

**ATTITUDES OF UNIVERSITY OF ZAMBIA
COMMUNITY TOWARDS HIV AND AIDS
PREVENTION PROGRAMMES AT THE
UNIVERSITY OF ZAMBIA**

**BY
ROSEMARY NACHELA**

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**A DISSERTATION PRESENTED TO THE UNIVERSITY OF
ZAMBIA IN PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE AWARD OF MASTERS IN
ADULT EDUCATION DEGREE**

2012

AUTHOR'S DECLARATION

I, Rosemary Nachela do hereby declare that this dissertation represents my own work and that it has never been presented as substance for award of any degree at this or any other University. Where other author's work has been used or drawn upon, acknowledgement has been made.

Signature of Author: Date:
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Signature of Supervisor: Date:
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Examiners:

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ABSTRACT

The study sought to determine the attitudes of University of Zambia community toward HIV and AIDS prevention programmes. It used both qualitative and quantitative methods in data collection and data analysis. Questionnaires and interview guides were used to collect data from the sample, which included leaders of HIV and AIDS organizations operating on the campus, members of staff and students. The study population consisted of all the members of staff, students and leaders of HIV and AIDS organizations on the campus. In particular, the study focused on investigating the attitudes of the University of Zambia community towards HIV and AIDS prevention programmes at the University of Zambia. The study involved a randomly selected sample which consisted of 49% (49) of males and 51% (51) of females of an average age of 25. From the sample, 4.1% (4) were widowed, 6.1% (6) were divorced, another 4.1% (4) were separated, 51% (51) were married while 17% (17) were single.

The finding revealed that UNZA had organizations offering appropriate HIV and AIDS prevention programmes. In addition, the research discovered that the community was not only aware of the organizations and programmes but also accessed services from these same organizations. Further, the research revealed that the community at large is satisfied with the services offered by the UNZA HIV and AIDS organizations. In this regard, it can be deduced that the majority of UNZA community has got positive attitudes towards the UNZA HIV and AIDS prevention programmes.

It also revealed that majority of the University community used three (3) prevention methods to prevent the spread of HIV the virus namely sticking to one sexual partner; use of condoms; and abstinence. Others used prevention (not medically proven) such as washing their private parts with hot water immediately after sexual intercourse, washing their private parts with dettol after sexual intercourse, going to the toilet to pass urine (female only) immediately after sexual intercourse and going for male circumcision (male only). Of all the above strategies, sticking to one sexual partner was the most used by the University community.

The study concluded that the UNZA community has positive attitudes towards HIV and AIDS prevention programmes. The study recommendations were: (i) Management should set aside sufficient time during which the University community could be exposed to HIV and AIDS teachings and demonstrations; (ii) Management should fund the activities of some of these Organizations dealing with HIV and AIDS on campus, especially the HIV and AIDS Response Unit which serves as a coordinating Office for all organizations dealing with HIV and AIDS at the institution and (iii) UNZA Organizations dealing with HIV and AIDS should extend their services to surrounding residential areas so that the residents can also be provided with relevant information on HIV and AIDS.

DEDICATION

This study is dedicated to my late husband, Hon Chosani Alick Njobvu (Dr) who inspired me to start my degree programme. I wish he was here to see that what he started was beginning to yield better fruits. May His Soul Rest In Internal Peace.

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ACRONYMS

HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
UNZA	University of Zambia
SHARES	Stop HIV and AIDS R

CHAPTER ONE

INTRODUCTION

This chapter gives background to the present study. In addition, it presents the statement of the problem, purpose of the study, objectives, and research questions and finally defines concepts that are used in the study for the purpose of making the readers understand what the report is all about. The final part of the chapter presents the organization of the study along side with the summary of the chapter.

1.1 Background of the study

The Human Virus and Acquired Immune Deficiency Syndrome (HIV and AIDS) epidemic is one of the most serious developmental challenges facing the Southern Africa Region. It has affected all of us – our families, friends, colleagues, and neighbours. Despite the awareness of HIV and AIDS and the measures which are put in place to prevent its spread, communities continue to witness an increase in people getting infected and affected with HIV and AIDS virus (UNAIDS, 1999).

The Joint United Nations Programme on HIV and AIDS indicates that about 16,000 people become infected with HIV everyday world-wide (UNAIDS, 2002). World Health Organisation (1989) notes that more than 90 percent of people living with HIV and AIDS are in developing countries and out of that number

about 1 to 10 is a child under the years of 15. The rest of the people are adults of whom 40 percent are women and over half are between the ages of 15 and 24

HIV and AIDS has for the past two decades continued to spread across all continents, killing millions of adults in their prime age, disrupting and impoverishing families and turning millions of children into orphans. Because it affects the most productive segments of national populations, the pandemic has tremendously reduced work forces and reversed many years of economic and social progress, thus, posing a serious threat to national development (UNAIDS, 1999).

According to WHO/UNAIDS (1989) there was a total of 40 million people of both sexes and ages living with HIV and AIDS worldwide. Nearly half of all infected people are said to be in Sub-Saharan Africa.

In Zambia, HIV and AIDS have become increasingly spread with an estimated adult HIV prevalence rate of 16 per cent. The peak ages for HIV among females are 25 to 34 years while that for males is 35 to 39 years. WHO (2004) states that young women aged 15 to 19 are five times more likely to be infected compared to males in the same age group. This is because women (for biological reasons) are more vulnerable than men to sexually transmitted diseases and other opportunistic infections like HIV. This is especially marked on girls whose genital tracts are still not fully mature. The other reason is that women are more likely to

be coerced into sex or raped by someone older, who has had greater exposure to the virus. The majority of young women cannot protect themselves against HIV because they have to rely on their male partners who may decide whether or not to use a condom. Zambia Sexual Behaviour Survey (2005) estimates that 25 per cent of pregnant women are HIV positive and 40 per cent of babies born to HIV-positive mothers are infected with the HIV virus.

National Human Virus and Acquired Immune Deficiency Syndrome/Sexually Transmitted Infections/Tuberculosis (HIV/AIDS/STI/TB) Policy (2005) reveals that chances of transmission of HIV during unprotected sex rise dramatically if either partner is infected with another sexually transmitted infection (STI) such as syphilis or gonorrhoea. These infections form ulcers and sores that facilitate the transfer of the virus. STIs, in fact, constitute one of the major public health problems in Zambia. They account for 10 per cent of all documented outpatient attendances in public health facilities. More than 50 per cent of persons with a history of STIs are infected with HIV (National HIV and AIDS/STI/TB Policy, 2005).

The Policy provides the framework for addressing the HIV and AIDS/STI/TB situation in Zambia. It outlines the causes and factors that perpetuate transmissions, including the incapacitating effects of the pandemic on the Zambian population. It also outlines the response and impact mitigation

interventions that are already in place, while also stating the vision, measures, institutional and legal frameworks necessary for its implementation.

The University of Zambia is the highest institution of learning in Zambia. It is a center of life for students, members of staff and their dependants. Members of staff, students and their dependants have become aware that they can be affected by HIV and AIDS whether by being affected or infected. University of Zambia Policy on HIV and AIDS (2006) states that the number of AIDS cases continues to escalate and had impacted on the University community. A survey conducted by Stop HIV and AIDS Reach Every Student (SHARE) (2003) on higher institutions of learning which included University of Zambia students reveals that students aged 16 to 24 years had high levels of awareness and knowledge regarding the mode of transmission of HIV. Among those who were sexually active, three quarters of the students knew about condoms.

1.2 Statement of the Problem

The global picture of HIV and AIDS shows that the pandemic continues to take an upward trend. In Zambia, UNESCO (2000) report indicates that many people have lost their lives due to the debilitating illness of HIV and AIDS. The University of Zambia has continued to lose its members which include students, members of staff and their dependants due to HIV and AIDS (University of Zambia HIV and AIDS policy (2006) and *UNZA Newsletter Issue (2010, 17 pp 2)*). This is despite the existence of HIV and AIDS prevention programmes organisations. It makes a

researcher wonder the type of attitude UNZA community has towards HIV and AIDS prevention. This study therefore sought to determine the attitudes of UNZA community towards HIV and AIDS prevention programmes.

1.3 Significance of the Study

The study sought to determine the attitude of the University community members towards the prevention programmes of HIV and AIDS on campus. The findings from this research will be useful to the following categories of people:

- i) Management, the information will be of value to them in order that they revisit their policy on HIV and AIDS on campus so that it is sensitive to what is obtained on the ground;
- ii) Providers of HIV and AIDS, the information will enhance their cooperation and quick response in the management of the pandemic; and
- iii) University Community, this information will sensitize the members of the community on the existence of the pandemic and how best they can protect themselves.

1.4 Objectives of the Study

The objectives of the study were to:

- i) establish how the University community makes use of services offered by various organizations on campus meant to prevent the spread of HIV and AIDS;

- ii) find out how HIV and AIDS prevention programmes are coordinated at the University of Zambia Great East Road campus;
- iii) determine how the University community participates in HIV and AIDS prevention programmes; and
- iv) determine the attitude of the University community towards HIV and AIDS prevention programmes.

1.5 Research Questions

The research was guided by the following questions:

- i) how does the University community make use of services offered by various organizations on campus meant to prevent the spread of HIV and AIDS?
- ii) how are HIV and AIDS prevention programmes coordinated at the University of Zambia campus?
- iii) how does the University community participate in HIV and AIDS prevention programmes?
- iv) how is the attitude of the University community towards HIV and AIDS prevention programmes?

1.6 Limitations of the Study

According to Meredith et.al (2003), limitations are factors which a researcher foresees as restrictions, problems and such other elements which might affect the attainment of the objectivity and validity of the research findings. In this study, the major challenge was related to the sensitivity of the topic. Respondents felt uncomfortable to respond

to some questions. Therefore, anonymity and confidentiality were stressed in order to get reliable data. The other limitation was that some respondents were not cooperating, saying that they were tired of answering the same questions from different researchers. Worse still, some respondents wanted to be paid before they answered the questions, thinking that the research was funded by a donor.

Arising from the reaction above, useful information was withheld thereby not giving the whole picture of the finding of the study.

1.7 Definition of terms as used in the study

AIDS: Acquired Immune Deficiency Syndrome. Symptoms of HIV infection may include opportunistic infections such as coughing, headaches, malaria, growth problems, diarrhoea, developmental regression and immune dysfunction which attack and kill a human's white cells which fight disease, thereby leaving a person subjected to all types of opportunistic infections.

HIV: Human Immunodeficiency Virus. It is a virus which causes AIDS. Immunodeficiency means having faulty immune systems which can hardly protect an individual from attack (Google search).

Attitude: Attitude refers to how a human being perceives issues. Some attitudes may be influenced by beliefs and cultures.

Prevention: Management of factors that could lead to the prevention of the occurrence of the disease.

Pandemic: An out-break of diseases affecting the population of an extensive geographical area of the world for a long time.

Mitigation: Any activity or action taken to reduce the effect(s) of something, in this case, HIV and AIDS.

UNZA: University of Zambia. This is the highest institution of learning in Zambia.

STI: Sexually Transmitted Infection. Any infection transmitted through sexual contact.

1.8 Organisation of the study

Chapter one (1) presents the background of the study. Further, the statement of the problem, significance of the study and objectives are explained for the purpose of making the reader understand the relevance of the problem under investigation.

