An Investigation of Graduate Competency for Managing HIV/AIDS in the Workplace

HEAIDS

HIGHER EDUCATION HIV/AIDS PROGRAMME

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List of Acronyms

AAU	Association of African Universities
ACU	Association of Commonwealth Universities
ADEA	Association for the Development of Education in Africa
AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral treatment
ARV	Antiretroviral
BA	Bachelor of Arts
BEd	Bachelor of Education
BER	Bureau for Economic Research
BUSA	Business Unity South Africa
CCA	Corporate Council on Africa
CCO	Committee of Co-sponsoring Organizations
CDC	Centers for Disease Control
CESM	Classification of Educational Subject Matter
CHE	Council on Higher Education
COSATU	Congress of South African Trade Unions
CTP	Committee of Technikon Principals
DHET	Department of Higher Education and Training
DoE	Department of Education
DPSA	Department of Public Service and Administration
DST	Department of Science and Technology
EAP	Employee assistance programme
ELRC	Education Labour Relations Council
ETQA	Education and Training Quality Assurer
FET	Further education and training
FHI	Family Health International
GBC	Global Business Coalition to Fight HIV/AIDS
HBI	Historically black institution
HE	Higher education
HEAIDS	Higher Education HIV/AIDS Programme
HEI	Higher education institution

HEMIS	Higher Education Management Information System
HEQC	Higher Education Quality Committee
HESA	Higher Education South Africa
HIV	Human immunodeficiency virus
HR	Human resources
HWI	Historically white institution
IAPAC	International Association of Physicians in AIDS Care
IATT	Inter Agency Task Team on HIV/AIDS and Education
ICFTU	International Confederation of Free Trade Unions
IIEP	International Institute for Educational Planning
ILO	International Labour Organization
IOE	International Organisation of Employers
IT	Information technology
KAP	Knowledge, attitudes and practices
LLB	Bachelor of Laws
LLM	Master of Laws
MARP	Most-at-risk population
MSF	Médicins Sans Frontières
MTech	Master of Technology
Nedlac	National Economic Development and Labour Council
NGO	Non-governmental organisation
NQF	National Qualifications Framework
NSDS	National Skills Development Strategy
ODI	Overseas Development Institute
PABC	Pan African Business Coalition on HIV/AIDS
PEP	Post-exposure prophylaxis
PLWHA	Person living with HIV/AIDS
QCTO	Quality Council on Trades and Occupations
SABCOHA	South African Business Coalition on HIV/AIDS
SADC	Southern African Development Community
SAHIMS	Southern Africa Humanitarian Information Management Network
SANAC	South African National AIDS Council
SAPIA	South African Petroleum Industry Association
SAQA	South African Qualifications Authority
SAUVCA	South African Universities Vice-Chancellors Association
SET	Science, engineering and technology
SETA	Sector Education and Training Authority
SHRM	Society for Human Resource Management
SME	Small and medium enterprise
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TAC	Treatment Action Campaign
TB	Tuberculosis
UK	United Kingdom
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS

UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNSSC	United Nations System Staff College
US	United States
VCT	Voluntary counselling and testing
WAC	World AIDS Campaign
WAD	World AIDS Day
WEF	World Economic Forum
WGHE	Working Group on Higher Education
ZAR	South African Rand

Executive Summary

INTRODUCTION

In February 2010 an exploratory study investigating the graduate competencies for managing HIV/AIDS in the workplace was completed. The study was a component of Phase 2 of the Higher Education HIV/AIDS (HEAIDS) Programme, a joint initiative of the Department of Higher Education and Training (DHET) and Higher Education South Africa (HESA) and funded by the European Union. It was one of a range of related projects, information on which can be found on the HEAIDS website (www.heaids.org.za). The overall purpose of the HEAIDS Programme is to reduce the threat of the spread of HIV/AIDS in the higher education subsector; to mitigate its impact through planning and capacity development; and to manage the impact of the pandemic in a way that reflects the ethical, social, knowledge transmission and production responsibilities that are the mission of higher education institutions in society and South Africa.

The purpose of the study summarised in this document was to understand the needs and expectations of employers with respect to graduate competencies, particularly in relation to addressing the demands of HIV/AIDS within the workplace, and the responsiveness of the higher education subsector with regard to meeting these needs and expectations.

The study was primarily qualitative, and semi-structured interviews and focus group discussions were employed to cover a range of themes and issues that the research team identified as relevant and important. In total, 158 people participated in the interviews and focus group discussions, with 72 one-on-one interviews and 21 focus group discussions being conducted. In terms of broad disciplinary areas, 11 areas (including health sciences; social sciences and humanities; engineering; agriculture; physical sciences; business, management and commerce; and law) at both undergraduate and postgraduate levels were investigated in 5 higher education institutions. The study included 9 private and public workplaces, in the mining, health, education, transport, chemical manufacturing, and financial services sectors.

The key findings of the research are summarised below:

1. The most significant finding of the research is that nearly all workplace respondents across all respondent categories indicated that new graduates are generally not well equipped to manage, or deal with, HIV/AIDS in their workplaces. The views of both students and new graduates are important to consider in this regard, as they consistently indicated throughout the interviews and focus group discussions that there are dimensions to the pandemic, as well as the interface between the pandemic and the world of work, that they do not feel competent to address. However, also important to note is that a number of longstanding

managers at the participating workplaces indicated the difficulties they personally experience in managing HIV/AIDS-related issues in the workplace. This points to gaps in both workplace training and support, and university-based HIV/AIDS education.

2. The research indicated that when it came to workplaces, the participating public sector workplaces were the most resource constrained. A number of public sector respondents therefore expressed the view that higher education institutions should do as much as possible to prepare graduates for managing HIV/AIDS in workplaces, as there are no guarantees of workplace training. However, in terms of the views expressed by all categories of respondents in both public and private sector workplaces, the majority indicated that there should be joint responsibility for HIV/AIDS education and training. The view was generally expressed that higher education institutions should provide general foundational knowledge, skills and competencies, while workplaces need to provide ongoing education and training that is context specific.

3. New graduates spoke to the emotional impact of dealing with HIV/AIDS in the workplace, and indicated that their university courses did not prepare them adequately, if at all. In this research, the new graduates who seemed most affected by HIV/AIDS in their workplaces were those working in the public hospital (not only nurses, but also physiotherapists and social workers) and those working in the mining sector. In addition, many students, new graduates and workplace respondents referred specifically to the issue of mitigating or eradicating stigma as an issue that education and training in HIV/AIDS needs to address.

4. The research found that although all higher education institutions do offer some HIV/AIDS-related services, in some institutions there are gaps in provision because of limited resources or because of the particular model/implementation strategy being used to deliver HIV/AIDS services. Most of the higher education institutions that participated in the study are undertaking extra-curricular HIV/AIDS education and awareness programmes, usually as part of an orientation programme at the start of each academic year. Where institutions have not yet done so, all are planning to include such an initiative in the near future.

5. The research indicated that many faculties, schools and departments are incorporating aspects of HIV/AIDS in their courses and programmes, but that this is fragmented and uncoordinated. A number of university-based academic respondents indicated that there is insufficient support and training for curriculum infusion of HIV/AIDS in and across courses and programmes. In addition, some academic respondents mentioned the time-consuming nature of keeping up to date with developments in HIV/AIDS knowledge and research, and of incorporating this appropriately into their academic courses and programmes.

6. Academic staff also indicated that increasingly students are approaching them with HIV/AIDS-related personal problems. It was thus indicated that there is a range of training needs for academic staff (including postgraduate tutors), including basic counselling and referral.

7. Some line managers at universities, such as deans, heads of school and heads of department, indicated a number of gaps at their instititutions, which impact negatively on their line management functions in relation to managing HIV/AIDS issues. For example, no training is provided to these line managers on managing HIV/AIDS workplace issues, and policies and guidelines are inadequately communicated to this level of management.

8. Almost all students and new graduates who participated in the research argued that higher education institutions should provide compulsory HIV/AIDS courses, both within and outside of

the formal curriculum in structured, systematic and innovative ways. These students and new graduates strongly urged that the approach to HIV/AIDS education include non-traditional approaches and activities – such as discussion forums where they would have the opportunity to discuss inter alia issues related to sexuality and relationships. These respondents also suggested that courses include dealing with disclosure and how to respond appropriately to people who disclose their HIV-positive status. In addition, while acknowledging the importance of knowing and understanding the 'facts' of HIV/AIDS (particularly the biomedical aspects, including prevention and transmission), many students and new graduates felt that medicalising the issue or focusing only on 'facts and figures' removes the personal and human dimensions from understanding and dealing with the pandemic; and that it is in precisely the area of the personal and the human that there is the strongest need for education, training and consciousness-raising.

9. While findings 1–8 (above) emerged from the interview and focus group discussion data, the current finding summarises the key graduate competencies for managing HIV/AIDS in the workplace. The competencies emerged from the self-completion list of competencies administered to all respondents during the interviews and focus group discussions. This list of competencies is derived from the aggregated responses of all respondents who completed the self-completion activity. According to respondents, the following are the most important generic competencies for managing HIV/AIDS in the workplace:
   - General knowledge and understanding of HIV/AIDS, including being able to respond to questions about HIV/AIDS.
   - Knowledge and understanding about the impacts of HIV/AIDS on individuals and families.
   - Knowledge and understanding regarding condom use and prevention.
   - Knowledge and understanding of ethical and legal issues, and values relating to ethical conduct.
   - Knowledge and understanding regarding social context and gender issues.
   - Respect for confidentiality.
   - Empathy towards persons living with HIV/AIDS (PLWHAs).
   - Interpersonal skills.
   - Ability to manage performance issues, negative co-worker reactions and absenteeism.

However, of the above, respondents felt most competent with regard to the following: general knowledge (54%), impacts on individuals and families (46% and 41% respectively), condom use and prevention (60%), respect and confidentiality (50%) and empathy towards PLWHAs (44%). Of the other competencies on the list, the level at which respondents felt equipped to deal with those issues ranged between 21% and 37%, suggesting that both higher education institutions and workplaces need to re-evaluate the content of and approach to HIV/AIDS education and training.

Recommendations have been made in three broad areas:

- At the systems level:
  - Ensure broad-based, dedicated and integrated funding, including from the business sector.
  - Establish a higher education HIV/AIDS repository to assist with reducing fragmentation, increasing coordination and improving the higher education sector's access to current knowledge and best practice.
  - Promote a systematic, integrated approach to HIV/AIDS education at all higher education institutions, which embeds innovative HIV/AIDS education initiatives within the formal curriculum as well as within extra-curricular activities.
- At the institutional level:
  - Integrate institution-specific findings of the HEAIDS sero-prevalence and KAP surveys into internal strategic and operational planning processes at each institution, to craft appropriate HIV/AIDS education responses.
  - Strengthen health services at all higher education institutions.

  - Ensure that higher education institutions, as employers, are HIV/AIDS competent.
- At the higher education academic and administrative staff level:
  - Consider providing staff development, training and support for academic and administrative staff alike, especially those at the forefront of dealing with students.

These recommendations are based on the principles of greater coordination and cooperation within and between institutions, and between higher education and the public and private sectors; and call for an approach to HIV/AIDS education that is much more systematic, coordinated and integrated.

CHAPTER 1

Introduction

This report presents a detailed picture of an investigation into the graduate competencies required for managing HIV/AIDS in the workplace. The study was a component of Phase 2 of the Higher Education HIV/AIDS (HEAIDS) Programme, a joint initiative of the Department of Higher Education and Training (DHET) and Higher Education South Africa (HESA) and funded by the European Union. It was one of a range of related projects, information on which can be found on the HEAIDS website (www.heaids.org.za). The overall purpose of the HEAIDS Programme is to reduce the threat of the spread of HIV/AIDS in the higher education subsector; to mitigate its impact through planning and capacity development; and to manage the impact of the pandemic in a way that reflects the ethical, social, knowledge transmission and production responsibilities that are the mission of higher education institutions in society and South Africa.

The purpose of this study was to understand the needs and expectations of employers with respect to graduate competencies, particularly in relation to addressing the demands of HIV/AIDS within the workplace, and the responsiveness of the higher education subsector with regard to meeting these needs and expectations. The results of the study are intended to inform and guide the HEAIDS Programme, as well as universities and workplaces, in developing and implementing appropriate responses for developing graduate competencies for managing HIV/AIDS in the workplace.

BACKGROUND TO THE RESEARCH

Mapping the scale of the pandemic internationally, regionally and locally

Given the high prevalence globally of people with HIV-positive status, the HIV/AIDS pandemic is often described as one of the greatest humanitarian crises in our history and one that has begun to unravel nations in terms of their development and stability. Research has revealed the peculiar vulnerability of the developing world, particularly sub-Saharan Africa (and especially the southern African sub-region), with its high levels of poverty, illiteracy and socio-economic marginalisation fuelling the pandemic. According to the 2009 UNAIDS *AIDS Epidemic Update*:

> The number of people living with HIV worldwide continued to grow in 2008, reaching an estimated 33.4 million. The total number of people living with the virus in 2008 was more than 20% higher than the number in 2000, and the prevalence was roughly threefold higher than in 1990. (UNAIDS 2009, p. 7)
>
> In 2008, an estimated 2.7 million new HIV infections occurred [globally]. It is estimated that 2 million deaths due to AIDS-related illnesses occurred worldwide in 2008. (UNAIDS 2009, p. 7)
>
> Sub-Saharan Africa remains the region most heavily affected by HIV. (UNAIDS 2009, p. 21)
>
> Southern Africa remains the area most heavily affected by the epidemic. The nine countries with

> the highest HIV prevalence worldwide are all located in the sub-region, with each of these countries experiencing adult HIV prevalence greater than 10%. South Africa is home to the world's largest population of people living with HIV (5.7 million). (UNAIDS 2009, p. 27)

The disease clearly has left no sector untouched – its impact is extensive and has been shown to have far-reaching consequences for development. The HIV/AIDS pandemic has in a relatively short space of time become one of the most critical workplace issues, and as this begins to impact on economic development, places of work are under increasing pressure to respond to the impact of HIV/AIDS on their workforce and business outputs. As Sprague and Dickinson (2008) point out, '[u]nlike other diseases, HIV/AIDS affects the most productive in the population, namely the labour force' (2008, p. iii). As documented both locally and internationally, HIV/AIDS has begun to impact on the workplace in significant and varying ways. In addition to the bottom-line issues aligned to profit margins and productivity, the 'softer issues' of care and support, stigma and discrimination, among others, are beginning to suggest that workplaces are in need not only of well thought-out programmatic responses but also knowledgeable, skilled and competent staff.

This suggests that the knowledge, skills and competencies of emerging graduates may need to be addressed by the higher education subsector in order to equip graduates both personally and professionally to participate effectively in a work environment that is increasingly under pressure from the pandemic. A special focus on graduates is important given the fact that some enter into management positions in their first jobs, while many go on to management positions later in their careers.

The international economic context

South Africa has not escaped the international economic recession. It is estimated that in 2009 almost one million South Africans lost their jobs. This has placed an additional burden on South Africa's social grants system, and has raised fears that this will impact on the government's service delivery targets in key areas such as health and housing. Furthermore, the recession has meant that the private sector is likely to cut back on non-core spending, which may impact on areas such as employee wellness programmes.

In terms of international funding initiatives, the impact of the recession has already been seen since 2008 in the developing world. For example, independent humanitarian aid agency, Médicins Sans Frontières (MSF), in a 2009 report, singled out the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to fight AIDS, Tuberculosis and Malaria as having reduced their funding commitments to the response to HIV/AIDS (the latter organisation by US$1.5 billion in 2008 alone). These are two major organisations supporting crucial HIV/AIDS treatment programmes in the developing world, South Africa included (MSF 2009).

The implications of international funding cutbacks are far-reaching in the short to medium term, as many working in the area of HIV/AIDS are concerned that the gains made so far will be reversed. Furthermore, in a context of competing developmental goals in South Africa, the combined global recession and local impact will further strain overall funding to HIV/AIDS initiatives.

The current climate of social and political change in South Africa

In political terms, 2009 was a significant year for South Africa. The change in presidency following the April general election saw notable shifts in government structure and some policy redirection. The two shifts most relevant as part of the backdrop to this research relate to a renewed commitment to HIV/AIDS initiatives and to a restructuring of the education and training landscape.

Firstly, the government has made a significant shift from the previous 'denialist' stance to HIV/AIDS,[1] and developments since 2009 include the updating of

South Africa's HIV/AIDS treatment guidelines in line with international practice (something that had not been done since 2004), and the February 2010 national budget allocation increase of 25% to health.

Secondly, the Department of Education (DoE) has been restructured into two departments: a Department of Basic Education (which will broadly focus on the schooling subsector) and a Department of Higher Education and Training (DHET). The DHET will be responsible for the 23 Sector Education and Training Authorities (SETAs), as well as the National Skills Fund and the Further Education and Training (FET) colleges, in addition to the 23 higher education institutions. The integration of education and training within one government department implies an increased commitment to aligning education and training to South Africa's economic and development challenges. For example, one priority area that has been identified is the expansion of artisan training and production, with increased levels of coordination between FET colleges, universities of technology, relevant SETAs and workplaces. In addition, a Quality Council on Trades and Occupations (QCTO) has recently been set up to oversee occupational qualifications on the revised National Qualifications Framework (NQF). These recent structural changes are based on the experiences of the past 10 or more years, and represent refinements in thinking and strategy based on those experiences. In March 2010 the DHET released its *Strategic Plan 2010/11 to 2014/15, and Operational Plans for the 2010/11 Financial Year*, which sets out the key challenges it faces in the next five years:

> The growing complexity of the workplace, accelerated by the dynamic impact of globalisation on national economies, production and trade, requires greater flexibility and capacity in the workforce, in order to adjust speedily to the rapid changes in technology, production, trade and work organisation. South Africa needs to develop as a 21st century economy, but we have gaps in critical skills required for a range of social and economic development strategies currently being implemented by all spheres of government. These include the National Industrial Policy Framework (NIPF); the Industrial Policy Action Plan (IPAP); the Anti-Poverty Strategy; the Rural Development Strategy; and the Technology and Innovation Plan. Skills shortages in a number of occupations and economic sectors inhibit growth and investment. These include skills shortages in SET [science, engineering and technology] fields with regard to sectors such as energy, medium and high-technology manufactured goods, and agricultural biotechnology. (DHET 2010, p. 17)

Also importantly, the DHET's strategic plan acknowledges that there are some gaps in the education of people for the workplace, as experienced by employers:

> These skills shortages coexist with a relatively high level of unemployment and [this] is indicative of a mismatch between the supply of, and demand for, skills. *Employers report difficulties, in that the knowledge, skills and capacities that people bring from their educational experience are insufficient to the needs of the workplace*. (DHET 2010, p. 17; our emphasis)

On the role of higher education, and of importance for this study, the DHET's strategic plan indicates that

> All higher education and training institutions will have inclusive institutional cultures, respectful of difference, and supporting learning and development. Institutions will prepare students for a democratic, diverse society – students who are socially conscious, who have a sense of citizenship and respect for human rights and democratic values. (DHET 2010, p. 18)

The abovementioned focus on inclusion and equity is planned to form part of one of the core programme areas/functions of the DHET, namely that of social inclusion (equity) in higher education and training, with three objectives:

1. To establish a well-functioning social inclusion, equity and transformation unit within the DHET that will:

a. over time, focus on issues such as institutional culture, staffing, student development and support, gender equity, inclusion, citizenship and social cohesion, rural development, HIV and AIDS, disability, language, curriculum (including grounding programmes), career information and guidance;
b. ensure that all higher education and training institutions promote human rights and citizenship in their ethos, policies and practices, via monitoring, research, partnerships and policy development; and
c. recommend support and incentives for innovation and excellence to improve social inclusion, equity and transformation in higher education and training.

2. To monitor and research transformation processes in the higher education and training system, including focusing on:
a. the recommendations of the Ministerial Committee Report on Transformation and Social Cohesion and the Elimination of Discrimination in Public Higher Education Institutions;
b. the development of transformation indicators and a monitoring framework for the system; and
c. building partnerships with relevant bodies and institutions to support transformation of the system.
3. To identify and monitor curriculum innovations in citizenship and values education in the higher education and training system. (DHET 2010, p. 50)

The South African higher education and training system in context

Discussing the transformation of South African society since democracy, the CHE (2004) highlights the following:

> Since 1994, the democratically-elected South African government has set out to achieve 'a better life for all' by focusing on economic development, by seeking to reconstruct the entire social system, and by aiming to reintegrate successfully into the international community while taking a lead role on the African continent. In this context of comprehensive transformation, the demands on higher education have been extensive. (CHE 2004, p. 14)

The post-1994 South African government inherited a higher education system that was segregated according to race, ethnicity, class and geography; inequitable in terms of gender and language; divided by the disparate functions performed between universities and technikons; administratively fragmented; largely intellectually isolated from the state, from society (and the economic, developmental and cultural needs of the country), and from the international intellectual community; and characterised by highly uneven quality between and within historically different institutional types.

In terms of developing a coherent policy framework for the higher education subsector in South Africa after 1994, *Education White Paper 3: A Programme for the Transformation of Higher Education* (DoE 1997) and the *National Plan for Higher Education* (DoE 2001) speak to human resource development and the mobilisation of human talent and potential through lifelong learning. Furthermore, these documents suggest the need for high level skills training that provides for the development of professional and knowledge workers with globally equivalent skills. In line with this thinking, the White Paper makes specific reference to the development of professionals who are socially responsible and conscious of their role in contributing to the national development needs of the country and its subsequent social transformation. Finally, the *National Plan for Higher Education* sets targets for increasing access to higher education for the formerly excluded, as well as setting targets for the demographic diversification of the student and staff profiles of the subsector.

At a systemic level, a number of legislative and structural enactments were undertaken that have significantly changed the higher education and training landscape post-1994. A few of the most relevant are highlighted in this section. One important addition to the higher education landscape was the establishment of the Council on Higher Education (CHE) as

an independent statutory body in 1998 in terms of the Higher Education Act (No. 101 of 1997). The CHE serves as an advisory body to the Minister of Education on all matters related to higher education policy issues. It also assumes executive responsibility for quality assurance within higher education through its Higher Education Quality Committee (HEQC). One specific responsibility allocated to the CHE by the Higher Education Act is to advise the Minister of Education on stimulating greater responsiveness on the part of higher education to societal needs, especially those linked to developing South Africa's economy through enhanced higher education–industry partnerships.

Over the period 2000–05 the subsector also underwent a process of mergers. The first wave of restructuring saw the number of teacher training colleges reduced, and then the remaining teacher training colleges being incorporated into higher education institutions (CHE 2004). The second wave of restructuring was a process of mergers between some higher education institutions, with the number of institutions being reduced from 36 to 23. At the same time, a process of institutional differentiation was undertaken, with institutions being designated universities, universities of technology or comprehensive universities (the latter offering a programme mix of qualifications across the spectrum) (CHE 2009, p. 8).

Partly as a result of the changing higher education landscape, and partly as a result of the need to have a unified body of leadership, Higher Education South Africa (HESA), the association of vice-chancellors, was established in 2005. HESA is the successor to the South African Universities Vice-Chancellors Association (SAUVCA) and the Committee of Technikon Principals (CTP).

On the training and skills development side, the Minister of Labour launched the National Skills Development Strategy (NSDS) in February 2001 (Department of Labour n.d. a). The mission of the NSDS is to equip South Africa with the skills to succeed in the global market and to offer opportunities to individuals and communities to enable them to play a productive role in society. The 23 SETAs (originally 25) were established to implement the NSDS and to increase the skills of the people in their economic sectors (Department of Labour n.d. b).

In 2001/02 the framework for a national quality assurance system was established with the accreditation of 31 Education and Training Quality Assurance bodies (ETQAs). This accreditation process included the HEQC of the CHE as well as the ETQAs of all the SETAs, and the ETQAs of designated professional bodies (such as the South African Nursing Council or SANC). As mentioned in the preceding sub-section, the skills development component of the Department of Labour was moved to the new DHET in 2009.

Finally, in terms of the restructured education and training landscape, it is important to note that the South African Qualifications Authority (SAQA) was established in 1996 to oversee the establishment and implementation of an NQF. The ETQAs are accredited by SAQA to undertake their quality assurance functions. This meant that, prior to 2009, SAQA reported jointly to the Departments of Education and Labour, a setup that was fraught with tension and contradictions; in fact, it impacted quite negatively on the review of the NQF, which started in 2001 but was only finalised in late 2007, inter alia due to differences of opinion between the two government departments. With the establishment of the DHET, and the moving of the SETAs to the DHET's jurisdiction, SAQA will now be reporting to a single department, further consolidating the move to an integrated education and training system.

What the very brief contextual overview presented above demonstrates is that, firstly, the post-1994 democratic government inherited a highly unequal and fragmented education and training system; and secondly, as Kraak (2004) highlights, various factors have shaped and constrained the nature and form of systems change in South Africa. These include the struggle to focus the system simultaneously on equity and development strategies, to construct an integrated NQF, and to agree on the principles and plans for differentiation and restructuring. Additional factors such as the imposition of fiscal constraints, high

levels of enrolment flux from the school system, and a general lack of capacity to support change processes, have created tensions as a result of which the current system has been relatively unstable and struggling to realise the operational benefits of a single coordinated system. Finally, there have been very recent changes to the education and training landscape – for example, the very establishment of the DHET itself, and the challenges it faces in getting going while continuing a programme of work and integration; and the even more recent establishment of the QCTO. This means that the interface between higher education and the world of work (and the transition from the one to the other for graduates) will no doubt continue to be a challenging and somewhat contested space, at least for the short term, especially in the context of the additional challenges of HIV/AIDS.

