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Higher Education HIV and AIDS gendered interventions among residential students in Zimbabwe

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Abstract

The purpose of the study was to establish the gendered interventions used by Higher Education Sector in Zimbabwe to reduce and eliminate the impact of HIV and AIDS among its semi-confined population. The study sought to find out how the Higher Education Sector collaborated with national agencies in managing the impact of HIV and AIDS among college inmates. The study used telephone and in-depth interviews of HIV and AIDS focal persons in the various Higher Education institutions. The participants were Student Affairs practitioners in Higher Education Institutions in Zimbabwe. The study found out that while the Higher Education Institutions manifest national awareness of HIV & AIDS preventive, co-ordination and management measures, there were no concrete interventions to mitigate the impact. Of significance was the fact that HIV and AIDS management was not mainstreamed in the management and administrative structures and functions of the respective institutions nor was it purposefully mainstreamed in university college curriculum? Thus HIV and AIDS issues remained at information dissemination level only. The study recommends that HIV and AIDS issues be gender sensitive and integrated in the management and curriculum of all institutions for sustainable gendered interventions on the impact of the HIV and AIDS pandemic on the higher education sector.

Introduction

Zimbabwe has been experiencing significant declines in both prevalence and incidence of HIV over the years. From a high of over 29% in 1999, the HIV prevalence rate had fallen to 13.1% in 2010 (MoHCW, 2009). The fall in the prevalence rate could be attributed to a number of factors which included increased promotion of awareness campaigns, prevention interventions undertaken by the different stakeholders in the country and access to antiretroviral drugs which rose by 60% coverage in 2010.

The Zimbabwe National AIDS Council (NAC), established in 1999 to spearhead the coordination of a national response to the HIV pandemic came up with sustainable policies and a national plan of action to reduce the impact of the scourge in a multi-sectoral approach in line with regional and international commitments. Zimbabwe HIV and AIDS intervention focused on the following aspects:

1. reduction of new cases of HIV
2. access to and utilization of treatment services
3. providing evidence for decision making,
4. managing processes of response to the scourge
5. monitoring and evaluation
6. coordinating and mobilizing resources in the response to the pandemic.

In Zimbabwe the HIV and AIDS research agenda ranged from prevention to those strategies related to enhancing treatment outcomes and further strengthening the health systems. A multi-sectoral approach was viewed as more sustainable as the priorities varied from sector to sector. Thus the Higher and Tertiary Education sector which had most of the 18-30 year olds in its various programmes, was identified as a critical area to target prevention and treatment. The national thrust and impact was then realized through the one strategy, one monitoring process coordinated by NAC. In terms of the nation's research priority areas the youth in and out of the institutions were a priority area. In fact the research priority document was developed specifically to:

- Inform researchers, partners and stakeholders in the national HIV & AIDS programmes of specific research issues that are critical to the national response to enable better understanding of the pandemic
- Serve as an instrument for the coordination of HIV and AIDS research in the country
- Guide researchers and research organizations to areas of importance to the country, which could receive funding support where resources were available

The identified Ten Prevention priority areas were;

- 1) Youths in and out of School (YOS)
- 2) PMTCT
- 3) Male Circumcision
- 4) High Risk Groups
- 5) Behaviour change communication
- 6) Infection control
- 7) HIV-related Malignancies
- 8) Voluntary testing and counselling
- 9) Workplace programmes
- 10) Blood safety

While the ultimate goal of research was the accumulation of data that would point to effective national strategies, there were gaps relating to specific aspects of identifiable groups that needed to be considered for a holistic and inclusive impact.

This study sought to establish the strategies used in the Higher and Tertiary Education sector in order to identify interventions for the sustainable reduction of the HIV and AIDS scourge through strengthening the youth reproductive health and life skills. AAU (2007) described Higher Education Institutions as potential breeding grounds for HIV infection due to the physical proximity of a large numbers of young adults at their peak of sexual activity and experimentation devoid of systematic supervision, combined with the availability of alcohol and perhaps drugs.

