

THE UTILIZATION OF HIV SERVICES ON CAMPUS BY THE STUDENTS OF THE
UNIVERSITY *of the* WESTERN CAPE

BY

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University of the Western Cape, in partial fulfillment of the
requirements for the Degree of Masters of Philosophy in Population Studies

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The utilisation of HIV services on campus by the students of the University of the Western Cape

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Keywords

Health Services

HIV

AIDS

Utilization

Counselling

Awareness

Campaign Programs

Youth Sensitization

Community



Abstract

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The origin of HIV/AIDS has puzzled scientists ever since the illness first became known in the early 1980s. It is now over twenty years down the line, still the pandemic is the subject of fierce debate and the leading cause of death in the world with sub-Saharan Africa being the worst hit region. With almost everything put in place in 21st century, the rates of infection continues to rise, thus this study tries to find out the undermining factors for full utilization of HIV services in higher institutions of learning, particularly the University of the Western Cape. The services are; free HIV testing and counseling, free medication; provision of free condoms to the students in their halls of residences, peer education programs, and making them easy to access, and prevention of mother to child transmissions.

This qualitative study was conducted from June to November 2009, using designed questionnaires for sixty three (63) registered students and five (5) HIV program staff .The main reason for this study was to understand the underlying factors for why students may utilize or may not utilize the available HIV services on campus. The willingness of students to express their views was a positive finding in this study. Majority students who answered the questionnaires were quite aware of these HIV services. They also agreed that services provided are good. The study also found out that females utilized these services more than males and majority of students learnt of the HIV services from the HIV programs pamphlets and website thus indicating that the HIV program at UWC is function. However the research study also found out that the though students are aware of these services few utilize them and majority are females thus leaves a question why males do not utilize.

DECLARATION

I hereby declare that *The Utilisation of HIV services by the students of the University of the Western Cape South Africa* is my own work, that it has not been submitted before for any degree or examination in any other university, and that all the sources I have used or quoted have been clearly indicated and acknowledged by complete references.

Ampeire Edmund

Signed:

13 November 2009



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LIST OF ABBREVIATIONS

HIV-Human Immunodeficiency Syndrome

VTC- Voluntary Counselling and Testing

PEP-Post Exposure Prophylaxis

TCS -Treatment Care and Support Services

MCT- Mother-to Child Transmission

PEP-Peer Education Programmes

PEPs-Post Exposure Prophylaxis

UNAIDS- United Nations Programme on HIV/AIDS

WHO-World Health Organisation

UWC-University of the Western Cape

ARVS- Antiretroviral drugs

SPSS- Statistical Package for the Social Sciences



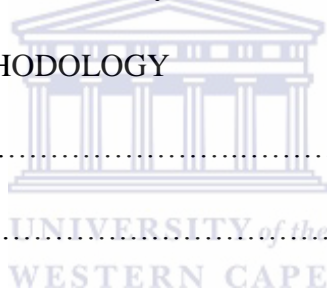
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CHAPTER I

INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

HIV/AIDS is one of the leading killer diseases in the world. According to UNAIDS (2008), the most affected region in the world is Africa and in particular south of the Sahara. An estimated 22 million people were living with HIV at the end of 2007 and approximately 1.9 million additional people were infected with HIV during that year. The HIV/AIDS epidemic in Africa has claimed the lives of an estimated 1.5 million people and more than 11 million children have been orphaned by HIV/AIDS, *ibid* (2008).

The extent to which HIV/AIDS has affected African countries is becoming clear as the numbers of people being infected is becoming high. In the absence of massively expanded prevention, treatment and care efforts, it is expected that the HIV/AIDS death toll in sub-Saharan Africa will continue to rise (UNAIDS, 2008). This means that the impact the HIV/AIDS pandemic has had on societies in sub-Saharan Africa will be felt most strongly in the course of the next ten years and beyond (UNAIDS, 2008). Its social and economic consequences are already widely felt, not only in the health sector but also in education, industry, agriculture, transport, human resources and the economy in general (<http://www.avert.org/hiv-aids-africa.htm>). Nevertheless, there has been a more advanced integrated measure to combat the pandemic and reduce the infection rates. A number of services are now offered free of charge and others at a subsidized cost to make it affordable and accessible for the poor. These services include voluntary confidential counseling and testing, preventive services, curative services, referral services and care and support services among others.

1.2 Background of the Study

In an effort to reduce the higher rates of infections among students in higher institutions of learning, the University of the Western Cape started an HIV Project to care for its students and staff. This Programme was established in 2001 in recognition of the significant impact that the HIV and AIDS epidemic has on the university student and staff population. The programme offers a number of services ranging from, free HIV testing and counselling, provision of condoms in university residences, referral services, curative services such as provision of free

antiretroviral drugs to all students who are affected, and a number of other services to utilize. In ensuring that these services are well delivered, the project works with the University clinic and reports directly to the Vice Chancellor of the University. This therefore makes it easier for all students to access these services and be able to utilize them as required.

1.3 Statement of Research Problem

The uniqueness of the impact of HIV on institutions of higher learning presents many challenges, which have significant influence on social, economic, cultural, and religious development of the society especially in the long term. A person living with HIV/AIDS is affected both physically and psychologically, which means that in higher institutions of learning if it is not given enough attention, it can affect the future development of our societies. There is therefore a need to find out how the students of the University of the Western Cape utilize the HIV health services on campus. Do they really utilize these services or not? Which of the sexes utilize the services more? Is there any reason hindering some students from utilizing these services? Does the university make a follow up on utilization of these services by the students? Does failure to provide students with these services affect their academic performance? These selected questions summarize the main concerns of this study.

1.4 Aim of the Study

The present research aims to provide information about the students' utilization of HIV services at the University of the Western Cape. The major aim of the study is find out which services are provided on campus by HIV program , ways and means of providing these services in due respect of preventing HIV infections and promoting good health to students .

1.5 Objectives of the Study

Some specific objectives of this study are:

- To find out if students are aware of the HIV program on campus.
- To ascertain which sex uses the HIV program services most and why.
- To find out the common forms of awareness campaigns popular on campus
- To find out the students view on services rendered by the HIV health program.
- To find out if there is a follow up on services provided by HIV program on Campus
- To ascertain ways and means the HIV program reaches out on students who do not stay on campus such as part time students.

1.6 Research Questions

This research addresses the following selected number of questions:

- In what ways are HIV programs engaging in awareness campaigns on campus?
- In which aspects are students engaged in these services?
- Which of the sexes utilizes these services more than the others?
- Are the students comfortable with these HIV health facilities?



CHAPTER II

REVIEW OF RELATED LITERATURE

2.1 HIV/AIDS: An Overview

According to Caldwell (2000), “HIV/AIDS on a global scale is one of many problems”. Statistics that was given by UNAIDS AND WHO in 1999 shows that 50 million people have either died of the disease. Following these figures, AIDS have probably reduced the world’s current annual growth rate from 1.5 % to 1.4%, and that 80% of those who have died of the disease are found in sub-Saharan Africa and over 50% of those infected are located in mainland East and Southern Africa whose population of about 265 million is less than 5% of the world’s total (Schwartlaner et al. 1999:2452-2454), quoted in (Caldwell, 2000: 118). The latest statistics published by UNAIDS/WHO in July 2008, and which is refer to the end of 2007, shows that more than 25 Million people have died of AIDS since 1981, and Africa has 11.6 million AIDS orphans. At the end of 2007, women had the greatest majority of those infected with the virus and accounted for 50% of all adults with HIV worldwide, and 55% of these women are found in Sub-Saharan Africa. The Youth or the active population under the ages of 25 years according UNAIDS/WHO (2008) estimates accounts for half of all new HIV worldwide, and 59% in Sub-Saharan Africa. According to these statistics, 9.7 million people in the developing and transitional countries are in immediate need of life-saving AIDS drugs, and of these, only 2.99 million (31%) are receiving the drugs. In accordance with this data, there is clear evidence that the number of people living with HIV has increased from 8 million in 1990 to 33 million today, and the number is still growing. The percentage of people living with this virus in Sub-Saharan Africa is 67%. In 2007, more than two and a half million adults and children were infected with Human Immunodeficiency Virus (HIV), which is the virus that causes AIDS. Despite the improvement in access to antiretroviral treatment, over two million died because of AIDS (UNAIDS 2008 Report of the global AIDS epidemic, <http://www.avert.org/october 09, 2009>).

