

AN EXPLORATION OF UNDERGRADUATE NURSING STUDENTS' EXPERIENCES OF AN HIV/AIDS SUPPORT GROUP AND IT'S ACTIVITIES

By
Nqabisa Lucia Sixaba



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Supervisor: Janet Bell

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Declaration

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Abstract

The Human Immunodeficiency Virus infection (HIV) and Acquired Immunodeficiency Syndrome (AIDS) are critical concerns worldwide; this is particularly true of South Africa. The consequences of HIV infection and complications of AIDS are a challenge that extends into the nursing profession and into the community of student nurses. Support groups can form an important part in educating nursing students about HIV and AIDS, as well as in supporting nursing students through the processes of counselling, testing and managing the physical, as well as other impacts of this syndrome.

When considering the current situation at an Eastern Cape nursing college and the literature reviewed on this topic, the research question posed for this study was: 'Why is the support offered by the HIV support group to the nursing students having such a limited effect on the students' motivation to participate in HIV counselling and testing (HCT) and support activities to de-stigmatise HIV/AIDS?'

The aim of this study was to explore and describe the nursing students' experiences and perceptions of the support group activities in order to improve the relevance of this initiative for students.

The objectives of this study were to

- Explore and describe the student's experiences and perceptions of the support group activities
- Identify and describe the student's expectations of the support group.

A qualitative approach with an exploratory and descriptive design was used to elicit data to answer the research question. Ethical approval was obtained from the Health Research Ethics Committee and access to the college campus was obtained through the appropriate authorities. The accessible population for this study were 1st, 2nd, 3rd, and 4th year students at one campus of the provincial nursing college in the Eastern Cape. In-depth individual interviews were conducted with eight participants who met the study inclusion criteria of having had experience of the support group

and its activities. Interviews were recorded and transcribed by the researcher. Content analysis was used to analyse the interview data through applying Tesch's eight steps of analysis.

Data analysis revealed that participants did not experience the support group as helpful; although they had joined the support group they remained fearful of receiving test results and what their future may hold should they be diagnosed as being HIV positive. The participants experienced rejection and discrimination by the support group committee members; they also identified that the committee displayed hypocritical behaviours and a lack of respect for confidentiality of information which further undermined the functioning and influence of the group. Results revealed that joining the support group means one is automatically stigmatised as being HIV positive. The support group committee members were seen to be inaccessible having only limited communication with participants.

Recommendations from the study were to hold personal and group development sessions for the committee and interested students to assist them in learning how to manage ethical issues related to counselling and testing, how to conduct effective campaigns to de-stigmatize HIV/AIDS, and to determine clearly what the purpose of this particular group is that it may better meet the needs of the student group.

Limitations of this study were that the qualitative research approach that was applied limited the generalisation of the findings. The study focused only on experiences and perceptions of the undergraduate nursing students on one campus of the nursing college about the support group and its activities. Thus, the study offered an initial insight into the current negative perceptions of students towards the support group and offered a foundation for further investigation.

In conclusion, experiences and perceptions of the support group were explored and elaborated on. Currently, the support group does not offer the support the students would like to be available as the fundamental functioning of the group is compromised by a lack of trust between students and the committee members.

Opsomming

Die menslike immuungebreksvirus (MIV) en verworwe immuuniteitsgebreksindroom (VIGS) is wêreldwyd kommerwekkende aangeleenthede, veral met betrekking tot Suid-Afrika. Die gevolge van MIV-infeksie en komplikasies van VIGS is uitdagings wat die verpleegberoep en die verpleegstudente-gemeenskap met verreikende gevolge raak. Ondersteuningsgroepe kan 'n belangrike rol speel om verpleegstudente in verband met MIV en VIGS op te lei, asook om ondersteuning te bied deur middel van die prosesse van berading, toetsing en die bestuur van die fisiese en ander gevolge van die sindroom.

Toe die huidige situasie by 'n Oos-Kaapse verpleegkollege, asook die literatuuroorsig oor die onderwerp in oënskou geneem is, is die navorsingsvraag vir die studie gestel: "Waarom het die ondersteuning wat deur die ondersteuningsgroep aan die studentverpleegsters aangebied word so 'n beperkte effek op die studente se motivering om deel te neem aan MIV-berading en toetsing, asook ondersteuningsaktiwiteite om MIV/VIGS te destigmatiseer?"

Die doel van hierdie studie was om die verpleegstudente se ervarings en persepsies van die ondersteuningsgroep se aktiwiteite te ondersoek en te beskryf, ten einde die relevansie van hierdie inisiatief vir die studente te verbeter.

Die doelwitte van hierdie studie was om die student se:

- ervarings en persepsies van die ondersteuningsgroep se aktiwiteite te ondersoek en te beskryf
- verwagtinge van die ondersteuningsgroep te identifiseer en te beskryf.

'n Kwalitatiewe benadering met 'n ondersoekende en beskrywende ontwerp is gebruik om die data aan die lig te bring om sodoende die navorsingsvraag te beantwoord. Etiese goedkeuring is van die Universiteit van Stellenbosch se Gesondheidsnavorsingsetiekomitee verkry en toegang tot die kollege-kampus is deur die betrokke owerhede verleen. Die toeganklike bevolking vir die studie was eerste-, tweede-, derde- en vierdejaarstudente by een kampus van die provinsiale

verpleegkollege in die Oos-Kaap. Deurtastende individuele onderhoude is met agt deelnemers gevoer wat aan die studie se inklusiewe kriteria voldoen het en wat ondervinding het van die ondersteuningsgroep en hul aktiwiteite. Data is deur die navorser opgeneem en getranskribeer. Inhoudelike analise is gebruik om die data van die onderhoud te analiseer deur Tesch se agt stappe van analise toe te pas.

Analise van die data het aan die lig gebring dat deelnemers nie die ondersteuningsgroep as behulpsaam ervaar nie. Ten spyte van aansluiting by die ondersteuningsgroep bly hulle angstig vir wanneer toetsresultate ontvang moet word en wat dit vir hul toekoms mag inhou indien hulle MIV-positief gediagnoseer word. Die deelnemers het verwerping en diskriminasie deur die ondersteuningsgroep se komitee-lede ervaar; hulle het ook skynheilige optredes en 'n gebrek aan respek vir vertroulikheid van inligting wat die funksionering en invloed van die groep verder ondermyn, geïdentifiseer. Resultate het aan die lig gebring dat aansluiting by die ondersteuningsgroep beteken dat hulle outomaties gestigmatiseer word as MIV-positief. Die komitee van die ondersteuningsgroep word gesien as ontoeganklik met beperkte kommunikasie met die deelnemers.

Aanbevelings vanuit die studie sluit in die opvoeding en die ontwikkeling van 'n komitee en belangstellende studente om etiese kwessies te bestuur wat verband hou met berading en toetsing, veldtogte om MIV/VIGS te destigmatiseer en om duidelik te bepaal watter tipe ondersteuningsgroep hierdie betrokke groep moet nastreef om te wees.

Beperkings van hierdie studie is dat 'n kwalitatiewe navorsingsbenadering toegepas is wat die veralgemening van die bevindings beperk het. Die studie het slegs gefokus op ervaringe en persepsies van die voorgraadse verpleegstudente op een kampus van die verpleegkollege aangaande die ondersteuningsgroep en hul aktiwiteite. Sodoende, gee die studie 'n aanvanklike insig in die huidige negatiewe persepsies van studente oor die ondersteuningsgroep en bied ook 'n grondslag vir verdere ondersoek.

Ten slotte, ervaringe en persepsies van die ondersteuningsgroep is ondersoek en daarop uitgebrei. Tans bied die ondersteuningsgroep nie die ondersteuning wat die

studente benodig nie, vanweë die fundamentele funksionering van die groep se gebrek aan vertrouwe deur studente in die komitee-lede.

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Abbreviations

AIDS	Acquired immunodeficiency syndrome
HCT	HIV counselling and testing
HIV	Human immunodeficiency virus
MoHSS	Minister of Health and Social Services
PLWHA	People living with HIV/AIDS
WHO	World Health Organisation

Definition of Terms

Human Immunodeficiency Virus

It is a virus that causes suppression that leads to destruction of the human immune system (Department of Health, 2010: 9).

Acquired Immunodeficiency Syndrome

Acquired Immunodeficiency Syndrome is when the HIV-related immune-deficiency is so severe that various life-threatening, opportunistic infections and cancers occur because of weakened immune system (Evian, C. 2011:14).

HIV Counselling and Testing

It is an intervention which gives the client an opportunity to be educated and supported to explore his/her HIV status, HIV prevention and treatment combined with testing (Department of Health, 2010:9).

Nursing Student

According to the Nursing Act, 2005 (Act No. 33 of 2005), chapter 2, section 43 (2), a learner nurse is a person who is following a programme of study in a nursing education and training institution. For the purpose of this study a learner nurse is referred to as a student, student nurse or nursing student. (Nursing act no.50 of 1978 as amended by act no 33 of 2005)

Nursing college

Nursing college refers to a post-secondary educational institution which offers professional nursing education at basic and post-basic level where such nursing education has been approved (SANC Regulation no. R425:1985).

Social Support

Social support is the perception and actuality that one is cared for, has assistance available from other people, and that one is part of a supportive social network. These supportive resources can be emotional, tangible, informational or companionship and intangible (Uchino, 2004:16-17).

Support group

A support group is a group with mutual sharing of similar, difficult experiences and which usually provides members of a group with some relief (Baumann, 2007:618).

Support group activities

These are activities that are provided by support groups and the sharing of information or help people to cope with traumatic experiences (Baumann, 2007:617).

HIV Disclosure

Disclosure is a process whereby a client discloses or shares the results of his or her HIV status with their significant others (partner, family, trusted friend, community members or care givers), for the purpose of gaining support from n the significant other from an emotional perspective, as well as for healthy lifestyle choices that include active prevention of the spread of HIV either vertically or horizontally (Department of Health, 2010:7).

Stigma

Stigma is defined as those negative attitudes or perceptions by members of society towards individuals who are known or perceived to be infected by a condition such as HIV and AIDS (Department of Health, 2003:14).

Chapter 1 ORIENTATION TO STUDY

1.1 INTRODUCTION AND BACKGROUND

The Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) pandemic continue to have a broad significant impact worldwide and in South Africa. The consequences of HIV infection and complications of AIDS are a challenge that also impacts on the nursing profession, and more specifically, the community of student nurses.

Currently 6.4 million people in South Africa live with HIV infections in sub-Saharan Africa and 18% of the global burden (South African National HIV Survey, 2012, 195). Sub-Saharan Africa remains the epicentre of the epidemic and accounts for nearly 70% of the world burden of HIV and AIDS. South Africa is the worst affected country with an estimated 6.1 million people living with HIV in 2012. This is the largest number of People Living with HIV in one country in the world. The prevalence of people living with HIV in South Africa increased from 10.6% in the 2008 HIV Household Survey, to 12.3% in 2012 (National Department of Health, South African National HIV Survey, 2012: 195). According to Shisana (2004:6), on completion of an investigation regarding HIV/AIDS prevalence among South African healthcare workers employed in all types of healthcare facilities in four South African provinces, 595 participants in a sample of 721 were living with HIV/AIDS in 2002; furthermore, there was a higher prevalence rate of 20% among younger healthcare workers between the ages of 18-35 years (Shisana, 2004:6).

Healthcare workers are dying as a consequence of HIV-related illness (Bateman, 2007:510) reports that one in seven nurses / nursing students in the public sector are HIV-positive (14.3%) and more nurses are suffering from full blown AIDS than are graduating from nursing programmes. Shisana et al (2004:6) reported that 2 745 nurses developed AIDS or opportunistic infections annually, and called for an immediate targeted national programme to prevent new infections by offering counselling, testing and ART for every health worker whose CD4 count is under 350.

The country has managed to increase the number of people on antiretroviral treatment (ART), which has led to a decrease in AIDS mortality and an increase in life expectancy and the key finding from the 2012 survey was that over 2 million people were on antiretroviral (ARV) treatment by mid-2012 (Johnson, Mossong, Dorrington, Schomaker, Hoffmann, Keiser, Fox, Wood, Prozesky, Giddy, Belen Garone, Cornell, Egger & Boulle (2013;UNAIDS, 2012 p xx).

The nursing college under study is located in the Eastern Cape. The college comprises five campuses in five separate towns. There were 1 929 students registered for the four year comprehensive diploma programme in nursing in the 2010 academic year. The purpose of the programme is to prepare undergraduate students over 4 years of study to meet the requirements for professional registration as a nurse by the South African Nursing Council as outlined in Regulation, No. R425, of 22 February 1985 as amended (SANC Regulation R425:1985).

HIV/AIDS among student nurses is a reality at the nursing college with nine students having died of AIDS- related complications between 2010 and 2011 (College Senate Report, 2010:1). This reality has been influenced by a number of contributing factors including financial considerations, fear of stigmatisation, and the freedom of independent living for the first time after 12 years of schooling (Strydom & Strydom, 2002:263).

Financial considerations are critical for a school-leaver choosing to enter the profession of nursing. Recruitment of student nurses can be influenced by poverty as all successful applicants receive a monthly stipend of R4 100 to cover the expenses of tuition (Eastern Cape Department of Health News, 2007:1). This stipend is influential in recruiting students from families in which either one or both parents are unemployed (Bezuidenhout, 2008:201). The poverty rate in the Eastern Cape is reported to be 68.7%, the highest poverty rate in the country that is also accompanied by a high prevalence of HIV/AIDS (Majumdar & Mazaleni, 2010:2).

Student recruitment is targeted according to the healthcare needs of the Province of the Eastern Cape (Eastern Cape Department of Health News, 2007:1). In 2012 the bursary profile for academic year 2013 was approved according to Doctor Crichton.

.At the nursing college, bursaries were allocated based on vacancy proxies that were significantly biased to rural areas. (Eastern Cape Department of Health News, 2012: 3). Due to many factors, including HIV/AIDS, not all the students who are accepted into the programme actually either complete the programme or become professional nurses. Applicants are not required to reveal their status prior to or after acceptance into the programme. From the researcher's personal experience of working with nursing students, successful applicants who do know their status will usually not reveal this since they fear being stigmatised by lecturers and fellow students (own experience).

Stigma has been identified as an important factor at the start of the HIV/AIDS epidemic which impacts on the rapid transmission of the disease (Akpa, Adeolu-Olaiya, Oulsegun-Odebiri & Aganaba, and 2010:19). Stigma is defined as an attribute or quality which is significantly discredits an individual in the eyes of others (The policy project South Africa, 2003). Lack of education with regard to HIV and lower economic status contribute to the development of stigma around HIV status which may result in delayed access to treatment and poor adherence to medication (Goudge, Ngoma, Manderson & Schneider, and 2009:94). Adedimeji (2009:16) noted that the main reason for non-disclosure is stigma and being frightened of the outcome of disclosing it. HIV-related stigma is multi-layered tending to build and reinforce negative connotations through the association of HIV/AIDS with already marginalised behaviours such as sex work, drug use, homosexual and transgender sexual practice (Parker & Aggleton, 2003: 7).

Stigma is often internalised by people living with HIV, for example if society is ashamed of the individual, the person feels ashamed of himself which result in decreased self-esteem, feeling dirty, ashamed, and depressed. A study conducted in Cape Town, South Africa, reported that 30% of people with HIV admitted to being depressed (Simbayi, Kalichman, Strebel, Cloete, Hendra & Mqeketo, 2007: 1829).

The accommodation provided for nursing students (the so-called 'nurses home') has been declared a high risk environment because students often live independently from their parents for the first time in their life. Resident students practise

promiscuous behaviours and become infected during experimental sex with multiple partners as they do not use condoms (Kelly, 2001:10).

