

DISSEMINATION OF AND USE OF HIV / AIDS INFORMATION BY STUDENTS AT THE
UNIVERSITY OF BOTSWANA

Lauretta Wamunza
Kampala, Uganda

Benzies Boadi
Stephen Mutula
Department of Library and Information Studies
University of Botswana

Abstract

Presents part of the findings of a study that was carried out at the University of Botswana to determine in general how HIV/AIDS information is disseminated to and used by undergraduate students. Both qualitative and quantitative approaches were used. A survey design was used to study a population of 9000 plus undergraduate students. Questionnaires and interviews were used to collect data. SPSS was used to analyse quantitative data while qualitative data was analysed using thematic categorization.

Key findings revealed that the HIV/AIDS information disseminated to students include information on behaviour change; information on HIV/AIDS prevention; transmission and treatment. The means of disseminating information to students include the use of multiple channels such as the university Health and Wellness Centre, Lectures, peer groups, seminars/workshops, students meetings, the University Clinic and the library. The study found that the most common media used to disseminate information to students include video, print, CDs and verbal means. Finally, factors that affect access to and use of HIV/AIDS information by students include: religious orientations, substance abuse, low income levels, multiple relationships, age and gender.

There is need for the University of Botswana to review its overall approach of disseminating HIV/AIDS information to students in order to make it more effective. Moreover, strong liaison among agencies involved in the fight against the spread of HIV/AIDS at the University is needed. Furthermore, a more rigorous research into issues of students' attitudes and values in relation to HIV/AIDS is needed. Similarly, more efforts are needed to create awareness and educate students on the dangers associated with substance abuse, multiple partners and practicing unprotected sex. The need to encourage testing for HIV/AIDS among students is needed so that appropriate interventions can be put in place.

The world over, HIV/AIDS has borne devastating effects on social, political and economic front of largely all countries, with Africa suffering most from the negative effects of the pandemic. Botswana has one of the highest prevalence rates of HIV/AIDS in the world. Government, the private sector, civil society and education institutions in Botswana are engaged one way or the other in the fight against the HIV/AIDS pandemic. HIV/AIDS in Botswana affects the most productive age groups, between twenty-five and forty years of the population. This results in a shortage of skilled labour needed for development and seriously reduces the level of productivity and economic growth of the country. The University of Botswana put in a place an in-house policy in 2002 following continuing deaths of staff and students to mitigate the negative effects of HIV/AIDS. Since the promulgation of the policy, attempts have been made to promote awareness and education about HIV/AIDS within the University in order to encourage behavioural change (University of Botswana, 2002). However, no study has been undertaken to assess how the university efforts in mitigating HIV/AIDS were bearing fruit

Keywords: HIV/AIDS, Botswana; Information dissemination; HIV/AIDS information, University of Botswana

Introduction

Globally, HIV/AIDS has borne devastating effects on social, political and economic front of largely all countries with Africa bearing the brunt of it all. No country, community, family or individual can for sure claim to be shielded from the negative implications of HIV/AIDS. Many people around the world are either infected by the pandemic or affected by the problems that HIV/AIDS engenders. HIV/AIDS is a catastrophic pandemic because the millions of people who become infected get sick, lots of resources in terms of manpower are needed. Moreover, enormous finances are invested in the search for a cure or a vaccine. According to Lesetedi (1999), HIV/AIDS in Botswana affects the most productive age groups, between twenty-five and forty years of the population. This results in a shortage of skilled labour needed for development and seriously reduces the level of productivity and economic growth of the country. Barnett and Whiteside (2002) note that money spent world-wide on researching AIDS vaccines a year is around US \$300-600 million.

The world community and individual country efforts are continuing in an attempt to find a cure for the HIV/AIDS pandemic. Major advances have had some level of success in clinical treatment of the pandemic with antiretroviral (ARV) drugs that control the viral load of infected people. The United Nations Programme on HIV/AIDS and the World Health Organisation (2005) point out that, in the past two years, access to ARV treatment has improved remarkably both in developed and developing countries.

However, though the use of ARV is expected to give some form of respite to those living with HIV/AIDS, it is neither a cure nor a panacea to the problem, as treatments with these cocktail of drugs are reputed to last for a limited time and are also associated with high rates of severe toxicity. In a comprehensive review of more than 10,000 adult AIDS patients participating in twenty-one different clinical trial group studies in the United States, 10% of the patients are reported to have developed hepatotoxicity and 23% of the 10,000 adult AIDS patients had to discontinue therapy permanently (Green, 2003). Beyond treatment, education and awareness creation about HIV/AIDS remain the most sustainable approach to mitigating the pandemic.