Higher and Tertiary Education institutions were therefore identified as high risk areas in the spread of HIV because of such factors as high rates of sexual experimentation, prostitution or transactional sex, prevalence of gender violence, vulnerability of female students in negotiating safe sex and lack of comprehensive programmes to assist students make informed choices. Faced with this plethora of issues the Higher and Tertiary Education Sector Came up with a policy used as the basis for college based policies in all teachers' and technical Colleges. Some universities developed their own policies to guide their interventions. International partners such as UNESCO were called to assist through funding and information sharing in order to promote the

educational approaches to HIV and AIDS reduction, support educational initiatives in HIV and AIDS prevention and supporting the development of capacity to respond to HIV related curriculum.

Non budgetary allocation for HIV & AIDS was causal to the lack of targeted intervention in Higher Education. Factors such as institutional, budgetary, cultural/ religious were seen as impediments to progress in developing sustainable HIV and AIDS programmes in Institutions. Differentiated strategy required to target fundamentals of what HIV and AIDS truly represent and the threat it caused to higher education. Mainstreaming HIV and AIDS across the curriculum instead of including it in the responsive programmes such as health sciences and social sciences only. There is need to consciously programme HIV and AIDS for the entire Higher Education. The implicit curriculum is seen as more prevalent in Higher and Tertiary Education Institutions in Zimbabwe. However AAU (2007) recommended an explicit curriculum that was mandatory for all learners regardless of field of study.

AAU (2007) agreed to focus on first generation responses to HIV and AIDS as these focused on fundamentals for a turn around. These were:

- I. Strong leadership, policy and management commitment
- II. Instituting effective prevention and education programmes
- III. Care and support for HIV infected and affected
- IV. Curriculum reform focused on development of new skills
- V. Community engagement thus making institutions accessible to communities in which they work

COREVIP (Tripoli 2007) recommended the following in order to bring HIV and AIDS to the core of university education and thus render intervention sustainable;

1. Adherence to Greater Involvement of PLWHAs
2. Commitment of Institutional leaders to develop and enforce policies ensuring the uptake of HIV and AIDS courses by all students
3. Improvement and strengthening of research centers in the sub-regions as centers of excellence for collation of institutional data on HIV and AIDS

4. Enhanced partnerships with Aids Councils.
5. Need for home grown HIV and AIDS research agendas
6. Creating Environments that recognised the need for infected and affected people.

Since the purpose of this study was to establish strategies used by higher education sector in Zimbabwe to reduce or eliminate the impact of HIV and AIDS, therefore, the research questions were;

1. What strategies were used by Higher education institutions to reduce or eliminate the impact of HIV and AIDS?
2. How do strategies used by Higher Education Institutions collaborate with national plans?
3. How coordinated was the work of Higher education in mitigating HIV and AIDS?
4. Was HIV and AIDS information presented in formats accessible to all students

The sample of the study included universities, Teachers' Colleges and Polytechnics with resident students. The participants of the study were students' services practitioners, Health Education and life skills lecturers and students members of HIV clubs. Data collection was done through telephone interviews. Averages of three calls were made to each individual for clarification of information received. The interview guide consisted of five questions focusing on the presence of viable HIV and AIDS programmes in the institutions; the presence of a curriculum that promotes HIV and AIDS prevention, care and support; regular and sustained issue and display of IEC material, notable benefits to the entire student body and the possibility of link to national strategies of combating HIV and AIDS

The findings of the study were to a large extent consistent with the first generation strategy that is higher education was still focusing on awareness and information dissemination. Most of the students and lecturers agree with the fact that residential institutions were high risk areas for HIV infection due to the accumulation of youths with the propensity to experiment in sex. The absence of boarding school controls and the possibility to indulge in alcohol and drug abuse created fertile ground for promiscuity leading to the spread of HIV and AIDS. In fact a report of student teachers showed a high rate of HIV infection in the fourth year of

teaching practice than in the first year. Thus teaching practice and industrial attachment exposed students to the risk of unsafe sex.

