# EFFECTIVENESS OF HIV/AIDS VOLUNTARY COUNSELLING AND TESTING AT A UNIVERSITY IN SOUTH AFRICA

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**Abstract**

The increasing prevalence rates of HIV amongst South Africans 20 years and above, raises a concern as to the rising trend of the epidemic in similar age group within Higher Education Institutions (HEIs). Higher Education HIV/AIDS Programme (HEAIDS), in conjunction with HEIs and the South African government have undertaken to implement HIV/AIDS workplace programmes within universities in South Africa. Voluntary Counselling and Testing (VCT) is a critical component of most universities HIV/AIDS workplace programmes. The rationale for promoting VCT is to encourage testing. An uptake in testing offers a crucial benefit, participants become aware of their status, and in most instances this awareness leads to safer sexual practices which in turn help reduce the number of new infections. A dominate sequential explanatory mixed methodology was adopted for the study. However, the quantitative method was dominant in the mixed method. A sample size of 739 respondents responded to the flouted questionnaire during the quantitative phase. This was followed by the qualitative interview of which 14 participants answered the semi structured interview questions. The findings revealed that more respondents are aware of the availability of VCT sessions, when compared to the number of respondents who actually participated in the testing. It was further disclosed in the findings that awareness of the availability of VCT sessions at the university unfortunately does not amount to testing and thus does not result in the intended changes sought after by HEAIDS or the Department of Education. Research suggests that HEIs are not really helping students to realise their right to remain HIV negative. HEIs need to be concerned, and HIV/AIDS institutional offices in particular need to revisit the VCT with the intention of re-attracting student and staff participation.

**Keywords:** Awareness, Higher Education HIV/AIDS Programmes (HEAIDS), Higher Education Institutions (HEIs), Voluntary Counselling and Testing (VCT)

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## 1 Introduction

Between 2008 and 2009, HEAIDS conducted a study with the objective to strengthen HIV/AIDS prevention in the public higher education sub-sector in South Africa. The drop in VCT attendance at HEIs is a concern as the university is at risk of exiting more HIV positive students into the workplace, which may signal authorisation of HIV positive graduates to infect others. Extensive research has been conducted within the field of HIV/AIDS, most of which has been epidemiological, as scientists work towards finding a cure. In the interim, social scientists continue to investigate ways to address social and behavioural aspects that encourage the spread of HIV/AIDS, and employment relation practitioners are no different as they are sensitive to the impact of HIV/AIDS in the workplace.

Programmes and policies are measures that have been established by Employment Relation and Human Resource practitioners in order to reduce the influence of the disease on the workforce. Higher Education Institutions (HEIs) face similar challenges. The increased HIV prevalence rates amongst South Africans 20 years and above, raises a concern as to the prevalence rate of the epidemic in similar age group within Higher Education Institutions (HEIs). University campuses constitute a potentially fertile environment for the spread of HIV/AIDS because, *"They bring together in close physical proximity devoid of systematic supervision a large number of young adults at their peak years of sexual activity and experimentation"* (Saint, 2004: 6). Therefore, Higher Education HIV/AIDS Programmes (HEAIDS), together with the South African government have developed a framework to guide HEIs in the development of HIV/AIDS programmes and policies that are institution specific. Hence, Higher Education HIV/AIDS Programme (HEAIDS), in conjunction with HEIs and the South African government have undertaken to implement HIV/AIDS workplace programmes within universities in South Africa. Voluntary Counselling and Testing (VCT) is a critical component of most university HIV/AIDS workplace

programmes. The rationale for promoting VCT is to encourage testing. An uptake in testing offers some crucial benefits, namely participants become aware of their status and in most instances this awareness leads to safer sexual practices, which in turn help to reduce the number of new infections. This is the reason why various HEIs within South Africa have developed their unique programmes based on the HEAIDS framework. However, none of these institutions seem to have evaluated the effectiveness of their individual HIV/AIDS programmes.

### *1.1 Problem statement*

In a recent study, which was conducted by Anderson and Louw-Potgieter (2012) who investigated the effectiveness of a component of an HIV/AIDS programme, which dealt with VCT testing, they noted that HIV negative participants found the counselling informative and rated it as positive. Two HIV positive participants agreed that the implications of their status were made clear to them. Anderson and Louw-Potgieter (2012) found that the University of Western Cape's HIV/AIDS programme did effectively improve HIV knowledge and awareness, specifically amongst women. VCT programmes do seem to lead to increased awareness, knowledge about HIV and AIDS and knowledge about the transmission of the disease. However, it is uncertain whether, these results hold true for other HE institutions. This paper investigates the effectiveness of VCT at a South African university.

### *1.2 Research question*

The following research questions were asked:

1. Is VCT available at the university?
2. Do participants attended VCT sessions at the university?
3. How frequently do students attend VCT sessions at the university?

### *1.3 The objectives of the paper*

The main objective of this study was to evaluate the effectiveness of VCT sessions at the university.

The sub- aims and objective of the paper are:

1. To investigate the availability of VCT sessions at the university.
2. To examine attendance of VCT sessions at the university.
3. To determine the frequency of VCT attendance at the university.

### *1.4 Significance of the study*

The results from this study will allow Higher Education Institutions and other organisations to re-evaluate the availability, attendance and frequency of VCT attendance at Higher Education Institutions. VCT sessions are often taken for granted. HIV/AIDS programme administrators often assume that once a VCT session or programme is in place students will unquestionably participate in the testing session. The need to examine the frequency of attendance is vital in determining the success and reach of VCT at Higher Education Institutions.

