

The Impact of the HIV/AIDS Awareness Campaign on Knowledge, Attitudes, Beliefs, Sexual Behaviour Change and Confidence in Sexual Practices

Frieda Shimbuli, Comfort Oyedokun, Alta McNally, Polytechnic of Namibia

Abstract

The Acquired Immune Deficiency Syndrome (AIDS) which is caused by the Human Immune-deficiency Virus (HIV) is the greatest threat facing Namibia today. It is the largest management challenge facing the education sector in Namibia. It has negatively impacted on management, teaching and learning activities in this vital sector. In response to the HIV/AIDS pandemic, the Polytechnic of Namibia started its HIV/AIDS Awareness Campaign in 1997 under the auspices of the Office of the Dean of Students. The campaign focused on (1) knowledge, (2) attitude, (3) beliefs, (4) sexual behaviour change and (5) confidence in sexual practices. The intention of the 5 aspects was to empower students with knowledge on HIV/AIDS in order to make informed choices and decisions. The major objectives of the study were to: ascertain student knowledge of HIV/AIDS; change the attitudes of student since stigma and discrimination are widespread; gather information on the belief system of students on HIV/AIDS; gather information on sexual behaviour change of students; and develop confidence in sexual practices.

The population for the study was the students of the Polytechnic of Namibia. The sample size of the three hundred and ninety nine (399) students was randomly selected from the total sample frame. This comprises one hundred and sixty six (166) males and two hundred and thirty three (233) females. The total number is the unit of analysis.

A 3 point scale response survey questionnaire to evaluate the effectiveness of the Polytechnic HIV/AIDS Awareness Campaign and to understand the behaviour that put students at risk of HIV/AIDS infection was administered to the unit of analysis. Data obtained was analysed using percentage computation on knowledge, attitude, belief, sexual behaviour change and confidence in sexual practices of the unit of analysis. The results of the analysis indicate that the awareness campaign has a positive effect on the participants' knowledge, attitude, belief, behaviour change and sexual practices.

Introduction

Sub Saharan Africa continues to bear the largest burden of the HIV/AIDS epidemic. This has significant consequences for efforts by countries in the region, including Namibia, to reach the Millennium Development Goals of reducing poverty and improving the overall health and well being of their citizens. Namibia's Vision 2030 goals are comprised of enormous development challenges that the epidemic poses. The Acquired Immune Deficiency Syndrome (AIDS) caused by the Human Immune-deficiency Virus (HIV), is the greatest threat facing Namibia today. It is the largest management challenge facing the Education Sector in Namibia. The 2000 HIV Sentinel Survey Report of the Ministry of Health and Social Services (MOHSS) provided alarming statistics of the HIV/AIDS epidemic. HIV/AIDS death in the 15-49 year age group increased. HIV infections levels of 22.3% among pregnant women were reported nationwide. HIV/AIDS at Regional levels vary widely.

Reducing HIV infection rates is the cornerstone of the national response towards the pandemic. One of the root causes of Namibia's high prevalence rate is the fact that the youth engage in risky sexual behaviour (many have multiple sexual partners). The prevalence of sexually transmitted infections increases the risk of HIV transmission. Alcohol abuse that is a contributing factor to the high infection rate decreases inhibitions and self control and thus make people prone to risky sexual behaviour.

A study by King horn, (2002) on the impact of HIV/AIDS on education in Namibia (for the Ministry of Basic Education, Sport and Culture and the Ministry of Higher Education, Training and Employment Creation), clearly indicated that growth of youth requiring education will slow down over the next decade as a result of the pandemic. Furthermore, despite the important progress in prevention, knowledge and behaviour change are limited.

HIV/AIDS related services are one of the core functions of the Office of the Dean of Students at the Polytechnic of Namibia. The main thrust is to provide pre and post HIV/AIDS counselling statistics in order to furnish the Polytechnic campus with HIV/AIDS educational material, distribute condoms, serve as a mentor for the HIV/AIDS Club.

The present study focuses on the impact of the Polytechnic HIV/AIDS Awareness Campaign and centres around the following 5 aspects: (1) knowledge, (2) attitude, (3) beliefs, (4) sexual behaviour change and (5) confidence in sexual practices. The Namibian government has made remarkable strides to sensitize the Namibian Nation about the HIV/AIDS pandemic. However, the Namibian government cannot fight this battle alone. The battle of HIV/AIDS has to be fought at all levels.

Definition of terms

HIV stands for **Human Immunodeficiency Virus** that causes **Acquired Immune Deficiency Syndrome** (Hunter, 2000). HIV attacks the body's immune system (natural defence system against disease) by destroying one type of blood cells (CD4 cells) that helps the body fight off and destroy germs. CD4 cells belong to a group of blood cells called T-cells that also help the body fight disease.

AIDS: **AIDS** stands for **Acquired Immunodeficiency Syndrome** (Hunter, 2000). **Acquired** means that the disease is not inherited. **Immunodeficiency** means that the disease is characterized by a weakening of the immune system. **Syndrome** means group of symptoms of a disease. AIDS is a fatal disease of the immune system transmitted through blood products, sexual contact, and contaminated needles.

Impact: Impact is the reportable and verifiable differences that the campaign made. Impact is the difference that the Polytechnic HIV/AIDS Awareness Campaign made in the lives of the Polytechnic students.

Intervention:

Intervention seeks behaviour change in sexual practices.

Knowledge:

Knowledge refers to a person's range of information on HIV/AIDS.

Attitude:

Attitude is a settled opinion about HIV/AIDS.

Beliefs:

Beliefs refer to a person's firm opinion about HIV/AIDS.

Sexual behaviour:

Sexual behaviour refers to how a person relates to sex activities.

Confidence in sexual practice:

Confidence in sexual practices refers to the ability of students to use safe methods to avoid contracting HIV/AIDS.

Statement of the problem

HIV/AIDS is the largest management challenge facing the Education Sector. It has negatively impacted on management, teaching and learning activities in this vital sector. The Polytechnic of Namibia as an educational institution felt compelled to join in the fight against HIV/AIDS and in 1997 started the Polytechnic HIV/AIDS Awareness Campaign as an intervention strategy to mitigate the impact of HIV/AIDS on the youth.

