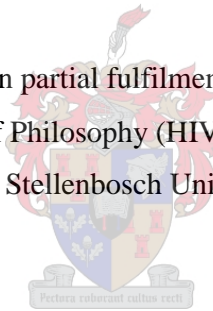


**Knowledge and Attitude of a Selection of Stellenbosch University Employees  
regarding the University's HIV/AIDS Policy**

by  
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Assignment presented in partial fulfilment of the requirements for the  
degree Master of Philosophy (HIV/AIDS Management)  
at Stellenbosch University



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## Declaration

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## **Abstract**

According to the latest annual reports and statistics worldwide, over the past decades, we have seen millions of people infected by HIV and AIDS, died from the disease. South Africa is characterized as one of the countries with the highest infection rates as a result of the rapid increase. It is predicted that an estimated 60 million people will be affected and die from the pandemic over the next 10 to 20 years. The pandemic as a risk factor causing waves in the workplace and organizations and the government invested several funds and resources for the prevention of this disease, but cannot do it alone and in isolation.

Stellenbosch University, one of the forefront leaders in terms of excellence has a leading role to play in terms of its mission and vision statement. SU is committed to sustainable development in the provision of practical guidance and focus on range of options, to educate its staff and student populations. Part of their strategy is the design and implementation of prevention and care programs within the campus community and the surrounding communities.

Against this background, the tendency arises to research the employee's knowledge, attitudes and perceptions within the department registrars, regarding HIV and AIDS policy, social activities and related legislative issues.

The main focus of the study is on the employees and the research strategy was based on questionnaires. A qualitative approach was used in this regard, including the analysis of textual data and structured questionnaires were handed out to the participants

Finally, the majority of the employees recognized the existence of the HIV policy, but the study indicated that they were afraid to be associated with risky sexual behavior.

## Opsomming

Volgens nuwe wêreldwye statistiese jaarverslae, word die afgelope dekades gekenmerk deur miljoene mense wat deur MIV en VIGS geïnfekteer en gevolglik daaraan gesterf het. Suid-Afrika word gekenmerk as een van die lande met die hoogste infeksiekoerse as gevolg van die vinnige toename. Volgens voorspelling sal ongeveer 60 miljoen mense geraak word deur die pandemie oor die volgende 10 tot 20 jaar.

Die pandemie as 'n risiko faktor veroorsaak ook omstredenheid in die werkplek en organisasies en die regering belê verskeie fondse en hulpbronne vir die voorkoming van hierdie siekte, maar kan dit nie alleen en in isolasie doen nie.

Stellenbosch Universiteit, as prominente instituut in terme van uitnemendheid, het ook 'n leidende rol te speel in terme van sy missie en visie verklaring. SU is verbind tot volhoubare ontwikkeling en verskaf praktiese leiding om sy personeel en studente bevolkings te steun. Deel van hul strategie is die ontwerp en implementering van voorkomings-en gesondheidsorg programme binne die kampus gemeenskap en die omliggende gemeenskappe.

Teen hierdie agtergrond, het die neiging ontstaan om die werknemer se kennis, houdings en persepsies binne die registrateurs departement, te bestudeer ten opsigte van die MIV en VIGS beleid, sosiale aktiwiteite en verwante wetgewende sake.

Die kwantitatiewe navorsing strategie was gebaseer op vraelyste, waarby die kwalitatiewe benadering in hierdie verband insluit die ontleding van tekstuele data.

Ten slotte, die meerderheid van die werknemers erken die bestaan van die MIV-beleid, maar die studie het aangedui dat hulle wegstrem om geassosieer te word met riskante seksuele gedrag.

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## **Chapter 1. Introduction**

### **1.1. Introduction**

The impact of HIV and AIDS on all sectors of life has been receiving much attention because of the deadly effect that it has globally and nationally. These effects have been spreading to workplaces leaving organisations and institutions with various economic problems. The impact of HIV and AIDS on various sectors is multi facet in that it affects costs such as increased absenteeism, high labour costs, increased benefits, but it also affects the business, institutions are not excluded from these sectors.

Higher education sectors, with specific references to their workforces, are affected by benefits such as medical aid, life insurance and other benefits are exposed to HIV and AIDS.

This paper focus on Stellenbosch University, and specifically the Registrar's division to get an understanding of people's knowledge, perceptions and attitude towards HIV and AIDS and how challenges in this regard is addressed.

Chapter two will focus on defining relevant concepts and discuss the best possible theoretical framework that could be used by institutions to manage their business with regards to HIV and AIDS risks. The two possible approaches to be used for this study are ABC and the South African Legal framework.

Chapter three focuses on the institutional overview and the strategies used to promote HIV and AIDS awareness.

Chapter four presents the findings and interpretation of the study which was conducted through means of questionnaires and document analyses.

The final chapter deals with recommendations and conclusion in dealing with HIV and AIDS in the workplace.

## 1.2. Background

Various studies and research highlight the negative impact HIV and AIDS have on socio, economic and business. The UNAIDS (2004) indicates that more than 3.1 million people died of HIV in 2004 and in South Africa, the second leading cause of death is HIV, accounting for more than 8.7% of all death. Table 1 gives a global illustration of these figures.

**Table 1.1: Number of people affected by HIV [Source: AIDS Epidemic Update, UNAIDS (December, 2004)]**

<b>People with HIV and Children)</b>	<b>Total Number</b>	<b>New Infection in 2004</b>	<b>Death due to AIDS in 2004</b>
Africa	25,400,000	3,100,000	2,300,000
South and South East Asia	7,100,000	890,000	490,000
Latin America	1,700,000	240,000	95,000
Eastern Europe and Central Asia	1,400,000	210,000	60,000
East Asia	1,100,000	290,000	51,000
North America	1,000,000	44,000	16,000
Western Europe	610,000	21,000	6,500
North Africa and Middle East	540,000	92,000	28,000
Caribbean	440,000	53,000	36,000
Oceania	35,000	5,000	700
<b>TOTAL</b>	<b>39,325,000</b>	<b>4,900,000</b>	<b>3,100,000</b>

A recent study indicates that the impact of this life threatening disease can be disastrous for South Africa in the long run because of the negative effects of the disease on human capital. Not alone are the disease killing young, upcoming professional people, but also their children and these children is then deprived that could help them to become economically productive.

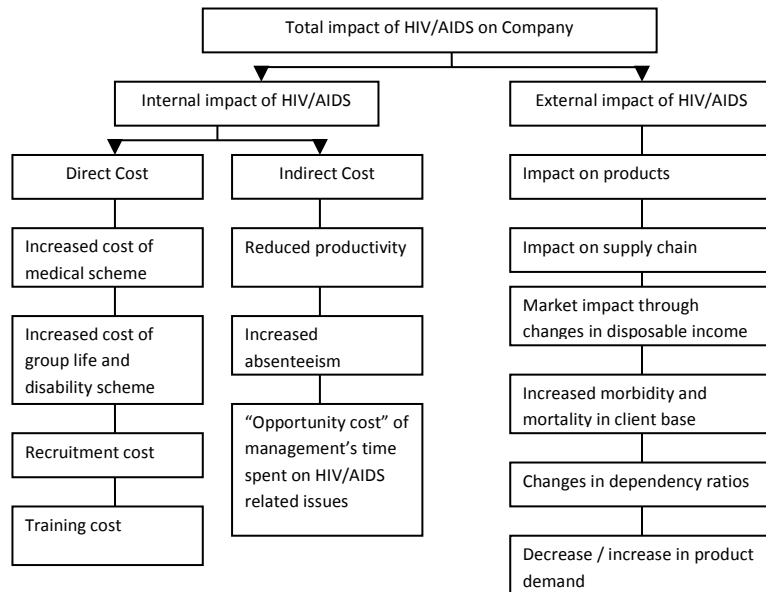
This is a very scary scenario which spreads across generations and devastation is staring us in the face as we keep on ignoring the fact that the disease do not exists.

One of the most alarming developments globally, is the increasing risk of contracting the Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome (here after HIV and AIDS) due to the evolving increase in the prevalence of HIV and AIDS. Since the HIV and AIDS statistics is escalating at an enormous rate, Stellenbosch University (here after SU) plays a leading role in terms of raising prevention and awareness. Despite the fact that SU has an HIV/AIDS policy in place and various other HIV/AIDS interventions and strategies a tendency still exists amongst employees and management in various departments to avoid the subject and certain issues related to the subject. This study however is limited to the Registrar's division at SU to determine staff member's perceptions and knowledge about HIV/AIDS.

It is a fact that HIV and AIDS impacts on businesses and when it affects huge numbers in the workplace, organisations are faced with significant added costs. HIV and AIDS have the potential to affect organisational competitiveness in three ways namely:

- Direct costs such as labour. When affected people get sick worker productivity declines and leads to high staff turnovers
- Indirect costs such as low self-esteem, morals and difficult working relationships amongst staff members and
- Intangible costs such as the damage to the organisations reputation.

Figure 1.1 outlines costs organisations incurred by HIV and AIDS in the workplace.



Source: HIV-AIDS Modelling, Risk Monitor Group, South Africa

**Figure 1.1: Impact on the Institution**

### 1.3. Significance of the study

On a personal level: To ensure a sustainable contribution towards the understanding of the HIV/AIDS phenomena, we need to raise the level of knowledge, which will minimize the scourge of the disease in the organisation. It will help the employees to make better decisions about relationships, sexual orientation and to stand firm in abstaining.

On a company level: The study will benefit employees, students, academics and managers. Recommendations after the study will address and refresh the existed policies at Stellenbosch University. Through retrieving information, based on the questionnaires, with the selected departments within the registrar, the study can address skills in communication, and decision making to diverge from the “Silence mode” regarding HIV/AIDS.



#### **1.4. Aim of the Study**

The aim of the study was to determine the knowledge, perceptions and attitude of staff members within the Registrar's division of SU with regards to the institutional HIV/AIDS Policy and related issues.

Even though SU has clear guidelines on the vision for a supportive environment, there are still factors such as managers and employees who are not assertive in addressing and applying the HIV guidelines.

#### **1.5. Research statement**

HIV/AIDS is a global problem and causes serious health, social, political and economic problems for the entire human race. An issue which was once so far from many people, is now "knocking" on doors next to us, whether, family, friends and colleagues, and is becoming extremely important for the human race to break the silence.

This study focus on SU, and specifically the Registrar's department as they are normally the first contact people has with the institution and therefor it is of utmost importance that staff members are aware of issues regarding the HIV/AIDS epidemic . This will ensure they are in a better position to assist when directly confronted with such issues. With this study I want to determine whether these staff members actually attend workshops with regards to HIV/AIDS and whether they are comfortable when confronted which such issues.

#### **1.6. Objectives of the study**

To achieve the above, the following objectives were set for the study.