According to a Common Wealth Secretariat and Maritime centre of Excellence for Women’s health (2002), estimates that in December 2001, following the UNAIDS and (WHO) statistics, about 40 million people were living with HIV and there were 3 million deaths due to HIV/AIDS- related and the cumulative number of deaths from the onset of the pandemic to December 2001 stood at 24.8 million (Common Wealth Secretariat, 2002:2) This secretariat

classified AIDS as the fourth biggest killer in the world, after heart disease, stroke and respiratory disease, and kills more than any other infectious disease.

2.2 HIV Prevention Campaigns in South Africa

The issue of HIV prevention in South Africa has attracted less controversy and debate than other aspects of the country's response to AIDS, The Guardian (2003). There have been some notable national efforts trying to prevent the spread of HIV through awareness campaigns. These campaigns are meant to set standards in reacting to the spread of HIV and create awareness campaign programmes to manage the pandemic and provide services necessary in preventing the virus especially among the young people who are in active stages of their lives. The campaign programmes include; *The Soul City Project*, which was started in 1994 and educated people about AIDS through radio, print, and television, using dramas and soap operas to promote its message, (ibid, 2003). Furthermore, the *Beyond Awareness* campaign, was conducted between 1998 and 2000 and concentrated on informing young people about AIDS through the media, (ibid, 2003). 'Khomani' ('caring together') campaign came in and was run by the AIDS Communication Team (ACT), a group that was set up by the government in 2001. The Khomani campaign has used the mass media and celebrity endorsement to get across HIV prevention messages, with a particular emphasis on encouraging HIV testing (<http://www.avert.org/aidssouthafrica.htm>). And now, loveLife, the most prominent HIV prevention campaign to be carried out in South Africa, which specifically targets young people and attempts to integrate HIV prevention messages into their cultures (ibid, 2003). It was launched in 1999, with the aim of reducing rates of teenage pregnancy, HIV and Sexually Transmitted Infections (STI) amongst young South Africans. This campaign attempts to market sexual responsibility through the media as if it were a brand. It also operates a network of telephone lines, clinics and youth centre's that provide sexual health facilities, as well as an outreach service that travels to remote rural areas, to reach young people who are not in the educational system, ibid, 2003.

HIV/AIDS affect every walk of life, and have profound influence on everything we do – in our closet relationships, at work, at home, at school/ college/ universities (Page *et al*, 2006). This explains why there is need for these health services to come up in preventing measures that would reduce the infection rates. Just as the virus infects the body and every cell in the body, so it affects every single person living on this planet (Yolanda 2004). HIV epidemic is an

unprecedented challenge to the global public health. The prevalence and incidence of HIV are still rising rapidly in many places although a few countries have achieved a measure of success in controlling the incidences. The number of people in need of treatment continues to rise, as is the need for more health facilities to match with the increasing numbers and be able to combat it. Treatment for HIV/AIDS ranges from the emotional support that comes from the presence of a caregiver, through provision of painkillers and treatment for opportunistic infections, to the antiretroviral drugs, which suppress the virus and restore the immune system. This is, however, the case only to people with AIDS and has access to all levels of treatment. The majority of the people living with HIV/AIDS receive either no medical treatment or only palliative care to reduce pain and suffering (Pianos Institute, 2001). In most of the communities, HIV services are provided for free or at a subsidized fee. This is mainly to ensure that people are encouraged to go there and are treated for some infectious diseases and others to find out about their status and make informed decisions and live a healthier life.

2.3 HIV/AIDS health service utilisation

A range of services is offered in relation to the HIV pandemic. This is done with the aim of reducing the infection rates and protecting the uninfected. Many ways are used to target different groups and this is through creating awareness campaign programmes, provision of medical care, free HIV testing and counselling, provision of free condoms and teaching them on their usage, fighting stigma, creating websites for free consultations among others. The following are some of the services offered. These services are in relation to the research topic and therefore give an overall insight on utilization of HIV services in and around the area of study.

2.3.1 Voluntary Counselling and Testing (VCT)

Many countries in sub-Saharan Africa and elsewhere are developing VCT services where HIV testing may be done free or for a small fee, after pre-test counselling. Wide differences in the extent of VCT services are apparently both within and between countries. Typically, urban sites precede rural ones for instance in Uganda, one of the countries with most well developed and extensive VCT services and has considerable experience to share regarding VCT programming (Helen 2002:187). At UWC, VCT forms a key component of prevention, care and support. The UWC HIV/AIDS Project offers free, confidential HIV testing and counselling to all members of the UWC community. Confidential counselling is offered by two full time trained VCT counsellors, who are situated at the student health centre, <http://hivaids.uwc.ac.za>.

2.3.2 Reducing Mother-to Child Transmission of HIV

An HIV-positive pregnant woman needs to reduce the chances of transmitting HIV to her baby. Therefore, she must know her status and voluntary counseling and testing is essential in order to do this. It is important that a pregnant mother is given the most up to date information so that she can make informed choices about being tested to know her HIV status and what she can do to reduce the risk of mother to child transmission (Page *et al*, 2006:51).

2.3.3 The Treatment Care and Support Services

The campaign aims to increase knowledge among the public and encourage action through developing greater support for orphans and vulnerable children. Helping government achieve its comprehensive plan for care, management, treatment and support promoting voluntary counseling and testing, thus develop social responsibility and action, emphasizing government's commitment to provide comprehensive care and treatment for those living with HIV/AIDS (Page *et al*, 2006).

2.3.4 Post-test and Ongoing Counseling in HIV/AIDS

Whether a test is positive or negative, people need access to counselling after receiving an HIV test result. Some practitioners and counsellors consider post-test, the possibility of a positive result may seem unlikely. It is difficult for the people to take seriously counselling around a theoretical outcome. When given a positive result, however, disbelief and denial may continue, or an awful sense of hopelessness and foreboding may arise. For many people, the most difficult time is when they first hear they have the virus and in the days or weeks afterwards (Helen 2002:199).

2.3.5 Post Exposure Prophylaxis

According to Helen, (2002) the best hope for complete cure lies in very early treatment of new infection that is post-exposure prophylaxis (PEP) if triple therapy is given within 72 hours of exposure to HIV-from a prick with an infected needle or after rape, for example, the infection may be eradicated completely. Further data are needed to confirm how effective PEP is and up to what time interval it may still prevent permanent infection. It should start as soon as possible

after the infection risk in sub-Saharan Africa; various governments are exploring PEP for hospital staff exposed to needle stick and other injury that might cause HIV infection. To qualify for PEP, however, they must undergo an immediate HIV test to see if they are already infected, and many may be willing to do this.

2.3.6 Peer Education Programmes (PEP)

Peer education programme forms an important part of UWC's integrated approach to prevent the spread of HIV. This approach is used to provide key information, change attitudes and help equip students with the necessary skills to avoid high-risk sexual practices. It is also used to develop commitment to helping stem the spread of the pandemic (<http://hivaids.uwc.ac.za/>). Although these services have probably saved many lives, the actual difference they have made in reducing the number of new infections is very difficult to measure. The prevailing high rates of HIV found across South Africa suggest that either the message is not getting through to many people, or that people are receiving information but not acting upon it, IRIN plus News, (2005).

2.4 Factors affecting fully utilisation of HIV services

2.4.1 Adolescents' Attitudes and Risk Behaviour

Nightingale and Fischhoff (2001:1) postulate that adolescents obviously do not always act in ways that serve their own best interests, even as defined by them. Sometimes their perception of their own risks, even of survival to adulthood, is larger than the reality; in other cases, they underestimate the risks of particular actions or behaviours (Ibid, 2001:1). It is possible, indeed likely, that some adolescents engage in risky behaviours because of a perception of invulnerability - the current conventional wisdom of adults' views of adolescent behaviour. Others, however, take risks because they feel vulnerable to a point approaching hopelessness (Fischhoff et al., 2000). In either case, these perceptions can prompt adolescents to make poor decisions that can put them at risk and leave them vulnerable to physical or psychological harm that may have a negative impact on their long-term health and viability (Nightingale and Fischhoff, 2001:1).

