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**THE PERCEPTIONS OF THE UNIVERSITY OF FORT HARE STUDENTS OF THE
INADEQUATE RESPONSE TOWARDS COMBATTING HIV/AIDS BY THE YOUTH.**

BY

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Acquiesced in contentment of the requests of the degree of

MASTER OF SOCIAL WORK

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DECLARATION

I, Runwork Mharadze, student number 201207347, do hereby assert that this is my own conceived innovative effort built from both literature and empirical collection of data. The document has carefully acknowledged sources quoted in conformity with the University of Fort Hare's plagiarism policy. I declare that the work has never been in any way submitted, elsewhere in any substance, nor anyone is submitting this work concurrently elsewhere in candidature for obtaining another degree.

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DEDICATION

My perseverance to this research project goes to my late mother, Josephine Mutyavaviri.



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ACKNOWLEDGEMENTS

I heartily give thanks and glory to our only Almighty God. May all honor goes to Him for this piece of work. He gave me enough strength, courage, wisdom, the inspiration to complete this research project. My greatest gratitude goes to all those brothers and sisters who have compromised their personal needs at the expense of my research project. Unreservedly and unlimitedly, I would like to express my gratitude especially to the following:

- I bestow this research project to my late grandmother, Gogo Madumelane Maria Masondo; you were just there for me all the times just like my mother. I pray that your soul may rest in eternal peace.
- I set aside this research project to my grandmother Mrs. Vimbai Maisiri who has been staying all by herself and encouraging me to stay focused on my studies without thinking about her situation.
- In addition, I devote this piece of work to my father John Nyamandi Mharadze not forgetting his elder brother Zecks “Milozhi” Dzivakwi. You have been with me through thick and thin since my university entrance until the completion of this research project.
- I further dedicate my research project to all African brothers and sisters who lost their lives because of HIV/AIDS pandemic, not forgetting those who are today living with HIV/AIDS.
- Correspondingly and unreservedly, I thank my supervisor, Professor. S.M.Kang’ethe. You have been professionally inspirational in ways difficult to explain in few words. Professor, you have been compassionate enough throughout my dissertation with your fortitude and understanding, whilst allowing me the room to work in my own way. This Master’s degree level is attributable to your encouragement, effort, and without this dissertation, too, would not have been completed or written. One simply could not wish for a better supervisor. Thank you all for the unending dedication combined with serenity, competence, and unending enthusiasm, in supervising and facilitating this research project to be a success story.
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you, I also immensely acknowledge those who took the time to participate in my research study as participants.

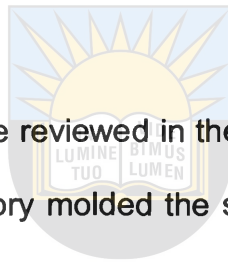
- The UFH Department of HIV/AIDS Unit involved and dealing with HIV/AIDS issues at UFH, Alice campus. I appreciate and thank you for accepting my proposal to interview you.
- The Student Representative Committee (SRC) members who have participated in this study. Thank you, people, for your time and the information you willingly gave. This research project could not have been possible without you.

The Voluntary Counseling and Testing Unit Alice campus commonly known as the Healthy Clinic

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ABSTRACT

The research aimed at exploring the perceptions of the University of the Fort Hare students of the inadequate response towards combatting HIV/AIDS by the youth, Alice campus. The study intended to achieve the following objectives: (i) to establish the behavior challenges making the youths of the institutions of Higher Learning vulnerable to HIV/AIDS. (ii) To determine the knowledge levels among the UFH youths concerning HIV/AIDS. (iii) To cross-examine the UFH student's attitudes and feelings towards an inadequate behavior response to HIV/AIDS by the youths in South Africa.



The researcher sieved the literature reviewed in the study from several researchers, and the structural functionalist theory molded the study. The following assumptions stimulated the development of the study: (i) the youths at the UFH face behavioral factors making them vulnerable to HIV/AIDS. (ii) The inadequate behavior response among the UFH students towards combatting HIV/AIDS reviews their underutilization of the available institutional HIV/AIDS support structures.

The following hypotheses guided the study: (i) if the knowledge levels of students are not enough concerning HIV/AIDS, and then the noticeable higher degree of a lack of expertise, lack of professionalism, and lack of innovativeness among the caregivers to motivate students to visit the university HIV/AIDS health support structures are the prevailing menace. (ii) If the knowledge levels of students are enough concerning HIV/AIDS, and then the noticeable higher degree of expertise, professionalism, and of innovativeness among the caregivers motivating students to visit the university HIV/AIDS health support structures are a reassurance.

Methodologically, the researcher triangulated both the qualitative and the quantitative research methods. The study espoused both qualitative and quantitative research designs, where a case study was used to achieve the qualitative aspects of the study and a mini survey was used to achieve the quantitative aspects of the study. Quantitatively, the researcher used a questionnaire as the data collection instrument and the investigator used focus group discussions, key informants, in-depth interviews, and secondary data sources to gather qualitative data.

The study used probability and non-probability sampling methods. The researcher used purposive sampling technique specifically for qualitative data to select a sample of sixteen (16) participant. Concurrently, the researcher used systematic random sampling for the quantitative data to select a sample of thirty-four (34) participants. Qualitatively, the investigator analyzed data using the content thematic data analysis using the interpretive approaches and textual presentation, while Statistical Package for the Social Sciences (SPSS) analyzed the quantitative statistical data.

The study ascertained the following findings: the youths were at a huge risk of behavioral factors; the knowledge levels of students are enough with regards to HIV/AIDS; the available support structures were underutilized; a noticeable higher degree of a lack of expertise; the growing lack of confidence in the institutional HIV/AIDS management.

The study made the following recommendations. There is need for mainstreaming HIV/AIDS into the university curriculum; university infrastructure to be HIV/AIDS friendly; gender mainstreaming of HIV/AIDS; creating HIV/AIDS youth friendly support structures; use of indigenous HIV/AIDS knowledge and foreign-based

HIV/AIDS knowledge; employing professional social workers in the HIV/AIDS unit; and the provision of physical and emotional support.

Lastly, the study concluded that more awareness campaigns on the drivers of the epidemic and their ramifications could possibly go a long way in expediting the youth's inadequate behavior response to HIV/AIDS. More so, the need for further research on youth's vulnerability is central.



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LIST OF ACRONYMS

AIDS.....	Acquired Immunodeficiency Syndrome
AFSA.....	Aids Foundation of South Africa
ARVs.....	Antiretrovirals Treatment
CADRE.....	Centre of AIDS Development, Research and Evaluation
CHE.....	Council for Higher Education
CCMT.....	Comprehensive HIV/AIDS Care Management and Treatment
DoE.....	Department of Education
DoH.....	Department of Health
DHS.....	Demographic Health Survey
HEAIDS.....	The Higher Education HIV/AIDS Programme
HEARD.....	Health Economics and HIV/AIDS Research Division
HSRC.....	Human Sciences Research Council
HIV.....	Human Immunodeficiency Virus
MCSP.....	Multiple Concurrent Sexual Partners
SACSSP.....	South African Council for Social Service Professions
SANSP.....	South Africa National Strategic Plan
SANAC.....	South African National Aids Council
SADC.....	Southern African Development Committee
SPSS.....	Statistical Package for the Social Sciences
Stats SA.....	Statistics South Africa
STIs.....	Sexually Transmitted Infections
TB.....	Tuberculosis
UNAIDS.....	Joint United Nations Programme on HIV/AIDS

UFH.....University of Fort Hare

VCT..... Voluntary HIV Counseling and Testing

WHO..... World Health Organization



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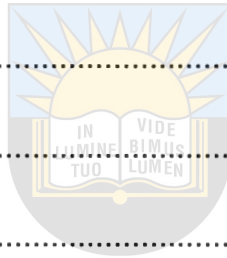
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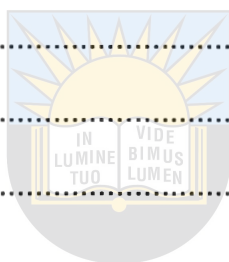
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CHAPTER ONE

A GENERAL OVERVIEW OF THE STUDY

1.0. Introduction

This section outline the following items: the background of the study; the preliminary literature review; the problem statement; the study's aim and the objectives; the research questions; the theoretical framework; the research methodology; the significance of the study; and the envisaged ethical considerations; and end with the outline of the study.



1.1. Background of the study

As the HIV/AIDS pandemic remains a huge threat to the lives of the global world, the phenomenon has prompted different stakeholders from health practitioners, researchers and experts in the field of HIV/AIDS to agitatedly champion for behavioral change especially among the youths as the most formidable methodology to beat the epidemic. Unfortunately, the pace has been very slow in South Africa, making the disease linger longer despite very heavy capital investment to buy the antiretroviral drugs (Mufune, 2015).

According to Elsey & Kutengule (2003), the war against HIV/AIDS poses a huge challenge, especially from countries in sub-Saharan Africa that reflect very little documented on what HIV/AIDS mainstreaming. Gravely, empirical information indicates that it is the institutions of Higher learning that harbor the highest prevalence of HIV/AIDS (Kang'ethe & Mafa, 2012). Kang'ethe (2015) observed that the institutions of Higher Learning occupied by the youths, and then it is they who are most vulnerable to the epidemic. Hofisi and Kachidza (2013), indicated that the

desire for sexual pleasure, pursuit of modernity and cultural scripts are among the underlying factors to student's sexual risk behavior. The sexual practices students engage in are associated with a host of harmful consequences including sexually transmitted diseases and infections such as HIV/AIDS that severely and permanently compromise student's health, education and general well-being (Smith, et al, 2012).

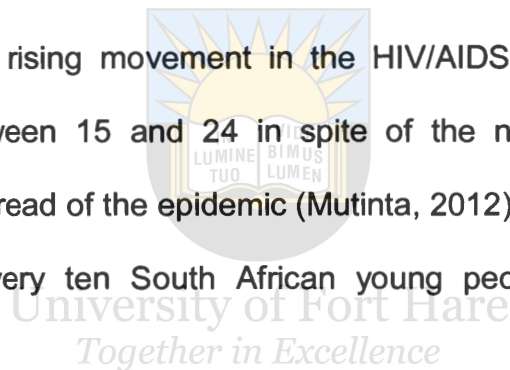
Researchers established that students are eager to achieve independence through risky actions (Hofisi & Kachidza, 2013). As such, they are often times characterised as risk takers and pleasure seekers with sex as one of the arrays of risky behaviour that they engage in. What makes students risky is the increasing prevalence of sex among them and the increase of risky sexual practices or behaviour such as unprotected sex and transactional sex (Smith, et al, 2012).

In the research process of this study, many factors have been advanced as underpinnings driving the HIV/AIDS epidemic among the youths. These in-exhaustively includes: low rate of abstention among the youths; inconsistent and incorrect use of condoms; unprotected sex; pseudo- prostitution; idolising or modelling personalities that display behaviors that puts the youths at higher HIV/AIDS risk; poor HIV/AIDS campaign implementation; increased consumption of substance abuse that make the youths tipsy and prone to HIV/AIDS risky behaviours; presence of myths and misleading information about HIV/AIDS; and youths engagement with multiple and concurrent sexual partners (Mutinta, 2012). These factors remain independent variables that continue to make an inadequate behavioral response to the HIV/AIDS scourge.

The NPS in 2007 provided geographical variations on HIV/AIDS prevalence in South Africa. NPS recorded that, HIV/AIDS prevalence differed as some provinces were

more severely affected than others with the institutions of Higher Learning having the lion's share. These differences also reflected background socio-economic conditions as demonstrated by the district level HIV/AIDS surveillance data in the Western Cape Province. In the Western Cape Province, in 2005, overall HIV/AIDS prevalence was the lowest in the country at 15.7%, but two metropolitan health areas of Khayelitsha and Gugulethu/Nyanga registered prevalence rates of 33% and 29% respectively (NSP, 2007)

Also, surveys conducted in 2005 on HIV/AIDS incidence and prevalence rates in South Africa indicated a rising movement in the HIV/AIDS infection rate among young people aged between 15 and 24 in spite of the numerous programmes employed to curtail the spread of the epidemic (Mutinta, 2012). Furthermore, findings indicated that one in every ten South African young people are infected with HIV/AIDS.



In addition, studies established that the prevalence was higher among 20 and 24 year-olds and lower among 15 and 19 year-olds indicating an increase in sexual activity as young people grew older (NSP, 2007). Overall, the rate of infection among females was found to be almost four times higher than that of males (NSP, 2007).

It has been argued that, although the rate of the increase in HIV/AIDS prevalence has slowed down in the past five years, South Africa, still experience a reversal in the trends especially in institutions of Higher Learning (Mutinta, 2012). There are still too many people being newly infected with HIV/AIDS. Academic studies have focused on prevention and necessary interventions that can stop the spread or acquiring of HIV/AIDS (Mutinta, 2012). Promoting condom use and male circumcision in the institutions of Higher Learning are some of the approaches

adopted. According to the HIV and AIDS and STI Strategic Plan 2007-2011, studies have also focused on how to deal with risky sexual conditions on campuses by promoting prevention through condom use or partner reduction overlooking protection (SANAC, 2011)

Borrowing the NSP approach, Mutinta (2012), echoed that, students were not discouraged from engaging in sex but encouraged to use condoms correctly and consistently or reduce the number of sexual partners to prevent HIV/AIDS infection or transmission. Protection, unlike prevention, keeps HIV/AIDS from being transmitted or acquired by reducing the likelihood of sexual risk behaviour arising altogether (Mutinta, 2012). Consequently, protection or protective factors that prevent risky sexual behaviour from taking place by acting as safeguards or “shock absorbers” of sexual risk-taking behaviour (Kang'ethe & Mutopa, 2014).

This study considered it pertinent to solicit the attitudes of the youth in institutions of Higher Learning with regards to HIV/AIDS. Accordingly, clear understanding of the nature, dynamics, and character of an epidemic is critical in informing strategies that are relevant and adapted to local conditions (SANSP, 2007). An emphasis in this study was given on the exploration of the perceptions of the University of Fort Hare students of the inadequate response towards combatting HIV/AIDS by the youth. In the examination procedure, the inadequate response towards combatting HIV/AIDS by the youth have been found to have attracted local, regional and international concern respectively (SANAC, 2011).