- Describe the awareness strategies and initiatives that SU uses to inform staff members about HIV/AIDS.
- Determine what policies and legislation exists in terms of HIV/AIDS in the South African context.
- Describe institutional HIV/AIDS Policy
- Make recommendations upon the findings on how staff members can be more open to issues with regards to HIV/AIDS

### **1.7. Research design and methodology**

It is important for a researcher to know what to research based on the research question and to gain a better understanding of the problem or situation. Research design refers to the outline, plan or strategy that specifies the procedure to be used in seeking an answer to the research question(s). It specifies how to collect and analyse data (Christensen, Johnson & Turner, and 2011: 232). The HIV/AIDS policy document is available on the University's website and will be evaluated with other study material, library books, the internet and the received data of the research study to recommend guidelines and to reach a conclusion. As pointed out in the problem statement, the study will focus on the organisation's HIV policy and the employee's knowledge and attitude towards HIV/AIDS. Due to the study, theories for a better understanding of the "silence culture" can be drawn from the smaller departments within the registrars department which impact on the decisions regarding HIV/AIDS policies. The data collection method is to collect data on the knowledge and attitude of how people think. The study will comprise of inputs received from various departments (Admissions, Bursaries, Call Centre, Examination department and different faculties) within the registrars department. The most popular approach normally used is the quantitative and / or qualitative research.

A **quantitative research** study is one that collects some form of numerical data to answer a given research question, for example, a study that collects information such as ratings, numbers or a scoring. A **qualitative research** study collects non-numerical data in the form of questionnaires, interviews, record findings or observing behaviour in answering the research question (Christensen, Johnson & Burke, 2011: 30). The statement can progress and states that both approaches need to be followed for a complete answer / response. One can say that the quantitative approach is the opposite of a qualitative approach in terms of the use / non- use of numbers. Quantitative research as tool measure variables such as gender, wealth (rich versus poor) or Geographic's through categorizing (for example, gender {variable} - male and female {category}). Qualitative research can be used as a tool to observe, which is not always scientifically correct but through experiencing a specific situation, certain assumptions can be made. There are six methods of data collection: tests; questionnaires; interviews; focus groups; observations and the use of existing or secondary data - documents, books in library or archives (Christensen, Johnson & Burke, and 2011: 30).

## **1.8. Sampling**

The sample used in this are purposefully elected to retrieve the most relevant data. The sample has been compiled in two groups consisting of managers and administrative employees. The manager's group consisted of the heads of department (for example, admission, examination, records-, bursaries-, and information centre) and representatives from the different faculties. The administrative and secretarial employees consist of admission-, exam-, bursary-, records and information centre. Sampling allows you to draw conclusions based on only a part of the larger population (Du Toit & Freeman, 2002:65). The sample size are approximately 66 employees in total depending on the context and focus of each department (UNAIDS User Guide, 2008:15).

## **1.9. Target Population**

The target population has been of the different departments and their knowledge and attitude were researched in terms of the HIV/AIDS policy. The focus has been on females and males from different geographic backgrounds, ethnicity and age categories.

## **1.10. Data Collection Techniques**

### **1.10.1. Questionnaires**

The research strategy was based on questionnaires. Most of the questions were compiled from KAPB survey publications. The questionnaire has been sent via email in the form of a distribution list. Conclusions were drawn based on the individual's answers to the questions. The format of the questions was close-ended questions. I have chosen simple and easy format questions which can be answered finitely by either "yes" or "no" or select options.

Due to the fact that the months, November and December are mostly characterised by peak working hours by employees in terms of finalising in-house procedures. The classes end in October and examinations start from the beginning of November, whereas staff members needs to works on schedule to finalise and computerise all data before graduation. As a result this shows that employees do not have the time to waste on questionnaires, which seems to be less important and not part of their jobs description. Through this I try to keep in touch with the working environment and my own experience of our work situation. The employees do not have time to read complicated, difficult to understand and time constraining questions in providing thoughtful answers.

The initial intent was to collect the responses (answers) on two set dates and put it into a box in order to protect the autonomy of the respondents. The advantage of the questionnaires as an instrument to collect data is that it

saves a lot of time as it is self-completing and enables the researcher to get to more people. It allows people a sense of anonymity to answer the high risk questions which they will not normally respond to if asked in person (Shapiro, 2001:31).

#### 1.10.2. Use of institutional documentation

The research focused on Stellenbosch University. A qualitative approach has been conducted in this regards which include analyses of textual data and structured questionnaires distributed to the participants.

Document analysis are used to retrieve the necessary information, which include the HIV policy, published notes, reports and the university's website and library books. Other sources include HIV and AIDS guides and pamphlets to reach conclusions and refined the study.

### **1.11. Data Analysis**

The collected data from the respondents in the registrars department and the HIV policy retrieved from Stellenbosch University's has been be analysed as to determine the most effective manner to address the reason why people have silent culture intent towards HIV/AIDS in the workplace. The summarized data can be compared according to the various responses and the findings reported in a document (UNAIDS User Guide, 2008:36). I hypothesize that due to the high intellectual level of employees at Stellenbosch University, they will access the information that they need to know from the University's home page or on the internet in general. The apathy attitude can be due to the universities medical fund which all the employees have as part of the Universities requirements.

## **Chapter 2. Literature Review**

### **2.1. Introduction**

HIV and AIDS is a national and international crisis which academics, experts and government have no cure or solution for. Researches have been conducting studies around the clock with regards awareness strategies, prevention programmes and legislation. Statistics of HIV and AIDS infections is worsening, government and Non-Government Organisations (NGO's) is investing numerous time, effort and money into trying to reduce these infections and educating the nation on being more careful and cautious.

This chapter will look at the different ways in which HIV and AIDS is defined and conceptualise. Secondly, the focus in this chapter is on the South African legal framework with regards to HIV and AIDS.

### **2.2. Definition of key concepts**

#### **2.2.1. HIV and AIDS**

(Barrett-Grant, Fine, Heywood & Strode, 2001:10) as cited in Pillay (2005:5) is of the opinion that HIV is a virus found only in human beings, which attacks and slowly damage the body's immune system so that the body cannot defend itself against infections and diseases. HIV causes AIDS, which represents a group of particular medical conditions known as AIDS-defining conditions or illnesses (like "cold sores", swollen lymph nodes, shingles, skin rashes and irritations, occasional fevers, nail infections, weight loss, brain infections and tuberculosis).

### **2.2.2. Confidentiality**

Confidentiality is often associated with a feeling of trust, or the belief that if you tell someone something private or secret he/she will not share this information with others without your permission (UNAIDS, 2008:43).

### **2.2.3. Policy**

A plan or course of action adopted and pursued by government or, by extension, an official in a decision-making position (User Guide of UNAIDS, 2008:46).

The Centre for Applied Legal Studies (2004:2) describes policies as guidelines that should be followed by everyone. They are not as enforceable as laws are, but are largely based on laws, and they can become law in time. It is expected, however, of all government employees to follow and apply government policy.

#### **2.2.3.1. What is a HIV and AIDS Policy?**

An HIV and AIDS policy is a written document that sets out the organisation's position and practices as they relate to HIV and AIDS (Health Policy Initiative, 2009). It is important for a workplace to have principles which can act as guidance when affected by HIV or AIDS (Laas, 2009:9). Both Laas and the Office for Institutional HIV Co-ordination mentioned that the following key principles need to be included in an HIV Policy as guidelines.

- A non-discriminatory and supportive workplace;
- Promote HIV testing;
- Keep confidentiality and disclosure intact with the legal requirements;
- Provide a safe working environment;
- Compensation for occupationally acquired HIV;
- Providing equitable employee benefits;
- Reasonable accommodation;

- Dealing with dismissals; and
- Managing grievance procedures.

The University recognises that their policy must be within the framework of the existing South African HIV/AIDS legislation. The legislation includes the:

- Constitution of South Africa, Act No.108 of 1996.
- The Employment equity act, No.55 of 1998.
- The Labour Relations Act, No.66 of 1996.
- The occupational Health and Safety Act, No.85 of 1993.
- The compensation for Occupational Injuries and Diseases Act, No.130 of 1993.
- The Code of Good practice, 1 December 2000, relating to key aspects of the approach to the handling of HIV/AIDS (SU HIV POLICY, 2011:2).

#### **2.2.4. Programme/Strategy/Initiative (to monitor and evaluate processes)**

It is a collection of projects working towards a common and broader goal (UNAIDS, 2008:46).

##### **2.2.4.1. HIV and AIDS Programme/Plan defined**

The most relevant definition from the Health Policy Initiative booklet (2009) as cited by Laas, are described as an action plan to prevent New HIV infection, provide care and support to all employees and to manage the impact HIV has on the organisation. Laas (2009:4) further indicates that a comprehensive HIV and AIDS workplace programme must include several key elements. The most common elements are:

- HIV/AIDS impact assessment of the organisations;
- HIV/AIDS awareness programmes;



- Voluntary counselling and testing programmes;
- HIV/AIDS education and training;
- Condom distribution;
- Provision of anti-retroviral therapy

#### **2.2.4.2. The necessity of HIV and AIDS policy and programmes in the workplace**

Both the HIV policy and programme is important for an inclusive and integrated response. The possible benefits of an HIV and AIDS programme include the reduction of sexually transmitted infections, absenteeism, morbidity and mortality (Laas, 2009:4). Laas states further that the HIV policy and programme create a more tolerant and accepting attitude towards HIV infected workers and will produce positive morale and productivity in the workplace. It is necessary to have a HIV policy and programme in order for employees to become responsible citizens towards their fellow beings. The employees in the registrars department work with people from different geographic backgrounds and changes occur every day. Due to the changing environment, employees need to know the basic information on the HIV policy and programmes to refer, assist or support in regard to HIV and AIDS health concerns.

The reasons given by Laas (2009:4-5), in ensuring the successfulness of a HIV and AIDS programme is to have a communication strategy, to involve everybody in the workplace. She further, linked the explanation to develop the communication strategy which could address the literacy levels within the workplace, languages spoken, resources available for communication strategies and the possibility of using the existed communication structures such as meetings. In the registrars department, communication and decision making is normally a top down approach. The registrar has set dates during the course of the year in regard to selected topic and every employee has to attend the meeting.

## **2.3 Evaluation and monitoring processes**

Monitoring and evaluation is gaining ground as a practice in the South African government as well in organisations. The terms “monitoring” and “evaluation” are sometimes used interchangeably but these terms are in fact two distinct functions.

Shapiro (2011) describes “Monitoring” is the systematic collection and analysis of information as a project progresses. It is aimed at cultivating the effectiveness and success of a project or organisation. It is based on set targets and activities which are planned during the planning phases of a project. It somehow ensures that work is on track and in line with goals and mission statement and informs management when things are going wrong. If manage properly, it is a vital tool for good management practices, and it provides a useful platform for evaluation. It further allows management to determine whether the available resources are sufficient and are being well utilised. It determines available capacity and whether it is adequate and applicable, as well as whether plans are managed accordingly.