OBJECTIVES OF THE RESEARCH

The overall objective of this study was to understand the needs and expectations of employers with respect to graduate competencies. This was particularly in relation to addressing the demands of HIV/AIDS within the workplace, and the responsiveness of the higher education subsector with regard to meeting employer needs and expectations.

Within the above objective, the following specific goals directed the research:

- To ascertain the competencies required to effectively and supportively manage HIV/AIDS in the workplace.
- To investigate employer needs, expectations, opinions and experiences with regard to the graduate competencies required for managing HIV/AIDS in the workplace.
- To investigate the responsiveness of the higher education subsector in addressing the development of competencies with regard to HIV/AIDS in the place of work through undergraduate and postgraduate programmes.
- To highlight critical gaps and make recommendations for addressing these.

OVERVIEW OF THE RESEARCH REPORT

Following on from the contextual overview of the study as presented above, the remaining chapters of this report are set as out as follows:

Chapter 2 outlines the qualitative research approach, methods and sample selection, and the logic that underpins them. Ethical approval for the research was granted by the Human Sciences Research Council.

Chapter 3 offers a review of international and South African literature that is relevant to the study, but which is also useful in its own right for readers involved in work related to mitigating the impact of the HIV/AIDS pandemic with focus on workplace and higher education contexts. The literature review includes higher education and the development of competency, with a specific focus on a recent South African study; graduate supply and demand; and higher education responses to HIV/AIDS internationally, regionally and locally. The gaze then turns to issues of HIV/AIDS in the workplace.

Chapter 4 analyses, in thematic clusters, the data emerging from the interviews and focus group discussions. The thematic clusters are broadly aligned to the three main research questions. Key competencies are identified, as well as what respondents felt was the level of preparedness with regard to these competencies.

Chapter 5 summarises the research findings and sets out the recommendations, which are premised on the assumption that greater cooperation will need to be fostered:

- Within and between higher education institutions in order to achieve the goal of an enhanced systemic, coordinated and integrated response to HIV/AIDS education in the higher education sector; and
- Between higher education and the public and private sectors.

The recommendations are clustered in three broad areas:

- Systems level (including funding, a higher education HIV/AIDS repository, and the promotion of a systemic, integrated approach to HIV/AIDS education).
- Institutional level (focusing on curriculum issues, the provision of health services, and employer interventions for being HIV/AIDS-competent higher education institutions).
- Higher education academic and administrative staff level (focusing on development, training and support).

CHAPTER 2

Research Methodology

METHODOLOGICAL APPROACH

The purpose and nature of this research suggested that a mainly qualitative approach to the investigation should be taken. This was because the project aimed to elicit and explore the understandings, opinions and experiences of various categories of respondents in workplaces and higher education institutions, about issues relating to graduate competencies in managing HIV/AIDS in the workplace; qualitative approaches are the most appropriate to use when investigating meanings, understandings and experiences. This is especially the case, as in this project, because the area of graduate competencies in managing HIV/AIDS and higher education responsiveness is one in which little, if any, previous research exists (certainly, the literature search yielded little in this area, although there are studies that are tangentially related).

The research was considered practice based and oriented towards policy and making recommendations to improve practice – in other words, it is not theory based. For this reason, the researchers did not attempt to locate the research in a theoretical framework. In this regard, Michael Quinn Patton (1990) uses the term 'pragmatism' in the sense of 'being practical/in practice' and makes the point that

> While students writing dissertations and academic scholars will necessarily be concerned with theoretical frameworks and theory generation, there is a very practical side to qualitative methods that simply involves asking open-ended questions of people and observing matters of interest in real-world settings in order to solve problems, improve programs, or develop policies. In short, *in real world practice, methods can be separated from the epistemology out of which they have emerged.* (Quinn Patton 1990, pp. 89–90; author's emphasis)

RESEARCH QUESTIONS

The broad research questions derived from the research objectives outlined in Chapter 1 are:

- What are the competencies required to effectively and supportively manage HIV/AIDS in the workplace?
- What are employer needs, expectations, opinions and experiences with regard to the graduate competencies required for managing HIV/AIDS in the workplace?
- How is higher education addressing the development of competencies with regard to HIV/AIDS in the place of work through undergraduate and postgraduate programmes?

Specific questions were framed around the above research questions, and were customised to workplace or university contexts. For example, employers were asked the following:

- To describe their approaches to HIV/AIDS in their workplaces.
- Which graduate competencies are vital in the management of HIV/AIDS in the place of work.
- To reflect on how these graduate competencies manifest/are required in the jobs that different graduates do (by broad disciplinary or occupational area).
- Whether it would be advantageous to the workplace for graduates to have HIV/AIDS-related competencies *before* they enter the workplace (especially in jobs where the management of any aspect of HIV/AIDS is not central to the job), or whether it is not necessary because the organisation will provide such training anyway.

Staff at higher education institutions were asked questions such as the following:

- Whether they are aware of the HIV/AIDS graduate competency needs in workplaces.
- Whether they consider the needs of employers with regard to management of HIV/AIDS in the workplace.
- In what ways (for example, in terms of the curriculum, or structuring of service learning programmes and so on) workplace needs are integrated into undergraduate and postgraduate programmes in different disciplinary areas.
- If a curriculum response is undertaken, how programmes are developed, structured, refined and reviewed in relation to HIV/AIDS in the workplace.

Some similar questions were asked of all respondent categories. These related primarily to issues of the actual or perceived impact of HIV/AIDS on workplaces, as well as the graduate competencies considered important in managing HIV/AIDS in the workplace. New graduates and current students were also asked questions about the HIV/AIDS-related curriculum inputs they were experiencing/had experienced during their studies, and were asked to reflect on whether they had been prepared for the world of work.

Examples of one workplace and one university interview schedule are attached as Appendix 1.

DATA COLLECTION METHODS

Semi-structured interviews and focus group discussions

Semi-structured interviews and focus group discussions were employed to cover a range of themes and issues that the research team identified as relevant and important. In total, 158 people participated in the interviews and focus group discussions, with 72 one-on-one interviews and 21 focus group discussions being conducted (see below for a breakdown of respondent categories according to workplaces and universities).

The questions in interviews were deliberately open-ended, allowing respondents to raise views and issues (within the parameters of the research objectives) they found pertinent, which were explored further through supplementary questions.

The interview/focus group schedules for each category of respondent within a particular organisational context contained the same opening and probe questions, derived from the research aims and presented in the same order. For example, the workplace interview schedules for human resources (HR) managers, wellness managers and line managers followed this approach. This maximises reliability and trustworthiness of the data and makes it possible to draw relevant comparisons between the responses of respondents in similar categories but in different groups with different facilitators or with different interviewers. At the same time, as already mentioned, respondents were provided with opportunities to introduce and elaborate on issues they regard as significant and to influence, to a limited extent, the direction of the interviews/focus group discussions. By introducing this level of flexibility, issues of context and changing conditions could be captured across different employers, sectors and higher education institutions.

A range of personnel in both workplaces and higher education institutions (as well as recent graduates, and undergraduate and postgraduate students in

these organisations and institutions) were identified to participate in the in-depth interviews and focus group discussions; they generally provided detailed accounts and understandings from different positions and at different levels of the knowledge, skills and competencies required of graduates.

Self-completion list of competencies

In addition to the interviews and focus group discussions, the research team was concerned to quantify, in some way, respondents' suggestions for specific competencies that they thought graduates would need in order to effectively manage HIV/AIDS in the workplace. In this regard, a small amount of quantitative data were obtained using a self-completion questionnaire, hereafter referred to as the list of competencies (see Appendix 2 for the self-completion questionnaire), which was administered to all respondents – those interviewed individually and in focus groups alike. The self-completion questionnaire was of great value in obtaining some quantitative data in a largely qualitative study.

The list of competencies administered to respondents was generated by the researchers and is based on an integration of 'best practice' in HIV/AIDS workplace programmes in South Africa and internationally. These best practices are formalised in various documents, including the following, among others:

- The *ILO Code of Practice on HIV/AIDS and the World of Work* (ILO 2001).
- SANS (South African National Standard) 16001, an international management standard for workplace HIV/AIDS programmes.
- *Nedlac Code of Good Practice on Key Aspects of HIV/AIDS and Employment* (Nedlac 2007).

The list of competencies was presented for completion by all respondents in the middle of each interview or focus group discussion; the aim in this regard was to give respondents an opportunity to first discuss their thinking on HIV/AIDS-specific competencies spontaneously and uninfluenced by any preconceptions that such a list may have imposed. When the list of competencies was presented for completion, the researchers then explained the purpose of the self-completion component and clarified any content or process issues. Once respondents had completed their responses on the list of competencies, the researchers asked questions probing respondents' responses to the list and its individual items. In presenting a list of competencies the aim was not to be prescriptive but rather to facilitate deeper thinking around these issues. The two tasks that respondents needed to complete on the list of competencies was to indicate whether each competency was relevant to them in their current job, and then to indicate (on a scale of 1–5) the level of preparedness with regard to each competency.

The list of competencies served to elicit data and facilitate discussion around those competencies among all respondents. This was particularly so for respondents who were not well informed about HIV/AIDS programming, to engage them in considering and weighing up these competencies.

SAMPLE FRAME

The scoping of the sample frame was multi-dimensional, in terms of the following:

- Economic sector (which sectors have, through research, been identified as having HIV/AIDS initiatives).
- Public–private sector split.
- Actual workplaces, either private or public, within the identified economic sectors.
- Higher education institution programmes across a range of broad disciplinary areas (related to the Higher Education Management Information System, or HEMIS, CESM[2] categories).

In addition to relevant information contained in the draft literature review, information was scoped in order to develop criteria that justify the sample frame and selections relating to respondent categories, CESM categories and higher education programmes. Some of this literature is referred to in Chapter 3.

Selection of sectors and workplaces

The following issues were taken into account in determining the selection of workplaces for the sample frame:

- According to Sprague & Dickinson (2008), most of the research to date on HIV/AIDS in the workplace has been focused on the formal, private sector, and there is a need for more research on the public sector. Thus, an attempt was made to ensure that both public and private sector workplaces were included in the research.
- The workplace sample frame includes sectors where engineering and economic and management sciences graduates are likely to be found, although the agricultural sector has not been included, as the national output of graduates in this area is relatively small compared to the other areas. However, agriculture as a disciplinary area has been included in the higher education institution sample.
- The Bureau for Economic Research (BER 2005), funded by the South African Business Coalition on HIV/AIDS (SABCOHA), undertook research into the impact of HIV/AIDS on selected economic sectors. It identified the sectors that are doing the most in terms of workplace HIV/AIDS policies and programmes as being the mining, manufacturing, financial and transport sectors. It was therefore decided to focus on sectors where there is widespread evidence of HIV/AIDS workplace policies and programmes, as employers and employees alike would be in the best position to discuss issues, based on their experiences. It was also decided to focus on sectors that have an important role to play in the mitigation of the impact of the pandemic (such as health and education).
- Sectoral diversity and large workplaces were additional criteria applied in the selection of the workplaces.

The participating workplaces are described in Table 1.

In terms of the intake of new graduates into both the public and private workplaces, this ranged from 22 in one manufacturing workplace, approximately 50 in a private health care company, and 55 in a mining company, to 200 nursing and 90 other new graduates in the public hospital at the beginning of 2010. Unfortunately, many of the workplaces could not or did not want to share much information on their graduate intakes.

Workplace respondents

As can be seen from Table 2, a total of 69 people, representing a range of occupational categories and disciplinary areas, from the participating workplaces took part in the interviews and focus group discussions.

Table 1 Participating workplaces

Sector	Company/workplace
Financial services	One of the four largest banking groups
Mining	A division of one of the large mining groups
Health care	A private health care group
	A public academic hospital
Education	A provincial department of education
	A private education provider
	A higher education institution in its capacity as an employer
Transport	A provincial transport department
Manufacturing	A chemical manufacturing company

Table 2 Number of workplace respondents, by category

Respondent categories	Number of respondents
New graduates	30
Line managers of new graduates	21
HR managers/practitioners	6
HIV/AIDS or wellness managers	5
Talent managers/managers of graduate development programmes	3
HIV/AIDS champions	2
Chief executive officer	1
Training manager	1
Total	**69**

New graduates and their line managers had a variety of disciplinary backgrounds, including the following:

- Engineering (mining and chemical).
- Applied mathematics and physics.
- Business administration.
- Social work.
- Nursing.
- Physiotherapy.
- Psychology.

Selection of higher education institutions and programmes

At the time that the sample was refined, the most recent available HEMIS data (for 2007) were accessed, in order to provide a rationale for the sample frame, which was primarily concerned with output by CESM category.

According to the 2007 HEMIS data, in total there were 109,608 graduates in that year, in programmes ranging from third-year National Diplomas provided by the universities of technology to doctoral programmes, across all CESM categories. Table 3 presents the figures in terms of the main disciplinary clusters, according to HEMIS (2007).

The selection of higher education institution programmes was not directly linked to the sectors or workplaces selected, as graduates from a range of programmes move into the public and private sectors.

Table 3 Total number of graduates in 2007

Area	Number of graduates[a]
Science, engineering and technology	35,273
Business and commerce	29,492
Education	14,592
Other humanities	30,251
Total	**109,608**

[a] Calculated on graduates of three-year National Diplomas through to doctoral level.

Source HEMIS (2007)

Table 4 Participating faculties

Institution	Faculties[a]/CESM
Institution 1	■ Health sciences (including medical school) ■ Agriculture
Institution 2	■ Social sciences ■ Education ■ Life and physical sciences/mathematical sciences
Institution 3	■ Economics, management and commerce ■ Public administration and social services
Institution 4	■ Engineering ■ Communication and journalism
Institution 5	■ Law ■ Business School (Graduate School of Business Administration) and Graduate School of Public and Development Management

[a] Both undergraduate and postgraduate programmes were included in each institution's faculty selection.

Five higher education institutions participated in the research.[3] The selection of higher education institutions (and particular programmes at those institutions) was based on graduation rates in the CESM areas that have larger numbers of graduates. The selected institutions are all within the top five producers of graduates in the areas for which they were selected. Table 4 provides a breakdown of the participating faculties, and thus disciplinary areas, covered by the research.

Although the aim was not to stratify the sample any further, it should be noted that the sample represents a diversity of institutions in terms of the following:

- Location (urban and rural).
- Institutional type (university, comprehensive university and university of technology).
- Merged/unmerged.
- Historically advantaged/disadvantaged.

University respondents

As Table 5 indicates, a total of 85 university-based respondents took part in the study.

Furthermore, respondents were drawn from all the targeted CESM categories, as set out in Table 4.

Table 5 Number of university-based respondents, by category

Respondent categories	Number of respondents
Undergraduate students	25
Lecturers	21
Postgraduate students (master's and doctoral level)	18
Deans of faculties, heads of school and heads of department	16
Deputy vice-chancellors: Academic	5
Total	85

Other stakeholders and role-players

Representatives from one HIV/AIDS-focused business grouping, three educator unions, one health union, and one trade union federation were also interviewed.

DATA ANALYSIS

The interviews were transcribed into a format whereby each idea/chunk of meaning was coded. Initial codes were developed from the interview schedule questions, but codes were added and used as new themes emerged during data analysis. The approach used allowed analysis of the data at a number of different levels: across institutions and workplaces, across respondent categories within each participating workplace and university, and within respondent categories across workplaces and universities.

ETHICS APPROVAL

Ethics approval was sought and obtained from the Human Sciences Research Council. In the case of the five higher education institutions that participated in the study, the research team also approached each institution's internal research ethics committee for permission to conduct the research.

ROLE OF RESEARCHERS

Because the study was commissioned by the HEAIDS Programme, the profiles (expertise and experience) of the three researchers were predetermined, and reflected a mix of workplace and general HIV/AIDS experience, as well as a deep understanding of higher education.

LIMITATIONS OF THE STUDY

The study has a number of limitations:

- Because this was commissioned research, the research objectives, broad research questions and maximum budget were predetermined. This limited the choice of design and scope of the study, and has implications for the generalisability of the findings.
- The generalisability of the findings are further limited by the fact that the design was purposive and that all respondents volunteered themselves for participation.
- For a range of reasons, including a time limit on the funding for the project, fieldwork commenced in October 2009. Because the universities had already started year-end examinations, the research team experienced some challenges in finding university campus respondents. Similar difficulties were experienced in workplaces because of the proximity to year end and the summer holiday season. Although the total number of respondents is high for a study of this nature, the timing of the fieldwork meant that fewer focus group discussions, and many more one-on-one interviews, were conducted. The timing issue also impacted negatively on the availability of university-based respondents in some CESM categories, such as economic and management sciences.

CHAPTER 3

Literature Review

INTRODUCTION

Chapter 1 sketched the broad policy, transformation and development context in South Africa, in which a further exploration of the intersection of issues relating to HIV/AIDS, higher education responses and workplace requirements is pursued in this review of the literature.

SOUTH AFRICA'S NATIONAL HIV PREVALENCE

Shisana et al. (2010) indicate that HIV prevalence in South Africa has stabilised at just under 11%, based on comparative data in 2002 and 2005. However, prevalence rates vary significantly by province: KwaZulu-Natal (15.8%), Mpumalanga (15.4%), Free State (12.6%), North West (11.3%), Gauteng (10.3%), Eastern Cape (9.0%), Limpopo (8.8%), Northern Cape (5.9%) and Western Cape (3.8%) (2010, pp. xvi–xviii).

The following findings by age group are relevant to this project, and indicate that South Africa is making some progress against indicators that are used to measure effective response to the pandemic (Shisana et al. 2010):

- HIV prevalence has decreased among youth aged 15–24 from 10.3% in 2005 to 8.6% in 2008.
- There was a substantial decrease in incidence in 2008 compared to 2002 and 2005, especially for the single age groups 15, 16, 17, 18 and 19.
- Among individuals 15+ years, awareness of HIV status doubled from 2005 to 2008. This occurred among both females and males as well as in most-at-risk populations (MARPs).
- There has been an increase in exposure to one or more HIV/AIDS communication programmes from 2005 to 2008, with 90.2% of youth aged 15–24 being reached, followed by 83.6% of adults aged 25–49 and 62.2% of adults aged 50+ years.

However, there are a number of areas for ongoing concern:

- HIV prevalence remains disproportionately high for females overall in comparison to males, and it peaks in the 25–29 age group, where one in three (32.7%) was found to be HIV-positive in 2008. This proportion has remained unchanged, and was at the same level in all three surveys.
- HIV prevalence among females is more than twice as high as among males in the age groups 20–24 and 25–29. HIV prevalence among males peaks in the 30–34 age group, where a quarter of males (25.8%) were found to be HIV-positive in 2008.
- Among young people who reported having partners who were five or more years older than themselves, there was a substantive increase, from 9.6% in 2005 to 14.5% in 2008. The same

pattern was found among females, where the percentage increased substantively from 18.5% in 2005 to 27.6% in 2008.

- Having a high turnover of sexual partners influences the likelihood of exposure to HIV. Among people aged 15–49, the number of sexual partners reported in the past year has increased slightly since 2002, where 9.4% reported two or more partners in comparison to 10.6% in 2008. In the Free State, the number of people having two or more partners in the past year has risen significantly, from 5.7% in 2002 to 14.6% in 2008.
- HIV/AIDS knowledge has declined among MARPs between 2005 and 2008. For example, among African females aged 20–34 combined knowledge declined from 43.8% to 26.1%, and among African males aged 25–49 it declined from 40.6% to 28.0%.
- HIV/AIDS programmes do not have comprehensive reach into older segments of the population. More than a third of adults aged 50+ years are not reached by any national programme, and even for adults aged 25–49 more than one in nine (16.4%) have no exposure to HIV/AIDS communication programmes. (Shisana et al. 2010, pp. xvi–xviii)

The above issues have some resonance with this research in that two of the key participating respondent groups are university students and new graduates. A later subsection of this literature review – *South African higher education HIV/AIDS policies and initiatives* – discusses data relating to trends and prevalence rates of university students arising out of the HEAIDS Programme's sero-prevalence study in the higher education sector (HEAIDS 2010).

HIGHER EDUCATION AND THE PRODUCTION OF COMPETENT GRADUATES

This section of the literature review considers issues of higher education and the production of graduates. Of particular importance is a recent South African study (Griesel and Parker 2009), which is examined in some depth.

International thinking on the development of graduate competency

The CHE (2003) argues that

> A high quality and responsive higher education is crucial for social equity, economic and social development and the existence of a vibrant democracy and civil society. Without higher education producing knowledgeable, competent and skilled graduates, research and knowledge and being responsive to economic and social needs, equity, democracy and development will all be constrained. (CHE 2003, p. i)

Higher education institutions have a special responsibility for the development of human resources, as they are responsible for the preparation of a large segment of the professional and skilled personnel that society needs. Future teachers, doctors, nurses, civil servants, engineers, entrepreneurs and scientists graduate from higher education institutions to undertake a range of activities, which over their careers will impact from the micro level (such as teaching children) to the macro level (such as leading governments and making decisions that will affect entire societies) (World Bank 2002).

Furthermore, in linking HIV/AIDS issues to higher education, UNESCO (2006b) states that

> HIV and AIDS are placing enormous challenges on the higher education sector by weakening demand for and access to education, depleting institutional and human capacity, reducing availability of financial resources for the sector, and impeding the delivery of quality education. At the same time, evidence is increasingly showing that education can be one of the best defences against HIV as it equips young people with invaluable tools to increase self-confidence, social and negotiation skills, to improve earning capacity and family well-being, to fight poverty and to promote social progress. (UNESCO 2006b: ii)

This means that higher education institutions will have to challenge existing assumptions about young

people, social and sexual behaviours, gender and power imbalances, and social change. Higher education institutions will also need to propose a range of interventions that are both internal to the institution and external, in the communities from which the staff and graduates are drawn and which are served by the institution and the wider society. It means preparing students for their future roles as professionals, and family and community members living and working in a world with HIV/AIDS (UNESCO 2006b).

Irigoin and Whitacre (2002) postulate that competency is about converting knowledge into action. Former United Nations (UN) Secretary-General Kofi Annan defined competency as a 'combination of skills, attributes, and behaviours that are directly related to successful performance on the job' (Irigoin and Whitacre 2002, p. 5). The United Kingdom's (UK) Institute of Health Care Development defines competency as 'the ability to perform according to job standards, through a wide range of circumstances and to respond to changing demands' (Irigoin and Whitacre 2002, p. 7). Implicit in both definitions is that superior performance in a job is based on applying knowledge, skills and attitudes in an ever-changing environment.

In the 1990s, as the UN looked at how it should be organised in the 21st century, competencies played an important role in the area of human resource development. The UN classifies three categories of competencies for its employees:

- Core or generic competencies for all staff (e.g. communication, teamwork).
- Managerial competencies (e.g. empowering others, decision-making).
- Technical or specific competencies related to specific jobs (e.g. one job entails the competency to receive, identify, register and distribute letters, documents and/or other objects) (Irigoin and Whitacre 2002).

A UK government report on skills development in higher education (DfEE and HEQE 1999, cited in CHE 2003) recognised that the skills required for employability should include the following:

- Traditional intellectual skills (critical evaluation of evidence, application of theory, logical argument to challenge given assumptions).
- The new core or key skills (communication, information and communication technology, application of numbers, teamwork and improving performance).
- Personal attributes (self-reliance, adaptability, flexibility and creativity).
- Knowledge about how organisations work. (CHE 2003, p. 3)

Developing higher education–labour market linkages in South Africa

In the broad policy context of higher education transformation in South Africa, as outlined in Chapter 1, especially given the mandate of the CHE, there has been ongoing dialogue on the responsiveness of higher education to the needs of society and, more specifically, the labour market. In a research investigation undertaken between 2000 and 2002, and the subsequent colloquium hosted by the CHE in June 2002 on the theme of building relationships between higher education and the private and public sectors, significant issues were raised regarding the responsiveness of higher education:

- A high quality and socially responsive higher education sector is crucial for social equity, and economic and social development.
- Enhanced higher education–industry partnerships will stimulate the responsiveness of higher education.
- It is necessary to develop an understanding of the changing requirements of knowledge, skills and competencies in the world of work and the implications of these for higher education institutions.

However, and very importantly, the CHE also points to the fact that, juxtaposed with the above approaches to employability, competencies and higher education,

> There is another discourse…that suggests that the role of higher education is and must be much greater than responsiveness to the labour market…

> This discourse argues that higher education must also respond to wider societal goals of a socially committed and critical citizenry that embraces new values of non-discrimination, tolerance, service to community…This discourse is particularly critical of what it interprets to be the narrowing of higher education's remit to responsiveness, to the demands of specific and identifiable high-level professions, vocations and careers, at the expense of the intellectual and critical functions associated with general education. (CHE 2003, p. 4)

In a research project commissioned by the CHE as part of the abovementioned process of initiating dialogue between higher education and the public and private sectors, Griesel (2003) undertook a survey at the then University of Natal 'that canvassed the views of employers on the kinds of knowledge, skills and attributes valued in the workplace' (2003, p. 38). Griesel argues that while it is important for higher education institutions to take heed of the employers' view and 'the demands the future places on the development of university curricula in the present' (2003, p. 40), the causal link between higher education and the 'package of attributes that meshes with what the employer is looking for' is not easy to make, for reasons such as that socio-cultural circumstances might well be more important than the outcomes of higher education learning, and that the ostensibly 'ideal qualities of graduateness might be different from the reality of employment practices' (2003, p. 40). The concept of attributes or qualities, 'which entail a range of competencies and abilities – knowledge, skills, approach, intellect and attitude', is not easy to understand; for example, 'communication skills' is often interpreted differently from one organisation to another and indeed from its connotation in higher education. Abilities and attributes are therefore context bound. The question is whether universities 'do develop attributes that fit the demands of the workplace' (Griesel 2003, p. 40). The study shows that higher education equips graduates only moderately well for the workplace.