## 2 Theoretical framework

### *2.1 HIV/AIDS workplace programme*

An HIV/AIDS workplace programme is an action-oriented plan that an organisation can implement in order to prevent new HIV infections, provide care and support for employees who are infected or affected by HIV/AIDS, and manage the impact of the epidemic on the organisation. Key elements of an HIV/AIDS Workplace Programme include: an HIV/AIDS needs assessment; HIV/AIDS awareness programmes; voluntary HIV testing and counselling programmes; HIV/AIDS education and training and condom distribution; encouraging health treatment for STIs and TB, creating an open accepting environment, wellness programmes for employees affected by HIV/AIDS; the inclusion or provision of antiretroviral treatment; the referral of infected employees to relevant service providers; education and awareness of antiretroviral and treatment literacy programmes; counselling and other forms of social support for infected employees; reasonable accommodation for infected employees; strategies to address direct and indirect costs of HIV/AIDS; and monitoring, evaluation and review of programme (African Centre for HIV and AIDS, 2011).

A well planned HIV/AIDS policy outlines or describes how a particular organisation, institution or business will manage HIV/AIDS within the workplace. The HIV/AIDS workplace programme, conversely, outlines how the different principles of the policy will be translated into practice (Africa Centre for HIV and AIDS, 2007: 11). The function of an HIV/AIDS Workplace Policy defines an organisation's position on HIV/AIDS and sets out clear guidelines on how HIV/AIDS will be managed within the workplace. This aligns the workplace's response with the broader legal framework, whilst ensuring fairness. Workplace policy identifies and protects employers and employees' rights and responsibilities in the context of HIV/AIDS. It sets standards for behaviour, which is expected of all employers and employees, and establishes consistency within the company and sets the standard for communication about HIV/AIDS. It provides a good foundation upon which to build an HIV/AIDS workplace programme and informs employees about assistance that is available. It also indicates commitment to dealing with HIV/AIDS and ensures consistency with national and international practices (Africa Centre for HIV and AIDS, 2011).

The goal of the HIV/AIDS workplace programme is to implement an action-orientated plan within an organisation to prevent new infections, provide care and support for employees who are infected or affected by HIV/AIDS, and manage the impact of the epidemic on the organisation (Africa Centre for HIV and AIDS, 2007: 11). The purpose of the HEAIDS HIV/AIDS workplace programme framework is to guide and inform HEIs about the development of sustainable HIV/AIDS workplace programmes that will reduce the negative impact of the epidemic on all individuals employed by the institutions such as academics, administrative, support and contract staff. The purpose of the HEAIDS HIV/AIDS workplace programme framework has been designed to ensure that the HE sector is able to continue to fulfil its mandate, unimpeded by the impacts of the HIV/AIDS epidemic. More specifically, the purpose of the workplace framework is to provide an all-encompassing sector workplace framework that can strengthen and encourage the sector response to HIV/AIDS. Further, to position the HE sector at the centre of good practice with regard to workplace programmes, provide leadership to the sector itself, as well as to other sectors that share similar values and concerns. Promote and facilitate the development and implementation of comprehensive workplace programmes across the HE sector that recognize institutional autonomy and difference, but, which attempt to close the gap between advanced programmes and those that are still developing. According to HEAIDS (2004), the benefits, of having and implementing a successful HIV/AIDS workplace programme framework are significant.

### *2.2 Institutional performance area*

Institutional performance area Workplace HIV and AIDS Policy highlights the "*need for HEIs to mainstream HIV and AIDS and to ensure that the HIV and AIDS workplace programme is aligned to already existing institutional policies as well as the Policy Framework on HIV and AIDS for Higher Education in South Africa*" (HEAIDS, 2010: 9). HIV/AIDS policy must comply with existing and developing South African legislation and code of practice. Policy should align with human resource policies and practices as they relate to the institution. Higher Education HIV and AIDS Policy framework, Institutional Gender Violence Policy and Institutional Occupational Health and Safety Policy recommendations should be adhered to. HEAIDS (2010: 9) recommends that in addition to adhering to existing institutional policies. A HIV/AIDS programme should include minimum key response areas, for instance, co-ordination and implementation of programmes, education and training, HIV/AIDS and legal issues, testing and confidentiality, HIV/AIDS and employment, including incapacity, termination of services, alternative employment, promotion of a safe working environment, compensation for occupationally acquired HIV, employee benefits and provision of care and procedures for dispute resolution and grievances related to HIV and AIDS issues.

In addition to the two previously mentioned institutional performance HIV and AIDS workplace policy, is the third area that should take prominence when HEIs develop an HIV/AIDS workplace programme. This should be accompanied by three other areas (HEAIDS, 2010: 7), namely a workplace HIV/AIDS prevention programme, a workplace HIV and AIDS treatment and care strategy; and monitoring and evaluation. With regard to a workplace HIV/AIDS prevention programme, each HEI should develop an integrated prevention response to HIV and AIDS by aligning the institutional workplace programmes to both this workplace framework, as well as to relevant individual institutional policies, and thereby promotes a level of equity and standardisation (HEAIDS, 2010: 7). A workplace HIV and AIDS Treatment and Care Strategy should be developed by each HEI. The development of a workplace HIV and AIDS treatment and care strategy aligns institutional workplace programmes to the workplace framework, as well as to relevant individual institutional policies, which promote a level of equal access to and standardisation of treatment (HEAIDS, 2010: 7). Monitoring and Evaluation is a vital observational and assessment tool that each institution should effect and implement, while a monitoring and evaluation plan and system facilitates the management and evaluation of their individual HIV and AIDS workplace programme. At a sectoral level, each HEI should be in a position to complete a monitoring and evaluation plan to submit a standardized report against agreed indicators (HEAIDS, 2010: 7).

With these key responses in place each HEI, according to HEAIDS (2010: 7), should be in an ample position to achieve the purpose of the Framework and further develop their individual HIV/AIDS workplace programme. Ideally, each institution that chooses to be compliant should have the six institutional areas of performance in place. This Framework would act as a measure to evaluate the University of Johannesburg's HIV/AIDS workplace programme. Bearing in mind that the Framework is a guideline that outlines key response areas, HEIs are encouraged to adapt and change their individual programmes whilst adhering to the basics. This allows for flexibility and innovation, as each HEI is unique and bears characteristics that resemble their geographical location. The effectiveness of a few HIV/AIDS programme in HEI has been documented. Encouraging reports suggest that HEIs are observing key responses, as set in the Framework.

