

**HIV/AIDS KNOWLEDGE, AWARENESS AND PERCEPTION OF
UNDERGRADUATE FIRST – YEAR STUDENTS AT THE CAPE
INSTITUTE FOR AGRICULTURAL TRAINING:
HIGHER EDUCATION AND TRAINING**

**by
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Economic and Management Sciences

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DECLARATION

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the owner thereof (unless to the extent explicitly otherwise stated) and that I have not previously in its entirety, or in part, submitted it for obtaining any qualification.



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01/02/2010

ABSTRACT

In a developing country as South – Africa, one of the most disturbing facts about HIV/AIDS is that the infection rate is growing at an alarming rate and as yet, there is no cure for the disease. More than 5 million South Africans are currently HIV positive. HIV and AIDS is an epidemic fuelled by social, cultural, behavioural and economic factors. Therefore, our country needs effective interventions to reduce the high HIV infection rate. One of the critical aspects of HIV prevention is ensuring that vulnerable groups, such as the youth, are not excluded or overlooked by prevention and treatment programmes.

The aim of this study is to determine the knowledge, awareness and perception level of undergraduate first- year students registered at the Cape Institute for Agricultural Training: *Higher Education and Training* at Elsenburg regarding HIV and AIDS. Questionnaires consisting of close – ended questions on a 4 – point Lickert scale was distributed to 130 students and a total of 103 responded by completed it.

The results of the study indicated that students had a high awareness and perception level about HIV/AIDS. However, this study found a significant difference between males and females in terms of total awareness and perception level. In comparison with awareness and perception levels, students scored a low percentage in terms of total knowledge.

Recommendations and future research at the Cape Institute for Agricultural Training: *Higher Education and Training* at Elsenburg regarding HIV and AIDS are proposed.

OPSOMMING

In 'n ontwikkelende land soos Suid – Afrika is een van die mees hinderlike feite van MIV/VIGS dat die infeksie koers teen 'n angswekkende snelheid groei en dat daar nie huidiglik 'n geneesmiddel vir die siekte is nie. Meer as 5 miljoen Suid – Afrikaners is huidiglik MIV positief. VIGS is 'n epidemie wat aangevuur word deur sosiale, kulturele, gedrags- en ekonomiese faktore. Daarvoor benodig ons land effektiewe intervensies om die hoë MIV infeksie koers te verminder. Een van die kritiese aspekte rondom MIV voorkoming is om te verseker dat kwesbare groepe, soos die jeug, nie uitgesluit of oorgesien word by voorkomings- en behandelingsprogramme nie.

Die doel van hierdie studie is om te bepaal die kennis-, bewustheids- en persepsie vlakke van voorgraadse eerstejaar studente geregistreerd aan die Kaapse Instituut vir Landbou Opleiding: Hoër Onderwys en Opleiding te Elsenburg rakende MIV en VIGS. Vraelyste bestaande uit geslote – vrae op 'n 4 – punt Likert skaal was versprei onder 130 studente waarvan 103 dit voltooi het.

Resultate van die studie dui daarop dat studente 'n hoë bewustheids- en persepsie vlak rakende MIV/VIGS het. Daar was wel 'n beduidende verskil tussen mans en vroue in terme van algehele bewustheid en persepsie vlak. In vergelyking met bewustheid en persepsie vlakke, het studente 'n lae telling behaal vir hul algehele kennis vlak.

Aanbevelings en toekomstige navorsing aan die Kaapse Instituut vir Landbou Opleiding: Hoër Onderwys en Opleiding te Elsenburg rakende MIV en VIGS word aanbeveel.

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CHAPTER 1 INTRODUCTION

Acquired Immunodeficiency Syndrome, or AIDS, is the end stage of HIV infection. HIV destroys the immune system, and when the immune system becomes unable to protect the body against common, otherwise unthreatening diseases, AIDS may be diagnosed (A World Bank Policy Research Report, 1999).

HIV infection is transmitted primarily:

- by sexual intercourse;
- by HIV- infected blood passing directly into the body of another person; and
- by a mother to her baby during pregnancy or childbirth, or as a result of breastfeeding

(Van Dyk, 2005)

There are many other factors, which contribute to the vulnerability to and the spreading of the virus, ranging from behavioural, cultural, social, political, and economic to health factors. UNAIDS (2004) reported that a major source of vulnerability as far as children are concerned is their lack of knowledge about STD/HIV transmission, and their lack of skills in situations that may turn risky, such as alcohol consumption, standing up for pressure for sex (and drugs), and negotiating condom use and other forms of safer sex. Many young people still lack accurate, complete information on how to avoid exposure to the virus. The environment of false beliefs and lack of knowledge provides a fertile breeding ground for the HI virus to spread. Du Plessis et.al (1993) argues that informing, educating, and changing the attitude and beliefs of people with regard to HIV infection, remain the only strategy to prevent transmission of the disease.

According to Barnabas (2000), the Universities and the system for Higher Education as a whole are entrusted with the task of producing men and women who are equipped to make an effective contribution to development. The threat posed to Africa by HIV/AIDS continues to increase.

