

Pertinent Challenges Inherent in Support Structures for People Living with HIV/AIDS (PLWHA) in Southern African Universities: The Case of University of Fort Hare

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ABSTRACT The aim of this paper is to explore the challenges confronting support structures for People Living With HIV/AIDS (PLWHA) in Southern African Universities. The paper has employed a qualitative research methodology and followed a case study design. An interview guide was used to facilitate the collection of data from the research participants. The following were the study's findings: support structures are invisible and insignificant; lack of knowledge about support structures; poor dissemination of information; apathy towards service delivery; undue attention attributed to the HIV/AIDS pandemic; inadequate service delivery; unethical practices taking place in the support structures; fear of the breach of confidentiality; the importance of support structures in addressing stigma and discrimination, and the need to adopt a comprehensive care package. The paper concludes that very little is being done policy wise to make the support structures responsive to People Living with HIV and AIDS at Universities. The paper recommends the following: HIV/AIDS structures to be made visible; an independent organization to manage support structures for PLWHA; mainstreaming HIV/AIDS in the institutions' curriculum; gender mainstreaming of HIV/AIDS services; making support structures youth friendly; and drawing up short and long term goals to aid fighting HIV/AIDS; and educating and training HIV/AIDS service providers.

INTRODUCTION

Globally, the HIV/AIDS epidemic has had devastating socio-economic impacts on the societal social structures of different continents around the world. In 2009, for instance, 1.8 million people died from HIV/AIDS and another 2.6 million people were infected with the virus (UNAIDS 2010). The international community besides funding has advocated to the governments of especially countries immensely affected by HIV/AIDS to strengthen the response structures and strategies to assist people living with HIV/AIDS. Such response structures include putting in place strong and sustainable infrastructure to support the PLWHA. This is important in the developing part of the world reeling under the impact of the HIV/AIDS epidemic, if they are to fulfill the Millennium Development Goal (MDG) number six that aims at the virtual elimination of HIV/AIDS and advocates for policy initiatives like distributing medication such as Anti-Retroviral drugs (ARVs) (Treatment Action Campaign (TAC) 2007).

Globally, the Sub-Saharan African countries bear an ordinate share of the global HIV burden and constitute the most affected countries in the world (UNAIDS 2002). The region of Sub-

Saharan Africa is a refuge to 70% of global HIV/AIDS cases having 11.3 million of these people living in the Southern Africa region and the figure continues to skyrocket every year.

The most affected countries with a high HIV prevalence rate of more than 20% includes, Swaziland, Botswana, South Africa and Zimbabwe. In this region, South Africa has the fastest growth in HIV/AIDS cases. It has an estimated 5.6 million [5.4 million – 5.8 million] living with HIV/AIDS (UNAIDS 2010). This does not augur well for a country that many African prides in as the biggest economy in the African continent. With HIV/AIDS empirically proven to negatively affect the country's productivity, South Africa sits on a time bomb with dire consequences unless strategies and interventions are put in place to stem the tide of the pandemic (Ramphole 2008; TAC 2007; South African National AIDS Council (SANAC) 2007). The need for adequate and sustainable support structures in South Africa, therefore, need not be over-emphasized

Aims and Objectives

The broad aim of the research study from which this paper is drawn is to explore the ef-

fectiveness of support structures for people living with HIV/AIDS in Southern African institutions. This paper was also informed by the following specific objectives, to identify the existing support structures, identify their operational gaps and to raise awareness of their presence; as well as to suggest the improvement of institutional policies.

Problem Statement

Widespread concern over the lack of visible pulsating, emotional, therapeutic and administrative support for people living with HIV/AIDS in South African universities has led to the perception and suspicion that Southern African institutions do not have stable responsive support structures for HIV/AIDS infected and affected individuals. Incontrovertibly, the Southern African region is also perceived to be characterized by high levels of stigma, discrimination and low HIV/AIDS disclosure rate. In the light of this background, the researchers were ignited to objectively investigate the effectiveness of present support structures for PLWHA at the University of Fort Hare. The research findings are likely to be used as instruments of raising awareness and advocate for better support service structures for the people living with HIV/AIDS. The fact that South Africa leads the pack by having the highest number of people living with HIV/AIDS, further justifies the need to carry such an investigation.

METHODOLOGY

Research Design

This research study was descriptive and explorative, and made use of the qualitative research paradigm in form of a case study. Qualitative design studies focuses on meanings, experiences and understanding of phenomenon from the point of view of the research participants (Rubin and Babbie 2008). This is justifiable because these researchers had the opportunity to interact and tap the experiences of the students and staff, either infected, or affected. The qualitative approach allowed the researchers to gain insight into student's attitudes, value systems and concerns regarding the research topic (Rubin and Babbie 2008).

