

An Analysis of HIV and Aids Spatial Awareness and Vulnerability Level with Specific Reference to Staff at One Polytechnic in Zimbabwe

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Abstract

With the gravity of the HIV and AIDS situation in most African nations and its implications for the education sector, a study was undertaken to analyze the spatial awareness and vulnerability level to pandemic in tertiary institutions with specific reference to academic and support staff at one polytechnic in Zimbabwe. A sample comprised of sixty-five academic and forty support staff was selected through stratified random sampling from a target population of five hundred and twenty-five. For data triangulation institutional administrators were purposively selected to participate in the study. A semi-structured questionnaire, focus group discussions and interviews were used to collect data from the participants. Descriptive statistics were used to analyze quantitative data while qualitative data was analyzed manually according to themes. The findings from the study revealed that it is critical for learning institutions to have an HIV and AIDS policy framework to facilitate employees' acquisition of knowledge on HIV and AIDS pandemic, resulting in them experiencing healthy lives. In the study it was noted that the institution under study has no institutional HIV and AIDS policy framework, thus issues to do with awareness, prevention, treatment and care of the same are done in an uncoordinated manner. Therefore this triggers existence of cases where those living with the disease are stigmatized. The study also revealed some strategies, which can be used to reduce negative effects of failure to have an institutional policy, among them the provision of employees with basic information on transmission, protection, treatment, care and support. It can be concluded that an institutional HIV and AIDS policy was acknowledged to be an important framework guiding activities on education and training related to the epidemic. At the institution under study members of staff encounter challenges on issues to do with HIV and AIDS prevention, care and support of the infected and affected staff, resulting in high vulnerability level to the pandemic. Having an institutional policy to provide framework for the effective operation in fight against the epidemic through provision of adequate information, education and training is recommended. Thus with this notion it is probable that stigmatization and discrimination indignations may be curtailed.

Keywords: Analysis, spatial awareness, HIV and AIDS and vulnerability level

Introduction

HIV and AIDS affects people throughout the world - their health, communities and countries' economic structures, thus it is truly a global epidemic, imposing a burden on all nations leaving none immune for its devastating impact (Gostin, 2010). In most Sub-Saharan Africa nations, including Zimbabwe, the HIV and AIDS epidemic has not only been regarded as the biggest public health disaster but developmental challenge affecting most economically productive population, thereby threatening social and economical gains. Clearly, Sub-Saharan Africa remains the region most severely affected by HIV and AIDS, with nine out of ten cases originating in Africa (Working Group on Higher Education, 2006). According to National Aids Council (2004) HIV and AIDS are causing considerable turbulence in the education sector as the epidemic affects the supply of educational services, demand for education and the overall management of the system.

According to the SADC Report (2013), Zimbabwe has a total population of 13 million, with a population growth of 1.1%. It has a generalized heterosexually driven HIV and AIDS epidemic with adult prevalence of 15%. There is serious concern about the capacity or willingness of many lecturers in tertiary institutions to engage in life skills programmes or to provide the complimentary care and counselling support (Coombe, 2002). So as Coombe notes, "it is assumed that lecturers will at HIV and AIDS battlefront fight to the end, but they are generally unarmed." (2002:30). Most researches are centred on HIV and AIDS education in institutions of higher learning placing much emphasis on assessment of the change in lecturers in terms of knowledge, attitudes and intended or actual behaviour (Nwokocha and Nwakoby, 2002). Far fewer studies have

specifically and systematically examined lecturers' knowledge, attitudes and behaviour with regards to HIV and AIDS. Further to this it is still a wonder how lecturers are juggling this complicated task of contributing towards the fight against HIV and AIDS epidemic at their institution. The HIV prevalence is slightly higher in urban areas than in rural areas. Age mixing, multiple concurrent partners, low levels of voluntary male circumcision which are the major drivers of HIV and AIDS are the order of the day in the urban set up where the HIV prevalence is also high, where the higher and tertiary institution is situated, a situation that warrants an investigation.