The campaign served as an educational tool to disseminate HIV/AIDS information to the youth to empower them with knowledge, change their attitudes, beliefs, sexual behaviour change and confidence in sexual practices.

This study examines whether the Polytechnic HIV/AIDS Awareness Campaign intervention made a difference as it relates to knowledge, attitude, beliefs, sexual behaviour change and confidence in sexual practice. Did the intervention empower students with knowledge and change their attitude, beliefs, sexual behaviour and confidence in sexual practice? What impact did the Polytechnic HIV/AIDS Awareness Campaign make on the youth?

Aim

The purpose of this research study was to determine the impact of the Polytechnic HIV/AIDS Awareness Campaign on HIV/AIDS knowledge, attitude, beliefs, sexual behaviour change, and confidence in sexual practice of the students. Specifically, the study aims to:

- 4.1 Ascertain the extent of the impact of HIV/AIDS Awareness Campaign on students' knowledge of HIV/AIDS.
- 4.2 Ascertain the extent of the impact of the HIV/AIDS Awareness Campaign on students' attitude towards HIV/AIDS.

- 4.3 Determine the extent of the impact of the HIV/AIDS Awareness Campaign on students' beliefs about HIV/AIDS.
- 4.4 Determine the extent of the impact of the HIV/AIDS Awareness Campaign on students' sexual behaviour change.
- 4.5 Explore the extent of the impact of the HIV/AIDS Awareness Campaign on students' confidence in sexual practices.

Research question

The research study sought answers to the following research question:

Does the HIV/AIDS Awareness Campaign have any impact on students' knowledge, attitude, beliefs, sexual behaviour change and confidence in sexual practices?

Hypothesis

The HIV/AIDS Awareness Campaign has effects on student knowledge, attitude, beliefs, sexual behaviour change, and sexual practices.

Scope of the study

Students in both the full-time and part-time modes in all the five schools in the institution is the population for the study. The target population consisted of 399 randomly selected students from Polytechnic of Namibia.

The information obtained from the research results will be used to strengthen future Polytechnic HIV/AIDS Awareness Campaigns in terms of impact mitigation. The findings of the study will be made available to the Ministry of Health and Social Services (MOHSS) to embark on additional prevention strategies.

Signification of the study

This is the first HIV/AIDS Awareness Campaign survey research undertaken by the Polytechnic of Namibia under the auspices of the Office of the Dean of Students and the School of Business and Management (SBM). At the end of this study, students' HIV/AIDS knowledge would have increased; there will be change in attitude, change in the belief system, behaviour change and confidence in sexual practices. With the awareness campaign and its effect on students, the Polytechnic will be confident that the graduates will have adequate knowledge of HIV/AIDS and preventative measures of HIV/AIDS. Furthermore, the Country stands a better change to curtail loses of human resources. Also, the Polytechnic graduates can further educate those around them with regards to HIV/AIDS.

Limitation of the study

Students in the distance mode of studies were not involved in this research study.

Review of literature

Knowledge

A study carried out by the World Health organization (WHO, 2006) finds that young people lack information about HIV/AIDS. In countries such as Cameroon, Central African Republic and Lesotho more than 80% of young women aged 15-24 do not have sufficient knowledge about HIV. Uganda on the other hand is one of the first countries in Sub Saharan Africa with successes stories in the region and succeeded in lowering its high infection rate from 31% in 1993 to 14% in 1998 (UNICEF, 1998). Besides the firm political commitment and a broad-based national effort on the Abstinence, Be Faithful and Condom (ABC) strategy, Uganda had sex education programmes in schools and on the radio which encourages students to delay the age at which they first have sex. Condoms at subsidized prices are used increasingly from 7% nationwide to 50% in rural areas and over 85% in urban areas and a self-treatment kits for men with all the basics like 14-day course tablets, condoms, partner referral cards and information leaflets were design to improve on STI treatments. This proved to be successful in the treatment of STI's and HIV infection.

The Polytechnic conducted eleven HIV/AIDS awareness campaigns to date to mitigate the impact of HIV/AIDS on its students and to reduce transmission of HIV and other sexually transmitted Infections (STI's) through effective Information, Education and Communication (IEC) strategies such as mass media, youth activities, panel discussions, condom and abstinence programmes, Voluntary Counselling and Testing. Peer education is another intervention, which target the Polytechnic students and empower them to make informed decisions regarding HIV/AIDS. The Polytechnic's approach to increase the knowledge of students on HIV/AIDS and to prevent the spread of HIV/AIDS amongst its students is supported by Bandura's social cognitive theory (Bandura, 1989) which

predicts that adolescents will be better able to engage in positive self-directed change if they have knowledge about HIV/AIDS. Individuals who are less knowledgeable about HIV/AIDS are more likely to engage in risky behaviours as they do not perceive themselves to be at risk. In another study by (Herek, 2002) it was found that almost everyone has information about HIV/AIDS although they think it can only happen to others.

Attitudes

People infected with AIDS or who are HIV positive and the social groups they belong have been stigmatized worldwide since the epidemic began (Taylor, 2001). Stigma has interfered with effective societal responses to AIDS and has imposed hardships on people, either perceived to be or actually infected and living with HIV. Comprehensive assessments of attitudes associated with stigmatizing attitudes regarding HIV/AIDS are important to guide efforts to remove barriers on HIV prevention. Studies demonstrated that the majority of students believed that HIV infected people experienced stigma, discrimination and social exclusion. Most of the time people feel uncomfortable about contact with persons infected with HIV and avoid them because they have a lack of knowledge. There is a lot of discrimination towards HIV-infected people. However the potential implications for stigma and discrimination have not been adequately addressed in HIV prevention

and awareness programmes on the Polytechnic campus. Klein (2002) warned that although much was written on stigma and discrimination in the context of HIV/AIDS, it remains a complex phenomenon and has deep roots in the domain of gender, race, class, sexuality and culture.