1.2.0. Preliminary Literature Review

1.2.1. South African Government Response to HIV/AIDS

Wouters et al (2009) have established that South Africa's most recent HIV/AIDS policy, the HIV/AIDS and STI Strategic Plan for South Africa, 2007–2011 (NSP), received a general approval countrywide. According to Wouters, et al., the NSP streams from the National Strategic Plan of 2000-2005 with the Operational Plan for Comprehensive HIV/AIDS Care, Management, and Treatment (CCMT) as well as other HIV/AIDS strategic frameworks developed for government and sectors of civil society (NSP, 2007). The NPS represented the country's multi-sectorial response to the challenge with HIV/AIDS infection and the wide-ranging impacts of the epidemic. NSP seeks to provide continued guidance to all government departments and sectors of civil society, building on work done in the past decade (SANSP, 2007).

It is on record that, the NPS was conversant with the nature, dynamics, character of the HIV/AIDS endemic, as well as developments in medical and scientific knowledge (SANSP, 2007). Health communication promised to take on strategic tools that render communication effective so that meaning of the epidemic antecedents and dynamics (SANPS, 2007). In the context of South Africa, it is apparent from the media landscape that the tools for health communication have been comprehensive. Government and Non-Governmental Organisations (NGOs) have played a key role in creating awareness and trying to influence behaviour change amongst their audiences (Kang'ethe, 2010).

The comprehensive public strategy on HIV/AIDS based on inclusiveness and human-rights-centred policy prescriptions within a multi-sectorial structure, with implementation units in key ministries, was adopted (Wouters, et al, 2009). The NPS

included all the elements required by the HIV/AIDS policy stakeholders. A wide consultative process ensured that the majority of important HIV/AIDS stakeholders such as the WHO Global Program on AIDS officials, civil society, business, political parties, academics, AIDS activists, and trade unions were involved in the policy making process (Wouters et al, 2009).

In 2007, without exception South Africa adopted an HIV/AIDS Strategic Plan intertwined with the Millennium Development Goals and the SADC development principles (Mutinta, 2012). In this process, each government ministry focused on planning, budgeting, implementing and closely monitoring the HIV/AIDS interventions (NSP, 2007). Thus, according to the South African NSP, the Cabinet of South Africa made HIV/AIDS support structures a national priority under the management of the South African National AIDS Council (SANAC), a board introduced to coordinate national programs on HIV/AIDS related matters (NSP, 2007).

Khomanani, meaning, "Caring together" a consortium responsible for the Department of Health's HIV/AIDS and TB information, education and communications media was established (Mutinta, 2012) (SANAC, 2011). The consortium uses the mass media to broadcast its messages aimed at raising awareness of the risk factors associated with HIV/AIDS in order to increase personal risk perception as a means towards behaviour change especially among the youth (Mutinta, 2012).

In 2007 *Khomanani*, a campaign was re-launched and its campaign focuses on accelerated HIV/AIDS prevention (Mutinta, 2012). However, following allegations of financial discrepancies and the termination of government funding in March 2010, the campaign appears to have been significantly downgraded (Mutinta, 2012).

However, despite the formulation and implementation efforts of several public HIV/AIDS policies by consecutive governments, an estimated 5.7 million South Africans are currently infected and increasing numbers are dying (WHO, 2010b). The Higher Education AIDS Programme (HEAIDS) conducted a national survey at twenty-one of the Higher Education Institutions (HEIs) in South Africa to determine the prevalence of HIV infection among staff and students (HEAIDS, 2013b). The survey found out that prevalence rates were about three times higher in students more than 25 years of age and that female students were hardest hit. Further, the survey revealed that about 60% of sexually active students tested for HIV/AIDS before, and a similar percentage reported using a condom the last time they had sex (HEAIDS, 2013b).



1.2.2. Non-Governmental Organisations' (NGOs) response to HIV/AIDS

Notably, NGOs in South Africa that are HIV/AIDS proactive include among others, Soul City established in 1992 (Mutinta, 2012). Soul City is a nationally recognized media-based intervention that promotes health using television drama review of the effectiveness of mass communication programmes to change HIV/AIDS-related behaviours in developing countries (Vearey, et al, 2011). Soul City's programmes explore health and development issues (Vearey, et al, 2011).

Additionally, Love Life a multimedia communication-based intervention tailored for various youth has been another significant NGO highly responsive to HIV/AIDS. Established in 1998 by a conglomerate of NGOs, Love Life, unconditionally deals with adolescent reproductive health in South Africa (Vearey, et al, 2011). Love Life aims to encourage the public to talk about issues around HIV/AIDS in order to confront the epidemic. In 2005, The Global Fund to Fight AIDS, Tuberculosis, and

Malaria withdrew funding for Love Life, questioning its performance, accounting procedures, and governance structure among other aspects (Vearey, et al, 2011).

Tsha Tsha is another NGO that started in 2003, produced by the Centre for Aids Development, Research, and Evaluation (CADRE), (Parker et al, 2005). *Tsha Tsha* uses multi-part television drama series and focuses on young people living in rural areas affected by HIV/AIDS and other social problems (Vearey, et al, 2011).

The Scrutinise Campus campaign is a recent *Tsha Tsha* HIV/AIDS campaign created from the Scrutinise campaign formed in partnership with the United States Agency for International Development (USAID), Johns Hopkins Health Education in South Africa (JHHESA), and the designer jeans label Levi (Vearey, et al, 2011). The aim of the Scrutinise campaign is to encourage and equip young people to take responsibility for reducing their risk of HIV/AIDS infection (Vearey, et al, 2011). The campaign involves showing a series of short animated commercials on television (Mutinta, 2012).

1.2.3. The Higher Education Institutions' response to HIV/AIDS

The Aids Foundation of South Africa, (2014) highlighted that those factors such as poverty; inequality and social instability; and a history of poor leadership in the response to the epidemic contribute to the spread of HIV/AIDS. In response to the general adverse effects of HIV/AIDS on staff and students in higher education institutions led to the generation of several initiatives to curb the epidemic (HEAIDS, 2010). A number of factors triggered the response (HEAIDS, 2010).

In 1999, the Minister of Education called for the development of HIV/AIDS policy by tertiary institutions at the "Tertiary Institutions against AIDS" conference (Janse van Rensburg, 2013). At this time, only one university had already produced a

comprehensive policy document. The speech by Kader Asmal (2002), the Minister of Education, challenged tertiary institutions to come up with policy documents on HIV/AIDS (HEAIDS, 2013b). At the conference, a report was that three Technicon, namely, the Natal and Peninsula Technicon and Technicon South Africa had already adopted policies. Only one university, Cape Town had already produced a policy statement at that time (HEAIDS, 2013b).

In 2006, the Higher Education HIV/AIDS Programme (HEAIDS) was established (HEAIDS, 2008a). HEAIDS, created as a nationally co-ordinated initiative aimed at developing and strengthening the capacity of South Africa's higher education sector to respond comprehensively to the challenges posed by HIV/AIDS and to play a leadership role in the South African HIV/AIDS response (HEAIDS, 2008a). HEAIDS from the onset was an initiative of the Department of Education (DoE), undertaken on behalf of the Department by HESA (HEAIDS, 2013b).

The programme aimed at enabling institutions to address HIV/AIDS through their mandate to undertake advanced teaching and prepare graduates for responsible roles in the world of work (HEAIDS, 2010). HEAIDS does this through primary research on aspects of HIV/AIDS pertinent to the sector to the development of policy frameworks. HEAIDS has also allocated financial assistance to institutions of higher education to help them upgrade or develop their HIV/AIDS programmes (HEAIDS, 2010).

The University of Fort-Hare as a pinnacle of education that presents itself as a simplified version of the real society recognizes the extreme seriousness of HIV/AIDS. People of diverse background and ideologies converge on the institution with such interactions that increases the disease epidemiological antecedents (UFH,

2013). In view of the implications of HIV/AIDS, both within the institution and within the wider society, the University of Fort Hare has committed itself to formulating and implementing an HIV/AIDS policy in an effort to deal with the social ill (UFH, 2013).

For example, the University attaches great importance to education as a tool to fight HIV/AIDS (UFH, 2013). Given the nature and devastating effects of HIV/AIDS. The impact of HIV/AIDS on society, and having regarded the fact that the disease still surrounded by ignorance, prejudice, discrimination and stigma, the University affirms the need to define its institutional policy of an African Rural University (UFH, 2013). Thus, the university work on developing an HIV/AIDS competent community who will meaningfully participate in a sustainable socio- economic political development of society (UFH, 2013). The university HIV/AIDS policy aimed at managing and mitigating the effects of HIV/AIDS through all aspects of its core functions of the teaching of learning research and community engagement (UFH, 2013).

1.3.0. Poor HIV/AIDS Campaign Implementation in South Africa

HIV/AIDS is a long-term chronic disease that requires lifelong interventions, planning and funding, which aligned with state programmes for improving health and social development (SANAC, 2011). South Africa's response to HIV/AIDS, STIs and TB drove from the understanding that the public interest of respect, protection, promotion, and empowerment best served through the observation of the rights of people living with HIV/AIDS and/or TB (SANAC, 2011).

Understandably, the magnitude of the HIV/AIDS and TB epidemics and the associated costs of the disease may undermine some of the objectives articulated in national planning frameworks (SANAC, 2011). National planning presents a unique opportunity to address these issues (SANAC, 2011).

Currently, many government initiatives outside of health and HIV/AIDS aim to contribute to the achievement of the NSP goals. Several policies and guidelines to support the implementation of HIV/AIDS strategies in South Africa are in place (Wouters et al, 2009). The adoption of the developmental paradigm in South Africa promoted a holistic vision of development and sought to direct the focus of development thinking towards encouraging clients to use the knowledge and expertise of individuals in their communities and the resources available in their environment creatively and innovatively to address their socio-economic needs (SANAC, 2011).



To further strengthen the capacity and to respond more vigorously to the poorly growing economy and HIV/AIDS, South Africa adopted the White Paper on Social Welfare in 1997 (SANAC, 2011). The adoption of the White Paper on Social Welfare committed the Department of Social Development to a social development paradigm for welfare and supporting a people-centered approach to social and economic development (SANAC, 2011).

However, despite putting these policies and strategies in place, scholars have pointed out that HIV/AIDS pandemic continues to wreak havoc in the South African communities; especially institutions of Higher Learning that have remained prone to HIV/AIDS (Wouters et al, 2009). Largely, the continuous scourge of HIV/AIDS in some ways perpetuated by the poor HIV/AIDS campaign implementation of policies by the government and nongovernmental organizations (Wouters et al, 2009).

Researchers have written on the failure of policy implementation. Some researchers, asked as to what went wrong, where, and why? (Wouters et al, 2009). Wouters et al, documented specific reasons for the policy failure that involve four

dimensions. According to Wouters (2009), the policy content was unrealistic in its aims since it grossly overestimated the absorptive capacity of the health care system. Like other policy blueprints of this period, NAP overestimated the economic and human resources at the disposal of the incoming government (Wouters et al, 2009).

Secondly, Wouters et al (2009) noted that in terms of the actors involved in the policy implementation, placing the National AIDS Programme Director within the Department of Health was problematic. Wouters et al observed that, the National AIDS Programme defined the HIV/AIDS epidemic essentially as a health issue rather than a social and developmental issue, and thus hampered any multi-sectoral response (Wouters et al, 2009). Furthermore, Wouters et al (2009) claimed that power struggles between different levels of government further obstructed coordination and decentralization of NAP.

This literature has made it imperative and significant for this study to interrogate the youths in order to get an understanding why their response to the epidemic is inadequate. Conducting a research on attitudes of students in some institutions of learning, the researcher hopes, could be a way of fomenting some recommendations that can aid in expediting the learner's behavior change.

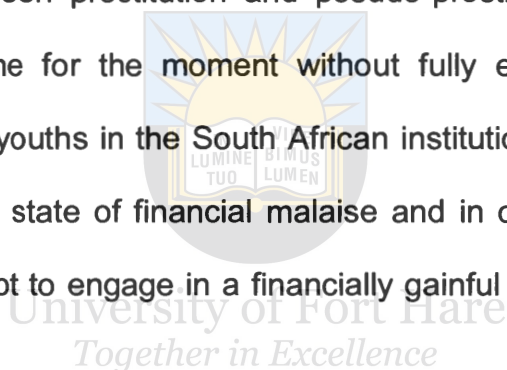
1.3.1. Youth's Behaviour towards HIV/AIDS in South Africa

South African youth's inadequate behavior change towards HIV/AIDS is at an alarming rate in the effort to thrash the epidemic (Mutinta, 2012). Nevertheless, some countries such as Thailand and Uganda have been able to respond positively to the epidemic. Contrastingly, this is worrying in South Africa where institutions of higher learning remain the most vulnerable group to the epidemic (Bhana, &

Pattman, 2011). Several variables identified as a direct cause of an inadequate youth behavior response towards HIV/AIDS and some of these malevolent variables discussed as follows:

1.3.1.1 Pseudo- Prostitution

Pseudo-prostitution is a situation in which sexual favors may take not only financial exchange, but also various flavors such as love, and taking care of some agreed favors such as buying food and paying house rent (Kang'ethe & Mafa, 2012). Perhaps a thin line between prostitution and pseudo-prostitution is that pseudo-prostitution is simply done for the moment without fully engaging in full blown prostitution practice. The youths in the South African institutions of Higher Learning may find themselves in a state of financial malaise and in order to half way meet their sustenance needs opt to engage in a financially gainful prostitution (Kang'ethe & Mafa, 2012).



1.3.1.2 Substance Abuse and Unprotected Sex

Substance abuse among the youths in South Africa, and beyond has created the perfect machinery for the continued propagation of HIV/AIDS in that there are higher opportunities for the youths to engage in drug-mediated, unprotected sex and other risk behaviors that go virtually unchallenged (Farmer & Simmons, 2011). In addition, the use of intravenous drugs has become the primary mode of transmission of HIV/AIDS for both the males and females (Farmer & Simmons, 2011).

Smith, et al, (2012), stated that unprotected oral, vaginal, and anal sexual activity among undergraduate students often leads to negative consequences including contracting human immunodeficiency virus (HIV). HIV is considered an epidemic of young people between the ages of 13 and 29 and accounts for substantial social and

financial costs for affected individuals as well as their friends and families (Smith, et al, 2012).

1.3.1.3 Engagement with Multiple Concurrent Sexual Partners

The fundamental argument on this theme hinges on the notion that the rapid transmission of HIV/AIDS in the Sub-Saharan African region with particular reference to South Africa attributed to the high occurrence of multiple and concurrent sexual collaborates (Bhana, & Pattman, 2011).

