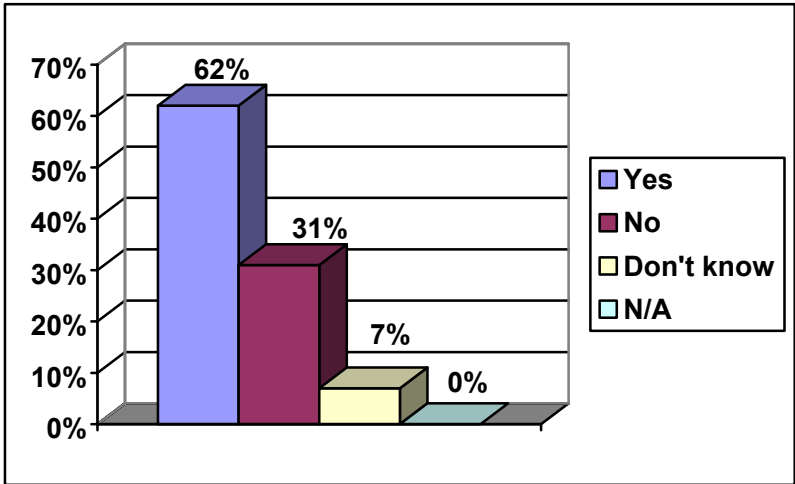
# The Impact of HIV/AIDS at UWC: Staff Perceptions

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*"We must all be saying it every day in class: USE A CONDOM! It should be part of our daily lives. I once created an uproar in my class. I said, "AIDS can happen to anyone. If you have sex, wear a condom!" There was laughter, shouting, general buzzing that I would mention such a thing in class."<sup>34</sup>*

Many of the students' perceptions about the situation on campus are shared by the 42 academic and non-academic staff members that we interviewed. Staff members agreed that the lack of substantial information and statistics about the HIV/AIDS situation on campus is confusing. All they know are rumours of students who have left campus that have died elsewhere. This has led to the belief amongst some people that the impact of HIV/AIDS is not as serious as some would have it. Perhaps this is why 31% of the staff (as compared to 18% of the students) said that they were not aware an HIV/AIDS problem on campus.

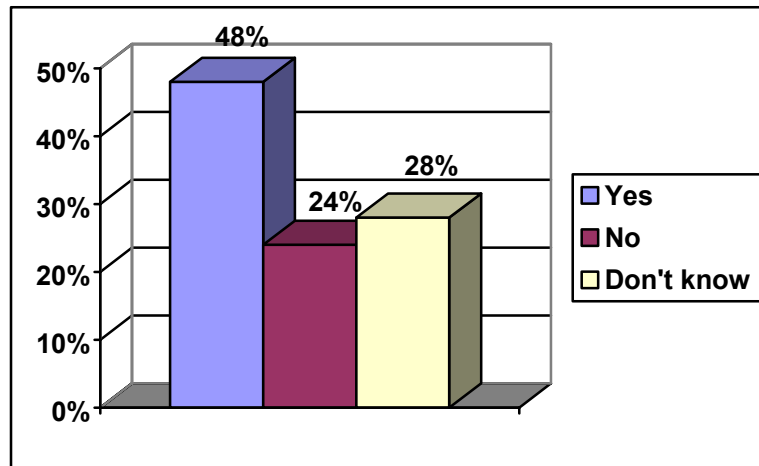
## Q 6. ARE YOU AWARE OF HIV/AIDS AS A PROBLEM ON CAMPUS?



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<sup>34</sup> Lecturer in the Law Faculty, interviewed 16 October 2000.