Beliefs

In terms of beliefs, several studies were carried out in this regard globally. One such study indicated that most students agreed that

AIDS is a dangerous, lethal and incurable disease Klein et al, 2002). In this study the researchers aim to determine whether the students at the Polytechnic have similar beliefs and wish to alter them through intervention programmes like the Polytechnic HIV/AIDS Awareness campaign.

Sexual behaviour change

Adolescents are frequently involved in sexual experimentation at a young age, many of them with more than one sexual partner. A study carried out by Adegbenja et. al (2003) examined the Reproductive, Knowledge, Sexual Behaviour and contraception use among Nigerian Adolescents in Niger State of Nigeria. Their approach was a multi-stage random sampling method of 896 subjects between the ages 11-25 years. The results indicated that 33 % of the subjects had already their first sexual encounter and half of them had sexual experience with more than one sexual partner. For the prevention of HIV/AIDS subjects indicated high knowledge of HIV/AIDS and the use of condoms. However, more males thought condom was useful.

The body of research on sexual behaviour change is substantial. Studies reported sexual behaviour in Africa due to the HIV/AIDS pandemic. Poolman et al (2006) reported findings in research conducted on the sexual behaviour change in rural South-West Uganda in which a multi-method approach was employed. The findings included substantial sexual behaviour change as a response to HIV/AIDS awareness campaigns. Furthermore, there was an increase of condom utilization. Condom use was reported at 76 % and protection against HIV/AIDS at 19%. The findings also revealed that 50 % of participants reduced the number of partners, remained with one partner or abstained. Interestingly, the report revealed that men reported more sexual behaviour change than women. These findings are consistent with behaviour change research carried out by (Okware et al., 2001 and Sigh et al., (2003). Nevertheless, it is very difficult to measure sexual behaviour change accurately.

The response of sexual behaviour to HIV in Namibia and particularly at the Polytechnic is an important input at predicting the path of the epidemic and focusing on prevention efforts. Existing literature generally points to limited changes in sexual behaviour in Africa (Stoneburner and Low Beer, 2004). Moreover, there have been limited efforts to understand how behavioural responses might vary across individuals. In this paper, the researchers attempt to determine the different responses there are as it is potentially important for designing HIV interventions and for understanding student's behaviour in the face of health risks.

Confidence and sexual practices

A study to explore the factors influencing female students ability to adopt safe sexual practices in China (Rosling, 2005), indicates that a mere 30% of the age group 18-25 know the correct and consistent way of condom use to protect themselves against HIV transmission. This small explorative study resulted in further interesting findings that is of importance for the present study. It was recommended by Rosling at the end of her study that negotiation skills training together with correct condom/ contraceptive use are of utmost importance. A question can be posed at this juncture whether the students at the Polytechnic lacks negotiation skills and correct condom use training and therefore engage in unsafe sexual practices.

Another study that was done in New Zealand on prevalence and sexual behaviour amongst high school students (Paul, 2002) confirmed the finding of the study done by Rosling (2005). It was found that female student lacks negotiation skills and fewer girls (39%) are interested in using condoms where males (51%) used condoms the last that they had sexual intercourse. But promising in this study was the fact that although females lacks negotiation skills, they tend to switch less partners in their lifetime. It will be interesting to see whether students at the Polytechnic reveal similar findings as in the above mentioned studies with regards to sexual practices.

Research design

The survey research is a distinctive research methodology to collect information relevant in a particular field. Studies utilizing survey accounts involve a substantial proportion of the research done in the field of education. Thus, wide range educational problems can be investigated in survey research (Borg & Gall, 1983). The survey research in this study is an evaluation of the effectiveness of the Polytechnic HIV/AIDS awareness campaign on students and an understanding of the behaviour that put students at risk of HIV/AIDS infection.

Description of the population sample

The sample size consisted of 399 randomly selected subjects from the School of Business and Management (SBM), School of Communication, Legal and Secretarial Studies (SCLSS), School of Engineering (SE), School of Information Technology (SIT) and School of Natural Resources and Tourism (SNRT). There were 166 male and 233 female subjects.

Instrumentation

The survey questionnaire consisted of a 3 point scale response format which included ratings such as "Yes", "No" and "Partly". This response format was easier for students to comprehend. Open ended questions were included to collect data on what students would recommend as new elements to the Polytechnic HIV/AIDS awareness campaign. Data were collected on the evaluation of the Polytechnic of Namibia. Polytechnic HIV/AIDS awareness campaign and to understand the behaviour that put students at risk of HIV/AIDS infection.

Survey research data was collected based on a 3 response format of "Yes", "No", and "partly". The survey research percentage computations on the following aspects of the Polytechnic HIV/AIDS Awareness Campaign: Knowledge percentage scores

on 10 questions. Attitude percentage scores on 10 questions. Beliefs percentage scores on 12 questions was done. Sexual behaviour change percentage scores on 10 questions and confidence in sexual practice percentage scores on 8 questions.

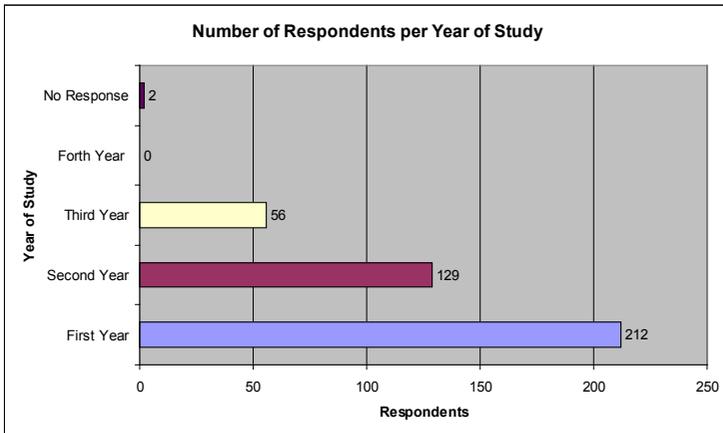
Administration of the Research Instrument

Four staff members from the Office of the Dean of Students and four staff members from the School of Communication, Legal and Secretarial Studies administered the instrument “Survey: Polytechnic HIV/AIDS Awareness Campaign 2006” (APPENDIX A).