According to Chartier (2002) several fundamental rights are threatened in the context of HIV and AIDS, including right to non-discrimination, right to privacy, right to appropriate protection in social security and right to work. International Labour Organisation's code of practice on HIV and AIDS and the world of work has as one of its principles, recognition of HIV and AIDS as a work place issue (Chartier, 2002). The code provides guidelines for policy development at national, sector and enterprise levels, for the creation of programmes, which cover areas such as prevention of HIV and AIDS; mitigation of its impact; care and support of employees infected and affected by the virus and elimination of stigma and discrimination on the basis of real or perceived HIV status.

Government of Zimbabwe in recent years has intensified, campaigning on HIV and AIDS at all levels, geared towards creating awareness of threats of the epidemic, mode of transmission and prevention. This can be evidenced by Statutory Instrument 202 of 1998 which dictates that employees have the right to information and education on promotion of safe sex, which leads to reduction in sexually transmitted infections, acquiring and transmission of HIV and AIDS, the prevention of the spread of HIV and AIDS and counselling facilities, which all should be done during working hours. It is against this background that researchers sought to analyse HIV and AIDS spatial awareness and vulnerability level of staff at one polytechnic in Zimbabwe. The study was guided by the following research objectives:

1. Identify importance of institutional HIV and AIDS policy framework to an organisation of higher learning.
2. Establish how HIV and AIDS awareness and prevention activities are carried out at the institution.
3. Find out strategies that can be used to reduce the negative effects of failure to have an institutional policy framework on HIV and AIDS.

Methodology

This descriptive survey study employed mixed methods to reveal the different dimensions, and enrich understanding of the phenomenon under study (Alexander, Thomas, Cronin, Fielding and Moran-Ellis in Gilbert, 2008). The researchers formulated the items that were included in the semi-structured questionnaire and interviews, informed by literature concerning awareness, prevention and treatment of HIV and AIDS pandemic. The institution was purposively sampled on the assumption that it was implementing the HIV and AIDS education and training programmes as outlined in the Zimbabwe National AIDS Policy framework. The population consisted of five hundred and twenty-five (525) members of staff who can be broken into academic and support staff. The sample was selected through random sampling. Numbers were assigned for each staff member in the main list of either the academic or support staff. These numbers were written on pieces of paper and drawn from a box without replacing. The process was first done to select participants from the academic staff group and then from the group that consisted of support staff. This process brought about a sample of one hundred and five participants from the academic and support staff groups in the following quantities sixty-five (65) and fifty (50) respectively. This was considered to be fairly representative as Chikoko and Mhloyi (1995:81) state that, 'in descriptive survey research a sample of 10 - 20 percent is often used.' For data triangulation, top management of the institution under study (principal, vice principal, assistant vice principal and assistant human officers) were purposively sampled to participate in the study. As they are the ones responsible for planning, leading, controlling and co-ordinating HIV and AIDS activities among others on the ground deriving from the national strategic plan that is multi-sectoral centred.

A self-administered questionnaire containing both closed and open-ended questions was used to collect data from the selected academic and support staff. In designing the questions the researchers were guided by the insights from literature on the topic as well as the demands of the research objectives. Inclusion of open-ended questions enabled respondents to express their views and understanding of issues and explain answers given to closed questions. A section of the questionnaire focused on importance of institutional HIV and AIDS policy framework to an organisation of higher learning. The other section was centred on what is happening at the institution pertaining to staff on HIV and AIDS awareness and prevention programmes, with the last section focusing on strategies that can be used to reduce the negative effects of failure to have an institutional policy framework on HIV and AIDS. Responses to closed questions were given on a Likert scale with four response categories. Thus, there was no neutral middle category. This was chosen to prevent respondents from using a middle category as *I don't know* or *I don't care* response (Kulas, Stachowski & Haynes, 2008). After gathering

all the completed questionnaires from the respondents, total responses for each item were obtained and tabulated. Frequencies and percentages were used to reduce the responses making them easier to work with and to interpret.