Chapter two (2) reviews literature related to the study in question. It has attempted to explain the type of attitudes for the sake of the readers to understand the topic well. It also reviews some of the researches carried out in the same field.

Chapter three (3) discusses methods of data collection used in the study. In this chapter, discussion was centred on the research design, study population, sample and sampling procedure, research techniques and instruments used, data collection and finally data analysis.

Chapter four (4) presents the findings in pie charts. This is followed by discussions of the findings in chapter five (5).

The report ends with chapter six (6). This chapter contains the conclusion as well as suggestions/recommendations of the study. The suggestions given will help other researchers to come up with other research topics to research on. The last pages consist of the bibliography and appendices.

1.9 Summary of the Chapter

The chapter discussed HIV and AIDS epidemic as the most serious developmental challenge facing the Southern Africa Region. It has continued to spread in the last two decades across all countries killing millions of adults in their prime and leaving millions of children as orphans. Because it affects the most productive segments of national populations, the pandemic has tremendously reduced work forces and reversed many years of economic and social progress. At UNZA, there are a number of organizations dealing with various aspects of HIV and AIDS. Despite all the effort, the UNZA community continues to increase in the number of infections per year. The overall objective of the study was to determine the attitude of University of Zambia community towards HIV and AIDS prevention programmes at the Great East Road campus.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter reviews literature relevant to the present study. It has attempted to explain the type of attitudes for the sake of the readers to understand the topic well. It also reviews some of the researches carried out in the same field.

Attitude has more than one meaning. The concept of attitude is probably the most distinctive and indispensable concept in contemporary American social psychology. Like most abstract terms in the English language, the word attitude has been defined differently by different authors (Cantril, 1934).

Attitudes are determinants of behavior because they are linked with perception, personality and motivation. Allport (1929) defines attitude as a hypothetical construct that presents an individual's degree of like or dislike for an item. It can be a positive or negative feeling or mental state of readiness, learnt and organized through experience, which exerts specific influence on a person's response to people, place, objects, events or situations. For example, if someone says that he likes his job, this statement expresses his attitude towards his job. A negative and positive attitude comes from one's belief. Being positive about something means looking forward to outcomes that are favourable, hoping for things to be ok even if they look bleak. While being negative means looking at every circumstance as though there was no way it can be positively solved.

Each and every person has a different attitude at different conditions. Most attitudes are as a result of either direct experience or observational learning from the environment (<http://wikipedia.org/wiki/attitude>).

According to Tesser (1993) attitude, as a hypothetical construct, represents an individual's degree of like or dislike for an item. Attitudes are generally positive or negative views of a person, place, thing, or event. People can also be conflicted or ambivalent towards an object, which means that they simultaneously possess both positive and negative attitudes towards the item in question. Unlike personality, attitudes are expected to change as function of experience. Tesser (1993) argues that hereditary variables may affect attitudes but believes that they may do so indirectly.

Attitudes are individual mental processes which determine both the actual and potential responses of each person in the social world. Since an attitude is always directed toward some object, it may be defined as a "state of mind of the individual towards a value which is usually social in nature" that is to say they are objects of common regard on the part of socialized men (Thomas and Znaniecki, 2001).

Brooks (2006) describes attitudes as an emotional element, reflecting feelings or moods about an individual or an event based on beliefs, opinions and knowledge held by an individual. Cantril (1934) defines attitudes as a complex of feelings,

desires, fears, conviction, prejudices or other tendencies that have given a set or readiness to act to a person because of varied experiences. Some attitudes are persistent and enduring, yet others are a less permanently enduring state of readiness which predisposes an individual to react in a characteristic way to any object or situation with which it is related. Like each of the psychological variables, attitudes are subject to change. Attitude formation is partly a reflection of personality formation. Attitudes are formed from the reaction of a mixture of external events with the individual's own personality. For example, if one had been using a condom each time she has sex but then she finds herself pregnant, this direct experience can lead to formation of a negative attitude which may be very difficult to change. The other source of attitude formation lies with social learning, which reflects attitudes picked up from our peer groups, from our families or influences in our life (Brooks, 2006).

An attitude characteristically provokes behavior that is acquisitive or aversive, favorable or unfavorable, affirmative or negative toward the object or class of objects with which it is related. The double polarity in the direction of attitude is often regarded as their most distinctive feature. This has a central place in Bogardus's (1931) definition to the effect that "... an attitude is a tendency to act toward or against some environmental factor which becomes thereby a positive or negative value". Likewise, Thurstone (1932) defines an attitude as the effect for or against a psychological object.

Attitudes are intrinsic parts of a person's personality. Several theories attempt to account for the formation and change of attitudes. Fishbein's (1967) theory proposes that people seek congruence between their beliefs and feelings towards objects and suggest that the modification of attitudes depends on changing either the feelings or the beliefs (Fishbein, 1967). The theory further assumes that people have structured attitudes composed of various affective and cognitive components. These components' interrelatedness means that a change in one precipitates a change in the other. When these components are inconsistent or exceed the person's tolerance level, instability results and this instability can be corrected by rejection of a message designed to influence attitudes or by breaking off into several attitudes. The theory further proposes that affect, cognition and behavior determine attitudes and those attitudes in turn determine affect, cognition and behavior (McGraw Hill, 2009).

Bandura (2003) states that there are three components of attitude, referring to cognition component, affective component and behavioural component. MacGraw (2009) further observes that cognitive component of an attitude consists of person's perceptions, opinions and beliefs. This simply means that cognition component of an attitude refers to the thought process with special emphasis on rationality and logic. An important element of cognition is the evaluative beliefs held by a person. Evaluative beliefs are manifested as the favourable or unfavorable impressions someone holds towards an object or person. In addition Bandura (2003) explains that cognition component refers to

that part of attitude which is related in general to “know how” of a person. He further says that cognition component is based more on beliefs, opinions and knowledge held by an individual. The second attitude component is affective. According to MacGraw (2009) this type of attitude is related to the statement which affects another person. This component refers to that part of attitude which reflects the intension of a person in the short run or in the long run. Mostly, this type of attitude is learnt from parents, teachers and peer group members.

The third component is the behavioural component. Behavioural component refers to a person’s intention to act toward someone or something in a certain way. Such intentions could be measured or assessed to examine the behavioural component of attitudes. Brooks (2006) explains that behavioural component of an attitude is based on an individual’s behavioural pattern. He gave an example of an employee who is asked to undertake some weekend work when he or she is conditioned to work from Monday to Friday pattern, the response may vary from person to person. The attitudinal response may depend upon the employee’s emotional response to working over the weekend, the effect of her or his behavioural pattern. If the individual is unhappy about changing from the current employment pattern and feels it would disrupt the normal weekend behavioural pattern and further disagrees with the concept of weekend working, there is a strong likelihood of a negative attitude.

From what has been said above, it is apparent that attitudes can be changed at one time or another. The change of attitude can be done through persuasion and as a response to a number of factors such as education. In China, a research was carried out by People Living with HIV and AIDS (PLWHA) (2002) to determine the attitude towards the use of condoms among students in high institutions of learning. The research revealed that very few respondents connected condom use with precautions against STIs and HIV. The majority associated condom use to prostitution while nearly a quarter of the group refused to even contemplate the question as it was considered a taboo discussing sexual issues in public. The study shows that students needed to change their attitude towards the use of condoms as a preventive measure against HIV infections.

According to Dillard (1994) emotion is a common component in persuasion, social influence, and attitude change. Much of research on attitude emphasizes the importance of effective or emotion component. Emotions work hand-in-hand with the cognitive process, or the way we think about an issue or situation. An attitude is a function of cognitive, affective and behavioural components and they are part of the brain's associative networks, the spider-like structures residing in long term memory that consist of affective and cognitive nodes.

Each person possesses many contradictory attitudes, and for this reason her/his mental set at the moment of submitting to a scale may tell only a part of the story.

Furthermore, attitudes often change, and an investigation made under one set of conditions may no longer present a true picture of the attitudes of any given group. Black (1933) reports a meeting of farmers in a village in Northern Wisconsin who under the influence of a persuasive speaker, voted unanimously one afternoon to call a milk strike. The same group met in the evening to hear a speaker with opposed views. They then voted unanimously not to strike.

Dillard (1994) adds that in terms of research methodology, the challenge for the researchers is measuring emotion and subsequent impacts on attitude. Since brain is not seen, various models and measurement tools have been constructed to obtain emotion and attitude formation. Measures may include the use of physiological cues like facial expressions, vocal changes, and other body rate measures. He gave an example of fear which is associated with raised eyebrows, increased heart beat rate and increased body tension. He suggested other methods as network mapping and the use of primes or word cues.

Another study was conducted by the American Iranian Council (2003) in Iran on the knowledge and attitude towards HIV and AIDS prevention among Iranian students. This study was conducted in the Iranian capital. The study revealed that students had very little knowledge on HIV and AIDS. Ninety four (94) percent of students expressed a wish to obtain more information about AIDS, and most surveyed students believed that AIDS could be a threat to their society. This finding was similar to that of American and European investigators one decade

ago when the AIDS epidemic was emerging. The study reviewed a substantial negative attitude towards AIDS and HIV positive patients. About a third of the students expressed that they would avoid sitting near an infected student. Approximately half of the students in the study expressed that an infected student should not be allowed to enter an ordinary school. The result can be explained by the proximity of Iranian and Indian attitude towards HIV and AIDS which was associated with the abrogation of a taboo not to have sex especially outside marriage. These are serious attitudinal problems aroused by lack of education about AIDS which need to be addressed.

Another study to determine knowledge, and attitudes and practices on HIV prevention among secondary school students was carried out by Kamala (2008) in Bukoba rural, Tanzania. The findings of the study revealed that 93.7 percent of students knew how HIV is transmitted and 86.6 percent knew at least one method of HIV prevention.

Students mentioned abstinence and faithfulness to one partner as best methods for HIV prevention. Despite the knowledge they have, very few students reported to have used condoms in their last sexual contacts. Radio was reported to be the major source of information even though information given was not satisfactory to most of the students. In addition, 50 percent of students reported to have experienced sex, the peak age of first sexual intercourse being 15 years.

The whole world has been affected by the deadly HIV and AIDS pandemic. If the disease is left unchecked, it can lead to devastating effects on education, social, cultural, economic and political sectors of a country. Since these are important in national development, there is need for interventions to curb the epidemic. For example, in Australia, it is estimated that there were 11,800 people living with HIV infection at the end of 1994 (UNAIDS, 1989). The peak of HIV incidence in 1996 decreased and is expected to continue decreasing over the next few years. The decrease was mainly because of the interventions by various stakeholders. The response to AIDS in Australia has been characterized by change of attitude towards HIV and AIDS. The change of attitude was influenced by the role played by a web of concerned organizations and individuals consisting of the partnership, government, health providers, researchers, affected communities and people with HIV and AIDS (UNAIDS, 1989).

Uganda was one of the hardest hit nations by HIV and AIDS. Despite this, the country's strong political support and government policy on openness on AIDS made it possible to reduce the incidence of the pandemic. A number of political intervention strategies such as strong political involvement, establishment of the Uganda AIDS Commission and the National AIDS Control Programme, encouraging community response and involvement, helped the country to weather off the pandemic. Studies by Banda (1994); Lungu (1980); and Chanda (1988) have shown that today in Uganda, there is a high level of HIV and AIDS

awareness (80%). The same studies showed that there is a change in the sexual behavior particularly among the youth.