Developing countries have made impressive strides in documenting the spread of HIV/AIDS and preventing additional infections. However, the epidemic continues to spread in many places and increased effort is needed to contain it. United Nations Programme on HIV/AIDS (UNAIDS) (2005) states that the HIV/AIDS epidemic claimed 3.1 million lives in 2005 worldwide. In 2005, an estimated 40.3 million people were living with HIV and close to 5 million people were newly infected with the virus. sub-Saharan Africa remains the hardest hit by the epidemic. In 2005 the continent was home to 25.8 million people living with HIV, almost 1 million more people than in 2003. Moreover, an estimated 2.4 million people died of HIV-related illnesses in sub-Saharan Africa, while a further 3.2 million became infected with HIV (UNAIDS and WHO, 2005).

Individual countries in Africa are also bearing the brunt of HIV/AIDS and have stepped up efforts to fight the pandemic

Barnett and Whiteside (2002) point out that in South Africa, one-fifth of the adult population is infected and HIV will claim the lives of half of all the fifteen-year olds by 2010. Kalipeni, et al. (2004) observes that in Uganda, the government embarked on a massive sensitization programme in the mid-1980's in an effort to stem the spread of the epidemic. In the long run, these efforts yielded results in terms of decrease in infection rates. Uganda was among one of the first countries in Africa to respond with open and concerted efforts to prevent the spread of the disease. In a study undertaken by UNAIDS and WHO in 1999 in two districts of Kampala namely, Rakai and Masaka, which had been hardest hit by the scourge, infection levels were found to range between 5-9 percent, representing a decrease of about one-fifth (UNAIDS and WHO, 1999). Anecdotal reports from Kenya show that the HIV/AIDS prevalence rate has dropped from 14% in 2000 to 5.6% in 2006.

HIV/AIDS in Botswana

In Botswana, the first HIV/AIDS case was reported in 1985. Since then, the number of people living with HIV/AIDS has increased enormously. According to the AIDS Education and Research Trust (AVERT) (2004), an estimated 260,000 people in Botswana were living with HIV in 2004. It is estimated that by the year 2010 two-thirds of today's fifteen-year olds in Botswana, will die prematurely of AIDS (Barnett and

Whiteside, 2002). Similarly, AVERT (2004) states that the life expectancy in Botswana is now only 39 years, while it would have been 72 years if it were not for HIV/AIDS. Botswana is one of the countries that have been hardest hit by the worldwide HIV/AIDS epidemic. The consequences of HIV/AIDS have been felt not only by individuals, families and communities, but also by the health systems, education and other public sectors. Public sectors have lost skilled manpower and the government tax base has been reduced. This is due to the fact that when people fall sick they cannot work, resulting not only in a reduction of taxable incomes, but also affecting the patients' purchasing power.

The government of Botswana is spending a lot of money in fighting HIV/AIDS. For example, the funds spent by the government of Botswana on HIV/AIDS in the year 2002 were US \$69.8 million. Additionally, development partners in Botswana such as the United Nations Development Programme (UNDP) and the African Comprehensive HIV/AIDS Partnership (ACHAP) spent US \$41.8 million in 2002 in the fight against HIV/AIDS (Masupu, et al., 2003). By 2002 there were 67,000 orphans registered with the government with budget needs of US \$1.3 million (Masupu, et al., 2003). The government is also involved in providing its citizens suffering from HIV/AIDS with free antiretroviral drugs. By 2006 there were 60,000 people enrolled on ARV program (Masupu, et al., 2003). In the 2006 budget speech presented to parliament by the Minister of Finance and Development

Planning, the Office of the President was allocated US \$266 million, the largest share of the development budget for 2006-2007. Of this budget, 52.4% went into the fight for HIV/AIDS (Gaolathe, 2006). Barnett and Whiteside (2002) state that the government of Botswana will have to spend between 7% and 18% more of its national budget on health projects by 2010 because of HIV/AIDS.

Moreover, the government of Botswana continues to make concerted efforts with the help of development agencies and civil society to educate people and disseminate information on HIV/AIDS so as to prevent new infections from coming up and to eradicate the stigma associated with the disease. The government, through the Ministry of Education, with the help of UNDP, the government of Brazil and ACHAP has facilitated a teacher capacity building programme aimed at improving teachers' knowledge on HIV/AIDS. This programme has endeavoured to demystify and destigmatise HIV/AIDS by breaking down cultural beliefs about sex and sexuality in classrooms and communities at large. Similarly, a national youth-based organization known as Youth Health Organisation (YOHO) was formed to provide the youth with reproductive health education and mobilisation. YOHO has implemented four major programmes which focus on peer education, theatre and arts, advocacy, research and evaluation (Masupu, et al., 2003). Moreover, in 2002, YOHO organised a nation-wide month of youth against HIV/AIDS which resulted in the

launch of the Bosele International Theatre festivals to raise HIV/AIDS awareness among the youths in Botswana