The epidemic is not restricted by national boundaries. Neither is it confined by age, gender, social status, or learning environment. Once it has a foothold, it can affect every part of a country, every level of a society, and every aspect of an institution.

Thus, before any proper strategy can be planned to manage the impact of HIV and AIDS, especially for young people, it is important to know what they know and how do they feel about the epidemic.

CHAPTER 2

BACKGROUND STATISTICS

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) is one of the main challenges facing the world today. On a global scale, the HIV epidemic has stabilized, although with unacceptable high levels of new HIV infections and AIDS deaths.

By the end of 2007, an estimated 33 million people are living globally with HIV. About 2 million people died due to AIDS, compared with an estimated 1.7 million in 2001. Sub-Saharan Africa remains the region most heavily affected by HIV, accounting for 67% of all people living with HIV and for 75% of AIDS deaths. Globally, women account for half of all people living with HIV. Young people aged 15-24 accounts for 45% of new infections worldwide (2008 Report on Global AIDS Epidemic, UNAIDS).

In South Africa an estimated 5.7 million are currently living with HIV, approximately 3.2 million are woman and 280 000 children ages 0-4 years (Country Situation Analysis, UNAIDS: July 2008). According to Barnett et.al (2006) countries such as South Africa and Zimbabwe, where one-fifth or one-quarter of adult population is infected, AIDS is set to claim the lives of around half of all 15-year-olds.

In March 2003, the Africa-America Institute (AAI) in partnership with the Association of African Universities (AAU) conducted a Conference of Rectors, Vice Chancellors and Presidents (COREVIP) to elicit ideas on the role and responses of African universities to HIV/AIDS.

Several heads of these institutions acknowledge that HIV/AIDS was a major threat facing the education sector in Africa, but prevalence among staff and students is not well documented (Working Group on Higher Education of the Association for the Development of Education in Africa, 2006).

One of the highlights from earlier studies demonstrates the scale of the challenge from HIV/AIDS:

- Estimates for South Africa are that by 2005 more than 30 percent of undergraduate students in the 25 public universities and more than 35 percent of those in the technikons or polytechnics will be infected with HIV (Kinghorn, 2000).

CHAPTER 3

AIM OF THE STUDY AND RESEARCH METHODOLOGY

The aim of this study is to determine the knowledge, awareness and perception level of undergraduate first-year students registered at the Cape Institute for Agricultural Training: *Higher Education and Training* at Elsenburg regarding HIV and AIDS.

Assessing levels of knowledge, awareness and perceptions of undergraduate first-year students regarding HIV and AIDS will lead to a baseline understanding about what students know, feel, and understand about HIV and AIDS. It is important that every student should have the basic knowledge about the transmission and prevention of the virus.

The information gained from assessing the levels of knowledge, awareness, and perceptions of students will be used to develop appropriate HIV and AIDS prevention programmes within the Cape Institute for Agricultural Training: *Higher Education and Training* at Elsenburg.

This research study therefore proposes that assessing levels of knowledge, awareness, and perceptions can contribute to the successful implementation of HIV and AIDS prevention programmes.

3.1 Permission

Permission to conduct a knowledge, awareness, and perception study amongst undergraduate first-year students registered at the Cape Institute for Agricultural Training: *Higher Education and Training* at Elsenburg regarding HIV/AIDS had to be obtained by the Head of the Department of Agriculture: Western Cape. Participation in the study was voluntary and anonymous.

3.2 Measuring Instrument

A questionnaire was developed by the researcher in consultation with a senior academic staff member of the Africa Centre for HIV/AIDS Management. The questionnaire consisted of 35 questions and was divided into four sections. The first section consisted of demographic questions, the second section consisted of knowledge questions, the third section consisted

of awareness questions and the fourth section consisted of perception questions. Questions were posed in a close-ended format and answers based on a four point Lickert-scale (Strongly agree, agree, disagree and strongly disagree). As this was a newly designed questionnaire developed specifically for this study, no data is available regarding the validity and reliability of the measuring instrument (Annexure A).

3.3 Collection of data

This study contains data of an opportunity sample of students. The questionnaire was distributed to students on a voluntary basis with the help of some lecturers of the Cape Institute for Agricultural Training. The questionnaire was distributed from the 21 May 2009 to 3 June 2009.

3.4 Research Design

The research design used was a cross-sectional design. The knowledge, awareness, and perception level of specifically undergraduate first-year students registered at the Cape Institute for Agricultural Training: *Higher Education and Training* at Elsenburg regarding HIV and AIDS was determined.

3.5 Statistical Analysis

MS Excel was used to capture the data and STATISTICA version 8 (StatSoft Inc. (2008) STATISTICA (data analysis software system), www.statsoft.com.) used to analyse the data. Summary statistics was used to describe the variables. Distributions of variables such as gender, age, province, and residence were presented with histograms.