In literature, it is argued that adolescents are more (tended) likely to engage in risk behaviour, like the practice of unsafe sex, alcohol or drug intoxication, and more (Fischhoff et al., 1998; Lindberg et al., 2000). The age at first intercourse varies considerably between countries, but the majority of adolescents around the world have been initiated into sexual intercourse before

they leave their teens, and at least half by the age of 16 (UNAIDS, 1997: 7), or before the age of 15 (WHO 2002:11).

Nevertheless, other problems remain. In their anxiety and embarrassment about sex, young people -especially young men - are reluctant to present themselves for medical attention when they experience sexually - related problems. It has also been found that adolescents who have low self-esteem report relatively more sexual behaviours, which place them at risk of HIV infection (*Di Clemente et al., 2002:13*). In a local survey, young men reported starting sex at an earlier age than females and international research demonstrates that the earlier the age at first sex the more likely it is that sex is unprotected. Further, young men were more likely to report feeling peer pressure to have sex than young women, which may influence early age at first sex (Lovelife, 2004:74).

2.4.2 Fears and Misconceptions regarding Voluntary Counselling and Testing

According to a 32-year-old man, in Lusaka “if people go for a test and they test positive, there is nothing you can do for them...All you do is make them worry themselves to death” (Baggeley *et al*, 1998) as quoted in Helen (2002:190), also another 22-year old said as *a Christian I could not dare go for a test. What if it came out positive? What would the people at my church say? They would make my life miserable* (ibid, 2002:190).

2.4.3 Mother to Child Transmission

In most African countries where Prevention of Mother to Child Transition services is available, not all women receive full benefits. There are a number of the reasons to explain why some of the HIV positive pregnant women are not accessing services like drugs. These reasons include, not being offered an HIV test, refusing to take an HIV test, not returning for follow up visits, and not adhering to self-administered drugs. According to Lu L *et al* (2009), HIV testing is critical because women who do not know they are HIV positive cannot benefit from interventions. However, some women refuse to be tested because they fear learning that they have a life-threatening condition; because they distrust HIV tests; or because they do not expect their results to remain confidential, and fear stigma and discrimination following a positive result. In other instances, some women who test HIV positive do not return to clinics for follow up visits, or fail to take the drugs they have been given. This can happen because they have had negative experiences interacting with clinic staff, or because they have been

poorly informed about HIV transmission and how it can be prevented. Some women having tested negative early in pregnancy can become infected during pregnancy; without returning to clinics for retesting treatment is not accessed. In addition, some women choose not to attend clinics because by doing so they might disclose their HIV positive status (ibid, 2009). An example of a woman from Cote d'Ivoire said, "My husband might see me with the medicines, and he will want to know what they are for". That way he will find out about my (HIV positive test) result. Even the location bothers me, because everyone who comes to the clinic knows what goes on (at the programme). As soon as a pregnant woman is seen coming here, it is known right away that she is zero positive UNAIDS/WHO, June (2005).

2.4.4 Advising is not Effective counselling for long-term Behaviour Change

Many counsellors give advice. Modern and traditional health practitioners in many societies in Africa have always given advice and their patients expect to be told what to do. However, with respect to HIV/AIDS, the range of issues, problems and potential solutions is very wide and people must cope with the problems for life. People may appear to accept a counsellor's advice because this is expected behaviour, but unless this fits their own priorities and solutions, they are unlikely to follow the advice consistently. Counsellors cannot simply say, for example "always use a condom for sex," and have any confidence that their clients will do so. Giving advice in this way is quick, and may reassure the counsellor, but it rarely meets the real needs, of the client and family UNAIDS/WHO, June (2005).

2.4.5 Stigma and Confidentiality

Because of the stigma attached to AIDS and the negative reactions to people with HIV/AIDS, people have decided to avoid some of the services provided such as free HIV testing and counselling. According to Helen, (2003), South Africa is experiencing a massive AIDS epidemic. A key element in the control programme is voluntary testing and counselling, but uptake remains relatively low. According to the Kalichman and Simbayi, (year) report interviews with 500 men and women living in a black township in Cape Town, less than half had been tested for HIV, and for those who have, more than a third had not collected their results. Those who had not tested were more likely to agree that people with AIDS are dirty and should feel ashamed and guilty.

2.4.6 Gender Inequality and Sexual Abuse

HIV prevention campaigns usually encourage people either to use condoms, which are mostly given free, or to have fewer sexual partners. However, studies on women and girls in South Africa have indicated that they often have been unable to negotiate safer sex irrespective of protective measures given and are frequently involved with men who have several sexual partners. They are particularly vulnerable to sexual abuse and rape, and are economically and socially subordinate to men. A police report suggests that in 2004-2005 there were at least 55,114 cases of rape in South Africa, Crime Information Analysis Centre (2001/2002-2004/2005). This makes a lot of them abandon some of the services offered such as condom use, teachings on safe sex and control of unwanted pregnancies. The above literature is about what people have researched and written on the utilization of HIV services and their utilization. This literature is in relation to the topic of study and it is for this reason that the researcher wants to find out more on HIV service programmes provided at University of the Western Cape and add on what is already been written so as to contribute to knowledge.

2.4.7 Theoretical Framework of the Study

The HIV programme at UWC was established to manage and mitigate the impact of the pandemic on the university. It was set up in recognition of the significant impact that the HIV epidemic has on the university's student and staff population. As a result, it is now serving the entire community of both students and staff (www.uwc.ac.za/AIDS). The university policy states *It is our goal to create a model of a community that is able to prevent infections through new behaviours, to have everyone who may be at risk tested at UWC, to provide support and care to those infected and to ensure that they receive treatment when required. We must also impact on society at large through our research and through the leadership of our staff and students in the community.* This clearly shows that the university is endeavouring to create a safer environment for students and people staying around through provision of the services and making them get utilized by people within in its community. Creating a safer community does not mean providing of only HIV services such as condoms, provision of medicine(Antiretroviral) but also many other means such as awareness campaigns to stop people from indulging themselves into risky behaviours, also through public debates, posters and others(www.uwc.ac.za/AIDS).

CHAPTER III

DATA AND METHODOLOGY

3.1 Introduction

This study followed a qualitative approach to determining students' involvement in the utilizing of HIV health services on campus. Qualitative research describes and analyses people's individuals and collective social actions, beliefs, thoughts and perceptions (McMillan & Schumacher, 2006). Qualitative studies are important for the improvement of educational practices, Ibid, (2006). For this study therefore, University of the Western Cape community has been chosen. Participants are a sample of registered students (2009-2010) and some staff members of the HIV program.

3.2 Research Design

A research design indicates how the research is set up, what happens to the subjects and what methods of data collection are used (McMillan and Schumacher 2006:31). The data gathering instruments are questionnaires and interviews. The researcher used qualitative strategy because it emphasizes the words rather than quantification in the collection and analysis of data. Schmid (1981) described qualitative research as the study of the empirical world from the viewpoint of the person under study. Schmid also identified two underlying principles namely:

That the behaviour is influenced by the physical, socio-cultural, and psychological environment – this is the basis of naturalistic inquiry.

Assumption is that behaviour goes beyond what is observed by the investigator. Subjectivity meanings are perceptions of the subject are critical and it is the researcher's responsibility to access these (Krefting, 1990:214).

3.4 Data Gathering Instruments

The researcher also used the Multi-method interactive strategies for data collection. These interactive strategies are questionnaires and interviews to generate information/data.

3.3.1. A questionnaire designed by the researcher for students as well as the staff is used to gather information.

3.3.2 Unstructured personal interviews were conducted with students to gather information first hand and face to face, to complement information from questionnaires.