All the subjects were requested to complete the “Student Consent Form” to take part in the in the study. Students were informed that the information they provide in the survey would be treated with strict confidence. Students were requested to be objective and honest in their answers. The analysis was based on the 399 responses obtained.

Data analysis, results and discussion

Figure: 1A



Figures 1A and 1B indicate that the majority of students that participated are first and second year students (85%) with the first year students in the majority (53%). The third year students who participated were few (14%) and none of the fourth year students participated. The fourth year students could have been familiar with the campaign and therefore no longer interested thus their lack of participation. Other reasons to explain their lack of participation is their curriculum at the period of survey since lectures were not cancelled.

Figure: 1B

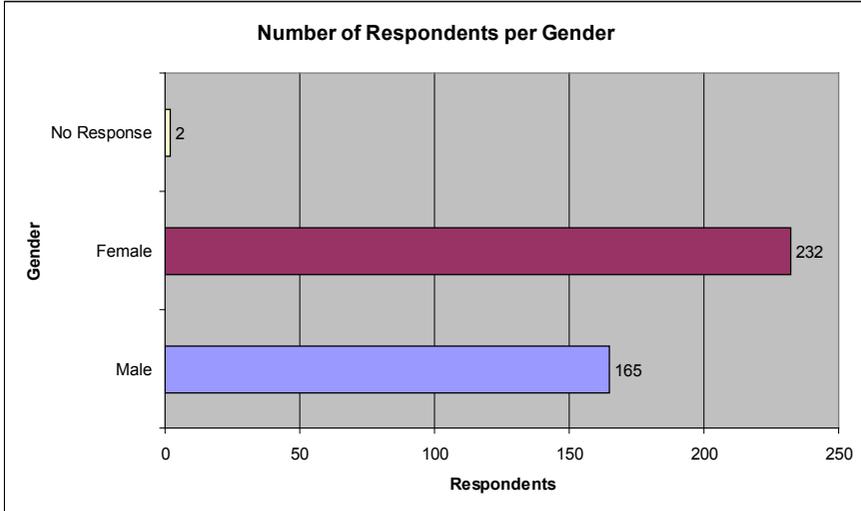
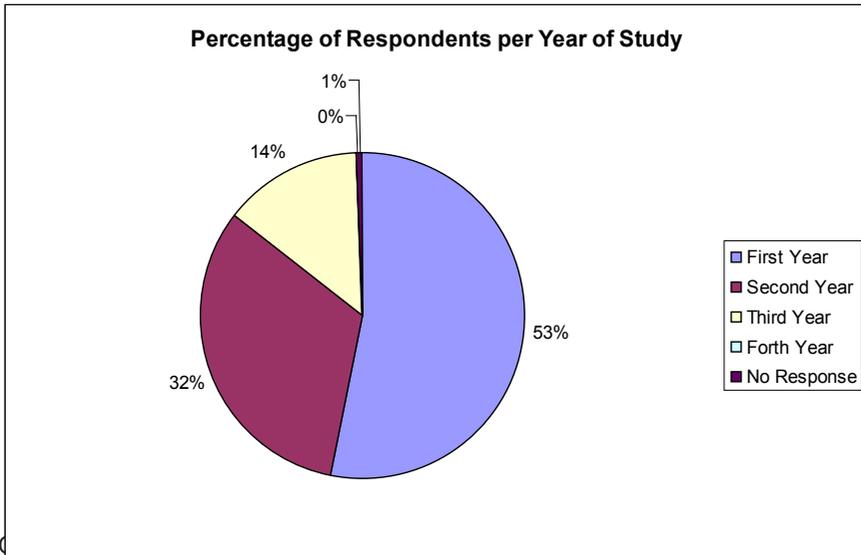


Figure: 2A



females and 166 (42 %) were males Two participating students did not respond to the questionnaire neither did they indicate their gender. (Figure 2A and B). Females enrolment figure is higher than that of males in the institution as a whole, this coupled with the facts that females are at high risk of HIV/AIDS therefore their readiness and willingness to participate in the awareness campaign than the males.

Figure: 2B

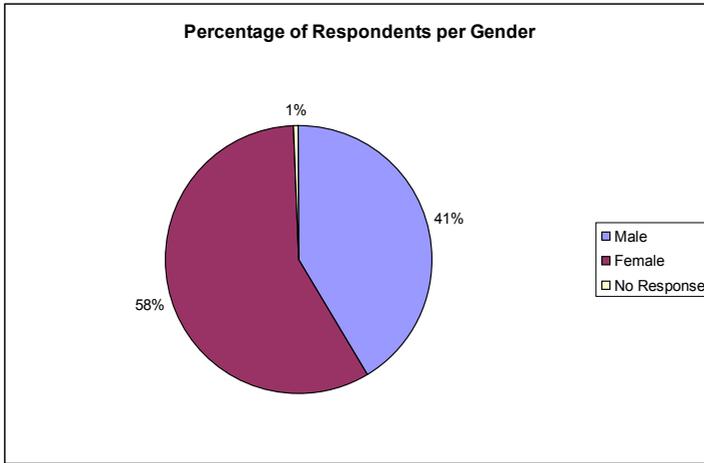
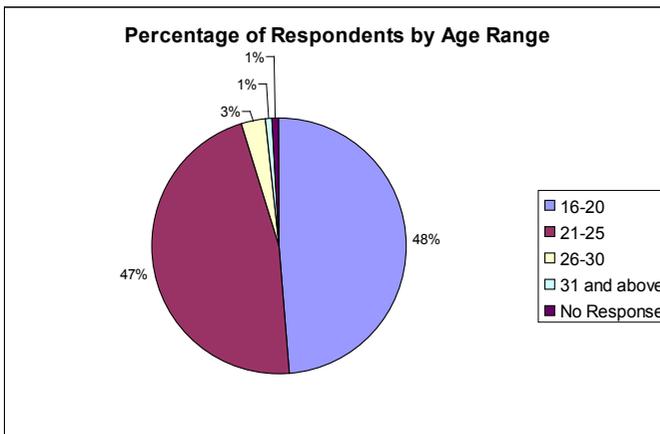


Figure: 3A



Majority of the respondents were between the age ranges of 16-25 (96 %), 26-30 (3 %) and only 1 % for those above 30 years. Majority of the participants are between 16-20 years.(Figure 3A and B). Curiosity and excitement characterize students of this age range. More so, willingness to know more about HIV/AIDS and campus lives, an awareness campaign can safe guard their safety at this vibrant age. It is interesting to observe from data that as the age range increases, fewer number or percentage of respondent were observed. The campaign is a yearly occurrence, lack of interest could account for this.