Table 1A: Institution by HIV & AIDS viable programme

Programs	Africa University	Bindura University of Science Education	Chinhoyi University of Technology	Great Zimbabwe University	Harare Institute of Technology	Midlands State University	National University of Science & Technology	Solusi University	University of Zimbabwe
Stand alone HIV programme for all students	-	-	-	-	-	-	-	-	-
A stand alone programme for some students	√		√	-	-	√	-	-	-
HIV material included in course material	√	√		√	-	√	-	√	√
An implicit curriculum	√	√	√	√	√	√	√	√	√

Table 1 shows that since COREVIP (2007), Higher Education Institutions in Zimbabwe did not fully embrace the recommendations. The institutions especially universities remained at the awareness and implicit curriculum level. None of the universities had a mandatory stand alone HIV and AIDS programme. The same situation obtained in Teachers' Colleges and Polytechnics. In fact in Teachers' Colleges and Polytechnics HIV and AIDS materials were mostly used at orientation of new students and not as a compulsory course despite the fact that all these colleges had an HIV policy guided by the Ministerial Framework for on HIV & AIDS.

Table 1B: Teachers Colleges and Polytechnics by Viable HIV Programmes

Programmes	Belvedere Trs' College	Nyadire Trs College	Mutare Trs ' Vollege	Kwekwe Polytechnic	Mogenster Trs' College	Seke Trs ' College	Mutare Technical College	Masvingo Technical College	Kushing Pikelela College
Stand alone HIV programme for all students	-	-	-	-	-	-	-	-	-
A stand alone programme for some students	-	-	-	-	-	-	-	-	-
HIV material included in course material	√	√	√	-	√	√	-	-	-
An implicit curriculum	√	√	√	√	√	√	√	√	√

Both Teachers' and Technical Colleges only had an implicit curriculum which focused on awareness, peer education and IEC materials distribution. Condom distribution was mostly done in government colleges and restricted in Christian Colleges. The issue with Christian Colleges was that allowing condom distribution would amount to allowing sexual immorality as in permissive societies. Church related colleges preferred to stress morality and abstention instead. However, lecturers and students believed that there was need to avail condoms as students were driven into sexual relationships as their partners were far away. The essence of this situation was that students especially married ones were failing to abstain. The issue of morality therefore should be considered contextual to the real lived experiences of the students.

Table 2 Institution by type of HIV Intervention

Interventions	Africa University	Bindura University of Science Education	Chinhoyi University of Technology	Great Zimbabwe University	Harare Institute of Technology	Midlands State University	National University of Science & Technology	Solusi University	University of Zimbabwe
Awareness Campaign & I E C Materials	√	√	√	√	√	√	√	√	√
Peer Education	√	√	√	√	-	√	-	√	√
Counseling service	√	√	√	√	-	√	-	√	√
Voluntary Counseling and Testing Centre	√	-	-	-	-	-	-	-	-
Provision of ART	-	-	-	-	-	-	-	-	-

HIV and AIDS interventions were characterized by awareness campaigns and counseling. Only 10% of the institutions had voluntary testing and counseling centers. The rest of the institutions let the students use centers within the community and thus abrogate responsibility. Interestingly some of the policies included the aspect of voluntary counseling and testing as well as the support in accessing antiretroviral therapy (ART).

The situation in Teachers and Technical Colleges was almost similar except for those colleges in institutions which included a hospital such as Nyadire and Morgenster. The hospitals had the requisite facilities and a regular supply of ART drugs.