According to the Policy and Strategic Framework on HIV and AIDS for Higher Education

(HEAIDS, 2012: 32), institutional level responsibilities include the development or refinement of a comprehensive institutional policy on HIV and AIDS in alignment with the Policy and Strategic Framework on HIV and AIDS for Higher Education. They ensure the institutionalisation of the comprehensive institutional policy on HIV and AIDS through strategic/operational plans and the attendant development of institutional structures, processes, and facilities and they are responsive to their partners and stakeholders, HESA, the Department of Higher Education and Training and the staff and students that they serve, for appropriate and effective implementation of the Framework.

### *2.3 Effectiveness of HIV/AIDS programme in HEI*

In a recent study, which was conducted by Anderson and Louw-Potgieter (2012) who investigated the effectiveness of a component of an HIV/AIDS programme, which dealt with VCT testing, they noted that HIV negative participants found the counselling informative and rated it as positive. The two HIV positive participants agreed that the implications of their status were made clear to them. Anderson and Louw-Potgieter (2012) found that the University of Western Cape's HIV/AIDS programme did effectively improve HIV knowledge and awareness, specifically amongst women. VCT programmes do seem to lead to increased awareness, knowledge about HIV and AIDS and knowledge about the transmission of the disease.

In June 2011 newly appointed HEAIDS programme manager, Dr. Ramneek Ahluwalia, congratulated Walter Sisulu University (WSU) for their aggressive programme in the fight against the HIV/AIDS pandemic. WSU has, over the past two years, launched a series of programmes, one of them being the Testing Campaign where just over 5 000 students, staff members and executive management were tested, including the Vice-Chancellor (Walter Sisulu University (WSU), 2011: 1). WSU formed a partnership with the University of Fort Hare and they are currently formulating a programme that will be incorporated into the curriculum as a compulsory course. In 2012 just over 4 000 WSU males formed a group called Men in Action, a structure that condemns the manner in which men in our society treat women and children. WSU Unions and management also supported this vision. The structure is on its way to joining the Brothers for Life, a national campaign, which is specifically targeted at men and their role in the health and wellbeing of families. HIV/AIDS programmes are proving to be effective (Anderson & Louw-Potgieter, 2012; WSU, 2011), however, challenges are symptomatic amongst most programmes.

### *2.4 Challenges that face HIV/AIDS programmes in HEIs*

Research conducted by HEAIDS (2010: viii) in 2010 suggests that some of the challenges, which face HEIs that implement HIV/AIDS programmes include that peer educators are often first or second-year students with limited life experience and no training in behaviour change theory or techniques, and that realistic, specific and appropriate targets should be set for their interventions with individual students. The HEAIDS (2010: viii) report recommended that HEIs include psychologists who could assist peer educators with student counselling units, thereby playing a stronger role in life skills training and in counselling. However, to accomplish this, student counselling units would have to be considerably strengthened and HEIs would have to employ additional psychologists in the HIV/AIDS programmes. The lack of resources poses a challenge and, therefore, prevented the effective and consistent monitoring and evaluation of programme components at most HEIs. HEAIDS (2010: viii) have recommended that additional resources should be made available to assist programme staff and volunteers to use evidence-based practices and theoretical approaches in their prevention activities, and include monitoring and evaluation as on-going activities to help ensure the effectiveness of the programmes. HEAIDS (2010: vii) also "found a lack of a systems approach to HIV prevention programming primarily due to the shortage of resources. Thus, little effort was expended on defining the problems of the student population, such as by conducting a thorough situation analysis." There is a critical need to: establish additional research programmes to further strengthen social science research, and to conduct more research about behaviour change. In HEAIDS' (2010: viii) final analysis, the research team identified the *"need to increase advocacy for a larger share of the overall resources allocated to HIV prevention and the Department of Education (DOE) as part of national control efforts".*

The Cape Peninsula University of Technology (CPUT) in their report, as compiled by HEAIDS (2010: 110), states that human rights and stigma remains a major problem. Monitoring activities are still limited. Research is limited as no research was conducted on students that would increase knowledge and inform prevention activities, hence activities lack funding. Both male and female condoms are distributed, however, the challenge lies with the process of condom distribution and record-keeping, which should be refined. At present, this is partly the responsibility of the HIV peer educators and residence managers who do this on a volunteer basis. The HIV and AIDS Unit ensure regular condom restocking from the DoH. However, condoms are available only at a limited number of sites on campus, as these are bound by human resource constraints. Conversely, the

Durban University of Technology (DUT) faces social challenges that impact the effectiveness of their HIV/AIDs programme. The location of the university campuses and the increase in crime and composition of underprivileged students allow for greater exposure to HIV/AIDS. Students, when interviewed during the HEAIDS (2010: 114) study, mentioned sugar daddies, drug abuse, and violent crime in exchange for sex. The understaffed HIV/AIDS Centre is unable to attend to student needs, whilst limited funding exacerbates these challenges. There are no large-scale group counselling activities. The linkage between VCT at Campus Health and peer education activities at the HIV/AIDS Centre, is not optimal.

The University of Stellenbosch (US) is recognised as one of the four top research universities in South Africa. The HIV/AIDS challenges at US were fairly minimal in 2010 upon compilation of the HEAIDS (2010: 123) report, except that the US peer educator programme lacked sufficient human resources. The university faces human rights and stigma challenges, and some issues in this area, according to the HEAIDS (2010: 119) report, *"are difficult to tackle at US as students take on a politically correct attitude on a number of issues related to race and sexuality. It is also complicated by the different world views of the students from different cultures. Discussions about human rights and stigma form an integral part of communication initiatives conducted by the university".* Tshwane University of Technology (TUT) have reported that there are challenges with peer educators in the Primary Health Care Centre where VCT is offered. For instance, students may sometimes feel uncomfortable to use the facilities owing to the presence of their peers. There is thus a need to balance the ethical imperatives of student privacy and confidentiality with the social need to make VCT centres student-friendly by fostering a sense of student ownership.