Two focus group discussions that engaged staff members in informal discussions on the research topic under study were conducted with one composed of academic staff and the other of support staff to avoid polarization and bias. The first group consisted of eight academic staff coded (1-8); and the other consisted of support staff coded (9-16) who shared common interest in the topic under discussion. The participants were chosen randomly from the initial sample of one hundred and five staff members. The discussion between participants provided the researchers with an opportunity to hear issues which may not emerge from their interaction with the researchers alone. The participants debated on issues pertaining to staff's awareness and vulnerability level on HIV and AIDS pandemic. Focus groups 'encourage a range of responses which provide a greater understanding of attitudes, behavior, opinions or perceptions of participants on the research issues' (Hennink, 2007:6). That is data is collected from multiple voices.

Six members of the participating institution's administration were interviewed individually at their respective work places. The open-ended questions enable the interviewer to probe further, giving the interviewees a chance to qualify their responses (Dhliwayo & Keogh, 2002). The responses given during the interviews were recorded by means of both field notes and tape recording. The interviews were then transcribed, coded and 'analyzed by hand' according to emerging themes (Cresswell, 2012:239). Triangulation through multiple instruments of data collection and sources of information was intended to ensure the reliability and validity of the data (Flick, 2009). Interviews with some members of the institution's administration, the focus group discussions and the questionnaire may validate some of the information relating to the issues under study. Questionnaire, respondents were guaranteed anonymity such that they were free to give accurate and authentic information without fear of reprisals. In view of the measures taken during data collection, the data may be considered to be reliable and valid. The information collected through the questionnaire, personal interviews and focus group discussions was summarised, with the presented findings used to draw conclusions for the study.

Findings and Discussion

This section presents research findings in line with the objectives that guided the study. A total of one hundred and five participants responded to the questionnaire. Information was also solicited through two focus group discussions composed of academic and support staff respectively who were engaged in informal discussions on the research topic under study. For data triangulation top management of the institution under study were purposively sampled to participate in the study. The responses were then categorised into various groups based on similarity and relevance to the topic under discussion.

Characteristics of the Participants

This section presents data on respondents' sex, age range, marital status, employment status and work experience. The researcher found it paramount to find out the respondents' demographic data since they form the basis under which the interpretations of the collected data would be justified.

Table 1: Demographic characteristics of the respondents (n=105)

Sex	(n)	(%)
Female	45	42.9
Male	60	57.1
Age Range (Years)		
20-29	5	4.7
30-39	34	32.4
40-49	63	60
Above 49	3	2.9
Marital Status		
Single	8	7.6
Married	72	68.6
Divorcee	25	23.8
Employment Status		
Part time	0	0
Permanent	105	100
Work Experience (Years)		
Below 5	5	4.7
6 – 15	51	48.6
16 – 25	45	42.9
Above 25	4	3.8

One polytechnic staff both academic and support through day-to-day interactions were asked to highlight the importance of institutional HIV and AIDS policy framework to an organisation of higher learning. The demographic data shows that 57.1% of the respondents are male and 42.9% are female as shown in Table 1 above. The demographic data also shows that 4.7% are within the ages of 20-29 years, 32.4% are between 30-39 years, 60% between 40-49 years and 2.9% are above 49 years. The result also shows that 7.6% of the respondents are single while 68.6% are married. It can be noted that 23.8% of the respondents were divorcees. All the respondents (100%) are employed at the institution on permanent basis. Working experience varied greatly among the respondents, with slightly above half of the respondents (53.3%) having a working experience of 15 years or less. With few respondents (42.9%) having a work experience of 16-25 years and as little as 3.8% of the respondents, with a work experience above 25 years. This clearly shows the need for the institution under study to have a well articulated HIV and AIDS policy framework to cater for the staff's awareness, care and prevention.