3.4 Construct of Research Instruments

3.4.1 Questionnaires:

In the study, three basic types of gathering information were used. Multiple choice, numeric open-ended and text open-ended (sometimes called “verbatim”). The questionnaire was developed to directly address the objectives of the study. It included clear and concise instructions on how the questionnaire should be completed. The language used was simple and direct (Norton, 1930), meant to be clearly understood by the respondent, and carry similar meaning that the researcher intended (Freed, 1964; Huffman, 1948). The wording of the questions was simple to the point and familiar to targeted population (Freed, 1964; Moser and Kalton, 1971) (David’s, 1993).

Questionnaires were used where a group of registered students were asked the questions orally while others handed questionnaires to complete. This was done to gather data from students and staff through in responding to particular set of questions. The questionnaires were pre-tested in advance among students with in research group in order to refine the instrument and to ensure that the data gathering procedure is appropriate, as suggested by Strydom (1998).

3.4.1.1 Pre-Test Sampling

In the pre-test, there are three set of questionnaires. One for the general University community, the second for the departmental selected students and third one for the staff questionnaire. For each set, 10 students were chosen (that is, ten students from general university community and ten students from all the departments) .Only two staff members were included. We have pre-tested and given feedback for the improvement of the further questionnaires.

In the pre-test questionnaires, students selected from all departments didn’t find any difficulties in answering the questions as they were direct and written in simple language for them to understand. For the second group that was interviewed, questions were also simple and direct on answer and tried as much as possible to avoid personal life as it would bias the research. However, this game the researcher a clear picture on what to include in the questionnaires and what to remove so as to avoid biased answers. For the staff it was clearly for them and they never found any difficulties in answering and this gave a direct go a head in developing full questionnaires.

All in all, the pre-test study gave a clear insight on the expectations of the research as it helped the researcher to amend some of the questions and reduce chances of getting biased answers that would not reflect the objectives of the research.

3.4.2 Interview Questions

Tuckman (1972) describes interview “as providing access to what is in ‘inside a person’s head’, interview makes it possible to measure what a person knows, (knowledge and information), what a person likes or dislikes (values and preferences), and what a person thinks (attitudes and beliefs) (Cohen & Manion,1980). The researcher made use of personal interviews because it takes place in university and students’ residences and the researcher can ask the questions face-to-face. The advantage is that people may be willing to talk longer face-to-face than like if you hand them a paper to read and write. Its disadvantage was that its time wasting.

Only twenty five students selected from the general population were selected at random and subjected to interviews. Each student was assigned a questionnaire to answer and the researcher himself was the one reading the questions and making notice. The researcher took notice and this helped to discover even more information students wanted to express and add value to the research topic. Within the same study students indicated that they are willing to give more information regarding service provisions and utilisation on campus.

3.4.3 General Response to the questionnaires

In the same study, the remaining students group and staff answered the questionnaires and handed them back to the researcher for analysis. This group comprised of thirty eight students and four staff members out five who received the questionnaires. All the information obtained was analysed with the use of soft ware tools such as Excel and SSPS.

3.5 Population and Sampling

Through students and HIV staff answers, they indicated ways in which the University of the Western Cape HIV programme is trying to ensure safety for their lives against HIV. The researcher used purposive sampling strategy for selecting students to address the questions of how the HIV program works on campus. While Patton (1990) and Sandelowski (1995) agreed that all types of sampling in qualitative research may be encompassed under the broad term of ‘purposive sampling’, Patton (1990) describes different strategies for purposive strategies

selecting information-rich cases, one of them being purposive sampling. According to McMillan and Schumacher (2006), Purposive samples are chosen because they are likely to be knowledgeable and informative about the phenomena the researcher is investigating.

3.6 HIV Project Staff members and Students

A purposive sample of HIV Project staff members on campus consisting of both male and female was selected. A purposive sampling procedure was also adopted for students in the University community. All students selected from different departments were subjected to answer a questionnaire, whilst the rest of the students were interviewed. In the first, students were drawn from each department to represent a sample group by completing a questionnaire. This sample group consisted of thirty eight (38) students (Education Management Information system (CEMIS), 2008). The second sample group of registered students was picked at random from the rest of the campus community. This comprised of twenty-five 25 students.

The second set of students were subjected to interviews, this is because of the following reasons: Time factor (for researcher), Reading and comprehensive ability and Verbal responses more reliable. Through their answers, it reflected their utilization of HIV services on campus.

3.6 Data and Methodology

The 1961 edition of Webster's Dictionary of the English Language, defined the term content analysis as "analysis of the manifest and latent content of a body of communicated material through classification, tabulation, and evaluation of its key symbols and themes in order to ascertain its meaning and probable effects" Krippendorff (2004). Data analysis is the process of bringing order, structure and meaning to the mass of collected data and qualitative data analysis is a search for general statements about relationships among categories of data, which does not proceed in a linear fashion (McMillan and Schumacher, 2006). The data from the interviews and questionnaires is collected and analyzed by comparing and contrasting the data collected to identify similarities. The questions in the questionnaire and interviews were used to try to give answers to research questions. And a map of University of the Western Cape was added to represent the area cover where research was carried out.

3.6.1 Analysis

This study used some of the statistical tools such as frequencies, cross tabulation and graphs. These tools displayed the selected variables for the analysis. Cross tabulation and graphs were

showing clear cut results. A cross tabulation (often abbreviated as cross tab) displays the joint distribution of two or more variables.

3.7 Validity and Reliability

3.7.1 Validity

Validity refers to the degree of congruence between the explanations of the phenomena and the realities of the world. The validity of qualitative designs is the degree to which the interpretations have mutual meanings between the participants and the researcher (McMillan and Schumacher, 2006). Thus, the participants and the researcher must have a mutual understanding of the issue at hand and about the questions being asked, for the data to be valid. The process of the questionnaire and interviews were explained to all targeted students and staff at the University of the Western Cape. The researcher ensured that the questions used in the interview and the questionnaire was clear to the interviewees.

3.7.2 Reliability

According to Sandelowski (1986), credibility presents accurate descriptions or interpretation of human experience that people who also share that experience would immediately recognize the applications. Application in this case refers to the degree to which the findings can be applied to other contexts and settings or with other groups: it is the ability to generalize from the findings to larger populations. Consistence of data, that is, whether the findings would be consistent if the inquiry was replicated with the same subjects or in a similar context. The key quality work is to learn from informants rather than control them. Neutrality is the freedom from bias in the research procedure and results (Sandelowski, 1986).Neutrality refers to the degree to which the findings are function solely on the informants and conditions of the research and not of other biases, motivations, and perspectives (Guba, 1981:1990:216). The researcher conducted the interviews personally to ensure applicability, consistency, and neutrality. The questionnaires were scrutinized by various capable and knowledgeable persons beforehand to ensure the truth-value of the questionnaires.

CHAPTER IV

DATA ANALYSIS DISCUSSION AND PRESENTATION

4.1 Introduction

This section entails respondent's answers drawn from all the three questionnaires. The information collected is analyzed with the means of the content analysis approach with the use of SPSS. The following information represents the demographics of the participants in the study area, the University of the Western Cape Students and HIV program staff members.

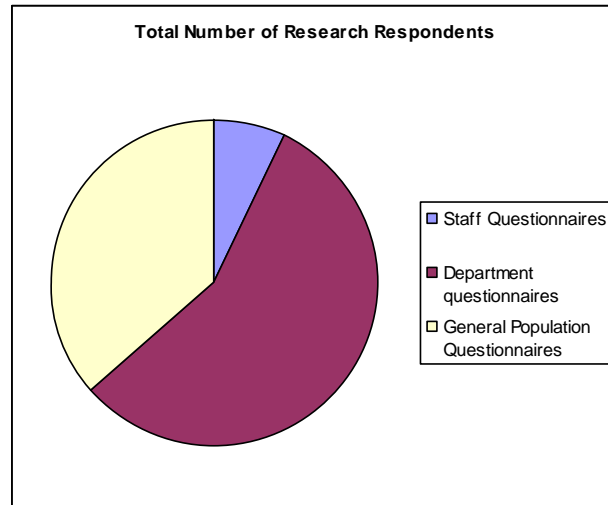
In this research study, sixty-nine questionnaires were designed, and out all those questionnaires designed, Sixty eight (68) questionnaires got answered. These questionnaires were made in three different forms and answered by three different groups; Five questionnaires were distributed to the HIV Program staff and only four got answered leaving one an answered. The second set of questionnaires were distributed to registered students of UWC choosing one from each department to represent my sample, these questionnaires were Thirty eight (38) and finally, interviews with the use of questionnaires were carried out to 25 students, all chosen at random irrespective of level of education, colour or faculty one belongs to. A brief overview of the representation can be seen in the following table 1.