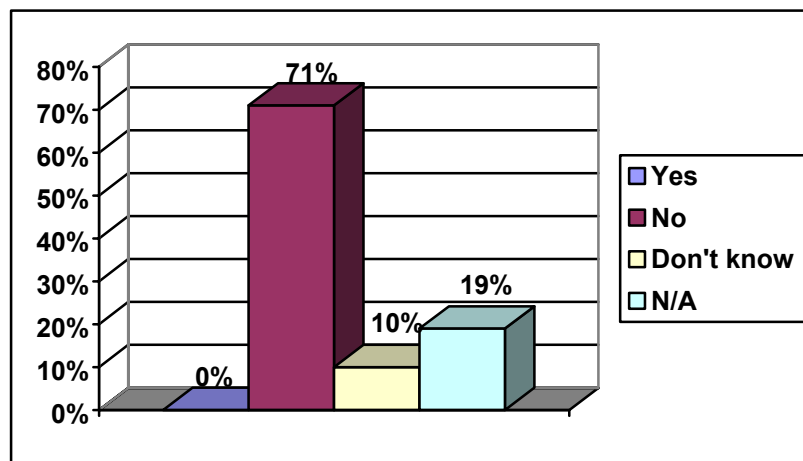
**Q 8. IS UWC ACTIVELY TRYING TO COMBAT THE SPREAD OF HIV/AIDS ON CAMPUS?**



These staff members found the University's awareness programs useful, but insufficient.

21% of the staff interviewed said that they knew of members of the UWC staff or students who were HIV positive. This must either be through personal information or suspicion, because 88% knew of no one on campus who had publicly identified him or herself as HIV positive. 62% knew of no students who had died of AIDS (although 7% did). The picture is even more stark in relation to other staff members. No one answered in the affirmative to this question.

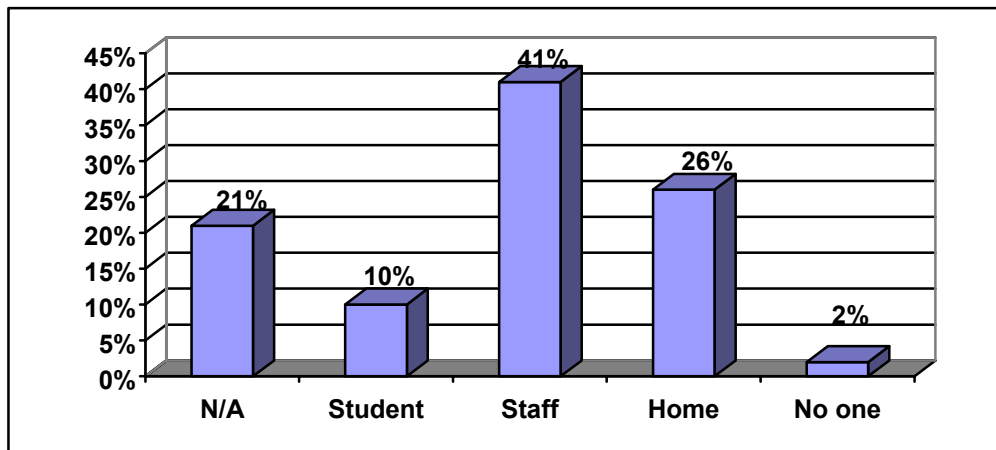
**Q 23. DO YOU KNOW OF ANY UWC STAFF MEMBERS WHO HAVE DIED OF AIDS?**



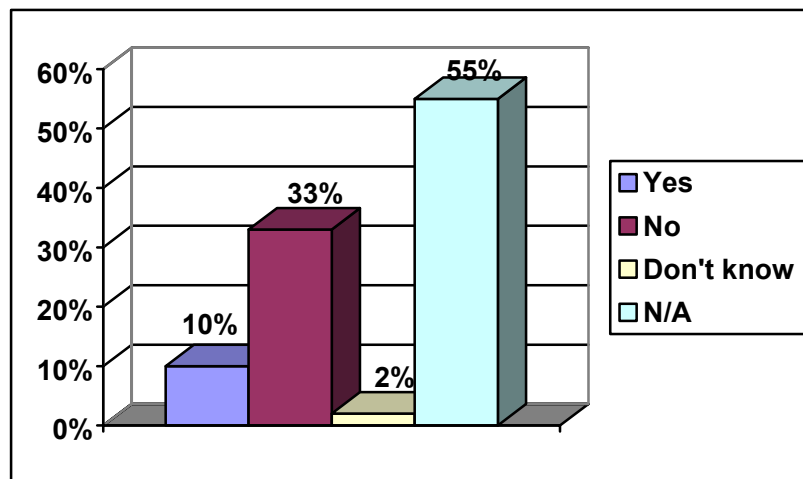
Regarding the national debate on the causes of AIDS, no one answered that HIV was not the cause. 88% said that they thought HIV caused the disease; two people said that they did not know, and one of these echoed the words of President Mbeki: "How can a virus cause a syndrome?"