The public is availed by the Ministry of Health in Botswana with day-to-day living information such as the ABC of HIV/AIDS, which is translated as: "Abstain, Be faithful, and Condomise. Moreover, road shows with drama groups are regularly hosted country-wide on HIV/AIDS with the ABC slogan. Radio programmes that are both entertaining and informative to the public have similarly been developed. A programme like Makgabeng (Useful knowledge), is aired on Radio Botswana and deals with issues related to HIV/AIDS. This programme is a result of the collaboration between the government of Botswana and the Botswana and USA Partnership (BOTUSA). The national television, Botswana Television (BTV) also telecasts HIV/AIDS awareness programmes like Talk-Back and Re-mmogo (Togetherness). These programmes are aired to educate viewers on issues pertaining to HIV/AIDS (Masupu, et al., 2003). Similarly, the government has availed the public with free and convenient voluntary counselling and testing services by setting up the Tebelopele HIV Voluntary Counselling and Testing Centres (VCTCs) country-wide. The test takes no more than thirty minutes to administer. Sixteen Tebelopele Centres and four mobile caravans are operational in the districts as a result of the collaboration between the government of Botswana and BOTUSA (Masupu, et al., 2003).

University of Botswana

The University of Botswana was established by an Act of Parliament on 1st July 1982. During 2006, the University comprised of the following six faculties: Business, Education, Engineering and Technology, Humanities, Science, Social Sciences. All the faculties at the University house a number of departments. In 2006, the student population at certificate, diploma, undergraduate and graduate levels stood at 15,701. The University of Botswana has a large undergraduate student population of approximately 9000 full-time and 900 part-time students (University of Botswana, 2005).

Efforts to prevent and curtail HIV infection at the University of Botswana are heavily influenced by national policies and strategies on HIV/AIDS. Two years after the first case of AIDS was discovered in Botswana, the government established an emergency plan known as Medium Term Plan (MTP) I and II. The goals of both MTPs were to reduce the infection and transmission of HIV/AIDS through the use of information, education and communication programmes (Chilisa, et al., 2001). In relation to the national policies, the University of Botswana enacted an in-house policy on HIV/AIDS in November 2002. The policy was aimed at providing education, information and training on HIV/AIDS to the University of Botswana staff and students. Moreover, it aimed at safeguarding the rights of affected staff and students and promote research on HIV/AIDS prevention at the University. The HIV/AIDS policy seeks to have an HIV/AIDS-free

institution by the year 2016 for its students and staff (University of Botswana, 2002).

Statement of the problem

The provision of information about the HIV/AIDS epidemic the world over, has largely been at the forefront of all intervention measures with the aim of influencing behaviour change and availing skills to the masses to promote preventive behaviour change (Kalichman, et al., 2000). Information dissemination has been effected through newspapers, radio, television, public meetings, posters, billboards, etc.

The University of Botswana and the student body have been making attempts to promote awareness and education on HIV/AIDS within the University in order to encourage behavioural change (University of Botswana, 2002). Through an HIV/AIDS in-house policy, the University in 2002 set to enhance awareness about HIV/AIDS and promote behavioural change among students and staff in order to mitigate the effects of HIV/AIDS on campus following increased deaths of several students as well as staff due to the pandemic. However, since the HIV/AIDS policy was enacted, no study has been undertaken to assess its impact. This study was therefore aimed at seeking to establish in general how the University of Botswana disseminates HIV/AIDS information to students on campus; the effectiveness of the HIV/AIDS information dissemination programmes; and the factors affecting the use of the HIV/AIDS information. The specific objectives of the study included:-

- Establishing the types of HIV/AIDS information disseminated to students,
- Determining the frequency with which the students receive information on HIV/AIDS,
- Identifying the channels that are used for the dissemination of HIV/AIDS information to students,
- Finding out the usefulness of HIV/AIDS information disseminated to students,
- Determining factors affecting the use of HIV/AIDS information by students.

Methodology

This study employed both qualitative and quantitative approaches. The quantitative approach was useful in collecting, analyzing, representing and interpreting quantitative data while qualitative approach was used to gather, analyse and present opinions, beliefs, behaviour, perceptions and other non-quantitative data.