## 3 Research methodology and design

Research methodology may be described as the path to finding answers to the research question (Kumar, 2010:18). Thus, when a researcher talks of research methodology the researcher not only considers the research method to be used but the appropriateness of the chosen method. The study adopted a mixed methodology, which used a dominant explanatory sequential approach. With the quantitative method being the dominant method followed by the qualitative method. The quantitative phase of the study was conducted with a sample size of 739 respondents. The survey included four sections: Section A included demographic related questions; Section B included questions on programme awareness; Section C comprised of questions relating to health management; and Section D focused on HIV/AIDS programme content. The qualitative phase of the study was conducted with a sample of 14 participants. The type of sampling chosen for this research consisted of non-random purposive sampling for the qualitative phase and random sampling for the quantitative phase. It is recommended that the choice of sampling scheme should be determined by the objective of the research (Leech, & Onwuegbuzie, 2007:284). The objective of this research is to generalise the quantitative findings to the population from which the sample was drawn. Random sampling is the least biased of all sampling techniques, where there is no subjectivity as each member of the total population has an equal chance of being selected (Babbie, & Mouton, 2007:199). It emphasises selecting a large size of samples to generate and ensure the representativeness of the characteristic of the population.

Each of the nine faculties within the university comprises of academic, administrative staff and students. These faculties represent a homogeneous group with one or more characteristics and, therefore, a random sample from each faculty was selected. Fourteen participants were randomly selected in the qualitative phase of the research, while the intention of the research was not to generalise but to gain insights into participants' awareness of the effectiveness of the HIV/AIDS programme within the university and to further understand their experiences or non-experience of the programme. The researcher purposefully selected participants for this phase with the intention of maximising the understanding of the participants' interaction with the programme. A number of purposeful sampling strategies are available, each with a different purpose. The maximal variation sampling was used in this instance, as individuals were chosen based on who holds different perspectives on the central phenomenon (Creswell, 2003, p.113). The criteria for investigating the differences depended on the outcome of the quantitative survey. It may have been race, gender, level of schooling, or any number of factors that would differentiate participants. The central idea is that if participants are purposefully chosen to be different in the first place, then their views will reflect this difference and provide a good qualitative study (Creswell,2003, p.113), whilst being mindful of the various ethical considerations.

The data that was collected from the survey questionnaires were analysed by using the Statistical Package for Social Science (SPSS). The analysis occurred within both forms of approaches, namely the quantitative and qualitative approach. In the quantitative phase, the questionnaires were analysed by using descriptive statistics. The qualitative semi-structured interviews were analysed by using themes and codes (Creswell, 2003: 220). Content analysis was employed to analyse notes that were made during the interviews. A thematic content analysis "…portrays the thematic content of interview transcripts by identifying common themes in the texts provided for analysis…" (Anderson, 2007: 1).

Participants were given the following codes: Ad (administrative staff), Ac (academic), S (student), and the number that followed the Ad or Ac or S denoted the participant's number. The analysis of the interviews included narrative excerpts. The reliability and validity of the study was enhanced by the trustworthiness and triangulation of data collection instruments. The data analyses of both qualitative and quantitative methods have been harmonised as a means of remaining true to the purpose of triangulation. Methodological triangulation involves the use of qualitative and quantitative methods (Tashakkori, & Teddlie, 1998: 18). The results from surveys were confirmed through the one-on-one interviews in the qualitative phase. Should the outcome of each method be the same, then validity and reliability would have been attained. In addition to the confirmation of qualitative and quantitative methods, data was triangulated by corroborating stakeholder responses, which is also known as "respondent validation" (Gomm, 2004: 188). Researchers relied on a combination of convenience and purposeful sampling. Sample groups where purposefully identified, and in some instances conveniently sampled. Adherence to accepted ethical standards was observed, and participants were informed as to confidentiality, anonymity and the purpose of the research.

## 4 Data analysis and findings

### *4.1 Demographics of respondents*

From the 970 questionnaires that were distributed to academics, administrative staff and students, 739 responses were received, which showed a relatively good response rate of 76.2%. Demographic data was collected to establish the numbers in terms of gender, age and type of the various stakeholders (academic, administrative staff and students). This was gathered in order to quantify the responses of the academics, administrative staff and students. From the 739 respondents 130 (17.5%) academics, 116 (15.7%) administrative staff and 493 (66.8%) participated in the study. Participants' response as to the availability of Voluntary Counselling and Testing at the university was investigated in order to determine whether respondents were informed as to the availability of VCT sessions at the university.

### *4.2 Availability of voluntary counselling and testing at the university*

The purpose for this information was to determine whether respondents were familiar with the availability of Voluntary Counselling and Testing (VCT) at the university, and to establish from these results, level of familiarity of VCT sessions at the university. These levels would answer research question and satisfy research objective, in terms of establishing from the perspective of respondents whether VCT is available at the university. The following results were attained.