Importance of institutional HIV and AIDS policy framework to higher learning institution

In order to elucidate the study objectives, the discussion of the findings is divided into two parts. The first part addresses the first objective of the study which sought to identify importance of institutional HIV and AIDS policy framework to higher learning institution. The respondents were given a series of questions to respond to and the responses were as follows.

Table 2 Existence of HIV and AIDS policy framework at the institution (n=105)

Variable(s)	True		False	
	(n)	(%)	(n)	(%)
A. Written HIV and AIDS institutional policy exists	3	2.9	102	97.1
B. Draft HIV and AIDS institutional policy is being developed	5	4.8	100	95.2
C. Institutional HIV and AIDS policy framework forms basis for sustainable efforts in addressing the threats posed by the pandemic	104	99	1	1
D. Institutional HIV and AIDS policy creates a sense of shared vision mission on fight against HIV and AIDS	105	100	0	0

The findings of this study show that most of the respondents (97.1%) outlined that at the institution under study a written HIV and AIDS policy framework does not exist, with most respondents (95.2%) hinting that there was no draft institutional HIV and AIDS policy being developed as of now. The findings from the questionnaire concur with what was highlighted by one respondent during an interview:

As far as I know, the institution does not have a policy framework on HIV and AIDS. If it exists, I am not aware of it. However, in 2013 some members of staff were trained by Employers' Confederation of Zimbabwe (EMCOZ) on institutional policies on HIV and AIDS centred on awareness, prevention and care. FACT has been willing to assist institution to come up a draft a policy on HIV and AIDS but institutional policies had been hampering the efforts.

This concurs with Project Empower (2008) who outlined that HIV and AIDS policy formulation has to

be contextualised by the experience and material conditions of individual organisations. It is fine for an institution of higher learning to develop a best practice policy, but it is important to remember that policy can only be implemented if sufficient resources are available to support it. The policy response of any institution has to be based on an understanding of the potential impact of HIV and AIDS on the institution. UNESCO (2008) noted that there is often a gap between policy and practice, with good intentions hindered by lack of policies, failure to communicate departmental policy to institutions of learning, lack of guidelines for educators and learners and lack of training for school governing bodies. Therefore institutions of higher learning need to be made aware of policies and legal issues related to HIV and AIDS and individuals, including laws that prohibit discrimination in the workplace.

Majority of the respondents (99%) acknowledged that institutional HIV and AIDS policy framework forms a basis for sustainable efforts in addressing the threats posed by the pandemic. It should be noted that, all the respondents (100%) agree to the notion that institutional HIV and AIDS policy creates a sense of shared vision mission on fight against pandemic. Thus the overall goal for the institutional policy on HIV and AIDS should be to develop programmes that enhance HIV and AIDS prevention, care and support interventions for members of staff and students at the institution under study. HIV and AIDS institutional policy framework is necessary because it provides all staff members at an institution with a common reference point. It sets out minimum acceptable standards and is a contract that outlines our rights and responsibilities in our relationship with the demands of the National AIDS policy. It outlines what the institution of higher learning can or cannot do to its staff members in line with HIV and AIDS awareness, prevention and care. Finally it highlights to staff members who are responsible for enforcing and ensuring that things outlined in the policy are adhered to such as setting limits for both the staff and the institution. However, institutional HIV and AIDS policy framework though, is not a final solution as it must also be embedded in practice and culture that supports it at the institution under study.

Institutional policy framework on HIV and AIDS is of value as outlined by UNESCO (2008), as it ensures supportive and safe learning environments that meet the needs of staff and students. Members of staff must be given the opportunity to comment and make input into the policy. Although consultative processes can be time consuming, they are valuable in that they allow a space in which a group of people can work together to define and agree to the policy that will govern their joint work. Processes create consensus and allow all members of the organisation to own the final policy. This is critical when the policy has to be enforced. An effective education sector response to issues that impact on learning, schooling and the school environment requires a comprehensive policy and strategic approach. Institutional policies, environments, services and skills-based education are essential to address the impact of HIV and AIDS (UNESCO, 2008).

