

Insight into the management and diffusion strategies of HIV/AIDS Information in institutions of Higher Education in South Africa

Luyanda Dube¹ and D. N. Ocholla²

Department of Library and Information Science, University of Zululand, South Africa

ldube@pan.uzulu.ac.za, docholla@pan.uzulu.ac.za

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The study focuses on the management and diffusion of HIV/AIDS information in institutions of higher learning in South Africa. The HIV/AIDS Policy for Educators, Learners and Students provided a strong foundation on government involvement on HIV/AIDS management in Higher Education. Both Qualitative and quantitative research design and methodologies were employed largely through survey, observation and document analysis. The findings reveal that the response of the higher education sector to HIV/AIDS is not uniform, but there is a positive move towards strong management of HIV/AIDS and information diffusion. The study recommends further research on feasibility, applicability and effectiveness of the centralized coordination of the higher education HIV/AIDS response. Other hidden issues have been unearthed and a model for effective HIV/AIDS management and information diffusion in the sector suggested.

Keywords: HIV/AIDS, HIV/AIDS information; Higher Education; South Africa; Management

I. Introduction

The aim of the study was to assess the framework, nature and scope of the institutional response as well as the appropriateness of HIV/AIDS information management and dissemination interventions developed and employed by institutions of higher learning in South Africa for the prevention of the spread of the pandemic. The impact of HIV/AIDS (human immunodeficiency virus/ acquired immune deficiency syndrome) is devastating worldwide more especially in developing countries. It is estimated by UNAIDS 2004 Report on Global Aids Epidemic (2004) that over 20 million people have died of HIV/AIDS since the first cases were diagnosed in 1981 and that the number of people living with HIV grew from 35 million in 2001 to 38 million in 2003. New HIV infection in 2004 reached 4,900,000 and AIDS deaths in the same year were 3,100,000. Further reports by UNAIDS reveal that Sub-Saharan Africa, a home to 10% of world's population, has two-thirds (estimated at 25 million people) of all people living with HIV. For example, the report reveals, in 2003 alone, an estimated three million people became newly infected and 2.2 million died accounting for 75% of the three million AIDS deaths globally that year. Although the African continent is generally affected by HIV/AIDS there are significant regional variations, with Southern Africa being most affected (UNAIDS 2004 Report on the Global AIDS Epidemic-Executive Summary 2004). For instance, amongst the world's countries that are severely hit by HIV/AIDS is South Africa, with the highest number of people living with the disease and the fastest-growing HIV/AIDS epidemic in the world (Macgregor 2001, UNAIDS 2000, Sourcebook of HIV/AIDS Prevention Programmes 2003). Deane (2002), UNAIDS (2000) and the Communication for Development Roundtable Report (2002) confirm that, the magnitude of the HIV/AIDS problem in underdeveloped countries has been compounded by HIV/AIDS interventions that have not been successful in containing and mitigating the effects of the pandemic in many countries because of four fundamental factors. Firstly, opportunities were missed early in the early stages of the epidemic. Secondly, some programmes have paid insufficient attention to the local context. Thirdly, interventions focus on individual behavior rather than addressing social norms, policies, culture and supportive environments and lastly, information is conveyed from technical experts rather than interpersonal dialogue or public debate.

The economic implications of the HIV/AIDS crisis are staggering. In this bleak picture McGregor (2001) identifies tertiary institutions as the country's best hope for survival against HIV/AIDS, because they have resources and capacity to make a significant contribution to the management and control of the pandemic. Similarly, Cameroon in SAUVCA (2000) pinpoints that South African institutions of higher learning not only have a responsibility to fight against the HIV/AIDS pandemic, but also to take a prominent leadership position in the fight against the epidemic and to ensure that tertiary institutions survive in terms of enrolment, funding and sustainability. Similarly, Anarfi and Awusabo-Asare (n.d.) note that the sector needs to live up to its expected role as knowledge-generating and knowledge disseminating sector by actively ensuring that its members are well informed and aware about the disease and its complexities. The study focuses

1. Luyanda Dube is Lecturer in the Department of Library and Information Science, University of Zululand, South Africa.

2. Dennis Ocholla, is professor and head of the Department of Library and Information Science, University of Zululand, South Africa

specifically on institutions of higher learning, because the sector is vulnerable, as HIV/AIDS is threatening to wipe out constituencies of these institutions, most of them (53%) are in the highly affected age group.

This study has recognised Information, Education and Communication (IEC) strategies that are grounded on client-centered and participatory approaches through which relevant information is transmitted appropriately, to empower, motivate the formation of culturally acceptable social networks and the desired change of behaviors (IEC Reference Manual for Health Programme Managers 1998). IEC according to Social Mobilization (n.d.) is multidisciplinary in nature and in this study its principles have been strengthened by drawing information from Health Benefit Model (HBM) and other relevant literature. Essentially, IEC is about communicating information to educate and enable individuals to make informed decisions about accepted health behaviors and take control of their lives (IEC Lessons from the Past (n.d.)). The primary elements of IEC are also reflected in the National Policy on HIV/AIDS for Educators, Learners and Students (1999), which clearly indicates that education about HIV/AIDS should prevent the spread of the disease, and allay excessive fears of the epidemic. Providing context-appropriate knowledge and skills that will enable individuals to adopt and maintain health behaviors can do this. The study recognized IEC because of its client-centered principles. These principles are articulated in UNAIDS (2000) and Communication for Development Roundtable Report (2002) that includes: firstly, the communication approaches that include advocacy communication and communication for social change which lay emphasis on the importance of political and local participation and commitment. Secondly, the outline of factors that impedes the communication of information, which HIV/AIDS service providers have to take cognizance. Thirdly, the detailed analysis of how appropriate health message can be developed, which is essential to ensure that health messages influence individuals to change undesirable behaviors. Fourthly, the synopsis of a variety of factors that lead to or inhibit behavior change highlights reasons why it has been difficult in many settings to achieve the desired results. Lastly, the enlisted IEC interventions can be adopted to strengthen the institutional response through the implementation of multidimensional strategies.