It is clear that HIV/AIDS as a cause of death has not had a great impact on these UWC staff members.

**Q 29. IN THE LAST YEAR HAVE YOU ATTENDED A FUNERAL FOR ANY OF THE FOLLOWING CATEGORIES OF PEOPLE?**



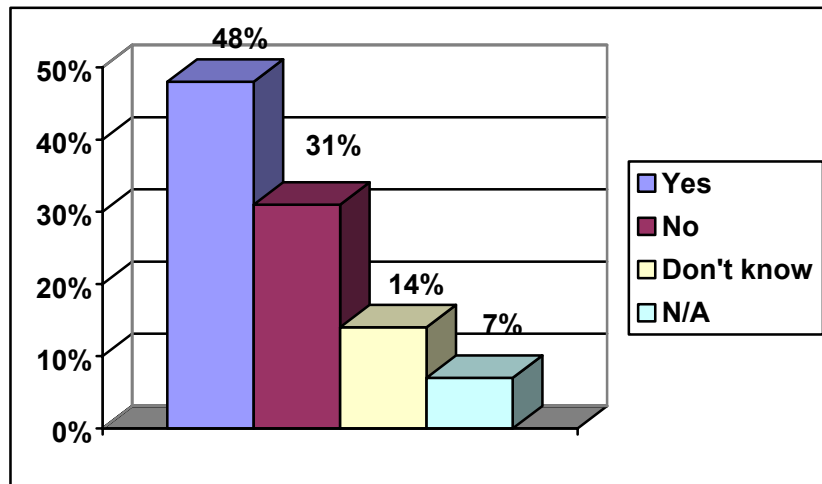
**Q 30. WERE ANY OF THESE DEATHS PUBLICLY ATTRIBUTED TO AIDS?**



There were only incidental costs involved in attending these funerals, and only one person said that it had disrupted their work.

Fewer staff members than students reported that they would go to someone on campus for information and support were they to discover that they were HIV positive.

**Q 15. IF YOU DISCOVERED THAT YOU WERE HIV POSITIVE, IS THERE ANYONE ON CAMPUS THAT YOU WOULD GO TO FOR INFORMATION AND SUPPORT?**



**Non-academic Staff: Unionized vs. Company Contract**

Of the non-academic staff we interviewed, ten are members of the university branch of Nehawu, and fourteen were workers, supervisors or managers from the outsourced security and cleaning firms on campus. Union members reported that Nehawu has an extensive national policy on HIV/AIDS. On campus, as a body Nehawu has no knowledge of AIDS-related deaths in its ranks, and believes that there have been no disruptions to work schedules as its workers have a clean bill of health. Believing that CHS and the university administration should be doing more to combat HIV/AIDS, the Nehawu leadership called for an AIDS centre to be started on campus.