“Evaluation” is referred to as “the comparison of actual project impacts against the agreed strategic plans” (Shapiro, 2011). It looks at what you set out to do, at what you have accomplished, and how it will be accomplished.

The common factor of monitoring and evaluation is that it is both geared toward assessing and learning from what is being done and what have been done to provide feedback on how it should be done.

## **2.4. Vulnerabilities to HIV infection**

Sexual practices are considered to be the main risk factor that places a person at the risk of HIV infection (Barret-Grant et al., 2001:32) as cited in Pillay(2005:7).

Steinitz (2000:22) according to Pillay (2005:7) states that strong gender imbalances exist in the age-specific profile of HIV infections. Of these, younger women are the most vulnerable. (Van Rensburg et al, 2002:24) as cited in Pillay (2005:7) indicate that women are most at risk between the ages of 15 and 20, while men are most at risk approximately five years later, i.e. between the ages of 20 and 24.

(HIV Insight, 2001) indicated by Pillay (2005:7) is of the opinion that the fact of women being infected at an early age may be attributed to both biological and cultural reasons.

The overall reason presented from all the above authors are “age mixing” as a critical factor, and it seems that one can expect to see young girls having sex with older men, who have been sexually active for many years, to a much larger extent than young men having sex with older women (Pillay, 2005:7). Women in general are more vulnerable for infection than men.

## **2.5. Management of HIV and AIDS knowledge**

(Grobler, 2000:40) as cited by Pillay (2005:7) stressed the extreme importance that knowledge about HIV and AIDS needs to be conveyed in such a way that the target group understands the message, because knowledge is only useful if it is understandable.

Pillay (2005:7) is in agreement with the author (Lehohla, 2002:11) which state that although young women are exceptionally vulnerable to the disease, millions of young African women are dangerously ignorant about HIV and AIDS.

“This statement is supported by Katjire, Langa, Siwa, Mbuche and Tjongarero (2000:75) who state”...Information about a disease and how it spreads does not necessarily increase the likelihood that one will take preventive action of change one’s behaviour” (Pillay, 2005:8)”.

## **2.6. Theoretical framework for managing HIV and AIDS in the workplace**

The theoretical framework supporting this study is the ABC approach (Abstaining from sex; be faithful and Condom use) to managing HIV and AIDS in the workplace. This approach describes how important it is to adhere to these dimensions to ensure the number of HIV and AIDS infections do not increase any further. No one is excluded in this approach and includes both elements of strategic management, change management, leadership, the entire institution and other external influences which might exist, such as government.

### **2.6.1. HIV testing**

HIV prevention and treatment depends largely on people wanting to have an HIV test (Pillay, 2005:8). Barrett-Grant et al., (2001) as cited by Pillay claim that the aim of HIV testing is to pick up HIV antibodies in a person's blood.

### **2.6.2. Condom use**

Conclusive evidence is provided by (Marunda and Chamme, 2003) as cited in Pillay (2005:9) have embraced the use of condoms and have found a significant drop in the rate of infection by AIDS and other sexually transmitted diseases. The authors state that, in Uganda, the HIV incidence dropped from 8.0 per 1000 in 1990 to 5.2 per 1000 in 1999(Pillay, 2005:9).

Pillay (2005:9) in co-ordination with authors (Marunda and Chamme, 2003:251) states that condom use are the best option for success to prevention, because then there are no call on them to change their sexual behaviour. Although sexual active people might experience technical problems with condoms due to the following reasons:

- Condoms make sex less enjoyable.
- People are ashamed and embarrassed to use condoms.
- Women who initiate using a condom are trying to gain power.
- Women who carry condoms in the handbag are perceived to be loose.
- If women want to use a condom, a man should give the final decision.

- Attitudes associated with condom use can also present as barriers to correct use and or the decision to use them.

### **2.6.3. Abstaining from sex**

Supporters of this view believe that the elimination of HIV and AIDS requires a moral rather than a medical or condom solution and that the emphasis should rather be on the advocacy of abstinence (Pillay, 2005:9).

### **2.6.4. Be faithful**

The view of religious leaders according to Marunda & Chamme, 2003:255-256) as cited in Pillay (2005:9) is often that in promoting condom use encourages sins, such as adultery and practising sex.

## **2.7. South African Policy context for HIV and AIDS Management in the workplace**

Sanger (2011:4) describes the following reasons as to why it is important for an employee to know his/her rights:

- Know what treatment you are entitled to by others and what treatment is unlawful.
- Know where to go to enforce your rights and access the legal remedies available to you.
- Obtain justice and resources for the unfair discrimination that you suffered.
- Raise community awareness of Lesbian, Gay, Bisexual, Transgender, Intersex (“LGBTI”) rights by educating your family, friends and members of your community on what you know about LGBTI rights and the legal remedies available for unfair discrimination on the basis of sexual orientation and gender identity.

**Legislation:** Best described as a set of rules or norms of conduct which define how people must behave (USER GUIDE OF UNAIDS, 2008:45).

### **2.7.1. The National Policy on HIV and AIDS**

The underneath summarised laws and guidelines according to Health Policy Initiative, 2007:75), is an essential and useful frame for HIV policies in the workplace.

#### **2.7.1. A. The South African Constitution Act, No. 108 of 1996**

Is a supreme law of the country, with which and all other laws must comply. The Bill of Rights within the Constitution sets out a number of specific provisions that protect workplace rights. Section 23 (1) states that “Everyone has the right to fair labour practices.” There are also more general rights that apply to the employment relationship, such as the rights to equality, non-discrimination and privacy.

#### **2.7.1. B. Employee Equity Act, No.55 of 1998**

The aim is to ensure equality and non-discrimination in the workplace, through anti-discrimination measures and affirmative action provisions. It also has two clauses that expressly refer to HIV and AIDS: a prohibition on unfair discrimination based on “HIV status” and a prohibition on HIV testing without Labour Court authorisation.

#### **2.7.1. C. The Labour Relations Act, No.55 of 1998**

Aims to regulate the relationships among employees, trade unions, and employers; also regulates the resolution of disputes between employers and employees and sets out the rights of workers with regard to dismissal.

#### **2.7.1. D. The Occupational Health and safety Act, No.29 of 1996**

They places a duty on all employees to ensure that, as far as is reasonably practical, the working environment is and healthy for employees.

## **2.8. Code of Good Practice on Key aspects of HIV and AIDS and Employment, to protect workers with HIV and AIDS in the workplace.**

The Centre for Applied Legal Studies (2004:4) highlights the following key aspects to effective HIV and AIDS management strategies:

- No unfair discrimination on the basis of the HIV status.
- HIV testing at work.
- The result of and HIV test is confidential.
- Making the workplace safe.
- If you are infected at work – can you get compensation?
- What about employee benefits?
- Managing employees who have HIV.
- HIV and AIDS workplace programmes (The Centre for Applied Legal Studies (2004:4)).

## **2.9. Conclusion**

The information in this chapter has indicated that HIV and AIDS management in the workplace is no myth, but a reality. HIV and AIDS has also been defined in various ways but one thing that all these definitions has in common- is the fact that it is dangerous to one's health and it is a national and international crises. It is also clear that policies and programmes is not enough to combat this crisis, but the human input is of cardinal essence. Organisational management, planning and leadership has been identifies as a few of the most important contributors to successful policy and programme implementation. In essence combating or preventing the further spread of HIV and AIDS is the responsibility of the entire human race. In the next chapter we will focus on SU, and their strategic management framework and how important HIV and AIDS management is for the institution to be successful.

## **Chapter 3. Promoting HIV/AIDS awareness and prevention in the workplace: Case of Stellenbosch University**

### **3.1. Introduction**

HIV and AIDS is a killer disease which not only destroying South Africans, but the entire world. The epidemic is spreading like a field fire with not merely enough ammunition to fight back. Millions have been spend on interventions and propaganda to combat this issue, with very little success as the number of people living with HIV and AIDS is increasing on a daily bases. Organizations and institutions are losing valuable, educated and skilled workers due to this disease and people living with the illness is more sick at home than at work. After democratic dispensation in 1994, government has implemented various laws and policies to protect people living with HIV and AIDS from being discriminated against, and forced organizations and institutions to adopt these policies. SU was not excluded from these institutions and in 2001, they adopted and implemented there HIV and AIDS policy and build on it ever since. To follow in this chapter is a historical overview of SU and a brief discussion on the used programs by them in support for effective HIV/AIDS management in the workplace.

### **3.2. Historical Overview of SU**

Stellenbosch is the second oldest town in South Africa and the university an offspring within the Cape Wine lands started with education in 1685. SU took a fundamental, step in a new direction, when it developed the Strategic Framework for the turn of the Century and beyond, and seek to address the opportunities and challenges of the future as successfully as those of the past (Stellenbosch University,2006:9). Stellenbosch University (2000:7) through the Institutionalised Strategic Framework commits itself to an open,



broad process of self-scrutiny and self-renewal and seek to adhere to the strategic indicators, namely the mission, vision, and commitment.

### **Mission**

The *raison d'être* of Stellenbosch University is to create and sustain, in commitment to the university ideal of excellent scholarly, scientific practice, an environment in which knowledge can be discovered; can be shared; and can be applied to the benefit of the community.

### **Vision**

In a spirit of academic freedom and of the universal quest for truth and knowledge, the University as an academic institution sets itself the aim, through critical and rational thought to pursue excellence and remaining at the forefront of its chosen focal areas. SU gained national and international standing by means of its research outputs; and its production of graduates who are sought-after for their well-roundedness and for their creative, critical thinking. SU acknowledge its social responsibility in being relevant to the needs of the community and taking into consideration the needs of South Africa in particular and Africa and the world in general.

### **Commitments**

The University acknowledges its historical ties with the people from whom and communities from which it arose. With a view to the future, the University commits itself to apply its capacities, expertise and resources to the benefit of the broad South African community.

### **Values**

The University relies on the values which consist of the building blocks – equity, participation, transparency, readiness to serve, tolerance and mutual respect, dedication, scholarship, responsibility and academic freedom, which is essential for the challenges ahead. The university starts as a public school

and through changes and visions of previous leaders, develop into a university which can compete with other institutions on any levels.

“The university has ten faculties, of which eight - AgriSciences, Arts and Social Sciences, Education, Engineering, Law, Science, Theology and the larger part of Economic and Management Sciences – are located on the main campus in Stellenbosch with the faculty of Health sciences situated on the Tygerberg campus. The Bellville Park Campus is home to the Business School and the school’s Executive Development programme. The coastal town of Saldanha serves as the basis for the Faculty of Military Sciences” (Stellenbosch University, 2011.1).

### **3.3. SU’s Vision statement with regards to HIV/AIDS**

Stellenbosch management, the Institutional Units, employees and students share a vision of **”NO NEW” HIV infections** by 2012. In order to do so they consider HIV/AIDS education, research and community interaction as both a leadership role and a wellness issue (SU HIV Policy, 2011:2). The vision of Stellenbosch University is almost in line with the NSP (National Strategic Plan) Goals, best described as the **Three Zeros**:

- Zero new HIV and TB infections:
- Zero deaths associated with HIV and TB;
- Zero discrimination related to HIV and TB.