The South African government might have been wrongly understood in the controversial debates on HIV and slow adoption of HIV/AIDS intervention as reflected in documents such those by Netshitenzhe (2002), South Africa: Chronology of HIV/AIDS treatment access row (2005), AIDS: From controversy to action (2005), Berry (2004), South African President criticized for lack of focus on AIDS (2004), Samantha (2004) and UNAIDS (2005) among several others. The government has intervened in the fight against HIV/AIDS through a number of policies. This study focuses on two such interventions. Firstly, the National Policy on HIV/AIDS for Educators, Learners and Students (1999) which has entrenched human and constitutional rights that are crucial in mitigating the developmental, social and economic consequences of the disease. Secondly, the Higher Education AIDS (HEAIDS) programme established in 2001 as a partnership with three higher education organizations, namely; the South African Universities Vice Chancellors Association (SAUVCA), the Committee of Technikon Principals (CTP) and the National Department of Education (DoE) (HEAIDS n.d.). The purpose of the programme is to address HIV/AIDS in higher education in a holistic and integral manner, thus, institutionalizing the response and devoting more resources to HIV/AIDS and building capacity (HEAIDS n.d.). The plan of action seeks to achieve specific objectives classified under key areas such as:

- Care and support - Institutionalizing HIV/AIDS as a way of life
- Teaching - Increasing integration and penetration of HIV/AIDS into academic curricular
- Research - Conducting a full audit of HIV/AIDS research, collate resources and encourage research
- Policy and leadership - Establishing capacity to prevent and mitigate the impact of the disease.

What is critical about the implementation of the programme is that for the first time government has audited the strengths and weaknesses of the HIV/AIDS sectoral response. The programme has achieved reasonable progress as the sector is geared to engage positively in the fight against the epidemic. If the projections articulated in the HEAIDS schedule is anything to go by, this year (2005) the HIV/AIDS sectoral response in South Africa would be completely revamped. However, a strong focus on sustainability of the programme for continuity is critical. Essentially, the theoretical foundation drawn from the IEC theory and the government policies and the HEAIDS Programme both portray an ideal framework for basing HIV/AIDS interventions specifically in the higher education sector.

Though the degree of ongoing intellectual debate on restructuring and transformation might have caused the sector to be out of balance, there are still other challenges that have to be addressed such as the increasing threat posed by HIV/AIDS (SAUVCA 2000). There is mounting pressure as Coombe (2000) recommends, for the sector to deal with HIV/AIDS to ensure survival in terms of enrolment, funding and sustainability. Otherwise, cautions Crewe (2000) and Coombe (2000) the potential impact of HIV/AIDS will threaten to wipe out constituencies of tertiary institutions if efforts to manage and combat the disease are not done. Crewe (2000) observes further that institutional response to challenges posed by HIV/AIDS varies, with some institutions having comprehensive programmes and resources for implementation and sustainability, whilst others have done nothing more than mention the disease in their plans.

2. Statement of the problem

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

Firstly, the principal clientele (the students) of these institutions have the highest concentration of HIV/AIDS infections because infections are most severe in the 16 - 30 age groups. Secondly, limited studies have been conducted in the sector to establish infection rates in the higher education sector as a result projection of infection rates are not usually uniform and paint a bleak picture. For example, the results of the study conducted by Kinghorn in the University of Durban Westville (now part of the University of KwaZulu-Natal) South Africa as presented in SAUVCA (2000) are disturbing. Kinghorn's study estimated that the infection rate of university under-graduates by 2005 would be 33% among the post graduate students the figure will grow to 21% while a much higher infection rate of 36 % is to occur among the technikon (now Institutes/University of Technology) students. Contradicting results that show a much lower infection rate is reported in a study conducted by Uys *et al* (2001) focusing on the Rand Afrikaans University (now called the University of Johannesburg). However, the infection levels in tertiary institutions are supposedly concurrent with projected infection levels in the whole country. This shows that the data is not uniform. If the infection levels are generally high as projected then the sector needs to re-evaluate its response strategies in order to measure the impacts of the disease. Thirdly, Kelly's (2001) characteristics of HIV/AIDS attitude in African tertiary institutions reflect the appalling conditions in most tertiary institutions in the country. For example, Kelly highlights that there is lack of concrete action from institutions; lack of information and hard data on HIV/AIDS; silence at institutional and individual level; stigma and discrimination; responses to HIV/AIDS take the form in many instances of ad hoc activities with no backing by an institutional framework or plan; there is a radically uneven spread across the sector, with some institutions having highly developed policies and programmes whilst others have neither in place; there are no incentives to make HIV/AIDS an institutional priority; in the absence of available models some institutions are struggling to define their responses to HIV/AIDS because of problems of capacity, resources and leadership and that most institutions have been focusing on prevention than on proactive control. It has also been noted that producing scientific data and strategic information to guide the response to the pandemic is among the seven agenda items on responses to HIV/AIDS outlined under item vii on national responses to HIV/AIDS (UNAIDS 2004 Report on the global AIDS Epidemic 2004).

The scenario above invites several unanswered questions. This paper will focus on the following questions: Who are HIV/AIDS service providers? What status is accorded to the pandemic? Are there records on mortality and morbidity? What is the response of the sector to the pandemic? What information diffusion strategies and policies are adopted by tertiary institutions? What developments in teaching, research, publications, and advisory and intervention services institutions have on the pandemic?

3. Research Methodology

Both the quantitative and qualitative approaches to the research design and method were employed. With the use of these two approaches, comprehensive and detailed responses about the management and diffusion of HIV/AIDS information in the different institutions were obtained. This enabled the study to go beyond determining information provision, but unearth underlying factors that impede the communication of HIV/AIDS information. Specifically, survey, observation and content analysis were methods used.

The study included 21 public universities and 15 Technikons (Universities/Institutes of Technology) in South Africa. Non-probability sampling, particularly snowball and purposive sampling, was mainly used because prior to conducting the study we had limited knowledge of the people who are responsible for HIV/AIDS matters in the different institutions. In order to apply snowball sampling, a contact list published by HEAIDS was first obtained. The contact details provided included the name of the person, position in the institution, institutional address, telephone number, fax number and E-mail address. As a first step the thirty-six respondents were contacted. It was however revealed that not all those contact persons whose names appeared in the list were still responsible for HIV/AIDS. Those who are still responsible either responded to the questionnaire themselves or referred us to other people in each institution that are involved in HIV/AIDS matters. This meant that in some institutions the questionnaire was answered by the contact person whilst in others it was answered by another individual involved in HIV/AIDS related matters through reference but the total number of the respondents did not exceed 36 (one from each institution). Purposive sampling was used to select target institutions within the higher education sector. The institutions that were selected were universities and technikons. Other higher education institutions such as colleges were left out. The reason for selecting technikons and universities is because these institutions are predominant in the sector and cater for the bulk of tertiary education in the country. Similarly, purposive sampling was used to identify units within the academic community that are dealing with HIV/AIDS institutional matters.