The situation was slightly different with the non-unionized workers. They are not offered any information regarding HIV/AIDS by their employers. It was disclosed by a supervisor that one of the company's workers on campus has been diagnosed as HIV positive; but only the supervisor and the fellow workers knew of this person's condition. They have not told the company managers. Shifts in work schedules are made by the supervisor when the worker is off sick. The worker's absence from duty is concealed because the supervisor feels that disclosing the worker's status to the company management would result in the worker being sacked. As this person is the breadwinner in their family, the supervisor feels obliged to cover up the situation. Another contract worker was very keen to use the interview as a source of information about HIV/AIDS and asked many probing questions. These two interviews may point to the need for the specific inclusion of the non-unionized workforce on campus in information and awareness programs. Interestingly, one of these workers also called for an AIDS centre to be set up on campus. Another said that an organization involved in the fight against HIV/AIDS should be established on UWC premises.

## **Staff Recommendations**

In general, it was the feeling of all staff members interviewed that the university could be doing more around the HIV/AIDS problem. As one worker said when asked for further comments on the issue, "No, I can't say anything as UWC is so quiet on this subject." In their opinion, UWC's programs do not reach everyone on campus, and only the individuals who run these programmes seem to be fully familiar with them. These staff members called for a more effective and creative campaign – spread over the full academic year - in which everyone on campus could participate. Finally, a staff member who commented on a draft version of this report suggested that proper studies on the incidence of HIV and AIDS in the campus community should be undertaken as a matter of priority.



# The Impact of HIV/AIDS at UWC: Management Perceptions

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*"I think HIV/AIDS will be devastating. But the campus is completely unprepared."<sup>35</sup>*

The top management structure at UWC consists of the Rector, two vice-rectors, and executive directors of human resources and of finance. For this study, we interviewed four of these five gentlemen, and the University's institutional planner. They were unanimous that although there are fair levels of "awareness" on campus, UWC has not seen any of the staff absenteeism, reallocation of work schedules, retraining of substitute staff, or the depletion of institutional resources due to the epidemic. Nothing like an "AIDS-based management information system" exists at UWC. HIV/AIDS has not been discussed at the level of the governing University Council, and there have been no provisions made in the university budgets for HIV/AIDS-related costs. None of the members of the management team knew of anyone on campus who was HIV positive, or of any staff member or student who had died of AIDS. Because these things have not been visible, they concluded, UWC has not done enough to respond to the HIV/AIDS pandemic.

Here are edited versions of their comments:

Rector: "People still think that AIDS is something degrading, something negative, something that brings dishonour to the family. HIV/AIDS is very serious for higher education institutions and the country. We produce intellectual and human resources to better the nation and we can't afford to lose these people so early. We must educate them to educate the public. It's in our communities where it is a major issue."

Vice-rector for student affairs: "The members of the UWC community, especially students, are aware. The SRC really informs them. At a number of their events, the issue is touched on. Through my office, the CHS has been asked to take responsibility for the UWC AIDS policy and to coordinate outreach programs. I haven't seen HIV/AIDS in the University's academic or strategic plans. There is a lack of coordination around the issue; there's a great responsibility on the University executive and on the faculties to ensure that processes are coordinated."

Vice-rector for Academic Affairs: "HIV/AIDS is one of the most devastating things we face; but it is always ignored. There are three driving forces in higher education today: AIDS, the information technology revolution and the government's policy on the future of universities. I went to Fort Hare three or four years ago, and there were condoms available in the men's toilet. Why not here? Issues around AIDS have been raised at executive level but not much has been done."

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<sup>35</sup> Academic vice-rector, interviewed 15 September 2000.

Executive Director of Human Resources: "We must ensure that people aren't discriminated against in recruitment, compensation and benefits. UWC's AIDS policy isn't formulated yet, but it should be by the first quarter of 2001. Most issues regarding HIV/AIDS are regulated by law but we need to have a policy in place to make sure that the laws are implemented. This policy can't just be kept in a drawer – everyone will need to have a copy of it."