UNAIDS and WHO (2007) reveal that male circumcision was one of the important methods in preventing the transmission of HIV from a woman to a man during sexual contact. This followed scientific evidence gathered from three large studies carried out in Kenya, South Africa and Uganda, on the protection that male circumcision offers men against HIV infection. The studies however showed that male circumcision does not offer complete protection against HIV infection, rather it can offer a man up to 60 percent protection against HIV infection. This means that even though a man is circumcised, he still needs to use other methods of protection, such as abstaining from sex, being faithful to one sexual partner and using condoms consistently and correctly every time he has sex.

Generally, what makes the HIV and AIDS epidemic so serious is that it has a pervasive effect on virtually all aspects of development and society. Education has not been spared by the effects of HIV and AIDS. In 2001, Zambia carried out a nationwide survey. It was found out that just two-thirds (2/3) of primary age children attended primary school, and less than a quarter (1/4) of those aged 14-18 years attended secondary school. 12 percent of all respondents said that a child in their own family did not attend school because a parent or guardian was suffering from AIDS or had died from AIDS (Central Statistical Office, 2003, pp.16)

The above situation clearly shows that many people do not want to use preventive measures to protect themselves from contracting the HIV virus during sexual intercourse. Could this be due to the attitude people have towards condoms, abstinence, and any other preventive methods? The study is being carried out in order to answer the above question. The results will determine whether to persuade people in order to change their attitude towards preventive measures because if this attitude is left unattended to, it may result into a disaster in not too distant a future from now.

A baseline survey was carried out at the Copperbelt University (CBU) in 2006 to determine the levels of knowledge on HIV and AIDS by the students, academic and non-academic staff and spouses. A total of 412 people participated in the study. The Baseline Survey revealed that 16 percent of the respondents stated that there was no difference between HIV and AIDS, 14 percent of the respondents thought that HIV was not preventable, 20 percent of the respondents did not know that Syphilis and Gonorrhoea were sexually transmitted diseases, 91 percent did not know that Hepatitis B is a sexually transmitted disease and 94 percent of the respondents did not know that Chlamydia and Chancroid were sexually transmitted diseases. Other factors responsible for HIV transmission include Peer Influence, Ignorance, negative attitude towards prevention of HIV and AIDS, poverty, traditional beliefs, media influence, alcohol and drug abuse (Baseline Study of Sexual Harassment, 2006).

Knowledge is one of the most important tools for prevention of HIV and AIDS. A person with enough knowledge of HIV and AIDS prevention will be able to use that knowledge correctly to protect him or herself from contracting the virus which causes HIV and AIDS. Results of the Baseline Survey conducted at Copperbelt University (CBU) clearly show that respondents' knowledge about HIV and AIDS was not sufficient, hence those responses.

The University of Zambia is well placed to spearhead the development of strategic responses against HIV and AIDS. It should rise up to the challenge posed by the spread of HIV and AIDS in the nation and use its great potential to promote research, dissemination of knowledge, and intellectual debates on the pandemic. It is one of the few higher education institutions that have responded positively to the challenges posed by the pandemic. The institution, additionally, has been motivated by the need to reduce the spread of the HIV and AIDS disease at the campus and surrounding communities.

The University of Zambia established the HIV and AIDS Response Unit in 2006. This Unit is mandated to organize an HIV and AIDS activity which includes sensitization and Voluntary Counseling and Testing (VCT). The other activity which is carried out by the Unit is to bring to the attention of the community how best they can protect or prevent themselves from contracting HIV and AIDS. Despite all the efforts, the number of people infected with the HIV virus continues to increase on campus at an alarming rate. The University has lost many of its

members which include students, employees and their dependants due to HIV and AIDS. This was reflected in the University of Zambia Vice Chancellor's speech at the Senior Management HIV and AIDS Sensitization Workshop:

"...ignoring HIV and AIDS will not make it disappear; the infection will continue to spread and more people would succumb to it. ... leaders in our community it is our responsibility to address this issue and not shun it. If not we will continue to lose valued members of staff, promising students and loved ones to an adversary that we know can be defeated" (UNZA 2010 Newsletter Issue 17 pp 2.)

In view of the above, this study sought to determine the attitude of the University of Zambia community towards HIV and AIDS prevention programmes on the campus.

2.2 Summary of Literature Review

The study sought to determine the attitude of the University of Zambia Community towards HIV and AIDS prevention programmes on campus.

Attitudes are generally positive or negative views of a person, about a place, thing or event. Bandura (2003) states that there are three components of attitude which are Cognitive, Affective and Behavioural. Cognitive attitude is mainly based on beliefs, opinions and knowledge held by an individual. Affective refers to a statement which affects another person. Attitudes can be changed at one time or another through persuasion. The University of Zambia established the HIV and AIDS Response Unit in 2006. This Unit and the other Units in the university are mandated to organize, educate and sensitize the University

Community on HIV and AIDS pandemic. The same units also persuade the University of Zambia community members to change their attitude on certain issues such as the use of condoms.

CHAPTER THREE

METHODOLOGY

3.1 Introduction

This chapter presents a discussion on different methodologies used in the study. It explains research instruments used for data collection and the process of data analysis.

3.2 *Research Design*

According to Bless and Higson-Smith (1995) a research design involves the planning of any scientific research from the first step to the last one. It is a programme designed to guide the researcher in collecting, analyzing and interpreting observed facts. In order to investigate the attitude of the University of Zambia community towards HIV and AIDS prevention on campus, the researcher adopted a mixed (triangulation) approach and used both qualitative and quantitative methods. According to Creswell (2003) a mixed/triangulation design method is useful to capture the best of both qualitative and quantitative approaches. It also reduces biasness.

The survey design was selected in this study as it assisted the researcher in obtaining information from various cases in the sample population and allowed the researcher to focus on the exact characteristics under consideration.

Creswell (2003) explains that the purpose of the survey design is to generalize from the sample to a population so that inferences can be made about some characteristics, attitudes, or behavior of that population.

3.3 Study Population

Kothari (1985) defines population as a group that one wishes to generalize the research to. In this study the population consisted of all the students and members of staff at the University of Zambia.

3.4 Sample Size

According to Burrington (1975) a sample is a subset of the population. The sample must have properties which make it representative of the whole. In this study, the sample size was 105 comprising students (50), UNZA employees (50), and leaders (5) of the HIV and AIDS organizations on campus drawn from the University of Zambia, Great East Road Campus Community.

3.5 Sampling Procedure

Peil et. al. (1982) define sampling as a process of selecting units from a population of interest so that by studying the sample, a researcher may fairly generalize the results to the population from which they were chosen.

The sampling procedure used in the study to select the respondents was purposive and random sampling. Purposive sampling is whereby one chooses a respondent

according to the purpose of the study. It targets sources that are rich in information that a researcher needs to gather whereby random sampling is that, respondents are picked anyhow or at random (Brink, 1996).

When sampling, it is important to explain to the population to which the findings will be generalized. To come up with a good result, a researcher has to know the population and ensure that they have similar characteristics before applying the sampling theory.

Respondents were selected at random though most of them were not co-operating, saying that they were tired of answering the same questions from different researchers. The leaders of the Organisations dealing with HIV and AIDS were purposively selected or picked. This was because they were key informants pertaining to the study.

3.6 Data Collection Procedures

The researcher applied two instruments in the collection of data. These were: semi-structured interview guide and a questionnaire. A semi-structured interview guide was used to collect data from leaders of HIV and AIDS organizations while a questionnaire was used to gather data from students and members of staff. A questionnaire had both closed and open-ended questions. The researcher also applied observation throughout the study to pick on the natural events such as listening to some conversation from unza community members on the subject under review.

The researcher used both qualitative and quantitative approaches in data collection. Quantitative research methods refer to the collection of descriptive statistical information which largely uses questionnaires (Isaac and Michael 1971). While qualitative research methods simply focus on the subjective reality, ideas and feelings of both the researcher and the researched (Merriam and Simpson (1995).

Data collection was done in two weeks (18th October, 2010 to 29th October 2010). In the first week the researcher distributed the questionnaires to selected subjects in a sample. The respondents were given one week to respond to questions raised in the questionnaires. In the same week, the researcher interviewed leaders of HIV and AIDS organizations individually in their respective offices. Each interview took about 30 minutes to 1 hour. Interviews moved from general questions to exact questions that sought specific information on attitudes of UNZA community on the HIV and AIDS preventive measures. The researcher noted down all the discussants' responses in a notebook which was specifically for the purpose of interviews. The researcher in all the interviews was accompanied by an assistant researcher who also used to record. An assistant researcher served as a back-up in case the researcher missed out important points from respondents.

3.8 Data Analysis

According to Kothari (1995), data analysis means the computation of certain indices or measures along with searching for patterns of relationship that exist among the data group. In this study, data collected using questionnaires was analyzed quantitatively

using the Statistical Package for Social Sciences (SPSS) to generate tables of frequencies and percentages. Qualitative data was analyzed by processing the data into a form which allowed common themes or patterns to be established and come to appropriate conclusion.

3.9 Ethical Considerations

In order to observe ethical considerations and respect for the persons and groups under study, oral informed consent was obtained from all the participants in the study. Participants were informed of their right of unconditional withdrawal from participation. The researcher ensured that participants enjoyed their rights to privacy, dignity and self-determination. Respondents who were not very free with the topic under review were allowed to withdraw.

3.10 Summary of the Chapter

The researcher used both qualitative and quantitative methods of data collection and data analysis. Questionnaires and interview guides were used to collect data from the subjects in the sample, who included leaders of HIV and AIDS organizations operating on campus, members of staff and students.

CHAPTER FOUR

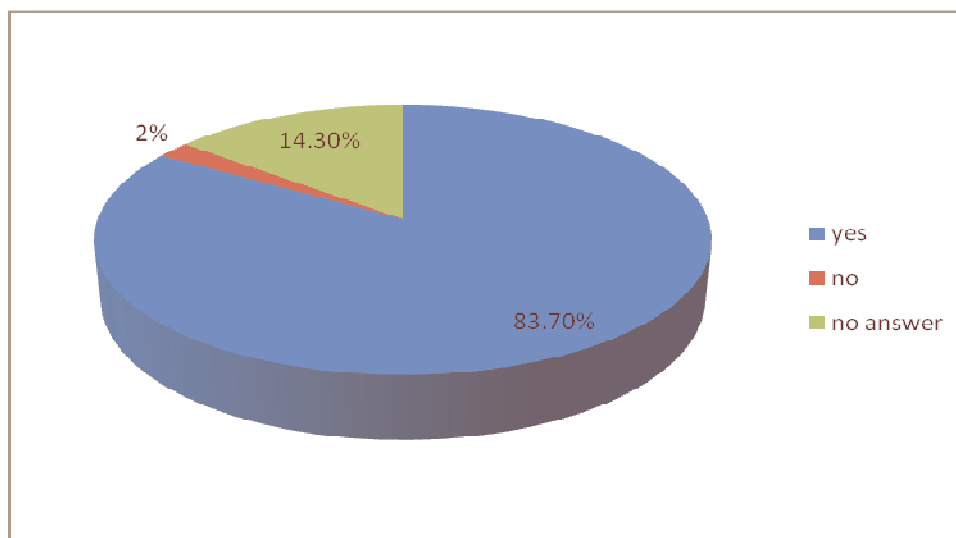
PRESENTATION OF FINDINGS

4.1 Introduction

This chapter presents the findings of the study. The general objective of the study was to determine the attitudes of University of Zambia community towards HIV and AIDS prevention programmes at the University of Zambia campus.