**Table 1.** Availability of voluntary counselling and testing at the university

| | | | Is Voluntary Counselling and Testing available at the university? | | | Total |
|---|---|---|---|---|---|---|
| | | | Yes | No | Don't know | |
| Group | Academics | Count | 85 | 1 | 44 | 130 |
| | | % | 65.4% | .8% | 33.8% | 100.0% |
| | Administrative Staff | Count | 86 | 0 | 29 | 115 |
| | | % | 74.8% | 0.0% | 25.2% | 100.0% |
| | Students | Count | 400 | 8 | 76 | 484 |
| | | % | 82.6% | 1.7% | 15.7% | 100% |
| Total | | Count | 571 | 9 | 149 | 729 |
| | | % | 78.3% | 1.2% | 20.4% | 100% |
| Missing Item | | | | | | 10 |

Note: n=739

Table 1 above shows that a total of 571 (78.3%) respondents indicated that VCT was available at the university, 9 (1.2%) respondents indicated that VCT was not available at the university and 149 (20.4%) respondents indicated that they did not know that VCT was available at the university. Of the total number of respondents, 85 (65.4%) academics, 86 (74.8%) administrative staff and 400 (82.6%) students indicated that VCT was available at the university. In total, 729 respondents answered this question, while 10 respondents chose not to answer this question. Academics were the only group among the stakeholders that indicated a higher percentage of "don't know" criteria (33.8%) than any other group. Academics were also the only group with the lowest response regarding the availability of VCT at the university. The section below addresses academic,

administrative staff and student attendance at the university's VCT sessions.

### *4.3 Attendance of voluntary counselling and testing sessions at the university*

The rationale for investigating this statement was to examine the percentage of respondents that have attended VCT. This should ideally support or reflect on the number of respondents that have indicated that VCT was available at the university. A correspondence in the number of respondents who indicate that VCT is available at the university and the number of respondents who indicate that they have attended a VCT session at the university would suggest that the VCT sessions are either successful or ineffective.

**Table 2.** Attendance of voluntary counselling and testing sessions at the university

| | | | Have you attended any Voluntary Counselling and Testing sessions at the university? | | Total |
|---|---|---|---|---|---|
| | | | Yes | No | |
| Group | Academics | Count | 23 | 100 | 123 |
| | | % | 18.7% | 81.3% | 100.0% |
| | Administrative staff | Count | 46 | 66 | 112 |
| | | % | 41.1% | 58.9% | 100.0% |
| | Students | Count | 218 | 248 | 466 |
| | | % | 46.8% | 53.2% | 100.0% |
| | | Count | 287 | 414 | 701 |
| | | % | 40.9% | 59.1% | 100.0% |
| Total | | | | | |
| Missing Item | | | | | 38 |

Note: n=739

According to Table 2, a total of 100 (81.3%) academics, 66 (58.9%) administrative staff and 248 (53.2%) students indicated that they have not attended any Voluntary Counselling and Testing sessions at the university. A total of 23 (18.7%) academics, 46 (41.1%) administrative staff and 218 (46.8%) students indicated that they have attended Voluntary Counselling and Testing sessions at the university. From the above table it can be seen that only 287 (40.9%) of the overall sample have attended Voluntary Counselling and Testing sessions at the university while a greater number of respondents, namely 414 (59.1%), have not attended Voluntary Counselling Testing. Of the total 739 respondents, 38 respondents did not answer the question. Respondent were further asked if they were aware as to the frequency of Voluntary Counselling and Testing sessions at the university.

### *4.4 Frequency of voluntary counselling and testing sessions*

The rationale for this question was to establish the frequency of VCT at the University. If VCT is a fundamental part of the universities HIV/AIDS programme, it would help to ascertain respondents' familiarity regarding how often the university conducts Voluntary Counselling and Testing sessions, which would then reflect on their knowledge of VCT aspect of the university HIV/AIDS programme.

Table 2 above illustrates responses to the question: how frequently does the university conduct Voluntary Counselling and Testing sessions? Of a sample size of 739 respondents, 50 (6.8%) chose not to answer the question, 385 (52%) were unsure and 46 (6.2%) did not know how often the university conducted Voluntary Counselling and Testing sessions. The unsure responses, when calculated to a percentage, revealed that (100+72+213=385÷739×100÷1=52%) 52% of the respondents were unsure of the frequency of Voluntary Counselling and Testing sessions at the university. When these responses were added to don't know responses and calculated to a percentage, they equated to 58.3% (385+46÷739×100÷1= 58.3%) of respondents' who did not know or were "unsure" of the frequency of VCT sessions being conducted at the university. A meagre 37.5% of respondents provided an answer of weekly, fortnightly, monthly, quarterly, or annually to the question, which relates to on the frequency of Voluntary Counselling and Testing sessions. Of these options, quarterly responses were among the highest response 8 (6.5%) for academics, 14 (12.6%) of administrative staff and 59 (13%) of students who indicated that VCT was available. However, 83 (18.2%) students chose monthly sessions as an option, and 59 (13%) students selected the quarterly option as a response to the frequency of VCT sessions being conducted at the university.

**Table 3.** Frequency of voluntary counselling and testing sessions

| Group | | | Frequency | Percent | Valid Percent | Cumulative Percent |
|---|---|---|---|---|---|---|
| Academics | Valid | Weekly | 4 | 3.1 | 3.3 | 3.3 |
| | | Fortnightly | 2 | 1.5 | 1.6 | 4.9 |
| | | Monthly | 3 | 2.3 | 2.4 | 7.3 |
| | | Quarterly | 8 | 6.2 | 6.5 | 13.8 |
| | | Annually | 6 | 4.6 | 4.9 | 18.7 |
| | | Unsure | 100 | 76.9 | 81.3 | 100.0 |
| | | Don't know | 0 | 0 | 0 | 0 |
| | | Total | 123 | 94.6 | 100.0 | |
| | Missing | Item | 7 | 5.4 | | |
| | Total | | 130 | 100.0 | | |
| Administrative staff | Valid | Weekly | 8 | 6.9 | 7.2 | 7.2 |
| | | Fortnightly | 0 | 0 | 0 | 0 |
| | | Monthly | 3 | 2.6 | 2.7 | 9.9 |
| | | Quarterly | 14 | 12.1 | 12.6 | 22.5 |
| | | Annually | 5 | 4.3 | 4.5 | 27.0 |
| | | Unsure | 72 | 62.1 | 64.9 | 91.9 |
| | | Don't know | 9 | 7.8 | 8.1 | 100.0 |
| | | Total | 111 | 95.7 | 100.0 | |
| | Missing | Item | 5 | 4.3 | | |
| | Total | | 116 | 100.0 | | |
| Students | Valid | Weekly | 44 | 8.9 | 9.7 | 9.7 |
| | | Fortnightly | 11 | 2.2 | 2.4 | 12.1 |
| | | Monthly | 83 | 16.8 | 18.2 | 30.3 |
| | | Quarterly | 59 | 12.0 | 13.0 | 43.3 |
| | | Annually | 8 | 1.6 | 1.8 | 45.1 |
| | | Unsure | 213 | 43.2 | 46.8 | 91.9 |
| | | Don't know | 37 | 7.5 | 8.1 | 100.0 |
| | | Total | 455 | 92.3 | 100.0 | |
| | Missing | Item | 38 | 7.7 | | |
| | Total | | 493 | 100.0 | | |