Institutional Planner: "Speaking about 'it' is a no-go area...We are in the slack period now between a draft policy and an adopted policy. There's no sense of urgency now. In the absence of requests from staff, there's no pressure to do things. It's a Catch 22. HIV/AIDS is mentioned in two areas of the University's strategic plan, which should be finished and put before Council by the end of this year. It is mentioned vaguely in terms of staff development (discussing the need to create conducive environments for personal and professional growth), and more specifically in terms of student development. This section was co-drafted with the Student Counselling Department. It is, however, also inadequate since it's only about student wellness – but not about the impacts on enrollments, etc. No forecasts or projections are made in the University's strategic plan. It does identify the need for a study on the impact of HIV/AIDS on enrollment."

# The Response of the University Community to HIV/AIDS and the Integration of HIV/AIDS into University Activities

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## The story of "the policy"

In 1998, the then-Executive Director of Human Resources at UWC decided that the university needed a policy on HIV/AIDS. An "HIV/AIDS policy task group" was formed in early 1999, consisting of people around the campus who had done research or teaching in the area. These were staff members from CHS, Student Counseling, Education, Public Health, and the university's social worker. There were also representatives from the SRC and from Nehawu.

Two years later, the formulation of the policy is now reportedly in its final stages. The executive director left the university in 1999 and was replaced; in the meantime responsibility for developing the policy was given to the office of Student Affairs, since it was mostly felt to be a "student issue." Members on the committee have now a twenty page final draft and have circulated it for a last round of comments.

For the purposes of this report, we will only give the preamble of the policy, and summarize the rest.

**"Preamble.** The purpose of this HIV/AIDS Policy document is to attempt to achieve employment and learning equity; to protect the human rights and dignity of HIV-infected employees/students and those with AIDS; and to avoid discriminatory action against or stigmatisation of such persons as well as preventing those that are HIV-negative from acquiring HIV/AIDS *in the provision candescent to work and study*

Given the nature of the disease and the devastating effect it is already having in our society, the University affirms the need to take a clear position on key questions related to HIV infection and AIDS. It also needs to clearly define and implement programmes to address preventative and management aspects of HIV/AIDS.

In respect of employment capacity, risk of workplace transmission and entitlement to employment benefits, there are no relevant differences between HIV/AIDS and other life threatening conditions. Therefore there should be no special burdens placed on employees with HIV/AIDS. The same should apply to students with HIV/AIDS."<sup>36</sup>

The policy goes on to state:

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<sup>36</sup> "UWC HIV/AIDS Policy, Final Draft," (nd but probably November 2000), p. 1.

- UWC is committed to the principles of non-discrimination, equal opportunities, equal access and confidentiality within the general South African legal and policy frameworks;
- Testing and disclosure of HIV/AIDS status shall not be required;
- Fair employment policies and conditions will be followed;
- UWC must strive to become a working and learning environment that is supportive, sensitive and responsive to members of the community who are HIV-positive or are living with AIDS;
- The pandemic must become a prime focus area in teaching, research and community outreach;
- Programs of education, wellness, awareness, prevention and risk reduction will be developed;
- Access to condoms will be maximized;
- The University will provide appropriate short course and protocol needed to prevent maternal-to-child HIV transmission, to HIV-positive students
- Education and awareness programs will be provided for all;
- All employees and students should become familiar with risk- and infection-prevention procedures;
- An HIV/AIDS subcommittee of the University Council will be established.<sup>37</sup>

Employee- and student-specific policies are then set out, as well as appendices that cover:

- General precautions against the spread of the disease;
- Procedures to be followed after potential exposure;
- Procedures to be followed for pregnant students and staff;
- Standing orders for the proposed Council subcommittee;
- A glossary of terms.

Although it is by all accounts in its final stages of formulation, there is still a potentially quite long road ahead for this policy. Formally adopting such a wide-ranging document in the past has required that it go through a lengthy “consultation” process with university stakeholders, staffing committees of Council, the Senate, the new Institutional Forum, etc. At the deliberate pace at which this policy has been moving, the process could easily take another year. But even if it were to go through another protracted process, if properly and energetically managed, it could be an important opportunity for the UWC community to debate, discuss and “break the silence.”