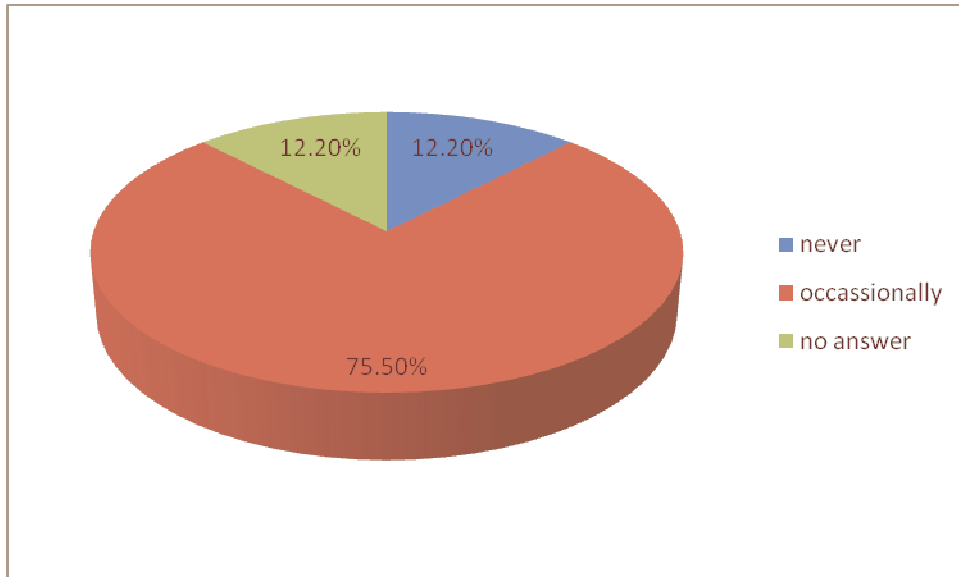
HOW THE UNIVERSITY COMMUNITY USES SERVICES BY ORGANISATIONS TO PREVENT HIV AND AIDS

Figure 4.1: Responses on whether or not UNZA community members ever had sexual intercourse.



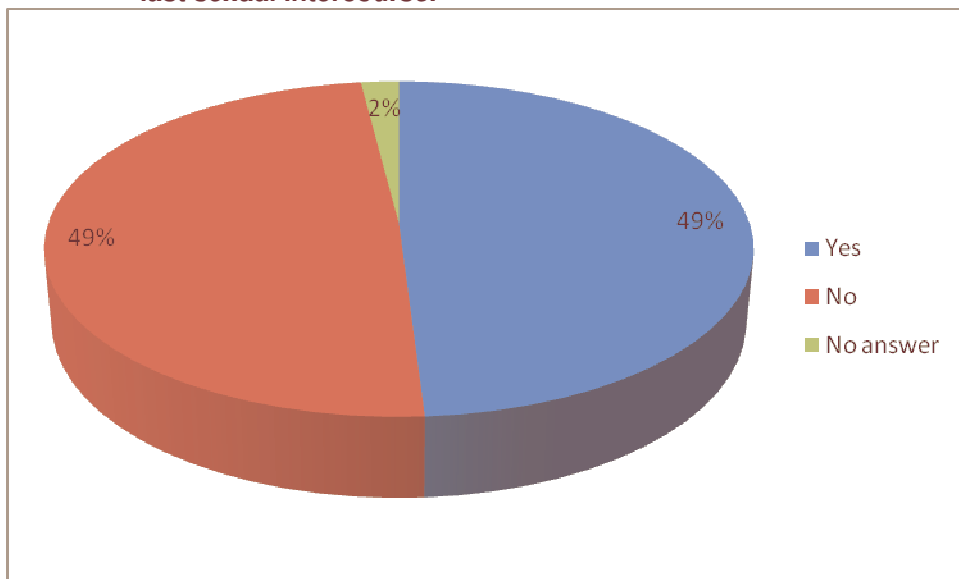
The findings indicated that most of the respondents 84(83.70%) had sexual intercourse while 14(14.30%) of them said that they had never had any sexual intercourse. Two (2%) of the respondents did not respond to the question.

Figure 4.2: Whether or not they discuss condom usage with their sexual Partners.



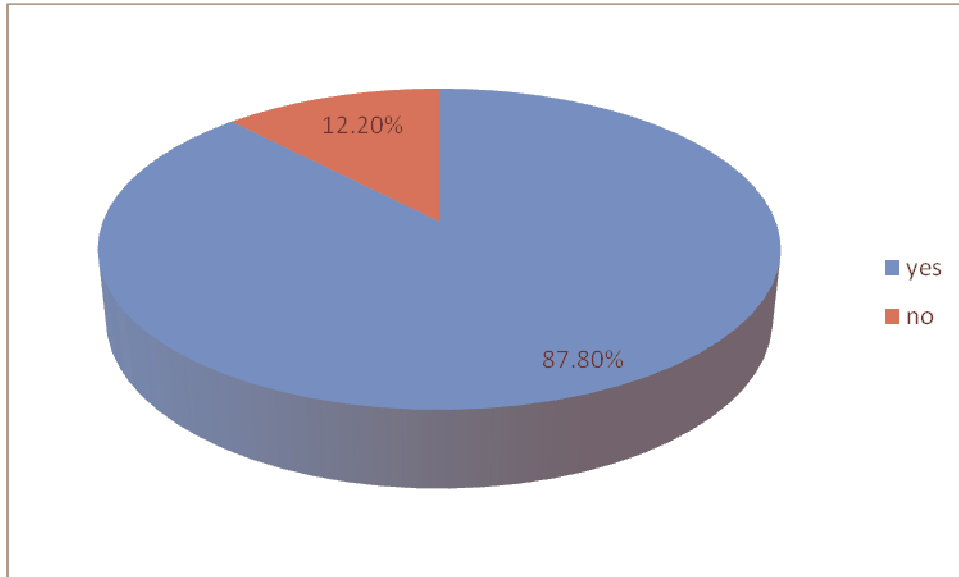
As shown in the figure above, 76(75.50%) respondents revealed that they discussed condom usage with their partners occasionally. The other 12(12.20%) of the respondents never discussed condom use while 12(12.20%) of the respondents did not attempt to answer the question.

Figure 4.3: Responses on whether or not respondents used a condom during their last sexual intercourse.



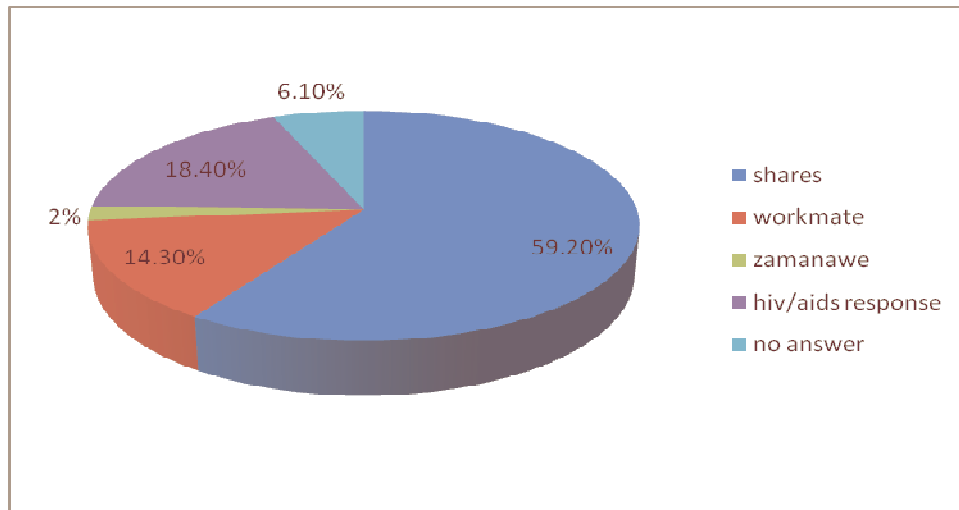
The findings indicated that 49(49%) of the respondents wore condoms during their last sexual intercourse while another 49(49%) did not. Two (2%) of the respondents did not answer.

Figure 4.4: Responses on knowledge of an organization dealing with HIV and AIDS prevention on campus?



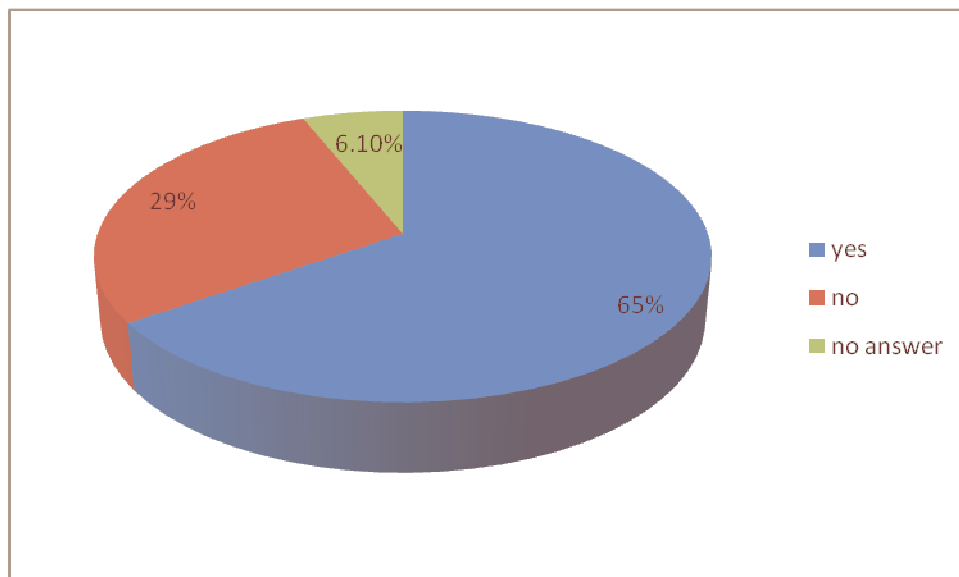
As shown on the figure above, majority (ie 88=87.80%) of the respondents were aware of the organizations dealing with HIV and AIDS at UNZA while only 12(12.20%) of the respondents responded that they were not aware of any organizations dealing with HIV and AIDS prevention programme on the campus.