Figure: 3B

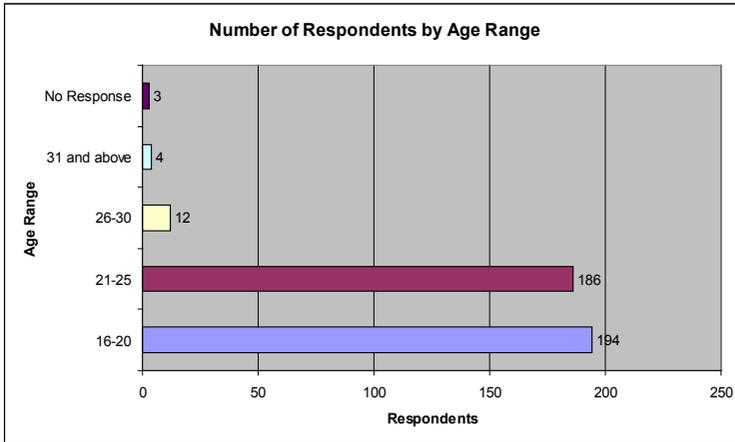
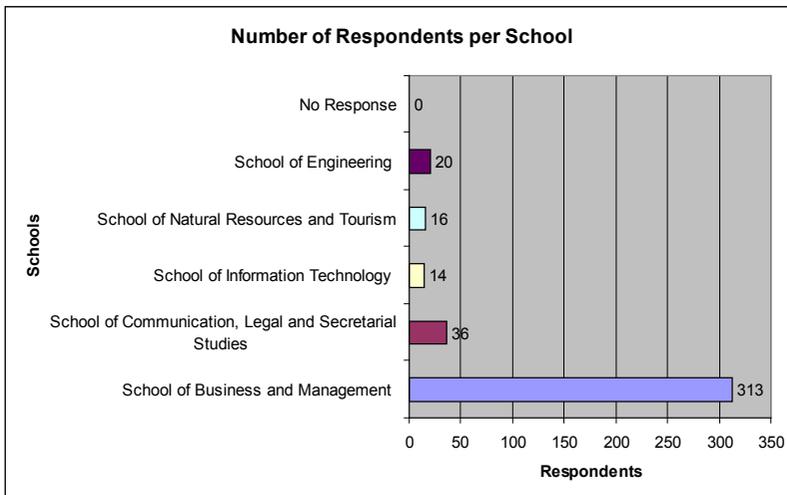


Figure: 4A



From Figure 4A it is evident that majority of the respondents were from the school of Business and Management (78 %). A part from the proportionally higher students enrolment figure in the whole institution, the venue for the survey was very close to these sets of students therefore they had an easy access to the place where the survey was administered and could therefore voluntarily participate in all the activities of the awareness campaign. The SBM had 313 (78 %) responses, the SLSS had 36 (9 %) responses, and SIT had 14 (4 %) responses SNRT had 16 (4 %) responses and the SE had 20 (5 %) responses. In the three last mentioned schools, students are always involved in laboratory experimentation due to the nature of their studies apart from their lower proportion of enrolment at the institution compared to SBM time could be a factor limiting their rate of responses which is an indication of their participation.

Figure: 4B

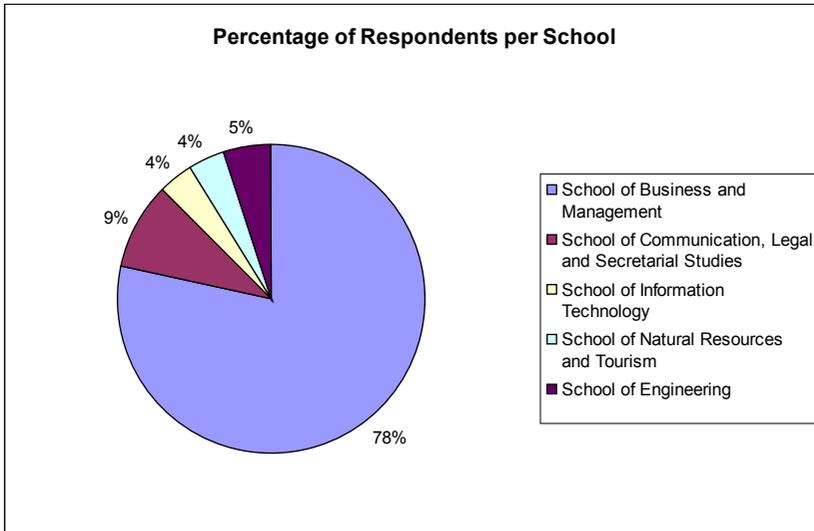
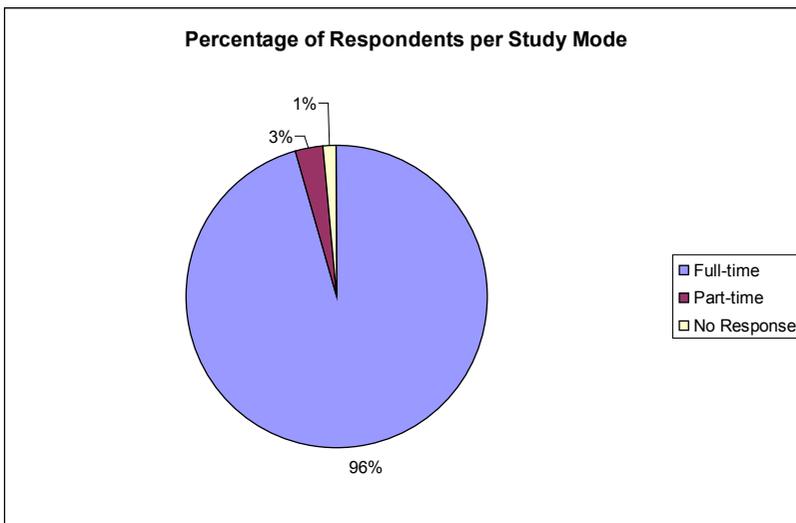