In response to these and other possible contributing factors, an HIV-positive student initiated a support group to inform, assist and support fellow students with regard to HIV infection and AIDS in 2003. The support group was formed in order to become a group of people who share a common objective. During the amalgamation of nursing colleges in the Eastern Cape in 2004 the various similar student groups offering support related to HIV/AIDS also amalgamated to form the current support group (Department of health, 2003:1). This support group conducted campaigns in conjunction with a local university in order to support the de-stigmatising of HIV/AIDS amongst nursing students. Other activities conducted have included candle lighting ceremonies in remembrance of those who had died of HIV/AIDS, and honouring HIV/AIDS event days, e.g. World AIDS Day. People living with HIV/AIDS (PLWHA) were invited to provide motivational speeches.

Membership of the support group is voluntary. The support group works together with the Student Representative Council (SRC). The committee of the support group comprises of twelve members. The structure of the committee comprises of a chairperson, deputy chairperson, secretary, deputy secretary, one coordinator and seven additional members. There is no treasurer because the committee is not dealing with any financial issues. The committee should meet once a month, but sometimes do not meet at all due to the challenges of the course. The support group plan their programme at the beginning of the year. Community outreach is conducted with the neighbouring schools where peer group teaching is exercised. The researcher assists the committee to co-ordinate activities by inviting professional people from outside the college, conducts counselling and refers a student to a relevant facility for example psychologist with the student's permission. She also organises condoms and HIV pamphlet information distribution at the college. She informs the campus head if there is a student who is sick or admitted to hospital. .

Despite the efforts of the support group to de-stigmatise HIV and encourage voluntary testing for HIV, students at the nursing college remain reluctant to make

use of HCT offered, many students become infected with HIV and dying of HIV/AIDS-related conditions. For example, in 2009 the support group organised HIV Counselling and Testing (HCT) for the student body but only 3 % of students registered at the college participated in HCT, of whom three students were diagnosed as HIV-positive. Despite the campaigns organised by the support group, seven students died of AIDS – related illnesses in 2010 (College Senate Report, 2010:1), two students in 2011 (College Senate Report, 2011:1) and another two students died in 2012 (College Senate Report, 2012:1).

The lecturers at the college had also observed a high absenteeism rate which may have been due to AIDS related opportunistic infections. The prevailing morbidity rate resulted in high absenteeism due to long periods of hospitalisation and other factors. Poor academic performance was an inevitable consequence with 52 students on one campus alone failing the academic year in 2011, possibly influenced by lengthy periods of absence from class. The impact of HIV/AIDS could be felt even by the Department of Health. The local newspaper reported in 2010 that the Eastern Cape Province had the highest rate of students with HIV/AIDS (Daily Dispatch, 2010:1).

The impact of HIV/AIDS amongst student nurses will affect the Eastern Cape Department of Health's ability to offer adequate healthcare services. If the target for student nurse enrolment and completion is not achievable due to HIV/AIDS- related diseases, there will be fewer healthy and competent registered nurses to implement the healthcare services in the Eastern Cape.

1.2 RATIONALE

In 2010 and 2011 a number of student nurses died of AIDS -related diseases at the nursing college, with the academic performance of many more students appearing to have been impacted by illness and absenteeism possibly related to HIV and AIDS. This situation exists despite HCT and support being offered by the support group programme. HIV/AIDS is no longer considered a death sentence with antiretroviral treatment (ART) and lifestyle changes positively impacting on how those infected with the virus are able to manage for their health. Effective support groups are an

important resource to HIV infected persons (Department of Health, 2003:92).The support programme of the support group has an important role to play in assisting and educating students at the nursing college.

1.3 PROBLEM STATEMENT

Despite the establishment of an HIV support group at a nursing college, absenteeism, morbidity and poor performance amongst students has increased over the past few years partly as a result of HIV infection. The purpose of the support group was to assist students to access valid information about HIV/AIDS, as well as any counselling, testing or assistance they needed in relation to the virus or syndrome. The support group at the nursing college claimed to have provided a reliable and trustworthy environment for students to seek assistance, but students had indicated a reluctance to engage with the services offered by the support group, or participate in the activities arranged by the group. Thus a useful structure in combatting the impact of HIV/AIDS in a student community was lost. It is necessary to understand the reasons behind the students' reluctance to engage with the support group in order to reconfigure the support group and its activities such that it may become more effective in achieving its claimed purpose.

1.4 RESEARCH QUESTION

Based on the above discussions and problem statement, the following question is posed:

What are the nursing students' experiences and perceptions of the activities of the support group?

1.5 RESEARCH AIM

The aim of this study was to explore and describe the nursing students' experiences and perceptions of the support group's activities in order to improve the relevance of this initiative for students.

1.6 RESEARCH OBJECTIVES

The objectives of this study were to:

- Explore and describe the student's experiences and perceptions of the support group's activities
- Identify and describe the student's expectations of the support group.

1.7 SIGNIFICANCE OF THE STUDY

This study offered an in-depth understanding of how the student nurses perceived and experienced the activities offered by the support group. This insight can be used by the support group committee to engage with the particular concerns of the students to reconfigure and improve planned activities and support services to better achieve the purpose for which the support group was established. College management structures can use the outcome of this study to identify specific learning opportunities to develop committee members and other interested students and provide more effective support to the support group committee and by extension the nursing student body.

1.8 RESEARCH DESIGN AND METHODOLOGY

The research design refers to the research plan, essentially what the researcher did to solve the problem or to answer the research question (Brink, Van der Walt & Van Rensburg, 2012:199). The research design, population and sample, setting, the data collection and data analysis will be discussed in the following sections.

1.8.1 RESEARCH DESIGN

A qualitative design was applied in this study to explore the student's experiences of the activities and initiatives offered by the support group. A qualitative design allowed an interactive, systematic and subjective approach to describe the experiences of students and to elaborate on the meaning of these (Burns & Grove, 2009:22). An exploratory, descriptive approach was used. An exploratory approach was appropriate because the researcher wanted to gain insight into a situation about

which little was known. A descriptive approach allowed the researcher to give specific details of the student's experiences and the various relationships within these. The researcher learnt about and described the meaning of the student's experiences by means of focussed dialogue (De Vos Strydom & Delport, 2005:252).

1.8.2 POPULATION AND SAMPLING

The population for this study was the undergraduate nursing students enrolled at a nursing college in the Eastern Cape. The accessible population for this study were 1st, 2nd, 3rd and 4th year diploma nursing students at one campus of a nursing college in the Eastern Cape. The particular campus was purposively selected because it was the largest and it was where most of the support group's activities were implemented. A purposive sampling technique was utilised to select possible participants. Purposive sampling was relevant to this study because the researcher selected participants who gave specific insights into the concerns of this study. Specifically these were the undergraduate students with experience of the support group's activities and who were willing to participate as they would be able to provide in-depth insight into their own experiences and perceptions of the support group (Burns & Grove, 2009:355).

In order to limit bias, undergraduate students who were committee members of the support group were excluded from the sample. The committee members were excluded because they drove the activities and behaviour of the support group that were under study, which may have resulted in a bias in the collected data.

After approval to conduct the study was obtained from the Department of Health, the college Principal and the Campus Head, students were made aware of the study by the researcher by providing an explanation to each year group during class time.

After the study purpose and methodology had been outlined to the students, those wishing to participate were provided with a contact telephone number. There were eight students who were willing to participate and approached the researcher telephonically. The participation slips were placed in a sealed letter box that would be opened by the researcher in a private office and kept in a locked cupboard. The

researcher contacted eight students who indicated their willingness to participate individually to arrange a date and time to conduct the interview. A final sample size of eight participants was used and this allowed the researcher to analyse and understand similarities and differences within a specific setting. The final sample size -was determined by data saturation whereby participants were included until no new data was elicited from the participants regarding the phenomenon under study (Burns & Grove, 2009:361).

1.8.3 DATA COLLECTION

Data gathering was done through conducting semi-structured in-depth individual interviews with participants. This method of data collection was appropriate for the study because it enabled the researcher to gain rich data about individual experiences but also protected the participant's identity as the participants were vulnerable to peer pressure and possible stigmatisation through their participation in the study. The researcher's goal was to understand the meaning of the experiences as described by the participant (LoBiondo-Wood & Haber, 2010:102).

1.8.3.1 Interview guide

An interview guide was utilised to provide structure to the interviews.

The following questions were used to guide each interview:

- Think about the activities organised by the support group. Which of these activities have you participated in/not participated in? Tell me about your experiences of these activities at the college.
- How do you think the support group's programme could be improved to encourage students to participate and use its services?

These questions were used to ensure that the data collected enabled the researcher to meet the study objectives and aim. Additional probing questions were used as appropriate during each interview depending on the data shared by the participant.

A pre-test was done to investigate the feasibility and appropriateness of the data collection instrument (Brink, 2012:175). An in-depth interview with one

undergraduate student was conducted as a pre-test of the interview guide to identify any shortfalls before the actual data collection started. The interview setting, process and guide were tested for clarity, relevance, grouping and effectiveness of the questions. No changes were made to the interview setting, process or guide after the pre-test session.

The interviews were recorded on a tape recorder with a backup recorder to overcome technical problems. The room or the venue was prepared to offer a warm and friendly environment that also ensured the participants' privacy.

The researcher took notes during the interview to inform the transcription of recordings and noted non-verbal communication that would assist in identifying specific themes. The interviews were conducted in English as this was a common language for all possible participants. The interviews were transcribed verbatim from the session recordings with accuracy. The interview questions were relevant and appropriate for the research questions and study aim, thus enabling the researcher to generate the most appropriate response from the participants and minimizing any possibility of confusion.

1.8.4 DATA ANALYSIS

Data analysis is a process of unearthing meaning to the gathered data (Burns & Grove, 2009:536).

The data was transcribed and analysed using Tech's eight steps of data analysis as described in De Vos, Strydom, Fouche' & Delpont (2004:331). The data analysis is described in detail in chapter three. A preliminary analysis of data belonging to each category was done by assembling categories in one place. The data in each category was grouped together (De Vos et al. 2004:343).

This data analysis was done with the help of the supervisor to ensure credibility, that is, data was checked to see if re-coding was necessary. This topic has been discussed further in chapter 3.

1.9 TRUSTWORTHINESS

For the purpose of this study validity of the data was assured by applying the four principles of trustworthiness as described by Lincoln and Guba (1985) in De Vos et al. (2004:331). These principles include transferability, dependability, confirmability and credibility. A detailed description of how these principles were applied in this study is provided in chapter 3.

1.10 ETHICAL CONSIDERATIONS

The ethical conduct of research had been a focus since the 1940s because of mistreatment of human subjects in selected studies (Burns & Grove, 2009:184). The researcher was compelled to conduct this study in an ethical manner as failure to do so could have negative results (Brink, 2012:32).

The population in this study was considered a vulnerable population because it involved student nurses who through participation in discussing a sensitive topic may have been open to negative behaviours from other students (Meyer, Naude' & Van Niekerk, 2004:281). The proposal was submitted to the Human Research Ethics Committee at the Faculty of Medicine & Health Sciences, Stellenbosch University for ethical approval which was granted, and no S12/11/285. Permission was obtained from the Head of the nursing college to access the student population after the ethical approval was obtained.

1.10.1 CONFIDENTIALITY

During the interviews there was no other person present other than the researcher and participant to ensure participant confidentiality. The recorded and transcribed data from the interviews was kept locked in a safe and secure place in the researcher's permanent place of residence and will be kept for at least five years and be destroyed thereafter.

Pseudonyms were used to identify the recordings and transcripts with only the researcher having access to the list connecting participant names and pseudonyms. Only the researcher and the study supervisor had access to the recorded and

transcribed interviews. No names were used during publication of results. It remains the researcher's responsibility to prevent relevant data collected during the study from being made available to other persons (Brink, 2012:35).

1.10.2 PRIVACY

The researcher respected the participant's right to privacy as they had a right to determine which private information should be shared or withheld from others.(Brink, 2012:35). When conducting individual interviews strict conditions to ensure privacy were maintained. A private venue was used and interviews were scheduled so that participants were not at the venue at the same time.

1.10.3 ANONYMITY

Participant's names were not used, pseudonyms were allocated. In this study only the researcher should be able to identify participants in the tape recordings (Brink, 2012:35). Participants were asked to choose a pseudonym with which their data would be identified; only the participant and researcher would be aware of that pseudonym. A venue was used so that participants did not come into contact with each other and interviews were scheduled in a way that participants did not have an opportunity to identify each other.

1.10.4 INFORMED CONSENT

In this study written informed consent was obtained from each participant before each interview, including consent to record interviews. The researcher had an obligation to ensure that each respondent was well informed through a detailed explanation of the study ensuring respondents' right to self-determination meaning that they could withdraw at any stage without any penalty (Burns & Grove 2009:189). Permission and consent was obtained from the nursing college and the Department of Health in the Eastern Cape to conduct the study.

1.11 CONTRIBUTION OF STUDY

Results will contribute to the improvement of the support group programme to encourage students to participate and use its services. The support group may

become a useful resource and effective for students by creating trust and becoming better able to influence students through educating about HIV/AIDS and providing support to those living with HIV or AIDS.

1.12 DISSEMINATION OF RESEARCH FINDINGS

Findings will be presented to the support group committee and to the head of the nursing college. The study findings will also be shared with the participants. The purpose of disseminating the study findings to this audience is to create awareness about the improvements to be applied according to the undergraduate nursing students' needs, the college head, campus head and the Eastern Cape Department of Health. Opportunities to present the study findings to a wider audience as in discussion groups or as an oral presentation will be utilised.

1.13 STUDY LAYOUT

Chapter 1: Introduction to the study

Chapter 2: Literature review

Chapter 3: Research Methodology

Chapter 4: Data analysis and discussion

Chapter 5: Recommendations and Conclusion

1.14 CONCLUSION

The HIV/AIDS support group programme seemed not to be an effective strategy in preventing AIDS related deaths amongst the nursing college student nurses. In this study the experiences and perceptions of the activities offered by the support group were explored and described to gain understanding of how the group activities could be made more relevant to the student population to provide the needed support to students.

Chapter 2 LITERATURE REVIEW

2.1 INTRODUCTION

According to Burns & Grove (2005:37, 93-95), a literature review is an organized written presentation of what has been published on a topic of study by scholars. It is conducted to generate a picture of what is known about a particular situation and the knowledge gaps that exist in it. Through literature review, the researcher is able to clarify which problems have been investigated, require further investigation or replication or have not been investigated at all. Its purpose in a quantitative research is to direct the development and implementation of the study by aiding the researcher in designing the study and interpreting the outcomes in comparison to prior research (Burns & Grove 2005:37, 93-95).

Thus, the aim of this literature review is to offer a discussion of the relevant literature regarding HIV/AIDS, the disease and its impact within student populations, as well as the application of support groups for and within the population diagnosed with this disease.

HIV continues to have a significant influence on life since its discovery in the previous century. New research has found that HIV diversified from chimpanzees to humans and can be dated to the beginning of the twentieth century (Evian, 2010:6). Worobey and colleagues reported that the diversification of HIV-1 occurred long before the AIDS pandemic was acknowledged, this claim being made after evolutionary genetic studies were conducted on a specimen obtained from an adult woman from the Congo in 1960 (Worobey, Gemmel, Teuwen, Haselkor, Kunstman, Bunce, Kabongo, Kalengayi, Muyembe, Van Mark, Gilbert & Kolinsky, 2008:661). The Human immunodeficiency virus (HIV type 1), is responsible for the global pandemic experienced today. HIV-1 is a rapidly evolving virus (Wilson, Cotton, Bekker, Myers & Maartens, and 2008:16). The virus is mostly transmitted through sexual transmission or the sharing of drug paraphernalia by intravenous drug users (Quinn, 2008:7).