Table 4.1: Percentage distribution of all questionnaire respondents in the study.

Group	Answered	Not Answered	Total
Staff Questionnaires	4 (80)	1 (20)	5 (100)
Department questionnaires	38 (100)	-	38 (100)
General Population Questionnaires	25 (100)	-	25 (100)

() Parenthesis shows that percentage distribution, '-' Not Applicable

Pie Chart Graph 4.1.0: Table illustrating all the participants in the study



The following information represents the demographics of HIV program staff at the University of the Western Cape. Out of the five (5) questionnaires distributed to them, four got answered and one was left out.

Table 4.2: Demographic information on staff respondents in set one of the questionnaires.

Characteristics	No. of cases for Males	No. cases for Females	Not Answered	100%
<i>Sex</i>	3(60)	1(20)	1(20)	100
<i>Marital status</i>				
Single	2(40)	1(20)	-	-
Married	1(20)	-	-	-
Cohabiting	-	-	-	-
Total	3(60)	1(20)	1(20)	100
<i>Religion</i>				
Protestants	-	-	-	-
Catholics	-	-	-	-
Moslems	1(20)	-	-	-
Others	2(40)	1(20)	-	-
Total	3(60)	1(20)	1(20)	5(100)
<i>Race</i>				
White	-	-	-	-
Black	-	-	-	-
Hispanic	-	-	-	-
Asian	-	-	-	-
Others	3(60)	1(20)	1(20)	5(100)

() Parenthesis shows that percentage distribution, '-' Not Applicable

The second table represents information on second set of the questionnaires. This set was answered by students chosen from all departments. One student represented each department

and thirty eight questionnaires were all filled and handed over for analysis. The breakdown of all the demographics of student representatives can be seen in the table below with full details on the number of participants by sex distribution, class, marital status etc.

Table 4.3: Demographics of student's representation by specific departments.

Characteristics	No. of cases for Males	No. cases for Females	100%
<i>Level of Education</i>			
<i>First year</i>	11(61)	7(39)	18(100)
<i>Second year</i>	8(40)	12(60)	20(100)
<i>Total</i>	19(50)	19(50)	38(100)
<i>Sex</i>	19(50)	19(50)	38(100)
<i>Marital status</i>			
<i>Single</i>	18(47)	13(34)	31(81)
<i>Married</i>		1(3)	1(3)
<i>Cohabiting</i>	1(3)	5(13)	6(16)
<i>Total</i>	2(50)	19(50)	38(100)
<i>Place of Residence</i>			
<i>Campus Residence</i>	14(37)	8(21)	22(58)
<i>Home</i>	3(8)	3(8)	6(16)
<i>Private</i>	4(10)	6(16)	10(26)
<i>Accommodation</i>	21(55)	17(45)	38(100)
<i>Totals</i>			

() Parenthesis shows that percentage distribution, '-' Not Applicable

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And lastly, the third table shows all the demographics of entire student representation in interview questionnaires and brings out clear, representation by percentage distribution in answering the questionnaires. All the respondents are registered UWC students and the selection process was random. All the twenty five (25) questionnaires got filled in and information collected was analysed with the use of SPSS. The representation of demographics can be viewed below in the next table 4.4.

Table 4.4: Percentage distribution of socio-economic and demographic characteristics of student's representation by general selection in University of the Western Cape.

Characteristics	No. of cases for Males	No. cases for Females	100%
<i>Level of Education</i>			
<i>First year</i>	2(8)	3(12)	5(20)
<i>Second year</i>	7(28)	3(12)	10(40)
<i>Third year</i>	3(12)	2(8)	5(20)
<i>Postgraduate</i>	2(8)	3(12)	5(20)
<i>Totals</i>	14(56)	11(44)	25(100)
<i>Sex</i>	14	11	25
<i>Marital status</i>			
<i>Single</i>	11(44)	11(44)	22(88)
<i>Married</i>	1(4)		1(4)
<i>Cohabiting</i>	2(8)		2(8)
<i>Total</i>	14(56)	11(44)	25(100)
<i>Place or Residence</i>			
<i>University residence</i>	13(52)	7(28)	20(80)
<i>Private accommodation</i>	1(4)	4(16)	5(20)
<i>Home</i>	0(0)	0(0)	0(0)
<i>Totals</i>	14(56)	11(44)	25(100)

() Parenthesis shows that percentage distribution, '-' Not Applicable

4.2 HIV awareness on campus

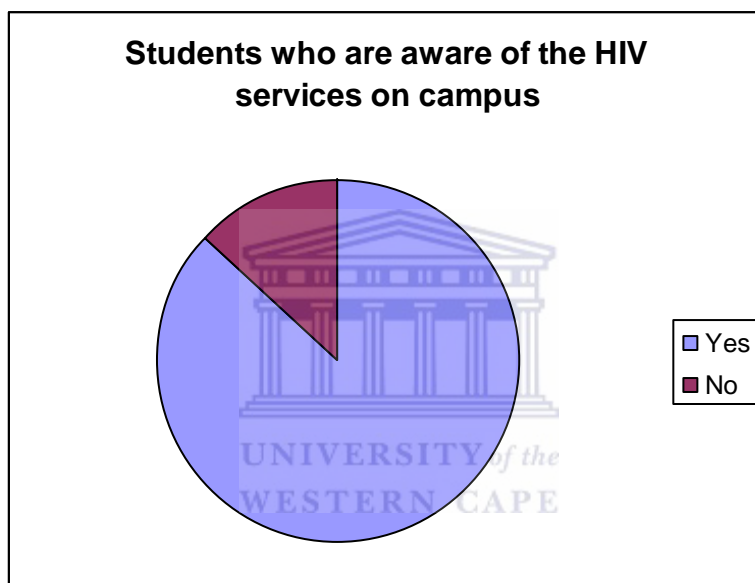
In this research, a number of findings were recorded based on the objectives. To ascertain whether students of university of the Western Cape are aware of the HIV program service, the findings indicated that, the majority students on this campus are aware with 80% of those that answered the questionnaires indicating that they have heard about it. The findings further tell us that out of thirty eight students who were handed questionnaires, thirty three (33) students said yes meaning they are aware. And only five (5) students said no, meaning they are not aware. The five percent not aware may seem to be small but to a large population of UWC, might be a big number and exposed to risk of infection and become a problem to the community. However in this small study eighty percent is a good indicator that the majority of the students are aware and might take full use of such facilities to promote good health on campus and get a promising future. The table below shows a break down representation by sex and percentages on the same question.

Table 4.5: Table representing HIV service awareness on campus

Characteristics	No. of males cases	No. of females cases	Totals %
<i>Yes</i>	17(45)	16(42)	33(87)
<i>No</i>	2(5)	3(8)	5(13)
<i>Total</i>	19(50)	19(50)	38(100)

() Parenthesis shows that percentage distribution, '-' Not Applicable

Pie Chart 4.1.1: Pie chart representation of HIV service awareness on campus



4.3 Which sex Utilises HIV services most

This study further went ahead to find out which sex utilises HIV services on campus more and why that particular sex. This question targeted those who go to the HIV program centre as much of the services is offered, however there are other services offered outside the HIV services and does not necessarily need one to go to HIV program centre. For convenience sake, this particular question was directed to the HIV staff members since they have records pertaining student daily visits and records to back it up. Also in student questionnaires, this particular question was added in as to who have been to the HIV program centre in the past three month. I considered the last three month to not to be far from the period of research. In the findings, all the staff agreed that females utilise the HIV services more than the male. And

though male are aware as of these services, they are not willing to utilise some of these services.