Research Instrument

The research made use of an interview guide to facilitate 5 focus group discussions at the University of Fort Hare, Alice campus. For the focus group discussions, two of them were constituted by both University staff and student societies, while 3 were constituted by the UFH students. The interview guide facilitated the collection of data on the existing support structures for the PLWHA and the challenges associated with them.

Sample Selection, Data Collection and Procedure

Sample selection entailed the use of non probability sampling methodology which allows the researcher to sample the units that are deep in the data of his/her interest. Specifically, the researchers used purposive sampling and snowballing techniques. Snowballing complemented purposive sampling in that some samples were secured through being proposed by their friends who were already research samples (Rubin and Babbie 2008). Data collection process was cross-sectional meaning that data was collected within a short period of time and had to fit the students' calendar. A tape recorder was also used for data collection. Data collection was done in English as all the samples subjects were literate. Then, the researchers had to transcribe the content from the tape recorder in readiness for analysis.

Trustworthiness and Credibility

The main aim of trustworthiness in a qualitative inquiry is to support the argument that the inquiry findings are worth paying attention to (Rubin and Babbie 2008). Trustworthiness was achieved through purposefully selecting the samples and targeting all relevant stakeholders as a way to bring out the factual information. The phenomenon of researcher's credibility mirrors the reader's confidence on the researchers' ability to be sensitive to the data collected. The researchers ensured credibility by first piloting the research instrument with a few samples so as to determine their validity, reliability and relevance. Piloting the research instrument also ensured that discrepancies in the research instrument were corrected before administering the research instrument to the sample.

Conceptual Framework

Conceptually, the researchers are convinced that although eclectic theoretical frames could be used to explain different aspects associated with support structures pertaining to PLWHA, social networks theory is probably the stronger of those frames. The researchers, therefore, discuss the theory here below.

Social Network Theory

Social network theory was propounded by Stanley Milgram and Mark Granovetter (Prell 2011). It highlights the importance of synergy and coordination between individuals, groups through membership of social networks in which each membership has a role to play in strengthening the goal of such a network (Kang'ethe 2011). This theory, therefore, is important to PLWHA in institutions of higher learning such as UFH. This is because it has a positively reinforcing effect for networks to be strengthened in order to respond to the needs of its membership. The theory also recognizes the uniqueness and strengths of different players as far as giving support to a desirable goal is concerned (Saleeby 2005). As people living with HIV/AIDS are vulnerable, this theory gives them green light to research, collaborate, work together and recognize different players that can be of assistance to them.

The theory recognizes coming together to achieve a common desirable goal. It therefore supports the strengths perspective advocated by Saleeby (Saleeby 2005). This is to forge the desired support system, either financially, emotionally, socially, physically and psychologically. In essence, social networks are a source of inspiration to its membership. Since research at UFH indicated many challenges that PLWHA face, this theory, then acts as an impetus to the PLWHA themselves, PLWHA campaigners and policy makers to emphasize the need for a strong collaborative efforts and synergy that will see PLWHA at UFH achieve an environment with ample psychosocial support, hope and forge a situation in which structures are positively responsive to their needs.

FINDINGS

Invisibility of Support Structures

The majority of the research participants confirmed the dearth of PLWHA support struc-

tures on the UFH campus. They cited the clinic, the student counseling unit and voluntary counseling and testing centres as the only structures that dealt with HIV/AIDS on campus. The participants also mentioned that, besides the clinic that was known by virtually all the students and other stakeholders, the other structures and their services were not adequately known. The following sentiments support the findings above:

"I only know the clinic, I haven't seen anything else."

"Do these HIV/AIDS support structures really exist? Not really except maybe for the student counseling unit."

"Maybe the clinic, I'm not really sure what a support structure is."

"Yes, I know only the clinic and the student counseling unit".

Inadequate Awareness of the PLWHA Support Structures

Most of the research participants mentioned that the available support services were not easily known, or identifiable. They indicated the different ad hoc circumstances in which they came to know the services. Many of them said that they accidentally learnt of the services from friends who had made use of the services offered by these support structures. A number of the participants blamed the managers of the support structures for not making significant effort to raise the students' awareness regarding their presence and service. The following sentiments were echoed regarding the marketability of these services.

I accidentally learnt of the counseling services through a friend who accessed them.

We do not know why services offered to PLWHA are not well marketed. There are quite a number of PLWHA in the campus that requires such services.

Inadequate HIV/AIDS Campaign Management and Coordination

The respondents alluded to the fact that information dissemination on HIV/AIDS at the University of Fort Hare was poorly coordinated and managed. The participants highlighted the fact that campaigns were symbolic and piecemeal; and did not adequately capture the attention of the students in the institution. Coupled with these factors, the participants highlighted the inadequacy of the campaigns in the institu-

tion. The following sentiments support the concerns above:

"The present structures should make an effort to create awareness functions, campaigns, make posters, flyers or something that attracts students who don't know about the HIV/AIDS support structures."