Note: n=739

### *4.5 Number of respondents who participated in the programme and the availability of voluntary counselling and testing at the university*

The rationale for this cross tabulation was to determine the relationship between the number of respondents who have participated in the programme and the number of respondents who indicated that VCT was available at the university.

**Table 4.** Number of respondents who participated in the programme and availability of voluntary counselling and testing at the university

| | | | Is Voluntary Counselling and Testing available at the university? | | | Total |
|---|---|---|---|---|---|---|
| | | | Yes | No | Don't know | |
| Have you participated in the programme? | Yes | Count | 143 | 1 | 5 | 149 |
| | | % | 96.0% | .7% | 3.3% | 100.0% |
| | No | Count | 411 | 8 | 142 | 561 |
| | | % | 73.3% | 1.4% | 25.3% | 100.0% |
| Total | | Count | 554 | 9 | 147 | 710 |
| | | % | 78.0% | 1.3% | 20.7% | 100.0% |
| Missing Item | | | | | | 29 |

Note: n=739

Table 4 above revealed that 149 respondents participated in the university HIV/AIDS programme. Of the 149 respondents, 143 (96%) indicated that voluntary counselling testing was available at the university, 1(.7%) indicated that it was not available and 5 (3.3%) indicated that they did not know whether voluntary counselling and testing was available at the university. Of the total of 710 respondents that answered the question, 561 did not participate in the programme. Of the 561 (75.9%) respondents who did not take part in the programme, 411 (73.3%) responded that voluntary counselling and testing was available at the university, 8 (1.4%) stated that VCT was not available at the university, and 142 (25.3%) stated that they did not know whether VCT was available at the university.

### *4.6 Reason to engage with the programme directly and attendance of voluntary counselling and testing sessions at the university*

The rationale for this comparison was to determine the relationship between the respondents who had reason to engage with the programme directly and the number of respondents who attended Voluntary Counselling and Testing sessions at the university.

**Table 5.** Reason to engage with the programme directly and attendance of voluntary counselling and testing sessions at the university

| | | | Have you attended any Voluntary Counselling and Testing sessions at the university? | | Total |
|---|---|---|---|---|---|
| | | | Yes | No | |
| Have you had reason to engage with the programme directly? | No | Count | 58 | 112 | 170 |
| | | % | 34.1% | 65.9% | 100.0% |
| | Yes | Count | 95 | 47 | 142 |
| | | % | 66.9% | 33.1% | 100.0% |
| Total | | Count | 153 | 159 | 312 |
| | | % | 49.0% | 51.0% | 100.0% |
| Missing Item | | | | | 427 |

Note: n=739

Table 5.19 shows that 170 respondents did not have reason to engage with the university's HIV/AIDS programme directly. Of the 170 respondents, 58 (34.1%) indicated that they attended VCT sessions at the university, and 112 (65.9%) indicated that they did not attend VCT sessions. Of the total 312 respondents, 142 had reason to engage with the university's HIV/AIDS programme directly, 153 (49%) did attend VCT sessions at the university, and 159 (51%) did not attend VCT sessions at the university. Of a total of 739 respondents, 427 (57.8%) respondents did not answer the question. An analysis of the qualitative interviews of respondents' perceptions of the university's HIV/AIDS programme is set out below.

### *4.7 Stakeholders' perceptions of the university's HIV/AIDS programme*

Qualitative findings were derived through semi--structured interviews. Various questions were used to elicit responses, which relate to respondents' perceptions of the content of the university's HIV/AIDS programme. At the outset respondents were invited to reveal if they participated in the programme. Determining respondents' level of participation in the programme was necessary in order to determine participants' perceptions of the programme. It may be presumed that participation in the programme inadvertently exposes one to the programme's content. Yet, the data revealed that 78.3% of respondents knew about the availability of voluntary counselling and testing. Contradictions in respondents' perception levels are noted at this point. Firstly, respondents stated that they have not participated in the programme and yet know that VCT is available at the university. Secondly, 78.3% stated that VCT is available, but, 59.1% have not attended VCT sessions at the university.

Further investigation of respondents' perceptions of the programme's content maintained that respondents were more familiar with VCT than any other programme, practices or facilities, which are included in the university's HIV/AIDS programme. Respondents were inconsistent in their answers. A total of 65.4% according to Table 1, disclosed that voluntary counselling and testing was available. However, when questioned on whether they attended voluntary counselling and testing, 81.3% of academics, according to Table 2, indicated that they have not attended voluntary counselling and testing. This was further collaborated with the findings from the cross tabulation, which revealed that the number of respondents who were aware of VCT sessions were higher than the number of respondents who participated in the programme. One academic, in particular, when invited to respond to the question on whether the programme provides adequate health management tools, stated: "*I don't know if they are testing, if I were attending VCT session, I would know"* (Ac3).

