

The Report of the study on HIV prevalence and related factors at Rhodes University: 2008-2009
Briefing Document: 29 March 2010

1. Background and context

HIV and Aids is a severe national problem In South Africa with 5.2 million adults and children estimated to be living with HIV in 2008, representing 10.6 per cent of the total population of 47.8 million in 2008.

In the context of a high overall prevalence of HIV, all institutions, workplaces and communities in South Africa, including higher education institutions (HEIs), are affected and impacted on by HIV and Aids. At HEIs, responses in the form of policies and programmes have been implemented over the past two decades to various extents at different institutions but the prevalence of HIV within institutions has not been known and this has constrained planning processes.

The scale of the pandemic threatens the supply, demand and quality of education in South Africa and on the continent. Attrition of staff and students entering the tertiary education system impacts negatively on the sector's core business: teaching and learning, research, and community engagement. Moreover, the loss of qualified graduates impacts on national, regional and continental development, diminishing "private and social returns to investment in higher education."

Furthermore, HIV and Aids is a pressing humanitarian issue in which the higher education system can and should "play an important role in shaping attitudes, behaviours and practices of future decision-makers and in doing so, further prevent the spread of HIV".

It is acknowledged that young people engage in risky behaviours including sexual behaviours, as well as alcohol and drug consumption and this occurs at HEIs. As centres of learning and socialisation, HEIs are also a fertile ground for counteracting risk among students. HEIs also provide a framework for addressing health needs of staff. In so doing, HEI responses fall into seven broad categories: policy responses; risk management; leadership and advocacy; prevention, training and support; community outreach; teaching, research and sharing knowledge; and health services related to prevention and care.

Higher Education South Africa (HESA) – a representative body of vice-chancellors of the 23 public HEIs in SA that includes Rhodes University, runs the Higher Education HIV and Aids programme (HEAIDS) which is involved in developing and strengthening the HIV and Aids response. HEAIDS is an initiative of the Department of Higher Education and Training undertaken by HESA to reduce HIV prevalence among students and staff and to mitigate the impact of the disease with a view to maintaining core functions of teaching, training, research, and community engagement.

In November 2007, a national survey was commissioned by HESA to establish the knowledge, attitudes, behaviours and practices (KABP) related to HIV and Aids and to measure the HIV prevalence among staff and students.

The study also includes an institutional risk assessment which examines the risk exposure of the HEI to the HIV epidemic based on the findings of the epidemiological component.

2. Objective of the study

The broad objectives of this study are to obtain HIV prevalence statistics and HIV behavioural response profiles of staff and students in higher education in South Africa. The results should inform the sector response in a meaningful way, particularly with regard to policy, funding and implementation of prevention, treatment, care and support interventions.

The specific objectives are to:

- Determine the prevalence and distribution of HIV among the staff and students at all 22 South African tertiary education institutions providing contact education, and the sector.
- Determine the levels of knowledge, attitudes, behaviours and practices (KABP) among staff and students.
- Investigate associations between HIV status and demographic and socio-behavioural factors.

3. Study methodology

The study was carried out at 21 of the 23 public Higher Education Institutions. UNISA was excluded in the study because it provides distance education and Tshwane University of Technology was also excluded because of student protests at the time.

The cross-sectional study design used is categorised by UNAIDS/WHO as an “unlinked, anonymous HIV survey with informed consent”. The study comprised an HIV prevalence study, KABP survey, a qualitative study and a risk assessment. Each HEI was stratified by campus and faculty and then clusters of students and staff were randomly selected. Self administered questionnaires were used to obtain demographic, socio-economic and behavioural data. The HIV status of participants was determined by laboratory testing of dry blood spots obtained by administering finger pricks to participants.

The qualitative study consisted of focus group discussions and key informant interviews at each HEI. The purpose of this component of the study was to contextualise and deepen the understanding of the results emanating from the survey. The results of the qualitative and quantitative research formed the basis for a risk assessment for each HEI and the sector.

Data for the study was gathered from HEIs between August 2008 and February 2009.

Rhodes University

At Rhodes the ethical approval was provided by the University’s Ethical Standards Committee. Participation in all quantitative and qualitative research was voluntary and written; informed consent was obtained from all participants. The study was conducted anonymously. Separate VCT was provided at no cost to participants who wished to know their own HIV status.

The fieldwork for the Rhodes study was conducted between August and November 2008.