The NSP (National strategic Plan) objectives are aimed on a 20 year vision for reversing the burden of diseases from HIV, STI’s and TB in South Africa (NSP 2012 – 2016:8). UNAIDS (2010) statistic reports indicate that - “future progress” will depend heavily on “joint efforts” of everyone involved in the HIV response.

According to UNAIDS Global Report (2010:7), the facts reveals a changing HIV prevalence rate. On the cusp of the fourth decade of the AIDS epidemic,

the world has turned the corner it has halted and began to reverse the spread of HIV (Millennium Development Goal 6 A) and HIV prevention is working (UNAIDS, 2010: 7). There is a 75% indication of low HIV prevalence for the younger generation due to safer sex practices. Treatment is working due to research of studies in hospitals, clinics and workplaces. Evidence in the HIV response, lead to clear reduction in discrimination and stigma - to improve the lives of people living with HIV. Globally, the number of new infections has fallen by 19%. Getting to zero new HIV infections is already possible with the current HIV prevention methods; condom use, pre-exposure prophylaxis, education, testing and so forth. But the holy grail of getting to zero remains an effective HIV vaccine (Tong, 2012:1). The biggest obstacle is HIV itself, because due to the complexity of the bug, it basically infects the cells of the immune system that are supposed to help you prevent an infection in the first place. The fact that it infects CD4 cells makes it very hard to build a good immune response against it (Frahm, 2012:1). In order to reduce the HIV infection rate, it implicates that zero needs to begin at the individual, own household, the community and the workplace. Zero starts with ME – to learn, being aware, prevent and educating oneself and others in being responsible.

The key issues in the HIV policy of the University is: implementation, advocacy and the monitoring and evaluation of the process. Through the evaluation of records in the workshops and outreach programmes in the community, the process can be monitored in terms of disclosure, condom distribution, as well as time and effort.

The OIHC department operate yearly in March campaigns for HIV testing, with the focus mostly on students. This is a certain way to monitor the HIV status of employees as well.

The Wellness department operates under the authority of the Human Resource department also focuses on staff members and has a Wellness day in August to test the health/sickness of the workers, including HIV testing, TB testing, heart diseases, diabetes, high blood pressure and the

fitness level. This is also a positive way of making the staff aware and to monitor and evaluate the health activities in a sustainable manner.

### **3.4. Important contributors to the success of effective HIV/AIDS strategies and initiatives at SU**

For any strategy or initiative to be successful, certain people have certain roles to fill. SU is a semi-state institution, which means they can function and make decisions on their own without external interference such as government. They must however ensure that these decisions are aligned with legislation. This emphasise that top management has the most important role to play in ensuring successful initiative or programme implementation. Meaning top managers should have specific personality traits, knowledge, perception and attitude towards HIV/AIDS and the management there off.

i) Institutional Management: The driving forces to steer the HIV initiatives and have the expected level of leadership and responsibility to align the HIV policy with institutional requirements are: Top Management; The Academics (lecturers); the HIV Institutional Unit; the Wellness department (as a Human Resource function); Campus Health (physical visit) and finally the Council. They fulfil their leadership roles in terms of the implementation, monitoring and evaluation in respect to the HIV and AIDS policy. In each department of the university, every manager is also expected to be a leader, with the vision and executive powers to influence the staff members to adapt to the changing environment. A leader is able to anticipate the future needs of the organisation, has influence to change the attitudes and actions of others to attain set goals (Nel, Gerber, Van Dyk, Haasbroek, Scholtz, Sono & Werner, 2002).

Stellenbosch University continue to prioritise prevention interventions as key to mitigate the impact of the pandemic through initiatives and activities that inform its staff of HIV and AIDS – related issues. Such interventions include the presentation of workplace programmes, the provision and promotion of

VCT (voluntary counselling and testing) among its students and staff, the increasing accessibility of condoms and the treatment of sexually transmitted infections (STIs) (SU HIV Policy, 2011:12). Despite of the resources, leadership responsibilities, commitment and participation are success factors necessary for the success of the HIV policy and workplace programmes. Yet, a good percentage of employees and managers in various departments at SU seem to lack interest in any HIV and AIDS related activities and events held at the university (Wentzel, 2006: i).

Most of the SU's employees live in and around the vicinity of Stellenbosch. The researcher is curious to know what the common factors are which bind the employees from different communities together and direct people to behave in a certain manner in the workplace. The biggest and common community challenge in the coloured districts - Cloeteville, Idasvalley, Kylemore, Pniel, Franschhoek, Jamestown and Klapmuts are characterised with high unemployment rates, low literacy levels, teenage pregnancies while still on schools, and drugs (TIK) usage especially amongst the teens, gangsterism and gang rape.

Under the student population we do have incidences of rape- drug and alcohol abuse, pregnancies and gender-based violence (GBV) do occur in regard to students at the university and can increase the risk of HIV transmission. In this manner, everybody is directly responsible for ensuring adherence to the policy procedures and guidelines (SU HIV Policy, 2011:12). Management and administrative staff members do need to equip themselves with the necessary knowledge and skills to assist and guide colleagues or students who might be at risk with issues regarding HIV/AIDS.

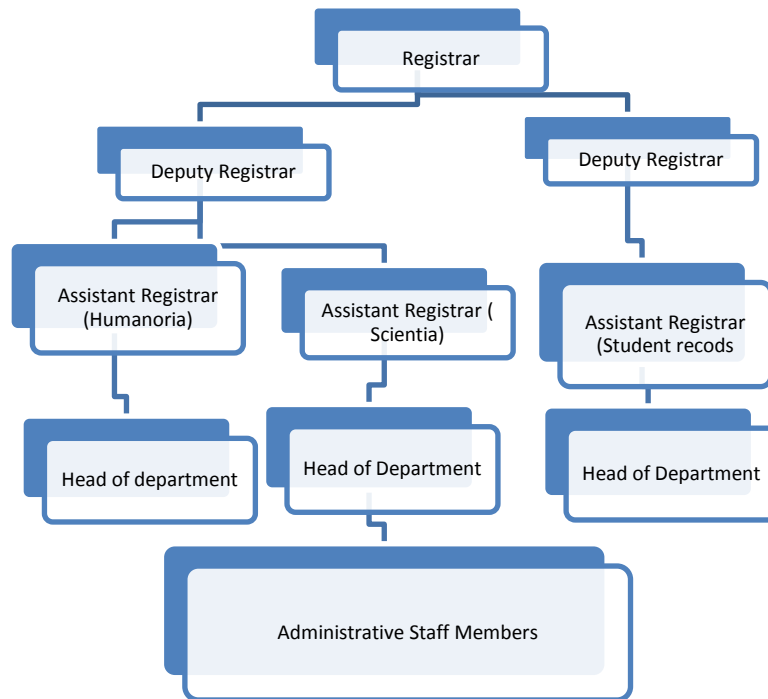
The fact is that HIV and AIDS is not just in our communities, but it is in our homes and workplaces as well. This implies that one cannot just ignore the issue as everyone in some point of their lives is confronted with it. In the workplace we work with different people, coming from different ethnicities, races and backgrounds and we cannot have any knowledge or interests because we are in a supportive working environment and are expected to help in any way possible.

In any organisation, decisions normally follows a top down approach (scheduling meetings and have a preview set agenda on what to talked about) and the employees follows in a conservative way in what they perceived what is expected from them, to behave and talk in a certain manner. In this regard, institutional management, line managers and administrative staff-members needs to formulate an integrative response to develop an effective communication toolkit to talk about these issues for a long-term commitment in terms of an HIV free campus.

### **3.5. Overview of the Registrar's Department at SU**

Due to the limitations of the study the chosen department is that of the SU's Registrar.

The division consists of the Registrar; Deputy-; Assistant Registrar; Line managers in departments; Representatives of faculties as well as the administrative and secretarial staff members. They form an integral part of the Universities main function to guide and assist colleagues, the general public and students in an advisory capacity. The advisory capacity is mainly on academic and financial difficulties but also include problems of personal and health nature.



**Figure 3.2: Organogram: Registrar Division at SU (Stellenbosch Campus)-2012**

The mission of Academic Administration or the Registrar's as stated by the institution is "to support the University in its primary duties of teaching, research and services provision through:

- The provision, maintenance and application of effective administrative procedures; and
- Providing courteous, fast and error- free services to staff, students, parents and other relevant and important stakeholders including the broader public" ( SU, 2012).

Academic Administration is fairly represented on the main campus, as well as Tygerberg and Bellville Park campuses. The personnel corps ranges between 90-94 staff members. Management in terms of race is mainly white male and female dominated while non-white people is underrepresented in that category but well represented in the administrative capacity.

My perception while undertaking this study was that HIV and AIDS management subjects and related issues gained minimum support and people do not want to talk about the subject or issue. In various instances it is

referred to as a “taboo” subject as well as a subject with a stigma attached. It is also very apparent that the people’s knowledge and intellect about the issue is vague and limited.

Various reasons exist as to why people lack interest in the HIV and AIDS and related issues. The majority of HIV and AIDS infections as summarized by the author Laas (2009:1) are found in adults at the prime of their economically active lives between the ages 20 and 30 years. This not only happens in the community but also affects the workplace, the household and the individual. This makes it a vital concern for each individual to reduce the negative impact HIV and AIDS has on the economy. What makes the employees in the registrars department different not to partake in HIV activities? Reasonable explanations can be due to the fact of the underneath requirements for the employees who works at the university.

i) Medical Aid Scheme: The permanent employees can afford to pay for the medical scheme and can thus afford private health care facilities and therefor the information regarding their HIV status remains confidential. There is no obligation to visit the Campus Clinic for HIV testing or ARV treatment.

ii) Intellectual level: An important job requirement for administrative or managers at Stellenbosch University, is usually to have a bachelor’s degree or a postgraduate qualification. The employees can easily access information regarding HIV, to inform and empower themselves with the knowledge of the HIV policy. The reason for not talking about HIV/AIDS related matters can be due to the fact that they are married and abstain, or their values and religious beliefs prevent them from indulging into immoral activities. Employees come from different communities and therefor they set boundaries with different rules regarding sexual orientation and acceptable behaviour in the workplace.

The above factors (medical aid – no reason to disclose HIV status, or intellectual level – to equip them with the necessary knowledge to abstain or



have no sexual activities) can be the reason for apathy towards the HIV policy and prevention strategies.

### **3.6. HIV/AIDS strategies and initiatives offered at SU**

A lot has been done to prevent the spread of HIV, namely the university has a yearly campaign, wellness days to check the overall health of the workers, workshops and a campus clinic where employees and students can be tested and treated after testing. Each of these strategies and initiatives will be briefly described to familiarise the reader with the content.