Figure 4.5: Organizations that deal with HIV and AIDS prevention on campus as indicated by respondents



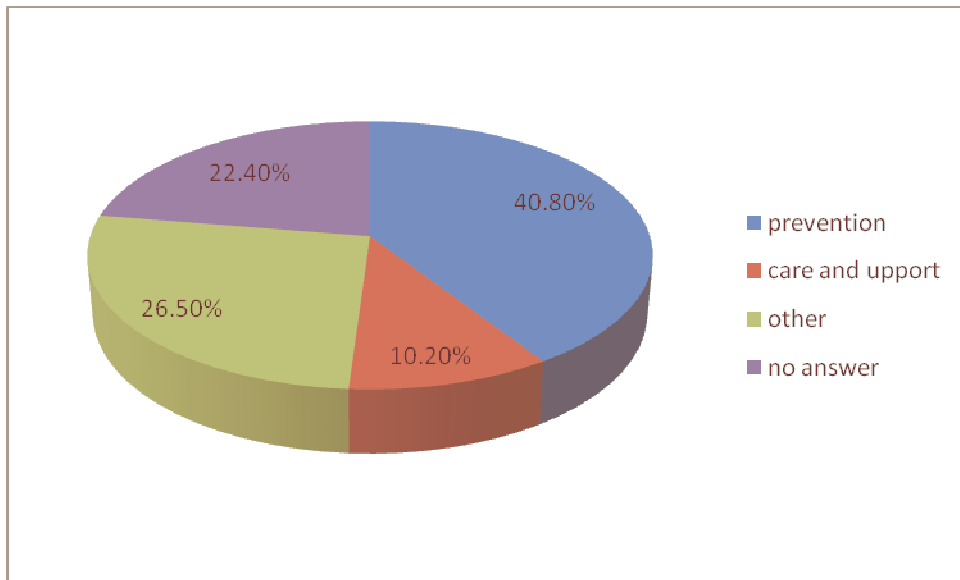
From the figure above, 59(59.20%) members of the UNZA community were aware of SHARES, 18(18.40%) were aware of HIV and AIDS Response, 14(14.30%) were aware of Workmate, and 2(2%) were familiar with ZAMANAWAWE as organizations dealing with HIV and AIDS on campus. The 6(6.10%) of the respondents did not respond to the question.

Figure 4.6: Responses on whether or not respondents had visited any of the organizations dealing with HIV and AIDS on campus?



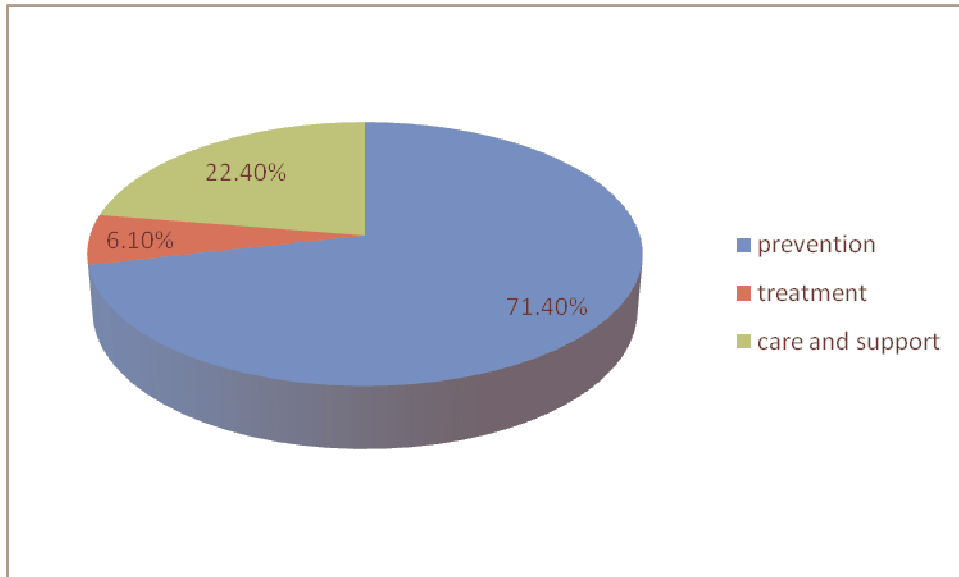
The pie chart above, shows that majority (65=65%) respondents had taken keen interest by visiting the organisations dealing with the HIV and AIDS on campus, while 29(29%) had no idea of any organization dealing with HIV and AIDS prevention programme on campus.

Figure 4.7: Responses on the type of HIV and AIDS information the organizations mentioned above provided?



The study revealed that 41(40.80%) organizations at the institution dealt with prevention measure while 10(10.20%) dealt with care and support.

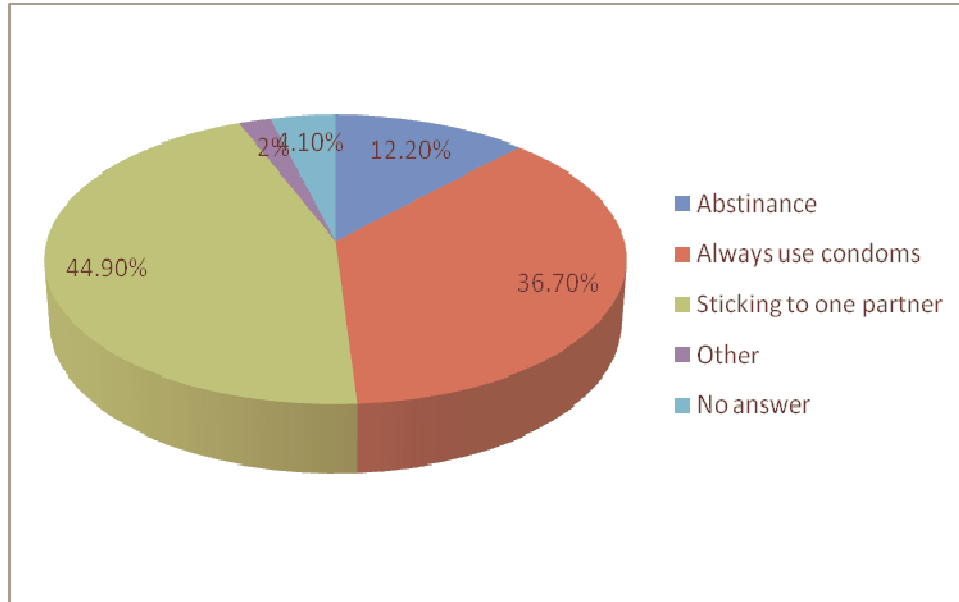
Figure 4.8: Responses on the nature of information/materials respondents sought on last visit to the organization dealing with HIV and AIDS on campus.



The study revealed that 71(71.40%) of the respondents went to access information on the prevention against HIV and AIDS. The 22(22.40%) of the respondents went for care and support information and the remaining 6(6.10%) respondents went to get information on treatment of HIV and AIDS.

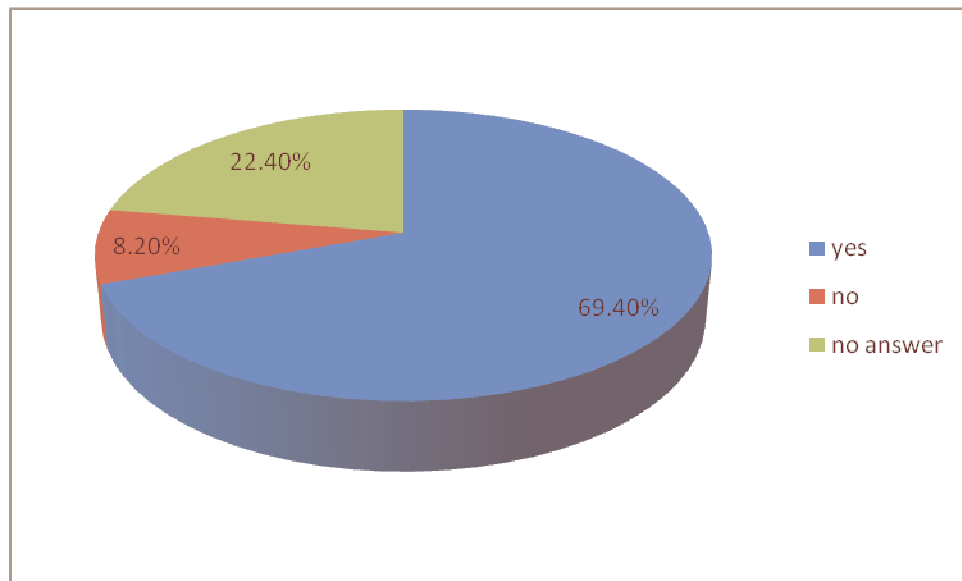
THE ATTITUDE OF THE UNIVERSITY COMMUNITY TOWARDS HIV AND AIDS PREVENTION PROGRAMMES

Figure 4.9: Responses on how respondents had protected themselves against contracting HIV and AIDS?



The study revealed that 45(44.90%) of respondents used sticking to one sexual partner as a preventive measure against HIV and AIDS. This was followed by 39(36.70%) respondents who used condoms and 12(12.20%) of the respondents used abstinence while 4(4.10%) of them did not attempt to answer the question. Two (2%) of the respondents used other methods which included washing their private parts with hot water immediately after sexual intercourse, washing their private parts with dettol after sexual intercourse, going to the toilet to pass urine (females only) immediately after sexual intercourse and going for male circumcision (males only).

Figure 4.10: Responses on whether or not respondents accessed information sought at last visit to the organizations dealing with HIV and AIDS on campus?



Results showed that majority (ie 69=69.40%) respondents accessed information they sought when they went to the organizations dealing with HIV and AIDS.

HOW HIV AND AIDS PREVENTION PROGRAMMES ARE COORDINATED AT THE UNIVERSITY OF ZAMBIA

After realizing and analyzing the adverse impact that the HIV and AIDS pandemic continued to pose at institutional and national levels, various organisations, associations and programmes were established at the University of Zambia Great East Road campus. Among the associations and organisations that were established included ZAWECA (University of Zambia and Western Cape University Association) in 2003, which later incorporated other universities in the Southern African Region and became known as ZAMANAWE (University of Zambia, University of Malawi, University of Namibia and Western Cape University); University of Zambia Post Test Club; Stop HIV/AIDS Reach Every

Student Association (SHARES); and the Workmates Association and the University of Zambia HIV and AIDS Response Unit, which is an institutional coordinating Unit for all HIV and AIDS related activities. However, it is important to state that most of these organisations were initiated by committed individuals who forged their way through in order for their organisations to be accepted and widely recognized at the institutional level.

The Programme Manager (PM) for the organization revealed that, the University of Zambia HIV and AIDS Response office was set up in 2005 by a committee which was then known as the Vice-Chancellor Standing Committee on HIV and AIDS (VCCA). The VCCA was established in 2003 under the office of the Vice Chancellor, to coordinate efforts at institutional level in order to avoid both duplication and gaps in the total response to the HIV and AIDS pandemic amid the increasing number in HIV and AIDS related associations and organisations. In 2008, the committee was later known as the University of Zambia Committee on HIV and AIDS (UCA). The office has been in operation for more than five (5) years with funding from international and local organizations which include; the Students and Academicians International Association (SAIH) of Norway; Center for Infectious Diseases Research of Zambia (CIDRZ); the American Center; and the Zambia National AIDS Network (ZNAN). Through this funding, the office has made various achievements such as total coordination of HIV and AIDS related activities, and the formulation of the University of Zambia HIV and AIDS policy to mention but a few. Furthermore, due to its critical and relevant contribution in the

fight against the HIV and AIDS pandemic at institutional, national and international levels, the office received various awards and was institutionalized at the University of Zambia in the year 2009.

The University of Zambia HIV and AIDS Response unit, which is currently under the University of Zambia Health services, has continued being vigilant in promoting coordinated activities aimed at reducing and halting the impact of HIV and AIDS. From the time of its inception, the Unit has been coordinating all organization at the institution which include ZAMANAWE, University of Zambia Drama Society (UNZA DRAMS), SHARES, Workmate and UNZA Post Test Club.