The following categories of respondents namely; HIV/AIDS offices, the institutional clinic or health unit and libraries or resource centers were selected. It was assumed that the selected units would be informed on matters relating to HIV/AIDS therefore their input was immensely critical.

Questionnaires were conveyed electronically to 36 respondents. The questionnaire was highly structured with 5% open-ended questions and 95% close-ended questions. The reason for structuring the instrument was largely to save time. After some telephonic and e-mail follow-ups as well as the site visits that were done 33 (92%) responded. The questionnaire was divided into six sections namely, general information, institutional status of HIV/AIDS, impact of HIV/AIDS on campus, institutional response to the disease, developments in teaching, research and community service and the last section invited general comments. Questions asked focused on the following broad subject areas:

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

Content analysis focused on official, government and institutional documents/policies and grey literature. These included official documents such as legislations, policy and programmes, institutional policies, record of awareness campaigns and other programmes. The documents were analyzed and their contents measured according to guidelines provided in the schedule. The schedule focused on form, content, scope, relevance, adaptability, applicability, strengths and gaps. Documents on awareness campaigns were reviewed for their relevance, focus, scope, practicability, regularity and content. Information from these sources was used to validate and enrich the responses elicited from using other tools such as the questionnaire.

An observation schedule was developed to record down events, behaviors and artifacts found in each research site. This instrument allowed us to verify and collect data quickly and it also facilitated the identification of a variety of information diffusion strategies. To apply the tool an observation guide was developed and during site visits one of the researchers looked out specifically for billboards, signs, posters, pamphlets, brochures, and slogan etc. In addition, HIV/AIDS centers were visited where applicable, health units and various information centers were also visited to get the on site picture of how information is managed and diffused. Observations on the various information diffusion strategies on HIV/AIDS at system's-level were made to solicit information on the following: the recurring patterns of HIV/AIDS information management and diffusion strategies adopted by tertiary institutions, the availability, accessibility and visibility of media used to communicate HIV/AIDS information, the services offered by information centers and HIV/AIDS Centers and service providers. Literature review on the theme also proved quite useful.

Dealing with HIV/AIDS as indicated by Ennals and Estrellita (2002) is touching upon the private sphere of people's lives, and it is thus sensitive and not easy for researchers to design research instruments for investigating the subject. The disease in some sections of the population is still fraught with stigmatization, discrimination and human rights violations of those infected. As a result most people feel uncomfortable talking about it. We were therefore aware that ethical considerations had to be seriously considered throughout the study. As a matter of principle, the respondent's right to privacy, anonymity and confidentiality was upheld. For instance, there were cases when respondents refused to answer specific questions or make accessible certain documents.

In each case triangulation has been widely used as can be observed from diversification of research methods and techniques. This was to enable the verification of findings generated by the different data sources. Similarly, the desired reliability and validity of instruments was achieved in the study by pre-testing these instruments before the actual study at the University of Zululand.

The study collected qualitative and quantitative data through the use of questionnaires, observation, literature review and content analysis. Quantitative data was analyzed using Microsoft Excel and the Statistical Package for Social Sciences. Qualitative data was analyzed using techniques of analytic comparison, successive approximation parallel demonstration and verbal argumentation as reflected the results section.

4. Results and discussion

The results focuses on HIV/AIDS service providers, status accorded to HIV/AIDS, records of mortality and morbidity, impact of HIV/AIDS, systemic response, communication of HIV/AIDS information and teaching research and community service.

4.1 HIV/AIDS service providers

Information sought on the characteristics of HIV service providers revealed that HIV/AIDS service providers use a variety of titles. The most commonly used titles seemed to be Chairperson of the HIV/AIDS Programmed/Project (10; 30%), Director of the HIV/AIDS Programmed/ Project (11; 33%) and Committee member (3; 9%). Other titles used included the following, Dean of Students, HOD, Coordinator, Facilitator, Manager of the HIV/AIDS Programme and they each drew 6% or 2. The remaining two, which are HIV/AIDS Officer and Counselor, drew 3% or 1 each. There was no association made between the quality of HIV/AIDS interventions and the titles of the responsible officers. The findings concur with HEAIDS that there is a need for a clearer, more forceful and systematic definition of roles and responsibilities among all those involved in HIV/AIDS response.

Working with HIV/AIDS according to HEAIDS requires time, human resources, skills and funding. In the current scenario only 20 or 61% of institutions have personnel designated with full-time responsibility for HIV/AIDS. It has been observed that only those institutions that have a dedicated AIDS Center or its equivalent have full-time posts for HIV/AIDS Officers. Providing adequate capacity is a key strategic issue because there is a real danger of overtaxing existing services and personnel who at the moment are dealing with the disease as an add-on responsibility. To improve the capacity building thrust, HEAIDS recommends that institutions should consider sharing capacity and other resources within the sector, developing partnerships with AIDS services organizations and establishing capacity needs as a priority at national and institutional levels.

4.2 Status accorded to HIV/AIDS

Respondents were asked for their views on the status accorded to HIV/AIDS in their institutions. Several studies such as those by Kelly (2001), Badcock-Walters and Whiteseed (2000), ADEA (2001) and Anarfi and Awusabo-Asare (n.d.) lament that there is ignorance lined with layers of secrecy, silence, denial and fear of openness and anxiety about stigmatization and discrimination that still surrounds the disease. The research findings confirm these observations as they show that, 13 (40%) of respondents alluded that the disease is not addressed openly, 22 (67%) indicated that it is an issue but is not addressed, while for 12 (37%) it is characterized by silence, secrecy, denial, stigmatization and discrimination. Notwithstanding the obscurity accorded the disease, about 28 (84%) respondents indicated that the disease is an issue that affects both staff and students, and that it also ranks high in terms of institutional priorities (21;64%). It was rather contradicting from the results obtained that though the disease is highly ranked (29; 87%) it is not addressed openly (22; 67%). Table I summarizes the views.

Table I Status of HIV/AIDS

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

4.3 Records of mortality or morbidity

Obtaining records of mortality or morbidity on HIV/AIDS is essential for its management but still difficult to achieve. Respondents were asked if such records exist in their institutions. Many institutions (18; 55%) indicated that records or mortality or morbidity that can throw light on the prevalence of the disease among academic communities did not exist. There are however a few institutions that have records. For instance, 4 (12%) have records of staff that have died, 5 (15%) have records of students who have died and 7 (21%) have records of people living with the disease. The unavailability of records stems from the sensitivity and complexity of the disease as 9 (27%) of respondents indicated that records are not made available to the public. The study acknowledges that due to this state of affairs it is difficult to determine and know the HIV/AIDS situation in academic institutions in the country. To address the lack of records the

HEAIDS programme intends to conduct risk assessments of HIV/AIDS to determine the impact on institutions and ultimately distribute findings throughout the sector.

