

Hello tomorrow¹? Sources of HIV/Aids information used by residential students at the University of Natal

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This article identifies sources of HIV/AIDS information used by residential students on the Pietermaritzburg campus of the former University of Natal (now the University of KwaZulu-Natal). A questionnaire targeted at residential students on the Pietermaritzburg campus was used to determine which sources of HIV/AIDS information they used.

The study upon which the article is based found that HIV/AIDS has become an everyday reality in the university system. There was a need for a clearer, more forceful definition of roles and responsibilities amongst all the partners in response to the epidemic. Residential students were generally satisfied with the existing sources of HIV/AIDS information but they did encounter problems in accessing some sources.

The authors argue that it is time for the university sector and its partners to take stock of a situation that might quickly outpace the institution. Provision of relevant information in an appropriate format needs to be an integral part of the University's response to HIV/AIDS. Sources that were used most frequently should be utilised by university information stakeholders to disseminate information among students.

Keywords: HIV/AIDS, Information, Higher Education Institutions, South Africa

1 Introduction: setting the scene

An estimated total of over 22 million people have died of HIV/AIDS worldwide. More than 60 million people are living with HIV and this figure is equivalent to the whole population of France (Hernes 2002:127). Thus the number of people now living who will die of AIDS exceeds the number of those who have already died. The number of people who have died approximates the population of Norway, Sweden, Finland and Denmark together. There are some 14 million AIDS orphans which is more than the whole population of Ecuador (Hernes 2002:128). As Hernes (2002:128) argues not only individuals are at risk, "the social fabric of whole societies is threatened".

Sub-Saharan Africa is depicted in Figure 1 as being the region with the highest number of HIV/AIDS cases which has had an unprecedented institutional impact as Hernes (2002:128) warns us "not only on the organisations most needed for development, but also on those most needed for preventing the spread of the disease. In some countries, the capacity to cope may be overwhelmed". The group most acutely affected are young people aged between 15 and 24; the age range of most undergraduate students (Raijmakers and Pretorius 2006), and includes the age at which graduates become productive in society. Estimates have indicated that infection levels amongst undergraduates may be as high as one in four (SAUVCA, 2002; Reproductive Health Unit, Medical Research Council 2004).

1. Play on the title of the book about HIV/AIDS for youth *Goodbye tomorrow* (Miklowitz 1987).

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Regional HIV and AIDS statistics and features, 2007

	Adults & children living with HIV	Adults & children newly infected with HIV	Adult prevalence (15-49) [%]	Adult & child deaths due to AIDS
Sub-Saharan Africa	22.5 million [20.9 – 24.3 million]	1.7 million [1.4 – 2.4 million]	5.0% [4.6% – 5.5%]	1.6 million [1.5 – 2.0 million]
Middle East & North Africa	380 000 [270 000 – 500 000]	35 000 [16 000 – 65 000]	0.3% [0.2% – 0.4%]	25 000 [20 000 – 34 000]
South and South-East Asia	4.0 million [3.3 – 5.1 million]	340 000 [180 000 – 740 000]	0.3% [0.2% – 0.4%]	270 000 [230 000 – 380 000]
East Asia	800 000 [620 000 – 960 000]	92 000 [21 000 – 220 000]	0.1% [<0.2%]	32 000 [28 000 – 49 000]
Latin America	1.6 million [1.4 – 1.9 million]	100 000 [47 000 – 220 000]	0.5% [0.4% – 0.6%]	58 000 [49 000 – 91 000]
Caribbean	230 000 [210 000 – 270 000]	17 000 [15 000 – 23 000]	1.0% [0.9% – 1.2%]	11 000 [9 800 – 18 000]
Eastern Europe & Central Asia	1.6 million [1.2 – 2.1 million]	150 000 [70 000 – 290 000]	0.9% [0.7% – 1.2%]	55 000 [42 000 – 88 000]
Western & Central Europe	760 000 [600 000 – 1.1 million]	31 000 [19 000 – 86 000]	0.3% [0.2% – 0.4%]	12 000 [<15 000]
North America	1.3 million [480 000 – 1.9 million]	46 000 [38 000 – 68 000]	0.6% [0.5% – 0.9%]	21 000 [18 000 – 31 000]
Oceania	75 000 [53 000 – 120 000]	14 000 [11 000 – 26 000]	0.4% [0.3% – 0.7%]	1200 [<500 – 2700]
TOTAL	33.2 million [30.6 – 36.1 million]	2.5 million [1.8 – 4.1 million]	0.8% [0.7% – 0.9%]	2.1 million [1.9 – 2.4 million]

December 2007 e

The ranges around the estimates in this table define the boundaries within which the actual numbers lie, based on the best available information.

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(UNAIDS, 2007)

Figure 1 Estimated number of adults and children newly infected with HIV during 2007

An assumption of the study upon which this article is based was that better use of information could contribute to a lower rate of infection in the long term. Education which includes suitably communicated information appropriate to the situation is needed but little is known about the sources of information young people use to inform themselves about HIV/AIDS and the usefulness of those sources. The University of Natal, like its successor the University of KwaZulu-Natal, had a responsibility to provide HIV/AIDS prevention, care and support programmes for its staff and students and to mitigate the impact of HIV/AIDS on the University. Further, as a pre-eminent academic institution in the epicentre of the HIV pandemic in South Africa, it had the additional responsibility of providing leadership in the response to HIV/AIDS and of undertaking research to enhance and strengthen the broader societal response to HIV/AIDS.