A more recent study on graduate attributes was undertaken jointly by HESA and SAQA (Griesel and Parker 2009). It is summarised here in some detail as it is the most recent study (in fact, the only study, apart from Griesel's earlier work) located in the South African context. The study 'focused only on the *quality* of the graduates produced by the public higher education institutions in South Africa as perceived by employers'; in this regard, only 'one aspect of quality – employers' perceptions of the *relevance* of the skills graduates bring to the workplace' was investigated (Griesel and Parker 2009, p. 3; authors' emphasis). Griesel and Parker note an important trend away from the earlier notions of competencies and core generic skills as encapsulated in some of the literature referred to in the sub-section *International thinking on the development of graduate competency* (above), to the notion of 'employability' which,

> goes well beyond the simplistic notion of key skills, and is evidenced in the application of a mix of personal qualities and beliefs, understandings, skilful practices and the ability to reflect productively on experience…in situations of complexity and ambiguity. (Yorke 2006, p. 13, quoted in Griesel and Parker 2009, p. 5)

Griesel and Parker (2009) mapped graduate competencies and employer responses according to four 'framing categories'. Table 6 presents the main findings of that research.

Although Griesel and Parker (2009) did not specifically consider issues of graduate competency for managing HIV/AIDS in the workplace, the overlaps and synergies between their findings and the findings of this study are considered in Chapter 4.

Understanding graduate supply and demand in South Africa

The issue of graduate supply and demand (or graduate destination, which is particularly relevant) is included in this literature review because the research team wanted to use available information on graduate uptake to inform the selection of the public and private sector employers to participate in the research. However, it quickly became apparent that there is very little up-to-date, systemic research in the area of graduate

Table 6 Graduate attributes and employer responses

Graduate attributes/competency areas	Key findings
Basic skills and understanding ■ Find and access information ■ Written communication skills ■ Ability to use information ■ Oral presentation skills ■ Ability to handle large amounts of information ■ Technical ability ■ Numeracy or quantitative literacy ■ Ability to use new information ■ Computer literacy ■ Proficiency in English ■ Prior exposure to the work ■ Knowing the organisation	Employers regarded communicative competency in English, information and communication technology skills, and an understanding of the world of work as the most important aspects of the basic skills and understanding dimension of graduate attributes, and higher education institutions are not aligned with employers' expectations.
Knowledge and intellectual ability ■ Understanding of economic and business realities ■ Ability to relate a specific issue to the broader whole ■ Ability to formulate and check hypotheses and assumptions ■ Understanding of core principles ■ Rapid conceptualisation of issues ■ Critical and analytical ability ■ Ability to follow and construct logical arguments ■ Ability to summarise key issues ■ Intellectual flexibility and adaptability ■ Inquiry and research skills ■ Subject or discipline knowledge ■ General knowledge about local and global affairs ■ Interest in ideas and desire to continue learning	The only significant gap between the expectations of employers and their evaluation of recent graduates relates to graduates' 'understanding of economic and business realities'. This suggests that in what many would regard as higher education's core business – knowledge and intellectual ability – the sector is fairly adept at meeting the expectations of employers. One area of deficit points again to the value of understanding the workplace and being able to learn quickly from workplace experience as key attributes required for employability. It is also interesting to note that the most important attribute for employers is 'interest in ideas and desire to continue learning', and that this shows the smallest gap between what higher education delivers and what is expected (and valued) by employers. This suggests that employability is a moving target, which requires a desire to be a lifelong learner and that, in the main, higher education graduates do display this disposition; higher education and employers are fairly well aligned in this aspect of employability.
Workplace skills and applied knowledge ■ Ability to choose appropriate information to address problems ■ Ability to plan and execute tasks independently ■ An appropriate approach to problem solving ■ Ability to monitor and evaluate own work-related actions ■ Ability to relate specific issues to wider organisational context ■ Ability to apply knowledge to new situations ■ Ability to devise ways to improve on own actions ■ Understanding of changing workplace practices ■ Ability to recognise a problem situation ■ Ability to deal with different cultural practices	It is with the relatively 'hard' cognitive skills and proactive engagement where there is the biggest gap between expectations and the attributes displayed by recent graduates; i.e. 'ability to choose appropriate information to address problems' and 'ability to plan and execute tasks independently'. On the other hand, the smallest gap relates to graduates' 'ability to deal with different cultural practices', suggesting that higher education does expose students to different cultures in positive ways. In the multi-cultural context of South Africa this is an important outcome of higher education. It also suggests that South African graduates are able to traverse different cultural settings and in so doing higher education prepares them well not only for South African working conditions but also for global mobility.
Personal and interactive skills ■ Openness and flexibility ■ Negotiation and mediation skills ■ Self-motivation and initiative ■ Ability to network ■ Creativity and innovation ■ Leadership ability ■ Ability to relate to a wide range of people ■ Contribution to team building and work ■ Sense of identity and self-confidence ■ Appreciation of different cultural contexts ■ Willingness to learn	Higher education seems to be fairly well aligned with the expectations of employers as there was only a partial overlap in terms of principal components and the gaps identified. Although recent graduates did not seem to meet expectations in terms of a 'sense of self in relation to others', they are far closer in terms of an ability to 'work in a team and to understand and accept differences between people'.

Source Griesel and Parker (2009, pp. 9–18)

destination and uptake, and that the available literature is not particularly nuanced by economic sector, or in terms of the different trends of public/private sector uptake of graduates; and nor are there data indicating which graduates from which higher education institutions move into which companies or government.

In terms of what information is available, based on research undertaken in the mid- to late 1990s, Moleke (2005) and Koen (2006) indicate that available data show that BA graduates find it harder to find employment and take longer than other first-degree graduates; that graduates of historically disadvantaged

institutions also take longer and find it harder to find first-time employment; and that there is a racial dimension to the issue as well. In terms of graduate destination, Moleke (2005: 11) indicates that 50.9% of graduates obtained their first job in the public sector, and 46.8% in the private sector, with 2.4% being self-employed. In terms of first-time employment for graduates, Moleke (2005: 9) indicates that 19% of graduates move into managerial positions in their first job; this is the case with 34.7% of engineering graduates, 31.8% of agricultural graduates and 28.8% of economic and management sciences graduates.

A more recent Human Sciences Research Council research project (Letseka et al. 2010) focused on graduates and 'non-completers' in 2002/03 at seven higher education institutions (these students are part of the cohort of registrations in 1999). The component of the research undertaken by Bhorat et al. (2010), which focused on student graduation, labour market destination and earnings, paints a still somewhat bleak picture of the racial and gendered nature of student graduation rates in South Africa:

> for every two white students who graduate, one white student prematurely leaves the institution. The opposite is true for African students, with *almost two students prematurely leaving the instititution for every student who graduates.* (Bhorat et al. 2010, p. 100; our emphasis).

African females seem the most disadvantaged, with two leaving higher education for every one who graduates. While Bhorat et al. (2010) do caution on the racial profiles of student registration between historically white institutions (HWIs) and historically black institutions (HBIs), they indicate that for African students at HWIs the graduation rate is higher than for African students at HBIs (2010, p. 102).

In terms of employment patterns after graduation, African graduates from HWIs have better employment prospects than their counterparts at HBIs. However, African graduates from HWIs still lag significantly behind their white counterparts (Bhorat et al. 2010, p. 107). Moleke (2010), who also participated in this Human Sciences Research Council research, provides more nuance in terms of graduate destinations than Bhorat et al. (2010), but unfortunately the design of the project and the information gathered does not advance our understanding at all beyond Moleke's 2005 work.

The CHE (2009) points out that our lack of understanding of the broad graduate labour market and our lack of a deep understanding of the quality of graduates constitute a gap that future research needs to address.

MAPPING THE TERRAIN OF HIGHER EDUCATION HIV/AIDS POLICIES AND INITIATIVES

The coverage of international, regional and national HIV/AIDS policies and initiatives in higher education institutions is generally extensive. This review begins with an overview of international and regional policies and initiatives, followed by an overview of policies and initiatives in South African higher education institutions. Gaps and challenges are then outlined.

International higher education HIV/AIDS policies and initiatives

The Inter Agency Task Team on HIV/AIDS and Education (IATT), created in 2002 by UNAIDS and led by UNESCO, is a leading forum for international organisations working in HIV/AIDS and education. It has been at the forefront of several initiatives to advocate a scaled-up response to HIV and AIDS. In 2004, the IATT asked the education ministries of 71 countries to report on their own policies (IATT 2004). Many ministries pointed out that knowledge of how education authorities were responding to the pandemic was, at best, anecdotal. The IATT review calls for curriculum reform to prepare and equip educators to manage and deliver a curriculum that includes educating their learners about HIV/AIDS, and teaching negotiation, conflict resolution, critical thinking, decision-making and communication competencies. The suggestion is that these and other critical life skills should be included in the curriculum

and co-curricular activities, in order to bolster the self-confidence of their learners and ensure they have the ability to make informed – indeed, potentially life-saving – choices (Irigoin and Whitacre 2002). However, there is no reference in the IATT review to knowledge, skills and competencies that emerging graduates may need to participate effectively in a work environment that is increasingly under pressure from the HIV/AIDS pandemic.

Recognising the vital role of the education sector in the national response to HIV/AIDS, the UNAIDS Committee of Co-sponsoring Organizations (CCO) launched EDUCAIDS in March 2004. Led by UNESCO with the collaboration of key stakeholders, EDUCAIDS seeks to support the overall national effort on HIV/AIDS by assisting governments and other key stakeholders to implement comprehensive, scaled-up education programmes on HIV/AIDS, ensuring that the education sector is fully engaged and contributing to the national response to the pandemic. In the EDUCAIDS (2008) *Framework for Action* it is noted that comprehensive education sector responses comprise five essential components: quality education; content, curriculum and learning materials; educator training and support; policy, management and systems; and approaches and illustrative entry points.

Once again, however, there is no direct reference to the knowledge, skills and competencies that higher education graduates may need in order to participate effectively in a work environment that is increasingly under pressure from the HIV/AIDS pandemic.

While the implementation of EDUCAIDS is guided by UNESCO's education sector, and led at the country level by UNESCO regional, cluster and country offices, UNESCO's sectors and institutes are also contributing to and strengthening the education sector's response to HIV/AIDS. For example, the UNESCO natural science sector supports scientific content that is accurate and up to date and engages institutions of higher learning to integrate HIV/AIDS in their scientific programmes; the social and human sciences sector supports research and policy development addressing discrimination and human rights and the structural causes of vulnerability, particularly among young people; the culture sector advocates for the consideration of socio-cultural issues and the use of arts and creativity in HIV/AIDS responses; while the communication and information sector builds the capacity of the media, communication and information professionals and vulnerable groups to produce, disseminate and use accurate content.

An Overview of Opportunities: An Assessment of Challenges (UNESCO 2006a) gives a comprehensive overview and analysis of other international HIV/AIDS initiatives, guidelines, programmes and policies. Five kinds of initiatives are reviewed. The first concerns programmes that have been put in place with a specific focus on HIV/AIDS. The second includes examples of initiatives with a broader focus (such as promoting sustainable development and enhancing school health) and which, through their activities, address a number of priority areas, including HIV/AIDS and education. The third is constituted by 'thematic initiatives', which address HIV/AIDS from a particular defined priority (for example, by focusing on children); these initiatives include education as one of their strategies. The fourth kind of initiative concerns frameworks for operation at country level such as the 'Three Ones', the UN Development Assistance Framework (UNDAF) and the UN country teams on HIV/AIDS. Finally, the analysis also considers the synergies and differences between EDUCAIDS and the UNAIDS IATT on education.

The only initiative that alludes to the knowledge, skills and competencies that emerging graduates in the higher education subsector would need in order to participate effectively in a work environment increasingly under pressure from the HIV/AIDS pandemic is the UN Decade of Education for Sustainable Development (DESD) 2005–2015, the resolution for which was adopted by the UN General Assembly in 2002 (UNESCO 2005). The goals of this initiative are: learning values, behaviours and knowledge that will allow the world to continue to develop; making people aware that education is a good basis for a sustainable way of life; making sure that ideas about sustainable development are part of schools, colleges,

universities and other ways of learning; and making sure that organisations and governments worldwide work together so that they can learn from new experiences and from activities in different parts of the world (UNESCO 2005).

This is a relatively new initiative for which progress updates are not available. Strategies for reaching the goals include: promoting and improving quality education; reorienting educational programmes; building public understanding and awareness; and providing practical training (UNESCO 2005).

Regional higher education HIV/AIDS policies and initiatives

It can be deduced from the literature review that African higher education institutions are increasingly aware that their communities, by virtue of the age group (19–35 years) of the greater part of their members as well as prevailing lifestyles (higher rates of multiple partners and casual sex), are especially vulnerable to HIV infection. This understanding is reflected in the introduction of an array of individual and collective awareness-creation and action programmes, especially in the geographic regions where prevalence of HIV/AIDS is relatively high. Notable among higher education-related action on the continent is that of the Association of Commonwealth Universities (ACU 2001), the Association for the Development of Education in Africa Working Group on Higher Education (ADEA WGHE 2006), the Association of African Universities (AAU 2004, 2007), Katjavivi and Otaala (2003), and the former South African Universities Vice-Chancellors Association, or SAUVCA (Chetty 2000).

From 2000, a range of research projects at regional level began to investigate the actual and potential impacts of the pandemic on higher education, the responses of higher education to date, why it was necessary to strengthen the response and how to manage and mitigate the impacts of the pandemic in future years (Kelly 2001; Chetty 2003; Chilisa 2003; Katjavivi and Otaala 2003; Meyer 2003; AAU 2004; Katahoire 2004; Saint et al. 2004; and ADEA 2006).

These '1st generation responses' (AAU 2007) to HIV/AIDS by higher education institutions were led by key actors in government and development agencies and an influential group of higher education institutional leaders. Many of these responses have now reached a stage of development that requires careful review, involving the same original actors but with the addition of practitioners and stakeholders. At this point, international and regional agencies have the opportunity to ask '2nd generation' (AAU 2007) questions. The gaps and weaknesses identified in the '1st generation' need to be addressed. The AAU (2007) indicates that in programmatic terms the renewal must speak, among other issues, to stronger focus on skills development in formal courses on HIV/AIDS and, in terms of curriculum renewal, to providing students with both the professional and personal skills to cope with an HIV/AIDS-affected world.

From an examination of programmes and initiatives in specific regional higher education institutions (ADEA 2006; HEAIDS 2004; Katahoire 2004; Chetty and Michel 2005; UNESCO 2006b) it seems that particular skills such as negotiation skills, counselling skills, decision-making skills – in other words, life skills – are not addressed in formal curricular implementation, but rather in extra-curricular initiatives in higher education institutions, and notably in peer education initiatives.

Scrutinising regional guidelines, policies and programmes, it becomes evident that there is little or no reference to competencies that emerging graduates may need in order to participate effectively in a work environment that is increasingly under pressure from the HIV/AIDS pandemic.

South African higher education HIV/AIDS policies and initiatives

Around 1999, the scope and impact of the HIV/AIDS problem challenged higher education institutions in South Africa 'to face the problem squarely' (Martin and Alexander 2002). At a Tertiary Institutions against AIDS conference held in October 1999, the then Minister of Education, Prof. Kader Asmal, signalled

that HIV/AIDS was everyone's problem, and therefore every higher education institution should respond to the expressed and unexpressed needs of its internal constituencies and the needs of its broader external community (Asmal 1999).

The new millennium also saw two key higher education organisations – SAUVCA and the ACU – assessing responses to the crisis. SAUVCA investigated management, planning, programmes and policy, and produced a concise report on what was happening around the country, making recommendations for further action (Chetty 2000). Chetty's (2000) findings were presented to SAUVCA's 21 university members at a workshop in October 2000.

At the end of the workshop, the following recommendations were made: establish and build capacity to manage and mitigate the impact of HIV/AIDS; promote the development of policy, programmes and management practices to respond to HIV/AIDS in tertiary institutions; establish and maintain essential programmes and services for prevention, treatment and care for staff and students at institutional level; promote collaboration between tertiary institutions with relevant stakeholders; and develop a coordinated response within institutions and across the higher education sector (Chetty 2000).

The SAUVCA workshop marked the beginning of a more coordinated response to HIV/AIDS by the higher education sector in South Africa. It paved the way to greater cooperation between SAUVA, the CTP and the Ministry of Education. In November 2001, the first nationally coordinated effort aimed at improving the capacity of higher education institutions in the prevention, management and mitigation of the impact of HIV/AIDS was launched and was referred to as the Higher Education HIV/AIDS (HEAIDS) Programme.

Through the HEAIDS initiative, each higher education institution was assigned a focal person to help drive the institutional response to HIV/AIDS; that person was mainly responsible for shaping the institution's strategy, planning, coordination, reporting and capacity building and managing the institutional grant.

In 2003/04, HEAIDS conducted an HIV/AIDS audit to assess the state of higher education institutions in order to ascertain how best to respond to HIV/AIDS challenges (HEAIDS 2004). Chetty and Michel's (2005) findings revealed that the most notable strengths of higher education institutions were in the following areas: committed leadership and management by those directing their institution's response; collective skills and knowledge of individuals as well as dedicated, qualified and talented professional staff; the existence of strong HIV/AIDS or non-discrimination policies; infrastructure that addresses social and academic development and support; and acknowledgement of their role as trainers of future academic and social leaders and the long-term impact that HIV/AIDS will have upon the institution.

In *The Formation of a Critical, Compassionate Citizenry: The Inculcation of HIV/AIDS Curricula into South African Higher Education* (2002)[4] it is argued that higher education differs from schooling in that the comfort zone of the school – the many years of guided learning and the pace of learning – is replaced by a foreign, larger environment where the demands made upon graduates are such that learning occurs at a greater speed and in a less secure environment. This means that the curriculum with which graduates are confronted must not only appear relevant to the present circumstances but should also be usable in later life. Moreover, it should contribute to the formation of a critical, compassionate citizenry: graduates who are able to think conceptually and critically about the world around them, who demonstrate capacity to act compassionately towards those less fortunate and who are equipped to play their role in the betterment of society. An integrated curriculum model in which all faculties need to ensure that HIV/AIDS is incorporated into the structure of their degrees is recommended. It is based on the proposition that HIV/AIDS must be made relevant to the life and career prospects of every graduate and that every university educator must take note of the ways that HIV/AIDS can and does affect their specific discipline. The audit of interventions in South African higher education (HEAIDS 2004) ascertained that only 37% of higher education

institutions had 'inclusion of HIV/AIDS in the curriculum' reflected in their HIV/AIDS policies.

In 2005, the HEAIDS Programme was expanded under an agreement between the European Union (EU) and the government of the Republic of South Africa. The DHET is responsible for the implementation of the EU's funding for HEAIDS and has contracted HESA to implement the programme on its behalf during the HEAIDS Programme's Phase 2.

Phase 2 of the HEAIDS Programme has seen the implementation of a range of projects aimed at strengthening the sector's response to HIV/AIDS, based on gaps and weaknesses identified in Phase 1. One important project has been the sero-prevalence study, which sought to establish prevalence rates for students and staff alike at South African higher education institutions. The study is very important because it has moved the sector away from working with outdated projections for prevalence rates among students (for example, Kinghorn 2000).

The HIV sero-prevalence and related factors study, conducted by the HEAIDS Programme (HEAIDS 2010), gives a clear indication of the extent of HIV infection within higher education institutions, as well as of the key behavioural and socio-cultural drivers of the epidemic. The survey of more than 24,000 students and staff members at 21 higher education institutions has established that the national HIV prevalence rate among students is 3.4% and among academic staff is 1.5%. The survey also found that administrative staff on campuses had a higher HIV prevalence than academics (4.4% for the former compared to 1.5% for the latter), and that the most affected group comprised service workers (9.9%). In comparison, HIV prevalence in the general population aged between 15 and 49 years is substantially higher, at 16.9%, according to Shisana et al. (2010).

The HESA survey analyses the results on a regional basis, clustering the findings for institutions into five regions. The Eastern Cape and KwaZulu-Natal emerge consistently as the regions with the highest prevalence, while the Western Cape has the lowest figures, and Gauteng, North West, Limpopo and the Free State occupy the middle ground.

Although the higher education sector prevalence rate is much lower than prevalence in the general population, the patterns are very similar in terms of the most affected regions, women usually being more affected than men, and the steep increases in infection rates in early adulthood. The survey also indicates very clearly that some regions and some institutions face more serious challenges than others. However, this does not mean that *any* institution can afford to be complacent. Both the survey and qualitative research data indicate that the sexual and social behaviour of a section of the student community – on higher and lower prevalence campuses alike – puts them at risk of infection. Additional findings of the survey include the following:

- HIV prevalence among students increases quite sharply with age. While 18- and 19-year-old students had a prevalence rate of 0.7%, this increased to 2.3% in the 20–25 age group, and rose steeply to 8.3% in the 25+ age group.
- Female students were more than twice as likely to be infected as male students (4.7% compared to 2.0%).

Table 7 Higher education sector HIV prevalence rate (%), by region

Category	Total	Western Cape	Eastern Cape	Free State	Gauteng, North West & Limpopo	KwaZulu-Natal
Students	**3.4**	1.1	6.4	5.3	2.2	6.1
Academic staff	**1.5**	0.2	3.3	0.0	1.2	2.4
Administrative staff	**4.4**	0.9	6.0	2.9	4.3	9.2
Service staff	**9.9**	1.2	10.7	14.1	11.9	20.3

Source HEAIDS (2010)

- Male students were, however, much more likely to have had more than one sexual partner in the month prior to the survey (19% for men as against 7% for women).
- Male and female students were equally likely to have had a sexual partner more than 10 years older than them (and therefore more sexually experienced). The rates were 6% and 7% respectively.
- While 60% of sexually active students said they had ever undergone HIV testing, only 20% of academic staff, 28% of administrative staff and 39% of support staff had done so.
- In terms of protection, 1 out of 20 HIV-positive students and 1 out of 10 HIV-positive service workers had not used a condom the last time they had sex.

The survey also highlighted that stigma persists in relation to HIV. Across all categories, only a minority felt they could count on their friends to support them if they became infected. Students and staff felt institutional management and student leaders should take HIV/AIDS a lot more seriously. Persistent stigma highlights the need for ongoing education, awareness and information campaigns, and for peer support groups for students as well as staff.

It is feasible to conclude that higher education institutions in South Africa are not yet fully 'up to speed' in equipping emerging graduates with competencies to participate effectively in a work environment that is increasingly under pressure from the HIV/AIDS pandemic. The literature study also suggests that core competencies regarding HIV/AIDS (negotiation skills, effective listening, decision-making skills, and other life skills) are disseminated to graduates not via formal curriculum interventions but very often via extra-curricular activities, and notably via peer education initiatives (HEAIDS 2004; Ranneileng 2005; Van Wyk and Pieterse 2006; Nzioka et al. 2007).

Gaps and challenges

The prominent gap in the review of higher education initiatives is that HIV/AIDS graduate competencies for the workplace are not being developed formally. The main challenge is developing a partnership between the business sector and higher education institutions in order to address this issue. The planning, implementation, and monitoring and evaluation of this process remain a significant challenge.

This component of the literature review shows that while there are numerous HIV/AIDS higher education policies and programmes, there are few international, regional or national initiatives that equip emerging graduates with the competencies, both professionally and personally, to participate effectively in a workplace environment that is increasingly under pressure from HIV/AIDS. HIV/AIDS competencies that emerging graduates do gain are sometimes gained anecdotally and often acquired via extra-curricular initiatives such as peer education programmes.

There are also no formal agreements between higher education institutions and the public and private sectors with regard to HIV/AIDS competencies. The challenge is to develop a sustainable partnership between higher education institutions and the public and private sectors in order first to gain consensus on the issue and then to proceed with the planning, implementation, and monitoring and evaluation of the process.

THE WORKPLACE CONTEXT

The coverage of international, regional and national HIV/AIDS policies and programmes in the workplace is generally extensive. This component of the literature review begins with an overview of international policies and initiatives, and is followed by an overview of the sector policies and initiatives in South Africa.