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

4.4. Systemic response

The systemic response is equally important and should be structured properly and built on strong foundation. Such a foundation can be in the form of an HIV/AIDS policy which according to Kelly (2001) and SAUVCA (2000) should be forward-looking with visible commitments to resources and programmers that would reflect a dynamic and positive institutional response. In response to the question on nature of response of the sector to the pandemic, the findings of the study indicate that 33 (100%) of institutions do have an HIV/AIDS policy, and most of them (29; 88%) have implemented the policy. Furthermore, 18 (55%) institutions revise the policy regularly, whilst the remaining 15 (45%) institutions did not. The HEAIDS (n.d.) asserts that given the historical background as well as the social and institutional change in the country, most institutions have drawn policies though they do not have the capacity or will to implement them. The findings in this study confirm these viewpoints, as it has been popular that even those institutions, which have not implemented their policies, have programmes that are on the ground. Some respondents have alluded that the policy framework is not a pre-condition for good programmes as programmes can be successfully launched and delivered without one. The HEAIDS (n.d.) recommends that, the higher education sector operate in a social and organizational context, which has no form of policy framework, which is an important aspect of the institutional response.

Firstly, the National Policy on HIV/AIDS for Educators, Learners and Students (1999) has stipulated that every institution must designate a committee that will develop, implement, communicate, monitor and evaluate the institutional policy or framework. This clearly indicates that the institutional response is supposed to be based on a well-guided institutional policy or framework. Secondly, the National HIV/AIDS Policy must inform the institutional policy. About 18 (55%) respondents noted that their institutional response fits well within the framework of the national policies and strategies. Responses on institutional programmes and interventions are represented on Figure 1.

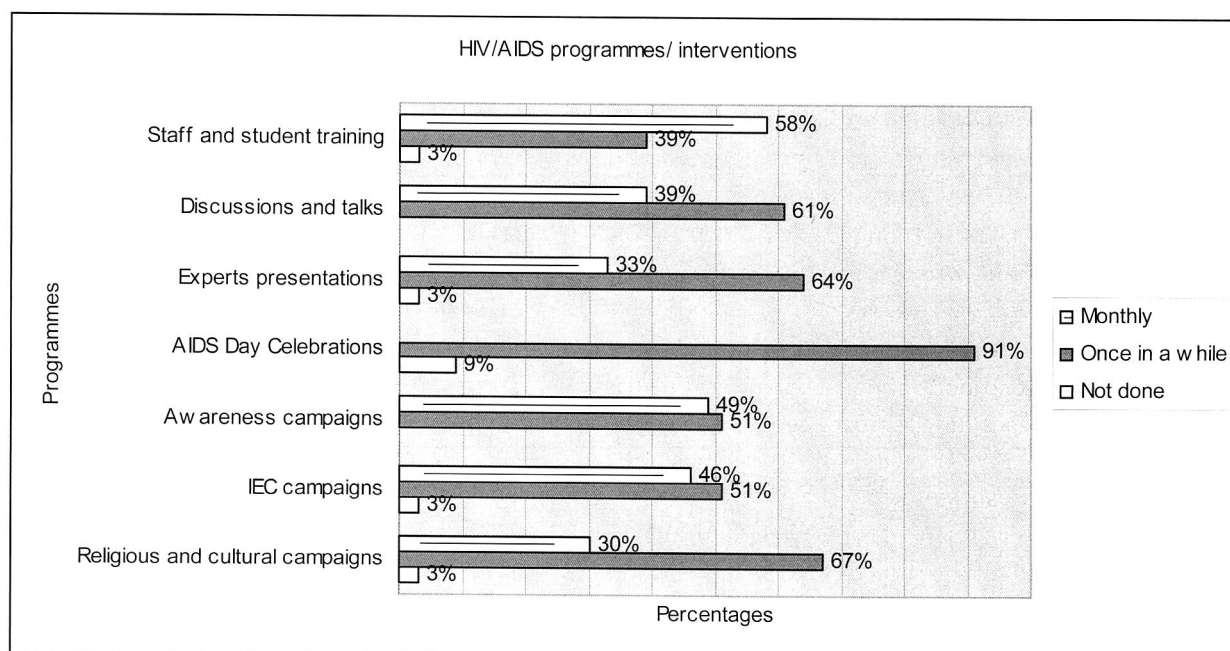


Figure 1 Programmes or interventions
N=33

4.5. Communication of HIV/AIDS information

In the absence of a cure, information is one of the important weapons that can be used to fight and conquer the disease. Respondents were asked to indicate the information diffusion strategies and policies adopted by their institutions in response to HIV/AIDS. Research findings indicate that most (26; 76%) institutions are committed to the provision of HIV/AIDS specific information in different forms. However, Keeling (1998) regrets that, though there is a lot of information available on the disease, people still gets infected, which opens a wide array of questions about the translation of knowledge into behavior. Research results reveal that most institutions (26; 76%) have adopted horizontal and vertical communication strategies and a lesser number (8; 24%) have not adopted these strategies. Information sharing among peers and colleagues is more effective because as The Communication Development Roundtable Report (2002) asserts, people normally understand the idiom and language that fellow humans use and more importantly they all can identify with each other. The basic principle of horizontal communication is the flexible, culturally appropriate and consensus-oriented trickling or diffusion of information sideways or among the general members of the community. The cornerstone of horizontal communication, which is a reaffirmation of IEC principles, is the collective involvement in the information sharing process of all the stakeholders. Through the efficacy of the self people will believe in their ability to deal with the perceived threat of HIV/AIDS.

Vertical communication on the other hand, brings down to the ground valuable expert or executive input, which is one-directional unless feedback is incorporated into the process. Bertrand and Kincaid (1996) affirm that through vertical communication role models and other influential people can communicate HIV/AIDS information, which gives the disease the much needed recognition and status. Internal dialogue includes presentations, talks, debates and other forms of organized engagement where local institutional communities are engaged in public debate on issues pertaining to the disease. Results indicated that 13 (39%) institutions hold talks and discussions monthly, whilst 20 (61%) hold them once in a while. These local discussions and talks help put the disease on public agenda, thus extracting valuable input from local people. Studies by Magambo (2000) and Crewe (2000) confirm that the advantage of having student peers involved in HIV/AIDS interventions is that they are able to breakdown the taboo on the disease and are able to communicate at the level that fellow students will understand. On the other hand, staff has the advantage of bringing in the expertise and experiences needed to strengthen the internal dialogue.