South African youths go without this exception based on this gravely, empirical information indicating that it is the institutions of higher learning that harbor the highest prevalence of HIV/AIDS (Bhana, & Pattman, 2011). The youths in these institutions are highly promiscuous due to factors such as poverty that may drive the youths to use sex for gaining money. Hence, multiple concurrent sexual partners have remained a pertinent issue that has witnessed a delayed behavior change in responding to the HIV/AIDS among the youth in South Africa (Bhana, & Pattman, 2011).

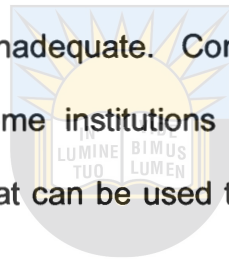
1.4.0. Problem Statement

Universally, with particular reference to countries of Sub-Sahara, an inadequate behavior change among the youths in institutions of Higher Learning towards HIV/AIDS has placed them at a vulnerable position to the epidemic. The situation in South Africa, as a case in point, is deep-rooted in a quagmire of behavioral factors that persist to influence the youths to respond inadequately to the HIV/AIDS scourge.

One cannot help but marvel to the extent to which the HIV/AIDS scourge has threatened human life due to highly intertwined behavioral factors. These behavioral factors include: but not restricted to, low rate of abstention; inconsistent and incorrect

use of condoms; unprotected sex; pseudo-prostitution; idolizing or modeling personalities that display behaviors that put them at higher HIV/AIDS risk; poor HIV/AIDS campaign implementation; increased consumption of substance abuse that make the youth tipsy and prone to HIV/AIDS risky behaviors; the presence of myths and misleading information about HIV/AIDS; and their engagement with multiple and concurrent sexual partners.

This has made it urgent and critical, for this study, to interrogate the youths in an institution of Higher Learning context in order to produce an understanding as to why their response to the epidemic is inadequate. Conducting a research on attitudes perceptions of the students in some institutions of Higher Learning, led to the formulation of recommendations that can be used to aid in expediting the students' positive behavior change.



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1.5.0. Research Assumptions

A research assumption is a statement presumed to be true, often only temporarily or for a specific purpose, such as building a theory with the conditions under which statistical techniques yield valid results. An assumption is an unexamined belief: what we think without realizing we think it (Wargo, 2015).

It is important to note that, although assumptions are useful in providing the basis for action and in creating "what if" scenarios to simulate different realities or possible situations, assumptions are dangerous when accepted as reality without thorough examination (Wargo, 2015).

Validation of assumptions enables the reduction of associated risks very early in the research development (Foraker Labs, 2016). During the exploration phase of this study, the researcher professed assumptions up front in order to test those that

present the highest risk as key steps in defining the fundamental research problem (Foraker Labs, 2016).

1.5.1. First Assumption

A¹ The youths at UFH face behavioral factors making them vulnerable to HIV/AIDS.

1.5.2. Second assumption

A₂ the inadequate behavior response among UFH students towards combating HIV/AIDS reviews their underutilization of the available institutional HIV/AIDS support structures.

1.6.0. Research Hypothesis

A research hypothesis is a speculation or theory based on insufficient evidence that lends itself to further testing and experimentation (Shuttleworth, 2016). With further testing, a hypothesis can usually be proven true or false. In this study, the researcher formulated a null hypothesis and a positive hypothesis.

A null hypothesis is a hypothesis that says there is no statistical significance between the two variables in the hypothesis (Shuttleworth, 2016). It is the hypothesis that the researcher is trying to disprove. While an alternative hypothesis simply is the inverse, or opposite, of the null hypothesis (Shuttleworth, 2016).

It is important to carefully select the wording of the null, and ensure that it is as specific as possible (Shuttleworth, 2016). The more specific a statement is the higher possibility that the statement can be negated (Popper, 2002). For Popper, a scientific method is proposing bold hypotheses, and exposing them to the severest criticism, in order to detect where we have erred; Popper went on to say if the hypothesis can stand the trial of fire, then we can confirm its validity (Popper, 2002).

1.6.1. Null Hypothesis

H_0 If the knowledge levels of students are not enough concerning HIV/AIDS, and then the noticeable higher degree of a lack of expertise, lack of professionalism, and lack of innovativeness among the caregivers to motivate students to visit the university HIV/AIDS health support structures are the prevailing menace.

1.6.2. Alternative Hypothesis

H_1 If the knowledge levels of students are enough concerning HIV/AIDS, and then the noticeable higher degree of expertise, professionalism, and of innovativeness among the caregivers motivating students to visit the university HIV/AIDS health support structures are a reassurance.



1.7.0. Aim and Objectives

1.7.1 Aim of the Study

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The aim of the study was to explore the perceptions of the university of Fort Hare students of the inadequate response towards combatting HIV/AIDS by the youth.

1.7.2. Objectives of the Study

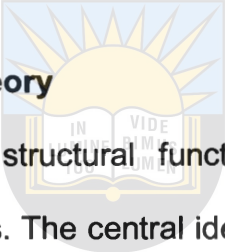
- To establish the behavior challenges making the youths of the institutions of Higher Learning vulnerable to HIV/AIDS.
- To determine the knowledge levels among the UFH youths with regards to HIV/AIDS.
- To cross-examine the UFH student's attitudes and feelings towards an inadequate behavior response to HIV/AIDS by the youths in South Africa.

1.8.0. Research Questions

- What are behavioral challenges that are making the students of the UFH vulnerable to HIV/AIDS?
- What is the knowledge levels among the UFH youths with regards to HIV/AIDS?
- What are the UFH student's attitudes and feelings towards an inadequate behavior by the youths in responding to HIV/AIDS in South Africa?

1.9.0. Theoretical Framework

1.9.1 Structural Functionalism Theory



The study was attached to the structural functionalism theory developed by sociologists such as Talcott Parsons. The central idea of the structural functionalism was the conception of the organic solidarity (Haralambos & Holborn, 2012). In this way, the concept of organic solidarity enables the structural functionalist theorists to explain the success of institutions and social processes in society. Haralambos and Holborn (2012), indicated that through biological organic analogy, structural functionalism theory sees society as an organic complete with constituent parts working together to maintain a balance, in the same way, the body parts of an animal work to maintain the body as a whole.

The theory of structural functionalism submitted that each of either the components has a significant role to play and contribute to the larger society in order to achieve social equilibrium (Kang'ethe, 2015). In this study, the researcher will make use of structural functionalists proposition with regards to the significant role. Thus, the researcher argues that the youths as a component of the institution of Higher Learning have a significant role to play for the survival of the institution of Higher

Learning. When the youths are affected and infected with HIV/AIDS such will render the institutions of Higher Learning to a dysfunctional status. In order for the youths to contribute to a social equilibrium of success, it is a prerequisite for the youths to expedite their positive behavior change.

Youth's positive and a hurried behavior change towards combating HIV/AIDS as an independent variable can bring about a required positive contribution. The dependent variables namely, low rate of abstention; inconsistent and incorrect use of condoms; and unprotected sex, just to mention a few, identified as putting the youths at higher risk of HIV/AIDS.



1.10.0. Methodology

Research methodology is defined as an organized set of processes composed of a research design, methods of data collection, and data analysis which are followed while carrying out a research project (Creswell, 2009). Research has been defined as a diligent and systematic inquiry or investigation into a subject in order to discover or revise facts, theories, and applications (Dumont, & Sumbulu, 2010). Before expounding on research design, the researcher would wish to discuss the study's research paradigm and research approach.

1.10.1. Research Paradigm

A research paradigm is an underlying assumption and an intellectual structure upon which research and development in a field of inquiry are based (Babbie, 2010). The study used both quantitative and qualitative paradigms. Ontologically, the results of the participants were subjective while the respondents' results were objective. Epistemologically, the participants freely interacted with the researcher while in the survey, the researcher maintained a distance from the respondents (Mastin, 2008).

Axiologically, values of participants were value-laden while the results of from a mini-survey were value-free (Kim Seung, 2011). Kim Seung, (2011) stated that values are in two folds namely material values and spiritual values. Rhetorically, the language of the researcher in reporting the qualitative results was informal and manifested personal voice, while the language in reporting quantitative results was formal. Methodologically, the quantitative approach was deductive while the qualitative process was inductive.

1.10.2. Research Approaches

The study used a research approach divided into two main processes namely the quantitative and qualitative approaches. The quantitative approach used in order to facilitate the quantification of knowledge levels among the UFH youths with regards to HIV/AIDS, make statistical measurements and provided objective results with a higher degree of valid results. Qualitative research approach used enabled the researcher to explore, examine and analyze the environment of the study leading to the production of subjective data.

1.11.0. Research Design

A research design is a systematic outline of how the researcher intends to carry out the research process in order to bring about a possible solution to the identified problem and to expand knowledge and understanding concerning the phenomenon (De Vos, et al, 2011). The researcher used both quantitative and qualitative designs, a case study for qualitative approach and a mini survey concurrently and with an equal weight to best understand the phenomenon of interest (De Vos, et al, 2011). Adopting the triangulation of the research designs, the researcher hopes it being a formidable strategy of overcoming the inherent partiality that would arise from using a distinct method, a particular theory, and relying on a single observer research

process, hence the researcher intends to succinctly increase the validity of the research findings.

1.11.1. Population Under Study

The population of the study was made up of a total of thirteen thousand seven hundred and seventy-four (13774) UFH students. A sample of the study was drawn from the University of Fort Hare students, Alice Campus presumed to be vulnerable to behavioral challenges. Researcher presumed Alice Campus to be vulnerable to behavioural challenges because the youth's insatiable quest for sex is obviously making the youth appear as if they are fools testing the depth of the water with both feet. The samples comprised of twenty-five (25) UFH Post-Graduate social sciences students. Five (5) members of the UFH Department of HIV/AIDS Unit involved and dealing with HIV/AIDS issues at UFH, and five (5) members of the Student Representative Committee (SRC) these were selected based on their positions of influence and five (5) members of the Voluntary Counseling and Testing Unit Alice campus.

1.11.2. Population Selection Criteria

The researcher used the principle of inclusion and exclusion criteria to select the population of interest. In this study, the inclusion criteria focused on specific characteristics that the prospective subjects were to be included in the study, while exclusively disqualifying prospective characteristic subjects from the inclusive sample (Creswell, 2009). Thus, all Post-Graduate students in the Faculty of Social Sciences Alice campus were included in the study as a population of interest, while excluding Post-Graduate students from other faculties. Members working at the UFH Alice campus Department of HIV/AIDS Unit were included, as a population of interest excluding those not part of the UFH Alice campus.

Further, members of the Voluntary Counseling and Testing Unit Alice campus were put into consideration for the study, while those not from Alice campus were excluded. The researcher inclusively selected students from the Student Representative Committee Alice campus. Excluding those from SRC outside of Alice campus. In practice, the sample size used in the study was determined based on the expense of data collection, and the need to have sufficient statistical power.

1.11.3. Sampling Methodologies and Techniques

The researcher used both probability and non-probability sampling methodologies. Probability sampling was used as a methodology where each unit of the sample had the same known probability. Each unit was representatively selected to enable the researcher to compute and estimate the accuracy of the sample. Non-probability sampling was used as a methodology of selecting units without knowing the chances of choosing the units. The researcher didn't know the population size of the units under the non-probability sampling.

Specifically, the researcher utilized systematic random sampling which is a type of probability sampling technique which entails selecting sample members from a larger population. Systematic random sampling entails selecting samples according to a random starting point and a fixed, periodic interval. This interval, called the sampling interval, will be calculated by dividing the population size by the desired sample size.

Under the non-probability methodology, the specific sampling technique that will be used is purposive sampling technique. This is where the researcher biasedly selects the samples that have the desirable attributes he wishes to investigate.

1.11.4. Sample Size

A sample size is a subset of measurements drawn from a population in which the researcher is interested in carrying out the study, presented as follows:

Table 1: Sampling Methods

Research method	Research instrument	Sample size
Quantitative	Questionnaire	Three members (3) UFH Department of HIV/AIDS Unit, Two members (2) Voluntary Counseling and Testing Unit, and Twenty (25) Post-Graduate Social Science students
Qualitative	In-depth interviews	Ten (8) Post Graduate Social Sciences students, one member (1) UFH Department of HIV/AIDS Unit, and one member (1) Voluntary Counseling and Testing Unit.
	Focus group	One member (1) UFH Department of HIV/AIDS Unit, Two members (2) Voluntary Counseling and Testing Unit (5) Student Representative Committee

1.12.0. Methods of Data Collection

Methods of data collection are specific techniques that the researcher have used in the process of collecting data.

1.12.1. Quantitative methods of data collection

Quantitatively, the researcher used a mini-survey to collect primary data from the respondents. A mini-survey is a method for collecting quantitative information about items in a population using the questionnaire as the data collection instrument (Yeasmin & Rahman, 2012).

1.12.2. Qualitative methods of data collection

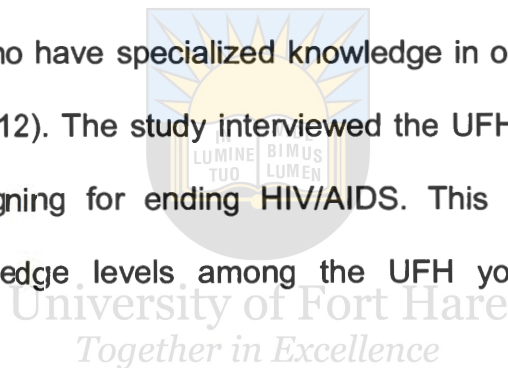
Given that qualitative research is a system of inquiry seeking to build a holistic, largely narrative, description to inform the researcher's understanding of a social or cultural phenomenon, therefore, the researcher used the following methods discussed here

1.12.2.1. Focus Group Discussions

Focus groups are guided discussions among a small group of people who share a common characteristic central to the topic of interest in order to gain a deeper understanding of the research topic and extract important information from the participants (Yeasmin & Rahman, 2012). In this case, the researcher utilized a focus group composed of students and members of staff

1.12.2.2. Key Informants

Key informants are a form of a slickly structured discussion embarked on by the researcher with people who have specialized knowledge in order to understand the phenomenon (Salkind, 2012). The study interviewed the UFH HIV/AIDS counseling team and those campaigning for ending HIV/AIDS. This had an advantage of understanding the knowledge levels among the UFH youths with regards to HIV/AIDS



1.12.2.3. In-depth Interviews

The study used face-to-face and semi-structured type of interviews as specific methods of collecting information. A semi-structured interview is questions organized around areas of particular interest while allowing considerable flexibility in scope and depth (De Vos, et al, 2011).

1.12.2.4. Secondary Data Sources

Available information from books, reports, Journal articles, policy papers, commission and conference-documented speeches used in this study as a point of reference to avoid repeating previous research.