The HIV and AIDS Response Unit also undertake some prevention activities meant to prevent HIV and AIDS. These activities include sensitization programmes on the benefits of male circumcision, the benefits of using a condom, the benefits of double protection (at least using two protection during sexual intercourse for example using a condom and circumcision or sticking to one sexual partner and using condom). This is done through drama performances during periods such as Orientation of first years, World AIDS Day, Voluntary and Testing Week (VCT week) and Africa University Day. Information tables dressed with health booklets, brochures, leaflets and posters are also set during such periods.

Various training workshops for peer educators are also conducted several times each year. Furthermore, the Unit runs a resource center which is open to the public from Monday to Friday.

The Response Unit also takes an initiative to reach out to people from various compounds, primary and secondary schools and higher institutions of learning to share information the health matters of a health substance.

Moreover, in its efforts to bolster the prevention of HIV and AIDS, the University of Zambia HIV and AIDS Response Unit as coordination Unit at the institute, works hand in hand with Society for Family Health (SFH) in promoting Male Circumcision (MC). The Unit facilitates the recruitment of male circumcision Recruiters who in turn encourage a number of youths and older people to go for circumcision at UNZA Clinic or SFH Male Circumcision centers. The response has been quiet overwhelming due to the advantages associated with male circumcision such as reducing the risk of contracting HIV.

The Unit has faced many challenges from the time of its inception and some of them include:

- (i) unstable academic calendar, which tends to limit student participation in some activities;
- (ii) continued reduction in funding, which in turn has reduced on the number of activities the unit can contribute;

- (iii) academic pressure which also limits student participation;
- (iv) HIV and AIDS information fatigue. Some people are not willing to listen to HIV and AIDS Information; and
- (v) continued stigma against the response office itself.

HOW UNIVERSITY COMMUNITY PARTICIPATES IN HIV AND AIDS PREVENTION PROGRAMMES

The study revealed that the University community had formed various organizations meant to prevent HIV and AIDS at the institution. The organizations include Workmate, SHARES, UNZAPOPSA, and ZAMANAWE

University of Zambia, University of Malawi, University of Namibia and Western Cape University (ZAMANAWE)

The Programme Coordinator for the above organization revealed that, the organization was known as ZAWECA Project and involved the Universities of Western Cape (UWC) and Zambia (UNZA). In the second phase of the project in 2006 two new institutions were included; the Universities of Malawi and Namibia.

The activities carried out by the organisation include drama performances aimed at disseminating messages with regard to HIV and AIDS, recruitment and training of Peer Educators, Voluntary Counseling and Testing, Role Modelling, Electronic discussions and Condom distribution.

The following are challenges faced by the organisation:

- (i) the long period it take to remit funds from South Africa;

- (ii) use of local language by the UNZA students during community outreach. This is more so during drama and information project activities and some students find it very difficult to use local language;
- (iii) university closures and unstable academic calendar;
- (iv) late funding of the project; and
- (v) drop out of some trained peer educators.

UNZA Post Test

The President of the named Association revealed that the Association was formed in 2002 with the aim of reducing stigma and discrimination among members of staff and student populace. The Association comprised members of staff and students who had undergone an HIV test regardless of their status.

The President further outlined the activities undertaken by the organization as sensitization campaigns done through drama, dances and various organized workshops. They also display information material during HIV related national and world events such as VCT Day, World AIDS Day.

Stop HIV and AIDS Reach Every Student Association (SHARES)

The President of Stop HIV and AIDS Reach Every Student (SHARES) explained that the Association is a youth focused programme which was established in May, 2002.

The activities undertaken by SHARES include Peer Education training, Condom promotion, Health care promotion through UNZA clinic, participating in World AIDS Day activities. Other activities are conducting KAP Surveys and conducting outreaches, inter-institutional debates and the use of drama for information dissemination. It also advocates for the importance of HIV and AIDS awareness and prevention including care and support among the students in higher learning institutions in Lusaka.

The Association faces the following challenges:

- (i) inconsistent funding from UNICEF, affects the implementation of the activities; and
- (ii) unstable academic calendar.

Workmate Association

The Chairperson of Workmate Association availed the information that follows. After realizing the devastating effect that the HIV pandemic had on the work force, individuals from all schools, departments and units of the University got together in 2006 to form a voluntary organization called workmate Association. This Association sought to spearhead awareness and mitigate the effects of HIV in the University workforce and community. Members of the Association made it their responsibility to empower the University community with knowledge and life skills that promote positive living, prevention and treatment of HIV. The workmate

vision was to create a healthy and conducive environment for all workers free of HIV and AIDS related stigma and discrimination.

The Association was mandated to seek ways to mitigate the impact of HIV and AIDS which has continued to claim the vital human resource at UNZA. This Association works hand in hand with the UNZA HIV and AIDS Response Unit.

The Association is also expected to:

- (i) strengthen HIV and AIDS awareness among members of staff;
- (ii) provide support and care to members of staff infected or affected by the HIV and AIDS pandemic;
- (iii) join in institutional, national and international events aimed at reducing the impacts of HIV and AIDS; and
- (iv) alleviate all forms of stigma and discrimination among fellow workers.

Since the time of its founding, the Association had been facing a number of challenges and drawbacks, among which include:

- (i) lack of support from some members of staff;
- (ii) lack of funding to successfully implement the laid down programmes; and
- (iii) less commitment from members of staff.

The formation of a number of organizations at the institute has demonstrated the participation of the university community in prevention of HIV and AIDS among members of staff and the student populace.

4.2 Summary

The chapter presents the findings of the study leading to the understanding of the attitudes of the University Community towards HIV and AIDS prevention programmes at the University of Zambia.

This research has revealed imperative information related to HIV and AIDS at the University of Zambia. In particular, the study focused on investigating the attitudes of the University of Zambia community towards HIV and AIDS prevention programmes at the University of Zambia.

The research revealed that there are a number of organizations at the institution whose role is to sensitize the community on the dangers of HIV and AIDS. Organisations included ZAWECA (University of Zambia and Western Cape University Association) in 2003 which later incorporated other universities in the Southern African Region and became known as ZAMANAWE (University of Zambia, University of Malawi, University of Namibia and Western Cape University), University of Zambia Post Test Club, Stop HIV/AIDS Reach Every Student Association (SHARES), Workmates Association and the University of Zambia HIV and AIDS Response office.

With the help of the sample selected, the findings revealed that UNZA has effective HIV and AIDS organizations offering effective programmes. In addition, the research discovered that the community is not only aware of the organizations and programmes but also accesses services from these same organizations. Further, the research has revealed that the community at large has a positive attitudes towards HIV and AIDS prevention programmes at the institution based on the methods the community use and their participation in HIV and AIDS prevention.

The following chapter five (5) will discuss the findings presented in the chapter on the attitudes of University of Zambia community towards HIV and AIDS prevention programmes at the University of Zambia.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.1 Introduction

The purpose of the study was to investigate the attitudes of University of Zambia community towards HIV and AIDS prevention programmes at the University of Zambia. There were four (4) specific objectives of the study which were to: (i) establish how the University community makes use of services offered by various organizations on campus meant to prevent the spread of HIV and AIDS; (ii) find out how HIV and AIDS prevention programme are coordinated at the University of Zambia Great East Road campus; (iii) determine how University community participates in HIV and AIDS prevention programmes; and (iv) determine the attitude of the University community towards HIV and AIDS prevention programmes.

The primary objective of the University of Zambia on HIV and AIDS response has been demonstrated by the number of HIV and AIDS organizations and associations formed by some UNZA community members at the institution. The aim has been to prevent at all cost, the continued transmission of HIV and AIDS among students, members of staff and their dependants.

This has been achieved by the promotion of Abstinence, Sticking to one sexual partner (being faithful) in relationships, use of Condoms and Voluntary Counseling and Testing (VCT). Various interventions carried out within the

institution feature all these prevention measures. Organizations and Associations such as ZAMANAWE, UNZA POST TEST, SHARES and WORKMATE have been instrumental in working hand-in-hand with the UNZA HIV and AIDS Response Unit which is the coordinating unit for all HIV and AIDS prevention programme at the institute in delivering and disseminating this valuable information through their activities.

The various organizations presented in chapter 4, show that the University of Zambia has been quiet instrumental in fighting the HIV and AIDS pandemic at the institution. The same chapter further presents how the university community has been using the services offered by the HIV and AIDS organization and association at the institution. Despite the various challenges these organizations have faced, a lot of fruitful results have been reaped due to the commitment, versatility, vigilance and support from the students, members of staff and cooperating partners. Therefore, through proper unity and support from the institution, these organizations will achieve positive results and gain more strides both at present and in the future.

5.2 VIEWS FROM THE UNIVERSITY COMMUNITY TOWARDS HIV PREVENTION MEASURES

The wide university community had responded in several ways to the HIV and AIDS prevention measures or interventions promoted by the organizations in question. These measures included Condom distribution, Abstinence, Voluntary

Counseling and Testing, Male Circumcision, Sticking to one sexual partner, Sensitization. The responses were either positive or negative. The section below reveals that responses from the university community regarding prevention measures offered on campus.

5.2.1 Use of Condoms

The study yielded mixed views from the university populace. Some community members questioned the effectiveness of condoms as regards to the prevention of HIV, hence resorted to abstinence. Others still opted not to use condoms due to various misconceptions such as the belief that condoms are used as '**bags**' that carry viruses to infect Africans. Some community members argued that using condoms made them not enjoy their sexual relationships. Furthermore, Christian oriented members condemned strongly condom distribution done by ZAMANAWA in hostels as being immoral because it promotes prostitution hence suggested that it should be stopped. This is in line with findings of the research carried out in China (PLWHA, 2002). The research revealed that majority respondents associated condom use to prostitution.

Other members of the community had questioned the '**free**' condoms that were distributed as being below standard as opposed to those sold in some supermarkets.

However, despite such views most students and members of staff welcomed the distribution of condoms in student's hostels on campus. They urged the UNZA HIV and AIDS Response Office through ZAMANAWAWE to continue the distribution of condoms and encouraged them to extend the distribution to other places such as staff toilets and female and male public toilets at the clinic. It was evidenced in figure 4.9 where the community members indicated as having used condoms during their last sexual intercourse. This showed that the majority of UNZA community had responded positively to the use of condoms as one way of preventing themselves from being infected with the HIV virus.

5.2.2 Abstinence Promotion

Several students responded negatively to the call for abstain from sex despite having been proven as the surest way of avoiding contracting the HIV virus. Many students interviewed simply concluded that it was impossible for a normal human being to abstain. Others even suggested that they were created with sexual feelings which even made it difficult to abstain.

However, various sections of the university community commended the sensitization measures promoted by several peer educators to abstain from sex until marriage. The findings revealed that 80 percent of the respondents indicated that peer education was effective at UNZA while only 10.20% respondents revealed that peer education was not effective. The above finding is in support of Black (1933) who observed that attitudes may change through persuasion.

Most students argued that humans are capable of abstaining from sex for they are not like animals that are controlled by instinct; instead they are able to control their feelings. Several fliers and brochures have been widely distributed on campus promoting abstinence. This method of intervention has been welcomed and recommended by the wide university Christian community due to its morality attachment.

5.2.3 Voluntary Counseling and Testing (VCT)

Voluntary Counseling and Testing is another HIV prevention strategy promoted by various HIV related organizations at UNZA. This measure, like other measures, also received mixed feelings from the university community. With so many misconceptions also surrounding VCT, many students and members of staff are usually not willing to access VCT. Many students that were interviewed questioned the abilities and effectiveness of the counselors and the materials respectively used for testing. Furthermore, others were not comfortable regarding the confidentiality of their results. Worse still, others were not willing to queue up for VCT in order to be tested due to the fact that people associate those accessing VCT to having been sexually active.