External dialogue on the other hand, will bring in the valuable participation and input of expertise found in the external environment. In this regard results indicated that 21(64%) institutions invite experts to address HIV/AIDS related matters. Experts range widely from medical professionals, providers of support services (psychologists and counselors), academics, politicians, religious leaders, community leaders researchers, government representatives, Non-Governmental Organizations (NGO's) and other interested individuals or structures. Of more importance, engaging external input can promote the sharing of information, experiences and expertise from sister academic institutions from within and beyond the country. Similarly, having reputable and respected people who are mostly role models in the community to address academic constituencies about HIV/AIDS can help in popularizing the disease, and with the demystification and de-stigmatization of the disease. It will also highlight the fact that the disease is a broadly recognized problem that even people of a higher stature dedicate their time and effort to.

The communication process is complex, and its effectiveness will also be determined by the nature and form of communicated information. The study established that most institutions (25; 76%) provide sensitive HIV/AIDS information in different forms. Information provided has to be sensitive to cultural, racial, sexual and other differences. It also has to be relevant in terms of content, form and language. To reach the intended audience communicators need to use the language that people understand. This means that if information is written or produced in a foreign language it has to be interpreted and repackaged to suite local needs. If also the form is inappropriate it has to be changed to suite the needs of the target audience. In the higher education environment the student population makes up the larger component of the academic population, therefore, the form of information presentation should be appropriate and should appeal to them.

4.5.1. Groups or individuals responsible for communicating HIV/AIDS information

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

HIV/AIDS Committee

The HEAIDS programme has in its performance measures indicated that by 2003 all institutions should have established an HIV/AIDS Committee. The establishment of this committee is also entrenched in the National Policy on HIV/AIDS for Educators, Learners and Students. This study confirmed the existence of these committees at all institutions (33; 100%). The HIV/AIDS Committee in conjunction with other institutional structures or agencies is supposed to drive the institutional response. In so doing it will perform functions such as creating and maintaining high HIV/AIDS literacy levels, providing empowerment through education and skills development, promoting prevention strategies, popularizing available treatment, services and support systems. It is therefore important that this Committee is composed of self-driven, dedicated individuals who have the expertise and commitment necessary for constructive and successful HIV/AIDS interventions.

People living with AIDS

About 26 (79%) of respondents indicated that people living with AIDS are also actively involved in HIV/AIDS matters in their respective institutions. The active involvement of people living with the disease is significant. The reason for this being that, the HIV/AIDS institutional interventions are meant for those infected and affected by the disease as well as other members of the academic community. For the infected members HIV/AIDS is a reality as it is life threatening, therefore, institutions need to design sensitive and relevant interventions that will enable them to cope with the disease. Their active involvement will also alleviate the problem of discrimination, stigmatization and shame. It will also make people living with the disease to feel as part of the solution rather than depending on experts to design and impose programmes on them. Of more importance, their involvement will create a liberal and free environment conducive for acceptance of people with different medical conditions, openness about one's status and personal and academic growth.

Staff, students and interested individuals

Staff and students make up the academic community. Research findings show that in 19 (58%) institutions staff and students partake in activities related to HIV/AIDS. Similarly, they show that in 29 (88%) institutions interested people are involved in HIV/AIDS related matters. The results of the study indicate that most institutions are applying the IEC principle of community involvement instead of the imposition of externally designed programmes. The study realizes that staff and students have reserves of untapped talents and potential that can be positively exploited to spread the news about the epidemic. For instance, institutions can run competitions regularly, whereby members are challenged to develop HIV/AIDS messages on various topics and the best ones are select and communicated through various institutional media. These can generate diverse messages developed by people who perceive the disease and its dynamics from different professional and personal perspectives. However, for such an initiative to bear successful results it has to be marketed vigorously, to ensure that it is popularized within all levels of the institutional community. This can help to minimize the load of HIV/AIDS officers whilst on the other hand it can institutionalize the development and communication of HIV/AIDS information.

4.5.2. HIV/AIDS information resources provided by the library

The study concurs with The Communication for Development Roundtable Report (2002) and IEC Reference Manual for Health Programmers (1998) that, HIV/AIDS-specific information resources provided by the library are crucial as their depth, width, appropriateness, relevance, accessibility, affordability and usability will strengthen or compromise the institutional response. Generally academic libraries provide the following sources:

Pamphlets and posters

Research findings show that 27 (82%) institutional libraries provide pamphlets and posters.

Journals

Other sources that 15 (46%) academic libraries provide are journals, which are in print format or on the Web as electronic journals or "e-journals". Libraries need therefore to repackage information to suit the level and needs of the user. In addition to this it may be difficult for users to access these sources especially electronic journals. This also put a challenge on libraries to market publications with relevant articles or repackage information from them to improve accessibility and retrieval.

Books

The results show that 27 (82%) libraries provide these resources. However, academic libraries have huge collections of materials in different forms. These collections may be very intimidating for the average user who needs HIV/AIDS specific information. Therefore, it is important that they should promote easy access and retrieval especially for their HIV/AIDS

sources. As mentioned earlier, the majority of the people still feel ashamed about freely talking about HIV/AIDS, therefore for such people; it would not be any easier to search for HIV/AIDS materials. Academic libraries in conjunction with institutional HIV/AIDS Officers need to identify and display interesting and relevant readings for users to see and explore.

Electronic sources

About 25 (76%) institutions provide information through electronic means. The advantage of Internet sources is that they are timely and very useful. However, the problem with these resources is that in most institutions Internet use is limited or controlled, due to cost implications therefore, in most institutions not all members of the academic community can freely access the Internet. Under these circumstances learners are likely to reserve their limited access for collecting information relevant for academic studies. Another problem that is seen is the fact that library users mostly from disadvantaged communities may not have the skill to use the Internet. However, even in this regard libraries have to situate relevant electronic HIV/AIDS information in such a way that it is easy for the different levels and types of users to find it. For instance, a HIV/AIDS portal or an intranet can be developed to electronically disseminate HIV/AIDS information through the use of Local Access Network (LAN). This innovation can improve accessibility to information through the repackaging of information and the creation of customer-friendly services.