1.13.0. Data Collection Instruments

The researcher used a questionnaire to measure statistically the perceptions of the University of Fort Hare students towards a delayed behavior change to HIV/AIDS. The researcher used an interview guide for qualitative data.

1.14.0. Data Collection Process

The data collection process was cross-sectional because data was collected within a short time frame or is a once off data collection process. This had an advantage of saving time and financial expenses.

1.15.0. Data Analysis



The study used content thematic analysis to analyze the data. Thematic analysis is a qualitative analytic method for identifying, analyzing and reporting emerging themes within data it helps in organizing and describing data set in detail (Bless, et al, 2006). Quantitatively, moderate and advanced analytical data methods were used for data analysis in order to offer a solid understanding of statistics to interpret the results of findings. Since, this statistical type of analyses generally requires a computer software such as the SPSS (Statistical package for the social sciences) software for data statistical analysis was used as a method of analyzing data collected from the field (Bless, et al, 2006).

1.16.0. Research Domain and Justification

The research was conducted at the University of Fort Hare (UFH) Alice campus, simply because the researcher thinks that the youths were increasingly adopting risky behaviors that were delaying their adequate response to combating HIV/AIDS.

Table 2: Research Methods Linked to Research Questions

Research Question	Data sources and Methods	Justification
What behavioral challenges make the students of the UFH students vulnerable to HIV/AIDS?	Quantitative and qualitative, questionnaires, documentary analysis, and interviews	Documents helped with existing information on behavioral factors making students vulnerable to HIV/AIDS. Participants indicated the behavioral factors making students vulnerable. Participants briefly explained the behavioral factors. Attained through the use of documents, questionnaires, and interviews
What is the knowledge levels among the UFH youths with regards to HIV/AIDS?	Quantitative and Qualitative, questionnaires, interviews and focus group discussions	Participants shared their views about knowledge levels among the youths. Participants indicated their estimation of the knowledge levels among the youth. They also showed that the knowledge level was appropriate to the expected level and this was accomplished with questionnaires, interviews, and focus groups
What are the UFH youth's attitudes and feelings towards a slower response by the youths in responding to HIV/AIDS in South Africa?	Qualitative and in-depth interviews	Participants shared their opinions as to what constitutes an inadequate behavior response by the youth in responding to HIV/AIDS in South Africa. Participants also shared their opinions on what research needs to do to expedite the youth's inadequate behavior response to the HIV/AIDS scourge. Results achieved through interviews and focus groups.

1.17.0. Significance of the Study

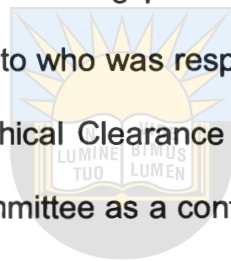
This study was of a great significance in forming an alternative source of information concerning an inadequate behavior change towards HIV/AIDS among the youth and to the holistic practice and theoretical development of HIV/AIDS knowledge. The research findings are likely to inform policy makers on areas that need restructuring to improve the knowledge levels among the youths in institutions of Higher Learning with regards to HIV/AIDS. Importantly, the findings of the study may be used for further advocacy and lobbying for government and nongovernmental organizations to increase and improve interventions and service delivery in institutions of Higher Learning in their fight against HIV/AIDS.

1.18.0. Envisaged Ethical Issues

Ethical considerations are guidelines or specific precautions measures undertaken by researchers before the commencement of research (Denzin & Lincoln, 2005). The researcher abide on to ethical considerations that include; permission to collect data; participant consent; confidentiality.

1.18.1. Permission to Collect Data

The researcher sought permission from the University of Fort Hare's Ethics Committee through a written letter. Seeking permission allowed the researcher to familiarize with the area of study as to who was responsible for formulating HIV/AIDS policies in the area of study. An Ethical Clearance Certificate was provided by the University of Fort Hare's Ethics Committee as a confirmation for the commencement of the research.



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1.18.2. Participant consent

Participant consent is a procedure for ensuring that research participants understand the nature of research and made aware of any risks associated with their participation (Denzin & Lincoln, 2005). The researcher expected that participants voluntarily agreed to participate in the study without participants forced or tricked to participate. The researcher informed participants on what the researcher expected from them also without participants tricked or cheated participants comprised of the UFH Post-Graduate social sciences students; members of the UFH Department of HIV/AIDS Unit; members of the Student Representative Committee (SRC); and members of the Voluntary Counseling and Testing Unit Alice campus in relation to HIV/AIDS. Informed consent forms and letters of approval were given to participants to indicate their voluntary participation in the research.

1.18.3. Confidentiality

The researcher ensured that personal attitudes, beliefs, behavior and opinions of participants shared during the research process withheld as confidential information to the end of the study (De Vos, et al, 2011). As a result, this study was highly guided by the ethical consideration of confidentiality as the researcher verbally inform participants that all their responses were to be treated as confidential information during presentation of the findings

1.18.4. Avoidance of Harm

In order to avoid harming participants during the research process, the researcher ensured unlimited participant protection from undue intrusion, distress, indignity, physical discomfort and personal embarrassment (De Vos, et al, 2011). The researcher relied on debriefing and incorporate participants who form the focus of the research in the running and planning of the research.

1.19.0. Anticipated Limitations of the Study

The fact that the researcher conducted the study at the University of Fort Hare, Alice campus and results generalized to the entire South Africa, posed a great challenge. Results produced at the UFH, Alice campus lacked representativeness for all other institutions of Higher Learning in South Africa. Participants in the study were also reluctant to discuss the challenges they face for fear of badmouthing their employer and the research seemingly affected their job reputation especially HIV/AIDS counselors and those from the SRC team.

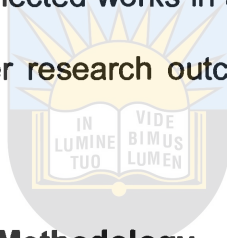
1.20.0. Outline of the Study

1.20.1. Chapter One: Introduction/Background of Study

This chapter introduces the following items, the background of the study; the preliminary literature review, the research problem; the significance of the study; the research aim; the research objectives; the research questions; the theoretical framework; methodology and lastly highlighted the overall outline of the study.

1.20.2. Chapter Two: Literature Review

Chapter 2 offers a review of the collected works in areas appropriate to the research questions, which underlined former research outcomes that the researcher of the current study advanced further.



1.20.3. Chapter Three: Research Methodology

This chapter demonstrates the following items: the research paradigm, the research approach, the research design, population of the study, the sampling methodologies and techniques, the unit of analysis, the data collection instruments, data analysis, there were discussions of methods used by the researcher to investigate the topic under research. In addition, this chapter explains in detail how the research unfolded and went on to explain how researcher selected participants, and lastly presented on the ethical considerations.

1.20.4. Chapter Four: Research Findings

This chapter focuses on presenting the findings starting by profiling participants. The chapter further elucidated on the attitudes and perceptions of the youth's inadequate behaviour response towards HIV/AIDS in the institutions of Higher Learning, establish the behaviour challenges making the youths of the institutions of Higher

Learning vulnerable to HIV/AIDS, and measure to determine the knowledge levels among the UFH youths with regards to HIV/AIDS.

1.20.5. Chapter Five: Discussions of the Findings, Conclusions, and recommendations

This chapter demonstrates in the comparisons made on the literature presented and indications on how the research results filled in the identified gaps advance or even contradict previously reported research. The chapter also demonstrates the implications on people under research or within the field of research. Further, the chapter offered recommendations on the direction that further research should take.

1.21.0. Conclusion

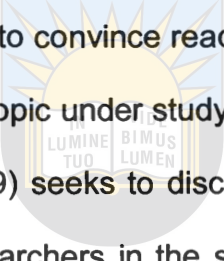
This chapter is an overview of the study that gave a direction to all the chapters composed in this study. As the chapter outline indicates, the structure of the study indicates the background of the study, the literature review, and the problem statement, and theoretical framework, the aim of the study, the research objectives and the research questions giving direction to the entire research. Chapter 1 served as a foundation for the investigator to go through the stages of the study. This chapter served as an escort to the reader about the important aspects that are contained in the study that looks at the perceptions of the University of Fort Hare students of the inadequate response towards combatting HIV/AIDS by the youth.

CHAPTER TWO

LITERATURE REVIEW

2.0. Introduction

During the research process, literature review helps the novice researchers to follow steps of expert researchers who have previously delineated similar problems by narrowing the focus of the research project in order to guide the novice researcher against repeating the findings of earlier researchers (Dumont, & Sumbulu, 2010). In brief, a literature review is essential to convince readers that the researcher is aware of the current issues related to the topic under study (De Vos, et al, 2012). Literature review, according to Creswell (2009) seeks to discover existing data and empirical findings produced by previous researchers in the same field that the researcher is studying.



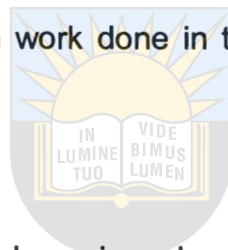
The logo of the University of Fort Hare is a circular emblem. It features a central sun with rays emanating from it. Below the sun, the Latin motto 'LUMINE TUO BIMUS LUMEN' is inscribed. The entire emblem is set against a light blue background with a subtle grid pattern.

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This chapter further helps in pointing out ways in which the study conducted can be different from or similar to previously conducted studies. This chapter unpacks a review of the literature on areas relevant to the research questions by firstly establishing and explaining the behavioral challenges that are making the youths in institutions of Higher Learning vulnerable to HIV/AIDS pandemic. Lastly, this chapter strives to determine the knowledge levels and indicate the students' attitudes and feelings towards a delayed response of the youths in responding to HIV/AIDS in South Africa. With the assistance from the previously conducted research, the researcher has expanded the existing literature on HIV/AIDS.

2.1.0. South African Government Response to HIV/AIDS

Consequently, South Africa's most recent HIV/AIDS policy received with general applause nationwide (NSP, 2007). The HIV/AIDS and STI Strategic Plan for South Africa, 2007–2011 (NSP), a brainchild of the National Strategic Plan of 2000-2005 with the Operational Plan for Comprehensive HIV/AIDS Care, Management, and Treatment (CCMT). The NPS represented the country's multi-sectorial response to the challenge with HIV/AIDS infection and the wide-ranging impacts of the epidemic. NSP seeks to provide continued guidance to all government departments and sectors of civil society, building on work done in the past decade (Wouters, et al, 2009).



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The NPS informed by the nature, dynamics, character of the endemic, as well as developments in medical and scientific knowledge (NSP, 2007). Health communication observed to take on strategic tools that render communication effective so that meaning of the epidemic antecedents and dynamics (SANSPP, 2007). In the context of South Africa, it is apparent from the media landscape that the tools for health communication have been comprehensive. Government and Non-Governmental Organisations (NGOs) have played a key role in creating awareness and trying to influence behaviour change amongst their audiences (Janse van Rensburg, 2013).

The comprehensive public strategy on HIV/AIDS based on inclusiveness and human-rights-centred policy prescriptions within a multi-sectoral structure, with implementation units in key ministries (Wouters et al, 2009). The NPS included all the elements required by the HIV/AIDS policy stakeholders. A wide consultative

process ensured that the majority of important HIV/AIDS stakeholders such as the WHO Global Program on AIDS officials, civil society, business, political parties, academics, AIDS activists, and trade unions were involved in the policy making process (Wouters et al, 2009).

In 2007, without exception, South Africa adopted an HIV/AIDS Strategic Plan that intertwined with the Millennium Development Goals and the SADC development principles (Mutinta, 2012). In this process, each government ministry mandated to plan, budget, implement and closely monitor the HIV/AIDS interventions (NSP, 2007). Thus, according to the South African Parliamentary Report of 2008, the Cabinet of South Africa made HIV/AIDS support structures a national priority under the management of the South African National AIDS Council (SANAC), a board introduced to coordinate national programs on HIV/AIDS related matters (NSP, 2007).

Khomanani, meaning, “Caring together” a consortium responsible for the Department of Health’s HIV/AIDS and TB information, education and communications media was established (NSP, 2007). The consortium uses the mass media to broadcast its messages aimed at raising awareness of the risk factors associated with HIV/AIDS in order to increase personal risk perception as a means towards behaviour change especially among the youth (Wouters et al, 2009).

In 2007 *Khomanani*, a campaign was re-launched and its campaign focuses on accelerated HIV/AIDS prevention (SANSPP, 2007). However, following allegations of

financial discrepancies and the termination of government funding in March 2010, the campaign appears to have been significantly downgraded (NSP, 2007).

However, despite the formulation and implementation efforts of several public HIV/AIDS policies by consecutive governments, an estimated 5.7 million South Africans are currently infected and increasing numbers are dying (Wouters, Van Rensburg, & Meulemans, 2009).

The Higher Education AIDS Programme (HEAIDS) conducted a national survey at twenty-one of the Higher Education Institutions (HEIs) in South Africa to determine the prevalence of HIV infection among staff and students (Mutinta, 2012). The survey found out that prevalence rates were about three times higher in students more than 25 years of age and that female students were hardest hit. Further, the survey revealed that about 60% of sexually active students tested for HIV/AIDS before, and a similar percentage reported using a condom the last time they had sex (Mutinta, 2012).

2.2.0. Non-Governmental Organisations' (NGOs) response to HIV/AIDS

Notable among NGOs in South Africa that are HIV/AIDS proactive include among others, Soul City that was established in 1992 (Mutinta, 2012). Soul City nationally recognized as a media-based intervention that promotes health through television drama review of the effectiveness of mass communication programmes to change HIV/AIDS-related behaviours in developing countries (Wouters, Van Rensburg, & Meulemans, 2009). Soul City's programmes explore health and development issues (Vearey, et al, 2011).

Another NGO response is Love Life a multimedia communication-based intervention tailored for various youth. Love Life established in 1998 by a conglomerate of NGOs dealing with adolescent reproductive health in South Africa (Vearey, et al, 2011). Love Life aims to encourage the public to talk about issues around HIV/AIDS in order to confront the epidemic. In 2005, The Global Fund to Fight AIDS, Tuberculosis, and Malaria withdrew funding for Love Life, questioning its performance, accounting procedures, and governance structure among other aspects (Vearey, et al, 2011).