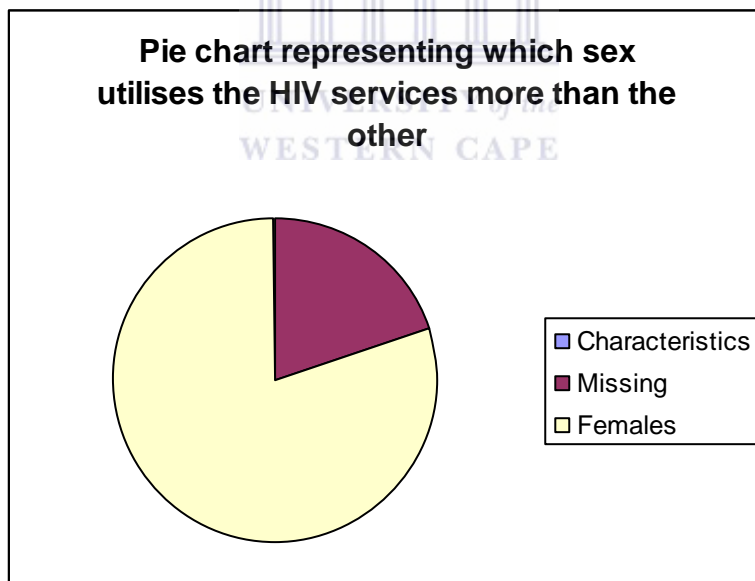
Table 4.6: which sex (Male and Female) visits the health unit most?

Staff	Male	Female	Missing	Totals %
Yes	3(60)	1(20)	1(20)	5(100)
No	0	0	0	0
Total	3(60)	1(20)	1(20)	5(100)

() Parenthesis shows that percentage distribution, '-' Not Applicable

This bar is a representation on only female and an indicator that, all agree on same issue of girls utilising the HIV services more than male. The representation by percentage is 80% and 20 percent remaining is part of the unanswered questionnaire.

Pie Chat 4.1.2 Pie chart representation of which sex (Male and Female) utilises HIV services more than the other.



4.4 How did you come to learn of HIV services on campus?

In addition to the above, students were also required to answer a question on how they came learn about HIV program on campus and test on their awareness. Evidently there is no way one can know of something without learning it. Basing on the fact that the HIV program is meant to make aware of its HIV services availability, it need to sensitize massively. In addition to know

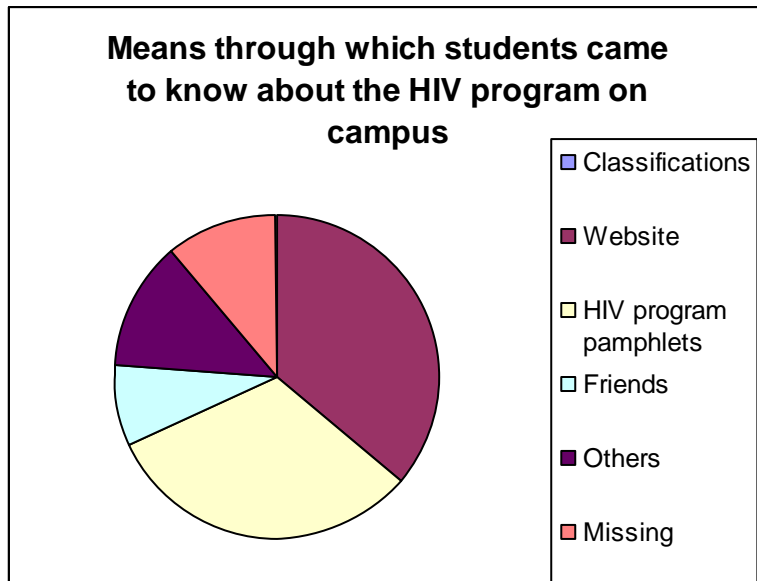
if they are really sensitizing students on how to use these available HIV services, a question was set and students had to explain the means they learnt of program. Basing on this particular question wanted, this study wanted to find out which area needs to be improved so that everyone gets same information and the program makes sense of itself on this campus. In the same study, fourteen students came to know about the HIV program from the University website, twelve got the information from the HIV services hand outs, three came to know about it from friends, the rest from others (meaning other means than stated areas). Four did not indicate anything. Therefore, a number of areas need to be improved to have all students aware such as University website where majority of students have access to and more hand outs printed.

Table 4.7 Table on how students came to know about HIV program on this campus

Characteristics	No. of Male cases	No. of Female cases	Total %
<i>Classifications</i>			
<i>Website</i>	5(13)	9(24)	14(37)
<i>HIV program pamphlets</i>	4(11)	8(21)	12(32)
<i>Friends</i>	1(3)	2(5)	3(8)
<i>Others</i>	2(5)	3(8)	5(13)
<i>Missing</i>	3(8)	1(3)	4(11)
<i>Total</i>	15(39s)	23(61)	38(100)

() Parenthesis shows that percentage distribution, '-' Not Applicable

Pie Chart 4.1.3 Pie chart indicating how students came to know about HIV program



4.5 Students view of HIV services on campus

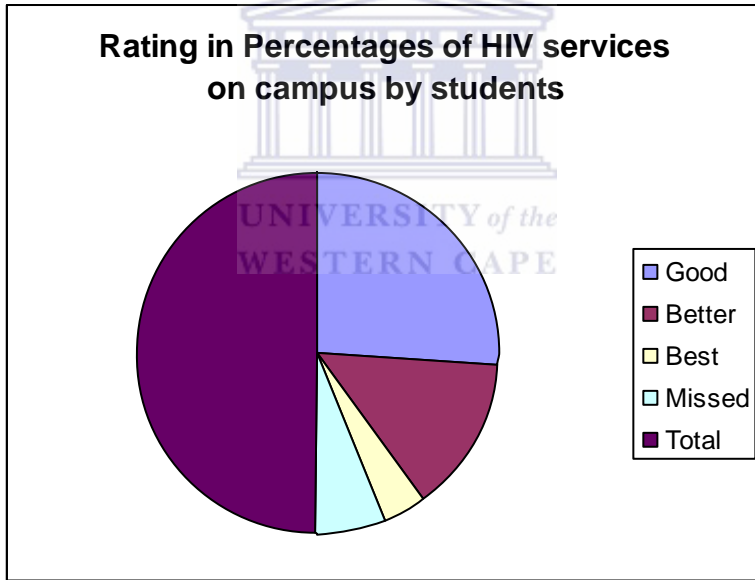
In this study also, another aspect of student's view of these HIV services was brought up. This in particular was to find out students view on these services. For example some might be happy with the services where as others are not. This means those who are not satisfied will be left out from utilizing some of the services yet they also pose a big threat and are at a risk of getting infected. Secondly they might be some issues they are not comfortable with and unlike they issues are not sorted it might affect even those who previously were utilizing the services thus hinder students from utilizing these services and in the long run end you find this HIV program not doing its work for which it was established. Students who participated in this study were 25 in the general selected university population on campus. Thirteen said the services provided are as good, seven students say the services are better, while only two sad the services are best. Three were not happy with services and they didn't state the reasons for their answers. The breakdown of these figures is as follows in the table 4.8 below.