Marcus (2002) argued the case for an information-based approach when she stated that the HIV/AIDS pandemic requires a “reflexive, flexible, *information-based* responsiveness in a terrain that is fast moving both in terms of its impact on societies and in terms of the growing medical and social scientific knowledge and social experience bases that have developed to try to manage and contain its effects.”

Dick (2006) related these issues to the Library and Information domain but with particular reference to rural areas when he expressed the view that:

...there is still little awareness or practical involvement by librarians and information professionals in simple projects like packing helpful HIV/AIDS literature into what the World Health Organisation (WHO) calls knowledge cases and circulating them in our rural areas. I notice, not surprisingly, that these cases provide no special compartments for beetroot, lemons, garlic, African potatoes or any other of Manto’s miracle vegetables. Instead the knowledge case operates as a kind of mobile library, and it contributes without fuss to the United Nations’ Millennium Development Goals through a commitment to universal access to essential healthcare information by 2015.

Statistics from ABT Associates (2000), who worked with the Health Economics and HIV/AIDS Research Division of the University of Natal, projected that one in four of all undergraduates and one in eight of postgraduates at higher education institutions were infected in 2000. Students in these groups are especially at risk on account of the higher education environment being “a focal point of social and sexual interaction” (Lickindorf 2004:9). A Council for Higher Education (CHE) report refers to the high risk age group as “the future high knowledge and skills base of the economy” (Lickindorf 2004:9). The importance of addressing issues of prevention, treatment and care, as well as promoting research at

institutions of higher education on the effects and consequences of the pandemic, can no longer be treated as a negligible aside.

Abdool Karim (1998) stated that while studies of the knowledge about and awareness of HIV/AIDS indicate that young people are very much aware of the pandemic, they have not adopted safe sexual practices. Mohale and de Wet (2003) support a needs-based approach to communicating about HIV/AIDS in which communication campaigns are informed about the information needs of target audiences in terms of preferred mode of production, packaging as well as channels for dissemination.

It is this area that the article addresses by investigating the sources of information on HIV/AIDS preferred by residential students on the University of Natal's Pietermaritzburg campus. Clarity was sought with the following research questions:

- Which sources of HIV/AIDS information are available on the Pietermaritzburg campus of the University of Natal?
- Which sources of HIV/AIDS information do the residential students on the Pietermaritzburg campus use?
- What are the problems of obtaining HIV/AIDS information on the Pietermaritzburg campus?
- What kinds of HIV/AIDS information content would students like to have that is not available?
- In what format would students like to receive HIV/AIDS information?

As a largely descriptive study it sought to use the findings to make recommendations regarding the provision of HIV/AIDS information to students on the Pietermaritzburg campus.

2 Literature review

The literature review covers three areas: studies of HIV/AIDS at tertiary institutions; studies on information provision and information sources for HIV/AIDS, and studies on policy and information provision for HIV/AIDS in tertiary institutions.

2.1 Studies of HIV/AIDS at tertiary institutions

The majority of studies of HIV/AIDS at tertiary institutions focused on the knowledge, awareness and practices of students. Studies in Turkey found that students had well entrenched beliefs that regardless of their sexual habits, their own personal risk from contracting HIV/AIDS was very low (Cok, Gray and Ersever, 2001). In her study on HIV/AIDS and Universities in Africa, Kelly (2001: 37) noted that while university students displayed a lack of basic knowledge about both HIV/AIDS and sexually transmitted diseases (STDs), they seemed to be aware of the existence of HIV/AIDS and of some facts about its transmission. Generally students tended to recognise HIV/AIDS as a problem on campus (Barnes 1999: 19; Kelly 2001: 19). Rajmakers and Pretorius (2006:304) found that the majority of students had a high level of knowledge about HIV/AIDS with 82 per cent believing that they had enough information to protect themselves from getting infected. These authors point out that there is disagreement about conclusive evidence to indicate significant behavioural change as a result of increased knowledge levels (Rajmakers and Pretorius, 2006:308). They cite both Vass and Lance in support of the view that there is little evidence of behavioural change.

The HSRC study of 2002 cited by Rajmakers and Pretorius (2006:308) contradicted the finding that there is little evidence of change in behaviour with over a third of females and half of males reporting changed behaviours as a result of education and information received about HIV/AIDS.