A survey design was used to plan and execute the research. The University of Botswana as already pointed out has six faculties: Business, Education, Engineering and Technology, Humanities, Science and Social Sciences. The six faculties house a number of departments. The research project covered only five faculties at the University of Botswana. The Faculty of Engineering and Technology was not included in the study because it is not located at the main campus. The population of the study consisted of 5366 full-time undergraduate students drawn from five

faculties as already explained. Part-time students were not involved in the study because of logistical difficulties of accessing them during the study. The population consisted of students in their second and a third year of study pursuing various bachelor's degree programmes because they had been in the University environment for a reasonable period of time and were conversant with the University set-up. The first year students were not part of the study because they were new to the University system and were still trying to find their way around campus. Fourth year students were also excluded due to the fact that they were in their final year of study and busy finalizing their projects. Besides the students' population, three University of Botswana staff members were included. These individuals were involved in the study because the nature of their duties that enabled them to interact with students at a personal level. They included: the HIV/AIDS Coordinator at the University Health and Wellness Centre, the Matron of the University Clinic and a Counsellor at the University Careers and Counselling Services.

A sample size of 497 full-time undergraduate students was drawn based on Israel model of selecting sample sizes as presented in the Table 1. From this Table, at a confidence of ± 5 , the sample would have been 370. However, a sample of 497 was drawn because a census was taken of the respondents within each of the departments that were systematically selected. The 497 respondents were students that were

present in class in the departments chosen when questionnaires were administered. The University of Botswana 2005-2006 Calendar (University of Botswana, 2005b) was used as a sampling frame. The calendar provided the researcher with a list of all the departments in each of the five faculties at the University of Botswana. The Table 2 shows the faculties and the corresponding departments.

Systematic sampling was used to select departments to be included in the study. All departments from each of the five faculties were arranged in alphabetical order. Every second department was included in the study. Questionnaires were used to collect both quantitative and qualitative data, while interviews collected qualitative data. The questionnaires devised for the study were simply worded. This made them straightforward and easy to understand by respondents.

The questionnaires contained both open-ended and closed questions. Open-ended questions were useful in collecting data of a qualitative nature, while the closed questions collected quantitative data. The open-ended questions were useful in enabling the respondents to respond to questions in detail. Respondents were encouraged to freely express their views and opinions. On the other hand, closed questions were used to enable minimise the number of irrelevant responses. The closed questions were also used because they were easy to understand.

The first part of the questionnaire consisted of basic questions that covered demographic issues such as age, sex, faculty, etc. The second part of the questionnaire covered issues related to the dissemination of HIV/AIDS information on the main campus of the University of Botswana, while the third part covered issues pertaining to factors that facilitated or impeded the use of HIV/AIDS information. In addition to the questionnaires, interviews were administered to the HIV/AIDS Coordinator of the Health and Wellness Centre, the Matron at the University Clinic and a Counsellor at the University Careers and Counselling Services.

The data collection procedure involved the researchers requesting lecturers to administer questionnaires to the students in class. The lecturers were kind and helpful enough to grant the researcher audience in their classes. The questionnaires were then distributed to students who were present in class at the time. They were given 30 minutes to complete the questionnaires and hand them to the lecturer in class who subsequently passed them over to the researchers. In the second year, the students pursuing Bachelor's degree programmes have classes with students enrolled into diploma programmes. Thus the researchers requested students taking degree programmes to raise their hands in order to administer questionnaires to them. Prior to the administration of the instruments of research, the instruments were piloted using ten students at postgraduate level. This

helped to identify and correct ambiguous, poorly-worded and leading questions.

The Statistical Package for the Social Sciences (SPSS) was used to analyse the quantitative data. On the other hand, qualitative data was analysed using thematic categorization and content analysis.

Research findings

Distribution of respondents by year of study

497 questionnaires were distributed to undergraduate students as shown in Table 3. All questionnaires were completed and returned giving a response rate of 100%. The high response rate was achieved due to the fact that questionnaires were administered to the students who were present in class. Overall, there were more second year students compared to 3rd year students due to a recent increase in enrollments by the University.

Age of respondents

Respondents were asked to state their age in order to determine whether age has behavioral effect on the individual with respect to assimilating and using HIV/AIDS information. The results showed that most respondents fell in the age bracket of 18-23 (76.3%). On the other hand, in the 30-35 age groups, there were twenty-eight students (5.6%). Similarly, 14 students (2.8%) were in the 36-41 age groups. In Botswana, university age entrance is on average 18 years. However, the government has a policy of mature age entry that allows older

students of up to 22 years to enroll into the university directly from school. Similarly, other mature age entry students are admitted from work place so long as they meet the minimum entry requirements. Table 4 presents details of age of respondents.