### **Varied Response in the Faculties**

In terms of teaching and research about HIV/AIDS, UWC’s tradition of social activism has stood the institution in good stead. Individual academics, departments and faculties (in two cases) have been flying the flag of awareness and action for some years now. This work has been undertaken from the academic grassroots; it has not

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<sup>37</sup> Subcommittees of the University Council are top-level university structures responsible for broad policy implementation.

particularly been supported “from the top” and in some ways has a piecemeal quality. However, as will be shown below, there are pockets of deep concern about, and real expertise on the pandemic at UWC.

In the time available to do this study, we have ascertained the following:

1. The most active faculties are Education and Dentistry.
  - The dean of Education has distributed beaded AIDS badges to everyone in the faculty – and asked them to wear them at all times! Eight staff members have been trained in AIDS-related first aid procedures, and there are well-marked First Aid boxes in three places in the Education Faculty building. Condoms provided by CHS are available anonymously for students in the Faculty’s resource center. In terms of curriculum development, the faculty is in its third year of grappling with the methodologies of developing an HIV/AIDS aware cohort of teacher-trainees. As one faculty member commented after reading a draft of this report, “We see AIDS education as very much part of our mission and have made it a core component of our pre-service teacher education courses. In addition we have a semester long B.Ed course of lifeskills and AIDS education, which had over 50 students last year and was very popular and well-received. We also offer HIV/AIDS education courses at MA level and encourage research in this area. We offer lifeskills and AIDS education in Upington<sup>38</sup> as part of our outreach program there.” In short, she said, “We are AIDS education experts. It’s what we do.”

The Education Faculty is also involved in a pioneering research and consultancy collaboration with the Public Health Programme (PHP, see below) to evaluate HIV/AIDS information programs in primary school for the Western Cape Department of Education.

- The Faculty of Dentistry is located off campus, in the township of Mitchell’s Plain. Its dean took the opportunity, as guest speaker at the University’s March 2000 graduation ceremony, to talk about HIV/AIDS. He said, “...at UWC...our population demographics reflect the demographics of the province and to some extent the country. If 25% of the students are infected their life expectancy is only about 35 years or less depending on when they contracted the disease. The impact on educational institutions and future human resources would be tremendous.”<sup>39</sup>

The faculty has responded to the HIV/AIDS epidemic at three levels. Firstly, as health workers who are exposed to infection risk every day, they have implemented a staff training program for the last three or four years that focuses on awareness and support. This program, importantly, involves both academic and non-academic staff, now with the active participation of Nehawu. Secondly, for students and teaching staff, there is a yearly two-day workshop on infection control. It is compulsory for third year students; during the rest of the year, the

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<sup>38</sup> A town in the neighbouring Northern Cape province.

<sup>39</sup> Prof. M.H. Moola, Speech at UWC Graduation, 27 March 2000.

message of "infection control" is drummed religiously. Thirdly, the Faculty – which is partly funded by the Provincial Health Department and follows its guidelines - has developed a treatment protocol for students and dental patients who are involved in needlestick injury incidents. Because of the nature of their work, this happens on a weekly, if not daily basis. Both student and patient are immediately given a free three day treatment of AZT – before blood test results come back. If positive responses are received, they are referred for further attention. While only one student's results have come back positive, the "strike rate" amongst the dental patients has been quite high, at roughly 25-30%.

Despite this extensive experience in the control of HIV infection, the Dean noted that no one involved in the formulation of the UWC HIV/AIDS policy (discussed above) ever contacted him about participation in the policy working group, and so the perspectives of what is arguably the department closest to the coalface of HIV/AIDS in the University community have not been included.

2. In the Faculties of Law, and Community and Health Sciences, individual academics have embarked on teaching and research about HIV/AIDS, but the faculty itself has only begun to discuss integrated curricular issues. The Institute for Counseling has been extensively involved in first year orientation programs and regarding HIV/AIDS information and research on sexuality education for the past ten years.<sup>40</sup> This year, a very useful database covering UWC's HIV/AIDS-related teaching, research and publications was undertaken under the aegis of this department.<sup>41</sup> Staff in the departments of psychology, social work, nursing, physiotherapy deal with HIV/AIDS issues in some of their courses, and the School of Public Health is involved in extensive teaching and research programs.