Table 2b: Institution by type of HIV Intervention

Interventions	Belvedere Trs' College	Nyadire Trs College	Mutare Trs ' Vollege	Kwekwe Polytechnic	Mogenster Trs' College	Seke Trs ' College	Mutare Technical College	Masvingo Technical College	Kushing Pikelela College
Awareness Campaign & I E C Materials	√	√	√	√	√	√	√	√	√
Peer Education	√	√	√	√	√	√	√	√	√
Counselling service	√	√	√	√	√	√	-	√	√
Voluntary Counselling and Testing Centre	-	√	-	-	√	-	-	-	-
Provision of ART	-	√	-	-	√	-	-	-	-

Both Teachers' and Technical colleges despite having elaborate policies guided by the ministry's policy framework, did not have active voluntary counseling and testing programmes as well as the provision of ART. Only 20% of the institutions used both strategies. These same institutions had a medical facility with medical personnel manning the VCTC and the distribution of ART. In order to enhance sustainability of the HIV and AIDS, all institutions required to use their policies in tandem with national, regional and global policies to bring service provision to a level consistent with the clients' expectations. Students suggested that the provision of VCT centers and ART would greatly assist the plight of the infected and affected.

Table 3A: Institution by strategy for Sustainable HIV Programming

Strategy	Africa University	Bindura University of Science Education	Chinhoyi University of Technology	Great Zimbabwe University	Harare Institute of Technology	Midlands State University	National University of Science & Technology	Solusi University	University of Zimbabwe
Have an HIV Policy in use	√	√	√	-	√	√	-	-	√
Have operation VCT Centre	√	-	-	-	-	-	-	-	√
Have institutional budget for HIV Activities	√	-	-	-	-	-	-	-	√
Mandatorily include HIV & AIDs in the Strategic Plan	-	-	-	-	-	-	-	-	-
Provision of ART	√	-	-	-	-	-	-	-	-
Provide care and support for infected	-	-	-	-	-	-	-	-	-
Have definite links with National Aids Council, or District AIDS Committee	√	√				√			√

While 60% of the institutions say they have a current HIV and AIDS policy only 40% of them and 20% have definite links with National bodies and have institutional budgets respectively. The picture shows that Higher Education response to HIV and AIDS was somewhat reactive to policy and demands of governments rather than self motivated initiatives.

The scenario in Teachers' and Technical colleges was slightly different. All institutions in this category had policies as expected by their parent ministry. It was probable that the policies influenced the rather comprehensive provision of service.

Table 3b: Institution by strategy for Sustainable HIV Programming

Strategy	Belvedere Trs' College	Nyadire Trs College	Mutare Trs ' Vollege	Kwekwe Polytechnic	Mogenster Trs' College	Seke Trs ' College	Mutare Technical College	Masvingo Technical College	Kushing Pikelela College
Have an HIV Policy in use	√	√	√	√	√	√	√	√	√
Have operational VCT Centre	-	√	-	-	√	-	-	-	-
Have institutional budget for HIV Activities	√	√	√	√	√	√	√	√	√
Mandatorily include HIV & AIDs in the Strategic Plan	-	-	-	-	-	-	-	-	-
Provision of ART	-	√	-	-	√	-	-	-	-
Provide care and support for infected	-	-	-	-	-	-	-	-	-
Have definite links with National Aids Council, or District AIDS Committee	√	√	√	√	√	√	√	√	√

Most of the institutions run by Higher Education ministry had policies and were linked to district and national AIDS forums for their sustainability. This was quite good as the institutions often got support and sponsorship for workshop and a regular supply of IEC materials. The Zimbabwe National AIDS Council (NAC) fosters one national strategy, one co-coordinating authority and one monitoring and evaluation strategy. It was therefore pertinent that all institutions should have links with NAC in order to have a concerted strategy to combat HIV and AIDS in Zimbabwe.

Recommendations

The study recommends that all institutions especially universities should essentially adhere to the AAU COREVIP (Tripoli, 2007) recommendation and plan of action so that HIV and AIDS was on the agenda of Senior Management and budgets were allocated for activities.

In order to reduce further the prevalence of HIV infection, institutions should ensure that they all institute an explicit curriculum for HIV and AIDS. This would again be in line with the Tripoli COREVIP recommendations which were that, every higher education institution should have viable links with district and national HIV and AIDS authorities. And all institutions should engage in research in line with the country's research agenda in order to establish viable and current bodies of knowledge in respect of HIV and AIDS issues.

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