However, despite those negative attitudes towards VCT, many students and members of staff have been accessing VCT either at the clinic or in VCT tents that are always mounted during events such as VCT Week.

5.2.4 Male Circumcision

Male Circumcision is another HIV prevention measure that received mixed views from the university community. Male Circumcision is the surgical removal of the foreskin from the penis which is perceived to provide a viable environment for the entry point of the virus to the human body through target cells. Various research works have shown that MC done by well trained health professionals in properly equipped settings reduces the risk of heterosexually acquired HIV infection in men by approximately 60 (60 percent) (Warren and Bigelow, 1994). A number of students and some members of staff embraced MC and have actually undergone the surgery. Still others have not been willing to go for MC.

There were various ideas that were advanced which had led to most students and members of staff at UNZA to shun MC. For example, Kim and Pang (2006) argued that, male circumcision removes nerves from the penis and causes significant loss of sexual sensitivity and function. Such perceived fears have compounded the situation as regards to accessing MC.

Moreover, many scholars such as Warren and Bigelow (1994) have argued that circumcision also reduces vaginal lubrication, curtails the gliding action, increases friction and vaginal abrasions hence providing the entry portal for the virus. These views coupled with other views have discouraged many students at UNZA to go for MC. However, the above conclusion by Warren and Bigelow (1994) has been refuted by Zambia Health Facility Survey (ZHFS, 2009) on

scientific arguments which noted that the warm and moist environment under the foreskin is conducive for viral survival, hence when an entry portal is available the virus finds its way in the human body as opposed to a circumcised penis.

Henceforth, some students, members of staff and their dependants related that they had to weigh the various arguments regarding MC for them to make an informed decision. However, trained MC recruiters have been helping UNZA community by providing viable information on MC through brochures, magazines, fliers and discussions.

5.2.5 Sensitization Talks/Debates

The study revealed that a number of HIV and AIDS prevention organizations such as SHARE and UNZA Health Services conducted regular talks or debates on HIV related topics or simply on Sexual and Reproductive Health (SRH) or other relevant topics. The number of people attending such talks and debates depended on the topic and the timing of the academic calendar on the part of students. Some students chose to stay away due to the perceived information fatigue on HIV and AIDS. Members of staff and their dependants on the other hand usually attended such occasions when such events fell on a public holiday or university break.

5.2.6 Sticking to One Sexual Partner

Sticking to One Sexual Partner can be defined as having only one faithful sexual partnership at a time. The research revealed that the University community

mainly used three (3) prevention methods to control the spread of HIV virus. These prevention methods included sticking to one sexual partner, condom use and abstinence. The research revealed that of the three prevention methods used at UNZA, sticking to one sexual partner (ie.45=44.90%) was the most preferred.

5.2.7 Multiple Concurrent Partnerships (MCPs)

Multiple Concurrent Partnerships (MCPs) can be defined as having two or more sexual partnerships that overlap in time. This trend has been identified as the main driver behind the spread of HIV and AIDS to a large group of people within a short period of time. However, it is vital to note that sexual practices vary widely, an individual who has multiple sexual partners may or may not engage in concurrent sexual relationships. Researchers distinguish serial monogamy, in which an individual may have multiple sexual partners without any overlapping partnerships, from concurrency. Individuals who are involved in concurrent relationships may or may not have a high number of lifetime sexual partners since some concurrent partnerships are long-term, stable, or “closed” relationships such as polygamy. The risks of multiple partnerships versus concurrent partnerships are different. For the individual with multiple partners (but not concurrent partners), risks of acquiring HIV is directly related to the number of sexual partners they have over time. On the other hand, in concurrent partnerships the partner’s behavior or participation in concurrent sexual relationships has a profound effect on their role as a transmitter of HIV. Because

of this, an individual's risk cannot be calculated solely on the basis of his or her behavior, but can only be assessed in light of their partner's behavior. For example, an individual may have only one sexual partner but if that partner is connected to a wider sexual network through concurrent sexual relationships, then the individual is at higher risk of acquiring HIV.

Concurrency is also thought to be an important driver of HIV transmission because those involved in concurrent relationships may be more likely to be exposed to a sexual partner during the month long period immediately following infection, known as the acute phase of HIV, while they are most infectious.

Moreover, the link between MCPs and the spread of HIV/AIDS is clear. For instance, at a time when HIV rates are declining in other parts of the world, HIV prevalence in East and Southern Africa remains high and this is due to several factors such as high rates of MCPs, low rates of male circumcisions, and inconsistent or incorrect condom use.

Since MCPs clearly increase the risk of HIV transmission, partner reduction strategies have been undertaken in countries such as Uganda, Thailand, Kenya, and Zimbabwe. These strategies or programs coupled with fidelity or being faithful to one partner in marriages have been followed by reductions in HIV incidence and prevalence. However, it is important to note that no large-scale

population-based surveys have been able to directly link reductions in MCP with a decrease in HIV epidemic.

The study revealed others prevention measure such as washing private parts with hot water immediately after sexual intercourse (both male and female), washing their private part with dettol soap after sexual intercourse (both male and female), going to the toilet to pass urine (females only) immediately after having sexual intercourse and going for male circumcision (males only). The researcher was quick to mention that the prevention measures mentioned above are not medically approved.

5.4 Summary

The study revealed that the University community participated in HIV and AIDS activities by forming some organizations and associations to deal with the pandemic and that HIV and AIDS Response Unit is the coordinating body for all HIV and AIDS related organizations and associations. The study further revealed that the majority of UNZA community mainly used three (3) prevention methods from HIV virus namely sticking to one sexual partner, condom use and abstinence. Others used prevention such as washing their private parts with hot water immediately after sexual intercourse (both male and female), washing their private parts with dettol after sexual intercourse (both male and female), going to the toilet to pass urine (female only) immediately after sexual intercourse and

going for male circumcision (male only). Of all, sticking to one sexual partner was the most preferred by the University community.

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

This chapter presents the conclusion and recommendations of the study based on the four (4) specific study objectives which were to: (i) establish how the University community make use of services offered by various organizations on campus meant to prevent the spread of HIV and AIDS; (ii) find out how HIV and AID prevention programme are coordinated at the University of Zambia campus; (iii) determine how University community participates in HIV and AIDS prevention programmes; and (iv) determine the attitude of the University community towards HIV and AIDS prevention programmes.

6.2 Conclusion

HIV and AIDS epidemic is the most serious developmental challenge facing the Southern Africa Region. It had continued to spread in the last two decades across all countries killing millions of adults in their prime and leaving millions of children as orphans. Because it affects the most productive segments of national populations, the pandemic has reduced work forces and reversed many years of economic and social progress. At UNZA, there are a number of organizations dealing with various aspects of HIV and AIDS. Despite all the effort, the University of Zambia continues to experience an increase in the number of infections per year. The overall objective of the study was to determine the attitude of University of Zambia community towards

HIV and AIDS prevention programmes at the University of Zambia Great East campus.

Bandura (2003) states that there are three components of attitude which are Cognitive, Affective and Behavioural. Cognitive attitude is mainly based on beliefs, opinions and knowledge held by an individual. Affective refers to a statement which affects another person. Attitudes can be changed at one time or another through persuasion. The University of Zambia established the HIV and AIDS Response Unit in 2006. This Unit and the other Units in the university are mandated to organize, educate and sensitize the University Community on HIV and AIDS pandemic. The same units also persuade the University of Zambia community members to change their attitude on certain issues such the use of condoms. The study sought to determine the attitude of the University of Zambia Community towards HIV and AIDS prevention programmes on campus.

The researcher used both qualitative and quantitative methods during data collection and data analysis procedures. Questionnaires and interview guides were used to collect data from the subjects in the sample, who included leaders of HIV and AIDS organizations operating on the campus, members of staff and students. The study population consisted of all the members of staff, students and leaders of HIV and AIDS organization at campus. The questionnaire had both open and closed ended questions while the interview guide contained semi-structured questions.

The research revealed that there were a number of organizations at campus which were meant to sensitize the community on the dangers of HIV and AIDS. Organisations included ZAWECA (University of Zambia and Western Cape University Association), in 2003 which later incorporated other universities in the Southern African region and became known as ZAMANAWE (University of Zambia, University of Malawi, University of Namibia and Western Cape University), University of Zambia Post Test Club, Stop HIV/AIDS Reach Every Student Association (SHARES), Workmates Association and the University of Zambia HIV and AIDS Response Office. It also revealed that the majority of University Community mainly used three (3) prevention methods against HIV virus namely sticking to one sexual partner, use of condoms and abstinence. Other methods used included washing private parts with hot water immediately after having sexual intercourse, washing their private parts with dental after sexual intercourse, going to the toilet (female only) immediately after sexual intercourse (the above methods are not medically proven) and going for male circumcision (male only). Of all the methods, sticking to one sexual partner was the most preferred by the University community.

Further, the research has revealed that the community at large is satisfied (positive attitude) with the services offered by the UNZA HIV and AIDS organizations. In this regard, it can be deduced that the majority of UNZA community has positive attitudes towards the UNZA HIV and AIDS programmes.

6.3 Recommendations

The following are the study recommendations:

- i) Management should set aside sufficient time during which University community could be exposed to HIV and AIDS teachings and demonstrations.
- ii) Management should fund the activities of some of these Organizations dealing with HIV and AIDS at the institution, especially the HIV and AIDS Response Unit which serves as a coordinating Office for all organizations dealing with HIV and AIDS at the institution.
- iii) UNZA Organizations dealing with HIV and AIDS should extend their services to surrounding residential areas so that the residents can also be provided with relevant information on HIV and AIDS.

REFERENCES

- Allport, E. H. (1924). **Social Psychology**. Longmans: New York.
- Allport, G. W. (1929). **The Composition of Political Attitudes**. Longmans: New York.
- Bandura, Albert (2003). **What is Attitude and its Component**. Wiley Eastern Limited: New Delhi.
- Black, J. D. (ed) (1933). **Research in Social Psychology of Rural Life**. Longmans: New York.
- Bless, C. and Achola, P. (1990). **Fundamentals of Social Research**. Government Printers: Lusaka.
- Bless, C. and Higson-Smith, C. (1995). **Fundamentals of Social Research Methods: An African Perspective**. Juta and Co. Ltd.: Kenwyn.
- Burrington, G.A. (1975). **How to find out about the Social Sciences**. Pergamon Press: Oxford.
- Brink, H. (1996). **Fundamentals of Research Methodology for Health Care Professionals**. Juta and Company Ltd: Cape Town.
- Bogardus, E. S. (1931). **Fundamentals of Social Psychology**. Macmillan: New York
- Boring, E.G. (1958). **Theories in Social Psychology**. Basic Books, Inc: New York.
- Brooks I. (2006). **Organisational Behaviour: Individuals, Groups and Organisation**. CPI Bath: New York.
- Cantril, H. (1934). **Attitudes in the Making. Understanding the Child**. Craftsman Press: Syracuse.

Central Statistical Office (2005). **Zambia Sexual Behaviour Survey**. Government Printers: Lusaka.