"There is need to have HIV/AIDS ambassadors within the University who will encourage critical dialogue about the disease"

Inadequate Service Delivery

The majority of the research participants reported only knowing counseling, testing and male condoms distribution as services currently being offered by the two visible structures at Alice campus. The respondents highlighted that female condoms were not being dispensed in residences. Most of the respondents were unsure of other services offered by the support structures. A majority of the participants, with reference to the Student Counseling Unit were of the opinion that this unit offered counseling for every problem, and had no knowledge on specific services offered to PLWHA. When prompted to speak on the relevance of these services, almost all the respondents indicated gaps in service delivery. The following sentiments were echoed:

"They offer voluntary counseling and testing, condoms dispensing, and information about HIV/AIDS epidemiology. I have seen nothing beyond that. They are not relevant."

"I have no idea what type of services they offer. Services have not adequately been marketed."

"I don't think these HIV/AIDS services are relevant, they offer basic counseling only. PLWHA needs tailor-made counseling packages."

Stigma and Discrimination Associated with HIV/AIDS Service Delivery

Some of the respondents indicated that support structures in the institution could serve as channels in which stigma and discrimination could be adequately addressed. The respondents highlighted that effectively dealing with stigma and discrimination would greatly improve the quality of life for the infected and affected. The respondents had this to say:

"Support structures if well operationalized could teach people about the disease. That could reduce stigma and discrimination at UFH."

"Stigma cannot disappear that easily. It is a socially constructed phenomenon. Someone has to do something to deal with it. It is my belief that these support structures should be used as the mouthpiece against discrimination".

DISCUSSION

The outcome of the findings highlighted that support structures for PLWHA are generally invisible from the service recipients' perspective. Evidence abounds that support structures at the University of Fort Hare are invisible and do not adequately render the required services for the institution. This perspective is regrettable as it is contrary to the views of van Wyk and Pieterse (2006) who contend that Universities in the SADC region should operate as a nexus of social and human capital discharging the responsibility of offering institutional care and support to their students and staff. The perspective of Van Wyk and Pieterse is important to this research endeavor as it forms a revelation that the UFH support structures need to change if they are to achieve their goals of helping PLWHA needy students and possibly the staff. This makes it imperative that the UFH initiate HIV/AIDS management committees which are broad based to ensure that all the PLWHA support structures are in place. Such a committee should also strongly coordinate and monitor the HIV/AIDS activities. Significantly, such a committee should, for example, initiate HIV/AIDS sensitization awareness sessions, especially to market the UFH HIV/AIDS service structures and hopefully help to reduce the state of stigma that has continued to derail the success of HIV/AIDS campaign in South Africa (Kang'ethe 2013a). The researchers had also noted that unlike other social societies like Debating club and Student Christian Society to mention just but a few, there is little knowledge at the University regarding support structures of HIV/AIDS. It is therefore critical that support structures are adequately strengthened and given due publicity in order to adequately assist the PLWHA. This noted gap according to these researchers, need to be given all the due attention. This is even made more urgent by the literature revelation that in-

stitutions of higher learning in South Africa are gravely affected by the HIV/AIDS more than other institutions in the country (TAC 2007; SANAC 2007).

In these researchers' contention, the invisibility of PLWHA structures has assumed an inextricable relationship with inadequate awareness of the PLWHA structures. This has large implications in the consumption of the services meant to assist the PLWHA. This, in these researchers' perspective is unfortunate in that the institutions of higher learning in South Africa experience more new infections than other institutions in the country. This worries these researchers as they wish the country to make significant inroads and a score towards the realization and fulfillment of Millennium Development Goals whose stock taking is in 2015 (Kang'ethe 2012; UNDP 2004). These researchers were also perturbed to find that condom distribution is only confined to male residences, the student centre and the library. The male condoms were not dispensed in the female halls of residence. This means that if one does not interact with these venues, he/she could not access these tools. Another worry is that female condoms are not dispensed. Such a scenario greatly puts women at risk of HIV/AIDS because they cannot negotiate for condoms adequately. This is also worrying in that literature pertaining to HIV/AIDS infection and prevalence in tertiary institutions indicate that women are considered to be more at risk of contracting and transmitting the virus than their male counterparts. This places the importance of ensuring that females are exposed to as different types of prevention tools as possible (Crewe et al. 2000). In these researchers' perspective, such a lack of awareness is adding to the gross number of women who are HIV/AIDS infected. This, then, partly helps to understand why Sub-Saharan African region has at least 58% of the global HIV/AIDS infected women (Brown et al. 2004: 2). These researchers also think that the fact that this region is well known for its cultural traits that could be undermining women's risk to HIV/AIDS need to be examined and solution to dilute them, be timeously sought. It is therefore critical that more research on the domain of culture is carried out to come up with possible HIV/AIDS underpinning factors (Brown et al. 2004; Kang'ethe 2009).