2.2 SELECTING AND REVIEWING THE LITERATURE

The process of reviewing literature for this study was done over a period of twenty-four months, continuously developing as new ideas were explored. The sources used in this literature search were predominantly published from 2001 to 2014. The guiding underpinning of the review was to make the researcher aware of the existing knowledge in the topic area (Brink, 2012:7). The researcher accessed a number of electronic databases during the literature search, namely: Sage, Science Direct and Pubmed. Key words used in the search were:

- nurses and HIV
- student nurses and / or university/college students and HIV
- stigma and/or stigmatism
- Support groups.

The majority of the literature selected as relevant was pertinent to the nursing environment. The literature reviewed also overlapped with the social sciences which were found to be beneficial (Bezuidenhout, 2008:206). Additional resources were identified through article reference lists and text books were also utilised.

2.2.1 FINDINGS FROM THE LITERATURE

Achievements of global HIV response over the last 10 years have been extraordinary. The incidence of HIV infection declined by more than 25% between 2001 and 2009 in 33 countries (WHO 2008a global report). At the end of 2010 more people in South Africa were receiving antiretroviral therapy in low and middle countries. South Africa is believed to be the country with the fastest growing Human Immunodeficiency Virus (HIV) epidemic in the world. (Coombe, 2002:236). The rapid spread of HIV throughout South Africa has created a burden on the already overburdened and underdeveloped public healthcare delivery system. Hospitals and tertiary care facilities are becoming increasingly unable to care for their HIV/AIDS patients (Majumdar & Mazaleni, 2010:1).

Studies have established that HIV has a prevalence of 20% amongst healthcare workers between 18 and 35 years and 15.9% in those between 25 and 35 years of

age (Human Resources for Health, 2009:7), This has a serious impact on the healthcare workforce resources for future generations of South Africans.

The prevalence of HIV infection amongst healthcare workers based on CD4 count in a public health system in two hospitals in Gauteng was estimated at 16.2%; with one out of 7 nurses and nursing students in this public sector being HIV-positive. A high proportion of healthcare workers had CD4 counts below 35 cells/ul, and many were already eligible for antiretroviral therapy under South African treatment guidelines (Connelly, Veriava, Roberts, Tsotetsi, Jordan & De Silva, 2007:115). This supports findings from a study by Shisana (2004:6). When investigating HIV/AIDS prevalence among South African healthcare workers employed in all types of healthcare facilities in four South African provinces, it was found that 595 participants out of a total participant sample of 721 were living with HIV/AIDS in 2002. More concerning was the high prevalence rate of 20% among younger healthcare workers between the ages 18-35 years (Shisana, 2004:6).

The consequences of HIV infection and complications of AIDS are a challenge that also reaches into the nursing profession, and more specifically, into the community of student nurses. This also includes university and college students.

The findings from the reviewed literature are described in detail under the following sections:

- Nurses and HIV/AIDS
- Student nurses and HIV/AIDS
- University/ college students and HIV/AIDS
- Stigmatism
- Support groups

2.2.2 NURSES AND HIV/AIDS

HIV affects the health delivery system in various ways. Ill health and death amongst those diagnosed with HIV/AIDS have increased at all levels, thus increasing the demands of service provision and work load on other healthcare workers as the

disease progresses in those who are HIV positive Jackson, (2002) in Pendukeni (2004:11).

The Ministry of Health and Social Services (MoHSS, 2003:14) also reports that healthcare workers have become overloaded with work as a result of increased number of HIV/AIDS patients and that they are unable to provide adequate nursing care to patients in public hospitals. Factors which influence this situation include an increased workload, staff absenteeism, as well as staff attrition resulting from resignation and HIV/AIDS related deaths (MoHSS, 2003:18). Apart from death and absenteeism, healthcare workers are negatively affected due to stress and burnout from stressful working conditions that hinder their performance (MoHSS, 2003:18).

HIV/AIDS reduces the productivity of a nurse infected with the virus, in this way increasing workload of all other nurses in the same environment but also impacting on the human resource costs. Costs for public sector health budgets are additionally affected through staff replacement for those on sick leave and other support offered to chronically ill personnel (Human Resources for Health, 2009:30).

The ability of the Eastern Cape Government to meet service delivery needs in healthcare is limited due to many factors, but the impact of HIV/AIDS in this instance is felt when not all the students who are accepted into the programme actually either complete the programme or become professional nurses (Department of Health, 2007:1). The profitability of business enterprises is declining because of absenteeism, declining worker morale, reduced productivity of healthcare workers who experience periodic sickness, extensive costs of funerals and increasing demands for training and recruitment (Kelly, 2003:12).

It is further documented that employers and fellow employees discriminate against healthcare workers suspected or confirmed as being HIV-positive. Discrimination reduces the person's willingness to disclose their status and reduces the potentially important sources of support, such as family and friends (Skinner & Mfecane, 2004:161).

Reasons for this behaviour are understood to be:

- Ignorance about facts around HIV transmission and disease progression
- Fear of employers or superiors, of medical aid, funeral and other care cost
- Fear of employers, reduction in productivity and profit
- Fear of stigmatization of the organization in the advent that clients get to know that healthcare workers are HIV-positive (Skinner & Mfecane, 2004:161).

These reasons are also applicable to the undergraduate nursing students which include their fear of being expelled from training as nurses.

In many ways the advent of the AIDS epidemic has intensified and broadened the challenges faced by South African nurses as healthcare providers in institutional healthcare facilities. In future this may undermine the quality of healthcare offered in Africa.

2.2.3 STUDENT NURSES AND HIV/AIDS

South Africa is one of the countries hardest hit by the global HIV/AIDS epidemic, as can be observed by the impact on student nurses as well.

The findings that students nurses have the highest prevalence is most concerning because nursing students are in short supply in South Africa and are urgently needed to fill posts. This means more nursing students will need to be recruited in years to come. (Connelly, et al. 2007:115) South Africa's Human Resources for Health (2009:7) also confirmed that the HIV prevalence rate is 13.8%, which is the same as the findings by Connelly et al. 2007:115) showing that the HIV prevalence rate is higher amongst student nurses when compared to their registered counter parts.

Undergraduate nursing students are often living independently from their parents for the first time. This relatively free environment encourages the practice of promiscuous behaviours, becoming infected during experimental sex with multiple partners as they do not reveal their status and do not use condoms (Kelly, 2001:10). The incidence of the disease is aggravated by the effect of disclosure or non-

disclosure of HIV status to sexual partners which has implications for the transmission of the virus.

There are various reasons for individuals not to disclose; some fear they may lose their loved ones, partners, friends, or be abused by the families and husbands. Non-disclosure of HIV status may result in delayed access to treatment and poor adherence to medication (Goudge, Ngoma, Manderson, & Schneider, 2009:94). HIV is considered to be a socially degrading illness which results in stigmatization of an individual who is HIV positive (Simbayi, Kalichman, Strebel, Cloete, Hendra & Mqeketo, 2006:31).

Discrimination is another concern to HIV-positive people by families, husbands, friends and community members. Discrimination is a violation of human rights. The principle of non-discrimination, based on recognition of equality of all people, is enshrined in the Universal Declaration of Human Rights and other instruments detailing human rights (UNAIDS, 2005 :5). Discrimination can also be based on race, colour, sex, language, religion, politics and HIV/AIDS.

There is also a challenge of morbidity and mortality among student nurses. In South Africa the nursing colleges are facing a challenge of deaths of students. The Human Resources for Health (2009:30) argues that there is a need for a dramatic increase in number of nurses being trained every year to replace those that are dying of AIDS-related illnesses. Unfortunately, there is little evidence available about student deaths due to AIDS-related illness as often students who are HIV-positive terminate their study programme as they fear that they will be exposed to hostility and discrimination (Department Of Education, 2001:128). The University of Natal found that more than 30% of nurses graduating from its programme die of AIDS-related illnesses within three years of completing their study programme. This tremendous loss corroborates the estimates for South Africa's nursing profession (Department Of Education, 2001:128). The finding that student nurses have the highest prevalence rate of HIV infection when compared to their registered counterparts is of utmost concern as competent nursing graduates are in short supply in South Africa and after

professional registration are urgently needed to fill vacant posts (Connelly et al., 2007:115).

2.2.4 UNIVERSITY / COLLEGE STUDENTS AND HIV/AIDS

HIV/AIDS is a reality in colleges and universities, where illness and death have become common place (Kelly, 2003:65). In the Eastern Cape the local newspaper reported that the Eastern Cape Province had the highest rate of students in colleges and universities with HIV/AIDS (Daily Dispatch, 2010:1).

Despite the high prevalence of HIV/AIDS in the environments of universities, it does not appear that there is a universal and consistent response from these institutions of higher education. Instead there is a tendency to treat the epidemic as a student or health issue instead of integrating it into the university's core operations of reflecting on issues affecting society, teaching, research and community engagement (Kelly, 2003:1). The universities of Kwazulu-Natal and Pretoria in South Africa were among the first to confront the broad threat that HIV/AIDS posed to their operations and to the populations they serve. Leaders in these environments stimulated university leaders across Sub-Saharan Africa to recognize the need for a holistic response to HIV/AIDS both within their institutions and across the higher education sector. Discussions were held in an effort to understand how HIV/AIDS is affecting African universities and to identify responses along with appropriate intervention mechanisms that might profitably be shared with sister institutions in similar circumstances (Kelly, 2003:3). The 'Higher Education Addressing the HIV/AIDS Programme', to which the Vice-Chancellors and Principals of all universities and technikons in South Africa have committed, aims to ensure a more unified higher education response to the epidemic in four focal areas, namely HCT, peer education, the world of work and curriculum development (Michel, 2003:65).

The disease continues to flourish behind a wall of silence, with the fear of stigma and discrimination preventing students from seeking help. There is denial and secrecy, while reports of ill students on campus are compiled there is less evidence about students dying (Kelly, 2003:7). When students leave their homes, they leave behind the rules and regulations of a controlled environment. In addition, they are at an age

where they enjoy autonomy (Strydom & Strydom, 2002:263-264). This new-found freedom may make it easier for them to experiment with sex. On the campus students may transmit HIV as they encounter new independence, self-determination and strong peer pressure to adopt certain behaviours. (American College Health Association, 2003:1).

Researchers have realized that knowledge alone does not equate to a change in HIV risk sexual behaviour (Ross & Deverrell, 2004:200). According to Sathiparsad and Taylor (2006:117), young adults have knowledge about sexually transmitted infections and HIV/AIDS but this knowledge does not necessarily translate into safe sexual behaviour. Thom and Cullinan (2003: 47) postulate that students at tertiary institutions in South Africa are highly sexually active and this has been confirmed by Kelly (2001:32). This is relevant to this study because students enrolled in this college are in the same age group and are sexually active.

The Eastern Cape in South Africa is one of the poorest provinces with the highest prevalence of HIV/AIDS (Majumdar & Mazaleni 2010:2). South African literature makes it clear that financial status is a major risk factor, often influenced by gender. A lower economic status adds to the problem of female students having unwanted sexual relationships (Evian, 2003:204). It was found that 'sugar daddy' practices, unprotected casual sex, frequent partner change and prostitution are common activities in students' lives (Kelly, 2001:30). This includes physical and psychological violence against women. This also is relevant to this study as most students are from a poor family background and are vulnerable to 'sugar daddy' practices that exploit them by providing financial assistance often resulting in unwanted and unplanned pregnancies with HIV infection (Evian, 2003:204).

Non- disclosure is the major problem for people living with HIV/AIDS. Individuals choose to remain silent about their status. The major reasons for non-disclosure are a desire for privacy about the diagnosis, being fearful of losing a partner, as well as fearing violent responses to sharing their diagnosis (Wong, Cotton, Bekker, Meyers, Venter & Maarteens, 2009:215). Furthermore, Visser, Neafeld, de Villiers, Makin, & Forsyth, 2007:1138) identified in their study that women are often reluctant to

disclose to their partners as they are financially and socially dependent on the partners. It did emerge that in most instances, in both developed and developing countries, the action of disclosure resulted in positive outcomes, such as better support, acceptance and reduced anxiety levels. Stigma, discrimination and isolation resulting from these factors mean that people do not easily disclose their diagnosis (Duffy, 2005:16).

2.2.5 STIGMA

Stigma was identified as an important factor at the start of the HIV/AIDS epidemic which impacted on the rapid transmission of the disease (Akpa, Adeolu-Olaiya, Oulsegun-Odebiri & Aganaba, 2010:19). Stigma is often internalized by people living with HIV, for example, if society is ashamed of the individual, the person feels ashamed of himself. This results in decreased self-esteem, feeling dirty, ashamed and depressed. A study completed in Cape Town, South Africa, reported that 30% of people with HIV admitted to being depressed (Simbayi, et al., 2007:1829).

Adedimeji (2009:16) noted that the main reason for non-disclosure of HIV status is stigma and an individual being frightened of the outcome of disclosure. Stigma is defined as an attribute or quality which significantly discredits an individual in the eyes of others (The policy project South Africa, 2003) Stigmatization associated with AIDS is underpinned by many factors, including lack of understanding of illness, misconceptions about how HIV is transmitted, irresponsible media reporting on the epidemic, the perception of the incurability of AIDS, lack of access to treatment and prejudice and fears relating to a number of socially sensitive issues including sexuality, disease, death and drug use (UNAIDS, 2005:4).

In all reviewed literature this is the main cause of people to be reluctant to disclose. HIV/AIDS continues to flourish behind a wall of silence, while fear of stigma and discrimination prevents it being brought into the open by those living with the disease (Kelly, 2003:7). The disclosure of AIDS is characterized by a language of conflict and struggle that works in synergy with a language of exclusion, leading to dehumanization of affected or infected individuals and marginalization of HIV/AIDS (Kelly, 2003:6).

HIV-related stigma is multi-layered tending to build and enforce negative connotations through the association of HIV/AIDS with already-marginalized behaviours such as sex work, drug abuse, homosexual and transgender sexual practice (Parker & Aggleton, 2002:7).

Images of people living with HIV in the print and visual media may reinforce stigma by using language that suggests that HIV is a 'woman's disease or 'African disease'. Religious ideas of sin can also help to sustain and reinforce a perception that HIV infection is a punishment for deviant behaviour (UNAIDS, 2005:4).

The problem of being stigmatized amongst PLWHA has been identified worldwide, which includes South Africa. Fear of being stigmatised is the main cause of PLWHA being reluctant to disclose, reducing their likelihood of accessing treatment early which negatively influences their health status Wong, Van Rooyen, Modiba, Richer, McIntyre, Schetter & Coates (2009:217) report that PLWHA take time to disclose their status due to fear of stigma. These authors identified that 13% of PLWHA never disclose their HIV/AIDS status to anyone, with 36% of their sample not disclosing to their sexual partners.

Studies have documented HIV/AIDS related stigma in many different settings, such as within the family, workplace, community and healthcare settings (Rathod, 2004:72). According to a study by Greeff, Uys, Holzemer, Makoe, Dlamini, Kohi, Chirwa, Naidoo, & Phetthu, 2006: 12-23) three main categories of stigma were identified:

- Received stigma
- Internal stigma
- Associated stigma

Received stigma, refers to stigmatizing behaviour of neglecting, fearing contagion, avoiding, rejecting, labelling, pestering, negating, abusing and gossiping about PLWHA as experienced or described by themselves.

Internal stigma refers to thoughts and behaviours (perceptions of self, social withdrawal, self-exclusion and fear of disclosure) stemming from the person's own negative perceptions about him/herself based on her/his HIV status.

Associated stigma is those incidents implemented against people who work (e.g. healthcare workers) or associate with HIV/AIDS-affected people (e.g. spouse/partner, children, family, and friends).

