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KNOWLEDGE, ATTITUDES AND PRACTICE OF THE UNIVERSITY OF SWAZILAND (UNISWA) STUDENTS TOWARDS HIV AND AIDS: A COMPARISON OF STATUS AT ENROLLMENT TO EXIT FROM UNISWA

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INTRODUCTION

Despite decades that have passed after its discovery in 1981, Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) continue to be the leading health problem globally, with the burden worse in Sub-Saharan Africa. As of the end of 2014, about 36.9 million people were living with HIV globally, out of which 25 million were in Sub-Saharan Africa (UNAIDS 2015). This has had a massive economic impact on the region and the world at large. According to UNAIDS (2015), up to about US$ 20.2 billion was devoted to the fight against AIDS in low-and middle-income countries at the end of 2014. This calls upon for more preventing measures, globally.

Notably, heterosexual transmission remains the main mode of transmission of the virus according to the Centre for Disease Control and Prevention (CDC) (2015). This puts the sexually active population at very high risk, particularly adolescents. Approximately 33% of new infections that occurred in 2012 were among young people aged 15-24 years (UNICEF 2013). The same findings were also reported in 2013 according to the Joint United Nations Programme on HIV and AIDS (UNAIDS) Gap Report (UNAIDS 2014). This becomes quite critical given that the future of nations lies in the hands of that sub-population.

Within this age group 18-24 years, according to the Multiple Indicator Cluster Survey (MICS) of 2014, only 58.2% of women and 53.6% of men have comprehensive knowledge about HIV prevention, yet 45% of all young women and 36% of all young men have had sex (Central Statistical Office, 2015). Thus, a lot still needs to be done within this sub-population if the country is to realise the dream of an HIV free generation. Most students at the University of Swaziland (UNISWA), among other universities, fall within this very important and critical category of being adolescents or youth.

To date behavioural characteristics of UNISWA students is not clearly understood and the effectiveness of HIV initiatives in this institution has not been well assessed and evaluated. This study is part of a multinational study aimed at assessing UNISWA students' sexual behaviour and the effectiveness of the HIV initiatives in those universities, as prompted by the problem elaborated in the next section

PROBLEM STATEMENT

The University of Swaziland also took some initiatives to respond to the HIV infection epidemic, targeting students and staff. Although in 2002 the response of UNISWA to HIV and AIDS was ranked as inadequate (Whiteside, et al., 2003), the University has taken drastic efforts to deal with the epidemic. There have been achievements such as the establishment of the Health Information and Counselling Centre, Students' Wellness Groups, HIV/AIDS programme at the Dean of Student Affairs Department. The University also developed an HIV and AIDS policy as well as introducing a

compulsory HIV and AIDS course for all faculties. The problem is that these achievements have not been evaluated to assess their effectiveness in responding to the plight of HIV and AIDS in the university. No one knows the extent to which UNISWA's response to the HIV epidemic has contributed to the reduction of HIV transmission and responding to the HIV impact mitigation, treatment and care of the infected and affected university students.

Secondly, there has not been any assessment on Students' knowledge attitudes and practice regarding HIV on entry into the University in order to track changes brought by the University initiatives/programmes on HIV and AIDS. Thirdly, there is no study that has been done to assess changes and/or improvements in terms of knowledge attitudes and practice related to HIV and AIDS brought by exposure to the University programmes from entry to graduation.

OBJECTIVES

1. To assess the knowledge of students before exiting from the programme, having gone through their degree program and compare with their baseline knowledge at enrolments.
2. To establish changes in attitudes that came about because of exposure to the university HIV and AIDS programmes.

MATERIALS AND METHODS

A longitudinal descriptive quantitative cohort study was used, tracking a specific intake of students from the point of entrance to exit from UNISWA. The entire study has two points of data collection. The first phase was completed whereby students were assessed on enrolment in August 2013/2014 academic year. The second phase was done when students were doing their fourth year in 2016/2017.The same data collection tools were administered exactly like the first phase to the same cohort.

Sample size

The sample size for phase II of the study (exit phase) was calculated using PASS 2008 software, assuming a response distribution of 50% (which gives the largest sample size), a CI of 95%, ME = 5% and a population of 2000, yielded a desired sample size of 323. To account for non-response, a contingency of 10% was added, making the sample size required to be 355. However, during analysis, data for 272 participants were usable and hence was analysed in this study, giving a response rate of 77%.

Sampling method and procedure

A multistage stratified random sampling procedure was employed in phase II of this study (i.e. proportional-to-size sampling by faculty and study programme). In stage 1, the list of all final year (Level IV) students in all the seven faculties of UNISWA was obtained through the DSA's office, bearing each student ID number and corresponding name. In stage 2, the lists from each faculty were stratified by programme of study within each faculty and a proportion of students by study program within each faculty was calculated. In the last stage, a random sample was generated in Excel using student ID numbers until the number required per programme and per faculty was reached.