4.5.3 Role of the Health Center

Academic institutions have this facility dedicated to providing health services to members of the academic community. Most health centers operate on a thin staff complement and with limited resources. Under these conditions the available capacities are thinly stretched and the services provided include the distribution of condoms, provision of AIDS information, conducting awareness campaigns, limited voluntary counseling, testing and HIV/AIDS related drugs. All respondents (33; 100%) indicated that health centers in their respective institutions supply condoms. About 27 (82%) of centers provide AIDS information, and 28 (85%) conduct awareness campaigns. Similarly, health centers also conduct testing (11; 33%), provide support services (26; 79%) and compile statistics (11; 33%).

Because of the rampant nature of HIV/AIDS these centers are more challenged as they are expected to play a meaningful role in the fight against the epidemic. In some institutions they are responsible for coordinating HIV/AIDS activities, whilst in others they play a supporting role to the AIDS Center. Due to lack of capacities and facilities the health center cannot provide and support a strong well-guided HIV/AIDS response. The study observed that in institutions where the center is playing a leading role in designing and directing the institutional HIV/AIDS response, the response seemed to be weaker and full of flaws. Arguably, HIV/AIDS is not only a health issue that can be conclusively dealt with through the services of the clinic. Instead the approach to deal with should be multi-disciplinary and should reflect wide involvement of stakeholders.

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

4.5.4. Media used for communicating HIV/AIDS information

Reviewed literature such as IEC Reference Manual for Health Programme Managers (1998), The Communication Roundtable Report (2002), Communicative Initiative (1997) and Keeling (1998) reaffirms the importance of utilizing and integrating appropriately media that is credible, culturally acceptable, and accessible. Generally, the following media reflected in Figure 2 below was used in various institutions to communicate HIV/AIDS information

Display media which was used by some institutions (16; 48%) involves media that exhibits for the sake of publicity, HIV/AIDS information. Such media includes billboards, banners and posters. To produce billboards, banners and posters specialist skill and advanced technological facilities are needed. Institutions, which do not have capacitated individuals, who can design this media from within will therefore, have to consider buying in the skill from outside or asking outside companies to do the job. It might be very costly to set up this media, as respondents alluded to during the study. However, due to its conspicuous and eye-catching nature the media can be used to communicate HIV/AIDS messages. It is important therefore, that the message being conveyed is as, the Communication for Development Roundtable (2002) asserts, clear, humorous, didactic, authoritative and emotionally appealing. In the same vein, Keeling (1998) state that, for messages to communicate and influence behavior change they should be adapted to the people's own language, intellectual systems, way of life as well as their teaching, learning and communication methods.

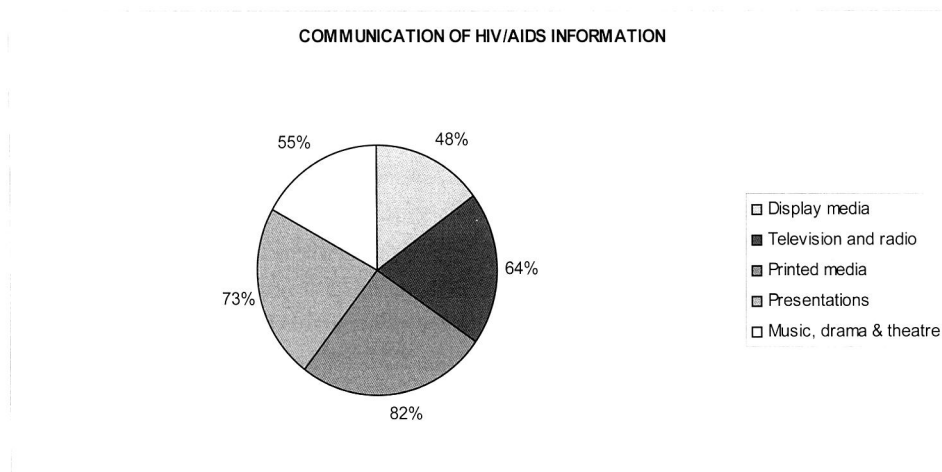


Figure 2 Communication of HIV/AIDS information
N=33

Another important element is the content of the message, which has to be relevant and appealing to the target community without over-emphasizing fears appeals. Bertrand and Kincaid (1996) agree that HIV/AIDS messages must not reflect scare tactics or fear appeals that are not supplemented with information to reinforce efficacy perceptions of self and response. For instance, according to Kelly (2001) at the University of Zambia there is a billboard with the message "GRADUATE WITH A POSITIVE 'A' NOT WITH AIDS". Similarly, Mayengela (2001) gives the following examples of billboards messages: "FUTURE PLAN: A DEGREE OR HIV/AIDS" IF YOU HAVEN'T GOT HIV, YOU SHOULD GET IT THINK"

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

Television and radio available in most institutions (21; 64%) were manned by students and broadcasted student-oriented programmes. Local television and radio have the advantage of broadcasting customer-designed programmes that is suitable for addressing local needs as members of the student population run them. The study confirmed an assertion made by Anarfi and Awusabo-Asare (n.d.) that mass media is the main conduit commonly used by tertiary institutions to disseminate HIV/AIDS information. According to Bertrand and Kincaid (1996), Anarfi and Awusabo-Asare (n.d.), Mayengela (2002) and Magambo (2000) mass media is intended to create awareness, create favorable attitudes, promote the use of desired health practices and reinforce such behavior among those already practicing it. What the study did not investigate though is the integrated inclusion of all stakeholders in designing of broadcasted programmes. Moreover, it did not investigate the effectiveness of these communication tools. At a broader scale there are regional and/or provincial radio stations and national radio and television broadcasters. This broadcasting media has the potential of communicating information simultaneously to heterogeneous and large audiences regardless of their geographical location as long as people have access to the necessary tools and infrastructure. Thus, the television and the radio are capable of playing a significant role in communicating HIV/AIDS information to diverse and widely dispersed communities because they are able to limit the barriers of space and time.

Print media is largely used by 27 (82%) of academic institutions to communicate AIDS information. Media that is categorized as print include:

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

The study can conclusively state that print media is largely used (27; 82%) in different institution of higher learning. Comparatively speaking, it is easy and cheaper to acquire and to use as compared to other types of media, thus it plays a significant role in empowering people with HIV/AIDS information.