HIV and AIDS awareness and prevention activities at institution of higher learning

The second part of the discussion illustrates the second objective of the study that sought to establish how HIV and AIDS awareness and prevention activities are being carried out at the institution. To provide answers to the objective respondents were asked a series of questions whose responses are discussed.

Table 3 Activities done at the institution to raise HIV and AIDS awareness, prevention, care and support of the infected and affected staff (n=105)

Variable(s)	Strongly Agree		Agree		Disagree		Strongly Disagree	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
A. Specialized unit is used for coordinating HIV and AIDS related activities. e.g. clinic	9	8.5	30	28.6	59	56.2	7	6.7
B. Budgetary allocation specific for HIV and AIDS exists	0	0	2	1.9	30	28.6	73	69.5
C. HIV and AIDS awareness activities for staff exist	5	4.8	15	14.3	60	57.1	25	23.8
D. Adequate information on HIV and AIDS available at the institution.	41	39	26	24.8	33	31.4	5	4.8
E. HIV and AIDS activities are integrated into institutional activities	34	32.4	26	24.8	18	17.1	27	25.7
F. Voluntary testing and counselling facility readily available to staff	2	1.9	5	4.8	1	1	97	92.3
G. HIV and AIDS education and awareness campaigns carried out at the institution.	10	9.5	13	12.4	11	10.5	71	67.6
H. Research and community outreach activities on HIV and AIDS are done.	0	0	2	1.9	1	1	102	97.1
I. Information dissemination through pamphlets, seminars or workshops	65	61.9	23	21.9	5	4.8	12	11.4

From the table a significant number of respondents (56.2%) highlighted the absence of a specialised unit, which is used for coordinating HIV and AIDS related activities at the institution under study. With as few as 1.9% and 19.1% of the respondents noting the existence of a budgetary allocation specifically for HIV and AIDS and awareness activities for staff being carried respectively. A significant number of respondents (92.3%) outlined that at the institution under study voluntary testing and counselling facility are not readily available to staff. Very few respondents (39%) strongly agree to notion that information on HIV and AIDS was adequately available to staff members at the institution through pamphlets, seminars or workshops organised by outside organisations. In addition the study further noted that some respondents (32.4%) highlighted strongly that HIV and AIDS activities are integrated into institutional activities. Most respondents (97.1%) strongly disagree with the notion that research and community outreach activities on HIV and AIDS are done at the institution under study.

The findings from the questionnaire concur with what was outlined in an interview:

At the institution HIV and AIDS related activities are mostly held, whenever NGOs and other employer related organisations provide funds for such. To those few targeting staff, not every member of staff participates in such activities as only representatives from each department are involved.

Policy should also be supported by ongoing education and awareness raising and discussions about the issues of HIV and AIDS in the workplace and how it impacts on people's lives. HIV and AIDS should be 'normalised' in the organisation. The fit between policy and the culture of the organisation is a major determinant of success. Learning from implementation is critical. It is also important that processes used and decisions taken be recorded and the impact of these decisions monitored. The measure of impact should look at both the tangible impact (on the resources) and the intangible impact (on the relationships and culture of the organisation). If, and when, policy is altered it is this information and experience that will inform the change. In addition, UNESCO (2008) the sector needs to ensure that there is adequate institutional capacity to implement policy and plans; to mobilise leadership and resources at all levels; to strengthen planning and management skills; to develop workplace policies; to provide appropriate training for educators and curricula for learners; and to implement policies to remove barriers to education. Every person has the right to privacy and confidentiality in relation to their HIV and AIDS status. No institution or workplace is permitted to require a learner or employee to undergo a mandatory HIV and AIDS test. Every person has the right and responsibility to know their HIV status. Individuals have a moral responsibility to protect themselves and others from HIV and AIDS infection. Disclosure is encouraged within a safe, supportive and acceptable environment but is not mandatory in an educational setting. No person may disclose information related to the HIV status of another person, without his or her consent.