A survey of the University of Ghana found that only 45 percent of students considered themselves at risk of contracting the disease (UNAIDS, 2001). Kotecha also documents a similar trend amongst South African university students who displayed attitudes of denial, fatalism and an air of invulnerability towards contracting the disease (Kotecha, 2000). Barnes (1999), Kelly (2001), Kotecha (2000), Marcus (2000), Rosenthal (1995), Smith *et al* (1998), Pettifor *et al* (2004) and Rajmakers and Pretorius (2006) all noted the wide spread belief among tertiary students that in spite of their recognition of the problem they were not themselves at risk from contracting the disease from sex. This was despite their preference not to take any precautions, such as using condoms. Further, it was thought that only by indulging in drugs, homosexual behaviour, being a commercial sex worker or being uneducated, rural and African that one is at risk, not from casual unprotected sex (Barnes 1999: 19-23; Kelly 2001: 19-20; Marcus 2000: 10-16; Smith *et al.*, 1998: 288; Kotecha, 2000; Rosenthal, 1995). Rajmakers and Pretorius (2006:312) and Van Dyk and Van Dyk (2003:4) indicated that voluntary counselling and testing culture (VCT) was not yet established in South Africa. The main reason for students not testing for HIV/AIDS was fear (Rajmakers and Pretorius 2006:313).

2.2 Studies on information provision and information sources for HIV/AIDS

Much research has been done on information provision and information sources for HIV/Aids. For the literature on information provision and information sources for HIV/AIDS from the region see Onyancha (2006) and Onyancha and Ocholla (2006).

Diko (2005) examined the use of billboards in the information campaign of LoveLife which sought to establish a new model of information provision targeted at reduction in high-risk sexual behaviour among young people. Clearly university students would fall into this group.

Commonly used sources of information identified in the literature were interpersonal ones such as parents, friends and relatives. Institutional sources such as schools and churches and the mass media such as radio, television and newspapers were also popular choices (Karlsson, 1995; Legwaila and Garebakwena, 1995; Adimorah, 1995). The internet emerges in this current study as a popular option where it is accessible.

Little was found on evaluating sources of HIV/AIDS information but Nsengiyumva (2000), in her survey, examined information sources and provision on sexuality and sexual health, including HIV/AIDS for school going teenagers in Pietermaritzburg.

2.3 Studies on policy and information provision for HIV/AIDS in tertiary institutions

Dube and Ocholla (2005) researched the management and diffusion of HIV/AIDS information in institutions of higher learning in South Africa. Their findings supported the view that the response of these institutions varied. All of the institutions had an HIV/AIDS policy in place and 88% had implemented their policies. Hence there was a positive move towards strong management of HIV/AIDS-related measures and information diffusion. (Dube and Ocholla 2005:199).

Dube and Ocholla's study also confirmed Anarfi and Awusabo-Asare's (n.d.) view that the mass media is the main conduit used by tertiary institutions to disseminate HIV/AIDS information. These authors, together with Mayengela (2002) and Magambo (2000), regarded the mass media as a means to raise awareness, create positive attitudes and desirable health practices and reinforce appropriate behaviour patterns. Studies by both Shapiro and Zhusupov showed the mass media to be the most effective source of information. Shapiro however noted the worrying presence of distortions and sensationalism in the media leading at times to misconceptions (Shapiro 2001:49; Zhusupov, 2002:3).

Dube and Ocholla (2005:196) commented that mass media like radio and television carry the advantage of communicating to diverse and widely dispersed communities. They noted a lack of repackaging of HIV/AIDS specific information by institutions (Dube and Ocholla, 2005:199).

Of the academic institutions Dube and Ocholla (2005:196) surveyed, 82% used print media such as books, periodicals and ephemeral material for such information dissemination probably on account of cost and ease of use. Presentations by experts were used by 73% and 55% used entertainment in the form of music, drama and theatre to communicate such messages.

Other interventions and details of use reported in the literature are outlined here in chronological order:

- Marcus' (2000) study which noted that most information provided to incoming university students at the then University of Natal occurred as a one off delivery of factual advice during orientation. Here the focus was on HIV/AIDS, STDs, unwanted pregnancies and health facilities offered by the institution (Marcus, 2000:7).
- Smetherham (2001:3) reported on a problem of HIV information weariness, namely that students at the University of Cape Town complained about 'HIV information fatigue' and that they were 'sick and tired of hearing about AIDS, AIDS, AIDS'. Subsequent interventions at the University of Cape Town were reported as using posters, drama, radio, websites and so on, all developed in a participatory manner to address AIDS issues not being tackled in other media. Materials were also evaluated to determine impact (HIV/AIDS Unit staff profiles 2002).
- The University of the Witwatersrand (2003) implemented a Wits School of Public Health HIV Forum to pull together all the work being done in the various HIV/AIDS research units and to examine their success in HIV teaching, research and service.
- Peters (2004:6) reported on the use of a game called "Your moves" to convey information around complex life choices. Some 7 000 copies were distributed to South African universities and technikons in 2004.
- The University of Stellenbosch (2005) reported on a system of peer education in 2005 'to influence attitudes and promote responsible behaviour while also promoting a new support structure for students'. Peer-to peer interventions were also noted by Rosenberg (2005:3).
- Rajmakers and Pretorius (2006:304) found the campus clinic the most widely used of the services and sources (71.1%), followed by pamphlets, posters, the AIDS help line, HIV/AIDS committee, magazines and student counselling, all above 60%. The lowest ratings were for computer sources, bulletin boards and the theatre. Students reported on the highest frequency of discussions with peers, clinic staff, HIV/AIDS officials, student counsellors, lecturers and faculty office staff. Hence a range of approaches were being tried and reported on by local universities between 2000 and 2006.