Presentations are also used by most institutions (24; 73%) to communicate HIV/AIDS information. Experts or other influential individuals can make discussions or talks on HIV/AIDS and related matters from the wider society or these presentations can be locally generated. As discussed earlier, presentations by either local or external members of society are crucial in stimulating and enhancing personal dialogue on HIV/AIDS. They are also important for placing the disease on a public forum or platform in order to publicize or create general awareness about it and all its entwined implications or

inferences. Through community engagement it is possible to ultimately achieve public commitment, which is pertinent in the fight against the disease.

Some institutions (18; 55%) have adopted the entertainment approach of using music, drama and theatre to communicate HIV/AIDS information with their constituencies. These findings concur with Mayengela's (2002) that communicating health messages should be done humorously. Effective dissemination of HIV/AIDS information is a challenge it needs the communicators of information to be creative, innovative or artistic. More importantly, academic communities are largely comprised of young people who become easily bored, therefore it is crucial to use a communication strategy that will attract and maintain their attention. However, this does not down play the other communication strategies, they are also effective in their own right as long as they are carefully planned and implemented. It is through the integration of different communication strategies that effective communication of HIV/AIDS information can be achieved.

4.5.5. Types of information provided

By its very nature HIV/AIDS is complicated and multi-dimensional. The HIV/AIDS information has to be provided in accordance with these complications, stipulations and dimensions. It is of utmost importance that the scope of information provided is wide and comprehensive enough to cover the necessary specifications and areas. The importance of information in the fight against HIV/AIDS cannot be emphasized enough as information is still the one of the few mechanisms available for managing the disease and its impact. Figure 3 below shows types of HIV/AIDS related information provided by service providers in different institutions.

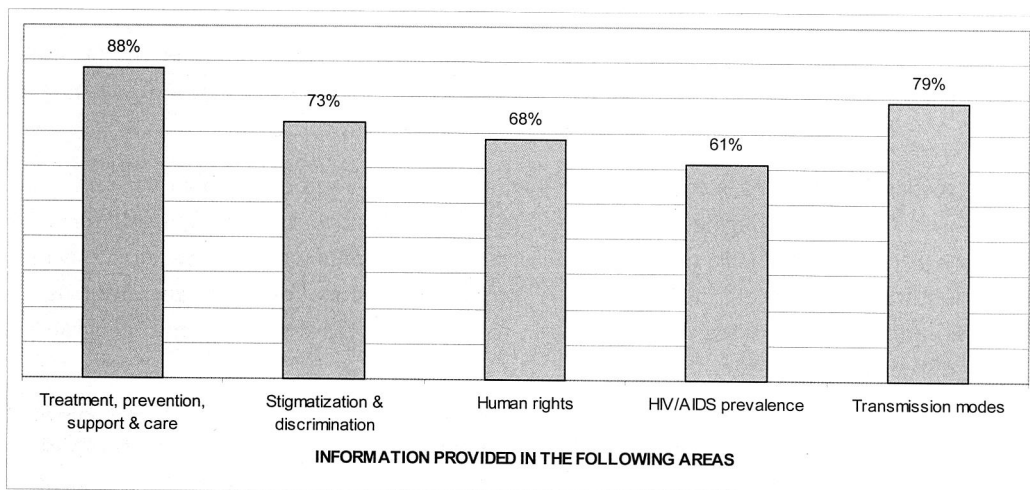


Figure 3 Types of information
N=33

Basically, most institutions (29; 88%) provided information on treatment, prevention, care and support. This type of information is necessary for empowering the infected and uninfected members of the academic community. Firstly, people need to know where they can get treatment, what type of treatment is available and what precautionary and preventative measures are available to curb further infections. Secondly, for those already infected information that will clearly state where support and care can be obtained is very important.

Another sensitive and important area surrounding HIV/AIDS is stigmatization and discrimination. To reduce stigmatization and discrimination academic communities in general need to be informed and enlightened about the disease and its variables so that they can be AIDS literate. Research findings show that 24 (73%) of institutions provided information on stigmatization and discrimination. It is through enlightenment and improved literacy that the mindset of people and stereotypes related to the disease can be influenced and changed. From the above-mentioned social ills namely, stigmatization and discrimination stems the element of human rights.

The recognition and respect of human rights is enshrined in constitution of South Africa. Furthermore, the AIDS Policy of the Department of Education and some institutional policies stipulate the rights of the infected and uninfected members of educational communities. This means that legally individuals are protected against any form of violation or abuse. Therefore, providing information on human rights will empower and educate the wider academic community to minimize violations of these rights. Results indicated that 22 (68%) of institutions provide information on human rights.

Information on HIV/AIDS prevalence is also provided by most institutions (20; 61%). If people are aware of HIV/AIDS prevalence in their own environments they will heed the warnings given about the dangers of the disease. On the other

hand, if such information is not available, people tend to distance themselves from the disease and think that it is remote and abstract and will never affect them. Therefore communicators of HIV/AIDS information need to communicate in a holistic, integrated and vigorous manner to cover all the pertinent areas.

About 26 (79%) institutions also provide information on the different modes of transmission. HIV/AIDS can be transmitted sexually, through blood transfusion and mother-to-child infection. This information has to be communicated clearly to people to inform and educate them so that they can take the necessary preventative measures. It is a common assumption that the modes of HIV/AIDS transmission are common knowledge. Such assumptions can be dangerous and limiting. HIV/AIDS Officers need to communicate clearly the different transmission modes to entrench on a regular basis the idea in the mind of the target audience.

4.6 Teaching, research and community service

Studies by Kelly (2001), Coombe (2000), Crewe (2000), MacGregor (2001), and SAUVCA (2000) indicate that because of the rate at which the disease has made inroads in the higher education sector, it will denude and cripple tertiary institutions to the level that they will find it difficult to deliver their mandates as their constituencies will be grossly affected directly or indirectly. This study did not investigate the levels of infection but the impact of the disease on institutional mandates such as staff performance, recruitment and hiring, research, student intake, student performance and drop-out-rate. On the overall, the disease has an impact on institutional mandates such as teaching (13; 39%), learning (12; 36%), research (3; 9%) and community service (10; 30%). However, there is likelihood that the stated impact is based on mere assumptions because it does not collate or balance with the lack of information on the status of the disease on campuses.

This section focuses on the question relating to what developments in teaching, research and community service institutions have on the pandemic and how HIV/AIDS has been integrated into the learning and teaching process.