Gaskins (2006:38) noted that due to the fact that rural communities are more conservative, the stigmatization of HIV is amplified. The lack of education with regard to HIV and the lower economic status also contribute to the stigma of HIV. This may result in delayed access to treatment and poor adherence to medication.

2.2.6 SUPPORT GROUPS

A support group is a group of people sharing the same problem, encouraging and supporting each other to defeat the problem (Baumann, 2007:618). Support groups are very important to PLWHA as these are spaces where common problems may be shared in a relaxed inclusive atmosphere. Support groups allow for peer education on how to handle disclosure, fight discrimination and stigmatization. A functional support group also allows a safe space for intensive, focussed health education to be given on topics such as healthy living, adherence to treatment and to call medical assistance immediately when the need arises. Support group members provide hands-on support and assist PLWHA in providing spiritual, physical and emotional support. (Department of Health, 2003; 93).

2.2.6.1 Challenges experienced by support groups

It is known that it is not easy for a person to disclose their HIV-status and some people hesitate to join a support group because it is associated with HIV. Some people have different needs and expectations of the support group which can lead to conflict and disappointment (Department of Health, 2003:93). This is relevant to the nursing college support group because some join the support group for their personal gain. It is not easy to know who will attend the meeting and some situations during the meeting can create feelings of insecurity and unease.

People who are not living with HIV sometimes take the lead in setting up the support group but these groups do not succeed as they do not share the same objectives as PLWHA. The leaders who are not HIV-positive are perceived to not be trustworthy because of confidential issues which may be taken out of the group and group members feeling that the leaders exclude them from decision making (Department of Health, 2003:93).

2.2.6.2 Benefits of support groups

There is mutual sharing of common difficult experiences which provides the group members with some relief within their own struggle. People have always needed one another to survive both physically and emotionally (Baumann, 2007:617). The group members feel useful and valuable to support others who are still struggling with the same problem. Unfortunately there are few students who are not making use of this opportunity because of various factors one of which is the demand of the course and stigma. They do not feel isolated because they meet people and make friends. Their meeting place is safe and they can share feelings and experiences. They get moral support and motivation and advice on positive living. Support groups enable links between people from different backgrounds and there is understanding and tolerance. They take a firm public and political voice for PLWHA (Bauman, 2007:619).

2.2.6.3 Successful support group example

The use of a group has a particular advantage because groups are therapeutic, economic, provide mutual support and therefore make the best use of limited resources available. The important requirements for the group to succeed are trust, containment and sharing of feelings or help people to cope with traumatic experiences (Baumann, 2007:617). Universities in South Africa and the Department of Health developed successful support groups which are stable and well organised. These following are the successful support groups:

➤ **THE FACES AND VOICES OF PEOPLE LIVING WITH HIV/AIDS IN SOUTH AFRICA.**

This group has various strategies to encourage positive living with HIV (Department of Health, 2003:1). It is emphasizing the importance of communication. By communicating they express who they are, their feelings, thoughts, emotions, fears, hopes, and dreams. They also explain that they are the faces and voices of the HIV/AIDS epidemic. (Department of health, 2003:1). They put an emphasis on peer education which is relevant to the nursing college as they visit the neighbouring communities and schools conducting campaigns. The undergraduate nursing students do not present themselves until it is too late. The demand of the four year programme is a contributory factor because even the scheduled monthly meetings are sometimes not attended and peer education is not stable.

The PLWHA support group advise the group about planning before communicating their status, the communication barriers, good listening skills, which leads to good communication when dealing with sensitive issues around HIV/AIDS for example disclosing or counselling (Department of Health, 2003:4). Support groups exist for new learning in different ways of coping which seem to have worked for others Baumann, (2007:618).

The nursing college support group members invite speakers from outside the college to address undergraduate nursing students about any relevant topic for example the importance of HCT and coping strategies for PLWHA. There are no training facilities for support group members.

➤ ***TSHWANE UNIVERSITY OF TECHNOLOGY (TUT)***

This university has an executive management structure in place that drives the mainstreaming process, namely the HIV Co-ordinating Committee (HICC). This committee has Terms of Reference according to sector recommendations (HEAIDS, 2010:124). The nursing college support group members join the group voluntarily without any conditions.

TUT provides a wide range of HIV prevention services (with a strong focus of living positively with HIV/AIDS) which include Rapid and confirmatory HIV testing, walk-in HIV testing facility, individual and counselling, rape counselling, referral for TB testing and directly observed treatment for students of TB treatment, partner notification through a small slip of paper inviting the partner to visit the service. (If a partner is not a student, the slip will be a referral note to another service), STI diagnosis and treatment, nutritional supplements and Bactrim, referral for HIV management, ARVS and CD4 count (HEAIDS, 2010:124). The nursing college support group is not that well organised and there are no facilities. It also needs continuity of healthcare services.

Port Elizabeth group offers a broader student community. HCT and managerial staff are in one building to encourage integration of facilities and enhanced channels of communication. This has negative unintended consequences which may include role confusion and increased vulnerability of confidentiality information and neglect of structured support for Port Elizabeth in favour of an open-door policy. (HEADS, 2010; 127). This is not applicable to the nursing college support group due to lack of facilities.

Port Elizabeth support group recruit volunteer students who reflect the diversity of the TUT student population. HIV status is never used as a criterion for admission. However, volunteer students are expected to have at least some knowledge of HIV, have good interpersonal and communication skills, as well as good academic record (HEAIDS; 2010:127). The nursing college is voluntary with no conditions.

Port Elizabeth support group is exposed to an array of training opportunities that equip them with a range of skills. Their active involvement in student life affords them an opportunity to use and refine these. Unfortunately, there is no training offered for the support group members of the nursing college (HEAIDS, 2010:127).

HIV prevention, care, cognitive, behavioural, spiritual, and psychological aspects of student wellness are emphasised during their HCT services. TUT report that a doctor attend the session once a week per urban learning site. There are six nurses, three

counsellors and three support staff. This is not applicable to college support group (HEAIDS, 2010:123).

Condom distribution is done at student functions although the uptake of female condoms is low in Port Elizabeth support group. At the nursing college support group condoms are always available for the undergraduate nursing students. Community outreach is two-way, the university responds to the needs of the community and the community supports the university –initiated interventions (HEAIDS, 2010:128). The nursing college visits nearby colleges and schools for their campaigns.

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Their emphasis is on knowing and understanding the student population. Port Elizabeth first year students are invited so that they can grow with the programme as they advance with their studies. Link members are involved in residence awareness campaigns as they have been declared high risk environments.(Kelly, 2001:10). This is not applicable in the nursing college support group. Peer group education is the focal point of HIV prevention and the primary vehicle through which students get involved in HIV prevention efforts (HEAIDS, 2010:135).

University of Venda has an opportunity for staff training, this includes topics such sensitivity, discrimination, confidentiality, harm reduction and disclosure (HEAIDS, 2010:136). The nursing college support group members need a lot of development about the HIV issues.

2.3 CONCLUSION

HIV/AIDS has impacted the lives of many young healthcare workers, student nurses, and university and college students. The main challenges and concerns identified in the literature are fear of discrimination, rejection, loss of friends and peer pressure.

Many studies found that despite higher levels of knowledge on how HIV/AIDS is transmitted, significant negative attitudes prevail because of stigma attached to the diagnosis. Worldwide stigma remains the main barrier to disclosure. Fear of

discrimination reduces the willingness of a person to disclose their HIV status and this reduces the availability of important sources of support and treatment until it is full blown AIDS. It is for these reasons that a well-functioning support group is necessary where people can share their common problems, access appropriate knowledge resources and feel supported.

The researcher has discovered that universities are well structured and have a system on how to support PLWHA in their work place. Members are exposed to intense training and development. Colleges seem to be left behind.

Chapter 3 STUDY DESIGN & METHODS

3.1 INTRODUCTION

Chapter three presents the research methodology and methods applied in this study. Methodology refers to a process or plan for conducting a study (Burns & Grove, 2009:507). Whilst a research method encompasses the procedures of the study that result in an increase in knowledge, which in turn contributes to the existing body of knowledge (Brink, 2012:7).

This chapter provides a detailed description of the design and methods applied in the study, guided by the research question, aim and objectives. The aim of the study was to explore and describe undergraduate nursing student's experiences and perceptions about the support group in order to improve the relevance of this initiative for students.

3.2 RESEARCH DESIGN AND APPROACH

The researcher intended to explore and describe the experiences and perceptions of undergraduate nursing students in order to answer the research question. The researcher chose a qualitative design as relevant for the study. In this study a qualitative design was applied to gain a deep understanding of the undergraduate nursing students' experiences and perceptions of the support group. Within the qualitative design, an exploratory descriptive approach was applied (Brink, 2012:120).

3.2.1 QUALITATIVE DESIGN

A qualitative design was relevant for this study because the experiences and perceptions for the undergraduate students could not be quantified. The topic under study was relatively unknown in the context of student nurses and college support groups. Furthermore, the study comprised of the experiences of the participants in their real life situations. The student's experiences of the activities by the support group could only be expressed by the undergraduate students who knew the activities of the support group. (Creswell, 2009:3).

3.2.2 EXPLORATORY AND DESCRIPTIVE APPROACH

An exploratory approach is conducted to gain insight into a situation or phenomenon about which little is known (De Vos et al, 2009:359). This topic of study has not been conducted previously in South Africa, thus the researcher needed to explore the information from the participants in order to gain insight into their perceptions of the support group.

A descriptive approach is useful when a topic is relatively unknown. A descriptive approach allowed the researcher to give specific details of the student's experiences and the various relationships within these. Using a descriptive approach in this study enabled the researcher to describe how the participants experienced the support group and to come up with changes for improvement.

3.3 RESEARCH SETTING

A research setting refers to the specific place or places where data are collected (Brink, 2012:59). The research setting for this study was in one campus of a nursing college in the Eastern Cape. This campus was purposefully selected out of five campuses of the nursing college as this was the biggest campus with enrolment of 1 929 students and it was where most of the support group activities occurred.

3.4 RESEARCH METHODS

The research methods describe how the researcher collects data. The aim of the study must guide the researcher to choose the most effective methods to access, collect and analyse the data (De Vos et al., 2005:286). The methods used by the researcher are discussed in the subsections below.

3.4.1 POPULATION AND SAMPLE

With consideration of the aim of the study, the researcher needed to select participants from the population that could give rich, relevant data. Qualitative data provides rich data from participants who are well informed and experienced about the topic (Burns & Grove, 2009:355).

A population is the entire group of participants who met the criteria of interest of the researcher and a sample is a subset of the population that is selected to represent the population (Brink, 2012:216). The population for this study comprised of undergraduate nursing students enrolled at a nursing college in the Eastern Cape. The accessible population is the population of interest or population that meets the criteria that the researcher is interested in studying. For this study the accessible population was all 1st, 2nd, 3rd and 4th year diploma nursing students at one campus of the nursing college in the Eastern Cape. (N = 1929).

3.4.1.1 Sampling method

Purposive sampling was applied in selecting the participants. According to Burns and Grove, (2009:355) purposive sampling is referred to as judgmental or selective sampling. The researcher consciously selected a certain group of participants because they were most exposed to and had the most experience of the support group (Burns & Grove, 2009:355). This type of sampling is based on the judgment of the researcher. Participants were selected because they were believed to be able to give the researcher access to a special experience that the researcher wanted to understand (Henning, Gravett, & Van Rensburg, 2005:102).

- Inclusion criteria: Inclusion criteria for this study were students who had experience of the activities presented by the support group.
- Exclusion criteria: Specific exclusion criteria were established as part of the sampling process, namely those students who were committee members of the support group.

The committee members were excluded because they drove the activities and behaviours of the support group that were under study, which may have resulted in a bias in the collected data.

The study purpose and methodology was outlined to the students, and then each student completed a participation slip to indicate their preference to participate in the study or not. The participant slips were placed in a sealed letter box placed in a locked cupboard in a private office. The researcher contacted those who had indicated their

willingness to participate telephonically. The researcher arranged a date and time to conduct the interview for each individual.

The final sample size was determined by data saturation whereby participants were included until no new data was elicited from the participants regarding the phenomenon under study (Burns & Grove, 2009:361). A final sample size of eight participants was used. This allowed the researcher to analyse and understand similarities and differences within a specific setting.

3.4.2 DATA COLLECTION

The aim and objectives of the study guided the researcher during the data collection process. Data collection refers to the pieces of information or facts collected during a research study (Brink, 2012:211). For the purpose of the study individual interviews were conducted with each participant.

Data collection was done through semi-structured, individual, in-depth interviews using an interview guide. This data collection method was applicable to the exploratory, descriptive research design because it allowed the voices and concerns of the participants to be elicited (Brink, 2012:120). The interview was conducted on one to one basis because of the sensitivity of the topic. An interview is a two way conversation in which the interviewer asks the participant questions to collect data and to learn about their ideas, beliefs, views, opinions and behaviours (Kobus, Creswell, Ebersohn, Eloff, Ferreira, Ivankova Jansen, Nieuwenhuis, Pietersen, Plano, & Van der Westhuizen, 2009:87). Semi-structured in-depth interviews are interviews that may use both closed-ended and open-ended questions, with additional probes posed as needed so that the participant shares deep rich data (Brink, 2012:158).

During data collection an interview guide was used to provide structure to the interview and to assist the researcher in guiding the interview to ensure that relevant data was obtained but without limiting the conversation. The researcher had conducted a pre-test of the interview guide prior to the main study. A pre-test allows the setting and the data collection tool to be checked for clarity, consistency and relevance in meeting the aim and objectives of this study (Burns & Grove, 2005:42). The pre-test was done with one of

the undergraduate nursing student. The researcher used the interview guide that was to be used in the study. The interview guide consisted of two open-ended questions in English based on objectives set for this study. After feedback from the pre-test it was determined that no changes to the interview guide or setting were needed. The pre-test data was not included in the final study data.

The following questions were used to guide each interview:

- Think about the activities organized by the support group. Which of these activities have you participated in/not participated in? Tell me about your experiences of these activities at the college.
- How do you think the support group programme could be improved to encourage students to participate and use its services?

Broad questions were asked to allow participants to answer in detail and to qualify and clarify responses, to make space for unanticipated findings to be discovered, and to permit creativity, self-expression and richness of detail (De Vos et al., 2009:174).

Examples of some probes that were used during the interviews included the following:

- Okay, now about the students, why do you think that the students are not that interested where as they've got a support group which should assist them?
- Is there any other experience that you can tell me about?
- How do you think this can be rectified by the support group?
- Are there any activities that can be done by the support group to make people comfortable?
- Are there any other things that you have learnt from the support group?
- Can you clarify this word discrimination?
- When somebody is disclosing to one person, why is there some fear that you will hear students talking about it?

Written informed consent was obtained from all participants using the consent form approved by the ethics committee before the commencement of interviews and permission was obtained from each participant for the recording of the interview.

The researcher conducted the interviews off campus same venue in a non-threatening environment. Privacy was strictly adhered to by using a venue that was private and the appointment times were different for each participant. The researcher greeted the participant, shook hands and offered a chair. A brief introduction to the study initiated the interview. The interviews were conducted in English as that was a common language for all the participants. Participants did most of the talking with the researcher using question prompts where needed. The researcher made notes of obvious non-verbal communication cues to assist in clarifying what some participants were really feeling about what they were saying; for example, one participant commented ... when one is HIV positive, people think that he or she is nothing, she just sleeps around with many women or men – from the tone used by the participant, the researcher noted the distress and hatred shown in the voice tone and body language.

The researcher took notes during the interview to clarify the transcription of recordings and noted non-verbal communication that could assist in identifying specific themes.

The interviews were transcribed verbatim from the tape recorder so as to use the actual words as a source of data. One interview was interrupted as the venue which the researcher prepared became unusable but this was quickly corrected and another venue accessed. The participant did not express any discomfort with the change in venue or interruption. The interviews took an average of 30 minutes per participant and there were no problems experienced in the process of interviewing.