Table 4 Challenges encountered at the institution in line with issues to do with activities on HIV and AIDS awareness, prevention, care and support of the infected and affected staff (n=105)

Variable(s)	Strongly Agree		Agree		Disagree		Strongly Disagree	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
A. Inadequate funding to HIV and AIDS education and awareness activities	99	94.2	4	3.8	1	1	1	1
B. Lack of personnel, counsellors and peer educators	5	4.7	7	6.7	15	14.3	78	74.3
C. Resistance among staff to accept pervasiveness of the epidemic	2	1.9	3	2.8	10	9.5	89	84.8
D. Stigma and discrimination	32	30.5	45	42.9	22	20.9	6	5.7
E. Lack of leadership participation and commitment from institution	57	54.3	10	9.5	22	21	16	15.2
F. Lack of time to participate in HIV and AIDS related activities	88	83.8	10	9.5	3	2.8	4	3.8
G. Poor participation in HIV and AIDS related activities by staff	91	86.7	12	11.4	2	1.9	0	0
H. Socio-cultural barriers, secrecy and denial.	75		13		16		1	1
I. Providing ARVs to staff who are positive poses tremendous strain on the limited resources available	100	95.2	5	4.8	0	0	0	0
J. Poor response to Voluntary Testing and Counselling	60	57.1	21	20	19	18.1	5	4.8
K. Handling issues of support and care for the infected and affected	53	50.5	16	15.2	13	12.4	23	21.9
L. Lack of coordinated structure for implementation of HIV and AIDS activities at the institution	73	69.5	12	11.4	11	10.5	9	8.6

Most of the respondents (94.2) strongly agree to the notion that inadequate funding as one of the challenges encountered at the institution in line with issues to do with activities on HIV and AIDS awareness, prevention, care and support of the infected and affected staff. However it can be noted that majority of the respondents (74.3%) and (84.8%) strongly disagree with the idea that lack of personnel, counsellors and peer educators and resistance among staff to accept pervasiveness of the epidemic respectively as being a challenge in activities to do with HIV and AIDS related issues at the institution.

Slightly below half of the respondents (42.9%) are in agreement with opinion that stigma and discrimination is a challenge encountered when dealing with issues to do with HIV and AIDS at the institution under study. This concurs with what was outlined by one respondent during an interview: *There hasn't been a reference point when dealing with issues and cases of HIV. Also there hasn't been uniformity in dealing with such issues. This again results in stigma and discrimination in those who come in the open about their status.*

Thus, fundamental rights at the workplace are affected due to stigma and discrimination of people living with and affected by HIV and AIDS and this, coupled with increased stress and escalating health costs, has inhibited the sector's efforts to achieve (Ministry of Education, Science and Technology, 2013). In addition, most of the respondents (54.3%) and (83.8%) strongly agree to the notion that lack of leadership participation and commitment from institution and lack of time to participate in HIV and AIDS related activities respectively as some of the challenges encountered by staff at the institution under study.

Ministry of Education, Science and Technology (2013) HIV and AIDS remains an impediment to the achievements made in the education sector over time as the pandemic continues to impact negatively on the learners, education sector personnel and community. The capacity of the education sector personnel to deliver quality education is reduced due to the increased number of infected staff, absenteeism and attrition. Stigma and discrimination of learners living with HIV and AIDS have a negative impact on their performance. Every person, whether HIV infected or affected has the right to fair labour practices in terms of recruitment, appointment and promotion. HIV testing as a requirement for continued employment, promotion, training and other benefits is prohibited. Thus if these encountered challenges are not taken care of at the institution under study then it can lead to what was highlighted in a study by Ministry of Education, Science and Technology (2013) on the impact of HIV and AIDS on the education personnel in Kenya, which is profound as it is estimated that a prevalence rate of 14.7% among teachers against a national population prevalence of 7.8%. At any given time 1.5% of all

Kenyan teachers are out of school due to HIV and AIDS related illnesses, this translates to 2.1% loss of contact hours in institution (Ministry of Education, 2012).