3.6 Participants

Questionnaires were distributed to 130 students and a total of 103 (n=103) completed the questionnaire. Of the study group 67% were males and 33% were females. (See Figure 1)

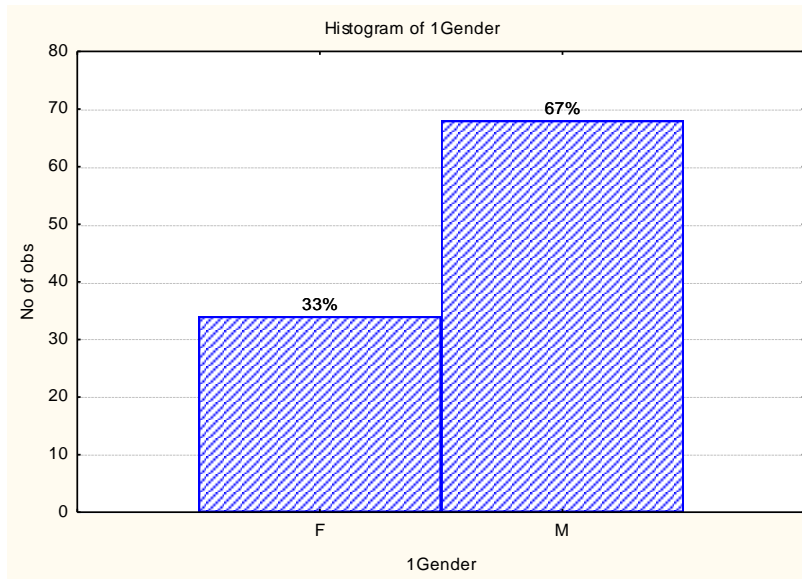


Figure 1: Histogram of Gender

The majority (50%) of the students were between the ages of 18 and 20 years and 27% of the students were in the age group 16-18 years. The analyses of the distribution of age, give us a clear indication that most of the students are still very young (See Figure 2).

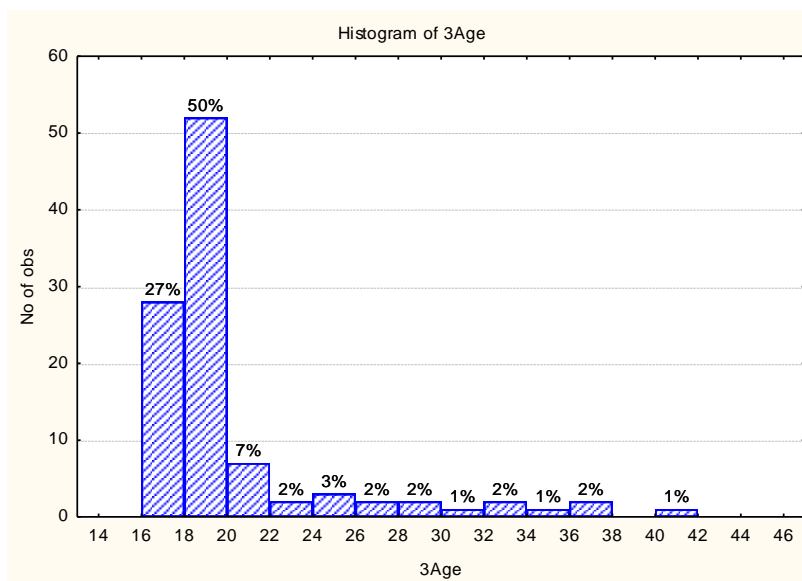


Figure 2: Histogram of Age

The majority of the students were from the Western Cape Province with 67%, 12% Northern Cape, 5% Gauteng, 4% Free State, 4% Kwazulu-Natal, 8% Eastern Cape, and 1% of the Mpumalanga Province (See Figure 3).

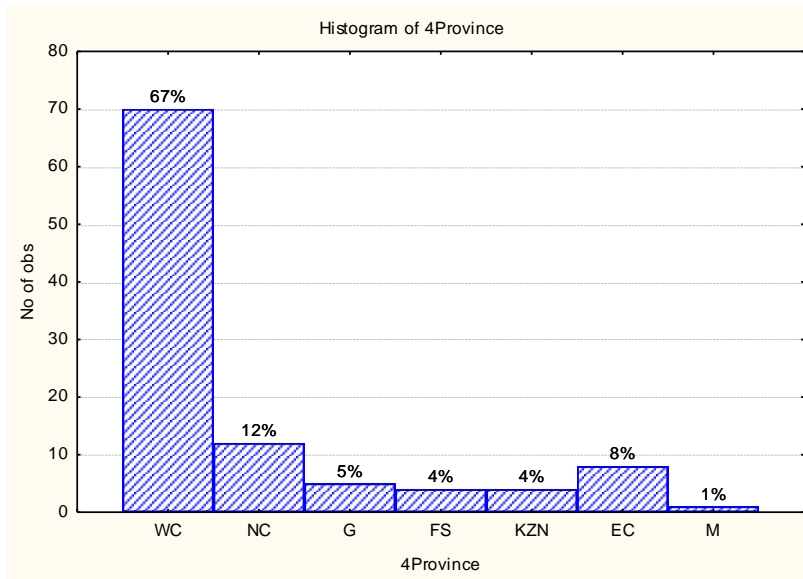


Figure 3: Histogram of Home Province

74% of the students lived at the Training College situated at Elsenburg, Stellenbosch and 26% used private accommodation (See Figure 4).