#### **3.6.1. Wellness Programme**

The Wellness programme at SU is an offspring of the rector's Hope Project and the Africa Centre's initiatives to focus on the worker in its totality (mind, body and spirit). The Wellness Programmes provide an Employee Assistance Plan (EAP) – for HIV positive workers, chronic illnesses and personal problems at home and in the workplace. Wellness can thus be defined as a sustained equilibrium between the psychological, emotive and physical states within an individual resulting in a quality assured prolonged and productive life. (Sackney, Noonan & Miller, 2002). The ultimate defined definition of an HIV and AIDS Employee Wellness Program can thus be defined as an multifaceted, multidisciplinary workplace care, support and treatment program into which HIV and AIDS has been integrated (Smart, 2009)

The HIV and AIDS Employee Wellness Programs aims to address four key areas:

- Education and awareness campaigns.
- Condom distribution.
- Voluntary Counselling and Testing (VCT)
- Treatment, care and support (Smart, 2009).

The Wellness Co-ordinator in conjunction with Human Resources provides an Employee Assistance Plan (EAP) – for managing HIV/AIDS programmes in the workplace. Awareness is usually raised in the form of short courses and workshops offered by Human Resources and all staff members have access to register for these workshops.

### **3.6.1. a. Benefits of implementing a HIV/AIDS Employee Wellness Programme (EWP)**

Smart (2009) in Ruwende (2012:4) specifies that benefits to an employment workplace programme are beneficial not only to the organisation but also to its employees and the entire community. These benefits are as followed:

- Benefits the organisation by extending lives of employees who can thus be available to work for longer.
- Provides support and care services for employees who are infected and affected by the disease.
- Creates a good working environment by fostering employee morale.

**Smart also emphasise the following benefits as essential to a comprehensive HIV/AIDS EWP in the workplace;**

- Reduced absenteeism.
- Increased productivity.
- Increased staff morale.
- It creates a sense of belonging to the company (Ruwende, 2012:4).

### **3.6.1. b. Reasons why people do not attend or utilize the HIV/AIDS EWP**

Sieberhagen (2011) in Ruwende (2002:4) argue that employees might view participation in any EWP as another additional unnecessary demand being made on them by the organisation rather than as a resource which is formulated and intended to benefit them.

Berry et al (2010) in Ruwende 2002:4) highlights the following reasons as to why people tend to lack participation in HIV and AIDS related issues and programmes:

- Lack of time on the part of the employee who may be inundated with a high workload.
- Little perceived benefit of the program on offer to the employee.
- Distaste on the whole program which is on offer or made available.
- Lack of knowledge or ignorance or available service (s).
- Blame unsupportive managers.
- Mistrusts between employee and management.

### **3.6.2. The OIHC (Office for Institutional HIV Co-ordination)**

The OIHC offers a variety of HIV/AIDS-related training and skills development opportunities to prevent the spread of the virus, which includes:

i) Annual HIV testing and counselling campaigns

Voluntary HIV Counselling and testing should be a key component of any prevention and care programme. Studies shown that knowing one's HIV status, whether it is positive or negative, is instrumental in effecting behaviour change and the adoption of safer sex practices (Van Dyk, 2005:103). The Office for Institutional HIV Co-ordination (OIHC) from Stellenbosch University team up with UNA-SA (United Nations Association for South Africa) did HIV testing on a small farm in Vlottenburg, on the 22 of February 2011. The overall aim was to encourage the community to get tested and make them aware of testing facilities where they can get quick, accurate and confidential results (SU HIV Policy, 2011:33).

ii) Various condom distribution projects

Condom distribution should be an important component of any HIV prevention programme. It should be easily accessible and in places where

people will feel a maximum sense of privacy and a minimum sense of embarrassment-on campuses (Van Dyk, 2005:100).

The year 2010, marked the successful expansion of the Office for Institutional HIV Co-ordination's (OIHC) condom distribution project to include SU residences and various bars in town. Condo Cans were installed in various buildings on campus and is in-line with the SU's HIV policy, and vision of a campus free of new HIV infections. Recent HIV prevalence and sexual behaviour data suggest that almost half of Stellenbosch students are sexually active, of which 60% used a condom while having sexual intercourse. According to the CDC (2002) states that: "Latex condoms, when used consistently and correctly, are highly effective in preventing the sexual transmission of HIV, the virus that causes AIDS". Around 200 000 condoms are distributed annually to 15 buildings on campus, which includes 23 residences and 7 bars in Stellenbosch. The Condo Cans are filled by Peer2Peer educator students who have been trained by the OIHC and also the employees from the Wellness department. (OIHC, 2011:1).

iii) Peer education programmes

Peer to Peer (P2P) training facilities is available on Stellenbosch campus with the main aim to train students and staff members to become an informal source of information. The various community interaction projects in and around campus includes: mass HIV testing campaigns normally in March every year, the marketing of local HIV testing services (OIHC, 2011:1). Behaviour change is most likely if peers educate and support each other. Peer education programmes both empower and educate people. Peer education allows group debate and the negotiation of messages and behaviours that lead to the development of new collective norms of behaviour rather than attempts to convince individuals to change their own behaviour on a basis of rational decision making and peer counselling (Van Dyk,2005:99). The information is available on the internet for employees to read.

### **3.6.3. Campus Health**

The Campus Health Clinic is a facility that is frequently used by staff and students since it is well situated on campus. Various academic, administrative employees and students belong to a medical aid, which ensures services delivery is quick and accurate. Staff members who are not that fortunate, has the opportunity to join an institutional medical benefit aid, namely: OCSA Care, which gives them access to quality medical assistance if needed. Another important factor of the campus clinic is that all staff members are qualified, professional, well-educated and trained people who know how to handle certain situations, including, HIV and AIDS counselling.

### **3.6.4. Africa Centre for HIV and AIDS Management**

The driving forces steering all these training HIV and AIDS activities, are the different faculties, academics, personnel and students/ student organisations. These activities are conducted with the necessary passion and sense of responsibility to bring about change at the institution. These people own these activities to such an extent that they use their intellectual knowledge and abilities to share information in and outside the university to the best of their abilities and till all resources have been exhausted. They are investing a lot of time, money and energy into spreading awareness about HIV/AIDS.

The HIV and AIDS management from an academic perspective is designed to address social issues in an inter-disciplinary manner. Different educational disciplines at SU are combining their skills and knowledge for maximum output through education and training. The Africa Centre's enrolments of students differ from the university's general application enrolments in the sense of its profile: 99% black students, 60% are women (mostly underrepresented in the workplace in terms of management level) and the average age is 43. The students came from 27 different countries, Stellenbosch students and employees included - and they are all postgraduates who broadly focus on one topic: HIV and AIDS (Du Toit, 2012:8).

The centre runs the largest programme of its kind in the world. More than 3500 postgraduate students, are trained, who in their daily line of work spread the prevention message to an estimated 25 million people. The centre forms part of Stellenbosch University's Hope Project, which is the campaign to make a difference to people's lives through the pursuit of excellence and relevance. One of the themes they have instilled from the United Nations Millennium Development Goals is to promote human dignity and health, which is where they contribute to the fight against HIV and AIDS (Philander, 2011:1).

#### **3.6.4. a. Awareness strategies and initiatives run by the Centre for HIV/AIDS Management to prevent the spread of HIV.**

- World AIDS Day Gala Evening

In recent years, an HIV awareness concert is held normally on 01 December each year. Funds are raised for projects to be implemented for community up-liftmen purposes or for new research initiatives.

- Educational Theatre and Musical Plays (Drama Group)

The above initiatives are run in communities through Educational theatre and musicals as a prevention method. The aim of the HIV initiatives is to get farm workers, faith based religious groups, schools and universities involved in being social responsible for their own health through campaigning and education. Previously, there was no HIV/AIDS - interventions on farms. Educational theatre raised awareness of the dangers of AIDS because they equip the people with knowledge to make informed choices on condom use, and prevent the attracting of sexual diseases. The genuine action of role players motivates people, to get tested and know their status, especially on farms. Education theatre, provide a platform for HIV/AIDS education.

### **3.7. Conclusion**

The information in this chapter indicates SU's commitment and support for HIV/AIDS related strategies, initiatives, programmes, interventions and prevention strategies. The fact that HIV and AIDS management is part of the institutional framework emphasise that they acknowledge HIV and AIDS as a workplace issue and the important role it plays in the daily operations of the institution. This information also highlighted how important the co-operation of the entire university community is for any initiative or strategy to be successful. From the obtained information it is also clear that a huge percentage of people still live in denial when it comes to acknowledging that HIV/AIDS exists and that everybody has a responsibility towards managing it effectively.

## **Chapter 4. Data Analysis**

### **4.1. Introduction**

The collected data from the respondents in the registrars department and the retrieved HIV policy document from Stellenbosch University's website were analysed as to determine the most effective manner to address the reason why people have silent culture intent towards HIV/AIDS in the workplace. The summarized data are compared according to the various responses and the findings reported in a document (UNAIDS User Guide, 2008:36). I hypothesize that due to the high intellectual level of employees at Stellenbosch University, they will access the information that they need to know from the University's home page or on the internet in general. The Apathy attitude can be due to the universities medical fund which all the employees have as part of the Universities requirements.

### **4.2. Findings**

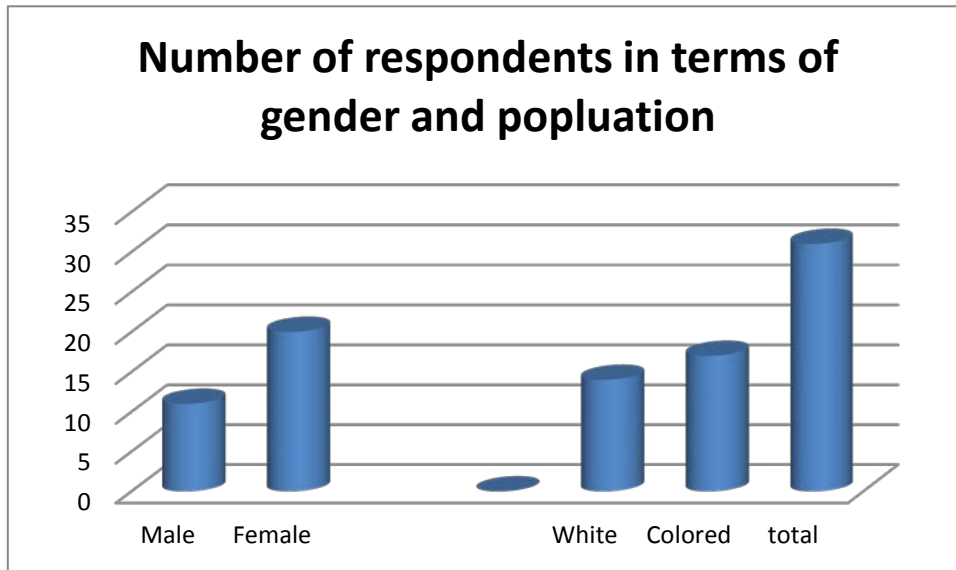
In this study, Excel spread sheets were used to analyse the responds from the participants. The questions were compiled for the employees in the registrars department to address their knowledge regarding the HIV policy and AIDS programmes and activities.