Strategies that can be used to reduce negative effects on failure to have HIV and AIDS institutional policy framework

The third part of the discussion illustrates the third objective of the study that sought to find out strategies that can be used to reduce the negative effects of failure to have an institutional policy framework on HIV and AIDS. To provide answers to this theme respondents were asked a series of questions whose responses are discussed.

Table 5: Strategies used to reduce the effects of failure to have an institutional policy framework on HIV and AIDS (n=105)

Variable(s)	Strongly Agree		Agree		Disagree		Strongly Disagree	
	(n)	(%)	(n)	(%)	(n)	(%)	(n)	(%)
A. In view of limited resources, the institution to embark on fewer but more tightly focused activities to educate as well as support the infected and affected by the epidemic	85	81	15	14.3	3	2.8	2	1.9
B. Mainstream HIV and AIDS into institutional activities	56	53.3	13	12.4	11	10.5	25	23.8
C. Institutional leadership should provide guidance in the fight against the epidemic	81	77.1	7	6.7	12	11.4	5	4.8
D. Network with other institution, with the aim of sharing experiences in the best practices	76	72.4	26	24.8	3	2.8	0	0

Regarding strategies which can be used to reduce negative effects on failure HIV and AIDS institutional policy framework, most of the respondents (81%) propose that the institution should embark on activities more tightly focused on awareness, prevention as well as support the infected and affected by the epidemic.

The above findings on the strategies which can be employed reduce the effects of failure to have an institutional policy framework on HIV and AIDS concur with those from the interview:

Organise activities at department level on HIV and AIDS related issues as this will capacitate lecturers to provide psycho-social counselling to their colleagues. It reduces incidences of stigmatization and discrimination of those who are infected. All can only be possible if the institutional leadership is supportive of the HIV and AIDS activities targeting staff.

Slightly more than half of the respondents (53.3%) strongly agree to the idea of mainstreaming HIV and AIDS into institutional activities. 72.4% of the respondents advocate for networking with other institution, with the aim of sharing experiences in the best practices in HIV and AIDS awareness, prevention and care of the affected and infected.

The findings of this section concur with Mupa (2012) who noted that authorities should monitor and evaluate the implementation of the HIV and AIDS policy in education institutions, and assist with capacity building, training and implementation of the same through the provision of the provision of adequate knowledgeable. In an institutional environment the leader, mobilizes resources from other interested players in the fight against the HIV and AIDS pandemic. Through supervision the institutional leadership identifies training needs within the staff members in as far as the HIV and AIDS awareness, prevention and care are concerned. Senge cited in Bowring-Curt and West-Burnham (1997) argues that educative leaders need to be much more than merely “running the company” in their life’s work as they should act as vehicles for bringing learning and change in society, he or she should act as steward. The leader is there to assist staff members and students to learn, change and grow. For effective implementation of HIV and AIDS, leadership should involve all stakeholders so that the necessary change in behaviour among staff and society is achieved.

Conclusion

An institutional HIV and AIDS policy was acknowledged to be an important framework guiding activities on education and training related to the epidemic. From the findings it was noted that, even in the absence of an institutional HIV and AIDS policy framework, the respondents were aware of the dangers posed by the pandemic. However challenges are encountered in issues to do with prevention, care and support of the infected and affected staff, resulting in high vulnerability level of staff to the pandemic. Having an institutional policy to provide framework for the effective operation in fight against the epidemic through provision of adequate information, education and training is recommended. Thus with this notion it is probable that stigmatization and discrimination indignations may be curtailed.

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