International workplace HIV/AIDS policies and initiatives

In 2001, the ILO developed *An ILO Code of Practice on HIV/AIDS and the World of Work* (ILO 2001), which binds all employers and employees in the private, public, formal and informal sectors. The ILO code has formed the basis of many international business HIV/AIDS initiatives, and its 10 standards

can be used to develop an HIV/AIDS response in the workplace. These standards are:

i. HIV/AIDS must be recognised as a workplace issue.
ii. Responses to HIV/AIDS must be based on the principle of non-discrimination.
iii. Gender equality must be part of any HIV/AIDS response.
iv. Employees have the right to a healthy and safe work environment.
v. Successful HIV/AIDS policies and programmes require social dialogue, cooperation, and trust between employers, workers and government.
vi. There should be no HIV/AIDS screening of job applicants and employees.
vii. Employees have the right to confidentiality regarding their status.
viii. Persons with HIV-related illnesses should be able to work for as long as medically fit in appropriate conditions.
ix. Employers and local community partners must promote prevention efforts through information and education, and support changes in attitudes and behaviour.
x. Solidarity, care and support should be provided to all HIV-infected employees. (ILO 2001)

The UN has made a significant contribution to HIV/AIDS in the workplace. In 1998, the UN Joint Programme on HIV/AIDS (UNAIDS) published the *HIV/AIDS and Human Rights International Guidelines* (Global Compact 1998). These guidelines aim to assist in the creation of a positive, rights-based response to HIV/AIDS. In 2000, the UN Global Compact introduced the business 'sphere of influence' in which voluntary corporate responsibilities were outlined (UNSSC 2000). Human rights are at the centre of the principles that claim that a business's responsibilities are not limited to the workplace but include contractors, the supply chain, families of employees, and the community affected by the company. In 2003, following the *Declaration of Commitment on HIV/AIDS* (adopted in June 2001), the CCO of UNAIDS approved a learning strategy to improve UN staff's HIV/AIDS competencies (Harris 2005). In 2004, UNAIDS published the *United Nations Learning Strategy on HIV/AIDS: Building Competence of the UN and its Staff to Respond to HIV/AIDS*, which opens with the following statement:

> At the core of an effective United Nations system response to HIV/AIDS are the knowledge, skills and capacity of its staff. (UNAIDS 2004)

The document details the development, implementation and evaluation of the learning strategy in the workplace. In 2006 and 2007, as a follow-up, UNAIDS published case studies that outline expected outcomes, minimum standards and additional standards for HIV/AIDS learning strategies and initiatives (UNAIDS 2006, 2007). The learning strategy process highlights the significance of the UN's contribution to the issue of HIV/AIDS competencies, and their lessons learnt and recommendations can be applied to other workplace contexts.

In 2002, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria (the Global Fund) was established. The Global Fund is a partnership between governments, civil society, the private sector and affected communities to combat the three aforementioned diseases. In terms of collaboration, the Global Fund shares its experience with the private sector and highlights opportunities for companies to pursue (Global Fund n.d.). The Global Fund encourages the business sector to contribute funds, support and assets to its activities and public–private partnerships. There is no direct reference to competencies for workplace management of HIV/AIDS in the work of the Global Fund.

Notable international initiatives that highlight HIV/AIDS competencies in graduate students include the International Association of Physicians in AIDS Care (IAPAC) and the Anti-AIDS Business Coalition. In 2001, the IAPAC (a non-profit organisation representing 10,800 physicians and other health care workers in 83 countries) announced,

> an intensive medical education programme featuring training, certification, recognition of clinical

> competencies and ongoing support for physicians treating people living with HIV/AIDS in the developing world. (IAPAC 2001).

Its focus on the strengthening of HIV/AIDS clinical competencies stems from the view that people benefit from receiving care from providers with specific HIV/AIDS competencies. In 2003, the World Economic Forum's (WEF) Global Health Initiative, the World Bank, and UNAIDS brought together business groups from 14 African countries (including South Africa) in an Anti-AIDS coalition (WEF 2003). The coalition focused on the importance of core HIV/AIDS competencies and the role of the private sector in harnessing these competencies in combating the pandemic.

The focus now shifts specifically to international HIV/AIDS business initiatives. In 2001, the Global Business Coalition on HIV/AIDS, Tuberculosis and Malaria (the GBC) was established. It currently has a membership of over 200 international companies. The GBC recognised that HIV/AIDS was a 'clear and urgent threat for companies operating in regions with high HIV prevalence rates' (GBC, cited in Global Compact 2003). Moreover, it was held that the business sector had unique skills and expertise with which to address the pandemic through workplace products, communications, marketing, logistics, monitoring and evaluation, and information technology. The GBC encourages public–private partnerships, to make HIV/AIDS services accessible to those who need it (GBC, in Global Fund 2003). In 2008, the GBC admitted that the battle against HIV/AIDS was being lost, and it devised the Impact Initiatives to encourage partners to mobilise their resources with investments from other partners (for example, major foundations, government agencies and multilateral organisations), and investment that transcends financial support. In the Impact Initiatives the GBC discusses the importance of core competencies being acknowledged and shared.[5]

In the area of international HR initiatives, the Society for Human Resource Managers (SHRM) developed an HIV/AIDS workplace toolkit, which provides the business case for the promotion of HIV/AIDS awareness programmes, policy examples and programme guidelines (SHRM n.d.). The US Centers for Disease Control (CDC) produced relevant guides for HIV/AIDS and the workplace, for example, *HIV is Still at Work* (CDC n.d.) and *Business Responds to AIDS/Labor Responds to AIDS* (CDC 2008). International health organisations like Family Health International (FHI) have also contributed relevant resources (FHI n.d.). While these examples provide detailed information on HIV/AIDS policy and programme implementation, there is no direct information on key HIV/AIDS competencies required by graduates.

Finally, international trade unions have also contributed to HIV/AIDS initiatives in the workplace. The International Confederation of Free Trade Unions (ICFTU) was established in 1949, and has a membership of 155 million in 156 countries (ICFTU n.d.). The ICFTU has produced various HIV/AIDS resources, notably the *Framework of Action towards Involving Workers in Fighting HIV/AIDS in the Workplace* (ICFTU 2000). The ICFTU recognises the importance of developing 'infrastructure by building capacity and through training with the affiliate to conduct shopfloor-based campaigns' (ICFTU and IOE 2003). In 2006, ICFTU and the International Organisation of Employers (IOE) made a joint statement acknowledging that employers and trade unions agreed to collaborate in addressing the global HIV/AIDS crisis, and calling on the G8 leaders to join employers and workers in mobilising a comprehensive response (ICFTU 2006). The IOE has also contributed to addressing HIV/AIDS in the workplace, for example, *Employers' Handbook on HIV/AIDS: A Guide to Action* (IOE 2002). While there is no direct reference to HIV/AIDS graduate competencies, the role of unions in contributing to this issue remains significant.

Regional workplace HIV/AIDS policies and initiatives

The review now turns to regional initiatives. In 1997, the Southern African Development Community (SADC) established the *Code of Good Practice on*

HIV/AIDS and Employment (SADC 1997). This code is not legally binding but the signatories agreed that there is a need for regional employment standards, and member countries should develop codes that are reflected in national law. SADC holds that a regional response to HIV/AIDS is essential to proper prevention, treatment and care. The three broad goals of the SADC HIV/AIDS/STD Taskforce are: a better coordinated and harmonised response; a multi-sectoral response; and improved quality and coverage at national and regional levels. SADC plays an important coordinating and monitoring role in the region's HIV/AIDS response. There are no direct references to HIV/AIDS graduate competencies in SADC.

In 1993, the Corporate Council on Africa (CCA) was set up, to strengthen business ties between the US and Africa (CCA n.d. a). The CCA's HIV/AIDS initiative was established to,

> enhance the role of the private sector, in partnership with the public sector and civil society, in addressing HIV/AIDS prevention, care and treatment for Africa. (CCA n.d. b)

The CCA's HIV/AIDS working groups focus on resource mobilisation, workplace programmes, communication and collaboration, and brokering partnerships. Its members have expressed views on HIV/AIDS graduate competencies required in the workplace in Africa.

In December 2005, the Pan African Business Coalition on HIV/AIDS (PABC) was established in order to mobilise African business in the fight against the pandemic (PABC n.d.). The PABC's main focus is on: developing collective national and international strategies on HIV/AIDS; facilitating multi-sectoral responses; creating an interactive HIV/AIDS knowledge centre; and promoting research, human rights, access to affordable treatment, and sound management principles.

In concluding this sub-section, an example of best practice is provided. Debswana, a very large diamond mining company located in Botswana,[6] was chosen for its vast achievements and historical significance in responding to HIV/AIDS in the southern African region. The first AIDS case was seen in the Jwaneng company hospital in 1987, and the company's HIV/AIDS programme dates from 1988 (Debswana n.d.). Its early programme was characterised by education and awareness campaigns. The company realised that 'the cost of not doing anything would cripple the organisation to the extent of closing down the mines' (Debswana group manager for HIV/AIDS, Dr Onalethata Johnson, cited by Landers 2007). In 1996, Debswana issued the *AIDS Management Workplace Policy*. In 2000, the company's HIV/AIDS policy was published in the UNAIDS *Best Practice* series. In 2000, Debswana established antiretroviral treatment (ART), thus becoming the first company in the world to dispense antiretroviral therapy to its employees. The company continues to lead workplace HIV/AIDS initiatives, with the development of the *Standard Training Peer Education Training Manual*; training group master trainers; partnering with the Botswana Ministry of Health to provide health care facilities at the mine hospitals for the public; reviewing the company's HIV/AIDS strategy; and conducting employee perception surveys dealing specifically with the company's HIV/AIDS policy and programme. Their comprehensive training initiatives recognise the fact that people are not adequately prepared to deal with HIV/AIDS issues in the workplace.

South African workplace HIV/AIDS policies and initiatives

This section outlines national initiatives, beginning with an overview of the national laws that are relevant to HIV/AIDS in the workplace before turning to the responses of government, business and unions.

South Africa's legislative and policy framework for workplace HIV/AIDS response

South Africa has a legislative framework for responding to HIV/AIDS in the workplace (DPSA 2002). The Bill of Rights within the Constitution of the Republic of South Africa (1996) states that 'Everyone has the right to fair labour practices' (DPSA 2002, p 21). The

labour statutes that are relevant to HIV/AIDS in the workplace include the following:

- Compensation for Occupational Injuries Act (No. 130 of 1993).
- Labour Relations Act (No. 66 of 1995).
- Occupational Health and Safety Act (No. 29 of 1996).
- Employment Equity Act (No. 55 of 1998).

Other relevant legislation includes the Medical Schemes Act (No. 131 of 1998) and the Promotion of Equality and Prevention of Unfair Discrimination Act (No. 4 of 2000).

In terms of the public sector, the Public Service Act (No. 103 of 1994) governs the employment of all public employees. Also, the *Public Service Regulations, 2001* (South African Public Service Commission 2001) contain minimum standards on HIV/AIDS, with guidelines for departmental heads with regard to managing HIV/AIDS. The Public Service Coordinating Bargaining Council (PSCBS) outlines HIV/AIDS policy development and training. In 1998, the Interdepartmental Committee on HIV/AIDS (IDC) was created as a body of HIV/AIDS coordinators of national government departments. While the Department of Health does not focus primarily on HIV/AIDS in the workplace, it does inform policies and programmes, especially within the public sector (Department of Health 2000).

The South African National AIDS Council (SANAC) was established as the highest body that advises government on all matters relating to HIV/AIDS. SANAC is chaired by South Africa's deputy president and consists of 15 government and 6 civil society representatives, including 3 representatives from business (South African Government Information n.d.). Despite its goals and profile, SANAC's success and relevance are highly contested. For example, the Treatment Action Campaign (TAC) and the Congress of South African Trade Unions (COSATU) have criticised SANAC for not functioning properly and for having failed in responding to critical HIV/AIDS issues (TAC 2005). In 2007, in a discussion on SANAC, Mark Heywood of TAC (speaking as the newly appointed SANAC deputy chair) highlighted the importance of rectifying the human resources shortage in HIV/AIDS services (Heywood n.d.).

Business and union responses to HIV/AIDS

Business is demonstrating an increased commitment to HIV/AIDS. These actions are based on the business case for corporate social responsibility and action against HIV/AIDS. The business case is based on research that shows that businesses that invest in HIV/AIDS prevention and treatment programmes are profitable because their savings outweigh their costs (Rosen et al. 2003). For example, research shows that for every ZAR1 a company invests in an employee's health the company gets a return of ZAR3 (Goetzel et al. 2005; Suhrcke et al. 2005, cited in ODI 2007). Corporate social responsibility, part of a growing international trend, is based on the idea that a company's image in society can affect profit, and thus companies are encouraged to interact more productively with society and the communities they serve.

In 2001, the South African Business Coalition on HIV/AIDS (SABCOHA) was established with the goal of coordinating the business sector's response to HIV/AIDS, to minimise the impact of HIV/AIDS on sustained profitability and economic growth (SABCOHO n.d.). As of February 2008 the coalition had 123 members. It has initiated significant projects in partnership with other stakeholders, for example, the *Guidelines for Business Coalitions against HIV/AIDS* (SAHIMS 2005). Its major projects are: BizAIDS – which aims to help micro and small-sized companies respond to HIV/AIDS; condom distribution; supply chain development – which aims to broaden HIV/AIDS initiatives to supply chains; and peer educators – which promotes HIV/AIDS education, counselling and support in the workplace.

In 2003, Business Unity South Africa (BUSA) was created as a result of the merging of the Black Business Council and Business South Africa (BUSA n.d.). In 2004, BUSA included HIV/AIDS in its specific social priorities (SAPIA 2004). In 2006, BUSA

and SABCOHA requested that large businesses provide pro bono services to owner-managed businesses with the planning and implementation of HIV/AIDS policies and programmes in the workplace (BUSA 2005). A significant number of multinational companies in South Africa have comprehensive HIV/AIDS policies and programmes because of the impact of the pandemic on profit through illness, absenteeism and death (ODI 2007).

Trade unions have an important role to play in responding to HIV/AIDS (WAC 2005). There are three prominent trade union federations with affiliates in different sectors of the economy: COSATU; the Federation of Unions of South Africa (FUSA); and the National Council of Trade Unions (NACTU). All three have guidelines on HIV/AIDS in the workplace. Mapolisa (2004), in a survey of 324 shop stewards from 19 sectors, found 28% union involvement in company HIV/AIDS policies and 8% involvement in the dissemination of these policies. Even though programmes are in place (68%), they are generally one-off and passive. It was recommended that unions be incorporated into HIV/AIDS policies and programmes. Unions have not made statements on the specific competencies required for managing HIV/AIDS in the workplace.

In 2005, SABCOHA and the Bureau for Economic Research (BER), in a survey of more than 1,000 companies, reported that workplace programmes existed for 60%–80% of the mining, manufacturing, financial and transport sectors (BER 2005). The sectors that are most affected by HIV/AIDS are mining, agri-business and transport. According to SABCOHA, the leading sectors in responding to HIV/AIDS in the workplace are the motor, mining, financial and insurance sectors. The hotel and leisure, agriculture and retail sectors have the most to do.

Small and medium enterprises (SMEs) find themselves in a difficult position with regard to HIV/AIDS; while they are being impacted by the pandemic, the response from, and support for, the sector has been inadequate. There have been international initiatives to guide and support SMEs. In 2003, the ILO collaborated with the World Health Organisation (WHO) to produce a handbook for SMEs (Global Compact 2003). ILO followed this publication with *Helping Micro and Small Businesses Cope with HIV/AIDS* (ILO/ILOAIDS/SEED 2007). In South Africa, SMEs have been slow in responding to HIV/AIDS. In 2007, it was reported that 13% of SMEs (companies with 100 employees or less) had an HIV/AIDS policy, with 29% having offered HIV/AIDS awareness initiatives; this in comparison to 91% in the case of companies with 500 or more employees (Momoh 2007). Rosen and Connelly (2004) argue that while many African businesses have begun with HIV/AIDS policies and programmes in the workplace, the majority of SMEs have not. In South Africa, the major obstacles to SMEs investing in HIV/AIDS initiatives are the high cost of services, the lengthy implementation time, discrimination towards HIV-positive employees and the issue of stigma, and the perception that HIV/AIDS is not a pressing business issue. There are significant constraints in reaching SME employees, which are primarily that SMEs invest relatively little in human capital and are generally unconcerned about HIV/AIDS (ranked ninth out of 10 major business concerns faced by SMEs). The last constraint is challenged by a South African study that identified HIV/AIDS as a significant factor in the failure of small businesses; that is, HIV/AIDS was one of three factors that caused 80% of SMEs to fail. SMEs suffer more acutely from the general effects of HIV/AIDS like absenteeism, staff attrition, loss of production and operational disruption (Momoh 2007).

HIV/AIDS research and the world of work in South Africa

The research literature on HIV/AIDS and the South African workplace has increased quite substantially over the past six or so years, and the sector has seen at least two conferences since 2004, and a special issue of the *African Journal of AIDS Research* in 2008 dedicated to the topic. While there is much workplace-based research taking place (for example, in the form of company commissioned surveys of knowledge, attitudes and practices, or KAP), not much of this research is published, or made more generally available.

What are some of the advances in our knowledge of HIV/AIDS and the South African workplace? Firstly, much of the research is on the formal, private sector workplace (Sprague and Dickinson 2008), and has focused 'on assessing the risk to companies' workforces and how this risk can be mitigated' (2008, p. iii). In this regard, there are examples of research in different sectors, such as mining (Bhagwanjee et al. 2008); manufacturing (Evian 2008); the private security and legal services sectors (Simbayi et al. 2007); and the chemical, IT and health care sectors (Dickinson and Stevens 2004); there is also the BER (2005) survey of workplaces across the mining, manufacturing, retail, wholesale, motor trade, building and construction, financial services and transport and storage sectors. What these studies begin to do is develop a macro perspective on prevalence rates, impacts on the workplaces/sectors concerned, and the range of employer responses to HIV/AIDS.

Secondly, the literature search yielded very little research in the public sector in South Africa. One of the largest studies to date, and already five years old, is the research commissioned by the Education Labour Relations Council (ELRC) into the public teaching workforce (ELRC 2005), which broadly focused on supply and demand issues, with a sub-focus on the prevalence of HIV/AIDS among teachers, and its impact. Hall (2004) has considered HIV/AIDS in relation to nurses, primarily in the public sector. A more recent HEAIDS research project of 2009 focused on the roles of educators in the schooling, FET college and higher education subsectors in mitigating the impact of the pandemic on South Africa's education system (HEAIDS 2009).

An important gap, for the purposes of this research, is that none of this research considers issues relating to competency generally in managing HIV/AIDS in the workplace.

CHAPTER 4

Analysis of the Data and Key Findings

INTRODUCTION

This chapter analyses the data from the interviews and focus group discussions, and links the emerging themes and trends to the literature where relevant. The identified themes of the chapter broadly align with the three research questions:

- What are the competencies required to effectively and supportively manage HIV/AIDS in the workplace?
- What are employer needs, expectations, opinions and experiences with regard to the graduate competencies required for managing HIV/AIDS in the workplace?
- How is higher education addressing the development of competencies with regard to HIV/AIDS in the place of work through undergraduate and postgraduate programmes?

WORKPLACE HIV/AIDS FOCUS

Workplace respondents and the research approach

Data collection did not particularly target workplace HIV/AIDS programmes. Rather, given the focus of the research, the research team was concerned with gaining a broad understanding of the unique issues and contexts facing different workplaces, in order to locate the issues of graduate competency.

However, as indicated in Chapter 2, most of the private sector companies that participated in the research were selected on the basis of the policies and programmes they have in place to manage HIV/AIDS in the workplace. A number of these companies have received local and international recognition for their programmes. The services provided by the participating companies are generally comprehensive, and include education and advocacy, prevalence monitoring, policy development, voluntary counselling and testing (VCT), and general counselling. In some cases, too, the full range of services extends to employees' families (spouse and children). In a number of cases, the HIV/AIDS programme has evolved into an integrated wellness programme that also reaches the wider community.

The public sector workplaces offer far more limited HIV/AIDS-related services and staff pointed to the human resourcing and financial constraints that they face in dealing with the pandemic.

Workplace HIV/AIDS focus: Salient issues

The HIV/AIDS or wellness programmes of the different participating workplaces indicate a diversity of responses to the pandemic. In examining respondents' reflections on the HIV/AIDS initiatives in their particular workplaces, a number of important issues emerge.

Two of the workplaces interviewed have won local and international awards for their HIV/AIDS programmes, and are hailed as examples of best practice.

Financial services institution

One of the best-practice companies, a financial services institution, saw its current HIV/AIDS programme come into being after a serious issue that was covered in the national media and which forced the company to reassess its understanding of and approach to HIV/AIDS – or what one senior manager referred to as a 'Damascus road' moment. Through this process, the company came to understand that when it came to HIV/AIDS it was not enough simply to focus on the employees of the company, but that the impact of the pandemic on its client base could negatively impact on its core business:

> Before the company instituted the HIV/AIDS programme there was a void in knowledge. This void was the reason that the company may have made some serious judgment errors and discriminated against PLWHAs. Now it is different because the company funds people living with HIV/AIDS. PLWHAs now have access to funding, to home loans and they can get insurance on their home loans. Before, it was a fact of not having enough knowledge and information.

In this context, it is clear that the company has to focus both internally and externally, so that issues of HIV/AIDS remain at the forefront of the company's activities, especially in terms of its client liaison and support functions. In terms of its focus on employees, the company has a pool of about 750 'wellness champions' who are peer educators:

> These employees become the eyes and ears of leadership because they experience other employees' issues first hand, and engage and support. This has brought about significant change. Employees are now comfortable to disclose their HIV status.

With regard to general induction in this financial services institution, new graduates go through a full week of training, where they are taken through a particular course. During this training they are also given HIV/AIDS information and receive accreditation for four units standards on HIV/AIDS management in the workplace. One of the company respondents gave her opinion that once new graduates have completed the company training programme they have good leadership, management and communication tools to convey the correct messages regarding HIV/AIDS.

Mining company

Another private sector company that participated in the project, a mining company, has also won numerous local and international awards for its HIV/AIDS programme. However, the mining sector context is quite different from that of the financial services company referred to above; because of the legislative conditions contained in the Mine Health and Safety Act (No. 29 of 1996), which stress occupational health and safety, the mining and minerals sector is *compelled* to emphasise health and safety training.

In addition, there is strong government pressure on the mining sector to undertake community development initiatives, given the particular history of the mining sector, which was based on the migrant labour system. Various respondents from the mining company who participated in the research referred to the annual induction training that is compulsory for all employees (including senior management) at the beginning of each year. This induction programme includes HIV/AIDS information sessions. One of the staff who oversees the graduate development programme in the company indicated that new graduates come into the company with limited competencies to manage HIV/AIDS in the workplace. However, particularly for bursaried students and graduates, this lack of initial competency is mitigated by the fact that students participate in annual work experience periods as part of their bursary; they are therefore exposed to the company's induction programme and HIV/AIDS information dissemination processes over time before they are formally employed by the company once they graduate. In this company, therefore, assessment of new graduate competency to manage HIV/AIDS-related issues in the workplace has

been quite positive, including from self-assessment by new graduates.

Health care company

The training manager of a private health care company indicated that VCT drives in the company are not done in a systematic way, although the company does employ a non-governmental organisation (NGO) for care, treatment and support for employees who are not on a medical aid. She said that referrals are decreasing as more employees are on medical aid and taking care of themselves. She further stated that most of the company's employees have a health care background and it is assumed that they are better equipped to prevent infection and to source treatment and care than, for example, employees in the administrative or human resources (HR) division of the company. She raised an area of particular concern to this company (indeed, it is sector-wide) – that of 'sharps' and medical waste disposal.

Public sector workplaces and trade unions

The accounts of managers in the public sector workplaces paint a picture of, in some cases, quite severe resource constraints with regard to providing HIV/AIDS-related services and programmes.

The training manager at a public hospital indicated that employee-related HIV/AIDS issues are dealt with in a haphazard way at the hospital, and that when an HIV/AIDS issue arises, it is referred to HR. The HR manager indicated that the hospital is supposed to have an integrated wellness programme (occupational health and safety, HIV/AIDS and employee assistance programme or EAP), but the position has been vacant for a year and they are currently seeking to fill it. Until about two years ago, they had an EAP service provider. Since the position has been vacant, no service provider has been engaged. As one staff member put it: 'There is no staff programme to speak of – no training, nor VCT'.

One provincial transport department has a well established programme in place that combines HIV/AIDS, STIs and TB (HAST) under one umbrella, managed by the HR department and with a system of peer educators and volunteers, but indicates that access to funding is a big challenge in the sector.

Another provincial (education) department of approximately 80,000 employees has an EAP and offers VCT, but uptake of the service is not good as the department is only able to train 40 lay counsellors per year with a discretionary grant from the National Treasury.

Although not a public sector workplace, trade unions that organise public sector employees will face challenges that are, in part, a result of the public sector's inability to provide extensive services and programmes, which means that such unions need to undertake education programmes for members. The national HIV/AIDS coordinator of an educator union indicated that his organisation has an HIV/AIDS outreach programme. This respondent provided an example to demonstrate how critical the work of the union is in providing support and education to members in a context where government has limited resources: an educator/union member trying to help a learner having an epileptic seizure by attempting to extract the learner's tongue from his mouth, was bitten in the process. The union member had the learner tested for HIV on the recommendation of her physician but without the consent of the learner's parents, and almost lost her job in the process due to being ill-informed about consent and confidentiality procedures.

Understanding the impact of HIV/AIDS on workplaces

Considering the impact of HIV/AIDS on workplaces points to an enormously complex set of issues. Issues of impact do not only concern inter alia absenteeism, reduced production output and possible financial losses, but are also about complex social and personal relationships and interactions.

Impacts relating to absenteeism and staff turnover

Most respondents across the different participating workplaces raised the issues of increasing absenteeism,

staff turnover and mortality, and the impacts on the workloads of those who are at work. Employee absenteeism usually leads to increased workloads for colleagues, and this is exacerbated by the fact that very often the real cause of absenteeism is not disclosed and if suspected is not openly acknowledged.

Financial impacts

A number of financial impacts were suggested by respondents.

One area of financial cost relates to training in the workplace. For example, the wellness manager at a financial services institution indicated that one reason for the company's extensive HIV/AIDS programme is the financial losses incurred when a company trains and empowers new employees to understand the culture of the company, and the employees subsequently get ill and die. The company's substantial investment then has minimal return: 'To replace that employee takes forever and to upskill another person takes a lot of money and time'.

However, issues of training replacement staff do not have a financial dimension alone. The training manager at the financial services institution added that a huge impact is the loss of not only academic skills but also *institutional knowledge*, should employees die.