Figure: 5A



Of the three modes of learning in the institutions (full-time, part-time and distance) students who participated in the awareness campaign and in the survey were from full-time and part-time modes only. 381 (96 %) were full-time students, 13 (3 %) were part-time and 5 (1 %) no response (Figures 5A&B).The percentage of full-time responses was higher than part-time. The time of the survey could be a factor responsible for this. Part-time students would naturally rush in from the days work to attend classes (lectures), therefore their participation rate was low. Also, lack of interest could be another factor; in their different work places such a campaign are

not uncommon, thus they are familiar with such programs. The distance learners were omitted from the scope of this study – this is a limitation to the generalization of the research findings to the students’ population of the institution as a whole.

Figure: 5B

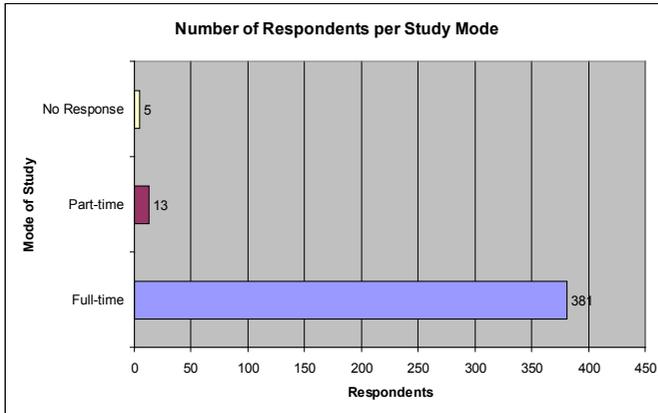
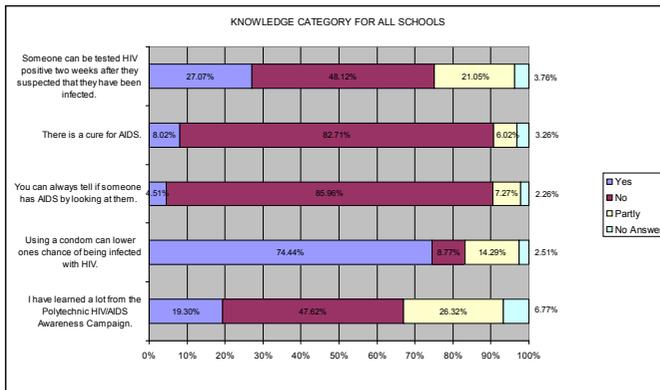


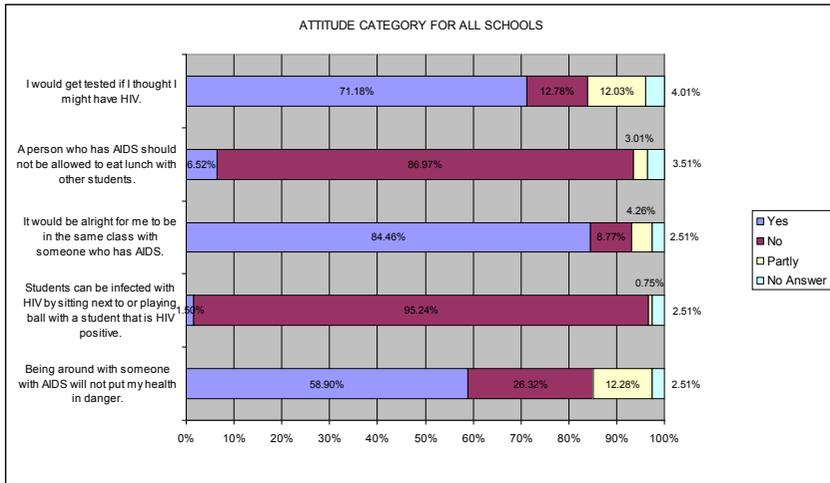
Figure: 6



In the survey questionnaire students were asked questions relating to their knowledge of HIV/AIDS. 48.12 % of the respondents were of the opinion that some one cannot be tested HIV positive two weeks after they suspected that they have been infected, while 27.07 % were of the opinion that one can be tested, 21.05 % answered partly (not sure) while 3.76 % did not respond. 82.71 % know that there is no cure for AIDS, 8.02 % said that HIV/AIDS had a cure while 4.02 % partly agreed that there is a cure for AIDS. On ability to tell if some one has the pandemic by looking at the person, 85.96 % were of the opinion that one cannot always tell, 4.51% responded positively while 7.272 5 partly and 2.26% did not respond. On knowledge about condom, majority of the respondents (74.44%) have the knowledge that using a condom can lower ones chance of being infected with HIV while only 8.77 % were ignorant or did not know. 14.29 % and 2.51 % have partial knowledge and no answer respectively. (Figure 6)

Overall the respondents' knowledge of HIV/AIDS is enormous; about 90 % have basic knowledge of the pandemic and how it is transmitted. However, on the source of their HIV/AIDS knowledge, 47.62 % of the respondent indicated that they did not learn a lot from the Polytechnic awareness campaign, only 19.30 % responded positively as having their source form the awareness campaign. 26.32 % partially obtained their knowledge from the campaign while 6.77 % did not respond. In view of the prevalence of HIV/AIDS world-wide and in the country in particular, television, radio, print media and health institutions could be the main source of information while the awareness campaign just supports or intensify the knowledge they had already acquired of HIV/AIDS. In the higher institutions the awareness campaign reinforces and establishes students knowledge, also, it serves as an eye opener to those that have not yet acquired much of the needed knowledge on the pandemic before coming to the Polytechnic.