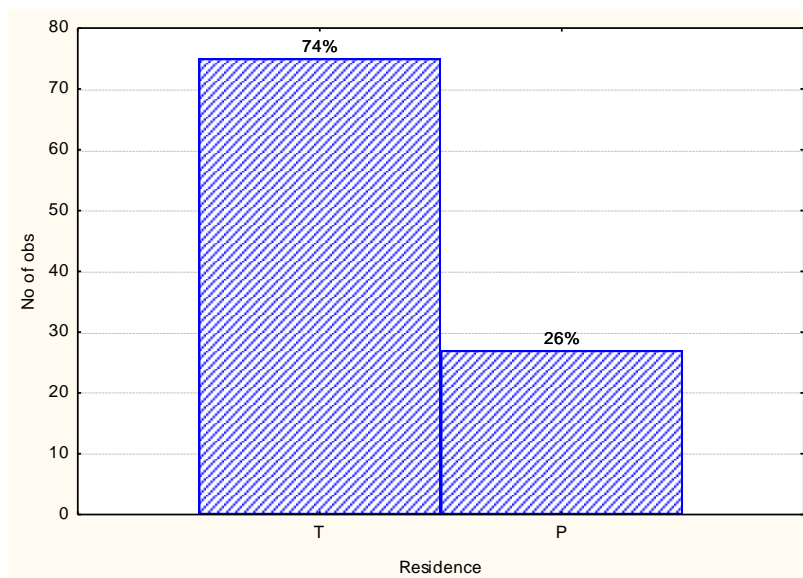


Figure 4: Histogram of Residence

CHAPTER 4 RESULTS

Please note that for analysing purposes (Tables 1 – 3) that if the correct answer was strongly agree, agree was also considered to be correct. In such a case strongly disagree or disagree was also considered to be incorrect. Visa versa if strongly disagree was the correct answer, disagree was also considered to be correct. In such a case strongly agree or agree was considered to be incorrect.

Table 1: Results regarding respondent's knowledge of HIV/AIDS

| Statements regarding knowledge | Correct % |
|---|-----------|
| 1. The first recognised cases of HIV occurred in the United States of America | 73 |
| 2. The first recognised cases of HIV occurred in Africa | 41 |
| 3. HIV was carried over from chimpanzees to humans | 54 |
| 4. South Africa more than 5million people are living with HIV | 92 |
| 5. The province in South Africa with the highest HIV prevalence rate is Limpopo | 44 |
| 6. An estimated 30million people are living with HIV globally | 85 |
| 7. The majority of people living with HIV are from the Africa continent | 79 |
| 8. The number of AIDS deaths per year worldwide is more than 3million | 19 |
| 9. The number of AIDS deaths per year worldwide is more than 1million | 78 |
| 10. Women account for half of all people living HIV world wide | 64 |
| 11. Men is more likely to get HIV then women | 70 |
| 12. HIV can be cured by the use of antiretroviral drugs | 78 |
| Knowledge average correct % | 65 |

Table 1 illustrates the respondents' knowledge with regards to HIV and AIDS. The overall average knowledge of the respondents is 65%. This study did not find a significant difference between males and females in terms of total knowledge [F (1,100) = .65111; p>0,05)]. A non

– parametric ANOVA method, named the Mann-Whitney test was used. A p–value of $p < 0.05$ represents statistical significance in hypothesis testing.

Respondents achieved low percentages at statements 2 (41%), 5 (44%), and 8 (19%). Respondents answered statement 5 that deals with the identification of the South African province with the highest HIV prevalence rate, below average. The correct answer is Kwazulu-Natal.

Due to the fact that the epidemic is fuelled by social, cultural, behavioural and economic factors, the low scores indicate concern about the respondents’ limited knowledge about the HIV situation within the provinces of South Africa. Respondents also do not have certainty about how many people died of the epidemic worldwide on an annual basis. Only 19% of the respondents could give the correct answer. In both men and women we see low scores respectively 22% and 12% (See Figure 5).