4. Study population

HEI

Of a total of 29 856 eligible participants available at testing venues, 23 605 (79.1%) participated fully by completing questionnaires and providing specimens. Due to substantial amount of missing data in 230 questionnaires, the final database comprised 23 375 individuals comprising 17 062 students, 1 880 academic staff and 4 433 administrative and service staff.

Rhodes

A total of 512 students, 98 academic staff, 117 administrative staff and 177 service staff participated in the Rhodes study.

5. Summary findings

5.1 Qualitative results (Higher Education Sector including regions)

HIV vulnerability and susceptibility

It was widely reported that during this period the first-year students lack the experience to make good, risk-aware decisions, especially regarding sexual liaisons and the use of alcohol.

The most notable risk during this period is casual sexual intercourse without using condoms in the context of alcohol intake.

Patterns of sexual relationship

The general finding from the qualitative data is that it is more acceptable among males to have more than one partner at a time.

Transactional sex

The qualitative data provides evidence that less direct forms of material transaction are pervasive and carry much greater social acceptance.

Age differentials

Intergenerational relationships with non-campus partners were found to be frequent.

Condom use

Students reported that condoms are most often used in casual, once-off, and new sexual relationships – unless these are accompanied by substance abuse, particularly alcohol, in which case condom use drops sharply.

HIV and Aids management structures

HIV and Aids is not seen as a strong priority on most campuses.

Voluntary Counselling and Testing (VCT)

Qualitative data suggested that the risk of stigma and rejection and a lack of understanding about positive living contribute to individuals being unaware of their HIV status. Students and staff reportedly fear the outcome of testing and/or seek to delay testing, preferring to wait until studies are completed, they decide to marry, or begin to feel sick.

Security and protection from harm

Campus security was regarded as inadequate on all campuses although it was worse at some than others. Unwanted and often insistent sexual advances constituted the most widespread forms of sexual harassment. This was reported by female students, with male students as the primary perpetrators.

HIV positive care and support

Though the quantitative data indicated that expressed levels of stigma are low, qualitative findings showed that profound levels of perceived stigma exist on campuses often in subtle forms, e.g. avoidance of shared toilets, distanced friendships, and extensive gossip and suspicion about people's HIV status.

Disclosure, even in the private settings, was deemed to be too risky for many HIV-positive people. Many fear rejection.

Lack of access to ART on or near campuses was a major problem, and staff and students who lacked medical aid described having to queue for hours to receive their treatment each month – often missing classes or work.

5.2 Rhodes University

Sexually experience

The research revealed that a third of all students become sexually active while at university. By the age of 18 years 41% of students have had sex. The proportion rises to 66% by age 20 and 75% of all students over the age of 20 years have had sex.

Homosexual relationships

Focus group discussions reported that there are small communities of males and females actively engaged in homosexual relationships.

Multiple sexual partners

Almost half (46%) of male students and 36% of female students reported more than one sexual partner in the month preceding the study. Having more than one partner was reported by 7% of male and female students and 11% of male staff, while only a very small proportion of female staff reported more than one partner (1%).

Around one in five male and female students (21%, 23%) believed that their most recent sexual partner also had other partners.

Sex with students

Among students, around two-thirds had most recently had sex with other students (60%). While no service staff reported a recent sexual relationship with a student, 4% of academic staff and 3 % of administration staff reported one such relationship.

Condom use

Condom use was between 60 to 70% for students and higher for those who had more than one partner in the last year. Condom use was lower among staff, probably because many are in long-term relationships, but it is also higher among those reporting more than one partner in the previous year.

HIV test

Slightly less than half of the students (46%) and service staff (43%) have ever had an HIV test whereas 63% of academic and 61% of administration staff have previously tested.

Use of alcohol

A relatively low proportion of students and staff of both sexes reported never drinking (20%, 26%) but more than half of all students (59%), and over a quarter of staff (28%) reported being drunk in the month prior to the study.

HIV and Aids knowledge

Although most respondents provided correct responses to basic HIV and Aids knowledge questions, there were noteworthy gaps in two important areas. Only about two-thirds of students and staff provided correct responses about the possibility of HIV transmission through breastfeeding; with only 61% of academic staff answering correctly.

Similar proportions of the university academic staff, administration staff and students did not know that drugs are available to prevent HIV infection after rape; whereas less than 50% of service staff provided correct responses.

Support for people living with HIV and Aids

Attitudes among students and staff were mostly supportive of people living with HIV and Aids. However, only between half and two-thirds of students and staff felt they would be supported by their friends or the institution if they were living with HIV.