The largely donor-funded Public Health Programme (PHP) probably makes UWC's largest contribution to community outreach and advisory/consultancy activities on HIV/AIDS issues. Its teaching programs include a multidisciplinary Masters of Public Health, "workshopping," teaching and research in other provinces and a range of short courses on specific public health issues for working professionals.

In addition to the collaborative evaluation programs undertaken with the Education Faculty (see above), PHP staff have also conducted HIV/AIDS related training for the National HIV/AIDS Directorate focusing on program planning skills, presentation and evaluation: "The workshops aimed to strengthen

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<sup>40</sup> See the following publications from Institute staff: Amonsun, S.L. et. al., "AIDS and sexuality education in the physiotherapy curriculum," *South African Journal of Physiotherapy*, (1997; volume 53 no. 2); P. Daniels, et. al., "University students' attitudes towards abortion," *Journal of Community and Health Sciences* (1996, vol. 1 no. 3); L. Nicholas, "Universities as sites of education and training programmes that promote AIDS and sex knowledge," *Journal of Community and Health Sciences* (1996, vol. 3); L. Nicholas and P. Daniels, "Gender difference in first sexual intercourse experience," *Journal of Community and Health Sciences* (1997, vol. 4); L. Nicholas, et. al. "Attitudes of students towards sexually transmitted diseases," *Journal of Community and Health Sciences* (1997, vol. 4); S. Suffla, "Induced abortion in South Africa: a socio-historical perspective," *Journal of Community and Health Sciences*.

<sup>41</sup> Karen Visagie, "AIDS/Sexuality Database covering related UWC staff activities between 1 January 1996 and 30 April 2000," (Institute for Counseling, UWC, March/April 2000).

participants' understanding of the current status of the HIV/AIDS epidemic within South Africa; highlight the impact that HIV/AIDS is having on all sectors (not just the health sector – as has traditionally been the perception); and to find creative ways in which participating organisations could begin to incorporate an HIV/AIDS focus into their existing programmes, policies and plans.”<sup>42</sup> In addition, PHP staff have completed a study of the nutritional needs of babies born to HIV-positive mothers; and currently there are projects on the development of effective “health information systems.”

3. Faculties in which individual academics have embarked on limited teaching and research activities about HIV/AIDS, but at faculty level there has been no discussion whatsoever include Economic and Management Sciences, Science, and Arts.
4. UWC has a number of autonomous and semi-autonomous units and centres. To mention four:
  - a) The Community Law Centre has recently been instructed by its Board of Trustees to evaluate its work in relation to HIV/AIDS and to see where linkages can be made to other work that is going on in the University. The staff have decided that each of their four projects addresses issues of HIV/AIDS law in some way and thus there is no need to establish a discrete “AIDS project” in the centre.
  - b) The Center for Adult and Continuing Education (CACE) provides training and support to adult educators who are working in various fields. CACE aims to train these educators in responsiveness to community needs and issues such as HIV/AIDS.
  - c) The University Mission for Lifelong Learning (UMILL) was established at the end of 1998 to develop an institutional strategy for moving towards a more “resource-based learning” model of tertiary education. Such a model would include more independent and student-centred educational strategies. Although UMILL was not set up in response to the HIV/AIDS epidemic, the more flexible educational model that it is developing should be well-placed to respond to the challenges of changing student (and staff) demographics, needs and capabilities as the epidemic begins to bite.
  - d) The Education Policy Unit specialises in higher education policy research and analysis. It has begun to examine the implications of HIV-AIDS for higher education policy, effective institutional policies and the role higher education institutions could play in combating the disease. Its involvement with the present study is part of this.

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<sup>42</sup> UWC Public Health Programme, Annual Report 1999, p. 26.