RESULTS AND DISCUSSION

The project covered the whole University by Faculties for both phases one and two as shown in figure 1 below

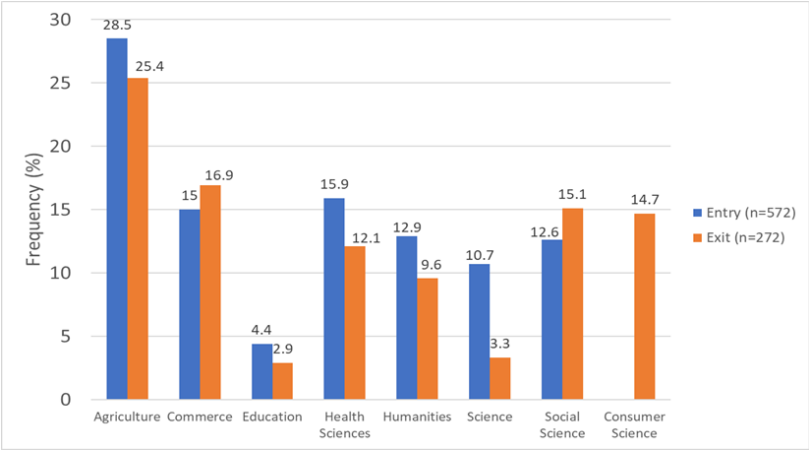

Figure 1: Participation by faculty at Entry and Exit Points

Results show that the programmes in the University do have a positive impact in terms of information dissemination as shown by a positive change from phase one to phase two. Figure 2 illustrates these changes

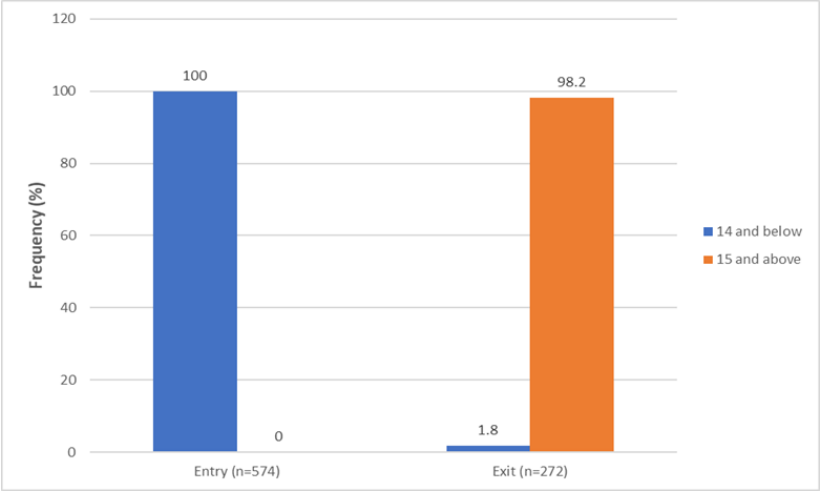

Figure 2: Impact of programmes on HIV Knowledge
NB: At entry min score = 0, max = 12, while at exit min score = 11, max = 28

As much as there is a positive impact in terms of information dissemination, table 1 and figure 3 indicates that there are still gaps in terms of sexual practices and stigma and discrimination.

Table 1: Sexual Practices

Variable	Yes [n (%)]	No [n (%)]
Always uses condom with partner (n=165)*	127 (77)	38 (23)
Always uses condom with one-night-stand (n=109)	96 (88.1)	13 (11.9)
Used condom with all partners in the past 12 months (n=119)	91 (76.5)	28 (23.5)
Condom ever broke during sexual intercourse (n=179)	43 (24)	136 (76)

*** Excludes married participants**
NB: Except for the last variable, for all other variables Yes = safe sex, and No = risky sexual behaviour

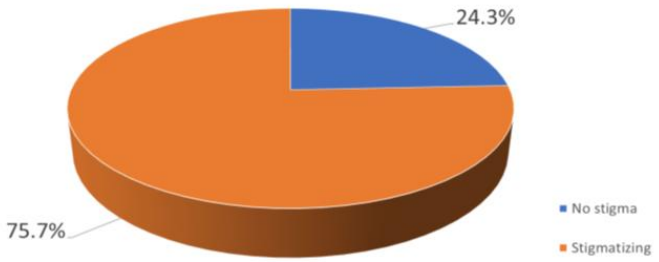

Figure 3: Overall Level of Stigma and Discrimination (N =272)

CONCLUSION

This was a university-wide study that included all faculties and the study indicated that programmes in the University do cover issues of information dissemination on a positive note. However this does not seem to be translating into good practices and attitude towards HIV and AIDS prevention, impact mitigation, and stigma and discrimination by the students.

RECOMMENDATION

There should be vigorous programmes aimed at assisting students to put into practice whatever knowledge they would have acquired and strategies to change their attitudes towards HIV and AIDS as well as stigma and discrimination

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