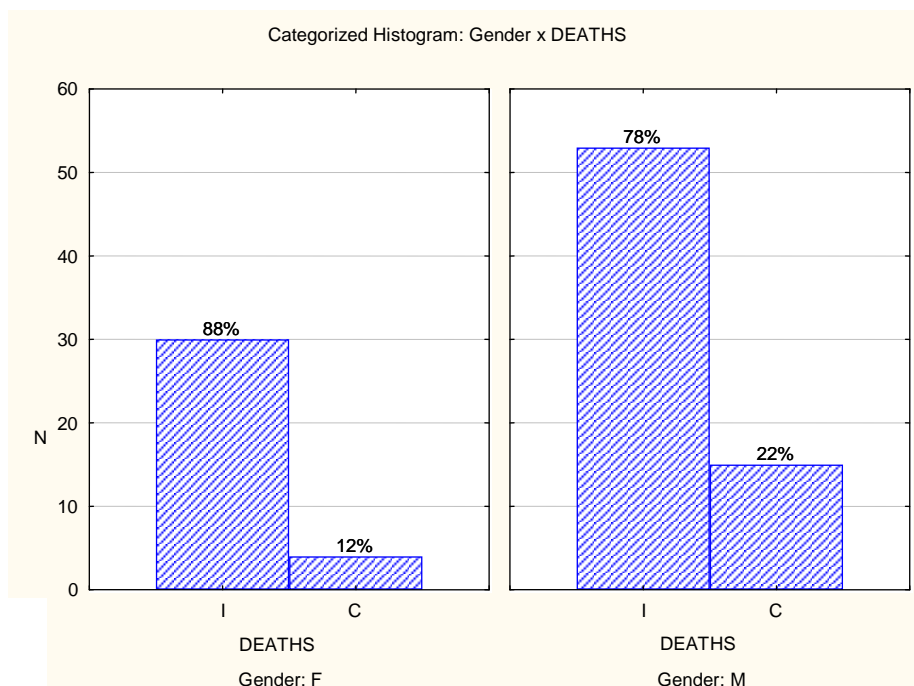


Figure 5: Knowledge about the number of AIDS deaths per year

At statements 1, 4, 6, 7, 9, 11, and 12, a relatively high percentage of respondents gave the correct answers respectively 73%, 92%, 85%, 79%, 78%, 70 %, and 78%. A positive aspect related to the respondents’ knowledge of HIV and AIDS is that 73% know that the first cases

of HIV started in the USA and 79% know that presently the majority of the HIV infected people are living in the African continent.

At statement 11, approximately 70% of the respondents correctly indicated that women are more likely than men to get HIV. Surprisingly 76% women compared to 68% men gave the correct answer (See Figure 6).

UNAIDS (2004) explains that the lack of knowledge about the epidemic, magnifies women’s risk of HIV infection. The balance of power is in many cases in favour of men, therefore women and girls often lack the power to abstain from sex or to insist on condom use, even when they suspect that the man has had other sexual partners. In a study conducted in Zambia, for example, only 11% of women believed that they have the right to ask their husbands to use a condom, even if he had proven himself to be unfaithful and was HIV-positive (UNAIDS, 2004). Statistics showed that a great number of women in Namibia, Peru and Thailand had been physically and/or sexually assaulted by their partners (UNAIDS, 2004:5). High rates of rape in South Africa give us also an indication of the way South African men view their relationship with women.

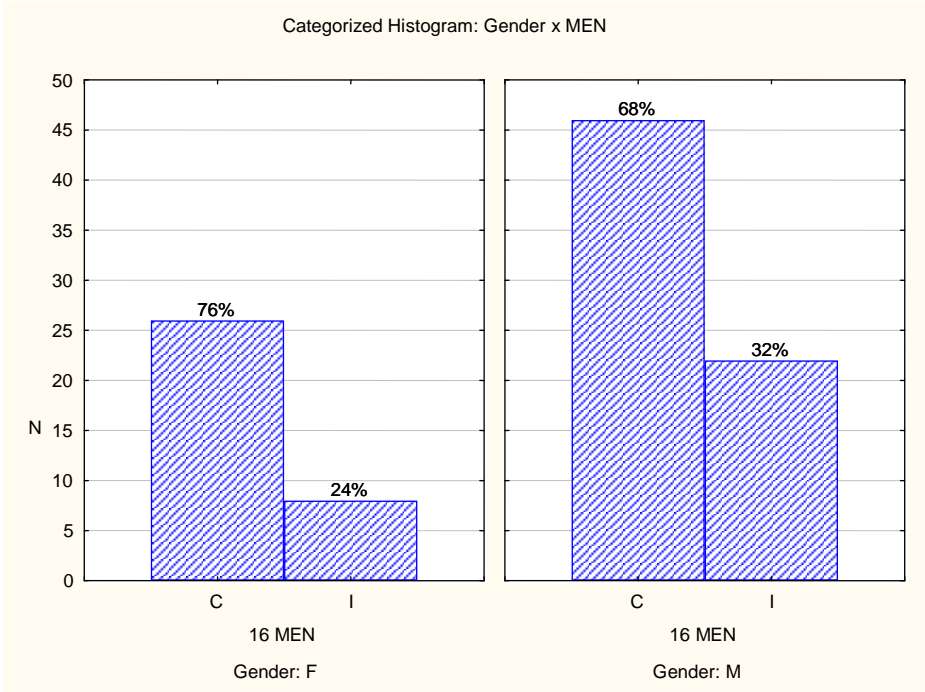


Figure 6: Knowledge about the fact that men are more likely to get HIV than women

Another positive aspect is that a relatively high percentage of respondents (78%) know that the use of antiretrovirals cannot cure HIV. The correct answer is identified by both men (73%) and women (91%) – (See Figure 7). It is important to know that antiretroviral medicines are available to prolong life, but there is no cure for HIV.