Another area of financial impact relates to medical costs to the company, depending on the extent of the HIV/AIDS services provided. In thinking about the medical cost issue, a complex set of sub-issues emerged. In one case, a respondent from the mining company indicated that one area of impact that the company is facing is the loss of skilled personnel because employees do not know how to take care of themselves if they are HIV-positive. She also indicated that new graduates have no idea of the medical cost of HIV/AIDS:

> The company needs to divulge the costs of running an HIV programme and give estimates of how much HIV is costing the company per person. There should be an awareness of what their actions are costing the company.

The issue of medical costs to the individual and the impact that it has on people was also raised by a number of respondents, who indicated that staff often get into debt to pay escalating medical bills (if they are on medical aid their benefits often run out), or if they run out of leave and need to take unpaid leave. In some instances, staff are supporting family members who are HIV-positive. There is a trend of increasing personal debt, and one reason suggested for this by a manager (nursing) at the public hospital is that staff do not want to go to the staff clinic, which is free, partly for fear of being identified. She pointed out a further complexity to the problem:

> They [staff] borrow money they can't pay back, so they stay off work because the moneylender is waiting around outside the hospital.

Staff at a provincial department of education pointed to particular financial issues facing teachers: with increasing numbers of orphans and vulnerable children (OVC), children are often only getting one meal a day – the meal they receive at school. In many cases teachers often give of their own finances to help learners and their families.

Production and productivity impacts

From the interviews it became apparent that issues of absenteeism and staff turnover are negatively impacting on production and productivity across the spectrum of workplaces.

The head of an engineering department of 800 people in a chemical manufacturing company spoke about how production targets have been affected by HIV/AIDS:

> People work as a team. Three people do a task and if one isn't there the others argue. A replacement is costly because recruitment and training costs are high.

In the past two years this particular respondent has had to adjust his production output plans by 85%.

The wellness manager in a provincial department of transport indicated that the impact of HIV/AIDS can most clearly be seen in the mortality rates, and the resultant impact on productivity and service delivery, and that not enough funds are available to mitigate the impact of HIV/AIDS.

Impacts on workplace core functions

Only one workplace, a private health care company, reported that HIV/AIDS has had an impact on the nature of their business. The training manager, HR manager and a group of line managers from the company indicated that the impact of HIV/AIDS on the company can clearly be seen from changes in the company's patient profile; previously, the bulk of the company's business came from surgical cases, but now they are starting to get increasing numbers of medical cases, a longer length hospital stay on the part of their patients and a dramatic increase in the incidence of TB.

Relationships, stigma and emotional impacts

Issues around disclosure and/or confidentiality, increasing stress and depression were noted by many respondents.

A training manager at the financial services institution indicated that the major impact of HIV/AIDS on the company is that employees feel that they cannot help their co-workers. She indicated that while many staff have knowledge about HIV/AIDS they still do not know what to do or say should a co-worker disclose his/her status. Although some respondents indicated that this is an issue that particularly faces new graduates (and many new graduates said this themselves), other respondents pointed out that disclosure and how to deal with employees or co-workers are things that most people find difficult. For example, the respondents at the provincial department of education reported one HIV/AIDS-related incident that was mismanaged. An educator was away from work on sick leave for a month; her manager asked for a medical report and the educator ended up disclosing her status to the manager. He then argued with the diagnosis on the medical report, and the department's EAP manager had to intervene.

Another disclosure-related issue that was raised is that many people, although sometimes visibly ill or off work repeatedly, do not talk to anyone about their situation. While many respondents did refer to this issue in the context of absenteeism, they also raised the human dimension – of the emotional effect and morale of workers and co-workers. Thus, staff at a provincial department of education indicated that many teachers feel overwhelmed and have no support at school, and that this has contributed to depression levels being high. The training manager at the private health care company said that, for her, the biggest issue in the workplace is still the fact that people cannot talk openly, and that there is still a high level of secrecy: 'Employees often "know" and they observe health deteriorating but they are unable to talk about it'.

The issue of disclosure remains a highly charged one, and the reality is that PLWHAs are still subject to much stigmatisation and discrimination by their co-workers and/or managers. A number of respondents related incidents where some staff started rumours about co-workers being HIV-positive, and the fall-out that occurred as a result of these incidents. In another example, a union representative shared the following: one of the organisation's members disclosed her HIV-positive status. Her disclosure was picked up by the media and published. This incident resulted in her being ridiculed and heckled at her workplace; and she was isolated and stigmatised. The union intervened, liaising with the employer, traditional leaders, neighbours and the community at large in an attempt to mitigate the situation.

However, at the same time, a number of managers indicated that knowing people's status would greatly assist in managing relationships, absenteeism and workloads. In reflecting on issues relating to disclosure and confidentiality, the head of an engineering department of 800 people in a chemical manufacturing company was opposed to the emphasis on privacy and confidentiality with regard to HIV/AIDS:

> I need to be able to confront people and help them to open up discussion. It enables me to know how to treat him so I know it's not a '*babelas*' [hangover] but illness, and [so] I don't put him in conditions that damage his health.

The following personal experience of the head of the physiotherapy department at a public hospital provides a concrete example of the complexity of managing staff with HIV/AIDS in terms of both work organisation and personal interaction. She indicated that she had experienced the impact of HIV/AIDS among her own staff when someone disclosed their status about four years ago and she had to manage this on a number of levels, in terms of the following:

- The type of work the individual could carry out (for example, the types of patients she could come into contact with, as she would be vulnerable to certain infections from patients, and she could not work with heavier patients).
- Maintaining service delivery as a department, and covering the employee's workload with other staff. Initially colleagues were supportive but as time wore on they started to feel the strain and resented the added burden. There was no budget to hire a locum.
- Employment procedures (the person was on sick leave for three months, then temporary disability leave and finally incapacity retirement).

This head of department went to the HR department for advice at the time and also attended a two-day counselling course, which gave her some skills to deal with the situation. At the same time, she had a close personal relationship with this staff member, making it difficult on that level too:

> I had never dealt with this situation before. I was thrown in the deep end. It would have been easier to mentor and counsel someone I didn't know. It was difficult to be detached.

Of the two-day training course, the department head said that

> it did help me, especially the role plays, so that made it easier. But we do not practise these skills a lot – we rely on the social work department to do the counselling, even though we work with HIV patients every day.

Staff at a provincial department of education raised the issue of the role of senior management in being seen to support HIV/AIDS initiatives and in mitigating stigma. They indicated that very few senior managers in the department attend workshops and if they do attend then they don't usually stay for the whole workshop. These employees felt:

> They have a 'them and us' attitude. Whites and Indians don't see it as their issue – there is a stigma about blacks [having HIV].

New graduates and HIV/AIDS in the workplace

Manager perspectives

There seemed to be general consensus among managers interviewed in both public and private sector workplaces that new graduates are generally not well equipped to manage or deal with HIV/AIDS in their workplaces.

The HR manager at the financial services institution added:

> Everybody believes that because they have heard so much about HIV/AIDS in the mass media and in the printed media they are competent in dealing with HIV/AIDS. Information on HIV/AIDS has become boring. Yet as soon as the new graduates are exposed to the company's HIV/AIDS Champions programme the overwhelming feedback has been: 'My God, I didn't realise…' So there's a lot of assumed knowledge, which is probably at best half baked; at worst there is total ignorance.

However, he also admitted that not many employees at the financial services institution are competent to deal with HIV/AIDS – in other words, this is not only a new graduate problem or issue.

The HIV/AIDS champion/peer education coordinator at a private health care company said that new graduates have very specific career- or job-related skills and do not necessarily have the competencies to deal with the kind of social and emotional issues that HIV/AIDS tends to bring out in a work situation. This means that the workplace has to supplement the skills of the graduates. She added that the graduates from health-related disciplines are better equipped to manage HIV/AIDS because they are more aware of occupational exposure. In this regard, she felt that graduates who come from non-medical backgrounds are particularly disadvantaged because they lack the skills to deal with the emotional aspects of HIV/AIDS. She also indicated that new graduates are not necessarily receptive to the factors that predispose people to being infected with HIV. They should also be made aware of the company's HIV/AIDS policy and the laws and regulations that require them to deal with an employee in a specific manner, and how the law protects PLWHAs.

The wellness manager in a provincial department of transport was emphatic about the fact that new graduates are not competent to manage HIV/AIDS in the workplace. She is of the opinion that qualifications do not guarantee caring, understanding or empathy.

New graduate perspectives

Some of the new graduates interviewed added their perspectives on their lack of preparedness for dealing with HIV/AIDS in their new workplaces. A mining engineering graduate spoke to work organisation and interpersonal issues, and indicated that she has found herself in situations where,

> people abuse their position and they lie about their health. These workers use their health not to do their work since they still get pay. [Some] workers are abusing the system.

A group of seven young new graduate physiotherapists at a public hospital spoke about how their work is affected by HIV/AIDS:

> You can't work in government or even private hospitals without seeing HIV. You have to be aware of how they [patients] respond to treatment and also avoiding infection [yourself].

Already in the few months of their employment there had been two graduates on antiretrovirals (ARVs) because of blood or sputum in the eye.

Such graduates also have to deal with the emotional impact of HIV/AIDS but it does not sound easy, particularly for such young people:

> You have to move on. You come to terms with it. We spend a lot more time with patients than doctors do. It's hard, tough, you walk in and they are dead. You move on and then it happens again.

Another graduate said: 'I leave it at the office or you sink into a hole deeper and deeper'.

Workplace HIV/AIDS focus: Reflection on the issues emerging from the research

Interestingly, two of the best-practice examples of workplace responses to HIV/AIDS in this study have what could be called 'external drivers', which according to Dickinson and Stevens (2004) include legal requirements, economic performance and social pressures. It is also noteworthy that in the two best-practice examples, graduates are seen to be more competent to manage HIV/AIDS-related issues in the workplace. This is most likely attributable to the highly structured induction, education and support mechanisms that are in place in these companies.

The HIV/AIDS responses of the other companies ranged from adequate to almost non-existent – and in the latter, even though external drivers might exist, the lack of resources impacts tremendously on responses; for example, the public sector workplaces are struggling in a context of competing resources and inadequate staffing.

Apart from the two best-practice examples, the general consensus from managers seems to be that graduates are *not* equipped to deal with HIV/AIDS in the workplace.

From the vignettes provided thus far, it is clear too that different sectors face different issues, and these impact directly on the kinds of job-/sector-specific competencies that graduates might need.

However, the vignettes also point to the need for ongoing access to up-to-date information and relevant practical skills for *all* staff, not only new graduates.

Clearly, issues relating to the impact of HIV/AIDS on workplaces and employees are complex and potentially fraught. One the one hand, while many people are supportive and sympathetic, carrying additional workloads adds a heavy burden, and people become resentful and less supportive over time. This impact would be most acutely felt in workplaces where resources are already scarce. Most public sector departments would be affected, given the reported high levels of vacant positions. However, public health facilities and schools would probably be the most affected of all, given that both sites are at the forefront of dealing with HIV/AIDS issues, and that both sectors have known staff shortages. (The findings of the 2005 ELRC research on educator attrition in public education would support this view.)

Mitigating or eradicating stigma continues to be a critical issue in workplaces, and if this could be resolved many other impacts might be reduced. For example, people might then be encouraged to seek counselling and treatment earlier, and to make use of workplace facilities, thus lessening both their personal financial and health burdens and workplace impacts related to absenteeism. In this regard, two issues are highlighted as being critical: the role of senior management and national leadership, and being seen to support HIV/AIDS initiatives. Both of these are important in assisting with reducing stigma and in employees taking the issue of HIV/AIDS more seriously.

UNIVERSITY CAMPUS HIV/AIDS FOCUS

University respondents and the research approach

Generally, the higher education institutions that participated in the study have some HIV/AIDS services on campus for staff and students, and offer education programmes and materials, and VCT, while also organising HIV/AIDS awareness events. One higher education institution tries to track students and provide support. Another institution will soon become a registered ARV site.

However, resourcing (both financial and human) of HIV/AIDS services and programmes has been a major constraint facing the sector, and a number of respondents referred to these constraints and the limitations of current approaches to service provision at their institutions.

University campus HIV/AIDS focus: Salient issues

With regard to resource constraints on the higher education sector, one master's (development studies) student, who volunteers at her campus HIV/AIDS unit, indicated that

> There are people who come to the campus clinic for testing but the clinic does not do testing. There is inadequate capacity for testing here. They refer people for counselling, ARVs, group counselling and they used to offer VCT. We turn people away from the unit. [A service provider] comes to campus every two weeks, but the clinic has a huge workload and there is a two-week waiting list – so people change their mind about testing. This campus has 10,000 students and one small clinic with one person giving VCT.

The issue of 'transactional' sex by (especially) female students was also raised by two master's (development studies) students at the same university who noted that

> A lot of young students resort to prostitution with sugar daddies for KFC [Kentucky Fried Chicken]. I see young girl students outside here at night.

The financial plight of many poorer students has been highlighted in the media recently, and has precipitated a review of the National Student Financial Aid Scheme by the DHET. It is increasingly being recognised that the lack of sufficient financial support for many university students is contributing to the high drop-out/failure rate, as well as to unsafe sexual practices.

A number of academic staff indicated that increasingly they are being approached by students on a more personal level; that is, that students are approaching academic staff, with whom they have the most contact at the institution, as a first contact point for support on personal issues. However, a number of staff indicated that students will not intially raise HIV/AIDS but will talk about other issues; presumably they are trying to establish relations of trust. The head of school in a natural sciences faculty said that

> Students come and ask questions after the lecture so you realise that they have family members with HIV and with most of them you realise they don't know their own HIV status. But they don't discuss it openly…I try to make students aware and try to discuss HIV with them. I tell them that if they don't feel well they must seek medical attention but they don't tell the truth. They shy away from being discovered…Some students are really ignorant. They come from all backgrounds – deep rural areas. It is really important in this time of HIV that students are nurtured, for example, female students. Students come in with no money to sustain themselves – food, transport – so they work, and if they don't find work, affluent students pay a price for sex. It's very hush-hush. They'll do anything to survive.

On the issue of students approaching academic staff for assistance, support and disclosure, a new graduate at one university of technology indicated that there is no staff training for lecturers to equip them to address HIV/AIDS in their courses, nor for administrative staff. He confirmed that students disclose their status to their lecturers who are not equipped to deal with this, and that lecturers tend to refer the students to the counselling or HIV/AIDS units on campus (which would also suggest the need for basic counselling skills for lecturers). He said that lecturers tend to be sympathetic but they need more information.

Another new graduate (in psychology) at this university of technology works in the student counselling unit, which works with the institutional HIV/AIDS unit to conduct student VCT and education campaigns. He indicated that the psychologists are seeing more HIV-positive students in recent years, although they usually present with some other problem initially and only disclose after a few sessions. He also reported observing that some academic departments are ignorant and think HIV/AIDS issues are irrelevant to them; the example he cited was engineering. He said: 'When we run our programmes, some departments never ever attend'.

From a management/line function perspective, the head of school in a natural sciences faculty (already quoted above) also raised the following issue in relation to his function as a line manager:

> One staff member will tell me that he needs to take leave to care for a family member who has AIDS. I say 'but you took leave a few weeks ago and last week' and they say 'you don't understand my problem'. So how do I deal with this? It needs to be discussed – how to deal with this…If a person discloses to me as a line manager, I should know and be able to plan the best way to deal with it so it doesn't impact much on the work. There should be a university policy to deal with these staff situations. I am not aware of the university having an AIDS policy. It is not well distributed – line managers are not aware of it.

University campus HIV/AIDS focus: Reflection on the issues emerging from the research

The themes raised above point to a number of issues facing higher education institutions and their staff and students, and demonstrate the complexity of the higher education context.

Firstly, academic staff, by virtue of the fact that for many students at the institution they are the point of

personal contact, are increasingly being confronted with HIV/AIDS-related issues in ways that have very little to do with their discipline-focused teaching functions.

Secondly, students' personal circumstances (for example, lack of adequate financial resources) make them vulnerable in a variety of ways. It is this vulnerability which doubtless contributes to the abysmal non-completion rates of (particularly) African (and female) students cited by Bhorat et al. (2010).

Another theme emerging from the research is that of issues related to disclosure, particularly by students, and the capacity (or lack thereof) of institutions to deal with this.

UNIVERSITIES AS PREPARATION FOR CITIZENSHIP OR THE WORKPLACE?

By virtue of its particular focus – the graduate competencies required for managing HIV/AIDS in the workplace – the research raised the question for many respondents (at higher education institutions and workplaces alike) of what a university education is for. Many respondents reflected on whether universities are (or should be) educating for the workplace, or for the good of society, or both. This sub-section presents respondents' views on this issue.

University perspectives

Preparation for 'good citizenship'

Senior managers at two of the participating higher education institutions see the role of the university as primarily being to prepare graduates who are well rounded, critical thinkers who understand their social milieu and diversity in the South African context, and who are not necessarily trained for specific workplaces and/or jobs. In this regard, HIV/AIDS is seen as one of a number of critical issues (such as gender, diversity and socio-economic issues) about which students need to be sensitised. One of these senior managers (with an engineering background) had the following to say:

> We know that 10 years after graduating, [graduates] will probably be in a job that does not have a name yet. Therefore, we do not train for a particular job but rather train them to create a job and create a more humanist workplace with a new future and new relationships between workers and managers (for example, how we treat the marginal of our community – including PLWHAs – who are affected or under threat).
>
> We are more concerned and watchful about notions of diversity. We are not trying to make black students leave the university as whites or vice versa. But they should all see through the eyes of someone who is black, white or HIV-positive. We are more focused on sensitising and ensuring that graduates leave with empathy.
>
> We focus very much on developing citizen 'graduateness' more than the ability of students to pass our exams. The culture and values, which are diversity and recognising that the world of human beings is irreducibly plural, with myriad of opinions, and all groups' values are valid – a willingness to hear, analyse, respond critically and openly at all times.

A senior manager (with a natural sciences background) at another higher education institution also sees the university's role as building good citizenship, and this encompasses a range of things, from commitment to the democratic process, to free enterprise, and ethical citizenship. He indicated that his institution has 25 nationalities and religions on the campus and questioned how one promotes the idea of good citizenship:

> Whose value system, whose citizenship or belief systems? Different cultures, different views on condoms – how do you engage with those students [on this issue]? And gender issues – how do you operate in a university with a single policy and curriculum? To attempt to do so would be foolhardy and breed resistance.

These views were echoed by many of the academic staff interviewed, for example:

> We don't train people for the world of work. We try to foster a wider ability to think critically about

> society, which, we believe, is more valuable in the long term. (Law)

> Students often feel that they do not have the skills they need but the university equips them with sensitivity to ethical issues that underpin the various fields they will enter, contextualising this to South Africa, including HIV/AIDS. (Communications)

At another higher education institution, the head of the HIV/AIDS unit also indicated the need for citizenship education, but placed a stronger emphasis on HIV/AIDS within the notion and provision of citizenship education:

> HIV is everyone's business. In this issue, you can't delegate it – university or employer. We are training people to take their place in society and in the workplace. How will we get nice, well rounded citizens if we do not equip them? We do not need to equip them only for HIV but for life, just as we prepare them academically and professionally. HIV is too new for us to ignore it. All of us in South Africa need to be equipped; whatever your workplace, you are dealing with people and this affects them. You cannot palm it off. It is all our responsibility to pull together.

Preparation for the workplace

Many academic staff, mostly in social, human and legal sciences, raised the issue (especially given the large numbers of particularly undergraduate students) that students move into such a diversity of jobs and workplaces on graduating, that the notion of 'preparation for the workplace' can be problematic:

> We try to get information from students about how well they were equipped [by the course]. We also have informal contact with the tourism sector employers. It is such a broad field that we can't cover everything. (Tourism lecturer)

> We have no contact or consultation with employers. It is the needs of the discipline rather than the needs of employers that we focus on. People will go to such a huge range of work. (History and anthropology lecturers)

> Internationally, universities insist that half their graduates go into academia, not into law practice. A small number go into law practice, business, politics, journalism, into business as a legal advisor or an NGO. (Dean of a law faculty)

> There is an ongoing debate – should we steer students one way or the other, or not? For example, should we train them more towards a formal legal education with the outcome being an attorney – or should we offer a widely educated, generalised person? This is the debate right now…There is consensus that we should continue to focus on creating widely educated people, and not focus overly on employer demands. (Law lecturer)

> There is a failure by lecturers to think of the context the students will be working in in their future jobs, and issues they will come across. The two are dissociated from each other. Both must be catered for. It's difficult for lecturers to cater for both levels. (Head of a sciology department)

However, a number of the respondents whose views are presented above did also indicate that they have formal and informal relationships with their respective professional associations and/or employers in their sectors, and do get feedback on a variety of issues such as workplace requirements, quality of graduates and so on. For example, the staff interviewed on the journalism and communications courses indicated that their honours students have practical placements in industry so academic staff very much keep in contact with companies.

In contrast, the chief executive officer of a private higher education provider indicated that private education focuses on developing students in terms of being a competent workforce: 'It isn't abstract – there is more of a practical focus: business studies, HR management and IT'. On the issue of dealing with HIV/AIDS, he said:

> HIV/AIDS is generally not at the forefront of what we do. We own a number of companies but we do nothing formal on HIV in the curriculum. It's random if it is included. There is nothing systematic.

Employer/business perspectives

Only two of the non-higher education institution respondents focused on the issue of what a university education is for, and they had quite different views.

Engendering a spirit of consideration

The HR manager at the financial services institution argued that the ability to do the hard skills – the ability to do accounts, the ability to analyse the balance sheet – should be a given, and should be an outcome of university education. However, he added a point about education generally that has an important implication for university education and is consistent with some of the views presented in the previous sub-section (although he does not believe that universities are actually achieving the goal of 'good' citizenship education):

> Education should be viewed in a wider sense as a societal need to engender a spirit of support, a spirit of communality, a spirit of consideration… Consideration is an extremely important attribute. To be considered means to look at another person's point of view and one might not agree with it, but one gives the other person the space to hold his/her point of view; otherwise, how can one hold one's own point of view? With that kind of openness, willingness to engage – even though one comes from different backgrounds – is probably the singularly most lacking aspect in our current educational environment.

Addressing life skills and HIV/AIDS directly

A representative from a business grouping felt very strongly that, in terms of current approaches to preparing graduates, universities are not doing enough to address both life skills and HIV/AIDS:

> Universities get things wrong. Students who were educated at Oxford studied philosophy and literature at an undergraduate level then only studied finance at postgraduate level. Students are now pigeonholed far too early into careers without those foundational competencies and learnings which equip them. They may or may not be technically competent – but they cannot translate theory into a practical situation.
>
> It is all very well for universities to say that they provide a broad education infusing students with values and sensitivity [rather than addressing HIV/AIDS directly]. But that is expected of any university in the US or China. South African universities need to address our own context. How would American universities feel about producing graduates who are sensitive and caring but have no understanding of global warming?

General university preparation: Reflection on the issues emerging from the research

One of the areas in which universities feel the need to prepare students is in terms of cultural diversity and an openness to others – yet interestingly this was found by Griesel and Parker (2009) in their study on graduate attributes to be an area of 'least gap'; that is to say, it is an aspect of the workplace for which employers find graduates quite well prepared. In terms of the DHET's strategic plan (2010), referred to in Chapter 1, it is clear that government's expectation is that higher education institutions should substantially contribute to developing well rounded citizens.

HIV/AIDS EDUCATION AT UNIVERSITIES

The previous sub-section – *Universities as Preparation for Citizenship or the Workplace?* – presented some respondents' views on the broader role of the university: education for the good of society, or for the workplace, or both.

In this section, the focus moves to how universities have interpreted that mandate and put the ideas of a general education component into practice. In this regard, a number of institutions are implementing (or

will shortly start to implement) what they refer to as 'life skills' courses or 'citizenship' education.

In discussing the issues of HIV/AIDS education for the workplace, respondents generally focused on two areas. On the one hand, and linked to the ideas regarding citizenship education, is the notion of providing general knowledge of HIV/AIDS, which would address the more personal dimension of equipping students to deal with HIV/AIDS issues. On the other hand, respondents considered whether and/or how to include HIV/AIDS in the formal curriculum, which would address more professional issues, in part related to the discipline/s of a particular programme.

University strategies for incorporating life skills and HIV/AIDS education

Institutional thinking and strategies

The researchers' discussions with university management and academic staff regarding the university's role in turn led to discussion and reflection on current and future strategies for providing citizenship or life skills education, and how or whether general HIV/AIDS education should feature as part of this.

For the most part, HIV/AIDS education as part of life skills/citizenship education has been conceptualised as taking place outside the formal curriculum. Two academic staff also raised the issue of 'AIDS fatigue', which they believe should be addressed in any life skills/HIV/AIDS courses.

One higher education institution currently has a life skills programme but is not specifically focusing on HIV/AIDS:

> On a strategic level the HEI is far more advanced in offering a general course on life orientation than on issues pertaining to HIV/AIDS. The HEI is doing a project with the Department of Science and Technology on preparing science graduates for the workplace – teaching productivity issues, teaching them how to do an interview, how to do a job application, that kind of thing.

For this respondent, the biggest challenge facing this higher education institution has to do with the fact that lecturers have to cope with students who do not come prepared from school. Another general concern he raised is that this institution's graduates might not find it easy to obtain employment after graduation. It is such concerns that drive the institution's approach to life skills education.

A senior manager, at a second higher education institution with a fairly extensive on-campus HIV/AIDS education, counselling and treatment programme for staff and students, also deals with HIV/AIDS in a life skills programme offered during orientation week. However, attendance is voluntary and outcomes are not formally assessed. According to a number of respondents at this institution (interestingly, this includes the views of both undergraduate and postgraduate students), students do not take this course seriously and attendance is poor.