Table 4.8 Table on how students rate HIV Services on campus

Characteristics	No. of males cases	No. of females cases	Totals %
<i>Good</i>	5(20)	8(32)	13(52)
<i>Better</i>	2(8)	5(20)	7(28)
<i>Best</i>	-	2(8)	2(8)
<i>Missed</i>	2(8)	1(4)	3(12)
<i>Total</i>	9(36)	1(64)	25(100)

() Parenthesis shows that percentage distribution, '-' Not Applicable

Pie Chart 4.1.4 Pie chart representation on students view and how they rate HIV services on campus



4.6 HIV services follow-up on campus by staff

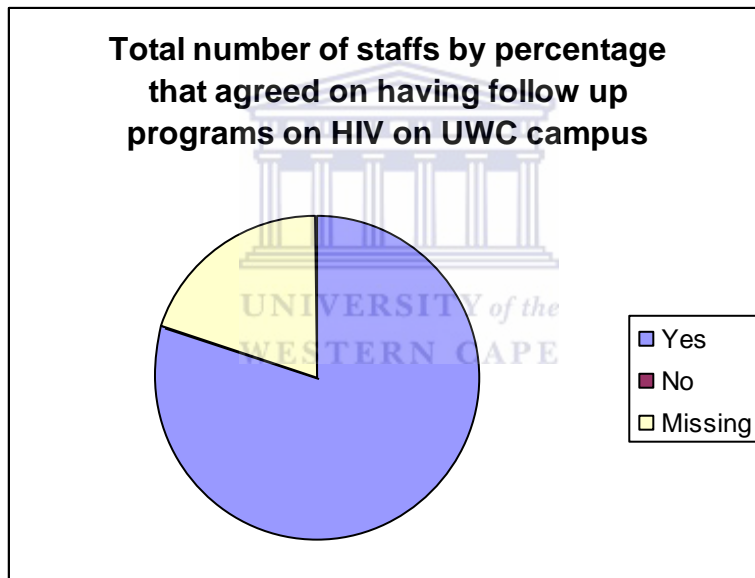
On the same note, staffs were asked on if they make a follow up on the services they provide. All admitted to have follow up programs, and their tea is working hard to find areas where students are not finding comfortable to sort it out and maintain smooth running of their programs. In the research study this question was asked to have a clear picture of ways and means they get to know if students are finding their services accommodating or not appealing. Follow ups are meant to create a good relationship between the provider and the consumer. Therefore is a great need to always make a follow up and find out where there is need for

change, improve or remove. The table below 4.9, shows staff responses on that particular question Table 4.9 Table on if there is a follow up on these HIV services on campus.

Characteristics	No. of males cases	No. of females cases	Totals %
<i>Yes</i>	3(80)	1(20)	4(80)
<i>No</i>	-	-	
<i>Missing</i>	-	-	1(20)
<i>Total</i>	4(80)	1(20)	5(100)

() Parenthesis shows that percentage distribution, '-' Not Applicable

Pie Chart 4.1.5 Pie Chart representation of the all the staff responses on the follow up of the HIV services on campus



Finally the following is a summary of the ways and means through which staff make a follow on those students that do not stay on campus

Through university website as it's easier to post on all the information necessary.

Second, one respondent stated "we have a stall at the part time orientation day and we do some interventions with post graduates e.g. ISD honors class.

And finally, the last respondent noted that they do weekend interventions in evenings, and the last one didn't answer anything.

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

The following section concludes the study on the utilisation of HIV services by the students of the University of the Western Cape. This section concludes by providing recommendations on how these services are used and how they might have an impact on student's performance and excelling academically no matter what situations the students might find themselves in and go on to live a happier life after school.

5.2 Conclusion

Based on the analysis presented in the fourth chapter, number issues can be noticed when compared with the literature presented. First as presented 86.6 % of the students asked about the if they aware of the HIV program on campus said they yes. This implies that many students are aware that there is an HIV program on campus and can be able to utilise the services as much as possible. This finding also indicates that the HIV program does all it can to make students aware and avail to their services and be able to promote safety and good health of students as they perform their duty and societies they come from, thus full filling that the university policy *It is our goal to create a model of a community that is able to prevent infections through new behaviours, to have everyone who may be at risk tested at UWC, to provide support and care to those infected and to ensure that they receive treatment when required. We must also impact on society through our research and through the leadership of our staff and students in the community.* However, theirs is much that needs to be done, as the 14% of the students are not yet aware of these HIV services thus also part of the university community. The fact that the services are meant to be utilised by all students requires that all should be included and saved from deadly virus that might spoil their future.

Secondly, the research findings noted that female sex uses the HIV services more than the male. Using these services includes visiting the HIV health centre more often to get help or be counselled. The finding shows 100% of the staff acknowledging that females go there more often than males. However this sets another question that if the boys doesn't utilise those services what will happen to them, assuming ,the HIV services doesn't follow up this problem as we are both aware that both sexes have equal risks and get affected the same.

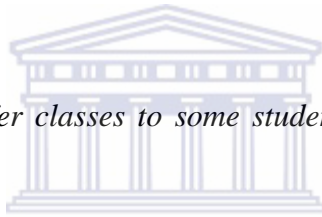
In addition to the above, the majority of the students came to know about the HIV program on campus through the HIV website and pamphlets /handouts they give. This implies that the means of disseminating information can be effective if they continue to do the same. However, this also leaves a big question to those who do not access internet from the area of residences and works.

On student's view of these HIV program services, the majority of the students said they are good. However, on the scale of good better best, good does not create a bigger impression, which means that there is a lot that needs to be done, built on what is already done.

Lastly, the HIV program staff gave their opinions on ways and means they follow up students who do not stay on campus and this is what they had to say. *We post all the information on school website,*

The second respondent said that through creating a stall on orientation to inform all those students who are part time.

All lastly, the last one said *we offer classes to some students example ISD honours class in school of government.*



This means that a lot is done in informing the university community and making sure that students take full responsibility of their life while on campus

5.3 Recommendations

The aim of this research report was to find out the utilisation of HIV services by the students of the University of the Western Cape. The research found out that students utilise these services. Therefore, it can be concluded that though students utilise these services, the majority who use these services are female and this means male that utilise these services are very few, thus, there is need for new interventionist methods, as it can be disastrous if boys are kept out. The factors for males not utilising the services are related to those in the literature and therefore, there is a strong need to review the whole process of sensitising and targeting student learners of the University of the Western Cape.

From the literature, it was found that though these services are provided some students do not utilise them and the reason is not so clear, however they pose a big threat to others and the University, therefore, I would recommend this study to be taken seriously by the university administration.

BIBLIOGRAPHY

Caldwell, John C. (2000) 'Rethinking the African Aids epidemic', *Population and Development Review*, 26:117-35.

Crime Information Analysis Centre, 'Rape in the RSA for the period April to March 2001/2002 to 2004/2005'

Cohen, L. and Manion, L (1980) *Research methods in education*. Croom Helm Ltd, London

David's, S (1993), *Stat Pac: Everything you wanted to know about questionnaires but were afraid to ask*. (Lyndale Ave.S.209A, Bloomington, MN 55420)

Education Management Information System (CEMIS), (2008)

Elena O. Nightingale and Baruch Fischhoff (2001) *Adolescent Risk and Vulnerability: Concepts and Measurement* Board on Children, Youth and Families (BOCYF)

Fischhoff B, Downs J, & Bruine de Bruin, W. (1998). *Adolescent vulnerability: A framework for behavioural interventions*. *Applied & Preventive Psychology*, 7, 77-94.

IRIN Plus News (2005), 'Global Fund withdraws support for LoveLife', 19th December. <http://www.plusnews.org/report.aspx?ReportId=39240>. 17/07/2009

Jenny P, Maylani L, and Pakkiri D (2006), *Working with HIV/AIDS*. Liesbet Van Wyk

Jyoti S (2006) *HIV/AIDS Prevention & Creating Awareness Role of Media*

Jackson H (2002) *AIDS AFRICA-continent in crisis*. SAFAIDS, P.O.Box A509, Avondale, Harare, Zimbabwe

Krefting L (1990), *Rigor in qualitative research: The assessment of trustworthiness*, Queens University, Kingston, Ontario, Canada K7L 3 N6. Article publication 24 July 1990

Kerlinger, F (1970) *Foundations of behavioural research*. Holt, Rinehart and Winston, New York

Lindberg, L. D., Boggess, S., Porter, L., & Williams, S. (2000). *Teen risk taking: A statistical portrait*. Washington, DC: Urban Institute.

Lu L et al (2009), *HIV incidence in pregnancy and in the first post-partum year and implications for PMTCT programs*: Francistown, Botswana.

<http://www.retroconference.org/2009/data/file/webcast.htm> 18/07/2009

McMillan J and Schumacher, S. (2006), *Research in education: evidence-based inquiry*. Pearson Education, Inc.)