3 Research methodology and data collection procedures

The study upon which the article is based entailed a literature review and a survey. In 2005 the total student population on the Pietermaritzburg campus was 7 026 (Singh 2005) and 1 550 resided in the local student halls of residence. The population from which the sample of respondents was drawn was residential students on the Pietermaritzburg campus at

the former University of Natal. The research was based at the four university residences; Denison with 540 students, Malherbe with 350 students, William O' Brien with 370 students and Petrie Hall with 290 students.

Probability sampling was used for the study as the size of the population under investigation was known to the researcher. Gay (1992:88) and Powell (1993:65) recommended random sampling as the best means of drawing representative, or unbiased samples from the population. To choose the sample of residential students, random sampling was used. Sampling was done using a list of all students in university residences at the University of Natal Pietermaritzburg. An attempt was made to maintain a balance between the number of females and males in the sampled variables. In 2005 African students comprised 37% of the campus population (Singh 2005). The majority of students in residences, however, were African with less than five percent representing other races. One residence was more representative in terms of race and had students from all racial groups.

The sample size was selected using Krejcie and Morgan's commonly used table for determining sample size from Powell (1985: 81). A selection of 325 students was made representing 21% of the total population of 1 550 residential students. From each residence a sample representing 21% of the total number of students in the residence was selected.

A self-administered questionnaire was used for collecting the data needed for the study. Respondents had ample scope for offering their own responses and views. The semi-structured questionnaire⁵ was divided into two sections. Section one sought to determine biographical information on the student, such as gender, race, age, faculty and level of study in order to provide variables for research results. Section two dealt with sources of HIV/AIDS information that were utilised by university students, such as radio, television, friends, parents, clinics, lecturers, health workers and churches. All the questionnaires were given to specific residence students by the researcher, in accordance with the sampling procedure. Of the 325 questionnaires distributed, 273 were returned giving a response rate of 84%. Due to the high response rate of the study, generalisation to the student residential population is possible.

As with Raijmakers and Pretorius's (2006) study, descriptive analytical tools were used and open-ended questions were content analysed.

4 Results

The findings of the study are reported under four subheadings

4.1 Sources of HIV/AIDS information available to students on campus

The study established that certain sources of information were available in the University of Natal as a whole and on the Pietermaritzburg campus in particular. To ensure that staff and students are informed about the HIV epidemic, the Centre for HIV and AIDS Networking (HIVAN) established the Campus Support Unit on the Durban campus of the University of KwaZulu-Natal. It was funded by The Atlantic Philanthropies and the Carnegie Corporation of New York (University of KwaZulu-Natal. Centre for HIV/AIDS Networking (HIVAN), 2005). The core activities of the Unit include student and staff outreach, community outreach, counselling and training, referrals and information dissemination. The policy states "Peer-education programmes will continue to inform and support students. Suitable volunteer students will be identified and trained as peer educators. Programmes will provide ongoing training and support for peer educators in the execution of their roles" (University of Natal, 2002-2004).

Included on their website are Campus Support pages offering general information in the form of frequently asked questions, counselling services as well as training and curriculum initiatives. Other HIVAN information resources available to students are:

- A dual-language (isiZulu and English) community newsletter called *Sondela* ('Coming Closer').
- A series of community resource booklets based on its research and intervention activities, entitled: *Supporting youth: broadening the approach to HIV/AIDS prevention programmes, Understanding and challenging the HIV/AIDS stigma and Babiza's story*.
- An HIV-911 line providing callers with information about HIV service providers that can best meet their specific need for assistance.
- Two directories of HIV-related services in the province in conjunction with the KwaZulu-Natal Christian Council and their Church AIDS Network.
- A range of regular networking and information sharing forums in HIV-related subjects.
- A database, AIDS DATA, which has been specifically developed to help organisations to network with others providing similar or complementary services and help individuals and organisations locate effective HIV-related services in their area (University of KwaZulu-Natal, 2005).

The study sought to determine which of these sources and others were commonly used and the results are reported next.

5. A copy of the questionnaire is available from the first author.

4.2 Frequency of use of the available sources

Information sources found to be most frequently used by residential students were:

- Television 84%
- Radio 83.1%
- Friends 61%

Table I shows these findings in relation to other sources of information used. Sources are listed in order of those used most to those used least. Students could select more than one option and could put forward sources that had not been listed.

Table I Sources of information used on campus and the frequency of their use
N = 272

Sources of information	Frequency	Percentage
Watching the television	230	84.6
Listening to the radio	226	83.1
Friends	166	61
Boy/Girl friend	127	46.7
Campus Clinic	94	34.6
Parents	92	33.8
Health worker	84	30.9
Student Counselling Centre	83	30.5
Church	81	29.8
Internet	42	15.4
Residence Life Programme	39	14.3
Lecturers	39	14.3
Books/Magazines	18	7

Of the students 85% reported problems in obtaining HIV information on the campus. Their problems with the sources are described below.