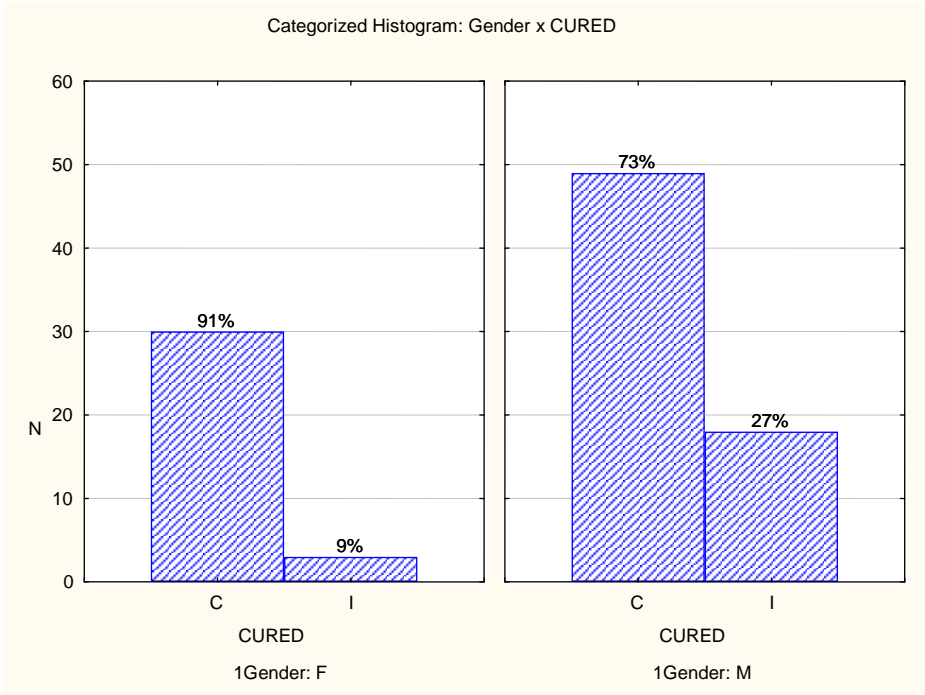


Figure 7: Knowledge about the use of antiretrovirals

Table 2: Results regarding respondent’s awareness of HIV/AIDS

| Statements regarding awareness | Correct % |
|---|-----------|
| 1. The only way to know if you are HIV positive is to go for a test | 90 |
| 2. Counselling before or after an HIV test is not necessary | 66 |
| 3. HIV is only transmitted through unprotected sex | 81 |
| 4. Condoms can help prevent the spread of HIV | 86 |
| 5. If you tested HIV positive there is no need to practice safe sex | 86 |
| 6. You should be aware of your partner’s HIV status before practicing unprotected sex | 94 |
| 7. If you have an open wound or cut and come into contact with blood from an HIV positive person you can contract HIV | 92 |
| 8. An employer has the right to force employees to go for HIV testing | 64 |
| 9. An employee must disclose his HIV status | 60 |
| Awareness average % | 80 |

Table 2 illustrates the awareness level of the respondents related to HIV and AIDS. Respondents had an overall average awareness level of 80%.

This study found a significant difference between males and females in terms of total awareness [$F(1,100) = 7.5429$; $p < 0,05$]. A non – parametric ANOVA method, named the Mann-Whitney test was used. A p–value of $p < 0.05$ represents statistical significance in hypothesis testing.

All statements in Table 2 correctly answered are above average. At statements 1, 6, and 7 we can see relatively high percentages (90%, 94%, and 92%). The majority of respondents are aware that the only way to know whether you are HIV positive is to go for a test.

Considering that the study group is young people, it is gladdening and hopeful to know that 94% are aware of the fact that you need to know your partner’s status before engaging in unprotected sex with him/her. 92% of the respondents are also aware of what to do when they have an open wound and if they are in contact with infected blood. Concern is expressed about the fact that there are still 14% (in both statements 4 and 5) of respondents that are not aware that condoms can help with the prevention of HIV – infection and also that you do not have to practise safe sex if you are HIV-positive.

Table 3: Results regarding respondent’s perceptions of HIV/AIDS

| | Statements regarding perceptions | Correct % |
|----|---|------------------|
| 1. | Only poor people can get HIV | 92 |
| 2. | HIV/AIDS is more commonly found amongst homosexual men | 69 |
| 3. | An infected mother can transmit the HI virus to her unborn child | 83 |
| 4. | Birth- control pills or injection can protect a woman from HIV during sex | 84 |
| 5. | Sharing toilets is dangerous and you can pick up HIV from doing so | 84 |
| 6. | It is very easy to see if someone is HIV positive | 86 |
| 7. | A healthy lifestyle is not important for people living with HIV or AIDS because they are already infected | 84 |
| 8. | HIV causes AIDS | 84 |
| 9. | HIV and AIDS does not really exist | 92 |
| | Perceptions average % | 84 |

Table 3 illustrates the perception-level of the respondents related to HIV and AIDS. The overall average perception-level of the respondents is very high (84%). This study found a significant difference between males and females in terms of total perception [$F(1,97) = 5.6090$; $p < 0,05$]. A non – parametric ANOVA method, named the Mann-Whitney test was used. A p – value of $p < 0.05$ represents statistical significance in hypothesis testing.

The results indicate that respondents have a good and acceptable perception-level related to HIV and AIDS. In statements 1 and 9, respondents presented very high (both 92%) scores. Respondents are positively aware that HIV infects and affects everyone irrespective of economical status or class. This means that everyone is at risk of getting HIV.