Another two higher education institutions are planning to introduce life skills programmes, and one has indicated that it will definitely provide guidelines to faculties on how to include HIV/AIDS issues in their programmes.

The head of a sociology department believes that all students, especially first years, should have a compulsory orientation programme that runs throughout the year with HIV/AIDS and other issues being addressed. The programme should deal with issues relating to facts about transmission, prevention and treatment, and include more real situations in the form of role plays. It needs to be integrated and address the fact that people have 'AIDS fatigue'. Such a programme could also address both areas – practical/job-related and theoretical – and could count as part of the lecturers' teaching load. The respondent added that students' education must be integrated, including race and gender issues. He indicated that reports on race relations at his university show that there is very little racial integration of students. He suggested that one way of addressing this problem might be for students to do project work to engage with others and learn from them during such an orientation programme.

One head, of an academic department focusing on HR at a university of technology, said that

> Staff and students alike have become tired of all the public messages of doom and gloom. The relevance and emphasis of HIV/AIDS in the workplace has been flogged to death.

Student and new graduate views

The students interviewed (both undergraduate and postgraduate) almost unanimously argued for a compulsory HIV/AIDS course, and most students felt that the course should be assessed and/or be credit-bearing. This idea was supported by most of the new graduates interviewed. The nuances of and justifications for their thinking are both interesting and insightful. Their responses are reported in some detail, as many students and new graduates reflected on their experiences of their institutions' approaches to education and student support, and their experiences of life skills and HIV/AIDS education, both within and outside the formal curriculum. These experiences and opinions also begin to speak to students' views of what competencies they think they need for dealing with and/or managing HIV/AIDS in the workplace. In many cases, students were speaking from the experience of having done some experiential/workplace learning, or from part-time work or community/volunteering activities. In the case of new graduates, their reflections are based on their experiences of moving into workplaces, which, as we have begun to see in earlier sections of the report, have proved challenging, and so their perspectives are very much informed by how prepared (by their universities) they felt for both their jobs and their workplaces.

A group of medical sciences students felt that a compulsory HIV/AIDS course should not be presented in a traditional format, but should rather focus on students' needs; and, rather than focus on more factual information, which they felt they do not need, they preferred to have opportunities to voice their fears and hopes (through discussion forums, for example).

Two new graduates (social work) working in a public hospital stated that they thought that universities should play an active role in addressing HIV/AIDS, seeing that universities are vehicles for change. They felt that their university did place some value on the issue and perhaps simply could not address it further because it would create an imbalance of attention, given the work that needed to be covered in their formal curriculum. These graduates also regarded life skills input as highly relevant to HIV/AIDS, and as social workers they had experienced dealing with patients with poor life skills. However, they felt that their training did not pay adequate attention to life skills training.

A master's (development studies) student suggested:

> The school needs to offer necessary skills like leadership and communication skills to everybody, incorporating AIDS. It would help in our personal life and work life. I didn't know what to say when a friend told me her sister has HIV. I have the knowledge but don't know how to apply it. The university's role is for personal growth too. We don't have access to other sources of learning.

One nursing graduate expressed concern about the personal vulnerability of nursing students from first year onwards. For this reason she suggested that the higher education institution give input on HIV/AIDS at first-year level. She said:

> There was a lot of promiscuity and I had friends and even tutors who contracted the virus and one friend and three tutors passed away…If you are a student at that HEI, they should have the wellbeing of students at heart. Even for them to maintain a certain morality and reputation, they wouldn't like to be known as having a poor reputation and high HIV levels… The HEI presented HIV as a medical issue and you cover it as a subject you have to write an exam on, then you forget about it.

She suggested involving students in voluntary work, emphasising that higher education institutions need to take a more personal approach – this would have more

impact and be more real: 'Maybe [the higher education institution] is in denial so they will not deal with it in their students'.

A BA (media studies) undergraduate student suggested a compulsory module for all students:

> This would teach them not to judge, to understand circumstances, have tolerance and enhance empathy towards people with HIV and AIDS.

He added that even though students may have been exposed to HIV/AIDS education at school age, he saw this as inadequate because at that age learners do not take it seriously and do not see it as relevant to themselves.

Two of the masters students (development studies) interviewed are involved in HIV/AIDS-related extra-curricular activities. These two students felt that there could be an induction at undergraduate level – a brief course on what is available on campus, for example, VCT and education. 'They take for granted that students know about AIDS but they don't'. They also referred to some of the difficulties facing higher education institutions in HIV/AIDS education: 'The universities have to be careful – you don't want to push HIV too much. Create awareness without inundating'. These students added the following regarding what they thought would be useful for the university to provide to students in an expanded HIV/AIDS orientation:

- The university could arrange practical experience, for example, how to refer people to resources when at the workplace.
- The university could provide basic knowledge, including cultural and gender issues, giving students a chance to thrash it out.
- Regarding policy development the university needs a greater focus on HIV/AIDS, and the impact on the future labour force.
- The university could focus on how to handle confidential information – the legal and ethical issues involved – if you are the employer and an employee discloses to you.

An undergraduate student in an academic HR-focused programme indicated that higher education institutions should consider teaching these competencies in a structured, formal and compulsory fashion. However, he was also of the opinion that students would not be happy to attend such a formal intervention because they are tired of being bombarded with HIV/AIDS messages: 'Students have become deaf to those messages'.

A group of four new graduates (one with an MTech in chemical engineering, and three others with HR and business administration degrees and diplomas) in a chemical manufacturing company indicated that they had had limited HIV/AIDS inputs at university. Only one of these new graduates felt adequately equipped; most of the graduates felt that university had not prepared them to deal with HIV/AIDS in the workplace. One said: 'What we don't know we can't manage.' Another said:

> We got only the theory; we had no chance to see someone who is HIV-positive or how to face a situation in practice. It's more challenging [in practice].

These new graduates agreed that HIV/AIDS should be studied at university level due to the particular vulnerability of students to infection:

> Often it is the first time that one is away from home, so knowing about AIDS may curb their behaviour.

Two new graduates at a financial services institution raised concerns about what they saw as the 'irresponsible' handing out of condoms by higher education institutions 'without guidance on morals and values'. Another new graduate stated:

> You start [with AIDS education] at school then on to tertiary – it's a chain with one step leading to another. It's their [universities'] role to equip you for the workplace.

These graduates also spoke of the need for culture and diversity issues to be addressed at higher education level.

The medical sciences students raised another issue relating to general HIV/AIDS education – that of parents finding it difficult to discuss HIV/AIDS with their children. They suggested that higher education institutions should consider offering parental guidance of some kind (such as a course).

A postgraduate (master's level) sociology student did not find that her studies equipped her with HIV-related competencies for her future workplace:

> I have a lot of information but I still don't know how to deal with confidentiality, dealing with a co-worker with HIV at work, dealing with a person who isn't pulling their weight at work – a practical approach.

She did not feel competent to deal with HIV/AIDS in practice. 'I should probably do my own research but I have not been prepared at university for the workplace'. She indicated that she would therefore like to see a course that would equip students to deal with the personal aspects of HIV/AIDS in the workplace. Furthermore, she felt that she had learnt a great deal on theory and research methods, but nothing on HIV/AIDS at a postgraduate level unless she had taken a particular HIV/AIDS-related course: 'One can go through one's whole degree and learn nothing about HIV'. In reflecting on her various courses, she used as an example a first-year introductory social work elective, where she learnt about the facts, figures and impact on individual, family and community. She concluded: 'But we still didn't learn to *deal* with it'.

An undergraduate psychology student who said that she had had very little HIV/AIDS content in her degree felt that HIV/AIDS is relevant to everyone – HIV-related skills are basic skills and people often do not have these: 'Engineering students don't get these skills but we didn't get it in our work [either]'. This student also had no idea what to do the following year with regard to her career, and when asked if her degree had prepared her for her future workplace she said:

> Absolutely not! We've discussed it in our lectures. The university focuses on research and getting acknowledgement. They are not concerned about you and your future.

Incorporating life skills and HIV/AIDS education: Reflection on the issues emerging from the research

One of the most striking features of the above responses is that the very students and new graduates who admit to some level of 'AIDS fatigue' have also strongly recommended that HIV/AIDS-related information be offered to students (there is some variation as to who or when), and that it be compulsory and preferably credit-bearing. However, students were also very clear in their suggestions that 'non-traditional' approaches be used, and that they would like the HIV/AIDS course/s to be more participatory, engaging and mindful of students' particular needs. It is quite likely that these recommendations are rooted in students' and graduates' experiences of Life Orientation (in which HIV/AIDS and/or sex education is embedded) as a subject at school level. There is a growing body of research that indicates that these programmes often fail because of the role of the teacher, where the latter plays the role of information giver or 'moraliser'. This in turn leads to the alienation and disengagement of learners, because teachers in this mode do not engage with the experiences and concerns of learners (Pattman and Chege 2003; Pattman and Cockerill 2007). It is highly likely that students at university level have these school-based experiences of HIV/AIDS courses, and may even have experienced this approach to HIV/AIDS in their university courses.

Some of the students raised another important issue about HIV/AIDS education – that it needs to be targeted at groups in particular life stages. For example, the comment by one respondent that even though many students would have had HIV/AIDS education at school, they may not have seen it as relevant to them is linked to the comment that often it is the first time that the student is away from home, 'so knowing about AIDS may curb their behaviour'. The link between these two comments is that they indicate that the approach and content of HIV/AIDS education at school level is outdated for young people

as they move into a context of (for most) being away from home for the first time, and of having freedom and choices without day-to-day parental or educator guidance. The comment recommending 'parental guidance' to assist parents to talk to their children about HIV/AIDS and sex is another case in point about age- and life stage-appropriate education and awareness programmes.

Student and new graduate responses also raised important issues about what they think their institutions see as priorities; that the higher education institution 'is in denial', which speaks to a lack of visible leadership, or that institutions do not provide sufficient support and career guidance, being more interested in research outputs, for example. In the context of students and new graduates almost unanimously stressing that they need more life skills training, and that they feel unprepared for the workplace and to deal with HIV/AIDS at very practical – not theoretical – levels, this points to a need for more serious engagement by higher education institutions on these issues, especially as these issues raise the tension between teaching and academic/research roles.

Integrating HIV/AIDS into the academic curriculum

In speaking to management and academic staff at higher education institutions, it became clear that for them the issue of preparing graduates for the workplace in terms of HIV/AIDS is generally thought of in relation to the formal curriculum, in particular courses and programmes (rather than general HIV/AIDS education that is compulsory). The issues relating to the formal curriculum can be conceived of at a number of levels, that is, theory-based, research and various forms of practical work, including community engagement. A major debate is focused on how, and to what degree, issues of HIV/AIDS should be infused into the formal curriculum.[7] In terms of the academic staff who participated in this research, however, there were very few examples of how HIV/AIDS is being incorporated into community outreach or service learning initiatives.

Integrating HIV/AIDS into course content and programmes

A senior manager at a higher education institution that has a fairly well established HIV/AIDS programme had the following to say:

> The way the HEI is currently dealing with HIV/AIDS is extremely fragmented but as we speak there is an urgent initiative that is being led by a task team of curriculum development experts in this HEI and which is in the process of developing modules that will be integrated into all the programmes the HEI offers.

The challenges that HIV/AIDS poses are not discipline specific so there would be unique ways to integrate HIV/AIDS into all of the programmes. This initiative has been on the agenda of the higher education institution for some time, but the higher education institution had to take care not to do the integration in an artificial way by offering a separate module on HIV/AIDS. The respondent was of the opinion that HIV/AIDS should be viewed as part of the general development of all their students. The higher education institution would like to produce competent and well balanced graduates. According to the respondent, there is a contention in some departments (for example, especially engineering) that HIV/AIDS issues should be reflected in a separate course or module, but both best practice and the general consensus indicate that an integrated approach will render more returns.

A senior manager at another higher education institution indicated that the institution is in the process of developing a policy for integrating HIV/AIDS into formal academic curricula. However, he raised the 'difficulty…that there is so much pressure on the curriculum'.

Most of the academic staff interviewed have integrated aspects of HIV/AIDS into their various courses. (See Appendix 3 for a summary of all the disciplinary/subject areas that were covered in the interviews, including which aspects of HIV/AIDS have been addressed in these courses, and how this has been achieved.)

Interestingly, in only four interviews across diverse disciplinary areas did respondents not see the need to deal with issues of HIV/AIDS in their courses:

- One lecturer in agriculture indicated that his students are not equipped to manage the impact of HIV/AIDS on the workplace, since it does not fall within the ambit of their field of academic specialisation, and graduates will not be expected to deal with these issues once they are formally employed. (It should be noted in this regard that, according to Moleke [2005, p. 9], 31.8% of agricultural graduates move into management positions in their *first* job). Although the respondent reported alluding to HIV/AIDS in his courses where relevant, he maintained that competencies for managing the disease are not relevant to his subject area. This staff member thought that HIV/AIDS should be dealt with in areas such as tourism and medical geography, that is, in terms of its relevance to a specific subject. (However, another lecturer in the same faculty indicated that he touches on HIV/AIDS in areas such as agricultural production and the factors that affect productivity. This lecturer also indicated that certain fourth-year courses that focus on rural development and institutional economics do deal with HIV/AIDS).
- A lecturer of postgraduate students in macroeconomic policy, who teaches executive short courses to students from municipalities and provincial departments in the areas of local development, finance and budgeting, indicated that he does not deal with HIV/AIDS except in passing in relation to the impact of HIV/AIDS on unemployment. (Despite not treating HIV/AIDS as an issue relevant to his courses, the respondent was, according to the interviewer, easily able to explain the impact of HIV/AIDS on his postgraduate students at both personal and workplace levels.)
- A head of school of sociology and social sciences, who teaches in the area of industrial, labour and organisational sociology, indicated that HIV/AIDS is not dealt with in their courses. She indicated, however, that if the vacant position of health sociologist was filled then HIV/AIDS issues would certainly form part of the programme. (However, this school has students doing research on HIV/AIDS at a postgraduate level, for example, a master's student from West Africa who is studying gender and HIV/AIDS.)
- A lecturer in public sector finance indicated that his academic programme concentrates on the specific discipline in his field of expertise. He is of the opinion that academic excellence will be more than enough to equip students with the competencies they need to adjust in the workplace. The thought of including HIV/AIDS in his curriculum had never crossed the respondent's mind. The respondent was of the opinion that HIV/AIDS might belong in a medical or psychology programme: 'HIV/AIDS does not belong in an accounting curriculum'. He reiterated that if one were an accountant one would need to concentrate on accounting competencies. The respondent was emphatic that competencies with regard to managing HIV/AIDS in the workplace will not help students do their jobs.

In contrast, the dean of a medical sciences faculty felt that his faculty ensures that graduates are completely competent to deal with the epidemiology of HIV/AIDS, managing the disease, the psychological issues, and social issues that affect family members.

The interviews with new graduates indicated that a number of them had received very little HIV/AIDS-related input in their formal curriculum at university, and that at best reference to HIV/AIDS was made in passing. A mining engineering graduate indicated that his higher education institution did not give him the practical skills to deal with HIV/AIDS in the workplace. He indicated that his institution included a module on the impact of HIV/AIDS on the mining industry, but not anything on what it is and how it is transferred. The HIV/AIDS components were included in his first and final years. He also indicated that he thinks it is too late to pick up all the issues regarding HIV/AIDS once new graduates are in the workplace. Another mining engineering graduate indicated that she thought that her institution prepared her for her work on a technical level, but not for 'people's dynamics'. She indicated that she had taken a semester course on the impact of HIV/AIDS on the mining sector during her final year.

Only a handful of students, from medical sciences and social sciences, felt that their specific programmes had equipped them to deal with HIV/AIDS in the workplace. The social science postgraduate student indicated, however, that he had specifically chosen courses that included HIV/AIDS.

Considering HIV/AIDS and community outreach/practicum

Only a few respondents indicated that their courses or programmes included a community outreach or service learning and/or practicum component, and most of these were in the medical and health sciences.

An engineering faculty has a less curriculum-focused approach to HIV/AIDS:

> Our role is to impart engineering skills and life skills. We do little things like a student project through the mining forum – a day at [another university] where students from [other] universities interact and focus on HIV/AIDS. We have adopted an orphanage and collect stuff. We have had banners, sponsors on this World AIDS Day and it is linked to an environmental week. I think all these things have an impact on students becoming prepared [for the workplace].

One social work graduate had exposure to HIV/AIDS on a practical level during his studies because he worked at an HIV/AIDS centre for his practical work, dealing with patients and families. This was a seven-month practical in which he was at the centre two days a week. He saw himself as adequately competent to address people with HIV/AIDS-related issues.

A handful of students indicated that they undertook HIV/AIDS-related volunteer work through campus-based initiatives or at their campus clinics.

Integrating HIV/AIDS into the formal curriculum: Reflection on the issues emerging from the research

In terms of integrating HIV/AIDS into the formal curriculum, a number of issues emerge when looking at the bigger picture of the interview data. Firstly, and for the most part, it would seem that the academics most willing to participate in this research project are committed to integrating HIV/AIDS-related issues into their courses. A number of them either spoke openly about, or hinted at, what they saw as other colleagues' lack of engagement with HIV/AIDS and curriculum issues. Some referred to instances where courses were taken over by new staff members and existing HIV/AIDS components were dropped because those staff members had other academic interests or focus areas. In one case, the respondent felt that dropping the HIV/AIDS component from one of the faculty's courses was not a problem because, as a whole, the institution was seen as having many other opportunities for students to be exposed to issues related to HIV/AIDS. One medical sciences lecturer thought that staff are not teaching students about HIV/AIDS because 'some of these issues are difficult to discuss with students'.

Secondly, a number of academic staff referred to challenges of keeping up to date on various HIV/AIDS-related issues, especially as these relate to discipline-specific aspects of the curriculum, and staff also referred to the fact that some of the material they are using is quite out of date. This does raise the issue of duplication of activities and resources within and across departments, faculties and institutions.

Thirdly, in thinking about the notion of 'integration' one might imagine that attached to this is some sense of the whole, of the full scope of HIV/AIDS issues. However, in viewing the 'bits and pieces' that go into different courses – even though these 'bits' might have a logic in the location of a particular course or module (itself a piece of a bigger disciplinary whole) – and with the bits made more 'bitty' if one considers the issue of compulsory versus elective choices that students have when 'constructing' their learning programmes, a sense of fragmentation occurs; one starts to understand why some of the students interviewed feel that they don't have a solid overview of HIV/AIDS issues, or that they have hardly had any exposure to HIV/AIDS in their various courses. In this regard, 'integration' is not the same as 'holistic'

or 'scaffolded' or the construction of an integrated 'bigger' picture.

Staff development issues at universities

Generally, staff and managers at higher education institutions indicated that there are no support mechanisms or staff development initiatives that focus on integrating HIV/AIDS into the curricula of academic programmes, and that they do their own research and curriculum design (an issue that was also highlighted in the previous sub-section).

A senior manager at one higher education institution said:

> There is no formal programme for training of academic staff by the university. It is not directed and is not necessary. We could not design a course that would be suitable for maths and the health sciences. Maybe there could be training about attitudes. We like free expression of the opinions of academics. (But we would not want lecturers to teach [negative attitudes like] 'HIV is a curse'.)

A senior manager at another institution indicated that there are no internal support structures at the institution to guide academic staff in terms of integrating HIV/AIDS into their courses, and mentioned that the only support that staff get is through the HEAIDS Programme at HESA.

Staff responses to the issue of academic staff development, training and support to integrate HIV/AIDS into the formal curriculum were split. Some supported the idea, some were opposed and some were ambivalent or raised questions and highlighted potential obstacles.

A senior manager at one institution indicated that before an HIV/AIDS module could be integrated into the curriculum much attention should be diverted to changing the attitude of staff:

> Not all staff are involved in HIV/AIDS and will need a change of mindset and support that will enable them to teach on HIV/AIDS effectively.

The same respondent stated that he would like to see some kind of staff and management capacity building in terms of these competencies.

An agriculture lecturer at the same institution thought that lecturers need thorough training in all issues pertaining to the integration of HIV/AIDS into their respective curricula, and that this training should be between three and six months in duration.

In one focus group comprising staff from anthropology, gender studies, history and tourism, respondents indicated that they thought that staff training on HIV/AIDS would be helpful to them. The issue is that information on HIV/AIDS is constantly changing and staff have to remain up to date; this is especially so for lecturers and tutors in gender-related studies.

On staff training on HIV/AIDS and curriculum issues, a group of psychology lecturers indicated that

> About half our 40 colleagues carry on as if HIV doesn't exist and so they don't integrate it. The 'converted' would go along with it and the others wouldn't. We can't have compulsory training [for academic staff].

One head of a department focusing on HR issues indicated that there is no formal attempt from institutional management to help the staff address HIV/AIDS formally in their programme curricula. He argued that should they offer such help, it would have to be well managed, marketed and presented, or made compulsory, before lecturers would make use of such a service.

When asked to consider the possibility of the university training academic staff on HIV/AIDS, the head of a general sociology department wondered what issues would be addressed:

> It would not help me in relation to what I teach. It's not about managing HIV, it's more about issues. The university gives no direction and has no policy about what to cover. Lecturers could find it odd if that kind of information was presented to them.

> They would think it's not relevant to them. [As it is] people were reluctant to participate in this study.

One head of school in a natural sciences faculty indicated that staff development around HIV/AIDS does not happen at his institution but said: 'It would be fantastic if they would give academic staff input on HIV – counselling and how to refer students'. However, a senior academic in the education faculty in the same university indicated, in contrast, that there has been some HIV/AIDS training by HR and by the university HIV/AIDS programme, including dealing with HIV/AIDS in the workplace. Individual staff can request to do certain training, including HIV/AIDS-related training. She said that, from time to time, HR circulates the information.

One development studies postgraduate student raised the issue that, as a student and tutor, she may have to deal with a student who is underperforming due to HIV/AIDS or who confides in her. She indicated that at her institution there is no policy or guidelines, and she would not know who to ask for assistance with such issues.

University campus HIV/AIDS focus: Reflection on the issues emerging from the research

This section – *HIV/AIDS education at universities* – and its sub-sections reflect the complexities facing higher education institutions in providing a well rounded education that produces both 'good' citizens and future employees and managers. This complexity is heightened by real financial constraints and enormous pressure not only to undertake what universities would normally undertake but also to deal with the problems created by a schooling system that is itself under pressure. Many higher education respondents in this study confirmed that their workloads are significantly increased because of the additional load of supporting students who are inadequately prepared for higher education.

The complexity facing institutions also lies in their dual role as provider of education and as employer. It is clear that there are some challenges that higher education institutions face in both roles. A critical issue that has been raised is that more attention needs to be given to the line management functions at faculty, school and head of department levels. In addition, because most institutions make use of postgraduate teaching assistants, there is a need to review issues of staff development in the area of HIV/AIDS with this group.

What is heartening is that the findings support other HEAIDS research (2009) – many academics are addressing issues of HIV/AIDS and are committed to doing so. However, issues of scope, depth and coordination of efforts need to be addressed at a systemic level.

HIV/AIDS EDUCATION IN RELATION TO GENDER, CULTURE AND DIVERSITY ISSUES

The researchers posed the question of HIV/AIDS education in relation to gender, culture and diversity issues to workplace and university respondents and focus group discussions alike. Generally, respondents argued for the need for gender, culture and diversity issues to be included in the academic curriculum and workplace training and awareness initiatives. In discussing the issue, many raised examples from their own practice of why this is important and how they go about addressing issues of gender, culture and diversity. A few of the more detailed discussions are presented below; they highlight that there remains much work to be done in this area.

One senior manager at a higher education institution indicated that gender and cultural diversity issues need to be addressed by the institution, adding that stereotyping is prevalent in some cultures and that this needs to be addressed in the curriculum. On the issue of gender, he said:

> There are still students who see women as objects. Women are still seen by some as sex objects. People often forget that when one is in a relationship it is not all about sex.

He indicated that the faculty is developing curriculum proposals to address these issues. This respondent also indicated that misconceptions – for example, that only certain groups of people, such as gay men, are at risk of being infected with HIV – need to be dealt with by the institution.

Other responses indicate that there are many misconceptions about the socio-economic and cultural contexts underpinning the pandemic, and that prejudice and stereotyping are still prevalent. For example, one higher education institution senior manager said: 'This is a black university, and many people can't keep their pants on – staff and students alike'.

One of the group of students interviewed (at the same historically disadvantaged institution as the senior manager referred to in the above example) displayed quite divergent thinking about gender and cultural diversity issues. On the one hand, some students did not see a need to include gender and cultural diversity issues in the formal curriculum because, as one argued:

> HIV/AIDS has nothing to do with culture or gender. HIV affects all cultures and is prevalent in all cultures. Gender does not matter because men and women can get infected.

However, another disagreed with this view – he stated the opinion that different cultures protect themselves from HIV infection in different ways, and thus cultural issues are important. Yet another student in the group, to the disagreement of the rest, was of the opinion that the institution should have and implement a strict dress code for all students. The dress code, especially for women, should insist on formal attire that would signify respect for one another and respect for the lecturers: 'This will address the cause of HIV/AIDS and not only the symptoms'. The male respondents in the group disagreed with this notion, indicating that they 'need to see the merchandise' before they 'purchase it'. According to the researcher, the female respondents objected to this notion somewhat diffidently.