4.2.1 Mass media and the internet

This section includes findings on television, radio, the internet, books, and magazines.

- Television and radio

As all student residences have common rooms equipped with television sets, it was not surprising that television was used by most of the respondents. There was very little difference (1.5%) in use between watching television and radio listening. In explaining the usefulness of these sources, ninety two students said they preferred passive activities in their spare time, such as watching television or listening to the radio, and obtained the information they needed in this way. If not doing this they would be talking with friends about all kinds of issues, including AIDS.

Radio was considered unhelpful in terms of the information it provided by 3 respondents and television was regarded as too heavily censored and insufficiently marketed by a further one percent.

- Books and magazines

The internet, books and magazines were among the other category of sources mentioned by respondents. Three respondents considered information provided by books and magazines as unhelpful.

- Internet

An internet connection is available 24 hours a day for students on campus but these are only provided in the student LAN, not in the residences. A preference for the internet over any other information source was indicated by 11 or 4% of the respondents. Among the reasons given for not wanting to use the student LANs were the distance to be walked and fear of returning to the residence late at night.

4.2.2 Interpersonal sources

This section describes sources of information such as friends, parents and lecturers.

- Friends

Information is constantly being exchanged and debated between friends. However Coleman, Schaefer and Moore (1995) found that the information is often filled with exaggeration, lies and boasting. Friends were criticised in the study for being uninformed and “lying about issues related to drugs, sex and HIV/AIDS” by 83 (30.5%) students. Three respondents voiced concerns about students being encouraged by their peers to have more than one partner for ‘economic reasons’

Girl friends and boy friends were mentioned as a source of information by 124 (46.7%) of the respondents. Confirming these findings, Nsengiyumva’s study (2000) of high school learners, found that friends were a significant source of information on sexuality and sexual health matters.

- Parents

Nsengiyumva (2000) found that parents, especially mothers, were the most important source of information delivered to young people. The university student respondents in the present study revealed that, although they were resident on campus, they still used their parents as a source of HIV/AIDS information, more often than some of the sources provided on campus.

- Lecturers

As most university academics prioritise academic matters over anything else, very few students regarded this source as notable. Lecturers were criticised for not highlighting HIV/AIDS issues sufficiently and for concentrating rather on academic issues by 39 or 14.3% of the respondents. With the exception of the Social Sciences where HIV/AIDS issues were touched on, 35 or 12% of the students found lecturers to be too overburdened with the need to meet curriculum requirements to devote extra time to anything else.

4.2.3 Institutional sources

This section describes the more institutional sources of information, Campus Health Clinic, the Student Counselling Centre, the Residence Life Programme and the churches.

- Campus Health Clinic

Most students had a problem accessing information from the campus health clinic, due to inconvenient opening times. Similar findings were reported by Marcus (2000), where 35% of the respondents said that they had problems with the Clinic’s services which mostly concerned opening hours. Several respondents complained that they had to skip lectures or found the clinic closed too early, over lunch-time or without notification. Marcus (2000) found that, in most cases, students preferred to go to a health worker outside the Campus Clinic for HIV/AIDS information, especially with regard to testing. Confidentiality was the apparent reason for using outside services, rather than an internal one. Services that were provided on campus by the Clinic or health workers were not generally communicated in the most available channels of information except during orientation programmes and in residence booklets. The problem is not unique to KwaZulu-Natal. Sanches (2002) reports that although health services were regarded as the main reliable source of information by university students in Rio de Janeiro, students did not go there frequently.

Significantly, 178 (65.4%) of the respondents in the current study had never been to the Campus Clinic for HIV/AIDS related issues, although they might have been for other illness. The majority of respondents made it clear that they did not know about the Campus Clinics. This finding underscores the need for a strategy to be developed which will make the clinics more accessible to residential students. In addition, an awareness of the services offered could be advertised more effectively in publications, notice boards or in societies, fellowships and organisations on campus.

Health workers were thought to be an unsatisfactory source of information by one percent of respondents. This conclusion was based on the belief that health workers ‘lie to protect their work’ and give contradictory advice. Others (2%) pointed out that there was a need for health workers to be stationed in residences as well as the campus clinic. In the students’ eyes, a critical failing of the campus clinic was its unavailability over weekends and in the evenings.

Other comments revealed views that the campus clinic brought awareness to one percent of the students by means of the posters they displayed of people suffering from the disease and the dangers of unprotected sex.

- Student Counselling Centre

The Student Counselling Centre is one of the campus services used by many students especially when they first arrive on campus. Most visit the centre for issues concerning stress, academic pressure, relationship problems, drugs and alcohol.