Tsha Tsha is another NGO that started in 2003 and produced by the Centre for Aids Development, Research, and Evaluation (CADRE), and Curious Pictures (Mutinta, 2012). *Tsha Tsha* uses multi-part television drama series and focuses on young people living in rural areas affected by HIV/AIDS and other social problems (Mutinta, 2012)

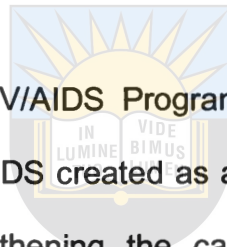
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The Scrutinise Campus campaign is a recent *Tsha Tsha* HIV/AIDS campaign created from the Scrutinise campaign formed in partnership with the United States Agency for International Development (USAID), Johns Hopkins Health Education in South Africa (JHHESA), and the designer jeans label Levi (Wouters, et al, 2009). The aim of the Scrutinise campaign is to encourage and equip young people to take responsibility for reducing their risk of HIV/AIDS infection (Wouters, et al, 2009). The campaign involves showing a series of short animated commercials on television (Wouters, et al, 2009).

2.3.0. The Higher Education Institutions' response to HIV/AIDS

The adverse effects of HIV/AIDS on staff and students in higher education institutions led to the generation of several initiatives to curb the epidemic. A number of factors triggered the response. In 1999, the Minister of Education called for the

development of HIV/AIDS policy by tertiary institutions at the “Tertiary Institutions against AIDS” conference (HEAIDS, 2013b). At this time, only one university had already produced a comprehensive policy document. The speech by Kader Asmal (2002), the Minister of Education, challenged tertiary institutions to come up with policy documents on HIV/AIDS (HEAIDS, 2013b). At the conference, the report was that three Technicon, the Natal and Peninsula Technicon and Technicon South Africa had already adopted policies. Only one university, Cape Town had already produced a policy statement at that (HEAIDS, 2013b).



In 2006, the Higher Education HIV/AIDS Programme (HEAIDS) was established (Janse van Rensburg, 2013). HEAIDS created as a nationally co-ordinated initiative aiming at developing and strengthening the capacity of South Africa's higher education sector to respond comprehensively to the challenges posed by HIV/AIDS and to play a leadership role in the South African HIV/AIDS response (HEAIDS, 2010). HEAIDS was, from the onset, an initiative of the Department of Education (DoE) and undertaken on behalf of the Department by HESA (HEAIDS, 2013b).

The programme aimed at enabling institutions to address HIV/AIDS through their mandate to undertake advanced teaching and prepare graduates for responsible roles in the world of work (HEAIDS, 2011b). HEAIDS does this through primary research on aspects of HIV/AIDS pertinent to the sector and through the development of policy frameworks. HEAIDS has also allocated financial assistance to institutions of higher education to help them upgrade or develop their HIV/AIDS programmes (HEAIDS, 2013b).

The University of Fort-Hare as a pinnacle of education that presents itself as a simplified version of the real society recognizes the extreme seriousness of HIV/AIDS. People of diverse background and ideologies converge on the institution with such interactions that increases the disease epidemiological antecedents (UFH, 2013). In view of the implications of HIV/AIDS, both within the institution and within the wider society, the University of Fort Hare has committed itself to formulating and implementing an HIV/AIDS policy in an effort to deal with the social ill (UFH, 2013).

For example, the University attaches great importance to education as a tool to fight HIV/AIDS (UFH, 2013). Given the nature and devastating effects of HIV/AIDS. The impact of HIV/AIDS on society, and having regarded the fact that the disease still surrounded by ignorance, prejudice, discrimination and stigma, the University affirms the need to define its institutional policy of an African Rural University (UFH, 2013).

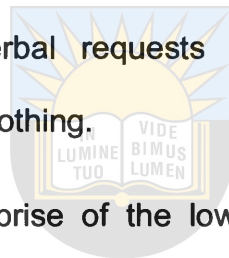
Thus, the university work on developing an HIV/AIDS competent community who will meaningfully participate in a sustainable socio- economic political development of society (UFH, 2013). The university HIV/AIDS policy aimed at managing and mitigating the effects of HIV/AIDS through all aspects of its core functions of the teaching of learning research and community engagement (UFH, 2013).

2.4.0. Youth's Behavior towards HIV/AIDS in South Africa

The matrix of researchers has contended that the solution to address the phenomenon lies in addressing behavioral challenges displayed by the youths leading the pack. Perhaps this explains the fact that in South Africa, the youths remain the most vulnerable with those in institutions of higher learning bearing the gravest brunt of the epidemic (Kang'ethe & Mutopa, 2014). Behavioral challenges

defined as a conditional intensity or duration that may place the physical safety of a person in a serious jeopardy (Kang'ethe & Mutopa, 2014).

Largely, behavioral challenges are the recognized gnawing anecdotes tossing the youths of the world into a dire HIV/AIDS catastrophe (Bailey, et al, 2007). The researcher finds it fit in this context to put the behavioral factors among the youths on a spotlight through the proverbial saying that, "they can always build houses but will never sleep in them peacefully". The researcher located the youth's health risk related behaviors as the foundation of their contingency to live as the rogue child despite repeated written and verbal requests to behavioral change towards HIV/AIDS that seemingly yields to nothing.



These behavioral challenges comprise of the low rate of abstention among the youths; inconsistent and incorrect use of condoms; unprotected sex. Pseudo-prostitution; idolising or modeling personalities that display behaviours that put the youths at higher risks of HIV/AIDS (Kang'ethe & Mutopa, 2014). Increased consumption of substances that make the youth tipsy and prone to HIV/AIDS risky behaviors; the presence of myths and misleading information about HIV/AIDS; and youths engagement with multiple and concurrent sexual partners (Mutinta, 2012).

At the pinnacle of all these behavioral challenges, the poor HIV/AIDS campaign implementation also dictate the pace of behavioural change among the youths in institutions of Higher Learning where poor implementation of HIV/AIDS campaigns involuntarily superimpose the youths at a vulnerable HIV/AIDS situation (Mulwo, et al, 2010). The researcher as a primary data collection instrument will dissect each of the factors in the following sequence. The above, mentioned factors will be

discussed below as possible contributors to the inadequate behavior response towards combatting HIV/AIDS by the youth.

2.5.0. Low Rate of Abstention

2.5.1. Youth Sexual Abstention

Abstention can be summarized in this study as a health behavioral exercise of restraining oneself from indulging in early sexual practices. This is in anticipation of reducing health risks associated with HIV/AIDS and other sexually transmitted diseases (STDs) (Du Plessis, 2009). HIV/AIDS experts and human rights activists worldwide have championed abstention as a possible health behavioral training that should be adopted by the youths to accelerate the pace to combating HIV/AIDS least they risk becoming “ill-advised flies that follows a corpse into the grave” (Kang’ethe & Mangwiro, 2015).



Through repeated written and verbal requests, researchers have contextualized that sexual behavior among the youths as a natural part of the maturation process largely put them at a higher risk of HIV/AIDS infections as well as the sexually transmitted diseases (Farmer & Simmons, 2011).

Largely, early sexual debut in any corner of the globe is exceedingly associated with STDs transmission and unintended pregnancy (Wechsberg & Browne, 2013). Therefore, researchers world over have been pleading to all the communities to advocate and persuade the youth to consider delaying their sexual debut in order to heighten their sexual reproductive health (Farmer & Simmons, 2011).

Perhaps this would be one of the desirable behavior change that African countries such as South Africa that carry the lion’s share of the epidemic would wish to

achieve. This would perhaps set the pace to the stemming of the epidemic and perhaps usher in meaningful pace to a free HIV/AIDS generation (Brandt, 2008).

At this juncture, perhaps it is academically practical to indicate that the youths are identified as one particular class in society that is in opposition to itself simply. It is clear to note in this study that despite the efforts by researchers and health practitioners to put in place mechanisms of mitigating the HIV/AIDS epidemic various kinds of advocacy such as emphasizing on abstinence, there still remains a very low rate of abstinence among the youths in South Africa especially in institutions of Higher Learning (Kang'ethe & Nomngcoyiya, 2016). Automatically, this results in the inadequate response towards combatting HIV/AIDS by the youth (Kang'ethe & Nomngcoyiya, 2016).

As a result of the low rate of abstinence among the youths, HIV/AIDS infection rates have accelerated both geometrically and arithmetically, and thereby creating a worrying atmosphere in institutions of Higher Learning and in communities at large. Perhaps reference needs to be made of the current media revelation that nearly half of the University of Zimbabwe students who recently underwent voluntary HIV testing were positive, prompting the institution to limit inter-residence visits between male and female students (Mukwati, 2016).

Most importantly, the unrelenting phenomenon of the low rate of abstinence in the institutions of Higher Learning both in the Sub-Saharan African countries and beyond evokes hypothetical debates, developmental action, and policy formulation in the effort to combat HIV/AIDS (Van Dyk, 2011)

Subsequently and in practical terms, one will submit that HIV/AIDS reveals itself as an intellectual challenge as it undermines learning which is absolutely part of the

core function of institutions of Higher Learning (Van Wyk, Strebel, Peltzer, & Skinner , 2005). According to Meekers and Van Rossem (2005), in the Sub-Saharan African countries, it has been established that the core element of HIV/AIDS strategies in institutions of Higher Learning is to generate, collect, transmit and expand HIV/AIDS relevant knowledge, wisdom, understanding, and practice as part of institutionalised and mainstreamed response to the epidemic which pervades institutional structures (Meekers & Van Rossem, 2005).

2.5.2. Inconsistent and Incorrect use of Condoms

Inconsistent condom use may involve not using a condom every time when one have either vaginal, anal, or oral sex (Mulwo, et al, 2010). Incorrect condom use may imply that one is not able to put the condom correctly leaving chances of it bursting during the sexual engagement.

Perhaps this is why some campaigners explain the fact that while so many condoms have been used in the South African region to combat HIV/AIDS, their impacts have been marginal (Van Wyk, Strebel, Peltzer, & Skinner , 2005). The answer, therefore, could lie in the incorrect and inconsistent condom use (Kang'ethe & Mutopa, 2014). This challenge, however, has prompted several approaches such as mass media channels to encourage consistent and correct condom to use especially among the young people (Wechsberg & Browne, 2013).

2.5.2.1. Condom users Education

The scenario above has also prompted the need for more education especially through the media pertaining to the use of contraceptives in general in an endeavor to combat or mitigate the effects of HIV/AIDS (Van Dyk, 2011). To this end, the South African media industry has robustly provided HIV/AIDS education through

television and radio dramas such as *Soul City*, *Tsha Tsha*, and *Khomanani*; and billboard advertisements; and a variety of other approaches implemented especially at schools and other institutions of Higher Learning (Vearey, et al, 2011).

Specific programs being emphasized includes the promotion of consistent and correct condom use (Dickson, 2006). In addition, the slogans '*Abstain, Be faithful, Condomise*' and '*Know your status*' have remained the rallying call for most communication HIV/AIDS campaigns in South Africa (Van Wyk, et al, 2005). Nevertheless, condom use in institutions of Higher Learning according to health practitioners in South Africa remains the most realistic option in reducing HIV/AIDS transmission among the sexually active population groups, especially in the context of institutions of Higher Learning (HEAIDS, 2013b).

Researchers, scholars, and specialists advocating for the consistent and correct condom use have exhumed enough evidence that the socio-demographic and cultural factors, such as early average age of sexual debut, transactional sex, and trans-generational sex, often render abstinence and partner fidelity options irrelevant among students in the institutions of Higher Learning (Van Dyk, 2011). Thus, communication campaigns targeting sexually active young adults, such as university students, often emphasize condom use as a key strategy for reducing the chances of HIV/AIDS infection (Van Dyk, 2011).

However, the promotion of the consistent and correct use of condoms remains a sad story and very traumatic subject considering the rise in a number of new infections among the youths in institutions of Higher Learning. The case in South Africa is, however, not different in Zimbabwe where the current media briefing indicates that

nearly more than half of the youths of the University of Zimbabwe who went for voluntary testing are HIV/AIDS positive (Mukwati, 2016).

2.5.2.2. Condom Distribution

Following intensified condom promotion campaigns and the government's efforts to provide wide access to consistent and correct condom use in institutions of Higher Learning in South Africa, recent statistics indicate a rapid increase in condom distribution in South Africa and in institutions of Higher Learning (HEAIDS, 2013b).

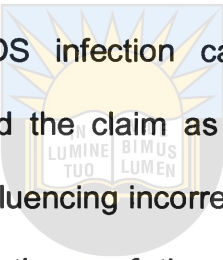
The South African government has further ensured wider access to condoms by establishing nationwide networks involving the public and private sector for distributing free condoms (SANAC, 2011).

This has been interpreted by some researchers as a sign of increased prevalence of consistent and correct condom use in institutions of Higher Learning (Meekers & Van Rossem, 2005). To the contrary, some researchers have dismissed the assumptions on condom distribution patterns in no uncertain terms, arguing that condom distribution doesn't really present the actual number of sexual acts in which a condom was used in relation to the number of unprotected sexual acts (Meekers & Van Rossem, 2005). In this regard, it has been argued that condom distribution equals to those that always build houses, but will never sleep in them peacefully, hence condom distribution argument has been academically dismissed as preposterous and equally hypocritical in reality (Dickson, 2006).

To this end, the South African National AIDS Council (SANAC) presented that about 350 million condoms were being distributed annually on demand across South Africa (SANAC, 2011). Differing the statistical presentation by SANAC, Van Wyk et al, (2005) ascertain that inconsistent and incorrect use of condoms has remained one

of the key reasons for high HIV/AIDS prevalence in institutions of Higher Learning. Originating from these apparent facts of calamitous experiences, thus institutions of Higher Learning restlessly champion for consistent and correct condom use as the most effective intervention against HIV/AIDS infection with particular emphasis on the sexually active youths (Van Wyk, Strebel, Peltzer, & Skinner , 2005).

2.5.2.3. Condom use and Sexual Violence

Although, available studies claim that among South African youths, there is a near universal awareness of HIV/AIDS especially on consistent and correct condom use as mechanisms in which HIV/AIDS infection can be reduced. Nevertheless, researchers have adamantly sacked the claim as unrealistic arguing that sexual violence and rape are key factors influencing incorrect and inconsistent condom use among young South Africans and those of the neighboring countries such as Botswana (Kang'ethe, 2014c).  *Together in Excellence*

On the other hand, researchers have questioned the practicality of the universal awareness of HIV/AIDS, particularly as pertains consistent and correct condom use, with some driving to argue that awareness of HIV/AIDS has not influenced behaviour changes as evidenced by high levels of self-reported lack of inconsistent use of condoms, and the high levels of HIV/AIDS infection (Kang'ethe, 2014c). In support of sexual violence argument, researchers have identified gender violence as a common phenomenon in South Africa, where crime statistics illustrate that more than 40% of women and 16% of men have been sexually assaulted (Mulwo, et al, 2010).