Teaching

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

Results show that all institutions (33; 100%) do not have a compulsory course on HIV/AIDS. Instead, institutions (33; 100%) offer orientation for new students. In addition to the orientation programme, the findings of the study reveal that 25 (76%) academic departments have generally responded to the challenges of the disease by incorporating HIV/AIDS into the curriculum. About 22 (67%) academic departments have introduced new fields of study and readjusted programmes to promote more flexible graduate preparedness. The results reaffirm Kelly's (2001) assertion that academic institutions should strive to produce competent graduates who are self motivated and equipped with intellectual tools that will enable them to be more adaptable and innovative in responding to the needs of a fast changing and unpredictable world of AIDS. However, the problem with most of these academic initiatives is the lack of coordination, systematical guidance and limited capacities on the disease as most staff members are not fully informed or skilled about the disease. Due to these inefficiencies, new programmes are introduced haphazardly without knowing how each programme fits within the overall institutional response. It cannot be over-emphasized that success in the fight against HIV/AIDS will be achieved if a multi-disciplinary and multi-dimensional strategy is adopted. However, the teaching-learning process can make a significant contribution in the fight against HIV/AIDS because it through it that students acquire skills, knowledge, experiences and attitudes.

Research

Academic institutions can contribute to the HIV/AIDS response by conducting HIV/AIDS specific research. Kelly (2001) asserts that institutions are duty bound to make their own unique contribution by dedicating to the epidemic relevant theoretical, scientific, applied and action research to the extent that their human, physical and financial resources allow. For instance, the information available on the status of the disease at institutional level and the perceptions that relate to it is limited. Therefore, scientific investigations still need to be conducted vigorously to address this shortage and improve new understandings and growth about the disease and its imperatives. The findings established that some institutions (15; 45%) conduct research on bio-medical interventions, behavioral changes and prevalence of HIV/AIDS on campus respectively. Furthermore, 29 (88%) of the institutions conduct research on levels of awareness whilst others (18; 55%) focus on the gender dimensions of the disease. Lastly, 21 (64%) focus on perception relating to the disease.

The study acknowledges that inter-institutional, multi-sectoral and multi-disciplinary collaboration in research is of utmost importance. Research findings show that 15 (73%) local academic institutions are working together on matters related to HIV/AIDS research. Similarly, 10 (33%) institutions collaborate with international institutions. Furthermore, about 26 (78%) institutions collaborate with provincial and national government departments in conducting research on HIV/AIDS and related areas. However, the scope of these collaborations is limited to a few capacitated institutions as observable results are not visible throughout the sector. The advantage of collaborations or establishing research conglomerates would be to strengthen the capacities of those institutions that do not have a strong research element and are also faced with financial constraints. More importantly, funding organizations seem to prefer a multi-disciplinary and multi-sectoral approach to research.

Community Service

When it comes to community service, the study reveals that involvement of the sector in empowering external communities is fairly reasonable. For instance, 23 (70%) of institutions provide information resources to neighbouring communities while, 27 (82%) equip communities with life skills. Furthermore, 26 (78%) provide referral services and only 7 (21%) provide home-based care.

5. Conclusions

There is HIV/AIDS Policy witnessed by strong government intervention on HIV/AIDS in higher education as for Educators, Learners and Students and the HEAIDS Programme formed by SAUVCA, CTP and the Department of Education. Observed further that all institutions of higher learning have a HIV/AIDS policy in place. Results showed that 29 (88%) of institutions have implemented their policies. However, even the remaining 4 (12%), which have not implemented policies, have HIV/AIDS programmes on the ground. More than 20 (60%) of programmes that were offered by institutions, which implemented their plans, were well guided and directional. Noted further that the disease has profoundly affected the sector and its ability to deliver mandates. We noted strong institutional response defined in terms of a variety of factors that influence and/or determine the response such as: policy development and implementation determines the strength of the institutional response, collaboration with government its agencies and the private sector enhances the institutional the response by building capacities and sharing resources, management commitment, financial resources allocation, participatory approach that actively involves all stakeholders and determines the nature of the institutional response is adopted by most institutions, HIV/AIDS programmes that are offered by different institutions varied in scope, nature and strength. They include education and training, AIDS Day celebrations, awareness campaigns, support services, internal and external dialogue and entertainment education. On the overall, universities seemed to have more stronger and well-guided responses than technikons. All institutions have an individual or structure such as a committee responsible for HIV/AIDS matters. Basically, HIV/AIDS information resources are provided by the institutional library, health center, AIDS center and HIV/AIDS related structures such as the AIDS Committee. There was an obvious lack of repackaging of HIV/AIDS specific information, as it was available in its original form. Similarly, there seemed to be a lack of marketing of available resources as most HIV/AIDS service providers indicated uncertainty about the nature and scope of resources available in the library. With regard to teaching all institutions conduct orientation of new students. None of them offers a compulsory course on HIV/AIDS. On the overall, academic departments have designed programmes that respond to the challenges of the epidemic by enhancing graduate preparedness. However, in some institutions the integration of HIV/AIDS into teaching is haphazard and not institutionalized. It reflects the individualistic approach that compartmentalizes the institutional response. Institutions generally conduct HIV/AIDS related research; while the research output is shared within the sector is still unsatisfactory. Furthermore, collaboration needs to be enhanced and strengthened to maximize the available resources. Most institutions offered outreach programmes to neighbouring communities. These programmes focus specifically on skills development and the sharing information and expertise.

The study recommends that Government should establish a directorate within the national and provincial education department that will be responsible for developing, monitoring and constantly evaluating the HIV/AIDS response. This directorate will be in better position to coordinate the systemic response more than the HEAIDS Programme which does not seem to have an action plan nor resources to implement the necessary changes. Secondly, sources to redress past imbalances and encourage growth and strength of the sectoral response, and well as strengthen HIV/AIDS structures at all levels. Capacity building should continue to be regarded as essential. A manual or programme schedule that stipulates how a policy should be implemented, how many times it has to be revised, the types of programmes that can be implemented, appropriate information communication strategies and all other important considerations must be developed to provide a standard baseline for all institutions especially those that are still lagging behind. Thirdly, persons dealing with HIV/AIDS should be relieved of other responsibilities to enable them to focus on the pandemic Skills

development should be enhanced through regular training, work shopping and interaction between service providers. Fourthly, institutional commitment is essential service to support HIV/AIDS. Fifth, communication of HIV/AIDS information has to be strengthened. Institutions should develop policies that are informed by relevant theories to address the shortcomings of the current information communication strategies.

6. Declaration

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