For the purpose of understanding and interpretation of the findings the questionnaire will be categorised according to:

1. Biographical information and qualification type of respondents;
2. Knowledge of respondents with regards to SU's policy and strategies;
3. Perceptions and awareness levels of respondents with regards HIV and AIDS and related issues in general as well as to institutional programmes, strategies and interventions.

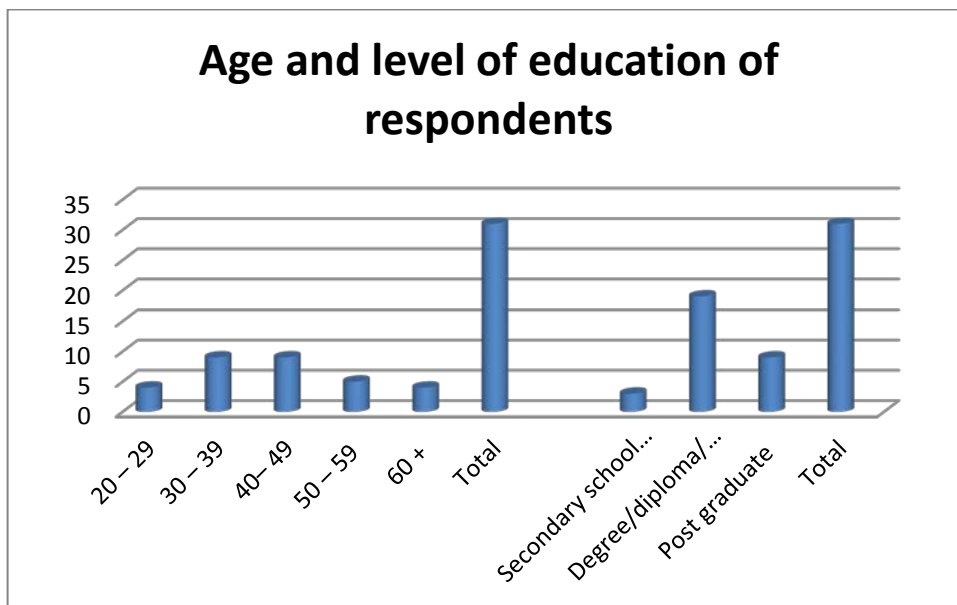


#### 4.2.1. Biographical Information of respondents



**Figure 4.3: Number of Respondents in terms of gender and population**

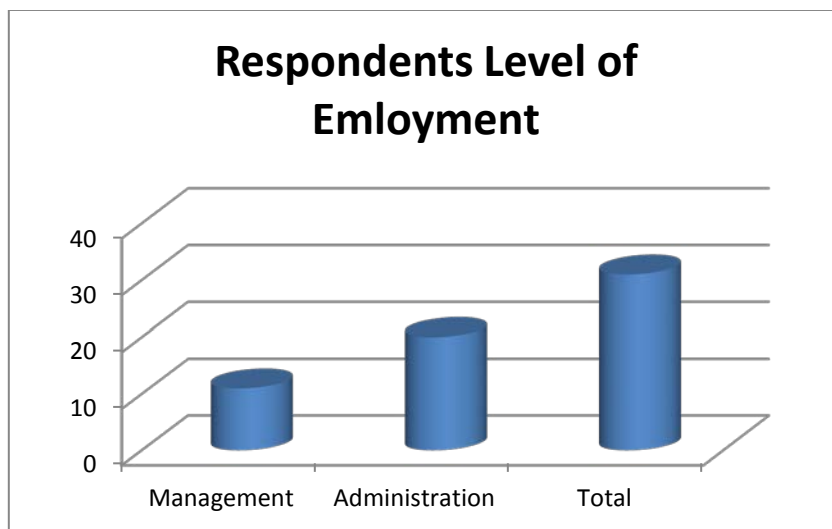
The information in Figure 4.3 indicates that 31 respondents that took part in the study 11 was male and 20 female. The information regarding the population of the sample is however concerning, since South Africa has four population groups and only two took part in the study.



**Figure 4.4: Age and Level of Education of Respondents**

The information in Figure 4.4 indicates the age of the respondents specifying that 18 of the respondents is between the age of 30-49 (middle age), 4 respondents is relatively young and 9 respondents indicated they were 50 and beyond.

The information regarding the respondent's educational levels is relatively high, with only 3 respondents having secondary education.



**Figure 4.5: Respondents level of Employment**

The information in Figure 4.5 indicates that the majority of the respondents (20) are on administrative levels, while 11 indicated they are in a management capacity. The fact that 11 participants participated in the study is an indication that the issue or subject is of interests to them.

#### **4.2.2. Respondents knowledge of SU's HIV and AIDS policy and strategies**

**Table 4.2: Respondents knowledge of SU's HIV and AIDS Policies and related issues**

STATEMENT	YES	NO	NOT SURE	TOTAL
Does Stellenbosch University have a	30		1	31

HIV/AIDS Policy?				
Are you aware of any HIV/AIDS related programmes at Stellenbosch University?	23	8		31
Are HIV/AIDS a work related issue?	23	8		31
Should there be discussion sessions in the registrar's department regarding HIV/AIDS issues?	21	10		31
Do you know your HIV status?	29	2		31
If yes, do you make use of Stellenbosch University's HIV – testing facilities?	5	26		31
Do you attend HIV-related functions or activities - such as workshop sessions, the Africa Centre?	5	26		31
Have you ever heard of HIV and AIDS?	30	1		31
Do you know anyone who has died of AIDS?	19	12		31
Have you noticed any condoms in the bathrooms at Stellenbosch University?	22	9		31
Do we know what help is available when a student or colleague is HIV positive?	15	12	4	31
Do you think the voicing of HIV/AIDS at gatherings in public is too personal?	7	22	2	31
Are people afraid to talk about HIV/AIDS related issues due to the fear of being judged for risky sexual practices?	24	5	2	31

The information in Table 4.2 indicates that the respondents have a fairly good knowledge and understanding of institutional policies and strategies.

#### 4.2.3. Perceptions and awareness levels of respondents with regards HIV and AIDS and relates issues in general as well as to institutional programmes, strategies and interventions

**Table 4.3: Respondents definition of HIV and AIDS Policy**

What is a HIV Policy?	Number of responses
It provides clear guidelines to assist in reducing HIV transmission.	2
It directs managers or employees, in leading them to perform the related tasks.	0
The policy is a written document which set out a framework of the organisation's position and practices as they relate to HIV and AIDS?	27

Provide guideline to fulfil a leadership role.	0
Not sure	2
<b>Total</b>	<b>31</b>

The information in Table 4.3 shows the majority of respondents agreed upon what a HIV and AIDS policy entails.

**Table 4.4: Respondents knowledge with regards to policy adoption**

<b>Do you know when the HIV policy at Stellenbosch University was adopted?</b>	<b>Respondent s answers</b>
During the last 6 months.	0
1 Year ago	1
2 Years ago	1
3 Years ago	6
Not sure	23
<b>Total</b>	<b>31</b>

The information in Table 4.4 indicates that 23 of the respondents do not know when the HIV policy was adopted.

**Table 4.5: Respondents perceptions of SU' Policy's focus area**

<b>What are the focus / purpose of the HIV Policy at Stellenbosch University?</b>	<b>Response s</b>
To assist in reducing the rate of HIV transmission and the impact of HIV/AIDS on SU's staff.	2
To facilitate a comprehensive leadership response towards HIV/AIDS.	1
To provide HIV/AIDS information to the students and staff of Stellenbosch University?	6
To adhere to legal guidelines to protect PLWA (People living with AIDS).	1
All of the above.	18
Not sure.	3
<b>Total</b>	<b>31</b>

It appears in Table 4.5 that the majority of respondents knew what the focus and purpose is of the HIV policy.

**Table 4.6: Respondents knowledge with regards to responsibility for HIV and AIDS issues**

6. Who is responsible for addressing HIV/AIDS related matters?	
The HIV Institutional Unit.	13
The managers of a department.	0
The administrative staff members.	0
The Africa Centre for HIV/AIDS.	3
The Campus Clinic	0
All of the above.	13
Not sure.	2
<b>Total</b>	<b>31</b>

The information in Table 4.6, indicate that the HIV Institutional Unit should be responsible for HIV and AIDS issues.

**Table 4.7: Respondents indication of source(s) of information**

If you answer is yes, where did you heard about HIV/AIDS?	
Africa Centre	4
OIHC (Office for Institutional HIV Coordination).	1
Wellness Open Days.	5
Campus Clinic.	0
HIV/AIDS Gala Evening (01 December each year).	0
Posters, Bosch telegram / Stellenbosch University's webpage.	0
Media (Television / Radio).	18
Other	3
<b>Total</b>	<b>31</b>

The majority respondents in Table 4.7 indicate the media as source of their HIV knowledge.

**Table 4.8: Respondents knowledge with regards to obtaining HIV and AIDS**

How can a person get HIV/AIDS?	
I do not know.	0
Having sex without a condom.	13
Contaminated blood transfusion.	15
Using same plates, cups and kitchen utensils.	0

Using the same bathrooms.	0
Married couple (heterosexuality) and partnership.	3
<b>Total</b>	<b>31</b>

The majority of respondents in Table 4.8 conclude that risky sexual behaviour and blood contamination as main reasons for obtaining HIV.

**Table 4.9: Respondents knowledge with regards to antiretroviral drugs**

<b>What is the purpose of antiretroviral drugs?</b>	
To boost the immune system.	9
To prolong the lifespan of HIV positive people.	19
Prevent people from contracting HIV.	2
I do not know.	1

The information in Table 4.9 indicates the respondent's understands the purpose of ARV's, to minimise the scourge of the disease.

**Table 4.10: Respondents knowledge of testing facilities**

<b>Where can employees go for HIV testing at Stellenbosch University?</b>	
Campus Clinic	8
Wellness Open days	3
HIV Campaigning	2
During the Drama Performance "Lucky the Hero".	0
All of the above.	16
I do not know.	2
<b>Total</b>	<b>31</b>

The information in Table 4.10 indicates that the employees are aware of HIV testing facilities and structures.

**Table 4.11: Respondents knowledge with regards to protecting oneself from HIV and AIDS**

<b>How can you protect yourself from getting HIV?</b>	
I do not know.	0
Stick to one partner for life (through marriage and partnership).	10
Education with the emphasis on Abstinence, Being faithful and	21

Condom use.	
Total	31

The knowledge of the respondents in Table 4.11 indicates strongly that the focus should be on safe sexual practices in marriage and the ABC partnerships.