Undoubtedly, such statistical work drives the point home to the fact that violence or a fear of violence prevents women from discussing HIV/AIDS with their partners or requesting them to discuss the consistent and correct use of condoms. Further,

existing literature is sufficient to reveal in practical terms that forced sex may function as a mute button banishing women from discussing HIV/AIDS with their partners the consistent and correct use of condoms (Mulwo, et al, 2010). Sexual violence is, therefore, one of the challenges emerging from existing literature posing as a psychosocial giant in HIV/AIDS transmission and that need to be put into consideration by the humanitarian, public health and security policy makers (Kang'ethe, 2014c).

2.5.2.4. Unprotected Sex for Economic Purposes

On the other hand, it is of paramount importance for this study to submit that the current widespread economic hardship among the majority of South African population observe the re-conceptualization of sexuality as a resource that can be utilized for economic purposes (Mulwo, et al, 2010).

In this context, researchers demonstrate that even though sex exchange may be motivated by the desire to fulfill daily needs, it is noteworthy that female youths especially those in institutions of Higher Learning may also enter into sexual relationships in pursuit of a modern successful life (Leclerc-Madlala, 2004). The central argument behind the desire to maintain such lifestyles goes without saying that it exposes young females to the risks of unprotected sex because their clients often control the decision on condom use (Leclerc-Madlala, 2004). Perhaps this explains the phenomenon of pseudo-prostitution prevalent among the students of the institutions of higher learning in many African countries (Kang'ethe, 2015b)

2.5.2.5. Safe Sexual Practice Guidelines

Having perceived the youths faced in such a quagmire of challenges, social science HIV/AIDS researchers have therefore focused on establishing the contextual factors

that render HIV/AIDS prevention efforts redundant especially with regard to the adoption of condom use (Du Plessis, 2009). This, therefore, witnesses the development and introduction of guidelines mainly aimed at addressing the social and economic conditions that may hinder individuals' intentions to practice safer sex (Du Plessis, 2009). Such guidelines include, for instance, institutional policies against rape and gender-based violence, economic empowerment of vulnerable groups, and affirmative action to foster gender equality especially at workplaces and institutions (Du Plessis, 2009).

In spite of these interventions, inconsistent condom use, coupled with high levels of multiple and concurrent sexual partnerships and lack of male circumcision, remain the key drivers of the HIV/AIDS epidemic among the young people in the Southern African region, with South Africa leading the pack (Kang'ethe, 2015b). Whilst understanding the benefits of abstinence, it is important that participants instructed on how to apply and use a condom (Kang'ethe, 2015b). This is an example of risk reduction, during cases when risk elimination not practiced. People also taught that condoms do not protect against all forms of sexually transmitted diseases (Kang'ethe, 2015b).

2.6.0. Unprotected sex, increase in Consumption of Substance abuse

As of late, the entire world failed to nip HIV/AIDS in its budding stages until it has become so endemic to a point where countries of the world have set up structures to deal with the endemic (Leclerc-Madlala, 2004). This has obligated most governments whose population is hugely infected to heavily invest in buying and producing antiretroviral drugs (ARVs). To this end, South Africa and Botswana are spending a larger part of their budget in ensuring that all the infected access ARVs (Mulwo, et al, 2010).

Undoubtedly, the investment is becoming expensive for countries especially those that are poverty stricken of Sub-Saharan Africa. In this dilemma, millions HIV/AIDS infected persons in South Africa are being kept by the ARVs drugs that are being bought from overseas and some donated by Non-Governmental Organisations (Wouters, et al, 2009). But ARVs though viewed by some as giving a new lease of life also have side effects such as the social stigma associated with their intake, constant body illnesses, and heavy costs associated with psychosocial upkeep of those already infected (Kang'ethe, 2015b).

Apparently, the cost of maintaining those who are living with HIV/AIDS has taken another dimension in that even the having to take ARVs from the dispensing clinic has become a dangerous phenomenon because of the thieves who ambush those carrying them in order to make some quick money by selling to those who are making drugs such as whoonga/nyaope with them (Cassim, 2014)

Although ARVs remain a very important medical component for treating HIV/AIDS, however it is clear that ARVs are misused. Consequently, ARVs are no longer the life-saving wonder drugs since they are now mixed with dagga and smoked as a cheap hub (Kang'ethe 2014b). ARVs with dagga is one recipe, dry mouth, a combination of ARV pills and illegally imported cough mixture is another (Cassim, 2014). Regardless of the proverbial aphorism that states that "one should not question a blind man for buying a mirror, for there is certainly wisdom behind it" this researcher wouldn't simply listen in eerie silence in these times of immense economic hardships in the world's double-barrelled quest to end HIV/AIDS pandemic (Kang'ethe, 2015). Instead, each disappointment in the struggle against HIV/AIDS seems to provoke an extra code of intelligence into more informed discussions of the pandemic subconsciously (Kang'ethe, 2015).

Largely also, the increased unprotected sex associated with increased consumption of substance among the youths in South Africa has been pinpointed as one of the challenges making the youths tipsy and hence making them vulnerable to the HIV/AIDS pandemic (HEAIDS, 2008a). Regardless of the South African constitution that protects sexual minorities, estimates of alcohol use among South African females indicate that approximately 30% are alcohol drinkers and roughly a third of both male and female drinkers drink at risky levels over weekends making youth adequately tipsy enough to easily fall, victim of HIV/AIDS infections (Wechsberg & Browne, 2013).

In correlation with previous studies, it is of paramount importance to note that researchers studying the association between substance abuse and condom use have indicated that substance use influences condom use (Henderson, et al., 2006). According to Henderson et al (2006), it is important to highlight that the core relation between substance use and condom use is a more complex issue than simple explanations based on effects of drink or drugs at intercourse would suggest.

Therefore, Henderson et al (2006) argued that substance use; inconsistent and incorrect condom use form a multifaceted model based on being drunk during sexual activities, which will be likely to be associated with higher frequency of unprotected sexual activities, multiple sexual partners, greater pill use, and psychosocial factors all which pose a greater HIV/AIDS risk on the youths.

In summary of their study, Henderson et al (2006) presented that regular substance users are more likely to absolutely fail to use condoms hence these youths are found to be at a greater sexual risk. It goes without saying that greater sexual risk echoes

result from other studies that have found sexual risk to increase with involvement in substance use (Henderson , et al., 2006).

To demonstrate that alcohol use and low condom use are highly prevalent among students in South African institutions of Higher Learning and may contribute to elevated rates of sexual risk taking, academic researchers made comparisons in statistical terms that an estimated forty-two percent (42%) of college-aged students in America engage in binge drinking and as many as four hundred thousand (400,000) college students have unprotected sex after drinking in a given year (Brown & Variable , 2007).

Consequently, global association studies focusing on overall patterns of alcohol use and high-risk sexual practices suggest a positive association between drinking and sexual risk behavior. These findings are therefore a utopian method to nullifying the alcohol-risky sex linkage among young adults as a substantial public health importance to mitigate HIV/AIDS in developed nations and developing nations respectively (Brown & Variable , 2007).

2.6.1. Youth sex work demands substance abuse

In the case of sex work in relation to substance abuse it has been documented that many poor young South Africa women conduct sex work in order to support their families, and these sex workers have often reported that using alcohol and other drugs helps them to solicit clients and overcome their shyness (Mulwo, et al, 2010). Another indicator of alcohol abuse among South African females is the extremely high prevalence of fetal alcohol syndrome among South African children in several communities (HEAIDS, 2010). Such piece of evidence clearly shows the underlying relationship between substance abuse and unprotected sexual activities.

On the other hand, despite the need for treatment, young females in institutions of Higher Learning and those in the communities are underrepresented in substance abuse treatment facilities, with males comprising approximately 76% to 90% of treatment center patients in all nine South African provinces (Du Plessis, 2009). A lack of representativeness and poor service provision in substance abuse treatment facilities entail endangering the lives of both male and females where females have the highest proportion of being exposed to health risk behavioral factors (Du Plessis, 2009).

2.6.2. Youth Racial Background

On racial grounds, it has been observed that black South Africans, both male, and female, are also underrepresented in HIV/AIDS treatment facilities (Bhana & Pattman, 2011). This goes without exception that the youths of black origin in institutions of Higher Learning are underrepresented and thus placing the youths at a vulnerable HIV/AIDS position. Underrepresented, in this study may refer to insufficient provision of HIV/AIDS medical requisites. Although there are efforts to reduce treatment barriers such as street outreach, outreach in township areas, and transportation, these efforts, however, have not been adequately adopted by the majority of treatment facilities increasing the health risks of the youths (Bhana, 2011). Human rights practitioners and researchers of HIV/AIDS have argued that taking these steps could potentially make treatment services more accessible to disadvantaged populations, and especially to females (Kang'ethe, 2014b).

2.7.0. Engaging with Multiple Concurrent Sexual Partners (MCSPS)

MCSPs occur when a person is involved in more than one sexual partner at the same time. MCSPs have long been understood to be a behavioral risk factor for HIV/AIDS infection globally (Brown & Venable, 2007). The situation in South Africa is

worrying as the youths remain disproportionately affected by the epidemic despite their high levels of knowledge about HIV/AIDS (Kang'ethe & Mafa, 2012). Kang'ethe & Mafa, further observed that the South African youths' continued susceptibility to HIV/AIDS infection consistently linked to intractable higher-risk sexual behaviors, which include MCSPs.

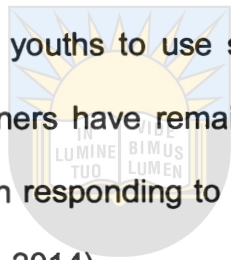
South African statistical research also shows that MCSPs are common in sexual relationships among young people where the proportion of young males are reported having more than one (1) sexual partner was 23% in 2002, 27.2% in 2005, which saw an increase of 30.8 % in 2008 (Janse van Rensburg, 2013). It is plausible, therefore, in this study to argue that these MCSPs facilitate an exponential rise in the spread of HIV/AIDS within large sexual networks.

Further, researchers further report that the factors that contribute to MCSPs among the youths include poverty, customs related to polygamy, gender norms, and poor communication between sexual partners (Mbuya, 2000). Such a scenario witnessed the youths in institutions of Higher Learning exposed to an environment that easily contribute to their engagement in MCSPs. Further, research has shown that a large age difference between young women in institutions of Higher Learning and their partners linked to increased risk of HIV/AIDS infection in these young women (Mwamwenda, 2013) Additionally, these young women have a more difficult time negotiating condom use with older partners and during transactional sex (Mwamwenda, 2013).

The fundamental argument on the theme of MCSPs hinges on the notion that the rapid transmission of HIV/AIDS in the Sub-Saharan African region with particular reference to South Africa attributed to the high occurrence of multiple and concurrent

sexual collaborates (Mbuya, 2000). The youths in institutions of Higher Learning can be characterized as maintaining a risk sexual behavioral practice of MCSPs. Accordingly, Mbuya (2000) observed that multiple concurrent partnerships eminently creates a series of networks of HIV/AIDS positive individuals which poses a high risk for infection if different networks mix sexually.

It sounds sad to come to terms with empirically validated statistics that it is the institutions of higher learning in South Africa that harbor the highest prevalence of HIV/AIDS. The youths in these institutions rated highly promiscuous due to factors such as poverty that may drive the youths to use sex for gaining money. Hence, multiple and concurrent sexual partners have remained a pertinent issue that has witnessed a slow behavior change in responding to the HIV/AIDS among the youth in South Africa (Kang'ethe & Mutopa, 2014).



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2.8.0. Pseudo- Prostitution and Idolising Personalities

2.8.1. Youth prostitution and pseudo-prostitution reflect countries economic position

Pseudo-prostitution is a situation in which sexual favors may take not only financial exchange, but also various flavors such as love, and taking care of some agreed favors such as buying food and paying house rent (Kang'ethe & Mafa, 2012). The youths in institutions of Higher Learning may find themselves in a state of financial malaise and in order to half way meet their sustenance needs opt to engage in a financially gainful prostitution (Kang'ethe & Mutopa, 2014).

Pseudo-prostitution is mainly driven among the youths by a number of factors which include peer pressure, state of homelessness, drug addiction and poverty just to mention a few of the driving forces (Kang'ethe & Mafa, 2016). However, the legal

status of prostitution varies with countries, from being a punishable offense by death to complete legality. In most African countries, pseudo-prostitution and prostitution are not legal and both practices are common among the poverty stricken communities (Bhunu & Mushayabasa, 2012). It, therefore, follows that students in institutions of Higher Learning in South Africa especially those from poverty-stricken backgrounds are likely to venture into pseudo-prostitution and prostitution as an avenue of financial upkeep.

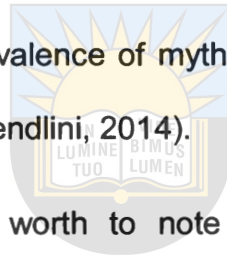
Perhaps it is good to indicate that the phenomenon of youth prostitution and pseudo-prostitution is being driven by countries' economic position, with the phenomenon becoming grave as countries economies worsen (Bhunu & Mushayabasa, 2012). For example, a lot of Zimbabwean youthful women are turning to pseudo prostitution in Botswana and South Africa due to poverty and unemployment in their home country (Bhunu & Mushayabasa, 2012). In Ghana and in South Africa as it may be in any other African country, poverty has also been revealed to be the driver of child prostitution. Likewise, in the German welfare, both pseudo-prostitution and prostitution are practices being interpreted as a peculiar behavior which cannot be influenced by criminal law, but by psychodynamic and social condition factors and motives (Bhunu & Mushayabasa, 2012).

To the contrary, adolescents in the Germany welfare pseudo-prostitute themselves, in order to satisfy their desires of consumer goods for the procurement of drugs, or even on a quest for social and emotional closeness and recognition. Researchers also publicized that in Latin America the youths venture into pseudo-prostitution simply out of material need, in order to safeguard their own survival or also the existence of whole families (Bailey, et al, 2007). It is important, therefore, to point out

here that no matter the intentions to undertake pseudo-prostitution, the youths are on the verge of risking their lives to contracting HIV/AIDS (Bhana, & Pattman, 2011).

2.9.0. Presence of Myths and Misleading Information

It is without a doubt that the struggle against HIV/AIDS requires innovative knowledge that is enlightening. Universities around the globe are mandated with the mission of generating new information, technologies, practices, and understanding the phenomenon of HIV/AIDS through research (Van Wyk, et al, 2005). These contributions are needed to help especially the African countries to prevent and cope with HIV/AIDS by uprooting the prevalence of myths and misleading information in their communities (Kang'ethe & Xabendlini, 2014).