Results of the data revealed that academics lacked familiarity with aspects that are specific to the content of the programme. A series of questions were posed to academics. The results of their negative responses were in the upper 50% range, which reflects the fact that many academics lack knowledge of the programme's content. This can be supported by academic responses, as presented in the said table. During the one-on-one interviews academics were invited to offer their input with regard to what they thought of the programme's content, and one

academic revealed that, except for the posters, she did not know much about the programme's content (AC3). To reiterate, academics knew of voluntary counselling and testing, however, according to Table 2, they have not attended these sessions. Therefore, it can be said that academics' perceptions of specific areas pertaining to the content of the programme was negligible. When administrative staff members were requested to offer information concerning whether or not they participated in the programme, 71.3% of administrative staff stated that they did not participate in the programme. However, 74.8% of administrative staff acknowledged that voluntary counselling and testing was available at the university, and 41.1% attended voluntary counselling and testing sessions at the university. A large percentage of administrative staff claimed that they have not participated in the programme, and yet an even larger percentage knew of the availability of VCT sessions. These administrative staff ironically chose not to participate in the testing.

According to the study, a relatively high percentage of 77.8% of students revealed that they had not participated in the programme. Students appear to know that voluntary counselling and testing is available at the university. According to Table 1, an overwhelming 82.6% of students indicated that they are aware of the counselling and testing. However, 46.8%, according to Table 2, indicated that they have not attended voluntary counselling and testing. When probed about specific content in the programme, other than voluntary counselling and testing, students were unable to answer. During the interview sessions one student commented: *"It is good because others can get help if they know of students who are living with HIV. They can get help; they know that they are not the only ones. It is a good idea"* (S1). Student responses in certain instances were inconsistent.

The study further revealed that there are differences between group responses. The group with the most conflicting responses was the academic group. Their lack of participation and familiarity with the programme's content was evident during the one-on-one interviews: *"except for the poster, I don't know" (Ac3),* remarked one academic*; "a terribly managed programme" (Ac2)* added another; and *"needs revival, a revamp" (Ac1);* concluded another. It is clear that respondents' perceptions of the HIV/AIDS programme's content is restricted to VCT, an explanation of which may stem from the extensive marketing and awareness efforts attached to VCT at a national level. The interpretation of results is discussed below.

## 5 Discussion of findings

Voluntary Counselling and Testing sessions are a norm at most universities. Anderson and Louw-Potgieter (2012) in their study have established the value in the availability of VCT sessions at the University of Western Cape. The purpose of Voluntary Counselling and Testing is based on the need to encourage continuous testing. VCT is, therefore, an essential component of the university's HIV/AIDS programme. The need for the university to comply with VCT sessions emanates from the 2012-2016 National Strategic Plan (NSP) for HIV, STIs, TB and the HEAIDS Strategic Policy Framework. The university is, therefore, expected to roll out VCT sessions as frequently as possible Data suggests that number of respondents, who knew of the availability of VCT, chose not to attend VCT sessions. Therefore, it may be inferred that many respondents do not participate in the programme yet they know of VCT, however, merely knowing about VCT does not compel respondents to attend VCT sessions. Therefore, non-attendance at VCT and non-participation in the programme disadvantage respondents from knowing about the benefits of VCT. Participation in either of these instances would have exposed respondents to the benefits of the VCT sessions.

In 2008, the university being researched showed a 68% participation in VCT (HEAIDS, 2010:13). However, in 2013 the same university through the current study showed a drop in VCT participation from 68% down to 40.9%. In 2008 according to the HEAIDS study it was estimated that between 19% and 28% of students could be at risk of infection (2010:56) with the VCT attendance levels in 2008 being 68% (HEAIDS, 2010:13) this when compared to a drop in 2013 (40.6%) it may be assumed the risk of infection have increased. Qualitative responses confirmed that first year students entered the university HIV negative and in some instances exited HIV positive *"VCT at student centre are mostly first years not supported by third years. They are negative in their first year and positive by the third year. They are forced to attend in their first year but by third year they no longer do."* The study further revealed that, 65.4% of academics, 74.8% of administrative staff and 82.6% of students knew of the availability of VCT. However, these percentages, when compared to attendance at a voluntary counselling and testing session, revealed that 81.3% of academics did not attend voluntary counselling and testing, as compared to 58.9% of administrative staff and 53.2% of students.

A possible justification, according to HEAIDS, is that VCT campaigns *"as carried out at most HEIs seem particularly effective in attracting students, thus, the majority of VCT are undertaken during campaign periods"* (2010: 20). Anderson and Louw-Potgieter (2012: 1) made a similar observation at the University of Western Cape where the VCT programme was said to have reached its intended target population, as HIV negative respondents perceived the voluntary counselling and testing as informative and rated it positively. However, the uptake of the programme remained problematic, since "*women were using the*

*programme more than men. Staff were poor users of the programme, as they may utilise other means and sites to obtain their HIV status"* (Anderson & Louw-Potgieter, 2012: 1). Respondents were familiar with the importance of confidentiality during VCT sessions, the promotion of a safe work environment and the availability of training and education, which is offered to staff. However, respondents' inconsistent answers may be attributed to HIV fatigue, although this view is inconclusive. Cloete, Strebel, Simbayi, Van Wyk, Henda and Nqeketo (2010: 1) study may reveal a possible explanation, since AIDS-related stigma continues to be a barrier for women accessing free voluntary counselling and testing (VCT). However, as previously mentioned, Anderson and Louw-Potgieter (2012: 1) gathered that more women were accessing VCT than men, which leaves room for further inquiry.

Academic staff according to HEAIDS, (2010: 41) are less likely to test for HIV on campus, as just one in ten academic staff and less than a quarter of administrative staff utilise the campus clinic for testing purposes. The HEAIDS (2010: 41) report revealed that students and staff are unwilling to access services at the university's Health Centre for fear of being identified or perceived as being HIV positive. The risk of being seen as HIV positive within the university's context has a profound and a significant impact. Being open about one's HIV status and to be seen as seeking help on campus creates the likelihood of not being able to engage in courtship and relationships, while inviting stigma and pity (HEAIDS, 2010: 41). The explanation presented in the HEAIDS report may be the reason why one academic stated: *"I never use the programme"* (Ac3). However, this raises a concern and may also imply that the programme has not resulted in behavioural change since 2008.