3.4.3 DATA ANALYSIS

Data analysis was conducted by the researcher after data collection. Data analysis involves 'breaking up' the data into manageable themes, patterns, trends and relationships (Mouton, 2003:108).

The transcribed data was analysed using Tesch's eight steps of data analysis as proposed by De Vos et al., (2004:331). Tesch's steps can be described as follows:

- The researcher listened to the tape recordings. All transcripts were read by the researcher to get a sense of them as a whole and then ideas were jotted down as they came to mind.

- The researcher wrote her ideas and meanings in the margin. This means the researcher listened to responses one by one and applied thoughts and meaning to each separately.
- The researcher then selected one interview and went through it while asking herself what was the underlying meaning in the information. It means the researcher listened to responses one by one and applied thoughts and meaning to each and jotted down the meaning of each separately.
- Having completed the above task with a number of transcripts, the researcher listed the identified topics and grouped similar topics into major unique topics and leftovers. This process was repeated with all the transcripts. Themes that emerged were then clustered into Themes, categories and sub-categories.
- The topics were abbreviated, coded and written next to the appropriate segments of the text while checking if new ideas emerged. Codes were then allocated to similar topics. This exercise was repeated with all the transcripts by coding all the topics.
- The most descriptive wording for the topic was turned into categories. Related topics were grouped together to reduce the total list of categories and the lines were drawn between categories to show interrelationships. The researcher identified persistent words, phrases and themes and grouped into categories.
- A preliminary analysis of data belonging to each category was done by assembling categories in one place. The data in each category was grouped together (De Vos et al., 2004:343).
- This data analysis was reviewed with the help of the supervisor to ensure credibility that is, data was checked if re-coding was necessary and the process of analysis was then finalised.

The data revealed two main themes that ran through all the interviews, these were related firstly to a lack of trust in the support group individuals and secondly to feelings about themselves. The main themes are offered as:

- Theme 1 : 'unsure about the support group'
- Theme 2 : 'feeling insecure about myself'

Further discussion and implications of the findings are offered in chapter four and chapter five.

3.5 TRUSTWORTHINESS

For the purpose of this study the four principles of trustworthiness are applied as described by Lincoln and Guba (1985) in De Vos et al. (2004:331). These principles include transferability, dependability, confirmability and credibility thereby ensuring that the data collected accurately represents the opinions of those who have been studied.

3.5.1 TRANSFERABILITY

Transferability refers to the degree to which the findings can be applied to other contexts, settings and other groups (De Vos et al. 2004:331). The principle of transferability in qualitative research may be seen as impractical as the study is conducted in a naturalistic setting with the aim of describing the experiences of a particular group of participants (Kobus, Creswell, Ebersohn, Eloff, Ferreira, Ivankova, Jansen, Nieuwenhuis, Pietersen, Plano & Van der Westhuizen, 2009:298). However, transferability is judged by the reader of the research and as such the researcher has offered a rich description of the data collection and analysis processes to enable the reader to determine whether the findings of this study may be transferred to their setting and context. This is ensured by keeping all the data collected to maintain a chain of evidence.

3.5.2 DEPENDABILITY

Dependability refers to the degree to which the reader can be convinced that the findings did indeed occur as the researcher says they did (Kobus et al. 2009:297).

The researcher summarized and reflected on the participant's responses and then verified the transcriptions with the participant to determine the accuracy of the findings. This is also confirmed by an audit enquiry to check if the processes and procedures used by the researcher were acceptable or dependable. The study supervisor checked the transcript for each individual.

3.5.3 CONFIRMABILITY

Confirmability refers to the degree to which the findings are a function solely of the informants and conditions of the research and not for other biases, motivations and perspectives (De Vos et al. 2005:347). In this regard the digital tape recorder was replayed so that the participant could listen to her or his voice and confirm that what is written by the researcher is exactly what she said in the recorder (Tanggaard, 2008:15).

3.5.4 CREDIBILITY

Credibility in qualitative research was to ensure accuracy, validity or soundness of data (Lo Biondo-Wood & Haber, 2010:576). When conducting interviews there was a prolonged engagement with the participants. Participants had an opportunity to ask questions which were not dictated to them until data was saturated. Participants were consulted to check whether data was interpreted correctly and if the transcript written by the researcher corresponded in content and understanding to what she had said. At the end of the study the researcher conducted literature review of other similar studies to confirm and decontextualize the findings. The researcher was also consulting with the supervisor and the process of the study.

3.6 ETHICAL CONSIDERATIONS

The population in this study was considered a vulnerable population because it involved student nurses who knew the activities of the support group (Brink, 2012:36). The researcher was responsible for conducting research in an ethical manner and failure to do so would have negative consequences (Brink, 2012:34).

There are three fundamental ethical principles that guide researchers during the research process, each of these are discussed in the subsections below.

3.6.1 THE PRINCIPLE OF RESPECT FOR PERSONS

In this study the participants were informed that they were autonomous and that they had a right to self-determination. The participants had a right to decide whether or not to participate in this study, without the risk of penalty or prejudicial treatment. The participant had a right to withdraw from this study at any time, to refuse to give

information and to ask for clarification about the purpose of the study. The researcher respected these rights by avoiding using any form of coercion or penalty. The decision to participate in this study was voluntary (Brink, 2012:35). There was no participant who refused or withdrew from the study.

3.6.2 PRINCIPLE OF BENEFICENCE

The researcher respected the well-being of the participants hence they had a right to protection from discomfort and harm, be it physical, psychological, emotional, economic, social or legal. There was low risk harm since these were vulnerable participants. The researcher had to try and avoid harming participants by carefully structuring the questions and monitoring the participants for any signs of distress failing which the participant would be referred for counselling. By conducting this research, there was no harm in the college reputation (Brink, 2012:34). Fortunately no participant needed a referral to a psychologist.

3.6.3 PRINCIPLE OF JUSTICE

The participants volunteered to participate after a full explanation was given about the aims and objectives of this study. There was no financial gain that was offered.

The researcher protected the participant's privacy; appointment times for each of the participants were different from each other so that they could not meet each other. The information collected from the participant remained confidential (Brink, 2012:37). The participants were assured that her or his private information would not be shared with others, including the participant's attitudes, beliefs, behaviour and opinions. The recorded interview, transcript and any other notes made about the interviews have been kept in a locked filing cabinet and will be destroyed in three years' time.

The researcher assured the participants of the safeguards about the publication of results and that responses would be anonymous. The researcher ensured the participants about confidentiality to prevent all data gathered from being linked to available individual participants, divulged or made available to any other person (Brink, 2012:36). Fortunately no participant needed a referral to a psychologist.

3.6.4 INFORMED CONSENT

The participants were given an information sheet which included detailed information about the study. The participants were able to ask questions for clarity. The researcher ensured that the participants understood the contents of the information sheet. The researcher gave the participants some time to think about their participation. The researcher provided an explanation about the right to self-determination and that participation was voluntary, and they could withdraw from the study at any time. The researcher also requested permission to record the interviews (Brink, 2012:38). Once the participant was satisfied with the offered explanation and contents of the information sheet, as well as consent form, they were asked to sign the consent form.

3.7 CONCLUSION

In this chapter the research methodology applied has been described with emphasis in various steps. Ethical considerations were adhered to throughout the research process. Chapter four will present the results which were obtained from the research.

Chapter 4 DATA ANALYSIS

4.1 INTRODUCTION

This chapter entails an analysis and interpretation of data collected by means of digitally tape-recorded interviews of the undergraduate nursing students' experiences of the support group activities.

Data analysis and interpretation involves "breaking up" the data into manageable themes, patterns, trends and relationships (Mouton, 2003:108). The objective of data analysis is to reduce data to an intelligible and interpretable form so that the relations of research problems can be studied and conclusions be drawn (De Vos, 2003:203).

During data analysis it emanated that the undergraduate nursing students experienced negative attitudes towards and from the support group.

4.2 DATA ANALYSIS

As discussed in chapter 3 participants were purposively sampled from the student group at the particular nursing college. The final sample comprised eight participants who participated in individual interviews. Individual interviews were conducted until data saturation was achieved.

For the purpose of this study a qualitative analysis of the transcribed data was applied using Techs' eight steps of data analysis as described by De Vos et al. (2004:331).

The following questions were used during data collection interviews:

- Think about the activities organised by the support group, which of these activities have you participated in, which activities have you not participated in and tell me about your experiences of these activities at the college.
- How do you think the support group programme could be improved to encourage students to participate and use its services?

These questions were formulated to answer and fulfil the objectives of the study. Therefore, data are discussed according to the categories which reflected these questions. Common themes and subthemes were identified according to the categories (see table 4.2).

4.3 OVERVIEW OF THE MAIN THEMES

The data revealed two main themes that ran through all the interviews, which were related firstly to a lack of trust in the support group individuals and secondly to feelings about themselves. The main themes are offered as:

- Theme 1: 'being unsure about the support group'
- Theme 2: 'feeling insecure about myself'

Table 4.1 and Table 4.2 below summarise the main themes with the categories and sub-categories, as relevant that provided the foundation for each theme. A category in qualitative studies is used to sort and organise data (Polit & Beck 2008:748).

	CATEGORIES	SUB-CATEGORIES
Being unsure about the support group	I am reluctant to participate	Being exposed
		Automatically stigmatized
		Inaccessible to me
		Limited communication
	I cannot trust the committee	Unavailable
		Hypocrisy
		Little respect or care for me as a human being
	I am afraid	Fear of the test results
		Fear of the future
	I sometimes feel supported	

Table 4.1: Summary of theme 1: 'being unsure about the support group'

	CATEGORIES	SUB-CATEGORIES
Feeling insecure about myself	Being judged and exposed	My information shared
		Feeling the stigma
	Being excluded	Fearing consequences of disclosure
		Fearing rejection through ignorance

Table 4.2 Summary of theme 2: 'feeling insecure about myself'

The following subsections provide an in-depth discussion of each theme group

4.3.1 THEME 1: 'BEING UNSURE ABOUT THE SUPPORT GROUP

The participants were unsure about the support group because of a lack of confidentiality and they felt reluctant to participate as the support group was unable to treat them with dignity and respect. The students felt exposed because the moment they join the support group they were judged by other students to be HIV positive. Participants were unsure about the support group and reluctant to participate because being a support group member meant they were automatically stigmatised and were exposed to ridicule and hostility by friends and colleagues.

Table 4.1 is repeated below for ease of reference.

	CATEGORIES	SUB-CATEGORIES	
Being unsure about the support group	I am reluctant to participate	Being exposed	
		Automatically stigmatized	
		Inaccessible to me	
		Limited communication	
	I cannot trust the committee	Unavailable	
		Hypocrisy	
		Little respect or care for me as a human being	
	I am afraid	Fear of the test results	
		Fear of the future	
	I sometimes feel supported		

Table 4.1: Summary of theme 1: 'being unsure about the support group'

Participants were unsure about the support group because the committee was inaccessible to the students. This meant that the support group had not been in contact with the students and was thus unable to determine the needs of the students related to

the functioning of the support group, nor could the committee understand how to focus the activities of the group to be relevant to the members.

There was also a challenge of lack of communication by the support group when some students knew of some activities but did not know that they were organised by the support group. There was insufficient information about activities and students were not sure where to go. In this regard they perceived that the support group did not communicate with them.

The following sections provided a description of the categories and subcategories that elaborate the broader theme of the participants being unsure about the support group. Each category was introduced and discussed; the categories underpinned with verbatim examples from the data set.

4.3.1.1 I am reluctant to participate

This theme category had a number of subcategories that provided more insight into their reluctance to participate.

The undergraduate students were unsure about the support group and reluctant to participate because they experienced that the support group was unable to apply the principle of confidentiality and did not treat them with dignity and respect. The participants shared sensitive information with the committee members in trust but later they noted that personal details had been leaked from the committee and that there was a change of attitude from their colleagues. Participants were not pleased by the fact that the moment they joined the support group they were judged to be HIV positive and were stigmatized automatically.

This theme category had a number of subcategories that provided more insight into their reluctance to participate.

4.3.1.2 Being exposed

The participants were unsure about the support group committee. They were reluctant to participate, because they felt they would be automatically stigmatised, leading to being

exposed to ridicule and laughter by friends and colleagues. The participants experienced a lack of respect for confidentiality by the support group committee and members. In this regard participants indicated that members of the support group did not respect the principle of confidentiality when dealing with sensitive information and they therefore felt exposed. Participants indicated that they were worried about the lack of confidentiality and were not even prepared to be involved in HCT as a result of this challenge. These perceptions were reflected in the following quotes:

'I am not happy with them because.....of high rate of HIV amongst students ne?.....with the result.....hum..... that they are having this HIV testing, and I'm not to go there because I'm scared of.....hum....lack of confidentiality that can occur and most of people are laughing at this HCT thing.....uh.....The support groupthey think it is a joke, but the main problem is, there is no confidentiality.....there. (Participant no. 1)

This participant expressed fears that when the confidential information was revealed to other students, that would result in being exposed and automatically stigmatised once the results of the HCT were HIV-positive. Consequently the participant would be ridiculed by friends and colleagues.

4.3.1.3 Automatically stigmatized

Participants were unsure about the support group and reluctant to participate because they were automatically stigmatised and exposed to ridicule and rejection by the people they love.

Participants were not happy about the term 'support group' because it was associated with HIV positive students and being a member of the support group meant that one was HIV positive. Anyone engaging with the support group activities was automatically assumed to be HIV positive and stigmatized by other students. Participants had described how students viewed the support group. They had explained that the support group was stigma on its own. They would like the support group to change the attitude that it catered for HIV positive students only. They were even sensitive to the word 'support group' because on hearing this word they knew that it was about HIV although

the term support group is applicable to other social and medical situations for example a diabetic support group. This concern was highlighted with the following participants' statements below:

'The problem with us is the attitude that we have towards the word 'support group', ok, it is about HIV, The support group must not be confined to HIV related stuff only, other health, social and academic issues must be discussed. (Participant no.7)

*'I am not a member of the support group because here at the college the moment you join the group, other students say you are HIV positive, which is not a good thing to say'.
(Participant no.3)*

'I think if it can just change the 'face' that it only caters for the HIV positive students. The support group should not only emphasize on the HIV problems, it could just....ah...try to....to be broader, like not looking only on the HIV thing. I also think....hum...also the stigma that...ah....the student.... They are afraid that if they join ...e....the support group they are stigmatized that they are HIV positive. You are there to support the support group as an organization. The support group must encourage the students not to stigmatize other students. I think ...e...it's all about...e....health education'. (Participant no.3)

4.3.1.4 Inaccessible to me

Participants were unsure about the activities of the support group and consequently were reluctant to participate in the support group activities. Seemingly the support group was not perceived as active. Students also emphasised that they should not only present themselves when there was a student that has passed away.

The support group was not accessible to students and was not good in communicating their activities. This meant that the support group had not been communicating with the students by inviting them to attend the activities satisfactorily. The invitation was supposed to be put up on a notice board on each level. This concern was expressed by

one participant who deliberated that she was not aware that HCT was conducted by the support group. This had been reflected below:

'The support group should be accessible, should be active, should come to the students and listen to their problems. They must not only be available when there is a problem, for example memorial service. (Participant 2)

4.3.1.5 Limited communication

Participants were unsure about the support group and reluctant to participate because there was no communication. They complained that the support group did not give them enough information and they were not sure where to go. They further suggested that the support group must market their services.