HIV and Aids-orientated meetings

About half of service staff and students reported to have attended HIV and Aids meetings but only about a third of academics or administration staff reported to have done so.

Institution management and student leaders

A high proportion of students (83%) and academic staff (78%) felt that institution management and student leaders were taking HIV and Aids seriously but a slightly lower proportion of administration staff (70%) and service staff (66%) had the same perceptions.

5.3 Quantitative Results

HE sector and (Eastern Cape) region

Students

The HE sector mean HIV prevalence for students was 3.4%. Among the two-thirds (65%) of students who reported having sex, HIV prevalence was 3.8%.

The province with the highest HIV prevalence at 6.4% was the Eastern Cape while the Western Cape was the lowest at 1.1%. However, there were often wide variations in HIV prevalence between HEIs within regions.

Academic staff

The HE sector mean HIV prevalence for academic staff was 1.5%. The province with the highest HIV prevalence at 3.3% was the Eastern Cape while Free State was the lowest at 0%.

Administrative staff

The HE sector mean HIV prevalence for administrative staff was 4.4%. The province with the highest HIV prevalence at 9.2% was KwaZulu-Natal (KZN) while the Western Cape was the lowest at 0.9%.

Service staff

The mean HIV prevalence for service staff was 12.2%, the highest of all four institutional categories and significantly higher than academics and students. The province with the highest HIV prevalence at 20.3% was KZN while the Western Cape was again the lowest at 1.2%.

5.4 Rhodes Results

The overall prevalence of HIV among students and staff at Rhodes University is 1.5%.

HIV prevalence among students is 0.2% while no academic staff was found to be HIV-positive in the sample. The prevalence of HIV among administrative and service staff is higher at 6.7% and 12.9% respectively.

6. Recommendations

Rhodes University still has to consider and respond to the recommendations flowing from the HEAIDS study. The development of a strategic response at Rhodes will require a review of the Higher Education Institutions (HEIs) sector report for all institutions.

The HEIs report show that Rhodes is one of the universities with low to almost negligible HIV infection among academic staff and students. On the other hand, HIV prevalence among administration staff (6.7%) and service staff (12.9%) is clearly of the order of an epidemic compared to students (0%) and academic staff (0%). This poses particular challenges and opportunities for Rhodes.

HIV prevention

- News that Rhodes has one of the lowest HIV prevalence rates may lead to the Rhodes students and academics losing their HIV-prevention motivation. The University must guard against this and continue to work hard to ensure it attains the goal of 'no new infections'. New students entering the institution must be encouraged to maintain the successful tradition of HIV prevention.
- Efforts of those such as SHARC (Student HIV/Aids Resistance Campaign) who worked tirelessly to prevent the spread of HIV among students must be officially recognised.

- Student peer-education and condom distribution should be systematised and supported.
- Rhodes management and unions have done little to support the implementation of prevention programmes. There is value in introducing a peer-education programme, a pivotal intervention on other campuses, for workplace education.
- Rhodes has lower levels of HIV testing than many other campuses and should work towards all members of its community knowing their HIV status.
- Condom use should be actively promoted in new, casual and concurrent sexual relationships with regular partners. On the hand, knowing one's partner's status should be promoted in longer-terms relationships.
- Female members, who also feel vulnerable to sexual harassment, do not feel safe on campus. Efforts to address this should be intensified.
- Rhodes should consider advancing some of the recommendations from the study through its action research programme.

Care and support for people living with HIV

- Rhodes should seriously consider placement of an HIV-positive peer educator on campus since on many campuses where this was done there have been remarkable successes in the support HIV-positive people.
- Rhodes has lagged in its support to HIV-positive members. The University should consider convening a working group that includes people living with HIV, to consider ways of achieving better support.
- HIV-positive people must receive treatment as early as possible and before they become sick. Campus health services should actively reach out to HIV-positive staff and assist them to maintain and monitor their health.
- VCT services should continue to be promoted. Emphasis should be placed on couple's counselling which should involve engaging partners who are not Rhodes staff members.
- Campus management and student leaders must be seen to be to take HIV and Aids seriously.
- The Rhodes HIV/Aids programme is centred on the Dean of Students Office and the HIV/Aids Task Committee. Since HIV and Aids is more of a staff than a student problem at Rhodes, the Human Resources division must play a much stronger role than has been the case to date. A systematic institution-led programme of action involving all elements of HIV and Aids response management and all role players - the campus health centre, the Dean of Students Office and the Human Resources Division - should be mounted.