Gender of respondents

Respondents were asked to state their gender in order to determine the affect of one's sex on use of HIV/AIDS information. Table 5 below presents the numbers of female and male students who responded to this question. From Table 5, 300 of respondents were female, accounting for 60.4% of the sample size while 197 were male, representing 39.6% of the sample size. This result is in conformity with the 2005 university statistic which shows that there were approximately 8000 female undergraduate students compared to 6000 male students (University of Botswana, 2005).

Dissemination of HIV/AIDS information

Respondents were asked to state whether or not HIV/AIDS information was being disseminated to them while on campus. The results in Table 5 show that 409 (82.3%) of the respondents said yes, while 87(17.5%) respondents indicated that they did not receive any HIV/AIDS information. These results suggest that by and large information about HIV/AIDS was disseminated to students on campus. Those respondents who did not receive information while on campus said that they were not

resident on campus and their bloated academic schedules did not allow them time to fully participate in the activities of campus life outside the classrooms. Some respondents who did not receive information on HIV/AIDS while on campus felt that they were repeating some courses making their schedules busy to know what else was going on at the university. Another lot of respondents who did not receive information disseminated on campus about HIV/AIDS said they received such information from sources outside the University.

Respondents who said they did not receive information on HIV/AIDS while on campus by virtue of the fact that they stayed off campus suggested that such information should be disseminated at every opportunity including during class sessions.

Types of HIV/AIDS information disseminated to students

Respondents were asked to state the types of information disseminated to them on campus. The question permitted respondents to choose as many information options as possible. The findings as shown in Table 7 revealed that 339 (68.4%) received HIV/AIDS information on behavioural change, while 355 (71.6%) received information on prevention. Moreover, 307 (61.4%) respondents received HIV/AIDS information about dealing with HIV transmission. On the other hand, 232 (46.7%) respondents received HIV/AIDS information on treatment. The results generally suggest that most information

disseminated on HIV/AIDS within the University of Botswana focused on behaviour change, prevention, transmission and treatment. Moreover, this finding is in line with the government of Botswana Medium Term Plans I and II whose objective is to educate and create awareness among the public on HIV/AIDS with the aim of influencing behaviour change, thereby reducing the rate of HIV/AIDS infection (Chilisa, et al., 2001).

Frequency of receiving HIV/AIDS information by students at University of Botswana

Respondents were asked to indicate the frequency with which they received HIV/AIDS information while on campus. The results are depicted in Table 8. The results from Table 8 generally show that 91 (18.3%) of the respondents received HIV/AIDS information on a daily basis, 75 (15.1%) of respondents received information on a weekly basis; and 49 (9.9%) received HIV/AIDS information on a monthly basis. Moreover, respondents received information at the beginning of every first semester 63 (12.7%), while 6 (1.2%) received information at the beginning of every second semester. In the "other" category, there were 60 (12.1%) respondents who received information in their first year of study. On the other hand, 56(11.2%) respondents indicated that they did not know the frequency at which they received HIV/AIDS information, while 87 (17.5%) did not respond as they had earlier indicated that they did not receive HIV/AIDS information while on campus.

Channels through which students receive HIV/AIDS information

Respondents were asked to state the channels through which they received information on HIV/AIDS. This question elicited multiple responses.

The results from Table 9 show in general that there are various channels through which students receive HIV/AIDS information at the University of Botswana. For example, 290 (58.8%) received HIV/AIDS information from the University Health and Wellness Centre; 111 (22.3%) received information through lectures; 138 (27.8%) received HIV/AIDS information through peer groups; 149 (30.0%) received information on HIV/AIDS through seminars and workshops and 50(10.9%) received information through meetings. On the other hand, 108 (37.8%) of the respondents received HIV/AIDS while on campus through the University of Botswana Clinic; and 107 (21.5%) received HIV/AIDS information through the University Library. Moreover, in the category "other", 23 (3.8%) received information on HIV/AIDS through posters pasted on campus especially in hostels and refectories.

The respondents generally indicated that the most effective channel through which they received HIV/AIDS information at the University was the Health and Wellness Centre. This perhaps can be attributed to the fact that the Health and Wellness Centre is involved in several activities that facilitate and promote the dissemination of HIV/AIDS information on the main campus. Such

activities include but are not limited to conducting seminars/workshops/talks, promotion of peer group interactions, distribution of reading material, etc.

Media through which information is disseminated to students

The respondents were asked to state the media through which HIV/AIDS information was communicated to them on campus. Respondents were free to select multiple options. The responses obtained are shown in the Table 10. The results from Table 10 generally show that 8 (1.6%) respondents received HIV/AIDS information via CDs, 255 (51.8%) received information in print form; 285 (57.2%) received the information verbally and 109 (21.5%) of the respondents received HIV/AIDS information through the video format.