This now confirms these researchers long held contention that the South African campaign

suffers serious gender dimension. This, to a large extent could slowly drive to the state of feminization of HIV/AIDS (Kang'ethe 2013b). With global HIV/AIDS indicating that more females than men are infected, it is therefore critical and urgent that such HIV/AIDS gaps are timeously closed.

Findings about poor and inadequate service delivery strategies to address the PLWHA needs also to be addressed. Effective planning in these researchers' contention may overturn the tables of poor service delivery and hopefully put in place viable and apparently sustainable and working strategies. The current stalemate of poor and inadequate planning pertaining to execution of HIV/AIDS campaign process needs to be nipped in the bud if the rate of new infections and generally the HIV/AIDS prevalence rate in UFH and other learning institutions are to be prepared to make a significant score in the Millennium Development Goals' 2015 benchmarks (UNDP 2004). It is to this end that Asmore and Abbey (2006) indicate that trained personnel such as psychologists and other experts should be involved in the designing of effective HIV/AIDS strategies and plans. This is to ensure that the programmes are scientifically informed. However, these researchers believe that even if insufficient funding could be a challenge to put in place a pulsating HIV/AIDS campaign where the requisite PLWHA support structures are put in place, a research such as this to establish such gaps is critical. They are also of the opinion that such gaps emanated from poor planning more than lack of funding. However, the issue of funding challenge finds evidence from other scholars. For example, Cooper et al. (2004) highlighted that lack of funding and human resource base are some of the social ills that hinders the progress of the South African health sector and this also manifest in learning institutions. However, the phenomenon of poor and inadequate service delivery has been documented. For example Barron et al. (2009) highlight that the roots of inadequate service delivery in South Africa can be traced way back from the period of the country's history from colonial subjugation to post-apartheid era. This could partly justify why former Black institutions like the UFH have very dysfunctional health support system. Barron et al. (2009) further emphasize that failure in public leadership and stewardship could have largely contributed towards the delay or nonexistent implementation of good health based policies.

Findings that stigma negatively influence the effectiveness of distribution, dissemination and consumption of the PLWHA services is worrying because literature indicates that HIV/AIDS in South Africa is still negatively influenced by stigma (Kang'ethe 2013a; TAC 2007; SANAC 2007; Ramphele 2008). As former Botswana President, Festus Mogae had noted, stigma in HIV/AIDS hit countries such as Botswana and South Africa remains the most stumbling block towards care, support and prevention (UNDP 2004; Kang'ethe 2013a). It is these researchers' feeling that stigma is a recipe of misinformation, myths and pseudoscience philosophies such as the ones that had been advanced by former South Africa President Tambo Mbeki that HIV virus does not cause AIDS. It is therefore critical that effective information dissemination processes are put in place to ensure correct information packaging (Kang'ethe 2013a; Ramphele 2008; TAC 2007).

CONCLUSION

Strengthening structures to assist PLWHA in any tertiary institution in South Africa is critical and long overdue. It is therefore critical that immense efforts are made to strengthen the requisite services of the PLWHA. Having the structures being visible, friendly to the users, and with the human resource that is competent and friendly is critical in bolstering the services of the PLWHA. Proper and effective coordination is also critical. Perhaps strengthening the policies pertaining to the management of these structures can go a long way in ensuring they are effectively run and supported.

RECOMMENDATIONS

Mainstreaming HIV/AIDS into the University Curriculum

The curriculum of higher learning institutions should continuously adopt recent literature on HIV/AIDS as a mechanism to dispel the clock of ignorance surrounding the disease. Issues pertaining to HIV/AIDS are dynamic and intervention and strategies may also need to change. On this note, the teaching of HIV/AIDS should form part of other important compulsory courses as there is a great need to effectively disseminate

this knowledge across all the disciplines because HIV/AIDS is cross-cutting and multi-disciplinary.

Visibility of HIV/AIDS Structures is Critical

Efforts must be formulated by higher learning institutions to develop visible and proper policies that are well coordinated by the support structures to help people living with HIV/AIDS. Universities should include and operate these HIV/AIDS policies in their "Vision and Mission" statement as part of their chief priorities. Universities should also draw up short and long term goals in their strategies to combat the HIV/AIDS pandemic. Such efforts will directly mean that support structures will receive appropriate attention and funding from the University and other relevant stakeholders.

The Need for Anti Stigma and Discrimination Campaigns

It is of paramount importance that the University critically engages in stigma and discrimination campaigns within the University of Fort Hare. Since literature holds that stigma continue to be a stumbling block towards an effective HIV/AIDS campaign, it would be important that the university consult HIV/AIDS experts to help in the crafting of anti-stigma guidelines and possibly offer a road map towards a successful HIV/AIDS anti stigma campaign.

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