6 Prioritizing your response to HIV and AIDS

This chapter gives you the top response priorities at-a-glance, to help you to quickly identify and take action where needed. These include:

- Top five HIV prevention methods.
- Top five treatment, care and support activities.
- Top five ways to protect your university from the impacts of HIV and AIDS.

6.1 Prevention

Prevention strategies are means of keeping employees, students and others free from HIV infection. The main route of HIV transmission in Southern Africa is through heterosexual sex.

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<th>Top 5 HIV Prevention Activities</th>
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<td>1. HIV and AIDS awareness raising.</td>
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<td>2. Identify and change university practices that encourage high risk sexual behaviour.</td>
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<td>3. Distribution of male / female condoms.</td>
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<td>4. Provision of HIV counselling and testing.</td>
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<td>5. Treat STIs and provide access to reproductive health services.</td>
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There are many factors that make people, especially young women, vulnerable to HIV infection. Some of the most important are:

- Multiple partnerships, especially having more than one partner at the same time.
- Big age gaps between sexual partners.
- Not using condoms consistently.
- Not knowing your own and your sexual partner’s HIV status.
- The presence of other sexually transmitted infections.
- Excessive alcohol use and “binge drinking”, which decreases individual responsibility and increases high risk behaviour.

HIV prevention programmes must not only promote awareness of HIV, but address all of the factors listed above.

Education

While Education is considered a prevention strategy, it is a concrete response in itself. Education aims to raise awareness and inform people of the facts about HIV and AIDS. This is done through what is called Information-Education-Communication (IEC) strategies and also may be done through social mobilization. This may involve any of the following activities:

- Information, education and communication strategies about the facts of HIV and AIDS (i.e. mass campaigns, messaging, advertising, distribution of pamphlets and other resources such as DVDs, displaying of posters, etc.)
- Once-off HIV / AIDS awareness days or events.
- Routine information presentations about HIV/AIDS policies, programmes, stigma, discrimination, and other information.
- Peer education programmes – help to mobilize society, one person at a time or in groups.

6.2 Treatment Care and Support

Universities in the high prevalence countries of Southern Africa need to accept that a significant proportion of their students and staff may be infected with HIV. In the last few years HIV treatment programmes have expanded dramatically, and it is now possible to ensure that all the HIV infected individuals who require treatment have access. On the other hand, there are many important interventions that can be implemented for these people before they require antiretroviral treatment.

In countries with low HIV prevalence HIV treatment, care and support programmes should be integrated into general wellness programmes, especially for staff.

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<td>1. Access to treatment programmes</td>
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<td>2. Provide access to HIV testing services</td>
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<td>3. Access to psycho-social support and counselling programmes</td>
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<td>4. Provide information on nutrition and diet</td>
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<td>5. Access to referral services for the diagnosis and treatment of TB</td>
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<td>6. Programmes that reduce the stigma of HIV</td>
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Treatment
Once a person is infected with HIV they may stay healthy for years without ever showing any signs of the disease. However, once a person is diagnosed with HIV they should be referred to a doctor/clinic for testing of their blood to screen the CD4 count of the individual. This tests the strength of the person’s immune system. When a person’s CD4 count falls below acceptable levels and a person demonstrates the ability to adhere to treatment, then antiretroviral treatment will be recommended. Routine testing of CD4 levels is required to determine when a person requires treatment and to monitor the immune system response throughout treatment.

Currently there is no cure for AIDS. However, there is medicine to slow down the progress of HIV and the damage to the immune system. This is called antiretroviral medicine or ARVs. ARVs slow down the reproduction rate of HIV. Your immune system is what keeps your body healthy. Since ARVs slow down the damage to your immune system, you can live a longer and healthier life, if they are used properly.

Support services
After diagnosis and besides treatment there are a number of important care and support services that are necessary and available for a person with HIV as well as those affected by another individual’s HIV status. This could be the person’s significant partner, parents, children, other family members, or friends. These services include:

For the HIV positive person:
- Information about safe behaviour to prevent re-infection or infecting others
- Information and support on disclosing one’s status
- Information on nutrition and diet
- Psychosocial support or counselling
- Referral services (to local clinic, or non-governmental service providers)
- Treatment for opportunistic infections, especially TB. TB kills people with HIV more than any other illness
- Contraception services
- STI treatment services
- Parent and community support groups
- AIDS support clubs
- Home based care

For those affected by HIV:
- Psychosocial support or counselling
- HIV counselling and testing
- Referral services (to local clinic, or non-governmental service providers)
- Parent and community support groups

6.3 Ways to Protect your University from the Impact of HIV and AIDS

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<tr>
<td>1. Conduct an HIV risk assessment</td>
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<td>2. Develop an HIV policy, strategy and implementation plan</td>
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<td>3. Work with partners in your environment</td>
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<td>4. Build AIDS competent leadership</td>
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<td>5. Monitor your programme</td>
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What factors need to be considered in an HIV risk assessment?