Usefulness of HIV/AIDS information disseminated to students

Respondents were asked to indicate whether the information disseminated to them while on campus on HIV/AIDS was useful or not. Table 11 shows the responses given. The results from Table 11 generally show that majority of the respondents 390 (78.5%) felt that the HIV/AIDS information disseminated to them while on campus was useful, 20 (4.0%) found the information not useful. However 87 (17.5%) did not respond as they had indicated that they did not receive HIV/AIDS information while on campus. Those who found the information useful gave various reasons including the fact that such information kept reminding them that the HIV/AIDS epidemic still did

exist. The information enabled them to protect themselves from HIV/AIDS infection and were also able to learn how not to stigmatise those who were infected and affected by HIV/AIDS. On the other hand, those who found the information not useful noted that it was the same information disseminated off campus by different organisations in town, so there was nothing new to learn from it.

Factors impeding the use of HIV/AIDS information by students

Respondents were asked to state factors that were impeding the use of HIV/AIDS information on campus. The findings revealed several factors greatly influenced the manner in which the information was put to use or not utilised by individuals. Notable among the factors inhibiting the use of HIV/AIDS information included but were not limited to:

- Religious organizations: They impart HIV/AIDS information based on religious doctrines to their followers such as abstinence from sex, and being faithful to one's partner, which are often difficult to follow.
- The media: There was so much information on sex in the media that it made it difficult for unmarried individuals not to abstain because there was sex talks everywhere.
- Substance abuse: This finding is supported by similar findings by the Botswana Alcohol AIDS Project (BAAP) which stated that the intake of alcohol and other mood-altering drugs caused individuals to lose the ability to exercise self-control, make good choices and lessen the likelihood of practicing safe sex (BAAP, 2004). BAAP indicated that

the abuse of alcohol and other drugs in Botswana contributed to the spread of HIV/AIDS. Lederman and Cohen (1998) in a study on college students in the United States of America found that students are aware of the fact that when they indulge in substance abuse, the manner in which they would use HIV/AIDS information would be greatly affected.

- Monogamy and trust: Dayton and Merson (2000) stated that women in long-term monogamous relationships erroneously perceived themselves to be at less risk of getting HIV/AIDS infection and therefore had lower intentions of using condoms. Similarly, Singhal and Rogers (2003) in a study carried out in India found that HIV/AIDS prevalence rate among monogamous married women was increasing as a result of the trust that developed between unfaithful partners. UNAIDS and WHO (2005) identified that in many African countries, marriage and women's fidelity was not enough to protect them from HIV/AIDS infection.

- Lack of role models for youths: Some of the parents who should be counselling and guiding them about life were not behaving in an exemplary manner and did not have time for the youth.
- Peer pressure: Some of the youth ended up indulging in sex at a tender age because their friends were having sex and so felt the need to be like everyone else. Rivers and Aggleton (2000), estimates that, globally, up to 60% of new infections occurred among those aged between fifteen and twenty-four years annually. According to a Botswana Ministry of Health report (1994), most youths in

Botswana began sexual activity as early as age fourteen. Similarly, Botswana Ministry of Health report (1994) on sero-surveys in 1992, 1993, 1994 on the sexual behaviour of the youth found that young people had considerable difficulty in linking their knowledge with their sexual behaviour to practice safe sex. Moore, et al. (1996) similarly, states that young people have not personalised the risk of HIV/AIDS infection.

- Dominance of men as bread winners in families: Men in Botswana are often the providers for their families. That was due to the fact that some women were unemployed or the money they earned was not enough to put food on the table. Consequently that made the women afraid to request for protected sex in instances when the man had not suggested it. Raffaelli and Suarez-Al-Adam (1998) note that whenever women are economically subordinate to men, they cannot control or even readily negotiate for safe sex.
- Multiple partners: In the African society it is acceptable for men to have more than one partner. This practice may mean that men not only expose themselves to the HIV/AIDS infection, but their partners too. On the other hand, some women who want to have children, may end up having unprotected sex, which in some cases, exposing them vulnerable to HIV/AIDS infection. Moreover, in most African societies, women have been taught to be submissive to their partners, so when it comes to sexual encounters it would have to be the man to decide on whether to use or not protection.
- Violence against women: Violence against women especially rape expose them to risk of infection with HIV/AIDS virus.

Kalipeni, et al. (2004) wrote that women in Sub-Saharan Africa are at a greater risk of being infected with HIV/AIDS for various reasons such as violence against women (e.g. rape).