- Residence Life Programme

The Residence Life Programme (RLP) is funded from students’ residence fees. It is the centre of students’ activities and controls House Committee budgets and activities. Despite being in an ideal position to provide HIV/AIDS related material, very few students regarded it as a significant provider of information. The Residence Life Programme was criticised for not highlighting AIDS issues enough by 39 or 14.3% of the respondents. The programme reportedly discussed AIDS issues only once at orientation and this was not repeated often enough during the year

- Churches

It was noted by the researcher that some students at tertiary level still maintain the values and principles of their religions whereas others tend to change due to conformity to peer pressure or the unavailability of their own churches or related spiritual movements on campus. Only one church was campus based, namely, Maranatha Crusades. All other movements were societies which were governed by students themselves that is the Student Christian Fellowship (SCF), Student Christian Organization (SCO), Methodist Society and Association of Catholic Tertiary Students Society (ACTS). Unfortunately, the issue of HIV/AIDS was not prioritised in these societies. They tended to view the AIDS issue as being for people outside their organizations.

The church however was viewed by 30 (11%) of the respondents as playing a role for those who were affected by or infected with the disease, either on or off campus, by bringing a message of hope. It was criticised by 3% of the respondents not only for failing to take the disease seriously but for casting out of the congregation those who were infected, and censoring AIDS information material before it was read. In the first author's experience, some churches do not think that there are people who are HIV positive amongst their members and therefore see no need to offer counselling or assistance. A study by Nizigiyimana (2002) on the role of the churches in disseminating HIV/AIDS information among the youth in Pietermaritzburg found that the churches did provide such information to a certain extent but that they needed to improve provision in particular to youth.

4.3 Information that students would like to receive

Concerning the information they would like to receive 144 students (52.9%) responded. They could make more than one suggestion. Residential students wanted:

- Information that did not give the impression that HIV/AIDS is normal, similar to other diseases and not necessarily life threatening – 33.6%
- Information on abstinence and faithfulness as there is too much information on the use of condoms – 29.1%
- Information on anti-retroviral drugs and mother to child transmission – 28.4%
- Information on the reliability of testing instruments as it was believed they give inaccurate results – 15.2%
- Information on the development of vaccines and medicines on AIDS – 3.4%

4.4 Preferred format for information

One hundred and forty three students or 53% of the respondents had views on which format they preferred:

- 48% wanted information presented in talk shows or in debates held in the residences.
- 31% thought HIV/AIDS information should be part of the university's curriculum. This approach is followed at Kenyatta University. HIV/AIDS-related courses are an academically structured intervention, with a certificate after their completion. Courses and/or modules are offered in a wide variety, including a compulsory core unit, for all students (Katjavivi and Otaala, 2003). In Zimbabwe since 1994 the Ministry of Education has taken the initiative of offering a general course on HIV/AIDS as an intervention strategy in all tertiary colleges (Zimbabwe Jesuit AIDS Project, 2003).
- 16% wanted current research findings accessible in print or on line.
- Finally, the remaining 5% of the respondents indicated that they would like to have information in the form of pamphlets. This, in their view, would be better than reading the whole book because they were under pressure regarding their academic work.

5 Recommendations for improvement in the provision of information on campus and in raising awareness of HIV/AIDS.

Hernes (2002) supports UNESCO's focus on:

- Advocacy at all levels, particularly to mobilise unrelenting support for preventive education from all those in positions of authority in its areas of competence such as education, science, culture and communication. Tertiary institutions embrace all of these areas.
- Customization of the message to reach target audiences.

Raijmakers and Pretorius (2006) advise higher education institutions to:

- address student fears
- revisit issues around behavioural change
- focus on high-risk behaviours
- promote VCT and counselling services before and after diagnosis as HIV positive
- undertake follow-up studies especially with regard to the factors around power inequalities affecting women.

The following particular recommendations emerged from the current study:

- Residence Management programmes could be used to extend exposure to their services through, for example, public presentations. Workshops could be arranged in the residences in the evenings to encourage open discussion and debate among students on HIV/AIDS issues.
- Students should have access to computers and the internet in all residences.
- The number of health workers on campus should be increased.

- Clinics need to provide an after hours service.
- Information providers from various sections on campus should be listed and publicised.
- Campus radio was seen to play an important role in providing education and awareness in terms of HIV/AIDS information. Although residential students considered radio as one of the most effective information sources, at the time of this research there was only one radio station based on the Durban campus.
- Students should be encouraged to undergo testing, so that they know their own status, and be told of the support that is available on post-testing.
- Information on statistics of students or staff infected should be revealed, so that many will emerge and disclose and support each other

6 University of KwaZulu-Natal's HIV/AIDS programme – an update

The University of KwaZulu-Natal's HIVAN's initiative supports the view that one of the most frequently cited challenges around the fight against HIV/AIDS is a lack of accurate and informed information. The Campus HIV/AIDS Support Unit Resource Centre seeks to:

- Make available current information on the epidemic, both at a socio-behavioural level as well as a biomedical level in the form of information brochures, videos and books, information sessions held at the centre and staff training.
- Set up a peer education programme on the Howard College Campus similar to the one that had been in place for a number of years at the Pietermaritzburg Campus.
- Approach University Residence Life Officers to volunteer their services to become trained as HIV/AIDS lay counsellors. Students living in residences would then have someone whom they can approach for information and counselling (University of KwaZulu-Natal, 2005).