With regard to how the company approaches HIV/AIDS with regard to gender and diversity, a wellness manager at a financial services institution indicated that the company,

> looks at the disease as if it knows no colour, knows no gender and knows no status. The company approaches HIV/AIDS holistically. No one issue is elevated above the other. The company has an integrated programme that regards employees as holistic beings and the company has a holistic engagement with its employees.
>
> The company does not separate. The company doesn't say HIV is only prevalent in females or in males. The company does celebrate Women's Day, but they engage both men and women in all their awareness activities. If only one gender is involved in HIV/AIDS issues the balance and the responsibilities of both genders are skewed. The company incorporates the opinions, feelings and values of both genders in their HIV/AIDS initiatives and involves both men and women in debates. Men are also suffering.

The wellness manager at a chemical manufacturing company indicated that cultural and gender issues are incorporated in the HIV/AIDS training because understanding gender issues sensitises people to women's greater vulnerability to HIV infection. By sensitising men around gender issues, it is easier to bring about changes in the spread of HIV. She argued that men and women need to learn to value women. Furthermore, she stated that HIV/AIDS cannot be separated from cultural issues:

> If one understands a particular culture, one can deal with it, for example, black women will generally not talk openly in a mixed group [so HIV/AIDS education could then be conducted separately].

However, the HR manager indicated that she has seen a tendency to treat culture, gender and HIV/AIDS separately even in their own company programme. In her view, they should be dealt with together.

The head of the social work department at the public hospital held that gender issues are highly relevant to HIV/AIDS. She said that men tend to be aloof and

say that HIV/AIDS is not their issue, while women are more open to it and want to do something about HIV/AIDS. She feels that there is a need to train male students on softer issues and life skills so that these are not seen as being women's issues alone. She also said that even professional men do not see HIV/AIDS as their issue. She believes that if more men were educated about HIV/AIDS, they would have a better approach towards protecting themselves.

HIV/AIDS education in relation to gender, culture and diversity: Reflection on the issues emerging from the research

It is evident from the above sub-section that it is important to focus on gender and diversity issues within HIV/AIDS education; it seems that much work remains to be done in making people aware of patterns of inequality as they continue to manifest in terms of gender (being and living in a patriarchal society) and culture, and how these impact on HIV/AIDS in differentiated ways.

Unterhalter et al. (2008) argue that one approach to gender in the literature and 'how to' guidelines and toolkits that are available is what they term an *equality* approach. In this approach, interventions are seen to be targeting women and men, girls and boys equally:

> This is an important aim, but there is little concern with the gendered power relations that might make it difficult for the two groups to discuss or address sex and sexuality honestly. (2008, pp. 18–19)

Their critique of the equality approach is that while it is necessary to analyse unequal power relations and work on structures of inequality, this is not sufficient for understanding gender and processes of change.

IDENTIFICATION OF HIV/AIDS-RELATED SKILLS AND COMPETENCIES

As indicated in Chapter 2 of this report, a self-completion questionnaire providing a list of HIV/AIDS-related competencies was handed out to all respondents halfway through the interviews and focus group discussions, in order to generate some ideas on what respondents saw as being critical areas of competency for managing HIV/AIDS in the workplace. Respondents were asked to do two things:

- Firstly, to indicate the relevance of each competency to their job.
- Secondly, to indicate (on a scale of 1–5) the level of preparedness with regard to each competency.

The findings of this exercise are discussed below, according to the three broad HIV/AIDS competency categories:

- Knowledge and understanding of various HIV/AIDS-related issues.
- Attitudes and values relating to these issues.
- Workplace practices and skills relating to such issues.

In terms of Figure 1, the majority of respondents (range 77%–96%) agreed that knowledge and understanding of various HIV/AIDS-related workplace issues were relevant to their current or future jobs. Most of the competencies in this section related to HIV/AIDS management in the workplace (for example, first aid, ethical and legal issues), which respondents indicated was highly relevant.

Of special interest is the item 'General knowledge about HIV/AIDS'. Despite many respondents during the interviews referring to HIV/AIDS 'fatigue' and boredom, almost all felt that such knowledge was highly relevant to their jobs. Very importantly, respondents were highly responsive about seemingly 'soft' issues such as an understanding of the social context and the family and individual impact of HIV/AIDS (range 87%–94%). They were also concerned with being able to refer staff appropriately to HIV/AIDS services where necessary (81%). These trends are consistent with the issues raised by respondents during the discussions in the interviews.

Figure 1 Knowledge and understanding of various HIV/AIDS-related workplace issues

HIV/AIDS-related workplace issues	Feel well or very well equipped	Relevant to my job
Role of condom promotion	44	77
Role of VCT	27	77
Referral to services	29	81
Role of ART	36	81
HIV/AIDS programme implementation	23	81
First aid	31	83
Gender issues	36	86
Social context	37	87
Ethical and legal issues	29	87
Condom use and prevention	60	88
Impact on family	41	92
Impact on individual	46	94
General knowledge about HIV/AIDS	54	96

0 10 20 30 40 50 60 70 80 90 100

Percentage (%)

Feel well or very well equipped   Relevant to my job

Figure 2 Attitudes and values relating to various HIV/AIDS-related workplace issues

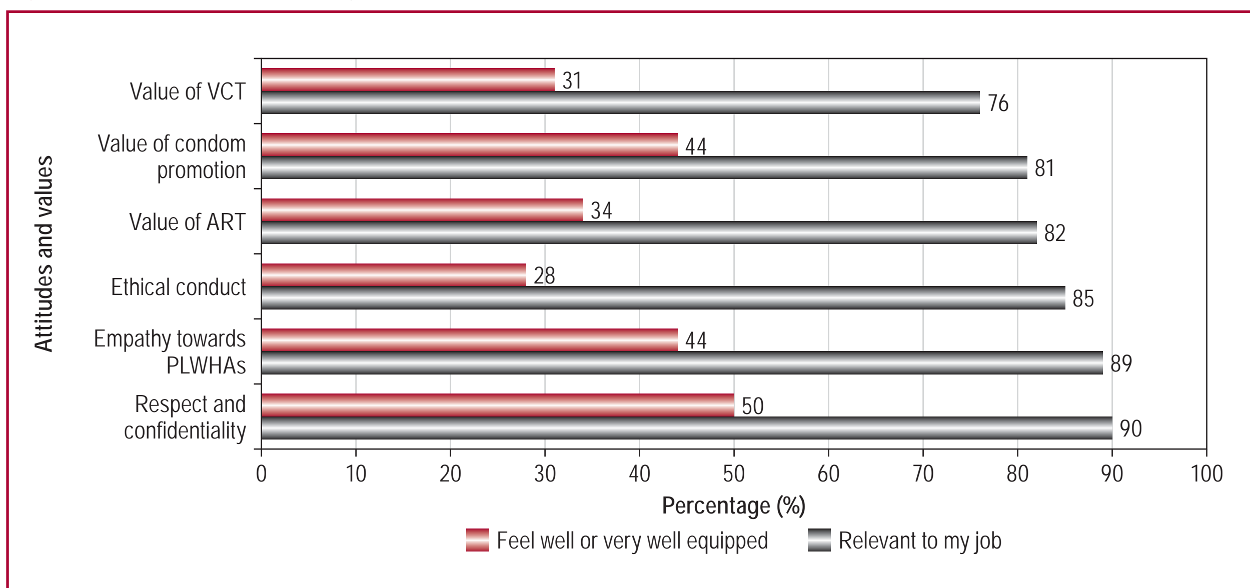
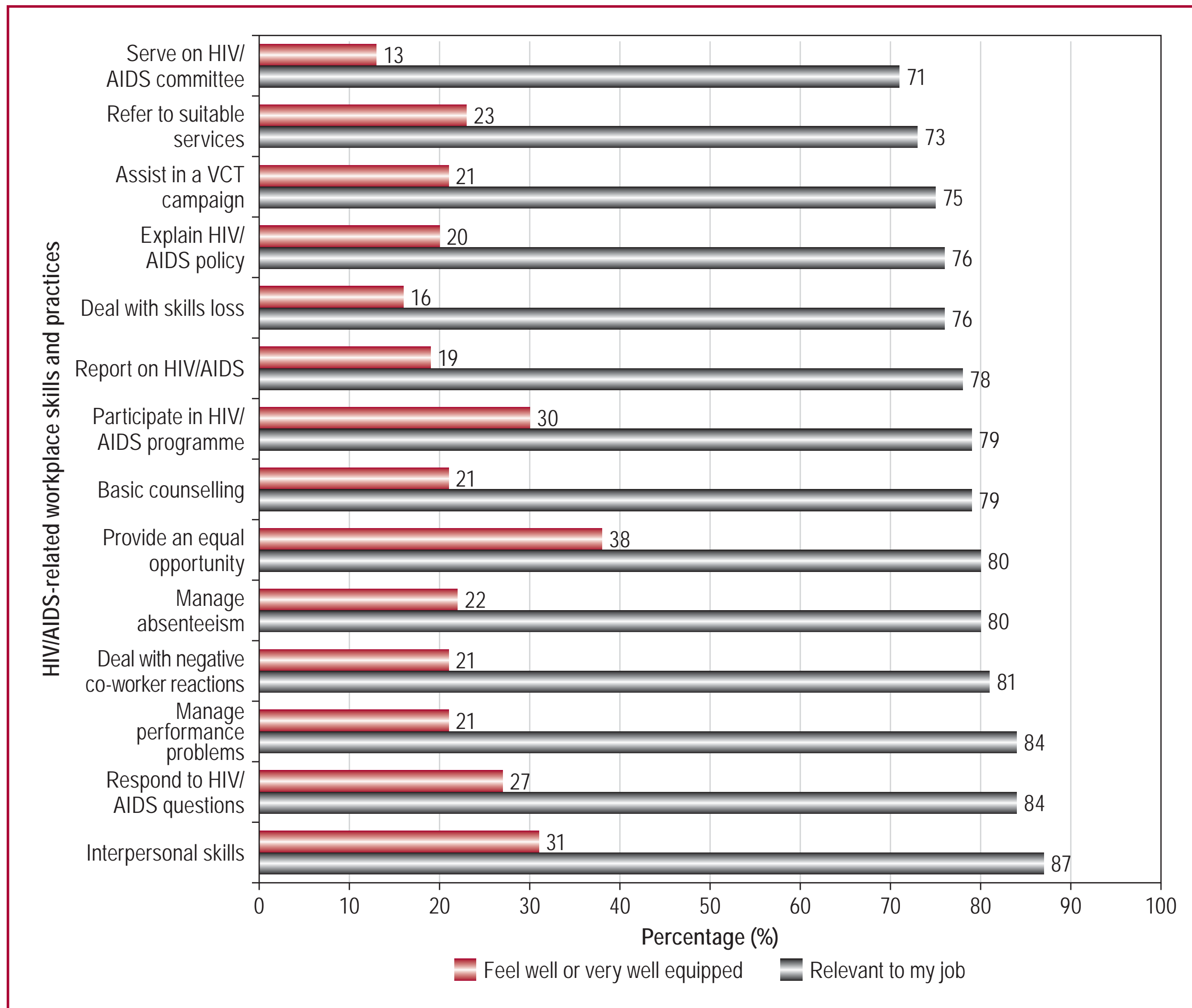


Figure 3 HIV/AIDS-related skills and practices in the workplace



While respondents perceived these competencies to be highly relevant to their jobs, the levels of preparedeness reported with regard to these competencies were relatively low. In most cases, fewer respondents (range 23%–46%) felt well or very well equipped in most of these competencies. About half the sample (range 54%–60%) felt well or very well equipped to deal with competencies such as the following:

- General knowledge about HIV/AIDS.
- Knowledge and understanding of condom use and prevention.

Just under half the sample (range 41%–46%) felt well or very well equipped to deal with the following:

- Knowledge and understanding of the role of condom promotion in the workplace.
- Impact on the individual and the family.

With regard to Figure 2, most respondents (range 76%–90%) saw these competencies as being relevant to their jobs. It is interesting to note that the top three issues selected, as with the items presented in Figure 1, are 'soft' issues.

As with the previous cluster of competencies, most respondents did not feel well or very well equipped in these competency areas. While half of the respondents felt equipped in the area of respect and confidentiality, less than a third felt competent in ethical conduct, and

less than half in empathy towards PLWHAs. These aspects bear a close relationship to the items in Figure 1, and indicate a need for a focus on the social and contextual, as well as ethical, dimensions of HIV/AIDS.

In terms of Figure 3, respondents yet again felt that these competencies were relevant to their jobs (range 71%–87%). Again, it is important to note that the top half of the items selected under this category are all issues that were raised by respondents during the interviews; and that the most important item selected in this category is interpersonal skills.

However, in this category, far fewer respondents felt well or very well equipped in these competencies (range 13%–38%), and only 31% felt equipped on the issue of interpersonal skills. Conversely, this means that the majority of respondents (range 62%–87%) did not feel well equipped in these areas.

It is likely that most respondents may not need the 'bottom half' skills contained in Figure 3 in their particular workplaces or jobs (unless they are working in a department such as HR). However, a number of these competencies may well enter their work if they are in a management position – a strong possibility if they are graduates. These include generic management skills such as knowing how to provide for equal opportunity, managing absenteeism and managing performance problems.

UNDERTAKING HIV/AIDS EDUCATION AND TRAINING: WHOSE RESPONSIBILITY?

Most respondents indicated that higher education institutions and workplaces have a joint responsibility for undertaking HIV/AIDS education and training. The consensus seems to be that the institutions should provide the foundations, while workplaces should provide workplace-specific education and training.

The issue was also raised that there is a very important continuing education component to HIV/AIDS education, in that once graduates are in the workplace their knowledge needs to be regularly updated (indeed, this is true for all staff). Certainly, the way competency areas were prioritised (as set out in the previous subsection), there is some consistency in terms of identifying the specific issues on which higher education institutions should be focusing.

CONCLUSION

Notwithstanding the complexities and challenges facing both higher education instititions and workplaces, there is generally consensus that higher education institutions are responding to issues relating to graduate competency in the management of HIV/AIDS for the workplace, but that this response needs to be deepened and better coordinated.

The identification of specific competency areas will assist in guiding higher education institutions in terms of rethinking and/or fine-tuning their responses and programmes. The views of both students and new graduates are important to consider in this regard, as they have consistently indicated that there are dimensions to the pandemic, as well as the interface between the pandemic and the world of work, that they do not feel competent to address.

In terms of a curriculum response, the views of respondents suggest that higher education institutions need to incorporate HIV/AIDS education both within and outside the formal curriculum in structured, systematic and innovative ways.

CHAPTER 5

Summary of Findings, and Recommendations

SUMMARY OF FINDINGS

The key findings of the research are summarised below:

1. The most significant finding of the research is that nearly all workplace respondents across all respondent categories indicated that new graduates are generally not well equipped to manage, or deal with, HIV/AIDS in their workplaces. The views of both students and new graduates are important to consider in this regard, as they consistently indicated throughout the interviews and focus group discussions that there are dimensions to the pandemic, as well as the interface between the pandemic and the world of work, that they do not feel competent to address. However, also important to note is that a number of longstanding managers at the participating workplaces indicated the difficulties they personally experience in managing HIV/AIDS-related issues in the workplace. This points to gaps in both workplace training and support, and university-based HIV/AIDS education.

2. The research indicated that when it comes to workplaces, the participating public sector workplaces are the most resource constrained. A number of public sector respondents therefore expressed the view that higher education institutions should do as much as possible to prepare graduates for managing HIV/AIDS in workplaces, as there are no guarantees of workplace training. However, in terms of the views expressed by all categories of respondents in both public and private sector workplaces, the majority indicated that there should be joint responsibility for HIV/AIDS education and training. The view was generally expressed that higher education institutions should provide general foundational knowledge, skills and competencies, while workplaces need to provide ongoing education and training that is context specific.

3. New graduates spoke to the emotional impact of dealing with HIV/AIDS in the workplace, and indicated that their university courses did not prepare them adequately, if at all. In this research, the new graduates who seemed most affected by HIV/AIDS in their workplaces were those working in the public hospital (not only nurses, but also physiotherapists and social workers) and those working in the mining sector. In addition, many students, new graduates and workplace respondents referred specifically to the issue of mitigating or eradicating stigma as an issue that education and training in HIV/AIDS needs to address.

4. The research found that although all higher education institutions do offer some HIV/AIDS-related services, in some institutions there are gaps in provision because of limited resources or because of the particular model/implementation strategy being used to deliver HIV/AIDS services. Most of

the higher education institutions that participated in the study are undertaking extra-curricular HIV/AIDS education and awareness programmes, usually as part of an orientation programme at the start of each academic year. Where institutions have not yet done so, all are planning to include such an initiative in the near future.

5. The research indicated that many faculties, schools and departments are incorporating aspects of HIV/AIDS in their courses and programmes, but that this is fragmented and uncoordinated. A number of university-based academic respondents indicated that there is insufficient support and training for curriculum infusion of HIV/AIDS in and across courses and programmes. In addition, some academic respondents mentioned the time-consuming nature of keeping up to date with developments in HIV/AIDS knowledge and research, and of incorporating this appropriately into their academic courses and programmes.

6. Academic staff also indicated that increasingly students are approaching them with HIV/AIDS-related personal problems. It was thus indicated that there is a range of training needs for academic staff (including postgraduate tutors), including basic counselling and referral.

7. Some line managers at universities, such as deans, heads of school and heads of department, indicated a number of gaps at their instititutions, which impact negatively on their line management functions in relation to managing HIV/AIDS issues. For example, no training is provided to these line managers on managing HIV/AIDS workplace issues, and policies and guidelines are inadequately communicated to this level of management.

8. Almost all students and new graduates who participated in the research argued that higher education institutions should provide compulsory HIV/AIDS courses, both within and outside of the formal curriculum in structured, systematic and innovative ways. These students and new graduates strongly urged that the approach to HIV/AIDS education include non-traditional approaches and activities – such as discussion forums where they would have the opportunity to discuss inter alia issues related to sexuality and relationships. These respondents also suggested that courses include dealing with disclosure and how to respond appropriately to people who disclose their HIV-positive status. In addition, while acknowledging the importance of knowing and understanding the 'facts' of HIV/AIDS (particularly the biomedical aspects, including prevention and transmission), many students and new graduates felt that medicalising the issue or focusing only on 'facts and figures' removes the personal and human dimensions from understanding and dealing with the pandemic; and that it is in precisely the area of the personal and the human that there is the strongest need for education, training and consciousness-raising.

9. While findings 1–8 (above) emerged from the interview and focus group discussion data, the current finding summarises the key graduate competencies for managing HIV/AIDS in the workplace. The competencies emerged from the self-completion list of competencies administered to all respondents during the interviews and focus group discussions (see Chapter 2 for a full description of the data collection methods). This list of competencies is derived from the aggregated responses of all respondents who completed the self-completion activity. According to respondents, the following are the most important generic competencies for managing HIV/AIDS in the workplace:
    - General knowledge and understanding of HIV/AIDS, including being able to respond to questions about HIV/AIDS.
    - Knowledge and understanding about the impacts of HIV/AIDS on individuals and families.
    - Knowledge and understanding regarding condom use and prevention.
    - Knowledge and understanding of ethical and legal issues, and values relating to ethical conduct.
    - Knowledge and understanding regarding social context and gender issues.
    - Respect for confidentiality.

- Empathy towards persons living with HIV/AIDS (PLWHAs).
- Interpersonal skills.
- Ability to manage performance issues, negative co-worker reactions and absenteeism.

However, of the above, respondents felt most competent with regard to the following: general knowledge (54%), impacts on individuals and families (46% and 41% respectively), condom use and prevention (60%), respect and confidentiality (50%) and empathy towards PLWHAs (44%). Of the other competencies on the list, the level at which respondents felt equipped to deal with those issues ranged between 21% and 37%, suggesting that both higher education institutions and workplaces need to re-evaluate the content of and approach to HIV/AIDS education and training.

RECOMMENDATIONS

The following recommendations are made in the context of both the key findings emerging from responses to the research questions and the broader socio-political context in which HIV/AIDS is embedded in South Africa.

It is important to note that the recommendations are based on the principle that greater cooperation will need to be fostered:

- Within and between institutions in order to achieve the goal of an enhanced systemic, coordinated and integrated response to HIV/AIDS education in the higher education sector; and
- Between higher education and the public and private sectors.

Systems level recommendations

Ensure broad-based, dedicated and integrated funding

It is recommended that the broad spectrum of HIV/AIDS education and programming at higher education institutions receive dedicated funding.

In terms of both the DHET's *Strategic Plan 2010/11 to 2014/15* (DHET 2010) and workplace and higher education institution respondents in this study, there is a recognition of the higher education sector's contribution to the development of South Africa's human resource base and its public good function. Thus, if the moral imperative of providing initially well trained and competent graduates to manage HIV/AIDS in the workplace rests with higher education institutions, and if it is agreed that a more coordinated and systemic approach to graduate production in HIV/AIDS competencies is required, then identifying and removing funding constraints is the foundation on which the higher education sector can consolidate and expand its approach to HIV/AIDS.

In addition to the ongoing sourcing of donor funds (which is somewhat precarious at the moment), it is further recommended that an integrated funding approach be adopted, with the DHET and HESA establishing a structure to explore and source funds specifically to support the development of graduate competencies for managing HIV/AIDS in workplaces.

If it is accepted that workplaces, both public and private, are the direct beneficiaries of these graduates, then it is not unreasonable to expect that workplaces contribute to HIV/AIDS programmes at higher education institutions. For this reason it is proposed that discussions be initiated with, among others, business groupings, the SETAs and the National Skills Development Fund.

Finally, it is proposed that included in dedicated and integrated funding proposals there be provision for a higher education HIV/AIDS repository (see the following recommendation).

Establish a higher education HIV/AIDS 'repository'

A second recommendation is the establishment of a higher education HIV/AIDS 'repository', to develop mechanisms and processes for keeping all higher education institutions up to date with the latest in research

across the spectrum of disciplines, so that individual lecturers might draw on such information for their courses and other purposes.

In Chapter 4 there was some discussion of the apparent lack of coordination within institutions with regard to their approaches to and implemenation of HIV/AIDS education and programmes. It was also noted that – if we consider the amount of effort required to keep up to date in teaching HIV/AIDS issues, not only at the level of individual academic staff but also within departments at the same institution, and in cognate disciplines, departments and programmes *across* 23 institutions – there is potentially huge duplication of time, effort and financial resources, which should be integrated. And as many respondents (especially students and new graduates) indicate, what is being taught within individual programmes and courses is often piecemeal and fragmented.

The proposed HIV/AIDS repository, in addition to making the latest research findings available, could also store materials and case studies. The assumption being made is that the repository would be based on open access principles, which would mean that any of the higher education institutions could use/adapt the materials available. It would make sense for HEAIDS to coordinate this function, given its position in HESA. It is further assumed that funds contributed to the HESA secretariat by member institutions could be a source of financial support for such an activity.

An underpinning principle of this recommendation is that the repository would include discipline-based curriculum research and development activities, and would be based on the facilitation of communities of practice, with individual academics being drawn into the processes and mechanisms.

Promote a systematic, integrated approach to HIV/AIDS education

It is recommended that higher education institutions undertake HIV/AIDS education at two levels:

- At the extra-curricular level: that is to say, embedded within a life skills approach, compulsory for all students and scaffolded over the duration of a programme. The focus here would be on general knowledge and understanding of HIV/AIDS in terms of issues of transmission, prevention and treatment. This would include developing an understanding of personal and family impact; developing an understanding of social, cultural and gender issues; tackling issues of relationships and sexuality; and covering related issues such as substance abuse.

  Innovative and participatory methodologies and mechanisms should be explored, piloted and adopted. These could include experiential learning components through short-term placements in workplace programmes (including placements in the higher education institutions' own on-campus facilities). Such experience would address current gaps in personal and generic knowledge.
- At the programme offering level: that is to say, integrated, more coordinated than is currently the case, and with the inclusion of disciplinary and/or appropriate economic sector HIV/AIDS-related issues in modules, courses and programmes.

It is believed that it is at these two levels of HIV/AIDS education that the proposed repository would have the greatest impact.

The recommendation made here (that is, promoting a systematic, integrated approach) is contingent on the outcome of the debate currently being facilitated by the CHE – that of extending all three-year undergraduate programmes to four years – being accepted by the higher education community. Thus, activities to support the above recommendation include entering into discussions with the CHE, the HESA community and the Ministry of Higher Education and Training.

Institutional level recommendations

It is assumed that each higher education institution will further develop its institutional responses

and refine its HIV/AIDS policies and programmes on the basis of the HEAIDS sero-prevalance and KAP surveys, and will integrate this into university curricula.

Integrate institution-specific findings into general and discipline-specific education

In terms of HIV/AIDS education and curriculum issues, it is further recommended that the institution-specific findings of the HEAIDS sero-prevalence and KAP surveys form part of internal strategic and operational planning processes to craft appropriate general HIV/AIDS education responses, as well as responses within courses and programmes. Clearly, the commitment of senior management is critical to this process.

Strengthen health services offered on campuses

In terms of health services at each higher education institution, it is recommended that higher education institutions do the following:

- Evaluate the efficacy of the current implementation strategy to identify strengths and weaknesses, and implement changes accordingly.
- Expand existing services, where these are in place, and/or provide a comprehensive health service for staff and (particularly) students. (Such a service could be staffed mainly by nurses, as is the current trend in South African state services.)
- Ensure that at least the minimum requirements for campus health service implementation are in place to meet student requirements with regard to HIV/AIDS, such as: condom provision, VCT, counselling, medical care or referral, post-exposure prophylaxis (PEP) and so on.
- Prioritise VCT, particularly to newcomers, as well as running ongoing VCT campaigns and offering VCT to everyone who enters the clinic for any query whatsoever.
- Incentivise participation in VCT, STI checkups and attendance of ART education campaigns.