- The biological make up of women: The biological make up of women expose them to HIV/AIDS infection. Roth and Fuller (1998) note that the biological make up of women makes them more susceptible to getting infected compared to men. This is attributed to the fact that females are more likely to have non-symptomatic sexually transmitted diseases that may go undetected and therefore not treated
- Income levels: Students who come from homes lacking in income are more likely to be prey for “sugar daddies” because they want to fit within the student community. Respondents were they engaged in sex with sugar daddies. The response are reflected in Table 12. The results in Table 12 generally show that 88 (17.7%) respondents engaged in relationships with older partners for fun, while the majority of respondents 432(86.9%) did the same for money. Moreover, 137 (27.6%) engaged in sex with sugar daddies because of peer pressure; 128 (25.8%) for want of status (popularity) amongst colleagues; 39 (7.8%) respondents felt that older partners exhibited maturity, were serious about relationships and were more experienced. Moreover, older partners were decisive and could sort out relationship issues amicably. Eight (1.6%) respondents did not answer the question.

Findings from interviews

Interview with the HIV/AIDS Coordinator: The HIV/AIDS Coordinator

was asked to indicate the services the Health and Wellness Centre offered to students on the main campus. Among the services offered included: provision of current information on HIV/AIDS to the students, educating students on HIV/AIDS-related issues, condom distribution and conducting seminars and workshops on HIV/AIDS. The Health and Wellness Centre used various channels to disseminate HIV/AIDS information to the students such as; peer educators, peer counselors and Wednesday lunch hour talks. On the other hand, the types of HIV/AIDS information given to students were of various types and ranged from information on transmission to prevention and discrimination against those infected. In addition, the Centre collaborated with the University Clinic and the University Careers and Counselling Services to educate the student community on campus on issues pertaining to HIV/AIDS. The coordinator noted that several factors impeded assimilation of HIV/AIDS information, namely:

- Religious beliefs especially in instances where Christian and Moslem students did not want condoms in their rooms. Molutsi and Badade (1999) note that, in Botswana some church leaders believe that condom use promotes promiscuity, hence on moral and theological grounds, recommend abstinence.
- Indulgence in substance abuse.
- Relationships with older partners.
- The youthfulness of respondents who were more sexually active compared to people from other age-groups. Moreover, the youth were known to be in need of cash, cars, cell phones (the three C's), etc. As a result of that, they were more at risk of HIV/AIDS infection.

Interview with the Matron at the University of Botswana Clinic: The Matron at the University clinic was asked to state services that were offered to the students on main campus by the University of Botswana Clinic. The response revealed the services offered to include: medical consultation to students, ante-natal and post-natal care services, family planning services, pap smears, cancer screening services, etc. On the other hand, the channels used by the Clinic to disseminate HIV/AIDS information to students were plasma screens strategically located on campus; talks and lectures. As to the types of information disseminated to students, the findings revealed the following: information on transmission, prevention, and discrimination against those infected. For possible reasons for the high rate of HIV/AIDS infection among the youth in Botswana, the respondent named multiple partners; lack of access to HIV information by youths; and youthfulness of the respondents.

Interview with Counsellor at the Careers and Counselling Services: The Counsellor was asked to state the services offered by the Careers and Counselling Services to the students at the University of Botswana. The respondent listed the following services: psycho-therapy counseling; psycho-education counseling; crisis intervention and individual or group counselling. Similarly the channels through which the Careers and Counselling Services disseminated information on HIV/AIDS to the students were seminars, workshops and

lectures. Moreover, the types of information on HIV/AIDS disseminated to the students by the Careers and Counselling Services included pre-test (where a student had to undergo counselling before taking the HIV test) and post-test (after the results from the test have been confirmed by the medical officer to be positive or negative, the student is counselled on how to prevent re-infection of oneself and their partners or how to stay negative) counselling, preventive counselling, etc.

On the on the various factors that influenced the manner in which the students put into use the information about HIV/AIDS, the respondent mention factors such as: substance abuse, relationships with older partners who, in most instances, had financial power; role of some students as bread winners for family members putting them at the mercy of the older partner who would usually demand sex without protection; married students who lived on main campus often were afraid to request their partners for protected sex when on vacation; the youth were more sexually active compared to other age groups and were not careful when they indulged in sex. The youth also had multiple partners which exposed them to HIV/AIDS infection. Peer pressure and the need for experimentation also exposed the youth to HIV/AIDS infection.

Conclusion

This paper has presented part of the findings that was carried out at the University of Botswana among students to

determine in general how HIV/AIDS information is disseminated to and used by undergraduate students at the University. The study also sought to determine the types of HIV/AIDS information disseminated, frequency of disseminating such information; channels of disseminating the information, usefulness of such information and the factors that impede use of the information. The findings revealed that HIV/AIDS information disseminated to students include information on behaviour change; information on HIV/AIDS prevention; information on HIV/AIDS transmission and treatment. The findings also revealed that the information was disseminated to students through multiple channels such as the university Health and Wellness Centre, Lectures, peer groups, seminars/workshops, students meetings, the University clinic and the library.