Figure: 7



In Figure 7 , although about 71.18 % of the respondents would get tested if thought they might be infected with HIV/AIDS, only 12.78 % indicated that they would not, while 4.01% were not sure while 12.03% gave a partly response. The high percentage who showed interest in testing on suspicions indicates a positive attitude towards the campaign. Their knowledge has affected their attitude positively.

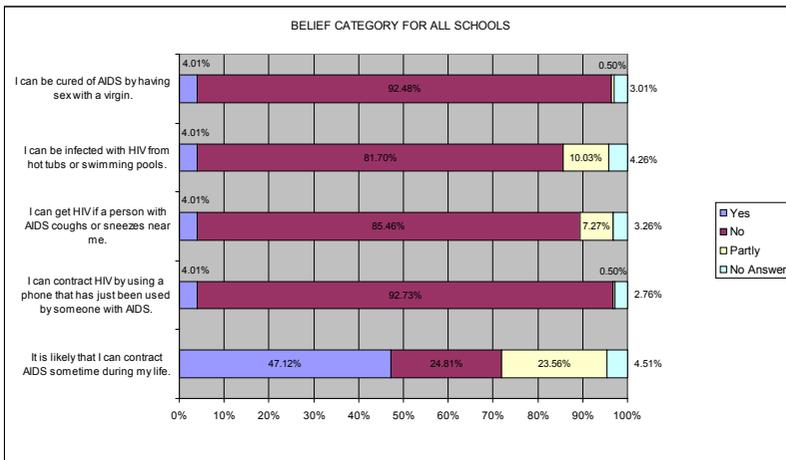
On method of transmission of HIV/AIDS, while 86.97 % indicated HIV/AIDS patients could eat lunch with any one, only 6.52 % were of the opinion that HIV/AIDS person should not be allowed to eat lunch with any other persons. Only 3.03 % were not sure while an insignificant % did not respond. Student's knowledge has affected their attitude more so as eating stigmatizing is concerned. Knowledge of HIV/AIDS and its mode of transmission is the only factor which could be responsible for such an attitude.

Still on attitude of students and the campaign awareness, 84.46 % of the respondents were of the opinion that it would be alright for them to be in the same class with someone who has AIDS, only 8.77 % responded negatively while only 2.51

% were not sure. The awareness in terms of knowledge acquisition of the students' participants is positively correlated with their attitude.

95.24 % respondents expressed their opinion that students cannot be infected with HIV by sitting next to or playing ball with a student that is HIV/AIDS positive, only 1.50 % responded positively while 0.25 % was not sure. This shows a positive attitude towards Aids patients. This positive attitude is a result of adequate knowledge of HIV/AIDS. Although 58.90 % of the target population were of the opinion that being around with someone with aids will not put their health in danger, 26.32 % were of a different view – they were of the opinion that their health could be in danger, while 12.28 % were not sure. The responses obtained are based _ on the participants' level of knowledge of the pandemic. The depth of being around was not specified (in the questionnaire), thus the distribution of the percentages observed. Knowledge has affected their attitude.

Figure: 8



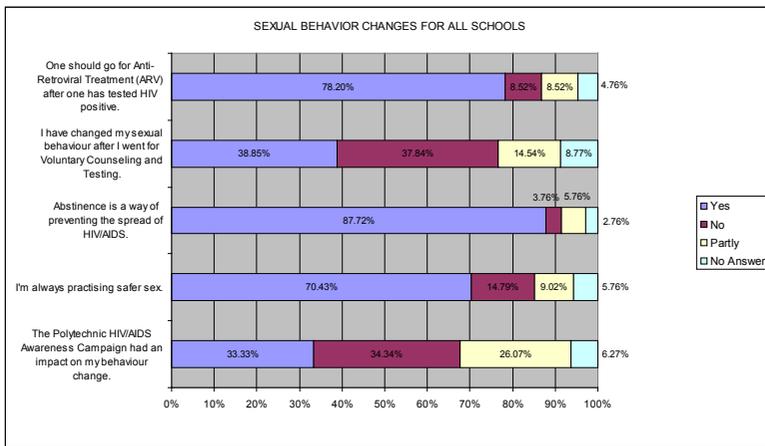
In Figure 8, 4.01 % of target population was of the opinion that they can be cured of AIDS by having sex with a virgin, while 0.50 % was not sure and 3.01% did not respond. However, 92.48 % responded negatively to this assertion, they were of the opinion that AIDS has no cure. The 4.01 % positive response could not be due to lack of knowledge about HIV/AIDS but their belief system which could be rooted in the culture. This is a factor that mere awareness campaign may not be able to remove and this is a major concern to the society at large in order to prevent rate of rape connected crimes.

81.70 % believed that they cannot be infected with HIV from hot tubs on swimming pools, while 4.01 % were in the affirmative. 10.03 % were not sure and 4.26 % did not respond. Their lack of response could mean ignorance but since this was not indicated, there is no analysis on this! However, the 81.70 % showed adequate knowledge of AIDS which is reflected in their belief of AIDS. The 10.03 % partly is an indication that more knowledge is needed to change their belief system.

The responses obtained on a person contracting HIV if a person with HIV/AIDS coughs or sneezes near by is similar to the target population responses to swimming or using hot tubs. Knowledge and belief are related positively, their belief also is congruent with their attitude. Even if some of their knowledge was acquired through other means, the awareness campaign has increased the level of their knowledge which has impacted on their belief system. In the same thought pattern, 92.73 % believed that they cannot contract HIV by using a phone that has just been used by someone with AIDS. While 4.01 % believed an insignificant 0.5% had a partly responses.

In the above 4 questions analysis shows that 4.01 % whose belief system differ from the majority are consistent and constant. It would seem that these set of students participants would need more than awareness campaign to change their belief system. While 47.12 % believed that they can contract AIDS sometime during their life, 24.81 % believed they can not while 23.56 % and 4.51 % partly believed and did not respond respectively. Based on the awareness campaign, individual students participant could adequately rate their life style and judge the probability of their chances of being infected.