**Table 4.12: Respondents knowledge with regards to signs and symptoms of HIV and AIDS**

What are the visible signs and symptoms of AIDS?	
Persistent cough.	0
Rapid weight loss.	3
Skin diseases.	0
Prolonged fever.	0
Most of the above symptoms.	26
I do not know.	2
Total	31

The information in Table 4.12 indicates that the majority of respondents have a sound knowledge of the visible signs of HIV and AIDS.

### 4.3. Interpretation of Data

#### **Biographical information and qualification type of respondents;**

Figure 4.3: Gender - constitute a good representation of gender in the sample within the registrar's department. From the 92 employees in the registrar's department are 64 females and nearly half of the female population (20) participate. The counterparts from a male perspective are 28 males in the registrar's department and approximately half of the total (11) participate in this study.

Figure 4.3: Population - 14 (45%) Of the white employees participate in the study which is a good representation against the 17 (55%) brown employees who are the most in the registrars department. A 10% difference in the participation for the race groups white (45%) and brown (55%).

Figure 4.4: Age - indicates a good overall representation of the different age categories.

Figure 4.4: Qualifications - an indication that 19 of the respondents consist of postgraduate qualifications and 9 have a degree / diploma or technical certificate. Which conclude with the theory under the heading that most of the employees in the registrar's department can easily access the HIV policy information on the university's web portal and inform themselves with knowledge? The respondents with a bachelor's degree are highly represented between the age group 30 and 49.

Figure 4.5: Management - indicates a percentage of 11 (39%) in relation to the 20 (61%) of administration, and they are well presented in the research. For each manager in a department or faculty, are there normally three to ten administrative staff members. Which mean that management is keen to participate in HIV questionnaires and maybe will be open for greater involvement?

### **Knowledge of respondents with regards to SU's policy and strategies;**

On the above question, the answers Yes or No were provided as options. From the 31 respondents who took part in the study, (30) participants answered Yes, that the university do have a HIV policy. From the females group, the YES response was 61.3% and a 35.5% from the males. One female participant adds the option of (c) not sure (3.2%). One of the participants explained that she was not sure if the university do have a HIV Policy, but due to the fact that the question was posed as a Yes and No option, assumes that the university do have a HIV policy.



Twenty three of the employees indicate that HIV and AIDS is a work related issue. Eight of the employees indicate a negative response towards HIV and AIDS as a work related matter. More than 60% indicates that HIV and AIDS are relevant to their workplace.

Twenty one (68%) Of the employees indicate the need for discussion sessions in the registrar's department of Stellenbosch University. Ten (32%) of respondents indicate a negative response for discussion sessions regarding HIV and AIDS.

Twenty one (93.5%) Of the participants in the sample indicate that it is important to know your HIV status. While 2 (6.5%) of the participants in the sample do not know their HIV and AIDS status. The university share a vision of NO NEW HIV infection, although the low rate of uncertainty of HIV status, the vision of ZERO transmission can be affected.

The majority 26 (84%) of the participants does not use the HIV – testing facilities. While 5 of the respondents indicate that they use Stellenbosch HIV testing facilities. The difference in percentages indicates the need to address the shortages and need to look into reasons on how to address the inequality in terms of usage.

Twenty six (84%) of the respondents indicate that they does not attend the HIV functions and activities. A mere 5 (16%) of the respondents indicate that they do attend HIV activities. The lack of interest in HIV awareness activities can be described to their lack of knowledge or ignorance towards the topic.

The majority 30 (96.78%) of the respondents had heard of HIV and AIDS. While only 1 (3.23%) respondents indicate no knowledge of HIV/AIDS.

Twelve of the respondents do not know some-one who has died of AIDS. While 19 of the respondents knew some-one who has passed away due to AIDS? The majority of the respondents are one way or another personally affected by the death of a friend, family member or love one, due to AIDS.

Twenty two (42%) of the respondents indicate a Yes response for the visibility of condoms in bathrooms and 9 (23%) indicate a No response towards visibility of condoms. One participant indicates that although the condoms are visible, they got "stolen" quickly.

Fifteen response of participants reflect that they do know what help is available for an HIV infected colleague. The opposite response of 12 employees indicates that they do not know how to assist or refer an HIV infected colleague, student or community member. Four (4) of the respondents are not sure what help is available.

Twenty two of the respondents do not think that conversations relating to HIV/AIDS at gatherings are too personal. While 7 respondents think that HIV topics or conversations in public is too personal. Two of the respondents are unsure in regard to HIV topics in public or the workplace.

The majority (29) of the respondents are aware of the definition of a HIV policy and 2 of the respondents reflect a low level of uncertainty.

No one of the respondents select the option which indicates that the HIV policy direct managers and administrative employees to perform HIV related tasks. I assume that respondents strongly feel that the HIV policy function

does not apply to the framework and duties of management or the administrative employees.

It is interesting to note that 13 (41.9%) of the respondents indicate that the HIV Institutional Unit is responsible for the management (addressing) of HIV and AIDS related matters. An equal total of respondents 13 (41.9%) of the respondents indicate an integrated response from the HIV Institutional Unit, the managers and administrative employees in the registrars departments, the Africa Centre and the Campus Clinic as responsible in regard to addressing HIV/AIDS related issues. With a follow-up of 3 respondents indicating that the Africa Centre should manage the HIV/AIDS related activities. Two of the respondents are not sure who should manage the process.

Twenty nine of the respondents indicate knowledge of and awareness regarding HIV testing facilities and where to go, while 3 were uncertain.

Twenty one of the respondents select the responsible option of education with the emphasis on ABC as a behavioural strategy, while 10 of the respondents indicate that partnerships can protect them from becoming HIV positive.

The majority 24 (77.4%) of the respondents fear judgement and is afraid to talk about HIV and AIDS related issues, while 5 of the respondents are not afraid to talk about HIV and AIDS related diseases. Two respondents are not sure, which can be due to a lack of awareness or ignorance.

#### **4.4. Conclusion**

The majority of the participants (96.8%) indicate that Stellenbosch University do have a HIV policy. (88%) of the participants indicate that they have the expected knowledge of what the HIV policy is all about. A high indication (84%) of the participants from both management and administration indicates that the HIV Institutional Unit, the employees (management and administrative) of a department, the African Centre and the Campus Health Services are responsible for addressing HIV and AIDS related issues. Sixty-one (61%) of management and administrative participants indicate that HIV and AIDS are relevant to the workplace. This can be interpreting that there are a need for greater involvement into HIV activities. Sixty-eight (68%) of the participants indicate a need for discussion sessions in the registrar's department. Both female and male participants (93.6%) are serious about their HIV and AIDS status and went for testing. Although (84%) of the participants does not use the Universities HIV testing facilities, they are still very conscious of their HIV status and safe sexual practices.

## **Chapter 5. Recommendations and Conclusion**

### **5.1 Introduction**

Although the study reflect a high level of knowledge from the employees in regard to the HIV policy and procedures, the study also shows the ignorance of employees to participate in HIV awareness and prevention programme activities. In the light of the information, greater emphasis should be on management to get involved and committed for the cause of the greater responsibility towards its community and possible infected workers at the home front.

### **5.2. Recommendations**

Human Resource Management is mostly responsible to implement policies and practices in the workplace and the different departments. Therefor they need to look into possibilities of implementing the HIV policy information through line managers who shows an eagerness to participate as indicated in the research study. The managers normally make the decisions in the departments and will only follow demands or requests from the human resources department or the rector's offices. The employees on the other hand function and operate on the instruction of management.

The HIV policy document needs to be updated, due to the fact that they still have no new vision for the set date after 2012. The policy needs to be monitored and regular evaluation is important as a means to be relevant and accessible.

There is a need to add value to the marketing strategy with more posters in buildings, the notice boards and bathrooms in the departments. There is also the need to actively promote HIV campaigns and to raise awareness. It can be done through proper provision and channelling of HIV information on activities and workshops to all the employees.

Teaching can occur through education, the focus being on the role of sex and sexuality and to break the silence created by discomfort and tradition. The teaching needs to give special emphasis on gender issues, including: the empowerment of women and girls; respect for the dignity of each individual; and sex education that helps people to understand the health benefits of counselling and testing, and of abstinence, faithfulness and protected sex (Plan of Action, 2001:6).

Training should involve curriculum development and training materials needs to be designed to share knowledge and skills on human sexuality and HIV and AIDS at all levels (Plan of Action, 2001:6). It is of utmost importance for the university to implement the HIV and AIDS policy and legal framework to the staff members through a training manual. Wentzel (2006:39) indicate that line managers are at the more direct operational level with employees and therefore greater focus should be placed on this level with regard to training and awareness – raising.

There is a need for an advisory body in departments, with expert knowledge to implement initiatives in each department and faculty. Expert HIV and AIDS knowledge can be transferred through the curriculum requirements of academic departments to ensure that students and staff members, in particular have access to correct and informative information (Pillay, 2005:44).

The university should be open to display vulnerable statistics of HIV positive employees at home front, in order to enhance a greater awareness of the epidemic within departments.

### **5.3. Limitations in the study**

Some difficulties were experienced of the registrar and deputy registrar due to the fact that permission was not asked when the questionnaires were sent to the employees. In response to the enquiries, confirmation emails were sent to them which prove that permission was granted from the registrar, the

ethics committee and the Institutional Research Planning (IRP) department for the purpose of the study.

From the 92 questionnaires which were sent, a total of 31 employees' responded and participated in the study. In co-ordinance with the above limitation, a survey was run by HEADS in (2009) on higher educational institutions. From the 2422 permanent and temporary employees only 520 participate in the study (Stellenbosch University's statistical report, 2012). The statistical gaps in both studies reflect negative on the attitudes of employees in conforming to the HIV policies of the University.

One of the non-participant employees explain that he did not know anything about the HIV policy and was not informed enough regarding HIV, to answer the questions. Some of the employees provide explanations regarding work pressure, deadlines to be reached and give reasons of work overload. Some of the employees were on sick leave, annual leave and pregnancy leave.

#### **5.4. Conclusion**

SU has used many initiatives and prevention strategies to curb the spread of HIV and AIDS as indicated through the research, especially in chapter three. Which in many stances are successful due to annual reports? It became clear that the implementation of HIV policies and programmes is not enough to combat the crisis, and that human input is of cardinal essence for overall success.

This emphasise that top management as the leaders of the institution, has the most important role to play in ensuring successful initiative and programme implementation.

In this regard, institutional management, line management and administrative staff members needs to formulate an integrative response and create an effective communication toolkit to address the issues for a long term commitment in terms of an HIV free campus.