A relatively high percentage (92%) was obtained related to the perception whether HIV and AIDS really exists. This is a hopeful outcome as lots of young people are exposed to misperceptions related to the epidemic.

In statement 4, there lies a concern between both men (17%) and women (9%) as to the perception that birth – control pills or the injection can protect a woman against HIV infection during sex (See Figure 8).

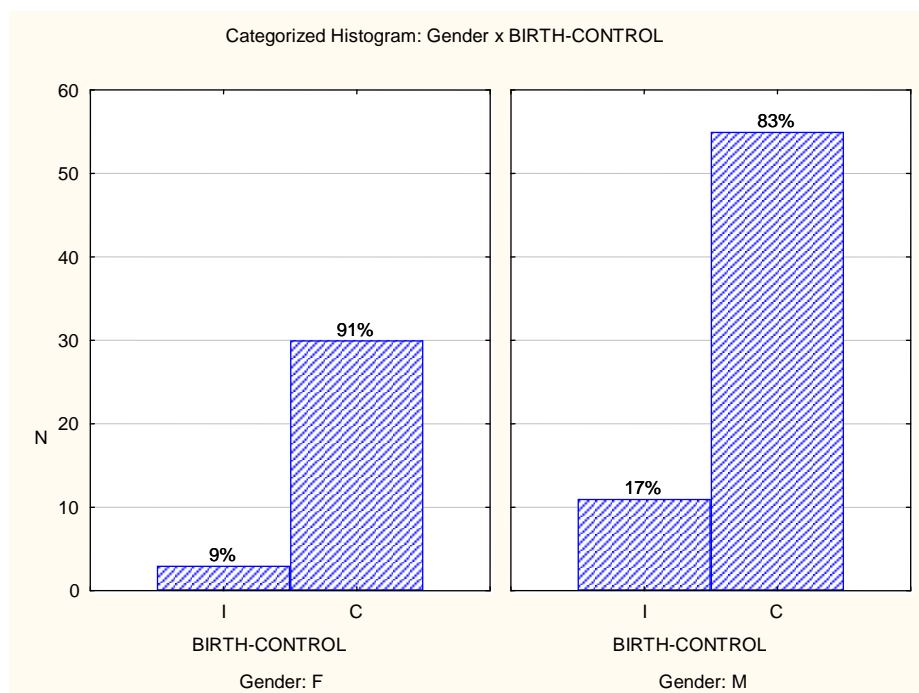


Figure 8: Perception that birth- control pills or injection can protect a woman from HIV during sex

18% of men and 6% women are of the perception that it is very easy to see whether someone is HIV-positive (see Figure 9).

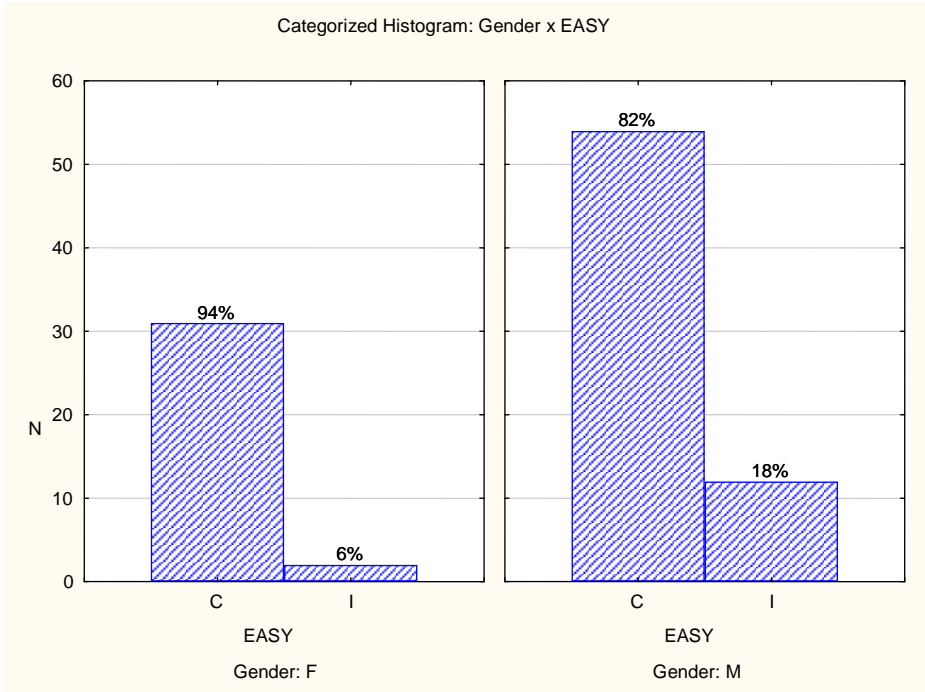


Figure 9: Perception that it is very easy to see whether someone is HIV-positive

4.1 Summary of results.

Gathering information through questionnaires is widely utilized and limitations do exist. Thus, it can be argued that it is not an adequate method to predict knowledge, awareness, and perceptions in terms of HIV/AIDS. Other methods of data collection such as focus groups for future research studies should also be considered. Knowing the facts about HIV prevention will not necessarily lead and contribute to behavioural and attitudinal change.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

The study can be seen as an attempt to determine and evaluate the level of HIV and AIDS knowledge, awareness, and perception of first-year students registered at the Cape Institute for Agricultural Training: *Higher Education and Training* at Elsenburg. Educational institutions are the best channels for reaching the majority of teenagers and youth. Baseline understandings of what students know, feel, and understand regarding HIV and AIDS can contribute to the development of appropriate HIV and AIDS prevention programmes. Follow-up KAP studies should be done to monitor shifts in knowledge, awareness, and perceptions. It is necessary that government, the business environment, Non-Governmental Organizations (NGOs), research institutions, and other role-players recognize their important role in the prevention of HIV and in mitigating the impact of the disease.