Patton, M (1990) *Quality evaluation and research methods* 2nd Edition.(Sage, Newbury Park California)

Sandelowski M, (1995) *Focus on Qualitative methods: Sample size in Qualitative research*. Research in nursing and health. Addison-Wesley, Menlo Park California

Strydom, H. (1998) *The Pilot study* (2002). *Leadership in Education*. Sandown: Heinemann. In De Vos, A. (ed) (1998) *Research at grass roots: a primer for the caring professions*. Pretoria, Van Schawck

Taylor Y (2004) *Battling HIV/AIDS. A Decision Maker's Guide to the Procurement of Medicines and Related Supplies*. The international Bank for reconstruction and development/the World Bank 1818 H Street, NW Washington, DC 20433

The Guardian [UK] (2003) '*South Africa pins hopes on hip safe sex campaign*', 22nd May <http://www.guardian.co.uk/world/2003/may/22/southafrica.aids>

Terre Blanche, M & Durkheim, K. (1999) *Research in Practice*. Cape Town: University of Cape Town Press", CDC

UNAIDS/WHO (2005) '*Questions & Answers III - Selected issues: prevention and care*'. <http://www.unaids.org/epe/2005/doc/resources.asp> 20/09/2009

UNAIDS (2008) *Report on the global AIDS epidemic*.

<http://www.unaids.org/en/knowledgeCentre/HIVData/GlobalReport/2008>

Ward H 2003, sexually transmitted infections in Africa. A peer review journal for health professionals and researchers in all areas of sexual health: BMJ Publishing Group Ltd.

Websites

<http://www.unaids.org/en/knowledgecentre/hivdata/Globalreport2008>

<http://hivaids.uwc.ac.za/>

<http://www.avert.org/aidssouthafrica.htm>



Appendix A

University of the Western Cape

Dept. of Statistics

Investigator

Informed Consent 1

Title of the research Project: The Utilization of HIV services by the students of the University of the Western Cape

If you agree to participate in this research study your signed consent is required.

.....

The study has been described to me in a language that I understand and I freely and voluntarily agree to participate. I understand that my identity will not be disclosed and I may withdraw from this study without giving a reason, at any time .I have read the information about this research study on participants information sheet .I have been given opportunity to ask any questions I may have, and all such questions or inquiries have been answered to my satisfaction.

I..... (Full name) student of
.....Consent to participate in this
research project.

.....

Signature

Date

Appendix B
University of the Western Cape
Dept. of Statistics

Letter requesting permission to conduct research

The Head: Statistics
(For Attention: Director: Statistics Research)
Western Cape Statistics Department
Private Bag X17, Bellville 7535
Republic Of South Africa

Dear Sir/Madam:

APPLICATION TO CONDUCT RESEARCH AT HIV HEALTH UNIT ON CAMPUS
(UNIVERSITY OF THE WESTERN CAPE)

I, **Ampeire Edmund**, an M Phil Population Studies student at the University of the Western Cape, hereby request to permission to conduct research on HIV services in the UWC campus.

*Research Title: The Utilization of HIV Services by the Students of the
University of the Western Cape*

This research aims to provide information about HIV health unit on campus, student's utilization of their services, what kind of services they offer, the challenges they pass through, their future plans and its impact on the University community. The research approach will be a qualitative research. The participants will be a sample of students of the University Western Cape Community and HIV project staff members. Information gathered from the answers of learners will indicate in which way HIV project serves their interests and the interest of the community

This research will shed light on various forms of involvement by the university as it tries to create a model of a community that is able to prevent infections through new behaviours, to have everyone who may be at risk tested at UWC, to provide support and care to those infected and to ensure that they receive treatment when required.

Special attention will be given to ethical and legal prescriptions with regards to obtaining permission from all parties concerned and time frames of University and sensitivity of data.

Thank you,

Yours truly,

.....
Ampeire Edmund

M Phil in Population Studies
Student No: 2836596
Statistics Department University of the Western Cape

Appendix C

University of the Western Cape

Research Project Questionnaire

Questionnaire to determine staff Involvement in the utilization of HIV services on campus

Name of the University: University of the Western Cape

The aim of the questionnaire is to gather information on students' involvement in the utilization of HIV services on campus. The term student involvement means any way in which the students are able to find the importance of the services and how they find them useful.

These services among others include,

- Supply of condoms at University residences,
- Free HIV testing and counselling,
- and free medication (ARVS)

The overall objective of this questionnaire is to gather information on the utilization of HIV services on campus by students of the University of the Western Cape. The information being sought by this questionnaire is for academic research purpose only. Confidentiality of the information will be maintained and respondents are not asked to identify themselves by name. Please provide as much as accurate information to each question or statement as possible

STAFF

UNIVERSITY OF THE WESTERN CAPE

Questionnaires to determine staff involvement in the utilization of HIV services on campus

Instructions to respondent

Staff on campus involvement

Instructions to respondents: Please indicate by making an x in the appropriate column

1. Gender

a) Male b) Female

2. Marital status

a) Single b) Married c) Divorced d) Cohabiting

3. Religion of Affiliation?

a) Protestant Christian

b) Roman Catholic

c) Evangelical Christian

d) Jewish,

e) Moslem

f) Others

4. Race.

a) White

b) Black African

c) Hispanic

d) Asian



e) Others

5 How many students visit the HIV health centre on average per day?

a) 1-5 b) 6-10 c) 11+

6. Which sex visits the health Unit more than the other does?

a) Male b) Female

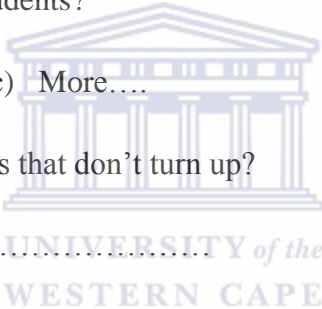
7. As indicated on University website, how often do you organize mass sensitization of HIV in this campus per month?

a) One b) Two c) others specify.....

8. What is always the turn up for students?

a) < 20 students b) 20 + c) More....

9. What do you do for those students that don't turn up?

.....

UNIVERSITY of the
WESTERN CAPE

10. What other ways do you use to reach out to other students such as part time?

.....

11. Do you think students are comfortable with your services?

a) Yes b) No

12. Do you often make a follow-up of services you render at this University such as condom provision in University Residences?

a) Yes b) No

13. Are there enough facilities to cater for the increasing population?

a) Yes b) No

Thank you for your cooperation in completing this questionnaire.

Pamphlets, website, or others explain

.....

8 After knowing did you visit the site?

a) Yes b) No

9 If no, why did you not go there? Never wanted or you don't know much about its usefulness?

a) Yes b) No

10 In your own view, do you think there are some things missing in that HIV programs and awareness campaigns?

a) Yes b) No

11 Do you think that HIV program is really necessary on campus?

a) Yes b) No

12 Do you think all students on campus are aware of these HIV services on campus?

a) Yes b) No

13 Do you think students are willing to go once they become aware of these services?

a) Yes b) No

14 Do you think it's appropriate for one to disclose his or her status?

a) Yes b) No

16 In your own view do you think theirs is any privacy and confidentiality of ones status?

.....

Thank you

GENERAL

UNIVERSITY OF THE WESTERN CAPE

Interviews to determine Students involvement in the Utilization of HIV on campus

BIOGRAPHICAL INFORMATION

1. Marital status?

- a) Single b) Married c) Divorced d) Cohabiting

2. Gender?

- a) Male b) Female



3. Level of Education?

- a) First year b) Second c) Third d) Postgraduate

4. Where do reside?

- a) University Resident b) Home Private Accommodation

This part is about HIV program on UWC Campus.

5. Are you aware that theirs an HIV program on this campus?

- a) Yes b) No

i) If no, why do you think you don't know? Explain

.....

6. What type of services do they offer?

.....

7 What do you think would be a solution to address information on HIV/AIDS?

.....

8 What other preventive measures would you think appropriate according to you?

.....

9. Do you think in your opinion regarding HIV awareness program is doing an important work in dismaying information to students?.....

10. Is there any thing you feel is missing and would want to be done?

.....

11. How do you rate these HIV services on campus?

a) Good b) Better c) Best

Thank you for your co-operation