7 Conclusions

The article endorses the view that provision of relevant information content in an appropriate format needs to be an integral part of the University's response to HIV/AIDS. Sources of information that were used most frequently or were listed as those the students would like to receive should be utilised by university information stakeholders to disseminate information among students. The effectiveness of such services should be monitored regularly. Such a comprehensive strategy could contribute significantly to ensuring an HIV-free future for students, a scenario that is very different from the one depicted in the youth novel by Miklowitz (1987), *Goodbye tomorrow* which is alluded to in the title of this article.

References

- Abdool Karim, Q. 1998. Women and AIDS: the imperative for a gendered prognosis and prevention policy. *Agenda* 39: 15-25.
- ABT Associates Inc. 2000. *The impending catastrophe: a resource book on the emerging HIV/AIDS epidemic in South Africa*. Johannesburg: Love-Life and Kaiser Family Foundation.
- Adimorah, E.N.O. 1995. An overview of the state of information provision to rural communities in Anglophone West Africa. In: Johansson, E. (ed.) 1995. *Seminar on Information Provision to Rural Communities in Africa: Proceedings of the Seminar held in Gaborone, Botswana, 22 –15 June 1994*. [Uppsala]: Uppsala University Library: 21-31.
- Anarfi, J.K. and Awusabo-Asare, K. (n.d.) HIV/AIDS in tertiary institutions in Ghana. Draft produced for the National Council for Tertiary Education, Accra in collaboration with the World Bank. Accra: National Council for Tertiary Education/World Bank.
- Barnes, H. 1999. Identity in the adolescent: the balance between self and other. *Journal of adolescence* 20: 645-659.
- Cok, F., Gray L. A. and H. Ersever. 2001. Turkish university students' sexual behaviour, knowledge, attitudes and perceptions of risk related to HIV/AIDS. *Culture, health and sexuality* 3 (1): 81- 99.
- Coleman, E., S. Schaefer and A. Moore. 1995. *Sexual aspects of adaption to HIV/AIDS*. Binghamton: Haworth Press.
- Dick, A. 2006. Innovation: looking back, looking forward. Address at the Launch of *Innovation's* new format University of KwaZulu-Natal's Pietermaritzburg campus on Thursday 19 October.
- Diko, T. 2005. Encoding and decoding LoveLife billboards: a socio-cultural pluralistic South Africa. MA thesis. Pretoria: University of Pretoria, Department of Information Science.
- Dube, L. and D.N. Ocholla. 2005. Insight into the management and diffusion strategies of HIV/AIDS information in institutions of Higher Education in South Africa. *South African journal of libraries and information science* 71(2): 187-200.
- Gay, L.R. 1992. *Educational research: competencies for analysis and application*. Fourth edition. Columbus: Merrill.
- Hernes, G. 2002. UNESCO versus HIV/AIDS: the history and ten lessons. *Prospects* XXXII (2): 127-133.
- HIV/AIDS Unit staff profiles. 2002. *UCT news: Monday paper archives* 21(6): 2.
- Karlsson, J. 1995. Methods of information provision to rural communities in South Africa. In: Johansson, E. (ed). *Proceedings of the Seminar on Information provision to Rural Communities in Africa, Gaborone, Botswana, 22-25 June, 1994*. [Uppsala]: Uppsala University Library. Pp. 47-57.
- Katjavivi, P. H. and B. Otaala. 2003. African higher education institutions responding to the HIV/AIDS pandemic. Paper presented at the AAU Conference of Rectors, Vice Chancellors and Presidents of African Universities (COREVIP) Mauritius, March 17-21, 2003.
- Kelly, M. J. 2001. Challenging the challenger: understanding and expanding the response of universities in Africa to HIV/AIDS. Washington: ADEA Working Group on Higher Education, World Bank.
- Kotecha, P. 2000. SAUVCA's Response to the CHE's Report a new Higher Education Landscape: meeting the equity, quality and social development imperatives of South Africa in the 21st century, September 2000. Cape Town: University of Cape Town.