The participants highlighted that the support group did not give enough information and that they were unsure where to go for counselling. In this regard they perceived that the support group did not communicate with them which clearly indicated the reason why they were not known. Unfortunately, some students wanted to be part of the support group but could not understand how to become active in the support group. This had been indicated by the participants below:

'There is lack of information. Yes, students do not know where to go. Like the third or first years that have just come, they do not know about the support group'. (Participant no.8)

'In fact, I never knew that the world AIDS day was organised by e....the support group that is why I never participated otherwise I do have interest. I think there is lack of communication with students. The support group, they cannot actually make means of communication with students. (Participant no.3)

4.3.2 I CANNOT TRUST THE COMMITTEE

This theme category had a number of categories that provided more insight into the lack of trust the participants experienced in relation to the committee. Each theme

subcategory was introduced and discussed; subcategories were underpinned with verbatim examples from the data set.

Participants were unsure about the support group and did not trust the committee. This was due to the support group committee expecting the participants to disclose their status whereas the committee members did not disclose. That made the students feel as if the support group wanted to use them.

In this regard they felt that the support group must just organise HCT, members should not perform the testing themselves, and it must be performed by people from outside. These comments are grounded in a lack of trust towards the support group. Seemingly students were in a state of confusion, they were not sure whether to attend HCT or not because the relation of trust was broken between the students and the support group.

The participants were unsure about the support group because they were not available to the students. This is an indication that there was a problem between the students and the support group.

The participants were unsure about the support group because students did not trust the support group as they noticed hypocrisy from the support group. Seemingly the support group members did not practise what they preach to the students, which did not portray a very good example. The committee members forced HIV-positive students to share their status openly but were reluctant to publicly declare their own.

It was remarked that students joined the group to benefit from concrete displays of support groups rather than that which the genuine core of the support group offered.

Participants highlighted that the support group had not been treating the students fairly as human beings because of the uncaring way the committee handled the challenges experienced by participants.

This has been revealed by statements from participants below:

'I think The support group should just organize HCT not members should perform the actual testing itself, must organize people from outside even if they just take some professional nurses to come and do the testing.' (Participant no.3)

'We always run from HCT, do it once and you don't want to come back again, sometimes you don't know whether to be part of it or not but the problem is we are not all mature as students you never know whom to trust even in the group itself.' (Participant no.7)

This theme category has a number of subcategories that provide more insight into the lack of trust the participants experience in relation to the committee.

4.3.2.1 They are unavailable to me

The participants explained that the support group was not available to students. This showed that there was a problem with the support group because they should be there to support the students. Participants felt that there should be an office where each student will know where to go.

The contributory factor to this problem might be that the support group members were also learners with some challenges of being a student. Lecturers also have their challenges of being lecturers.

Furthermore, the participants felt that there should be facilities within the college for healthcare assistance rather than those who are HIV positive being expected to go to the hospital for their treatment. The nurse's home is in the same area as the hospital which means there is a lack of privacy which can expose a student further. This was an example of an issue that the support group could take up with college management structures on behalf of the student body. This problem was reflected by statements below:

'There....there's not even an office where to go. There's supposed to be an office with counsellors, may be from outside, where the students go separately and talk to the person.....and test those who need to be tested '. (Participant no.8)

'If we can have resources, the college will be empowering the support group in terms of material or equipment within the college not outside the college.' (Participant no.7)

4.3.2.2 Hypocrisy

Seemingly the support group did not practise what they preached to the undergraduate students which did not portray a very good example. The committee members pushed HIV-positive students to share their status openly but were reluctant to publicly proclaim their own HIV-status. This behaviour was seen to be hypocritical and was discouraging to those participants who perceived committee members as role models and student leaders.

Hypocrisy works from the side of student body as well. It was remarked that students join the group to benefit from concrete displays of support rather than the genuine core of what a support group offers, for example when a student has been admitted to hospital the support group buys a fruit basket for the student. This resulted in some of the students joining to benefit from a fruit basket and not from a genuine commitment to HIV/AIDS support. The participant indicated in a statement below:

'In this group the problem are the people who are not fully participating with the group activities but they only want things that are of benefit to them.' (Participant no.7)

4.3.2.3 Little respect or care for me as a human being

The participants clearly highlighted that the support group had not been treating the undergraduate students fairly as human beings because of the uncaring way the committee handled the challenges experienced by participants. There was a lack of respect, confidentiality, privacy and care by the committee members.

The support group disregarded the principle of respect when dealing with sensitive issues. This principle is very important to any human being and the lack of respect made participants feel more vulnerable. Committee members were described as breaching confidentiality contract as they were divulging information regarding individual's problem

to an irrelevant person who cannot solve the problem; participants see this as an invasion of the individual's privacy.

It was also reflected that there was a lack of confidentiality amongst the support group which made students uncomfortable to share any personal information with any of the group members. They did not feel secured or supported by the support group committee members because of lack of respect for all these principles.

'I don't think the first year students should be involved in the support group because they are still very young and people might be afraid of ah...of confidentiality because they are still very young and they are not mature.' (Participant no. 6)

Participant no.2 was concerned with a lack of privacy by the support group, as highlighted below:

'If there can be privacy, more privacy at least it could be better because the information that we give them is too sensitive to me, so if there can be more privacy it could be much better.'

Participant no.4 was not happy about the support students get from the support group:

'Students must get the support that they need and the support group must make sure that when they have the student's best interest at heart.'

4.3.3 I AM AFRAID

This theme category has a number of subcategories that provide more insight into the reasons why the participants were afraid to consult the support group committee.

4.3.3.1 Fear of test results

Participants were not keen to go for HCT because they were afraid to be disappointed as they did not know their status and had nobody to trust. They were also worried subconsciously about the outcome and whether they might be rejected by friends and relatives. See following statements by participant no.5 and participant no.7

'I am one of the people who never went for testing. We don't want to be.....seem disappointed because we are not sure of the status, may be you are tested by a person that you know, it will be a disadvantage for you. Even if you know that person won't tell. We are not hundred percent sure of that.' (Participant no.5)

'I always had fears of going for testing thinking that, what if I get results that I was not expecting.' (Participant no.7)

Participants feared to do HCT because subconsciously they were worried about the outcome of the results. This has been revealed by participant no.5 and participant no.7.

4.3.3.2 Fear of the future

Participants were unsure about the confidentiality practices of support group. As a result they had fear of results after the HIV test and consequently fear of the future, thinking about losing friends, colleagues, discrimination, isolation and rejection. This is an indication that more health education should be conducted on the mode of transmission of HIV amongst fellow students with emphasis on confidentiality.

Participants had lost confidence in the support group because they did not trust the members. The participants stated that they had experienced a lack of confidentiality and did not trust the support group members. This is reflected by participant no.2, participant no.3 and participant no.7:

'As I have said that people who are negative or who do not know their status they will avoid you, discriminate you, not treat the way they used to. The problem there is no trust, as if the person will not be confidential enough about the information you have given, so you feel that you rather have information with you rather than sharing it with someone you don't know if she will be able to keep it safe.' (Participant no.7)

'If I do HCT then my results become positive, the support group have the results that I am HIV positive, then other students will start to act differently.' (Participant no.3)

4.3.3.3 I sometimes feel supported

Although students are experiencing some challenges from the support group, there are positive things that emanated from this group in support of the students. Participants felt supported by the support group when they organize funerals or memorial services for students that have passed away. In this regard the support group is questioned for the fact that they were not available during the preventable period but available when it was too late. The support group members also organized exam prayers before students write their examination. See following quotes:

'The support group organizes funerals, if I am available, I go personally to the funeral of the student, and go out of my way to attend these funerals and if I am unable to attend I go to the memorial service held at the campus.' (Participant no.1)

'I also attended the examination prayers organized by the support group. These prayers are for all the students whether first, second third or fourth year student.' (Participant no.1)

4.4 THEME 2: 'FEELING INSECURE ABOUT MYSELF'

This theme category captures the feelings of the participants as a result of the dysfunctional behaviours experienced from the support group. The theme has a number of subcategories that provide more insight into the overarching feeling of being insecure. Each theme subcategory is introduced and discussed.

Participants felt insecure about themselves due to a perception that they were being judged and exposed. They felt that they could not be part of the support group because they would be judged as HIV-positive by other students even though they have not been diagnosed with the syndrome. While some of the members were part of the support group because they were affected by the disease, others joined to learn and offered their support; however the experience of participants was that everyone joining the group was regarded as HIV-positive.

Table 4.2 is repeated for ease of reference.

	CATEGORIES	SUB-CATEGORIES
Feeling insecure about myself	Being judged and exposed	My information shared
		Feeling the stigma
	Being excluded	Fearing consequences of disclosure
		Fearing rejection through ignorance

Table 4.2: Summary of theme 2: 'feeling insecure about myself'

4.4.1 BEING JUDGED AND EXPOSED

Participants could not be part of the support group because they felt that they will be judged as HIV- positive though it was not true. Some of the members were supporters because they were affected by the disease. This information gave a negative impression towards the support group with stigma attached, although it is known that almost everybody is affected by the disease in one way or another. Some participants were traumatized by the effects of breaking confidentiality after sharing their sensitive information to group members.

Participants felt that by attending the support group they would exposed to stigmatisation. Stigma was the main challenge facing HIV-positive students. Most students were not interested in the support group because of the automatic stigma attached to group members. This may result in students dying without getting assistance in time.

'Students know that if they come to the group and open up their problems that will be in in a group perspective because that is the problem that we face as people that most of the time

the students will not come forward with their problem because they fear that it would be out there.' (Participant no.4)

4.4.1.1 My information shared

Participants voiced that the personal information shared with the support group eventually comes out. This resulted in undergraduate students being uninterested being to be a part of the group. Participants felt insecure about themselves because they were exposed to stigmatisation by being members of the support group as their sensitive information was shared with other people.

These participants were being violated of their rights because they have a right to privacy. They were expressing emotional pain about violation of their privacy by the support group. Based on these concerns it is questionable whether the support group could be trusted again by the students. This is reflected by the following statements

'You tell one person that you are positive and everybody knows, they say, it's that one.'
(Participant no. 8)

'There was this student who was HIV positive, she did not want to take her medication.....and then she died. Hum.....you know, she told one person then that person talked to another, and then.....we know the signs of HIV/AIDS.'(Participant no.8)

4.4.1.2 Feeling the stigma

Stigma is the main challenge facing HIV positive students. Most students were not interested in the support group because of the automatic stigma attached to group members. This problem might well result in students dying without getting assistance because it was seen to be shameful to be a support group member. See statements which follow:

'If you are a member of the support group people will think you are HIV positive as if other people have no role to play.' (Participant no.7)

'If you are HIV positive they will say all the negative information about you, and others will look at you for that and then you will feel stigmatized. My roommate was discriminating me. She said that II got fever and this fever I pass it to her, all sorts of things like that. So I felt stigmatized I.....I.....I decided to disclose even to her so that she can.....she can understand the matter.'(Participant no.5)

4.4.2 BEING EXCLUDED

This theme category has a number of subcategories that provide more insight into being excluded in relation to feeling insecure about oneself.

4.4.2.1 Fearing consequences of disclosure

According to the participants when you are HIV positive you feel isolated, with a low self-esteem and you feel like you are nothing. The person becomes labelled as indulging in bad behaviour and may lose everything including friends, husband and family; and might feel abandoned by those who claimed to care. The following statements are reflected:

'If you are HIV positive and you are known because of that, it's like you have something that other people do not have that is negative, as a result you are no longer part of that group, you are discriminated against your status.' (Participant no.7)

'If you have disclosed, it is like people know your status, there are always fears that once I disclose I wonder what will happen, will I still be having friends? Will I be still part of the group that I am used to?' (Participant no.7)

4.4.2.2 Fearing rejection through ignorance

Participants spoke about the fear of rejection by friends because of their lack of knowledge and insight into HIV and AIDS. Most of the fears that had been presented by students are characterised by ignorance. Examples offered relate to transmission through coughing, sneezing, sitting next to somebody who is HIV positive and by sharing food. This indicated the ignorance by the students who were not knowledgeable about

the mode of transmission of an HIV which is not by coughing or sneezing. The following statement reflects this:

'If I confide in one of the support group members about my HIV status, I later realised that she has not kept the information to herself by noticing the attitude to other students e.g. if we were sharing lunch with other students suddenly they do not want to share lunch with me.'

(Participant no.2)

Students were not comfortable about how the support group conducted activities at the college. Though good advice might come from the support group, the advice offered might not be acceptable to the students. Participants feared the consequences after disclosure because there was a tendency that after disclosure, the secret started to spread all over. This was noted by a change of attitude towards a friend due to ignorance about the illness. The student developed feelings of exclusion and rejection by groups and friends.

'The problem with us is the attitude that we have towards the word 'support group', ok, it is about HIV, The support group must not be confined to HIV related stuff.'(Participant no.7)

4.5 STUDENT EXPECTATIONS OF THE SUPPORT GROUP

The participants commented that the support group must not be confined to HIV only because the support group is already stigmatized and the undergraduate nursing students are reluctant to join the support group.

4.5.1 SUPPORT GROUP MUST NOT BE CONFINED TO HIV ONLY

It emerged from the findings that Participants were not happy about the association of the word 'support group' because this was interpreted exclusively for HIV positive students and being a member of the support group meant one was HIV positive, thus anyone engaging with the support group activities was automatically assumed to be HIV positive and stigmatized by other students.

'I think if it can just change the 'face' that it only caters deals with the HIV positive students. The support group should not only emphasize on the HIV thing, it could just...ah...try to...to be broader, like not looking only on the HIV thing. I also think...hum...also the stigma that...ah....the student.... They are afraid that if they join ...e....the support group then they are stigmatized that they are HIV positive. You are there to support the support group as an organization. The support group must encourage the students not to stigmatize other students. I think ...e...it's all about...e....health education'. (Participant no.3)

4.5.2 SUPPORT GROUP SHOULD BE ACCESSIBLE

The support group was not accessible to students and was not active so that they can be known. This meant that the support group had not been communicating with the students by inviting them to attend the activities satisfactorily. The invitation was supposed to be put up on a notice board on each level.

'The support group should be accessible, should be active, should come to the students and listen to their problems. They must not only be available when there is a problem, for example memorial service. (Participant 2)

4.5.3 SUPPORT MUST PROVIDE INFORMATION

The participants highlighted that the support group did not give enough information and that they were unsure where to go. In this regard they perceived that the support group did not communicate with them which clearly indicated the reason why they were not known. Unfortunately, some students wanted to be part of the support group but could not understand how to become active in the support group. This had been indicated by the participants below:

'There is lack of information. Yes, students do not know where to go. Like the third or first years that have just come, they do not know about the support group'. (Participant no.8)

4.5.4 SUPPORT GROUP SHOULD NOT PERFORM HCT

Participants highlighted that the support group had not been treating the students fairly as human beings because of the uncaring way the committee handled the challenges experienced by participants.

This has been revealed by statements from participants below:

'We always run from HCT, do it once and you don't want to come back again, sometimes you don't know whether to be part of it or not but the problem is we are not all mature as students you never know whom to trust even in the group itself.' (Participant no.7)

4.5.5 SUPPORT GROUP MUST BE GIVEN AN OFFICE AT THE COLLEGE WITH COUNCILLORS

Furthermore, the participants felt that there should be facilities within the college for healthcare assistance rather than only for those who are HIV positive being expected to go to the hospital for their treatment. The nurse's home is in the same area as the hospital which means there is a lack of privacy which can expose a student further. This was an example of an issue that the support group could take up with college management structures on behalf of the student body. This problem was reflected by statements below:

'There....there's not even an office where to go. There's supposed to be an office with counsellors, may be from outside, where the students go separately and talk to the person.....and test those who need to be tested'. (Participant no.8)

4.5.6 FIRST YEARS SHOULD NOT FORM PART OF THE SUPPORT GROUP.

It was also reflected that there was a lack of confidentiality amongst the support group which made students uncomfortable to share any personal information with any of the group members. It was suggested that first years should not form part of the support group. They did not feel secured or supported by the support group committee members because of lack of respect for all these principles. See supporting statements below:

'I don't think the first year students should be involved in the support group because they are still very young and people might be afraid of ah...of confidentiality because they are still very young and they are not mature.' (Participant no. 6)

4.6 SUMMARY

In this chapter data was transcribed and categorized according to Tesch's approach. The research question was adequately answered regarding the undergraduate nursing student's experiences and perceptions about the support group.