In pursuit of this argument, it is worth to note that universities have a vital responsibility of providing intellectual leadership and producing critical informed and empowered individuals who are highly innovative in terms of mitigating HIV/AIDS (Kang'ethe & Xabendlini, 2014). Largely, universities in the SADC region and those beyond, each operate as a nexus of social and human capital with a responsibility to offer institutional care and support to their students and staff (Kang'ethe & Xabendlini, 2014). It is argued that universities must have HIV/AIDS management committees in place which are broad-based, and these committees should effectively coordinate the provision of on-campus services (Kang'ethe & Xabendlini, 2014).

However, despite all the global and regional endeavors to vigorously engage the university communities and the larger society, researchers have submitted that South Africans have always been the recipients of misinformation and mixed messages about the origins, treatment, and prevention of HIV/AIDS (Kang'ethe, 2010). Such misinformation from high-profile public figures has been found by

researchers to contradicting evidence-based information and this have widened the gap between social institutions (Wechsberg & Browne, 2013). It, therefore, goes without saying that the youths in institutions of Higher Learning find it hard and difficult to comprehend basic information with regards to HIV/AIDS and hence a delayed behaviour change towards HIV/AIDS in institutions of Higher Learning (Kang'ethe & Xabendlini, 2014).

2.9.1. Mbeki pseudoscience to blame for HIV/AIDS escalation in South Africa in the early 90's

Misinformation has made it hard for the average South African, let alone the youths in institutions of Higher Learning to glean accurate HIV/AIDS prevention information. These ideas of misinformation largely stall the rollout of HIV/AIDS prevention and treatment programs needed to curb the epidemic (Heywood, 2005). Heywood has argued that AIDS denialism is not only limited to South Africa but in countries such as China, Russia, and India. It has been observed that AIDS denialism has pitted people with HIV against their governments because it has entrenched the prejudice and stigma surrounding HIV, together with people's fear of AIDS (Heywood, 2005).

From the above argument, Heywood (2005) further explained that the first cases of AIDS in the early 1980s, affected people had to battle government denial to get their health and social needs recognised and attended to (Heywood, 2005). For example, the former South African President, Thabo Mbeki and the then health minister for Health, Tshabalala Msimang have been pinpointed as public figures who heavily relied on the advice by the famous AIDS denialist Peter Duesberg, who publicly supported the theory that AIDS is not caused by HIV (Heywood, 2005).

Therefore, these AIDS denialists have openly accused the US Central Intelligence Agency of conspiring with pharmaceutical companies to promote antiretroviral treatments in poor countries to increase profits (Kalichman, et al, 2010). In the same vein Kalichman, et al, (2010), lambasted the AIDS denialists as often endorsing the AIDS denialism fable more frequently through the use of the internet for confounds (Kalichman, et al, 2010). In their study, Kalichman, et al, (2010), documented that believing that there is a debate among scientists about whether HIV causes AIDS was related to refusing HIV treatments and poorer health outcomes.

However, Smith, et al, (2012) are of the view that, although the availability and accessibility of HIV-related information through multiple channels has enabled undergraduates to understand how HIV/AIDS is transmitted. They also hold a diametrically opposing view that higher levels of HIV/AIDS knowledge may result in a misguided confidence that the youths cannot contract HIV/AIDS because they perceive themselves to be of low personal risk or place inappropriate trust in friends and partners (Smith, et al, 2012).

Smith, et al, (2012), further argued that these misconceptions, in the presence of elevated HIV-related knowledge, are of great concern to health educators because HIV knowledge obtained solely through information dissemination does not necessarily translate into the engagement in safer sex practices or increased awareness of the personal risk for contracting HIV. Thus, Heywood, (2005), stated that nations have to respond to a catastrophe in a way that recognises that they are facing a catastrophe.

2.9.2. Youths Misinformation and Misconceptions pertaining to HIV/AIDS in South Africa

It is noteworthy that the youths in the South African institutions of Higher Learning are in a confused position as far as maintaining their health condition is concerned (Farmer & Simmons, 2011). Largely, the youths remain misinformed about the nature of HIV/AIDS and have little access to available preventive measures (Kang'ethe, 2015). Misconceptions abound about HIV/AIDS transmission, such as transmission through sharing of food, cups, and clothes, kissing, and mosquito bites, as well as non-transmission through a single unprotected sexual encounter and sex with healthy-looking partners, remain convincing arguments among the youths in institutions of Higher Learning (Kang'ethe & Mangwiro, 2015).

These and similar misconceptions are common in every part of the world. Such erroneous beliefs have led people not only to ostracize those who are infected but also to fail to take precautions to protect themselves, thus unwittingly contributing to the spread of the disease (Kang'ethe & Mangwiro, 2015).

Overall, one should, therefore, academically point out that HIV/AIDS seemed to provoke an extra code of intelligence into the universities' discussions to engage with their students in an endeavor to demystify, dispell and dismiss the legendary myths and misinformation (Kang'ethe & Xabendlini, 2014).

2.10.0. Poor HIV/AIDS Campaign Implementation

HIV/AIDS awareness campaign refers to the extensive knowledge of HIV/AIDS, including causes, effects and ways to combat the spread of this pandemic. Largely, these campaigns have different objectives and use alternative approaches to raising awareness to the South African population (Hofisi & Kachidza, 2013)

Most campaigns on HIV/AIDS focus primarily on messages of consistent and correct condom use for the prevention of the transmission of the virus. Largely also, a number of ways used for raising HIV/AIDS awareness in South Africa include but are not limited to use of posters, pamphlets, and graffiti to give people information (Hofisi & Kachidza, 2013). People may engage in marches, events and culture to mobilize the community using breaking the silence events where people with HIV/AIDS come to talk about their experiences.

In some cases, people may embark on the use of protests against employers or an organization that presents itself against people living with HIV/AIDS. Also, the use of prayer meetings, funerals, and other community events, use of loud hailers and information tables where loud hailers are used in taxi ranks or in train carriages and setting up information tables at busy places are relevant methods to disseminate information to the general public (Hofisi & Kachidza, 2013).

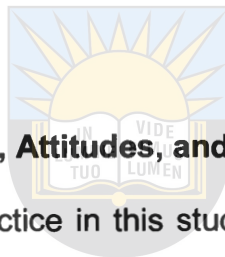
Although many young people in South Africa have been made conscious that condoms are the only contraceptive method that protects individuals against STI and HIV/AIDS infection, the argument still remains that many of them still do not use condoms correctly and consistently (Hofisi & Kachidza, 2013).

According to (Makiwane & Mokoman, 2010) resistance to safe sex among the youths goes beyond demonstration and conception of the facts into the depths of people's social exchanges, and their experiences of the sexuality and actual power. The awareness initiative, Soul City, reported a high awareness level of HIV/AIDS transmission, even in rural areas (Vearey, et al, 2011).

However, Hofisi and Kachidza (2013) designated that even though there is a high level of awareness, an aura of mystery and confusion means of transmission and the

severity of the epidemic still exist in South Africa with particular reference to youths in institutions of Higher Learning.

The University of Fort Hare offers an on-campus HIV/AIDS voluntary counseling and testing service to both staff and students, and the initial consultation is free (Kang'the & Mutopa, 2014). It has been documented that Student Peer Education program has been in operation since 1995 which is run by the university and overseen by Counselling Services. In addition to these initiatives, the university runs a Staff Peer Education Programme which is overseen by the HIV and AIDS Project Office (UFH, 2013).



2.11.0. HIV/AIDS Knowledge levels, Attitudes, and Practice

Knowledge levels, attitudes and practice in this study presented as the awareness and thoughts that the youths hold with regards the HIV/AIDS epidemiological and epistemological facts (HEAIDS, 2010). HIV/AIDS knowledge, attitude, behaviour and practice in the tertiary education sector of South Africa is one component of the Higher Education HIV/AIDS (HEAIDS) programme Phase 2 (HEAIDS, 2010). It represents the first comprehensive attempt to survey the scope and impact of HIV/AIDS in the higher education sector in South Africa. The overall purpose of the HEAIDS programme is to reduce the threat of HIV/AIDS in the higher education sector and to mitigate its impact (HEAIDS, 2010)

In the study that was conducted by Hofisi and Kachidza (2013) at the University of Fort Hare, the researchers reached a conclusion that HIV/AIDS awareness campaigns have been found to be effective to a larger extent in promoting safer sexual behavior to the sample that participated in their study. Awareness campaigns

were important and provided a great deal of new information from campaign messages resulting in safe sex just like in other studies (Hofisi & Kachidza, 2013).

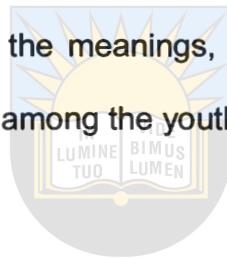
Additionally, Hofisi and Kachidza (2013) specified in their study that most of the students who participated in their study perceived themselves as highly susceptible to contracting HIV/AIDS that in turn prompts them to engage in a safe sexual behavior. It is relevant in this study to put a comment across that HIV/AIDS awareness campaigns have therefore assisted students to see the severity of HIV/AIDS and thereby prompting them to accept that they are susceptible to contracting HIV/AIDS and thus leading them to opt for safe sexual behavior.

Conversely, Makiwane and Mokomane (2010) are of the view that there is no single factor or event that could solely explain the continuous involvement of young South Africans in unsafe sexual behavior, despite their knowledge about the HIV risk involved. Consequently, Makiwane and Mokomane (2010) offered that the influences on young people's sexual risk behaviors are myriad and varied and that the factors interconnect within and across multiple social systems that engage in ongoing transactions and influence each other.

In another study conducted by Shimbayi, et al, (2004), it presented that almost a quarter of the youth reported secondary abstinence. However, Shimbayi, et al, (2004) noted that it is not whether this was a strategy made by personal choice or simply due to a lack of opportunity to have sex among the youths. Thus, the researchers went to suggest that delaying sexual debut and practicing secondary sexual abstinence are two strategies that require reinforcing in HIV health education campaigns to prevent new HIV/AIDS infections in South Africa (Shimbayi , et al , 2004).

In another study, Bhana and Pattman (2011) presenting their findings summed up that in South Africa, AIDS continues to press inexorably along the fault lines of inequality, with young women being most vulnerable. The pervasively sharp social inequalities and high levels of unemployment in townships have effects for the material nature of everyday intimate relations and women's vulnerability to AIDS (Bhana & Pattman , 2011)

In some words, researchers argued that with the South African youths locked into increasing impoverishment, fewer employment options, deep social inequalities and diminished access to consumerism, the meanings, and practices of love generate heightened vulnerability to HIV/AIDS among the youths (Bhana & Pattman , 2011).



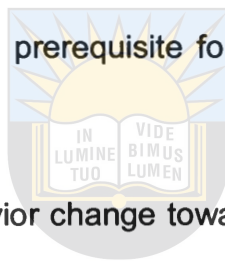
2.12.0. Theoretical Framework

2.12.1. Structural Functionalist Theory

This study has been rooted upon the structural functionalist theory introduced by Emile Durkheim and later developed by sociologists such as Talcott Parsons (Haralambos & Holborn, 2012). The central idea of the structural functionalism was the conception of the organic solidarity (Kang'ethe, 2010). In this way, the concept of organic solidarity enables the structural functionalist theorists to explain the success of institutions and social processes in society. Kang'ethe, (2010) indicated that through biological organic analogy, structural functionalism theory sees society as an organic complete with constituent parts working together to maintain a balance, in the same way, the body parts of an animal work to maintain the body as a whole. The theory of structural functionalism submitted that each of either the components has a significant role to play and contribute to the larger society in order to achieve

social equilibrium. In this study, the researcher makes use of structural functionalists proposition with regards to the significant role.

Thus, the researcher argues that the students as a component of the University of Fort Hare have a significant role to play for the survival of the institution. When the students are affected and infected with HIV/AIDS such will render the university to a dysfunctional status. In this case, the University will cease to properly function since more attention will be given to dealing with HIV/AIDS. Moreover, the University will lost its mandate of producing scholars. In order for the students to contribute to a social equilibrium of success, it is a prerequisite for the students to expedite their positive behavior change.



Youth's positive and a hurried behavior change towards combating HIV/AIDS as an independent variable can bring about a required positive contribution. The dependent variables namely, low rate of abstention; inconsistent and incorrect use of condoms; and unprotected sex, just to mention a few, identified as putting the youths at higher risk of HIV/AIDS.

2.13.0. Conclusion

Conclusively, it was viable for this study to indicate that although the basic knowledge of HIV/AIDS has increased among young people in recent years, in practice this basic knowledge is disturbingly very low, hence the phrase "they can always build houses, but will never sleep in them peacefully". Thus, the researcher of this study concluded that an inadequate behavior response among the youths in institutions of Higher Learning towards HIV/AIDS has placed them at a vulnerable position to the epidemic. It is, therefore, noteworthy that the presented literature revealed in detail the traumatic incidences and the need for a pragmatic approach to

dispelling the mute button that is banishing an essential adequate behavior response to mitigate the HIV/AIDS pandemic.



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CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

This chapter demonstrated in detail by defining a research methodology and explaining a research paradigm, research approach, and research design. Furthermore, this chapter went on to give the population under study, sampling methodologies and techniques, unit of analysis, data collection instruments, data analysis, discussions of the research methods used to investigate the topic under research, a detailed explanation on how the research was carried out and presentation on how participants were selected

3.1.0. Research Methodology

Creswell (2009) defines research methodology as an organized set of specific processes namely the research design, methods of data collection, and data analysis which are the scientific conventional methods that are followed by researchers while carrying out a research project. Before expounding on the three named methods, the researcher would wish to discuss the study's research paradigm and research approach correspondingly.

3.1.1. Research Paradigm

A research paradigm is an underlying assumption and an intellectual structure upon which research and development in a field of inquiry are based (Babbie, 2010). The study used both quantitative and qualitative paradigms. Ontologically the results of the participants were subjective within the qualitative paradigm and objective under the quantitative approach.

By definition, ontology is the philosophical study of the nature of being, or reality, as well as the basic categories of being and their relations (Corazzon, 2016). Ontology is also taken to encompass problems about the most general features and relations of the entities which do exist (Corazzon, 2016). In a working definition ontology is defined as the theory of objects and their ties that provide criteria for distinguishing different types of objects (Corazzon, 2016).