Figure: 9

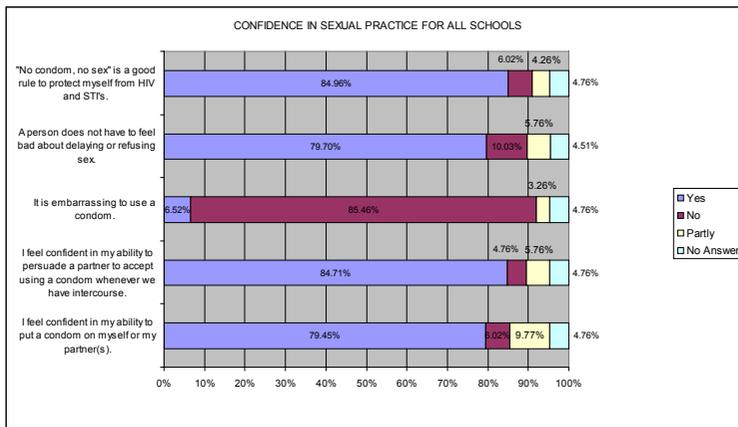


On whether one should go for anti-retroviral treatment (ARV) after one has tested HIV positive, 78.20 % percent said yes, 8.52 % said no, while 8.52 % answered partly, 4.76 % did not respond, 87.72 % responded positively to abstinence as a way of preventing the spread of HIV/AIDS while 3.76 % said no and 5.76 % said partly while 2.76% did not answer. 70.43 % were positive in practicing safer sex while 14.79 % was negative on this, 9.02, partly and 5.76 did not answer (Figure 9). The responses of the target population on the three constructs indicate that their sexual behaviour is positively impacted on. Those still in the negative behaviour could likely be those that their system of belief and attitude might be culturally based which awareness campaign could not have any effect on neither their knowledge from extra-curricular activities. Those that belief in virgins to cure their malady would not go for ARV, neither will they abstain nor will they practice safer sex. Those with partly response could be lingering between knowledge acquired in from the campaign and that acquired from stories, television, cultural background and

peer effects. The campaign would have to change its approach to eradicate some of the factors responsible for their responses.

On the other hand, only 38.85 % indicated that they have changed their sexual behaviour after they went for voluntary counselling and testing, while 37.84 % did not have a change in their behaviour. 14.54 % were partly and 8.77 % did not respond. From the figure, it shows that the awareness campaign had some success in changing the sexual behaviour of about a third (33.33 %) of the total student participants. Those that did not change their sexual behaviour could have acquired some knowledge besides that of the awareness campaign which has already changed their behaviour in line with the awareness campaign. However, their negative response could be a result of their unwillingness to change not minding the consequences. The ones with partly answers could have some underlying reasons for their behaviour. The Polytechnic HIV/AIDS awareness campaign had an impact on 33.33 % students behaviour change, 34.34 % were not impacted on by the campaign while 26.07 % were partly. The purpose of the HIV (AIDS) awareness campaign was to ascertain the extent of the impact of HIV/AIDS Awareness Campaign on student knowledge, attitudes, beliefs, sexual behaviour change and confidence in sexual practices, with 33.33 % the purpose has been achieved to some extent.

Figure: 10



From figure 10, it is evident that the awareness campaign impacted positively on sexual practices of all the participants. 84.96 % have the slogan – No condom, no sex as a rule to protect themselves from HIV & STI's. 79.70 % were of the opinion that a person does not have to feel sad about delaying or refusing sex, 85.46 % were of the opinion that it is not embarrassing to use a condom, 84.71 % expressed that they feel confident in their abilities to persuade a partner to accept using a condom whenever they have intercourse, while 79.45 % expressed that they feel confident in their abilities to put a condom on themselves or their partners. The percentage of those who were negative in all the characteristics above are few ranging from the first 6.02, 10.03, 6.52, 4.75 and 6.07 to the last. It is exciting to note that although the awareness campaign imparted on 33.33 % on student participants sexual behaviour change and only 19.30 % on their knowledge, the

awareness campaign impacted greatly on students' attitude and confidence in their sexual practice.

Conclusion

Generally, the knowledge of HIV/AIDS and its transmission is profound. What the students learned in the awareness campaign influenced their knowledge, attitude, belief, sexual behaviour change and confidence in sexual practices. However, there were some misconceptions about HIV/AIDS treatment. Misconceptions concerning a "cure" for HIV/AIDS are one of the risk factors for contracting the pandemic. Awareness campaign may not remove this, however a paradigm shift is required and the onus lies on the government and institutions management to find ways of changing the misconceptions through different approaches.

The campaign focused on empowering the students and giving them an opportunity to avoid HIV/AIDS infection. Institutions offer an advantageous setting because they are the only venue where many youths can be reached in a structured environment at a given time. However success in overcoming HIV/AIDS with in tertiary institutions demands exceptional personal, moral, political and social commitment on the part of the top institutional management. Where such leadership is forthcoming successes as found out from this study are visible.

The participation of both males and females in the awareness campaign which is a preventive and education initiative at the Polytechnic of Namibia is encouraging. Education through awareness campaign is significant not only in opening access to a range of information about the epidemic, but by increasing confidence to negotiate free sex and use of condoms thereby expanding possibilities for a happy and fulfilling life of the students.

This type of initiative needs to be continuous in form of follow up activities; essentially integrating it into the curricular activities at the Polytechnic of Namibia would be worthwhile.

Recommendations

Based on the conclusion from the research findings, the following recommendations are made:

- 1) Lectures at the Polytechnic should be incorporated into the awareness campaign program for the future educational plans of the HIV/AIDS education initiative.
- 2) There should be an improvement in research on effects of the education initiative on students' knowledge, attitude, beliefs, sexual behaviour change and confidence in sexual practices. This could be in collaboration with the Ministry of Health and Social Services (MOHSS) and any other AIDS Association on HIV/AIDS Education among the youth. Future research needs to look at gender differences and the effects of HIV/AIDS awareness campaign programs. Such research would have to focus on possible gender differences and the interrelationships of knowledge and attitude.

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