A possible explanation for the lack of familiarity with aspects that are specific to the content of the programme may be owing to the assertion made by the United Nations (UN), where a UN study found that educational managers are expected to give an increasing proportion of their time responding to HIV/AIDS, and by virtue of the time constraint attached to this contribution, academics are weary when offering their services or time (UN, n.d). Non-involvement in the programme may be a chosen option and a result of academic complacency. In 2008 HEAIDS reported that "*more than two thirds of students (70%) and around half of service staff had been tested in the past year. Around one in seven students (15%) and fewer staff had ever been tested at UJ, which may indicate that there are barriers to accessing VCT at the university"* (HEAIDS, 2010: 40). It would appear that these barriers have remained unchanged. With regard to familiarity with voluntary counselling and testing, groups did not vary in their responses. As illustrated in Table 1, most stakeholders knew of the availability of VCT sessions at the university, since 65.4% of academics, 74.8% of administrative staff and 82.6% of students knew about the availability of VCT. However, according to Table 2, when compared to attendance at a voluntary counselling and testing session, 81.3% of academics, 58.9% of administrative staff and 53.2% of students did not attend voluntary counselling and testing. According to Table 3, about 52% of stakeholders were unsure about the frequency of VCT sessions at the university. Being familiar with VCT sessions, according to the findings, does not indicate knowledge of the content. What it appears to imply is that stakeholders seem to be accustomed to the presence of VCT sessions at the university.

In a previous study which, was conducted by HEAIDS (2010: 20) researchers made an observation that VCT sessions seemed particularly effective in attracting students. The findings in the HEAIDS (2010a, p.20) study, appears to conflict with the findings of this study, as respondents' knowledge of VCT (see Table 2) failed to stimulate their attendance of VCT sessions. The results of the findings revealed that attendance and awareness of Voluntary Counselling and Testing (VCT) has been confused with knowledge of the programme. Research suggests that students, administrative staff and academics in particular were not accessing VCT sessions at the university. HEIs should be concerned, while HIV/AIDS institutional offices, in particular, should revisit VCT with the intention of re-attracting student and staff participation. Overall, most participants were not aware of the programme, which suggests the programme's ineffectiveness. This study contributes further knowledge to the emerging field of research, which relates to the evaluation of HIV/AIDS prevention programmes within universities and the presumption that having an established HIV/AIDS programme does not suggest that the programme is effective until evaluated. These findings may be utilised by programme co-ordinators to improve the current programme. The survey questionnaire, methodology and findings are the study's contributions that would enable future researchers to investigate similar evaluations at other institutions within South Africa, and possibly Africa in general.

## 6 Conclusion and recommendations

HEAIDS has conducted several studies to strengthen HIV/AIDS prevention efforts in the public higher education sub-sector in South Africa. The drop in VCT attendance at HEIs is a major concern as the university is at risk of exiting more HIV positive students into the workplace. The finding of the study has shown that more respondents knew of the availability of VCT sessions, when compared to the number of respondents who actually participated in the testing. Therefore, it is conclusive that awareness of the availability of VCT sessions at the university unfortunately does not amount to testing and thus

does not result in the intended changes sought after by HEAIDS or the Department of Education. Research suggests that HEIs are not acting fast in helping students to realise their right to remain HIV negative. HEIs need to be concerned, and HIV/AIDS institutional offices in particular need to revisit VCT with the intention of re-attracting student and staff participation.

## References


1. Anderson. R, 2007. *Thematic Content Analysis Descriptive Presentation of Qualitative Data.* Institute of Transpersonal Psychology [online] available http://www.wellknowingconsulting.org/publications/pdfs/ThematicContentAnalysis.pdf (Accessed 21 April 2014).
2. Anderson, T.N., & Louw-Potgieter, J, 2012. *An implementation evaluation of a voluntary counselling and testing programme for the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS).* SA Journal of Industrial Psychology/SA Tydskrif vir Bedryfsielkunde, 38(1), Art. #944, 10.
3. Babbie, E., &. Mouton, J, 2007. *The practice of Social Research*. Cape Town. South Africa: Oxford University Press.
4. Cloete, A., Strebel, A., Simbayi, L., Van Wyk, B., Henda, N., & Nqeketo, A, 2010. *Challenges Faced by People Living with HIV/AIDS in Cape Town, South Africa: Issues for Group Risk Reduction Interventions*. AIDS Research and Treatment, vol. 2010, Article ID 420270, 8 pages, 2010. doi:10.1155/2010/420270 [online] available http://www.hindawi.com/journals/art/2010/420270/ (Accessed 14 April 2014).
5. Creswell, J. W, 2003. *Research Qualitative, Quantitative and Mixed Methods Approach.* New York. Sage Publications.
6. Gomm, R, 2004. *Social research methodology: a critical introduction*. New York. Palgrave Macmillan.
7. Kumar R, 2010, *Research Methodology-A Step-by-Step Guide for Beginners.* Singapore: Pearson Education.
8. Leech, N.L., & Onwuegbuzie. A.J, 2007. *A typology of mixed methods research designs.* USA. Springer Science+ Business Media B.V.
9. Saint W.J, 2004, *Crafting Institutional Responses to HIV/AIDS, Guidelines and Resources for Tertiary Institutions in Sub-Saharan Africa*: Africa Region Human Development.
10. Tashakkori, A., & Teddlie. C, 1998. *Mixed methodology: combining qualitative and quantitative approaches.* Thousand Oaks, California, SAGE Publications.
11. The Higher Education HIV and AIDS Programme (HEAIDS) 2010, *Findings of the study on HIV prevalence and related factors at the University of Johannesburg 2008-2009 Higher Education HIV and AIDS Programme.* University of South Africa: Pretoria.