

HIV/AIDS: Knowledge, Attitudes and Beliefs Among University of Botswana Undergraduate Students

A Summary of the conclusions and recommendations of the dissertation project which was completed by Lucky Wakantse Odirile at Ohio University in June of 2000. This summary was prepared by [Professor Milton E. Ploghoft](#) for posting on the website of The African Educational Research Network.

Purpose and Plan of the Study

The purpose of the study was to examine the knowledge, attitudes and beliefs of undergraduate students at the University of Botswana toward HIV/AIDS. A total of 100 surveys was distributed of which 92 responses were returned. Ten undergraduate students and six “professionals” were interviewed more than twice for periods of 30-60 minutes. The interviews were taped for later analysis and identification of common themes. The surveys and interviews dealt with seven research questions which will be presented in the conclusions section of this summary. It was believed that this study would help in the identification of the problems that contribute to the rapid spread of HIV/AIDS and contribute to devising and implementing the planning of prevention strategies at the University of Botswana

Conclusions of the Study

Question One of the study concerned students’ knowledge, attitudes and beliefs regarding HIV/AIDS. Student responses clearly indicate that they know what HIV/AIDS is, how it can be transmitted and how it can be avoided. Their responses indicated, also, that they believe student pregnancy rates at the University are very high, a situation that contributes to the spread of HIV/AIDS. The fact that students know that unprotected sex is no longer safe, they continue to indulge in it, sometimes with multiple partners. These findings are consistent with a number of other reports in the literature. Significant negative attitudes toward the disease, toward those affected, and a fear of the stigmatized group also emerged in the studies. There were fears expressed regarding eating and working with infected students although it was generally believed that infected students should be allowed to continue with their education.

There are certain beliefs in the form of cultural taboos and practices that help aggravate the spread of HIV/AIDS in Botswana. Men who have been ill for lengthy periods may be advised by traditional doctors to sleep with a virgin. In Tswana culture, long illness is interpreted as the result of a spell or a curse rather than anything having to do with sexual behavior. A long illness of a male may be attributed to his breaking of a taboo such as sleeping with a woman in her menstrual period, having intercourse with a widow or with a woman who has had a miscarriage. Societal pressure upon the females to be married by a certain age have contributed to unprotected sex and the spread of HIV/AIDS as young females seek to find a mate at almost any cost. The belief that males do not favor the use of condoms, and the disregard of the woman’s preference for protected sex are seen as further factors that contribute to the spread of HIV/AIDS.

Students and professionals alike believe that HIV/AIDS is spreading at an alarming rate at the University of Botswana, the focus of the Second Question. The high number of pregnancies out of wedlock, the availability of inexpensive alcohol and the belief in some

African cultures that a man's achievement is measured by the number of sexual partners and children they have were seen as contributors to the spread of HIV/AIDS on campus. Other researchers have reported that children give an African woman status which is seen as a factor contributing to unprotected sex.

Students responses concerning how they attended to the danger of HIV/AIDS, the third Research Question, revealed their awareness of the free condoms provided by the University of Botswana, and by government hospitals and clinics. Students were reluctant to reveal whether they used condoms and avoided probing of this question. University programs such as daily AIDS videos, an HIV/AIDS organization and the formation of an HIV/AIDS health committee were generally unused or unknown by most of the students.

What reasons do the students have for not acting on their knowledge? Was the fourth research question. Their responses were varied but a common response was that they have a problem with putting into practice what they know, enabling them to deny the risks and continuing to indulge in sexual experimentation. The female students pointed out that females do not have as much power over sexual issues as men and they struggle in efforts to convince their men about what is right. Females repeated their concern with the pressures placed on them by parents and society to marry and bear children, and the acceptable cultural practice which encourages older men to have sexual relations with younger women. They felt that women need empowerment and legal protection due to the abuses that they often suffer.

The students felt that the removal of the bar and alcoholic beverages from the campus and the placement of free condoms in hostels and toilets rather than in the clinic would motivate them to act on their knowledge regarding HIV/AIDS and safe sex. They feel, also, that it would be motivating if the students affected by HIV/AIDS were to come out and disclose their health status. The HIV/AIDS story would be more powerful if it were told by those who are experiencing the condition. Finally, the professionals who were included in the interviews, recommend that faculty members and other professionals who indulge in sexual behavior with students should have their services terminated as a way of reducing the spread of HIV/AIDS on campus. These responses dealt with the fifth research question concerning motivation to act on knowledge.

Data collected indicates that far more students first learned about HIV/AIDS at the junior secondary level than at any other level. These respondents reported that the instruction was more threatening than constructive. Smaller numbers of students first learned about HIV/AIDS in secondary school and a smaller number yet at university level which may be too late for some. Although the Ministry of Education has mandated that HIV/AIDS be included in the schools curriculum, the question of implementation looms large in view of the societal constraints on open treatment of the topic as well as the lack of well informed teachers in this special area of health education. The role of the family was seen as minimal since many parents feel that if they expose their children to sexual information, they may be tempted to experiment. (Research question six)

The students reported that their channels of communication about HIV/AIDS came from the media, radio and television. The large majority (75%) did not hear about AIDS at the primary school level. (Research question seven).

Recommendations

1. Health education programs which deal with the HIV/AIDS crisis must be comprehensive and continuous, beginning at primary school levels and extending beyond formal education to reach parents and other adults in the larger community.
2. The initiatives in HIV/AIDS education that are taken at the University of Botswana should be the sources of models that can be adapted to other educational levels and to the larger community of families and adults.
3. Seminars, workshops and conferences will provide communication platforms for students at the University and will be relevant for use at wider school and community levels.
4. The gender gap calls for the empowerment of women in the exploration of the issues that affect them and their legal rights to protection from abuse in workplace and school. It is time for the University of Botswana to consider providing women's condoms and any other form of protection that will give women more control
5. The socio-cultural context of HIV/AIDS with respect to taboos, beliefs and cultural expectations should be explored and the traditional healers and chiefs should join with medical professionals in the task of developing educational programs that will be up to the challenge.
6. Collaboration amongst universities, health organizations and educational specialists should be built across national boundaries in the conceptualization and implementation of comprehensive programs of research, prevention, treatment and special education needed to defeat the HIV/AIDS pandemic.

Note: Dr. Lucky Odirile will return to the University of Botswana in late September of this year, 2000. Inquiries may be directed to her at the College of Education at the University of Botswana, Gabarone, Botswana. Professor Ploghoft may be reached at his e-mail address <ploghoft@ohiou.edu> and will assist interested persons in making contact with Dr. Odirile.

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