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## ADDENDUM 1: INSTRUCTION SHEET & QUESTIONNAIRE

### 1. Instruksies aan respondente vir die voltooiing van 'n vraelys.

Die doel van die studie is om u algemene kennis oor Stellenbosch Universiteit se MIV/Vigsbeleid en algemene inligting te verkry. Na aanleiding van die studie is die hoop om u algemene kennis te verbreed en u vertrouwd te maak met die inligting soos beskikbaar op die universiteit se webbladsy. Met die doel om sodoende hulp te verleen of verwysings te doen, ingeval 'n kollega, student of familielid blootgestel sou word / of is, aan MIV/VIGS. Hiermee 'n vriendelike skrywe aan u om behulpsaam te wees met die voltooiing van 'n vraelys, vir navorsing doeleindes. Twee vorms word elektronies aan u gestuur naamlik:

### 2. 'n Vraelys

- Die vraelys bevat 30 vrae.
- U kan die vraelys uitdruk (print), en voltooi.
- Dit is 'n Keuse opsie vraelys en u keuse word omsirkel.
- Die tydsduur van die vraelys is ongeveer 15 minute.
- Die voltooide vraelys kan so spoedig moontlik per interne pos gestuur word na –
- Me M Davids, Administrasie Gebou A, Kamer - A2056.
- **Voor** die verlangde datum, **26 November 2012**.

Deur nie u naam op die vraelys in te vul nie, bly u daardeur anoniem en die inligting konfidensieël.

### 3. 'n Toestemmingsvorm “*Consent form*”

Gepaardgaande met die vraelys is aangeheg 'n toestemmings vorm waarop u naam en handtekening aangebring moet word, wat aandui dat u aan die studie deelgeneem het. Die toestemmings brief en die vraelys moet in aparte koeverte na my gestuur word. 'n Boks sal in my kantoor gehou word indien u die voltooide vorms daarin wil plaas.

U samewerking word hoogs waardeer.

M. Davids

## ADDENDUM 1: QUESTIONNAIRES

2. Questionnaires compiled for employees in the Registrar's department at Stellenbosch University, regarding the HIV Policy.

Date:.....

1. Does Stellenbosch University have a HIV/AIDS Policy?

- a) Yes
- b) No

2. What is a HIV Policy?

- a) It provides clear guidelines to assist in reducing HIV transmission.
- b) It directs managers or employees, in leading them to perform the related tasks.
- c) The policy is a written document which set out a framework of the organisation's position and practices as they relate to HIV and AIDS?
- d) Provide guideline to fulfil a leadership role.
- e) Not sure

3. Do you know when the HIV policy at Stellenbosch University was adopted?

- a) During the last 6 months.
- b) 1 Year ago
- c) 2 Years ago
- d) 3 Years ago
- e) Not sure

4. What are the focus / purpose of the HIV Policy at Stellenbosch University?

- a) To assist in reducing the rate of HIV transmission and the impact of HIV/AIDS on SU's staff.
- b) To facilitate a comprehensive leadership response towards HIV/AIDS.
- c) To provide HIV/AIDS information to the students and staff of Stellenbosch University?
- d) To adhere to legal guidelines to protect PLWA (People living with AIDS).
- e) All of the above.
- f) Not sure.

5. Are you aware of any HIV/AIDS related programmes at Stellenbosch University?

- a) Yes
- b) No

6. Who is responsible for addressing HIV/AIDS related matters?

- a) The HIV Institutional Unit.
- b) The managers of a department.
- c) The administrative staff members.
- d) The Africa Centre for HIV/AIDS.
- e) The Campus Clinic
- f) All of the above.
- g) Not sure.

7. Is HIV/AIDS a work related issue?

- a) Yes
- b) No

8. Should there be discussion sessions in the registrar's department regarding HIV/AIDS issues?

- a) Yes
- b) No

9. Do you know your HIV status?

- a) Yes
- b) No

10. If yes, do you make use of Stellenbosch University's HIV – testing facilities?

- a) Yes
- b) No

11. Do you attend HIV-related functions or activities - such as workshop sessions, HCT campaigns, Gala evening on AIDS day (01 December – each year) or the educational drama group performance of the Africa Centre?

- a) Yes
- b) No

12. Have you ever heard of HIV and AIDS?

- a) Yes
- b) No

13. If your answer is yes, where did you hear about HIV/AIDS?

- a) Africa Centre
- b) OIHC (Office for Institutional HIV Coordination).
- c) Wellness Open Days.
- d) Campus Clinic.
- e) HIV/AIDS Gala Evening (01 December each year).
- f) Posters, Bosch telegram / Stellenbosch University's webpage.
- g) Media (Television / Radio).
- h) Other

14. Have you ever heard of the Drama group, "Lucky the Hero"?

- a) Yes
- b) No

15. How can a person get HIV/AIDS?

- a) I do not know.
- b) Having sex without a condom.
- c) Contaminated blood transfusion.
- d) Using same plates, cups and kitchen utensils.
- e) Using the same bathrooms.
- f) Married couple (heterosexuality) and partnership.

16. Do you know anyone who has died of AIDS?

- a) Yes
- b) No

17. Have you noticed any condoms in the bathrooms at Stellenbosch University?

- a) Yes
- b) No

18. What is the purpose of antiretroviral drugs?

- a) To boost the immune system.
- b) To prolong the lifespan of HIV positive people.

- c) Prevent people from contracting HIV.
- d) I do not know.

19. Where can employees go for HIV testing at Stellenbosch University?

- a) Campus Clinic
- b) Wellness Open days
- c) HIV Campaigning
- d) During the Drama Performance "Lucky the Hero".
- e) All of the above.
- f) I do not know.

20. How can you protect yourself from getting HIV?

- a) I do not know.
- b) Stick to one partner for life (through marriage and partnership).
- c) Education with the emphasis on Abstinence, Being faithful and Condom use.

21. What are the visible signs and symptoms of AIDS?

- a) Persistent cough.
- b) Rapid weight loss.
- c) Skin diseases.
- d) Prolonged fever.
- e) Most of the above symptoms.
- f) I do not know.

22. Do we know what help is available when a student or colleague is HIV positive?

- a) Yes
- b) No
- c) I do not know.

23. Do you think the voicing of HIV/AIDS at gatherings in public is too personal?

- a) Yes
- b) No
- c) I do not know.

24. Are people afraid to talk about HIV/AIDS related issues due to the fear of being judged for risky sexual practices?

- a) Yes
- b) No
- c) I do not know.

#### **DEMOGRAPHIC INFORMATION**

25. Indicate your age group?

- a) 20 – 29
- b) 30 – 39
- c) 40– 49
- d) 50 – 59
- e) 60 +

26. Indicate gender?

- a) Male
- b) Female

27. Indicate, population group?

- a) White
- b) Coloured
- c) Indian
- d) Black
- e) Asian

28. What is your marital status?

- a) Married
- b) Single
- c) Widow/er
- d) Divorced
- e) Living together.

29. Education level (What is your highest level of schooling)?

- a) Secondary school certificate.
- b) Degree/diploma/ technical Certificate
- c) Post graduate degrees (Honours, Masters, and doctorate).
- d) None

30. Indicate management or administration?

For the purpose of this survey, management comprise of registrar's; line management; faculty representatives and administration comprise of secretaries and administrative personnel.

- a) Management
- b) Administration

Thank you very much for your participation, your effort is much appreciated.

Be assured, that the shared information in this survey will be confidential and used only for research purposes.

**Return the completed form to:**

Ms M Davids

Administration Building A,

Room. A2056.

THANK YOU

## ADDENDUM 2: CONSENT FORM



UNIVERSITEIT•STELLENBOSCH•UNIVERSITY  
jou kennisvenoot • your knowledge partner

### STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH (3)

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*“Gauging the Knowledge and Attitude of a Selection of Stellenbosch University Employees regarding the University’s HIV/AIDS Policy”*

You are asked to participate in a research study conducted by **MAGDALENA DAVIDS, (BA, HONSBBA, PG Diploma in HIV/AIDS)**, from the *Africa Centre for HIV/AIDS Management* at Stellenbosch University, as part of this thesis for the MPHIL: HIV/AIDS Management degree. You were selected as a possible participant in this study because, as a responsible employee, you can assist and help when a student or colleague when reporting their HIV/AIDS status or do need help. Due to the changing environment, employees need to know the basic information regarding HIV/AIDS to refer, assist or support.

#### 1. PURPOSE OF THE STUDY

- To identify, employees Knowledge and Attitude, regarding the HIV/AIDS Policy.
- To provide guidelines, for Policy Adjustment.

#### 2. PROCEDURES

If you volunteer to participate in this study, we would ask you to do the following things:

- To complete the application form anonymously and return the form in the manner as described by the researcher.
- Participants will complete the questionnaires on their own computers in their offices in the Registrars department at Stellenbosch University - their own private time. The completed questionnaires and consent forms will be collected in separate boxes at different given time frames.

#### 3. POTENTIAL RISKS AND DISCOMFORTS

In completing the forms there will be no risk that the participant can be identified, because there will be no names on the questionnaires. If some of the participants may experience some discomfort while completing the questionnaires, due to the personal nature of HIV/AIDS questions or especially if there was a loss of family, friends or relatives. They can feel free to contact the researcher to mitigate counselling service. The following people can be contacted:



- OIHC (Office for Institutional HIV Coordination) – 021 808 3136
- Psychologist on duty – 021 808 4994 / 0825570880
- The doctor on duty – 021 808 3694
- The Wellness Coordinator, Human Resources – 021 808 4824

#### 4. **POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

The participants might gain more insight or not after they have done the study and can gain knowledge regarding HIV/AIDS procedures to make a difference and assist in times of need. If the level of knowledge is insignificant compared to other similar studies, recommendations can be made towards the HIV/AIDS Policy, to benefit the employees.

#### 5. **PAYMENT FOR PARTICIPATION**

There will be no payment for participants.

#### 6. **CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of the questionnaires being anonymous and the data will be protected on the password protected computer or the printed completed questionnaires will be kept safe in a safe cupboard with keys and at home.

#### 7. **PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

#### 8. **IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact Magdalena Davids (Researcher) or prof J Augustyn (Supervisor).

*Magdalena Davids: 021 808 4514 (w)*

*078 400 3051*

*[mdav@sun.ac.za](mailto:mdav@sun.ac.za)*

*Prof J Augustyn; 083 626 3081*

*[jcda@sun.ac.za](mailto:jcda@sun.ac.za)*

#### 9. **RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

**SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE**

The information above was described to me *by* Ms Magdalena Davids in English and / am in command of this language or it was satisfactorily translated to me. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

\_\_\_\_\_

**Name of Subject/Participant**

\_\_\_\_\_

**Name of Legal Representative (if applicable)**

\_\_\_\_\_

**Signature of Subject/Participant or Legal Representative**

**Date**

**SIGNATURE OF INVESTIGATOR**

I declare that I explained the information given in this document to \_\_\_\_\_  
[*name of the subject/participant*] and/or [his/her] representative \_\_\_\_\_  
[*name of the representative*]. [He/she] was encouraged and given ample time to ask me any questions. This conversation was conducted in [*Afrikaans/\*English/\*Xhosa/\*Other*] and

[*no translator was used/this conversation was translated into \_\_\_\_\_ by \_\_\_\_\_*].

\_\_\_\_\_

Signature of Investigator