While there are very distinct ways of determining HIV infection, the underlying factors that can contribute to the transmission and spread of HIV or exacerbate the impact of AIDS can be difficult to determine. Let’s look at a few examples of where to start in the university setting.

Target audience
The target audiences in the university are students and staff. Students are a high priority in this setting, because of the cost of training higher education students and the fact that graduates represent the most skilled and valuable economic resources in a country. Many of these students will go on to become future leaders across all sectors of society. Thus the likelihood of a student becoming HIV infected during their studies has considerable implications.

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There are obvious reasons to consider the risk profile of staff, since HIV infection in this group can hamper the work of an institution. The more senior the individual the more impact their illness can have. However, there may be other individuals in key positions or with scarce skills who need to have special attention paid to them.

**Socio-economic factors**

Social and economic realities have a direct impact on HIV and AIDS, as well as the quality of life of university students and their potential success. Many students and staff are forced to migrate to towns to attend universities. This has implications on the ability of students to be financially secure while living away from home in urban settings, making them vulnerable to HIV infection.

**Student culture**

For many students university life is an opportunity to experiment and be adventurous. Very often experimentation with sex, alcohol and drugs occur during university years, especially among students who live away from home. It is risky sexual behaviour among heterosexuals that promotes the transmission of HIV in most generalized epidemics, and alcohol and drug abuse that lowers inhibitions and leads to risky sex and even date rape. Therefore attitudes towards substance use, sex and gender roles play a critical role in HIV prevention.

**Gender issues**

Male and female roles are often shaped by society, culture, immediate and extended family, our communities, and individual decisions. When addressing HIV and AIDS, it is necessary to address sexual behaviours, and this is not typically an easy topic to address within mixed audiences. Also, there are disproportionate impacts of HIV and AIDS on women in terms of health, social and economic status and these should be addressed. Thus, gender issues must be considered in all activities and strategies.

**How can my university promote HIV risk reduction?**

We've looked at some examples of underlying factors that may exacerbate HIV and AIDS. How can you change these seemingly overwhelming obstacles?

First, let's look at simple and direct means to address them, in ways that are manageable for the university setting.

**Promoting a safe environment**

We agree that in general, university students are impressionable, may not have adequate or consistent income, and are living without consistent adult supervision and constraint for maybe the first time in their lives. Put this together with peer pressure and this makes university students highly vulnerable to HIV. Making universities safe in terms of HIV must be addressed at all these levels.

- Prevention campaigns must focus not only on the basic facts of the disease, but the dangers of alcohol and drug abuse, safe vs. risky sexual behaviours, and barrier methods to prevent HIV transmission. Focusing on gender issues will open up the discussion to address date rape, freedom of choice to use contraceptives, negotiating safe sex and other related issues. Breaking down the cultural taboo of discussing very personal issues such as sex, sexual relations and power relationships may be easier in same-sex settings. Thus, some approaches and services may work best in male- and female-only group situations.

- An unstable economic situation is another gateway to HIV. In the university setting, very often bursaries are not dispersed until well into the school year. Many students may turn to commercial sex work to support themselves between income flows. Ensuring that bursaries are dispersed well in advance and looking into alternative income generating opportunities for students on campus are some means of addressing student economics.

- Involving faculty along with students in any HIV campaign is critical. Although universities very often do not want to admit it, sexual relationships between students and faculty are not uncommon. Cross-generational relationships are a major risk factor for HIV transmission.

- Another issue to consider is when students and staff are placed far away for practical training or work, often in rural areas. This adds to the vulnerability of these individuals, since a combination of loneliness, not enough money and the use of alcohol can contribute to high risk sexual behaviour. Students and staff must be adequately informed and supported throughout their placements, particularly in far off and remote areas.
Invest in an HIV and AIDS programme!
As indicated earlier, universities need not go about it alone. There are plenty of organisations and other experts that will be happy to assist the university in developing interventions that best suit that institution. First, an HIV and AIDS policy must be developed. Then a programme should be designed with assistance from the experts and considering the priorities of the institution. Finally, the programme must be implemented. This may mean that resources must be allocated to the programme in terms of hiring or training staff, obtaining materials, establishing working committees, and for special events. Providing adequate coverage for university employees in terms of health and other benefits may also require additional resources.

All of these are issues which need to be considered during the development of the institution’s strategy. It is an unfortunate fact that HIV and AIDS need to be factored in to the running of any large institution in the Southern African region. Universities need to take appropriate action, and continue to be leaders in the national programmes that are tackling this disease.
7 References


Kaya, H.O. & Kau, M. 1994. ‘Knowledge, Attitudes and Practice in Regard to AIDS: The Case of Social Science Students at the University of Bophuthatswana.’ Curationis 17:2


8 Additional Resources


9 Support Organizations