## **University Linkages**

UWC participates in at least three institutional networks which have recently begun to address HIV/AIDS issues. At a regional level, UWC is a partner in ACTIW, an initiative of SANAC which brings together the tertiary institutions of the Western Cape to discuss issues related to HIV/AIDS. On a national level, UWC is a member of the South African University Vice-Chancellors Association (SAUVCA), which is currently chaired by the UWC rector. SAUVCA has commissioned a study (ironically running almost exactly parallel to this study in terms of timing) on the impact of HIV/AIDS at South African universities. Thirdly, UWC is a member of the Association of Commonwealth Universities (ACU), which is setting up an institutional "knowledge network" around HIV/AIDS awareness and strategies, and presented a comprehensive report at a symposium on HIV/AIDS at the University of Natal in 1999.<sup>43</sup> In this report, ACU tabled a potentially helpful template for university HIV/AIDS policies.

## **Uncoordinated Individual Responses across the University**

From the discussion above, it is clear that UWC has already left the starting blocks in terms of an institutional response to the HIV/AIDS pandemic. With a few notable exceptions, however, the runners are racing off without a coordinated strategy. Can a "relay team" approach be implemented here?

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<sup>43</sup> Karen McGregor, "African academia ravaged by AIDS," *The Times Higher Education Supplement*, No. 12, 1999; "The Social, Demographic and Development Impact of HIV/AIDS: Commonwealth Universities Respond," (Report of the proceedings of a Symposium hosted by the Association of Commonwealth Universities and the University of Natal, November 1999, Durban, South Africa).



## Summary Reflections: Who is getting it right, and where to from here?

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With its cumbersome bureaucracies, tempest-in-a-teapot turf wars and the difficulties of communications between its right and the government's left hands on the financial rollercoaster, UWC is a microcosm of South Africa as a whole. But like the rest of the country, it is also remarkable how deeply the vein of commitment to social equality and justice continues to run at UWC. This report has highlighted several of the institution's shortcomings in relation to the HIV/AIDS pandemic and highlighted below are some ideas for addressing them. On the other hand, these ideas spring directly from the things that UWC is doing right in relation to the pandemic: innovative, collaborative and multidisciplinary approaches that now urgently need to be shared across the campus.

Let us bluntly say: we are living in the midst of a national emergency and on any given day there are perhaps 2,000 people learning and working at UWC who are HIV positive. Can the staff of the Public Health Programme not work with the Dietetics Department and the staff of Human Movement Studies (sports) to work out healthy dietary and exercise regimes for them? If the Education Faculty can train student teachers in how to integrate HIV/AIDS issues into their classroom teaching, can not the same be done for lecturers in Management, Arts and the sciences? Can campus-wide debates not be held on controversial questions asked by a staff member: "Is it ethical for the university to train people who may be dead within ten years? And is it ethical for those students to use the resources of the state if it is likely that they will not be able to put their training to full use?" Can UWC's awarding of tenders to outsourced companies include the requirement that successful bidders abide by UWC's HIV/AIDS policies regarding confidentiality and job security for their HIV-positive employees? Can the expertise of the Public Health Program staff in maternal and child health care be put to use in relation to student pregnancies? Can women-specific discussions be held in the student residences about issues of pregnancy, contraception, and abortion? Can student educators be trained by CACE and Student Counselling as door-to-door, first-line-of-defense counselors for sexuality education? Drama groups? Singing competitions? Community and celebrity speakers? Field trips to nearby clinics which treat AIDS patients, for non-medical science students? Literary and historical studies on the themes of plague, contagion, fear and cooperation? Can the Center for Southern African Studies sponsor a seminar series on how neighbouring countries are responding to HIV/AIDS? These are but a few possible ideas.

Where it once was a think-tank for the liberation movement, UWC now has the pieces necessary to become a think-tank in the fight against HIV/AIDS. All we need – as a matter of urgency - is a way to pull all the pieces together.