Creswell (2003). **Research Design: Qualitative, Quantitative and mixed methods approaches**. Sage Publication: London.

Fearing, F. (1931). **The Experimental Study of Attitude, Meaning and the Process Antecedent to Action in the Wurzburg Laboratory in the Method of Social Science**. Chicago Press: Chicago.

Fishbein, M. (1969). **Attitude Theory and Measurement**. John Wiley & Sons, Inc: New York.

Frieze, I.H., Bar-Tal D., Carroll, J.S. (1979). **New Approaches to Social Problems**. Jossey –Bass Ltd: New York.

Ghoshi, N. B. (1992). **Scientific Method and Social Research**. Sterling Publishers Ltd: New Delhi.

Hunter, S. (2000). **Reshaping Societies with HIV/AIDS and Social Change**. Hudson Run Press: New York.

Isaac S. and Michael, B. (1971). **Handbook in Research and Evaluation**. Sang Diego: Edits.

Kim, D. and Pang M. (2006). **The Effect of Male Circumcision on Sexuality**. *BJU Int* Published on line ahead of print. doi: 10.1111/j.1464-410X.2006.06646.x

Koblanck A. (2004). **A Few Days More**. Ordfront Forlag: Sweden.

Kothari, C.R. (1985). **Research Methodology: Methods and Techniques**. Wiley Eastern Limited: New Delhi.

- Leedy, D. P. and Ormrod, E.J. (2001). **Practical Research: Planning and Design**. Merrill Prentice Hall: New Jersey.
- Lynton. A. and Williams, O. (1982). **Teaching and Research on Workers**. Painter Books: Dublin.
- Malungo, S. R. (2006). **Baseline Sexual Behaviour Survey Among University of Zambia Students**. Unpublished
- Malungo, S.R. (2006). **HIV/AIDS Knowledge, Attitude and Practices of the Students in various Schools and Year of Study at UNZA**. Unpublished
- Mathison, M. (1988). **Handbook of Research on Teaching the English Language**. Unpublished.
- Meredith et.al (2003). **American Literature and Culture**. University of Pennsylvania Press: Pennsylvania.
- Merriam, S.B. and Simpson, E.L. (1995). **A Guide to Research for Education and Trainers of Adults. (2nd ed)**. Krieger Publishing Company: Malabar.
- McGraw, H. (2009). **Organisations: Behaviour, Structure, Processes**. McGraw-Hill Companies: New York.
- Milton, J. R. (1960). **Attitude organization and Change**. Yale University Press: Inc.New Haven and London.
- Ministry of Health/Central Board of Health, (1999). **HIV/AIDS in Zambia**. Ministry of Health: Lusaka.
- Ministry of Health (2002). **National HIV/AIDS/STI/TB Policy**. Ministry of Health: Lusaka.

National HIV/AIDS/STI/TB Council (2002-2005). **National HIV/AIDS/STI/TB Intervention Strategic Plan.**

National AIDS Control Program Surveillance (2003). **Ministry of Health,**
Tanzania Mainland. Report Number 17.

National AIDS Control Programme (2005). **HIV/AIDS Surveillance of HIV and Syphilis infections among antenatal clinic attendees 2003/04 Report.**
Ministry of Health, Tanzania Mainland.

Peil et.al (1982). **“Practical Research in Education”**. Paper delivered at University of Michigan.

Thomas B. and Znaniecki C. (2001). ***Attitude and Practices of the Students in various Schools.*** Yale University Press, Inc. New Haven and London.

Tesser, A (1993). **The Importance of Heritability in Psychological Research: The case study of Attitude.** Psychological Review.

UNAIDS, (1997). **Evaluation of a National AIDS Programme: A Methods Package of Prevention of HIV Infection.**

UNAIDS, (1999). **Evaluation of a National AIDS Programme: A Methods Package of Prevention of HIV Infection.**

UNAIDS, (2001). **Evaluation of a National AIDS Programme: A Methods Package of Prevention of HIV Infection.**

UNAIDS, (2002). **Evaluation of a National AIDS Programme: A Methods Package of Prevention of HIV Infection.**

UNAIDS (2005). **Report of the Meeting of the UNAIDS Reference Group on HIV Prevention, January 11- 12, 2005, Glion, Switzerland**

UNAIDS (2008). **Report on the global AIDS Epidemic, comprehensive HIV prevention.** Vol.2007, issue, Geneva.

UNAIDS/WHO (2009). **AIDS Epidemic Update UNAIDS 20 Avenues.** Appia CH-1211 Geneva 27 Switzerland.

USAID (2010). **HIV/AIDS Health Profile for Ethiopia.** Ethiopia Wikipedia, the free encyclopedia (2008). List of countries by HIV/AIDS Adult prevalence rate. <http://en.wikipedia.org/wiki>, Accessed on 30/05/10

UNDP, (1998). **HIV/AIDS and Human Development in South Africa.** UNICEF

UNZA Newsletter. Issue 17. January – February 2011.

World Health Organisation (1989). **Indicators Country Report.** Sudan

Zambia Centre for Communication Programme, (2009). Men's Health: Understanding Male Circumcision. **Kwatu** - page 7.

Zambia Sexual Behaviour Survey Report, 2005

Zambia Sexual Behaviour Survey Report, 2006

Zambia Sexual Behaviour Survey Report, 2007

Zambia Sexual Behaviour Survey Report, 2008

Zambia Sexual Behaviour Survey Report, 2009

WHO/UNAIDS Report, (1989). **HIV/AIDS Attitudes, Knowledge and Related Practices.** Kenya

WHO/UNAIDS Leaflet, (2007). **Knowing the Facts About: Male Circumcision.** Lusaka.

Warren J, and Bigelow J. (1994). **The Case Against Circumcision.** *Br J Sex Med* Sept/Oct: 6-8.

<http://www.blurtit.com/q720160.html>

([http://Wikipedia.org/wiki/attitude-\(psychology\)](http://Wikipedia.org/wiki/attitude-(psychology))).

APPENDIX 1

UNIVERSITY OF ZAMBIA

QUESTIONNAIRE ON THE ATTITUDE OF UNZA COMMUNITY TOWARDS HIV AND AIDS PREVENTION PROGRAMMES AT THE UNIVERSITY OF ZAMBIA CAMPUS

Dear Respondent,

Thank you for accepting to complete this questionnaire. This study is designed to assess the attitude of the University of Zambia community towards HIV and AIDS prevention programs and activities conducted at the University of Zambia.

Your responses will be confidential and completely anonymous.

No	Questions and filters	Coding category	Skip to
1	Sex	Male-----1 Female-----2	
2	Age group	15 years – 20 years -----1 20 years – 25 years -----2 25 years – 30 years -----3 30 years – 40 years -----4 40 years – 50 years -----5 50 years and above -----7	
3	What is your marital status?	Single-----1 Married-----2 Separated-----3 Divorced-----4 Widowed-----5	
4	Do you have any biological children?	Yes-----1 No-----2	
5	What is your position at UNZA?	Student-----1 Academic Staff-----2 Non Academic Staff-----3 Support group member-----4 UNZA community -----5	
HIV and AIDS Information			
6	When did you first hear about HIV and AIDS?	Never-----1 Before starting school-----2 At school-----3 At UNZA-----4	
7	What information do you know about HIV and AIDS	Transmission methods-----1 Anti retroviral treatment-----2 Care for the sick-----3 Prevention-----4	
8	What do the letters ABC in HIV and AIDS prevention mean	Abstain, Be Faithful, Condomise-----1 Abstain, Behaviour, Condomise-----2	

Attitudes towards education on HIV and AIDS		
10	What is peer education	Sharing information on HIV and AIDS with age group/peers-----1 Educating others on HIV and AIDS-----2
11	Is peer education conducted at UNZA	Yes-----1 No-----2
12	Do you feel you know enough about HIV and AIDS?	Yes-----1 No-----2
Sexual behavior		
13	Do you have a wife/ husband, boy/girl friend?	Yes-----1 No-----2
14	Have you ever had sexual intercourse?	Yes-----1 No-----2
15	With whom did you first have sex?	Girl/Boyfriend-----1 Husband/Wife-----2 Brother/sister-----3 Cousin-----4 Uncle/aunt-----5 Father/mother-----6 Stranger-----7
16	When you have sexual intercourse, do you use condoms?	Never-----1 Often-----2 Occasionally-----3 Always-----4
17	Did you use a condom during your last sexual intercourse	Yes-----1 No-----2
18	Have you ever discussed condoms with your sexual partner?	Never-----1 Occasionally-----2
19	Where can you get condoms from on campus?	Ablution-----1 Clinic-----2 SHARES room-----3 HIV/AIDS Response -----4 Others (specify)-----5 Don't Know-----6
20	What other preventive measures on HIV/AIDS do you know	Abstinence1 Be faithful2 Stick to one sexual partner..... 3 Others specify 4
21	Have you ever had sex without any preventive measures from HIV infection	Yes-----1 No-----2
22	Do you think preventing yourself from being infected with HIV virus important	Yes-----1 No-----2
Attitudes towards HIV and AIDS prevention		
23	How are you currently preventing yourself from contracting HIV and AIDS	Abstaining-----1 Always use condoms-----2 Sticking to one sexual partner-----3 Others(specify)-----4
24	Have you heard of an organisation dealing with HIV and AIDS prevention on campus?	Yes-----1 No-----2

25	Which organisation have you heard dealing with HIV and AIDS prevention on campus?	SHARES-----1 Workmate-----2 ZAMANAWA-----3 HIV /AIDS Response-----4 Others(specify)-----5	
26	What information on HIV and AIDS does the organisation you mentioned above provide?	Prevention-----1 Treatment-----2 Care and support-----3 Others (specify)-----4	
27	Have you visited any of the organisations dealing with HIV and AIDS prevention on campus?	Yes-----1 No-----2	
28	At your last visit to the organisation dealing with HIV and AIDS on campus, what information/materials did you want?	Prevention-----1 Treatment-----2 Care and Support-----3 Condoms-----4 Others(specify)-----5	
29	Were you satisfied at your last visit to the organisation dealing with HIV and AIDS on campus?	Yes-----1 No-----2	
30	At your last visit to the organisation dealing with HIV and AIDS on campus, did they provide you with information of a similar organisation on campus?	Yes-----1 No-----2	

We have now come to the end of our questionnaire. I wish to thank you for sparing your variable time and effort to participate in this exercise.

Thank you

Rosemary Nachela, University of Zambia, P.O. Box 32379, LUSAKA

APPENDIX 2

INTERVIEW SCHEDULE

UNIVERSITY OF ZAMBIA

QUESTIONNAIRE ON THE ATTITUDE OF UNZA COMMUNITY TOWARDS HIV AND AIDS PREVENTION PROGRAMMES AT THE UNIVERSITY OF ZAMBIA CAMPUS

Dear Respondent,

Thank you for accepting to complete this questionnaire. This study is designed to assess the attitude of the University of Zambia community towards HIV and AIDS prevention programs and activities conducted at the University of Zambia.

Your responses will be confidential and completely anonymous.

QUESTIONS

1. Could you kindly give me the brief background of your program, organization or association?
2. Is your programme funded? If so, who are the main funders or partners?
3. What are the main objectives of your programme, organization or association?
4. What are the main activities you perform?
5. Do you face any challenges? If so, what are the challenges your programme, association or organization face?
6. In view of the pandemic, what prevention measures do you promote and what has been the response from the university community?