- Legwaila, M. and B. Garebakwena 1995. Methods of information provision to rural communities in Botswana — the Village Reading Rooms programme. In: Johansson, E. (ed). *Proceedings of the Seminar on Information Provision to Rural Communities in Africa, Gaborone, Botswana, 22-25 June, 1994*. [Uppsala]: Uppsala University Library. Pp. 63–70.
- Lickindorf, E. 2004. HIV/AIDS and academia. *Weekly mail and guardian* 18 November: 9.
- Magambo, J.K. 2000. HIV/AIDS in Jomo Kenyetta University of Agriculture and Technology: a case study commissioned by ADEA, Higher Education Working Group. <http://www2.ncsu.edu/ncsu/aern/kenaids.html>
- Marcus, T. 2000. Understanding campus client service needs: a study at three Eastern Seaboard Tertiary Institution Clinics. Unpublished Report. Pietermaritzburg: University of Natal.
- Marcus, T. 2002. The Pandora's box of AIDS. Unpublished draft manuscript.
- Mayengela, J.P. 2002. Experiences on promoting HIV/AIDS education at University level, particularly at Sokoine University of Agriculture. Paper presented to the 2nd National Multisectoral Conference on Aids in Tanzania, 16-20 December.
- Miklowitz, G.D. 1987. *Goodbye tomorrow*. London: Lions.
- Mohale, M. and J.C. de Wet. 2003. HIV/AIDS information needs of Grade 12 learners in Maseru. *Communitas: journal for community communication and information impact* 70(8): 71-84.
- Nizigiyimana, S. 2002. The role of the churches in disseminating HIV/AIDS information among the youth in Pietermaritzburg. MIS thesis. Pietermaritzburg: University of Natal.
- Nsengiyumva, A.M. M. 2000. Sexuality and sexual health information needs and seeking patterns of school going teenagers in Pietermaritzburg, South Africa. MIS thesis. Pietermaritzburg: University of Natal.
- Onyancha, O. 2006. Empowering the Sotuh African community's AIDS intervention workforce: an infometric study of HIV/AIDS research projects, with special reference to masters and doctoral dissertations and theses. *South African journal of libraries and information science* 72(1): 56-71.
- Onyancha, O. and D.N. Ocholla. 2006. HIV/AIDS research and youth: an infometric analysis of the literature. *South African journal of libraries and information science* 72(2): 85-95.
- Peters, M. 2004. Game puts students in the HIV picture. *Star* 23 January: 6.
- Pettifor, A.E., H.V. Rees, A Steffenson, L. Hlongwa-Madikizela, C. MacPhail, K. vermaak and I Kleinschmidt. 2004. HIV and sexual behaviour among young South African: a national survey of 15-24 year olds. Johannesburg: Reproductive Health Research Unit, University of the Witwatersrand.
- Powell, R. R. 1985. *Basic research methods for librarians*. New Jersey: Ablex.
- Powell, R. R. 1993. *Basic research methods for librarians*. 2nd ed. New Jersey: Ablex.
- Raijmakers, L.R. and Pretorius, J.D. 2006. A snapshot: South African university students' attitudes, perceptions and knowledge of HIV/AIDS. *South African journal of higher education* 20(2): 299-317.
- Reproductive Health Research Unit, Medical Research Council, 2004 <http://www.unaids.org/wad2004/EPlupdate2004_html_en/epi04_05_en.htm#TopOfPage> Accessed 03/ 06/05.
- Rosenberg, R. 2005. Student culture spurs spread of HIV/AIDS. *Pretoria news* 13 September: 3.
- Rosenthal, D. A. and Smith, A. 1995. Adolescents and sexually transmissible diseases: information sources, preferences and trust. *Health promotion journal of Australia* 5 (38): 44.
- Sanches, K. 2002. HIV/AIDS information: main sources and credibility among students. International Conference on AIDS, July 7-12, Federal University of Rio de Janeiro, Rio de Janeiro, Brazil.
- SAUVCA. 2002. *Technical assistance in developing HIV/AIDS strategy for the South African Higher Education sector*. Cape Town: SAUVCA.
- Shapiro, M. 2001. HIV testing for insurance purpose: a multi-faceted explanation of the clients experience and aspects of current practice. MA thesis. Pietermaritzburg: University of Natal.
- Singh, S. 2005. University of KwaZulu-Natal. Information Management <dmirequests@ukzn.ac.za> Accessed 23/06/05.
- Smetheram, J-A. 2001. UCT students believe they are 'immune' to HIV/AIDS – study. *Cape times* 5 December: 3.
- Smith, A. M. A., R. De Visser, A. Alkande, D. Rosenthal and S. Moore. 1998. Australian and South African undergraduates' HIV-related knowledge, attitudes and behaviours. *Archives of sexual behaviour* 27 (3): 279 – 294.
- UNAIDS. 2001. Report on the global AIDS epidemic. Geneva: UNAIDS.
- UNAIDS. 2007. Report on the global AIDS epidemic. Geneva: UNAIDS.
- University of KwaZulu-Natal. 2005. AIDS-Plan. Howard College: University of KwaZulu-Natal, Centre for HIV/AIDS Networking (HIVAN).
- University of Natal. 2002-2004. AIDS-Plan. Pietermaritzburg/Durban: University of Natal, Centre for HIV/AIDS Networking (HIVAN).
- University of Stellenbosch. 2005. South African Students learn about HIV/AIDS to educate peers. <http://66.102.9.104/search?cache:OFFCBWXMjKQJ:www.hcpartnership.org/Progra...> Accessed 28 November 2007.
- University of the Witwatersrand. 2003. HIV/AIDS pandemic. http://web.wits.ac.za/Academic/Health?publicHealth?researchprojects/HIV_AIDSpan... Accessed 6 November 2007.
- Van Dyk, A.C. and van Dyk, P.J. 2003. 'To know or not to know': service-related barriers to voluntary HIV counselling and testing in South Africa. *Curationis* May: 4-10.
- Zhusupov, B. 2002. Women, Youth and HIV/AIDS in Kazakhstan. Public Opinion Research Centre. <<http://www.un.org/womenwatch/daw/csw/hivaids/Zhusupov.html>>. Accessed 01/11/02.
- Zimbabwe Jesuit Aids Project. 2003. <www.zimaid.co.zw> Accessed 22/06/04.