Ensure that universites are HIV/AIDS competent employers

In terms of the higher education institution as an employer with a competent HIV/AIDS intervention, it is recommended that universities ensure the following elements are in place:

- An HIV/AIDS policy.
- Monitoring of the epidemic among the university workforce (via HIV/AIDS prevalence surveys).
- Ascertaining the level of knowledge, attitude and practice of employees with regard to HIV/AIDS (by conducting KAP surveys).
- An awareness and education programme for staff and students.
- VCT provision.
- Access to medical care.
- Access to prevention – condoms, circumcision, prevention of mother to child transmission, and PEP.
- A dedicated budget.
- A well established reporting structure.

Higher education academic and administrative staff level recommendation

Consider providing staff development, training and support

It is recommended that consideration be paid to staff development, training and support, including both academic staff and administrative staff who deal with students on a regular basis. For academic staff, both curriculum and pedagogical issues need to be addressed, but also HIV/AIDS-specific competencies, such as basic counselling skills, being able to answer questions related to HIV/AIDS and so on.

A specific group that must be singled out for attention is postgraduate teaching assistants, who often lecture or tutor undergraduate students and who may have much closer interpersonal interactions with these students than other academic staff do.

Notes

1. It is interesting to note, for example, that the *Human Resource Development Strategy for South Africa (HRD-SA) 2010–2030*, as approved on 18 March 2009 – just over a month before the general election – makes no specific reference to the impact of HIV/AIDS. However, it does include the improvement of 'life expectancy' as one of its targets/indicators.
2. CESM stands for the Classification of Educational Subject Matter.
3. A sixth institution did not participate, as it did not provide ethics clearance within the required timeframes. The disciplinary areas that would have been covered were computer science and data processing, and architecture and environmental design. Because of the timing of the fieldwork, it was not possible to cover these disciplinary areas at the other participating institutions.
4. It should be noted that the publication does not provide any authorship or publication details. It is referenced in the list of references as 'Author not cited'.
5. For more about the Impact Initiatives, see the GBC website (retrieved February 2010): www.gbcimpact.org/itcs_node/0/0/article/905
6. Debswana is a joint venture between the government of Botswana and De Beers.
7. It should be noted that while some programmes being taught by some participating respondents are overseen by professional bodies, none of these professional bodies – particularly those that are in the health or medical sciences – apparently have any guidelines or prescriptions that focus on HIV/AIDS.

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APPENDIX 1

Examples of the interview schedules

PROJECT: INVESTIGATION OF GRADUATE COMPETENCY WITH REGARD TO HIV/AIDS IN THE PLACE OF WORK

Interview schedule: Deans and academic staff

TERMS USED IN THIS DOCUMENT:

HIV/AIDS-related competencies: refers to knowledge, skills, attitudes and values relating to the management of HIV/AIDS in the workplace.

1. Do any of the programmes you offer have to conform to the curriculum requirements of a professional body?
   a. If yes, which professional body is this?
   b. Do they have a say in the curriculum?
   c. If so, how do they do this?
   d. Do they have guidelines for addressing HIV/AIDS?

2. Does your faculty/school/department teach HIV/AIDS in its courses?

3. If you answered 'yes', in which courses and at which levels? What is the focus of what is taught? Is there an attempt to infuse HIV/AIDS issues across the curriculum in the programmes you offer? Please describe as fully as possible.

4. If you answered 'no' to Q2, why not?

5. Does your institution train your academic staff to help them address HIV/AIDS when developing their curriculum? If yes, how is this done? If no, would you find this helpful?

6. Please identify up to 4 areas in which your graduates may be impacted by HIV/AIDS in their future workplace. To what extent do you feel that your graduates are equipped to deal with each of these issues?

7. Does your faculty/school/department take into account the graduate competency requirements of employers when designing programmes and curricula? If so, please describe the process. If not, why not?

8. When you design your curriculum, do you consider the competencies that students' prospective employers may require regarding HIV/AIDS in the workplace?

9. The following have been identified as some of the graduate competencies required for managing HIV/AIDS in the workplace.

(Column 2) Which competencies would you say are relevant to your graduates?

(Column 3) To what extent do you feel that your graduates are equipped to deal with this? (on a scale of 1–5, where 1 = poorly and 5 = very well).

Once self-completion list of competencies is completed, researchers will ask participants to reflect on their responses.

10. Will having this information (above) impact how you approach thinking about undertaking curriculum changes relating to HIV/AIDS in the workplace? (Explore further in terms of teaching, research and community engagement, including service learning/internships etc.).

11. If your faculty/school/department does respond to the needs of the workplace in your curriculum response to HIV/AIDS, please describe the process you undertake in order to review and refine your curriculum.

12. In reflecting on the broad issue – of new graduate competencies for managing HIV/AIDS in the workplace – is there anything you would like to add that we may have missed?

Interview schedule: HR & Wellness managers

TERMS USED IN THIS DOCUMENT:

- **'New' graduate:** refers to a person who holds a degree or national diploma from a university or university of technology (formerly technikon) who has entered your organisation in the past 3 years.
- **HIV/AIDS-related competencies:** refers to knowledge, skills, attitudes and values relating to the management of HIV/AIDS in the workplace.

1. Please describe your organisation's approach to HIV/AIDS in the workplace. For example, what programme do you have in place, what structures and processes exist within the organisation to deal with HIV/AIDS (e.g. task team, policy, programme elements such as VCT, treatment, training and education, KAP and prevalence studies)?

2. What qualifications do your NEW graduates hold?

3. Please identify up to 4 areas in which your organisation has experienced the impact of HIV/AIDS in the last 3 years. Describe the extent to which your new graduates are equipped to manage each issue.

4. If you have identified any problems, how do you feel they were dealt with by staff – poorly, fairly well or very well? Please describe this in more detail.

5. In terms of the previous question:
   a. How could these situations have been dealt with more effectively?
   b. What competencies were lacking or enabled people's ability to deal with these situations?
   c. What would have been useful for the people dealing with these situations?
   d. Were any **graduates** involved in the problem situations we discussed earlier? If 'yes', please explain which situations and how they were dealt with. How did the graduates perform?

6. Considering your organisation overall:
   a. Which competencies are needed relating to dealing with HIV/AIDS in the workplace?
   b. Are there generic competencies that all employees should have and are there competencies specific to certain disciplines and/or positions?
   c. Are these a criterion when selecting graduates for employment?

7. There is a tradition of treating these issues as three separate issues: HIV/AIDS, cultural diversity and gender issues. Does your workplace training relate these issues to one another? Please explain your answer.

8. Considering your NEW graduates, do you think that the issues on this (self-completion) table are relevant competencies for graduates in your

organisation? Please respond with 'yes', 'no' or 'not sure' (Column 2).

(Column 3) Considering each issue on this table, do you feel that the new graduates who have entered your workplace are competent to deal with this? Please respond with 'yes', 'no' or 'not sure'.

Once self-completion list of competencies is completed, researchers will ask participants to reflect on their responses.

9. Would it be advantageous to the workplace for graduates to have HIV/AIDS-related competencies **before** they entered your organisation, or is it not necessary because **the organisation will provide such training anyway**?

10. In reflecting on the broad issue – of new graduate competencies for managing HIV/AIDS in the workplace – is there anything you would like to add that we may have missed?

APPENDIX 2

Self-completion questionnaire

SELF-COMPLETION LIST OF COMPETENCIES

(Column 2) Considering your NEW graduates, do you think that the issues on this table are relevant competencies for graduates in your organisation? Please respond with 'yes', 'no' or 'not sure'.

(Column 3) Considering each issue on this table, do you feel that your graduates are competent to deal with this? Please respond with 'yes', 'no' or 'not sure'

	Relevance	Extent to which equipped to deal with this (1–5)
Knowledge and understanding of:		
General knowledge on HIV/AIDS (prevention, transmission, treatment, support)		
Condom use and other preventive methods		
Ethical and legal issues		
Impact of HIV on individuals		
Impact of HIV on their families		
Social, cultural and environmental context relating to HIV		
Gender issues in relation to HIV		
First aid procedures (e.g. dealing with a blood spill, blood-related injury)		
HIV programme planning and implementation		
Serving on an HIV/AIDS committee		
Assisting with voluntary counselling and testing (VCT) campaigns		
The role of VCT		
The role of antiretroviral treatment		
The role of condom promotion		
HIV-related resources and services to which to refer troubled people		
Other HIV programme elements (please list)		

	Relevance	Extent to which equipped to deal with this (1–5)
Attitudes and values:		
Empathy towards people with HIV/AIDS and their situation		
Respect for confidentiality of people with actual or suspected HIV/AIDS		
Value of VCT		
Value of antiretroviral treatment		
Value of condom promotion		
Interest in and commitment to addressing HIV/AIDS ethically and sensitively		
Skills:		
Ability to deal with negative or problematic co-worker reactions		
Ability to manage deteriorating performance		
Ability to manage absenteeism		
Ability to perform crisis counselling at a basic level when faced with disclosure or similar personal crises		
Ability to counsel staff on HIV/AIDS-related issues		
Interpersonal (life) skills (e.g. effective listening, problem solving)		
Ability to respond appropriately to staff questions about HIV/AIDS issues (e.g. factual questions about biomedical and treatment information)		
Ability to make appropriate referral for VCT/medical care/counselling		
Ability to explain policy and procedures re. HIV/AIDS-related issues		
Ability to deal with skills loss		
Ability to report on HIV/AIDS-related issues		
Practices:		
Participation in HIV/AIDS-related programme (e.g. serving on HIV/AIDS committee/task team, attending training workshops, participating in VCT, attending WAD activities, encouraging HIV/AIDS-related employee educational talks, encouraging staff to attend these)		
Provision of equal opportunity for people with HIV/AIDS		

APPENDIX 3

University courses/disciplinary areas incorporating HIV/AIDS – Summary of reported examples from the campus interviews

The various university campus interviews highlighted among other things how individual courses or disciplinary areas incorporate aspects of HIV/AIDS specific to that course or area of practice.

The interview findings in this regard are grouped below into cognate areas. It should be noted that the 'snapshot' per course or disciplinary area is based purely on the interview data from this research process; it does not therefore reflect what a whole department or faculty might be doing – although a number of the staff interviewed did provide some commentary on the views and approaches of colleagues.

Furthermore, it is important to remember that the researchers focused only on one to three disciplinary areas at each institution, and that each disciplinary area was only examined at one institution.

MEDICAL AND HEALTH SCIENCES

- In dentistry, HIV/AIDS is taught in various disciplines such as oral medicine, oral pathology, dental public health, epidemiology of diseases and maxillo facial surgery (where there is invasive surgery and often blood contamination). The management of HIV/AIDS is taught in the *context* of specific disciplines. The head of school thought that it would be good to consolidate and integrate the various HIV/AIDS components to reduce fragmentation across different dentistry courses. The School of Public Health has a specialised oral medicine clinic for practical experience. The head of school indicated that one issue that is continually stressed to dental students is that of infection control, especially through contaminated fluids, particularly blood. The head of school also indicated that needle stick injuries are a problem. The higher education institution has a needle stick policy, which the school is trying to implement. There is a protocol that in the event of a needle stick injury graduates have to have prophylactics. If a needle stick injury happens while the dental hospital on campus is closed, patients are taken to the local public hospital where someone will be able to administer a prophylactic dose because 'everyone gets anxious because of this epidemic'. Having considered the list of competencies provided for discussion as part of the interview, the head of school indicated that the faculty would certainly consider additions to the curriculum, and thought that a formalised module that concentrates on the management of HIV/AIDS in the workplace could be introduced.
- Applied pharmacology is a final-year course in which students are introduced to the range of ARVs available, and information on how ARVs work in the body, including their chemistry, their biochemistry, their pharmacokinetics, and their pharmacodynamics. In pharmacotherapy students are given case studies involving medication and support

issues for PLWHAs. The importance of adherence to treatment is emphasised. A lecturer indicated that most of their students go into the public health sector and need to be able to deal with ARV patients who 'need more personalised interactions' with pharmacists, unlike in the private retail sector. Furthermore, this respondent spoke to the specific context of this higher education institution, which demands that staff need to consider the challenges that rural areas pose when dealing with HIV/AIDS. Rural health care clinics, for instance, face different challenges compared to urban health care facilities. She felt that curriculum and training should be customised to reflect the specific context of the higher education institution.

- A new nursing graduate indicated that during the course of her professional nursing and midwifery qualifications, she had substantial input on HIV/AIDS in her nursing programme, increasing in each year of study; it was woven into the course rather than being presented as a stand-alone module in each year. She also remembers having a specific HIV/AIDS question in her third-year examination while studying nursing. The same could not be said, however, for her midwifery course; they had only one guest speaker in fourth year for a one-day workshop on HIV/AIDS and work-related issues, and their own lecturers did the rest. Considering how her professional nursing course could have been improved, this new graduate would have preferred more stand-alone modules on HIV/AIDS, as opposed to the integrated approach they experienced.
- A group of new graduates in physiotherapy indicated that they received quite extensive HIV/AIDS-related inputs during their studies. They had covered public health and addressed gender and social issues in first year, and every module they had related to HIV/AIDS. Some had both their own lecturers and guest speakers as presenters, while others had only their own lecturers (although these were specialists in their field). In third year they learnt about health promotion and education, including HIV/AIDS. In fourth year they went into rural clinics for a three-week block on health promotion, also hearing a local speaker there. They found this input to be good, although one student said that 'it gets drilled into you so it gets boring'. HIV was addressed extensively in examinations, from questions about their role as physiotherapists to case studies.

SCIENCE, ENGINEERING AND TECHNOLOGY

- In mathematics, HIV/AIDS is used as a case study for modelling the pandemic from a mathematical perspective.
- Geography students at one institution indicated that one of their lecturers deals with the socio-economic impact of HIV/AIDS in South Africa. HIV/AIDS is also dealt with in medical geography (a semester course), and students indicated that they had an examination question on how to use geographic information system (GIS) tools to manage HIV/AIDS.
- In mining engineering, the higher education institution previously included HIV/AIDS as part of its environmental management module, which was covered in two semesters at first-year level:

> This had a component on HIV based on Clem Sunter's book, which is probably out of date by now. We last offered this HIV component two years ago. At the time I made a really big issue out of it in exams. We are focusing on this less now, because there are many other interventions at the university like the AIDS programme, schools have education programmes – so we don't feel such a desperate need to address HIV. Also, there is a new lecturer [presenting that course] and he hasn't pushed it…In our engineering management course, HIV is mentioned but it is not a separate module. We Google and get statistics.

LAW, BUSINESS AND COMMERCE

- In the law faculty visited, an elective course titled 'HIV/AIDS and the Law' has been offered as a final-year LLB elective. This course has been changed into a health law course at the LLM level. HIV/AIDS is also covered in the course 'Persons and Family Law', and in criminal law (both of which are

compulsory). Furthermore, the faculty covers HIV/AIDS in labour law, constitutional law and human rights law. One staff member indicated that not all law courses lend themselves to the inclusion of an HIV/AIDS component; for example, the law of evidence, contract law, and civil procedure. However, another lecturer indicated that they do, in fact, incorporate HIV/AIDS into the law of evidence.

- Two lecturers in a business school conduct a variety of short courses (for example, two days, a week and a month long) in the southern African region. They quite often have a specific module or a couple of hours on HIV/AIDS, especially regarding the policy and HR management implications in the military context:

  > Our courses are aimed at the SADC region and we do break ground because these countries are not as liberal as South Africa.

  One lecturer said that he uses HIV/AIDS in examples but does not cover the subject in his courses. There are no assignments or examinations on the topic. Students at postgraduate level bring HIV/AIDS into their assignments for their specialised research. Because a number of their students are in the military, during the interview the respondents reflected on the particular HIV/AIDS issues that might confront their students, and considered ways in which HIV/AIDS could be better integrated into their courses.

  At the same business school, two lecturers who work on courses focusing on public and development management indicated that there is a specialist on the staff who deals with HIV/AIDS, conducting segments of certain courses. They indicated that many of their students are in senior positions in government and companies and many bring HIV/AIDS into their assignments. They felt that as many of their students know more about HIV/AIDS than they do, it would be 'presumptuous and arrogant' of them to teach and test on HIV/AIDS.

HUMAN AND SOCIAL SCIENCES

- A senior academic in an education faculty indicated that there is a great deal of HIV/AIDS content in the BEd degree. This cuts across levels of study and across modules, from dedicated HIV/AIDS modules on basic information and first aid in first year, to modules on policy issues in fourth year. There has been a large-scale programme in the faculty for many years. The faculty has developed capacity and has mainstreamed HIV/AIDS; for example, in mathematics. In languages and media, they have specialists in participative methodology who are dealing with HIV/AIDS.
- In journalism, HIV/AIDS is touched on in the ethics module, along with issues such as gender and race. In reflecting on the interview, this lecturer thought that their courses could be improved by adding an elective at honours level on science reporting that includes HIV/AIDS. The head of school of communication indicated that they do not have the time in the curriculum to deal more extensively with HIV/AIDS.
- In gender studies, a course titled 'Gender and Health' is taught. HIV/AIDS is quite a large section of the course, covering breastfeeding, mother to child transmission, the HIV–domestic violence interlink, reproductive rights of PLWHAs and so on. The course also has a number of external guest lecturers from NGOs, the Commission for Gender Equality and others. An undergraduate course, 'Gender Sensitivity', includes issues relating to sexual practices, unprotected sex for excitement and how HIV/AIDS has led to the medicalisation of sex and sexuality.
- In tourism, a semester course at first-year level includes one lecture on the social impact of HIV/AIDS on tourism and sex tourism.
- In anthropology, a second-year course – 'Culture, Health and Illness' – addresses a range of illnesses including HIV/AIDS, while also focusing on indigenous medicine in Africa, mental illness and HIV/AIDS. In anthropology honours there is a 16-credit module – about 13 weeks (160 hours) – 'Understanding AIDS in Africa'. Students from other programmes come into this course as an elective.

  A master's (anthropology) student indicated that she had a lot of HIV/AIDS input in her honours course. In one module, a guest speaker from the

Gay and Lesbian Health Centre spoke on sexuality. 'In our health course we discussed virginity testing, circumcision and HIV'. She felt that the course was very good from a research and knowledge point of view: 'we could do basic counselling and could encourage people and provide education on HIV'.

- In history, a course for third-year students, 'Epidemics and Social Change in Africa', includes HIV/AIDS. There is also a second-year course on the history of the province in which the higher education institution is located that includes themes of HIV/AIDS. There has been a research project on health and HIV/AIDS conducted by two staff who are working at a local public hospital, which is looking at the impact of HIV/AIDS on the history of the hospital. Students are also involved. A respondent said that discussions on HIV/AIDS in tutorials and seminars may arise that are not necessarily part of the course:

  > Discussions may be an unexpected eye opener. Even the course in Rock Art discusses HIV/AIDS because of the lecturer. These are places where people feel they can talk.

- The head of a sociology department indicated that he personally includes HIV/AIDS in a number of his courses (although he indicated that other lecturers do not), as this is one of his research areas. He indicated that he used to do a course on the sociology of education, focused on HIV/AIDS education in southern Africa; for example, how different pedagogic approaches emerged in the past 10 years. He also teaches 'Contemporary Theory', where he looks at ways of applying theory to make sense of gender and race. Three-quarters of the course focuses on HIV/AIDS education. At honours level, HIV/AIDS comes into 'Young People and Social Identity' (about 2 out of the 12 lectures). In this course, he looks at how HIV/AIDS has made it important to reflect on gender issues. He indicated, however, that HIV/AIDS is included with an academic rather than a practical focus, and therefore does not deal with stigma and practice. He explained that his course does not explicitly set out to encourage counselling skills and empathy, although the theoretical approach is to,

  > see the world from the point of view of marginalised people, taking their side. The course more indirectly addresses those skills even though they are not a goal of my course. The aim is to break down prejudice and the problem of stigma…Academic courses can indirectly shift attitudes even if you don't set out to teach young people appropriate counselling skills – [we try to] understand the world from different people's perspectives.

- In psychology, HIV/AIDS is covered in various psychology courses: counselling psychology, educational psychology, clinical psychology, industrial psychology, research psychology and the diploma in HIV/AIDS counselling (which is not active at the moment). In the undergraduate psychology course, one respondent teaches third-year students using HIV/AIDS as a case study. In addition, one assignment per year is done so that students are involved in critical social analysis in South Africa. They have a question in the examination and one applied assignment, which is the analysis of a case study.

  At psychology honours level, a respondent offers a service learning programme in sexuality and HIV/AIDS, looking at a critical analysis of HIV/AIDS in the context of southern and South Africa and especially in the context of youth, with community engagement by students. Honours students have to develop an eight- or nine-session workshop on HIV/AIDS and sexuality, then implement the workshop and write up a report. Staff decided to take out the formal assessment process and rather have a learning portfolio (writing a critical essay and a reflection paper). The staff interviewed indicated that student evaluations say that students do not feel comfortable dealing with HIV/AIDS. 'Is that because the topic is so value laden, dealing with sexuality taboos?'

  One new graduate indicated that her knowledge of HIV/AIDS was limited to the very general and generic information she got in a class on community psychology.

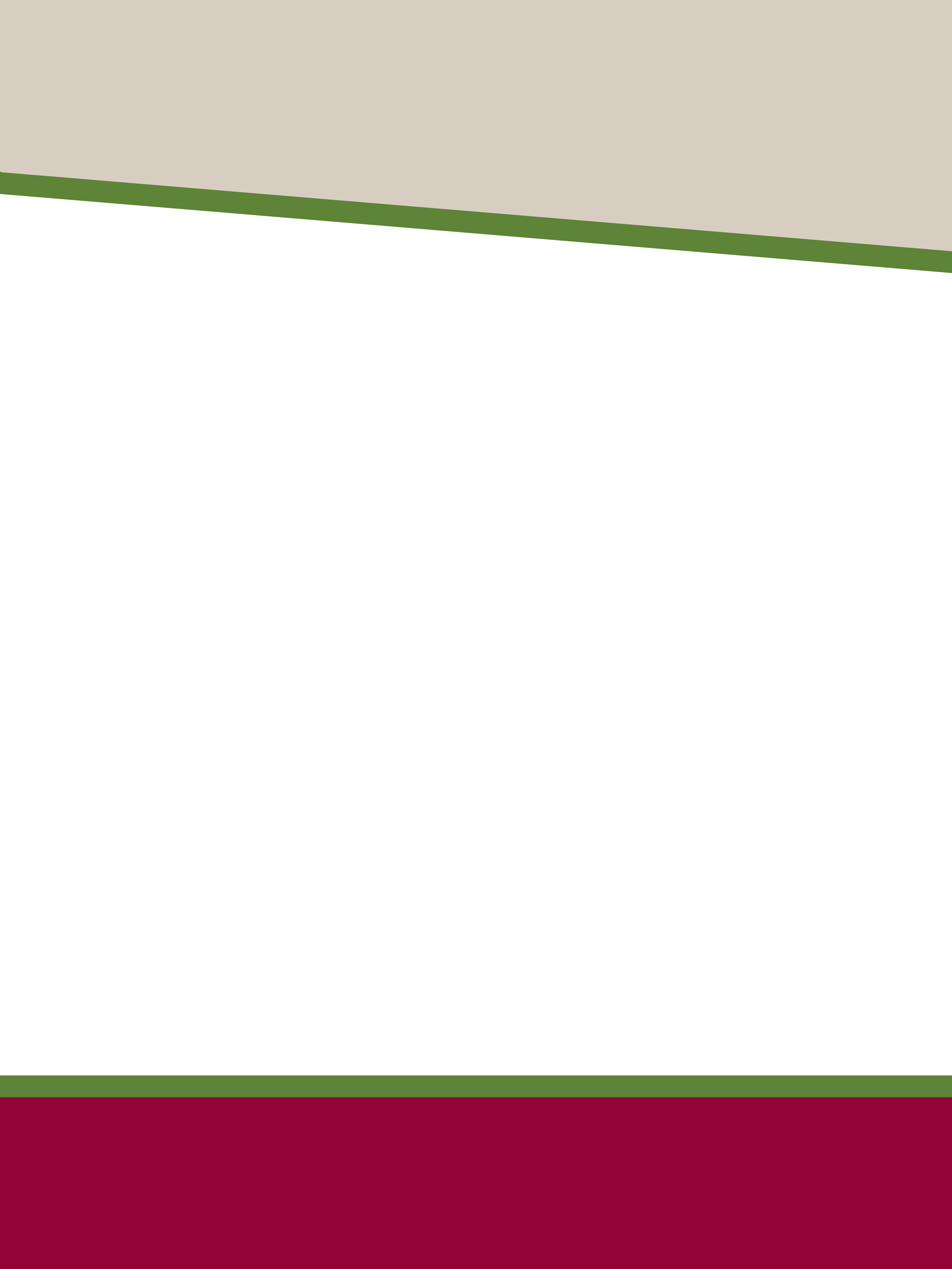
- Two new social work graduates thought that their university social work course was not keeping abreast of South Africa's HIV/AIDS situation and

that it did not adequately equip graduates to deal with HIV/AIDS in the workplace:

> I think our society is rapidly changing and our curriculum is the same as 5 to 10 years ago. There are gradual changes if there are any.

The new social work graduates recommended that the university allocate more time to HIV/AIDS in the curriculum, both in terms of more lectures and more practical work on the subject. These graduates were exposed to the following HIV-related input:

- In third and fourth years, they could select a topic for research then submit a report on it; HIV/AIDS was a compulsory topic.
- In fourth year, they had one or two guest speakers, such as a doctor and a clinic counsellor, talking about HIV/AIDS.
- In third-year examinations, there was an optional question.



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HIGHER EDUCATION HIV/AIDS PROGRAMME