Findings about the exploration of undergraduate nursing student's experiences of an HIV/AIDS support group and experience has been researched and the objectives have been reached. Participants were expecting the following concerns to be addressed: Support group must not be confined to HIV only, Support group should be accessible, Support group must provide information, Support group should not perform HCT, Support group must be given an office at the college with councillors, First years should not form part of the support group.

Challenges that need to be rectified from the support were identified. It has been identified that the students were not sure about the support group and were reluctant to participate because once they join the support group they are already diagnosed as HIV positive students which is not true. By so doing students are exposed to stigmatisation as they are automatically stigmatised. There was also a complaint that they are inaccessible as a result of limited communication they are not known.

Participants were unsure about the support group and could not trust the committee because it could not avail itself to students. They expected students to disclose whereas their members did not disclose their HIV status. In this regard hypocrisy has been identified. This was not only from the support group's side, but also from students who joined the support group for materialistic gain. Students also commented that they were not treated with respect as human beings when they were sharing their sensitive information.

Participants were unsure about the support group and they feared the test results after they attended HCT and worried about their future in case they are rejected by friends, colleagues, husbands/wives through lack of confidentiality.

Sometimes they felt supported when the support group organised funerals/memorial services. They also organised exam prayers for students before exams.

Participants were feeling insecure about themselves because they were being judged and exposed to stigma and ridicule. They were not happy that their shared information was also shared with other people whereby breaking the relationship of trust and thus being exposed to stigma.

Participants were insecure about themselves because they felt excluded. They feared the consequences of disclosure and rejection through ignorance as some students did not know the mode of transmission of an HIV-virus and thought that they could be infected through sneezing or sitting next to somebody who is HIV positive.

Chapter 5 DISCUSSION, CONCLUSIONS & RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter dealt with data analysis and a brief discussion of the results. The aim of this chapter is to offer conclusions and recommendations based on the findings to assist the support group to meet the expectations of the undergraduate nursing students. The findings drawn from the data provide the foundation from which conclusions will be discussed and contextualised with relevant literature.

5.2 DISCUSSION & CONCLUSIONS BASED ON THE RESEARCH OBJECTIVES

The aim of this study was to explore and describe the undergraduate nursing students' experiences and perceptions of the support group activities offered at one campus of an Eastern Cape nursing college.

The objectives set for this study were to:

- Explore and describe the student's experiences and perceptions of the support group activities
- Identify and describe the student's expectations of the support group.

The conclusions drawn from the data analysis are discussed and contextualised under each of the objectives set for the study.

5.2.1 EXPLORE AND DESCRIBE THE STUDENT'S EXPERIENCES AND PERCEPTIONS OF THE SUPPORT GROUP ACTIVITIES

The students' experiences and perceptions were explored during individual interviews. The data from these interviews was analysed using Tesch's eight steps of analysis. The two main themes that emerged from the data analysis were:

- Theme 1: Being unsure about the support group
- Theme 2: Feeling insecure about myself.

Each theme was elaborated through specific subthemes that emerged from the data set enabling an in-depth insight into the perceptions and experiences of the participants related to the support group activities.

5.2.1.1 being unsure about the support group

The findings of this study showed that undergraduate students are reluctant to participate in HCT because of issues related to confidentiality should the results come out positive. The participants indicated that the committee members of the support group show a lack of respect towards the principle of confidentiality, by violating the students' rights and thus breaking the relationship of trust. It depends how the support group has been formed, and whether it is composed of members who are HIV- positive only or other interested members are allowed to join. The possible reason for this challenge is that anybody who is interested joins the group without being educated about the ground rules and others join to fulfil their personal objectives.

The participants indicated that the support group does not take the challenge of HIV seriously, they are rather seen to treat HIV/AIDS as a joke. This is confirmed by the statement of one of the participants from this study that she does not think the first years should be included in the support group committee because they are still young and immature as far as confidentiality is concerned. Unfortunately this is the group that is targeted because they are sexually active (Thorn & Cullinan, 2003:47). Health education about sexually transmitted infections is very important in this regard though according to Sathiparsad and Taylor (2006:117), young adults have knowledge about sexually transmitted infections such as HIV/AIDS but this knowledge does not necessarily translate into safe sexual behaviour.

The participants felt that they are being exposed and automatically stigmatised through participating in support group activities. There is a perception that PLWHA have low morals or have done something wrong thus being stigmatised (Department of Health, 2003:21). This is the main reason for non-disclosure, this may result in delayed commencement of treatment consequently resulting in the client becoming full blow AIDS (own experience). At the nursing college it appears that the disease continues to exist behind a wall of silence, with fear of stigma and discrimination preventing students

from seeking help. There is denial and secrecy with reports of ill students on the campus but less evidence about students dying (Kelly, 2003:5). The situation on this campus is similar with this campus. Human rights approaches include instituting legal action to challenge discrimination and other violations of human rights in various arenas; ensuring access to redress; conducting rights awareness campaigns, including promoting understanding among people living with HIV of their rights (UNAIDS 2005).

Participants indicated that they had no trust in the support group committee. The committee is seen to be hypocritical when they did not disclose their HIV-status but expected others in the support group to do so. Nobody should be told to disclose because disclosure is a process and one should know the reasons for disclosing. The committee members are perceived to have little respect or care for students as human beings. Due to the perception of the participants that committee members have no respect for confidentiality and little care for them as human beings, they are afraid of receiving test results and for their future once they know their status, ultimately choosing not to participate in the support group activities. Participants mentioned that the support group committee is difficult to access and offers only limited communication. When forming the group, ground rules for the venue and time for the meeting should be discussed and known by members (Baumann, 2007:622).

Participants do not trust the committee members because they are perceived to be hypocritical. This means that while the support group committee members encourage students to be brave and disclose their status, they do not disclose their own status. Most people seem to find it easier to discuss HIV/AIDS, but find it more difficult to talk about how it affected them or their family personal (Department of Health, 2003:16). The members of the support group are also not compelled to divulge their status because disclosure causes conflict between the two groups. People should not disclose because they are told to do so, but one has to know the phases of disclosure, plan for why, when, to whom what and how to disclose. One has to deal with the effects of disclosure and understand the role of support groups and support systems for PLWHAs (Department of Health, 2003:4).

Trust has been found lacking with the support group. Internationally and in South Africa, most HIV/AIDS support groups started off as groups only for people living with HIV/AIDS (Department of Health, 2003:94). Some support groups are open to all people who are affected by HIV/AIDS, such as family members; while other groups separate PLWHAs and those who are affected by HIV/AIDS into different groups as it is regarded that a PLWHA only group builds trust, capacity and solidarity (Department of Health, 2003:94). Disadvantages of this type of a group have been identified as the group members becoming too emotional, feeling too pressurised to share and disclose personally as well as stigma attached to the group (Department of Health, 2003:95). The challenge is one for the college support group to consider as the group it serves will comprise of PLWHA as well as affect persons as well as non-infected, non-affected persons; as such it is important that the support group committee consider the purpose and reach of the group carefully to create a space of trust and inclusivity.

The participants felt that once they joined the support group they are assumed to be HIV positive and automatically stigmatised. This further increased the reluctance of the students to make use of HCT services. Despite the support group including both HIV-positive people and negative supporters, participants indicated that being a support group member means you are automatically stigmatised. Other students assume that you are already HIV positive merely by your association with the support group. This is totally different from other support groups because a support group is where PLWHA do not feel isolated and where they get moral support and information. Other support groups encourage people to know their status and there is group solidarity (Department of Health, 2005:92). This extends further into increasing the reluctance to use the counselling and testing services on offer. This confirms that the lack of education with regards to HIV contribute to the stigma of HIV. This may result in delayed access to treatment and poor adherence to medication (Goudge et al., 2004:94). Campaigns to destigmatise HIV/AIDS should continue mobilizing those who are living with HIV/AIDS positively without any compromise because they have a right to live (UNAIDS, 2005:18).

Participants generally felt that the support group is not active, because they do not come and listen to their problems when they are needed. Participants mentioned that they are not eager to attend the meetings of the support group because the support group do not

avail themselves openly to the student body. Another challenge is that the students fear stigma attached to the group. The support group should come out and go to the students to render the service they need. The participants also emphasised that the support group is inaccessible and that the support group members cannot be found by the students when needed. If the support group is there for the students there should be mutual sharing of difficult experiences which provide the student group with a space where some relief is accessible to them. They should get moral support, motivation and advice on positive living (Bauman, 2007:619).

They also reflected on limited communication. The participants emanated that the support group is not known to all students. They see activities being conducted but are not aware that it is organized by the support group. This means that the support group is not advertising or marketing this group properly so that it can be known. Most support groups communicate support to those who have not declared their status so that they can be known for their support. This support group needs health education in order to stand up for their rights and do networking in order to learn from other stable support groups.

Participants felt that they are not respected when sharing their sensitive information because they hear about the information elsewhere. Lack of respect for an individual's privacy is another challenge that is experienced by the participants. When they share sensitive information with the support group members they expect that this information will be treated respectfully and be kept privately. The reasons for non-disclosure are privacy, which is confirmed by Wong et al. (2007:1138). When the participant's privacy is disrespected in any way, their rights are violated.

The support group committee members must be trusted in their position to respect and protect the rights of the participants otherwise their behaviour is seen to be unethical. Students as human beings with rights deserve to be treated with care and respect by the support group because the sensitive information that they share with the support group is too sensitive according to the students. This is seen to be violating the participants' privacy as they are human beings whose rights should be respected (Brink, 2012:34).

Participants were not willing to go for HCT, as they feared the lack of confidentiality and discrimination practised by the support group. Discrimination is a violation of human rights (UNAIDS, 2005:5). Unfortunately, the information that the support group committee members received from participants was not kept confidential, they shared this information with other members. The participants noticed a change in her friend's behaviour for example, a subtle change in behaviours such as no longer wanted to share lunch with an individual because of her/his positive status. They are afraid to lose friends should the results turn HIV positive.

Participants said that they sometimes felt supported by the support group when they organised a funeral and memorial service for a student who had passed away. They also organise exam prayers before students write their exams. These are positive things gained from the support group. Support groups are supposed to support members psychologically, mentally, physically and spiritually. People need one another in order to survive both physically and emotionally (Baumann, 2007:620).

5.2.1.2 Feeling insecure about myself

Participants said that although the support group can give good advice the way they give it, is not acceptable to students. After disclosing there is a tendency that the secret starts to spread in the open. Participants felt as if they are being judged and exposed. In this regard participants indicated that members of the support group do not respect the principles of confidentiality when dealing with sensitive information and people, and they therefore feel exposed (Brink, 2012:34). They further commented that they are worried about the lack of confidentiality and are therefore not even prepared to be involved in HCT.

Participants mentioned that their private information is violated by the support group by sharing it with its members. This is a serious challenge that faces the support group committee which makes the students reluctant to disclose information to anyone because their private information is not kept confidential and thus their human rights are not protected (Brink, 2012:35). Students are afraid to disclose because they are afraid of stigma and therefore do not want to be associated with the support group; because once you are a member you are stigmatized as being HIV positive. One participant explained

stigma as 'it's like you have got something that other people do not have, something that is negative as a result you feel that you are no longer part of that group, you are isolated, you are being discriminated against the status you've got' which is congruent with Simbayi's description (Simbayi et al.2007:1829).

Fearing of the consequences of disclosure, participants explained that they have a feeling of exclusion, fearing the consequences of disclosure, fear of rejection through ignorance. They feel isolated, therefore no longer part of the group. This is confirmed by Duffy (2005:16) who stated that stigma, discrimination and resulting isolation means that people do not easily disclose their diagnosis. Kelly (2003:6) further argued that disclosure of AIDS is characterized by a language of conflict and struggle that works in synergy with a language of exclusion, leading to dehumanization of affected individuals and marginalization of those with HIV/AIDS. Participants reflected that they were afraid of the results of disclosure. This has been confirmed by Adedimeji (2009:16) who noted that the main reason for non-disclosure is stigma and being frightened of the outcome.

It emanated from the participants that they experience rejection from friends and colleagues in various ways. If a participant confides in one of the support group committee members about her HIV status, she will later realise that if she has an attack of flu, coughing or sneezing, other students will move away from her, in this way she will feel rejected. In a study conducted by Simbayi et al. (2006:36) it was reported that individuals often attempt to hide their HIV positive status due to previous negative responses from other individuals.

According to the participants the support group is not well-known to the student population, because the support group committee members are not easy to contact due to the fact that they are not readily available. The support group should have a specific location where a committee member is easy to find and can give the support readily and easily.

The broad conclusion that can be drawn from the findings of this study is that currently, the support group does not offer the support the students desire as the fundamental functioning of the group is compromised by a lack of trust between students and the committee members.

5.3 RECOMMENDATIONS

As described in chapter one this study was pursued to explore and describe the student's experiences and perceptions of the support group's activities, and to identify and describe the student's expectations of the support group in the Eastern Cape. This section provides recommendations based in the findings of the study.

5.3.1 PROFESSIONAL SERVICES

The participants identified that professional services, that is a specialist in the field of counselling is needed as they believe that the services will then be conducted in a professional way and there will be no chances of leaking information. A social worker can assist when there are issues that may need a person to contact a friend, family, husband or wife. Another important fact is that a psychologist will also work as an advocate for the individual. Advocacy involves identifying an issue, a well-planned action and moves from of a negative situation to a more positive one (Department of Health, 2005:58).

The support group should try to negotiate with the management to assist with professional services at the college as requested by the participants, for example a psychologist and a social worker. Skinner and Mfecane (2004:161) argue that discrimination reduces the person's willingness to disclose their status and reduces the potentially important sources of support, such as family and friends. The choice of the person to be contacted must be from the participant who knows the person she trusts to be her supporter.

The college does not have health facilities for students. The researcher has observed that students used the hospital services which become a problem for them because of long queues, especially when they should be at the college for that period .

5.3.2 RECREATIONAL SUPPORT

Participants acknowledged that they need to be active in sport to keep them fit and for socialisation purposes, for example meeting and making new friends. These facilities are very important in the life of participants to keep them active and for socialization purposes. Participants mentioned the importance of taking part in sport by keeping a

healthy mind, body and spirit. The support group should advocate to the management to provide these types of facilities for the student body.

5.3.3 HEALTH EDUCATION

Participants identified a number of issues that need health education for both students and the support group to meet the challenges.

It appears that the support group committee members, as well as the student body would benefit from appropriate and useful health education about the mode of transmission of the HIV to dispel the myth that one can be infected by eating utensils, sitting next to an HIV positive person or through sneezing. Correct, appropriate information would assist in reducing stigma and indirectly strengthen the ability of the student body to assist their patients.

The concern raised about the poor standard of behaviour related to ethical issues in this group requires immediate attention. Nursing students are privileged with confidential information from many sources and must be required to engage in behaviours that respect confidentiality of any information they receive.

Stigma is another challenge facing the students and this seems to be reinforced through misperceptions and incorrect information. The support group must organize frequent campaigns to de-stigmatize HIV. It is necessary for the nursing college management to engage into discussions as to how they as role models can influence the student body as well. Human rights campaigns are also essential for the student body.

Students should engage in open discussion as to how they see the future of the support group and participate in strengthening the influence and reach of the group.