5.1 Recommendations

Young people need life-skills such as decision-making, communication and negotiation skills. It is important that they need to understand the concepts of risk behaviour, such as unprotected sex and the use of drugs, the possible consequences of such behaviour, and how to avoid them. And they need to know where to go for services and help. Life-skills training, including HIV education, should cover all these aspects.

Peer education can be seen as a way to empower young people; it offers them the opportunity to participate in activities that affect them and they also access information and services needed to protect their health and well - being. Positive peer influence and the community approach can foster positive behaviour among young people.

Direct youth involvement in the development of youth – related health and wellness programmes offers essential benefits to young people, both to those who developed the relevant programme and those served by the programme. It will furthermore contribute to a sense of ownership.

A cultural-sensitive approach to HIV and AIDS prevention and care is needed to accommodate the different cultural groups. HIV and AIDS prevention and care efforts of

many institutions fail because they do not consider the cultural differences between race groups.

Education systems should be more gender-responsive. Planners and decision makers of intervention programmes should put more emphasis on approaches working with males. This will contribute to men make safer decisions that can protect themselves and their female partners as well as their children.

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APPENDIX: QUESTIONNAIRE

Demographic Questions

1. Gender

male female

2. Race

African White Coloured Indian

3. Age

_____ years

4. Home Province (choose one)

Eastern Cape Free State Gauteng Kwazulu- Natal
 Limpopo Mpumalanga Northern Cape North West
 Western Cape

5. Residence (choose one)

Training College Private accommodation

Knowledge based questions

6. The first recognised cases of HIV occurred in the United States of America

strongly agree agree disagree strongly disagree

7. The first recognised cases of HIV occurred in Africa

strongly agree agree disagree strongly disagree

8. HIV was carried over from chimpanzees to humans

strongly agree agree disagree strongly disagree

9. In South Africa more than 5million people are living with HIV

strongly agree agree disagree strongly disagree

10. The province in South Africa with the highest HIV prevalence rate is Limpopo

strongly agree agree disagree strongly disagree

11. An estimated 30million people are living with HIV globally

strongly agree agree disagree strongly disagree

12. The majority of people living with HIV are from the Africa continent

strongly agree agree disagree strongly disagree

13. The number of AIDS deaths per year worldwide is more than 3million

strongly agree agree disagree strongly disagree

14. The number of AIDS deaths per year worldwide is more than 1million

strongly agree agree disagree strongly disagree

15. Women account for half of all people living HIV world wide

strongly agree agree disagree strongly disagree

16. Men is more likely to get HIV then women

strongly agree agree disagree strongly disagree

17. HIV can be cured by the use of antiretroviral drugs

strongly agree agree disagree strongly disagree

Awareness Questions

18. The only way to know if you are HIV positive is to go for a test

strongly agree agree disagree strongly disagree

19. Counselling before or after an HIV test is not necessary

strongly agree agree disagree strongly disagree

20. HIV is only transmitted through unprotected sex

strongly agree agree disagree strongly disagree

21. Condoms can help prevent the spread of HIV

strongly agree agree disagree strongly disagree

22. If you tested HIV positive there is no need to practice safe sex

strongly agree agree disagree strongly disagree

23. You should be aware of your partner's HIV status before practicing unprotected sex

strongly agree agree disagree strongly disagree

24. If you have an open wound or cut and come into contact with blood from an HIV positive person you can contract HIV

strongly agree agree disagree strongly disagree

25. An employer has the right to force employees to go for HIV testing

strongly agree agree disagree strongly disagree

26. An employee must disclose his HIV status

strongly agree agree disagree strongly disagree

Perception questions

27. Only poor people can get HIV

strongly agree agree disagree strongly disagree

28. HIV/AIDS is more commonly found amongst homosexual men

strongly agree agree disagree strongly disagree

29. An infected mother can transmit the HI virus to her unborn child

strongly agree agree disagree strongly disagree

30. Birth- control pills or injection can protect a woman from HIV during sex

strongly agree agree disagree strongly disagree

31. Sharing toilets is dangerous and you can pick up HIV from doing so

strongly agree agree disagree strongly disagree

32. It is very easy to see if someone is HIV positive

strongly agree agree disagree strongly disagree

33. A healthy lifestyle is not important for people living with HIV or AIDS because they are already infected

strongly agree agree disagree strongly disagree

34. HIV causes AIDS

strongly agree agree disagree strongly disagree

35. HIV and AIDS does not really exist

strongly agree agree disagree strongly disagree