The factors that affected access and use of HIV/AIDS information by students included: religious orientations, substance abuse, low income levels, multiple relationships, age and gender. The study generally recommended the need for the University of Botswana to review its approach to disseminating HIV/AIDS information to students in order to make it effective. In addition, the study recommended the need for a strong liaison among agencies involved in the fight against the spread of HIV/AIDS at the University of Botswana; and the need for more rigorous research into issues of students' attitudes and values in relation to HIV/AIDS.

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Table 1: Sample table

Size of population	Sample size for precision of population		
	Confidence level +-3	Confidence level +-5	Confidence level +-7
500	0	222	145
600	0	240	152
700	0	255	158
800	0	267	163
900	0	277	166
1,000	0	286	169
2,000	714	333	185
3,000	811	353	191
4,000	870	364	194
5,000	909	370	196
6,000	938	375	197

(Source: Israel, 2003)

Table 2: Faculties and departments of the University of Botswana

Faculty	Number of departments	Department name
Faculty of Business	3	1. Accounting 2. Finance 3. Management and Marketing
Faculty of Education	7	1. Adult Education 2. Educational Foundations, Educational Technology 3. Home Economics Education Languages and Social Science Education 4. Mathematics and Science Education 5. Nursing Education 6. Physical Education 7. Primary Education
Faculty of Humanities	7	1. African Languages and Literature 2. English 3. French 4. History 5. Library and Information Studies 6. Media Studies 7. Theology and Religious Studies
Faculty of Science	7	1. Biological Sciences 2. Chemistry 3. Computer Science 4. Environmental Health, Environmental Science 5. Geology 6. Mathematics 7. Physics
Faculty of Social Sciences	7	1. Economics 2. Law 3. Political and Administrative Studies 4. Population Studies 5. Psychology 6. Social Work 7. Sociology and Statistics

(Source: University of Botswana, 2005b).

Table 3: Distribution of respondents by year of study (N=497)

Year of study	Respondents	Percentage of total
Second year	275	55.3
Third year	222	44.7
Total	497	100

Table 4: Age of respondents (N=497)

Age	Respondents	Percentage of total
0-18	0	0
18-23	379	76.3
24-29	61	12.3
30-35	28	5.6
36-41	14	2.8
41+	15	3.0
Total	497	100

Table 5: Gender of respondents (N=497)

Sex	Respondents	Percentage of total
Female	300	60.4
Male	197	39.6
Total	497	100

Table 6: Dissemination of HIV/AIDS information on campus (N=497)

Response	Frequency	Percentage of Total
Yes	409	82.3
No	87	17.5
No response	1	0.2
Total	497	100

Table 7: Types of HIV/AIDS information received by students (N=497)

Types of information	Respondents	Percentage of Total
Behavioural change	339	68.4
HIV/AIDS prevention	355	71.6
HIV transmission	307	61.4
HIV/AIDS treatment	232	46.7

Table 8: Frequency of receiving HIV/AIDS information (N=497)

Frequency	Respondents	Percentage of total
Daily	91	18.3
Weekly	75	15.1
Fortnightly	10	2.0
Monthly	49	9.9
Beginning of every 1 st semester	63	12.7
Beginning of every 2 nd semester	6	1.2
Other	60	12.1
Not sure	56	11.2
Did not respond	87	17.5
Total	497	100

Table 9: Channels through which students receive HIV/AIDS information (N=497)

Channels	Respondents	Percentage of Total
Health and Wellness Centre	292	58.8
Lectures	111	22.3
Peer groups	138	27.8
Seminars and workshops	149	30.0
Student meetings	50	10.9
University of Botswana Clinic	188	37.8
University Library	107	21.5
Other	23	3.8

Table 10: Media through which HIV/AIDS information is communicated to students (N=497)

Means	Respondents	Percentage of Total
CDs	8	1.6
Print	255	51.8
Verbal	285	57.2
Video	109	21.5

Table 11: Usefulness of HIV/AIDS information disseminated to students (N=497)

Usefulness of information	Respondents	Percentage of Total
Useful	390	78.5
Not useful	20	4.0
Did not respond	87	17.5
Total	497	100

Table 12: Reasons why students date older partners (N=497)

Reasons	Respondents	Percentage of total
Fun	88	17.7
Money	432	86.9
Peer pressure	137	27.6
Status(popularity)	128	25.8
Other	39	7.8
Did not respond	8	1.6