5.3.4 FURTHER RECOMMENDATIONS

Further specific recommendations emanating from this study are:

- the Nursing College management structures should be clear champions of the support group through working with the support group committee members in refining the purpose and activities of the group

- a trusted representative of the teaching personnel must be fully involved in supporting and advising the support group committee members on all matters regarding HIV and AIDS
- Committee members must participate in development workshops to learn how to better manage ethical issues of confidentiality, privacy and maintaining a supportive and caring attitude.
- Peer education sessions must be conducted at quarterly intervals
- HIV and AIDS programme must be integrated within the four year nursing curriculum
- Committee members should be selected from first to fourth year student to encourage continuity.

In order to gain a full picture of all the challenges related to establishing a successful HIV/AIDS support group on a nursing college campus, further research is recommended in the following areas:

- the experiences of the committee in relation to challenges they come across when conducting support group sessions
- the perceptions of nursing college management structures regarding their role and responsibilities in managing the HIV/AIDS impact on campus
- analysis of the particular activities initiated by the support group to determine what elements are present in a successful activity and similarly in an unsuccessful activity.

5.4 LIMITATIONS OF THIS STUDY

Burns and Grove (2005:741) describe limitations as theoretical and methodological restrictions in the study that may decrease the generalizability of the findings.

A qualitative research approach was applied which limits generalizability of the findings but does offer a perspective on the functioning of the support group in this environment which does enable others in a similar situation to learn from the findings of this work. The study focused only on the experiences and perceptions of the undergraduate

nursing students of the support group activities. Another limitation is that this study has been conducted on one campus of the nursing college and thus can only reflect the perceptions of those who participated in the study.

5.5 CONCLUSION

The overall aim of this study was to explore the undergraduate nursing students' experiences and perceptions of the support group activities in order to improve the relevance of this initiative for students.

The results indicated most critically a lack of respect for the principles of confidentiality by the support group, in particular the support group committee. The behaviours demonstrating in a lack of respect for confidentiality has resulted in lack of trust by the undergraduate nursing students of the support group activities and loss of ownership by students.

Stigma and discrimination by the support group members lead to a feeling of isolation and exclusion for those students who are in need of a functional support group.

The support group does not meet the expectations of the participants. Participants have reflected that professional services such as those of a psychologist and a social worker would be beneficial. Participants would like the support group to negotiate with the college management structures to assist in making these professional services available within the college.

Furthermore, interventions should be focussed on much needed support for healthy, productive recreational activities, relevant health education about HIV/AIDS and respectful interaction. Participants recognised the importance of taking part in sport to keep mind, body and spirit in balance; to keep them fit and for socialisation purposes, meeting and making friends. Discussions regarding confidentiality and acceptable interpersonal behaviours should be facilitated to lay the groundwork to develop a new support group. This study has revealed the need for a well-functioning support group that is trusted and respected by the student body and offers insight into what the student body regard as important in establishing a functional and trusted group.

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APPENDICES

Appendix A: Interview guide

Annexure F : Interview guide

TITLE: Exploration of undergraduate nursing student's experiences of the [REDACTED]
Support group and activities

The following questions were asked in English:

- Think about the activities organised by [REDACTED], which of these activities have you participated in/not participated in, tell me about your experiences of these activities at the college.
- How do you think the [REDACTED] Support Programme could be improved to encourage students to participate and use its services?

Appendix B: Short extract from an individual interview

R: Researcher

P: Participant

R: Okay, tell me about the activities of the support group.

P: The activities that are done by the support group, ne', they are organising prayer for exams for the students during the exam time.

P: They organise e....funeral and memorial service for students who have passed away at the college.

P: Organise HCT for students.

R: Is there anything more?

P: That is all I know.

R: Okay, thank you. Which one of these activities have you participated in or not participated?

P: I am a shy person. LikeI ...don't really participatebut just observe..

R: Okay, tell me about your experiences about this support group.

P: They support those who are HIV positive so that one can disclose to others. If one attends a support group knows what to do. She is free to disclose to partners or to family members. Now the negative part of it....

R: Okay what about the negative part of the support group?

P: The negative part.... of this group is.....that there is no confidentiality, others who are not in the group understand that ...If.....you join the group....you are ...infected.

R: O, okay.

P: If you join the support group, they all know that you are infected. Another problem is that, if you are in class there are no chances that you can collect your medication.... because..... You are not given the chance to collect your medication.

R: Okay, is there anything else? Remember we are talking about the support group.

P: There is also discrimination because those....that.....that are not in the support group know that you are infected, you have less friends. When you share a room you are unable to take your medication because of your roommate, there is no confidentiality. They will say all the negative things about you.

R: Negative things about you?

P: Negative information about me and others will look at me and feel stigmatised. My roommate was discriminating me. She said I have flu and I am going to infect her. I felt stigmatised and I decided to disclose.

R: Was she the member of the support group?

P: Yes she was a member of the support group.

R: How do you think the support group can improve its services?

P: Health education that the support group is not for HIV students only everyone is free to join.

R: Is there any other thing you can think about?

P: They must not stigmatise me or the people who are infected. They must....take.....out the stigma now and develop some activities like sport.

Also give education about change of life style being positive about your HIV-status, exercises...nutritious food. If know don't know your status, you are in trouble because they will look at you and talk about you.

R; Okay, thank you very much.

Appendix C: Ethics committee - study approval



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Approval Notice New Application

21-Jan-2013
SIXABA, Nqabisa Lucia

Ethics Reference #: S12/11/285

Title: Undergraduate nursing students' experiences of the **Book** Support Group activities.

Dear Mrs Nqabisa SIXABA,

The New Application received on 12-Nov-2012, was reviewed by members of Health Research Ethics Committee 1 via Expedited review procedure on 18-Jan-2013 and was approved.

Please note the following information about your approved research protocol:

Protocol Approval Period: 18-Jan-2013 - 18-Jan-2014

Please remember to use your protocol number (S12/11/285) on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review:

Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Translation of the consent document to the language applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Helene Visser at City Health (Helene.Visser@capetown.gov.za Tel: +27 21 400 3981). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.
For standard HREC forms and documents please visit: www.sun.ac.za/rds

If you have any questions or need further assistance, please contact the HREC office at 0219389657.

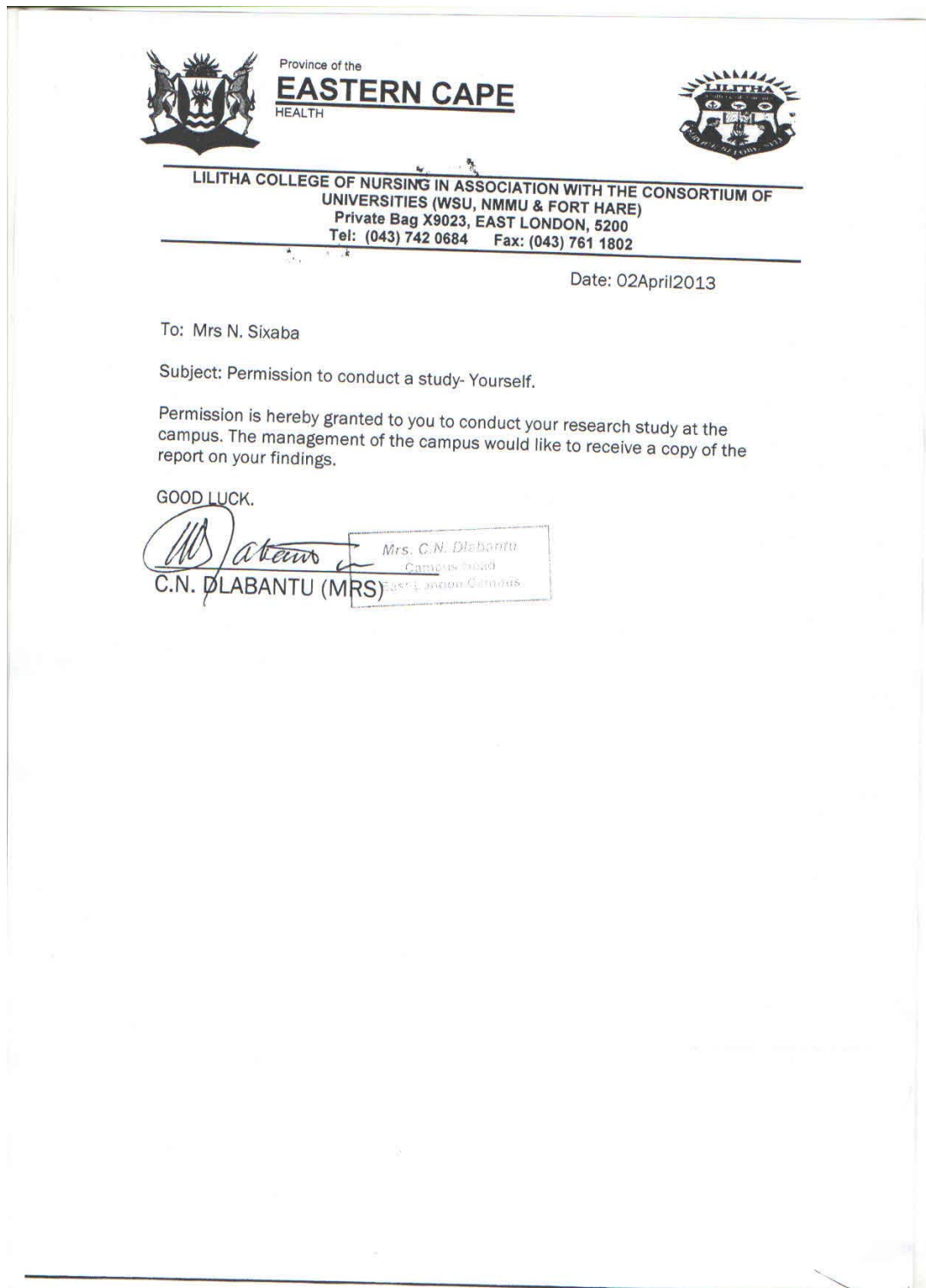
Included Documents:

Application Form
Protocol
Investigators declaration
Consent Form
Checklist
Synopsis

Sincerely,

Franklin Weber
HREC Coordinator

Appendix D: Department of Health – study approval



Appendix E: Study site institutional approval



Eastern Cape Department of Health

Enquiries: Zonwabele Marie
Date: 25th March 2013
e-mail address: zonwabele.marie@impilo.ecprov.gov.za

Tel No: 083 378 1202
Fax No: 043 642 1409

Dear Mrs NL Sixaba

Re: Undergraduate nursing students' experiences of the [REDACTED] Support Group activities

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You will observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants. You will not impose or force individuals or possible research participants to participate in your study. Research participants have a right to withdraw anytime they want to.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT





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Private Bag X0028 • Bhisho • 5605 • REPUBLIC OF SOUTH AFRICA
Tel.: +27 (0)40 608 9509/08 • Fax: +27 (0)40 608 9689/0866816407/086 608 7553
Website: www.ecdoh.gov.za
Email: nomvuyiseko.links@impilo.ecprov.gov.za

Enquiries: Miss V. Delihlazo

MEMORANDUM

TO	MRS N.S. SIXABA
FROM	MRS N LINKS: PRINCIPAL: [REDACTED]
SUBJECT	PERMISSION TO CONDUCT RESEARCH IN ONE OF [REDACTED] COLLEGE CAMPUSES: [REDACTED]
DATE	12 FEBRUARY 2013

1. The subject matter above refers.
2. This correspondence serves to confirm that permission is hereby granted for you to conduct research in one [REDACTED] Nursing College Campus: [REDACTED].
3. The College will be waiting to be forwarded the results/recommendations from your study for implementation purpose by the college campuses.
4. The organization takes this opportunity to wish you success in your studies.

.....
Mrs N Links: Principal [REDACTED]



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Ikamva elizaqambileyo!

Appendix F: Participant information leaflet & consent

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT:

Undergraduate nursing students' experiences of the ██████████ Support Group activities.

REFERENCE NUMBER:

PRINCIPAL INVESTIGATOR: Nqabisa Lucia Sixaba

ADDRESS: No 71 Sheridan Road Amalinda East London 5247

CONTACT NUMBER : 0725755867

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the study staff or doctor any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the **Health Research Ethics Committee at Stellenbosch University** and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

This study is about your experience as a student about ██████████ Support Group activities.

██████████ Support Group has been offering various activities on the college campus to support the destigmatisation of HIV/AIDS, as well as HIV Counselling and Testing (HCT). The purpose of this study is to explore and describe your experiences of these ██████████ Support Group activities in order to improve the relevance of this initiative for students.

What will your responsibilities be?

- Read the participant information leaflet and consent form.
- Complete and sign the consent form and hand it back to the researcher.
- Keep your section of the consent and this participant leaflet for your own records.
- You will be asked to think about your experiences of ██████████ Support Group activities and to describe these experiences to the researcher during a private interview. The interview will not take longer than 1 hour of your time.
- Contact the researcher by telephone/ cell phone (see the number at the end of the letter) should you want to ask any questions.

Will you benefit from taking part in this research?

There is no personal gain to participating in this study, however the student body will benefit from improved relevance in the ██████ Support Group activities.

Are there any risks involved in your taking part in this research?

There are no risks involved to you in this study.

If you do not agree to take part, what alternatives do you have?

As no intervention is involved in this study, you may decline to take part in the research without any consequences to you.

Who will have access to your medical records?

The information that you provide during interview will be treated as confidential and will only be used for the purpose of the study. Your name will not be revealed in any written data or report resulting from this study. Only the investigator and the supervisor of the study will have access to the information of the interview and will treat it as confidential.

What will happen in the unlikely event of some form injury occurring as a direct result of your taking part in this research study?

In the unlikely event of injury occurring during the interview, the researcher will assist you in accessing campus health services with your permission.

Will you be paid to take part in this study and are there any costs involved?

No, you will not be paid to take part in the study, nor are there any associated costs for you.

Is there any thing else that you should know or do?

You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by your study researcher.

You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I agree to take part in a research study entitled: *Undergraduate students' experiences and perceptions of ██████ Support Group activities.*

I declare that:

- I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.

- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 2005.

.....
Signature of participant

.....
Signature of witness

Declaration by investigator

I, Nqabisa Lucia Sixaba declare that

- I explained the information in this document to
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter. (*If a interpreter is used then the interpreter must sign the declaration below.*)

Signed at (*place*) .East London..... on (*date*) 13th May..... 2013.

.....
u. l. sixaba
Signature of investigator

.....
Signature of witness

Declaration by interpreter

I (*name*) declare that:

- I assisted the investigator (*name*) to explain the information in this document to (*name of participant*)

..... using the language medium of
Afrikaans/Xhosa.

- We encouraged him/her to ask questions and took adequate time to answer them.
- I conveyed a factually correct version of what was related to me.
- I am satisfied that the participant fully understands the content of this informed consent document and has had all his/her question satisfactorily answered.

Signed at (*place*) on (*date*)

.....
Signature of interpreter

.....
Signature of witness

Appendix G: Confirmation of document edit




3 Beroma Crescent
Beroma
Bellville 7530

TO WHOM IT MAY CONCERN

This letter serves to confirm that the undersigned

ILLONA ALTHAEA MEYER

has proof-read and edited the document contained herein for language correctness.

 (Ms IA Meyer)

SIGNED

Appendix H: Confirmation of document formatting



To whom it may concern

This letter serves as confirmation that I, Lize Vorster, performed the technical formatting of Nqabisa Lucia Sixaba's thesis. Technical formatting entails complying with the Stellenbosch University technical requirements.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lize Vorster', is written over a simple line drawing of a pen nib.

Lize Vorster

Language Practitioner

Vygie street 9, Welgevonden Estate, Stellenbosch, 7600 * e-mail: lizevorster@gmail.com * cell: 082 856 8221