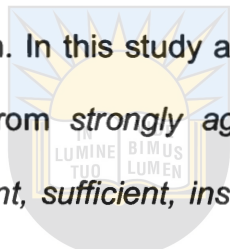
Ontologically, to this study reality of participants on the perceptions of the University of Fort Hare students of the youth's inadequate behavior response towards combating HIV/AIDS was individualistic in nature thus the researcher allowed the prevalence of subjectivity. This is mainly because participants expressed more of their personal feelings, emotions, and attitudes with regards to their knowledge concerning HIV/AIDS. Subjective information was collected as semi-structured questions were administered to participants.

Quantitatively, the results of respondents on the perceptions of the University of Fort Hare students of the inadequate response towards combatting HIV/AIDS by the youth were highly objective in nature because the responses were not based on, or influenced by personal feelings or individualistic opinions. Objective information was gathered mainly through the use of a *Likert Scale* in which open-ended and closed-ended questions were administered to respondents.

A *Likert scale* is the sum of responses on several *Likert items* (Trochim, 2006, Wikipedia, 2016). A *Likert item* is simply a statement that the respondent is asked to evaluate by giving it a quantitative value on any kind of subjective or objective dimension, with a level of agreement/disagreement being the dimension most commonly used (Trochim, 2006, Wikipedia, 2016). A *Likert scale* is the most widely

used approach to scaling responses in a survey research, such that terms such as *agree* or *strongly agree* are often used interchangeably with a rating scale (Trochim, 2006, Wikipedia, 2016).

A likert scale, in other words, is a method of ascribing quantitative value to qualitative data, to make it amenable to statistical analysis (Trochim, 2006, Wikipedia, 2016). When responding to a *Likert* item, respondents specify their level of agreement or disagreement on a symmetric agree-disagree scale for a series of statements (Trochim, 2006, Wikipedia, 2016). The provide range captures the intensity of the participants' feelings for a given item. In this study a numerical value was assigned to each potential choice ranging from *strongly agree*, *agree*, *neutral*, *disagree*, *strongly disagree*; *extremely sufficient*, *sufficient*, *insufficient*, and a mean figure for all the responses was computed at the end of the survey.



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Epistemologically, the participants freely interacted with the researcher under the qualitative paradigm; while in the survey for quantitative paradigm, the researcher maintained a distance from the respondents. Epistemology is the theory of knowledge with regard to its methods, validity, and the distinction between justified belief and opinion (Mastin, 2008). According to Mastin, (2008), epistemology is the study of the nature and scope of knowledge and justified belief. It analyzes the nature of knowledge and how it relates to similar notions such as truth, belief, and justification. It also deals with the means of production of knowledge, as well as skepticism about different knowledge claims (Mastin, 2008). It is essentially about issues having to do with the creation and dissemination of knowledge in particular areas of inquiry (Mastin, 2008).

This researcher was of the view that the coordination of subjective and objective dimensions of knowing HIV/AIDS in the study is the essence of the epistemological development of measuring the progression of the cognitive process in the fight against HIV/AIDS. Thus, from a qualitative approach, the researcher interacted with participants in order to have first hand information of the feelings, attitudes, and knowledge levels of participants.

Quantitatively, researcher maintained a distance from respondents in order to promote the coordination of subjective and objective dimensions of knowledge on HIV/AIDS in doing so researcher tried to reduce researcher biases emanating from the influence of participants. Researcher hand-delivered questionnaires to respondents with the hope that respondents would feel free and independent to respond to the questions without the presence of the researcher.

Axiologically, values of participants were measured value-laden while the results of from a mini survey were considered value-free. Axiology is the philosophical study of values crucially depending on the notions of worth that are putting into consideration what is good or bad (Kim Seung, 2011)

In this research data collected under the qualitative approach was highly loaded with information that required professional sieving. Participants expressed their subjective feelings and opinions with regards to the perceptions of the University of Fort Hare students of the inadequate response towards combatting HIV/AIDS by the youth based on the conventional beliefs, culture, and value judgments within their communities.

The presentation of value-laden information enabled the researcher to draw conclusions supported by the Structural Functionalism Theory while enlightening the

pragmatic framework towards expediting a behavioral change among the youth to combating HIV/AIDS. Value-laden information is information that reflects subjective opinions of participants whose opinions are highly influenced by cultural beliefs (Burns & Grove, 2009).

Quantitatively, respondents produced value-free information because the researcher used questions that made respondents to express and demonstrate their objective knowledge on the perceptions of the University of Fort Hare students of the inadequate response towards combatting HIV/AIDS by the youth without expressing personal biased opinions.

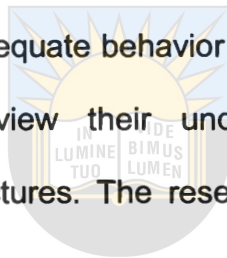
Rhetorically, the language of the researcher in presenting the qualitative results was formal and manifested personal voice, while the language in reporting quantitative results used formal language. By definition, rhetoric is the art of persuasive speaking or writing, especially the exploitation of figures of speech and other compositional techniques (Creswell, 2009). In order to produce persuasive informal results, researcher allowed the manifestation of personal voice of participants. On the other hand, the researcher was quantitatively guided by impartiality to present formal data.

Methodology is a system of approaches with specific rules and postulates that can be used in a particular area of study (De Vos, et al., 2011). This study was informed by both qualitative and quantitative methods. Methodologically, the quantitative approach was deductive method while the qualitative process used was an inductive method.

A deductive approach in this study was concerned with developing a hypothesis based on existing theory, and then designing a research strategy to test the hypothesis (Wilson & Chaddha, 2010) (Yeasmin & Rahman, 2012). Deductive

approach is informally called a "top-down" approach because researchers begin with thinking up a theory about a topic of interest (Babbie & Mouton, 2008)

After theory conceptualization, the researcher went on to narrow down the topic into more specific research assumptions and research hypotheses that were tested. Conceptualization is the careful analysis of the general ideas (Solinger, et al, 2008). Conceptualization help readers to have a clear understanding of the given terminology used in the study (Solinger, et al, 2008). The following two assumptions guided the study; (i) the youths at UFH face behavioral factors making them vulnerable to HIV/AIDS; (ii) the inadequate behavior response among UFH students towards combating HIV/AIDS review their underutilization of the available institutional HIV/AIDS support structures. The researcher validated both research assumptions.

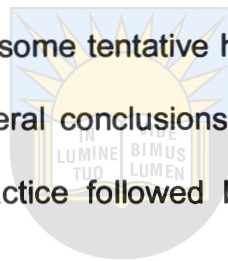


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The following two research hypotheses guided the study (i) if the knowledge levels of students are not enough concerning HIV/AIDS, and then the noticeable higher degree in lack of expertise, lack of professionalism, and lack of innovativeness among the caregiver to motivate students to visit the university HIV/AIDS health support structures are the prevailing menaces. (ii) If the knowledge levels of students are enough concerning HIV/AIDS, and then the noticeable higher degree in expertise, professionalism, and of innovativeness among the caregivers motivating students to visit the university HIV/AIDS health support structures are a reassurance. In this study, caregiver may refer to the people trained to provide direct care to students who are affected, infected, and those all those who might require physiological health care.

The researcher narrowed down the research topic further during the process of collecting observations to address the hypotheses. This ultimately led to the testing of the hypotheses with specific scientific research methods and a confirmation of the available data based on original theories.

On the other hand, the inductive approach involves the search for a pattern from observation and the development of explanations theories for those patterns through series of hypotheses (Bernard, 2010). In inductive reasoning, the researcher instigated with specific observations and measures, to detect patterns and regularities. Researcher formulated some tentative hypotheses that were able to be explored and developed some general conclusions with regards to the knowledge levels, attitudes, opinions, and practice followed by students in their relation to HIV/AIDS.



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3.1.2. Research Approaches

The researcher divided into two the research approach of this study namely the quantitative and qualitative approaches. A quantitative approach was used in order to facilitate the quantification of knowledge levels among the UFH youths with regards to HIV/AIDS, make statistical measurements and provide objective results with a higher degree of valid results.

In order to quantify the knowledge levels, the researcher used numbers that represented percentages of the knowledge levels. To demonstrate the knowledge levels of HIV/AIDS among UFH youths the researcher used graphs, pie charts, and bar graphs. The qualitative research approach used to enable the researcher to explore, examine, and analyze the environment of the study in order to produce

subjective data. Explanations were used to present the explorative, descriptive, and analysis of the feelings, attitudes, and opinions of students on HIV/AIDS.

3.2.0. Research Design

A research design is a systematic outline of how the researcher intends to carry out the research process in order to bring about a possible solution to the identified problem and to expand knowledge levels and understanding concerning the phenomenon under study (Babbie & Mouton, 2008).

The researcher used both quantitative and qualitative designs, a case study for qualitative approach and a mini-survey concurrently and with an equal weight to best understand the phenomenon of interest (De Vos, et al., 2011). Adopting the triangulation of the research designs, the researcher anticipated it to be a formidable strategy of overcoming the inherent partiality arising from using a distinct method, a particular theory, and relying on a single observer research process, hence the researcher intends to succinctly increase the validity of the research findings.

3.2.1. Population under the study

Population connotes a category of all the items or members that all the measurements of interest to the researcher are represented (Bless, et al., 2006). The population of the study was thirteen thousand seven hundred and seventy-four (13774) UFH students. A sample of the study drawn from the University of Fort Hare students, Alice campus presumed to be vulnerable to behavioral challenges. The samples comprised of twenty-five (25) UFH Post-Graduate social sciences students. Five (5) members of the UFH Department of HIV/AIDS Unit involved and dealing with HIV/AIDS issues at UFH, and five (5) members of the Student Representative

Committee (SRC) selected based on their positions of influence and five (5) members of the Voluntary Counseling and Testing Unit Alice campus.

3.2.2. Population Selection Criteria

The researcher used the principle of inclusion and exclusion criteria to select the population of interest. In this study, the inclusion criteria focused on specific characteristics that the prospective subjects have to be included in the study, while exclusively disqualifying prospective characteristic subjects from the inclusive sample (Creswell, 2009).

All Post-Graduate students in the Faculty of Social Sciences Alice campus were included in the study as a population of interest, while the researcher entirely excluded Post-Graduate students from other faculties. Members working at the UFH Alice campus Department of HIV/AIDS Unit were included as a population of interest excluding those who are not part of the UFH Alice campus.

Further, members of the Voluntary Counseling and Testing Unit Alice campus were put into consideration for the study, while those not from Alice campus were excluded. The researcher inclusively selected students from the Student Representative Committee Alice campus, while excluding those who were in SRC outside of Alice campus. In practice, the sample size used in the study was determined based on the expense of data collection, and the need to have sufficient statistical power.

3.2.3. Sampling Methodologies and Techniques

The study used both probability and nonprobability sampling methodologies. Probability sampling was used as a methodology in which each unit of the sample

have the same known probability to be representatively selected to enable the researcher to compute and estimate the accuracy of the sample.

Non-probability sampling methodology is a method of selecting participants without knowing the chances of choosing participants because the researcher does not know the population size or members of the population (Babbie, 2010).

Specifically, the researcher utilized systematic random sampling which is a type of probability sampling technique which entails selecting sample members from a larger population. Systematic random sampling entails selecting samples according to a random starting point and a fixed, periodic interval (Creswell, 2009). This interval, called the sampling interval, was calculated by dividing the population size by the desired sample size. In order to use systematic random sampling, the population has to be listed in a random order. In this case N = the total population (14153)

n = the sample of the study (50)

$$f = n(50) / N(14153) = 283$$

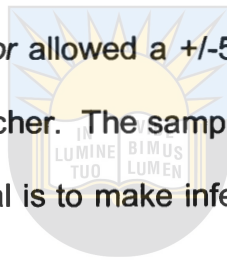
The researcher, therefore, selected a random number from 1 to 283. To select the sample researcher started with digit unit selected in the list and took every K th unit.

Under the non-probability methodology, the specific sampling technique that was used is purposive sampling technique. This is where the researcher biasedly selects the samples that have the desirable attributes to be investigated. Purposive sampling, also known as judgmental or subjective sampling Non-probability sampling focuses on sampling techniques where the units that are investigated are based on the judgment of the researcher (Bernard, 2010).

3.2.4. Sample Size

A sample size is a subset of measurements drawn from a population in which the researcher is interested in carrying out the study (Babbie, 2010). Using the *raosoft calculator* the researcher used the estimator $p = X/n$ where the proportion of variables under investigation is p , X represented the number of people out of the n sampled people who have the required characteristics in the study.

A *raosoft calculator* is a sample size calculator of the population that uses a normal distribution of 50% to calculate the population sample size of the study (De Vos, et al., 2011). Using a *raosoft calculator* allowed a $\pm 5\%$ margin of error to determine the confidence interval of the researcher. The sample size is an important feature of any empirical study in which the goal is to make inferences about a population from a sample.



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Table 3: Sampling Methods

Research method	Research instrument	Sample size
Quantitative	Questionnaire	Three members (3) UFH Department of HIV/AIDS Unit, Two members (2) Voluntary Counseling and Testing Unit, and Twenty (25) Post-Graduate Social Science students
Qualitative	In-depth interviews	Ten (9) Post Graduate Social Sciences students, one member (1) UFH Department of HIV/AIDS Unit, and one member (1) Voluntary Counseling and Testing Unit.
	Focus group	One member (2) UFH Department of HIV/AIDS Unit, Two members (2) Voluntary Counseling and Testing Unit (5) Student Representative Committee
Grand Total of the Sample		50 participants

3.3.0. Methods of Data Collection

Methods of data collection are specific techniques that the researcher used in the process of collecting data (Babbie, 2010). The data collection methods defined as a systematic tool relevant to the problem under study that uses interviews, focus groups and participant observation (Babbie, 2010)

3.3.1. Quantitative methods of data collection

Quantitatively, the researcher used a mini-survey to collect primary data from the respondents. A mini-survey is a method for collecting quantitative information about items in a population using the questionnaire as the data collection instrument

(Kumar, 2006). A mini-survey requires a direct collection of information from individuals (Kumar, 2011).

3.3.2. Qualitative methods of data collection

Given that qualitative research is a system of inquiry seeking to build a holistic, largely narrative, description to inform the researcher's understanding of a social or cultural phenomenon (Babbie, 2010). Researcher used the following methods discussed here below

3.3.2.1. Focus Group Discussions

Focus groups are guided discussions among a small group of people who share a common characteristic central to the topic of interest in order to gain a deeper understanding of the research topic and extract important information from the participants (De Vos, et al., 2011). In this case, the researcher utilized a focus group of eight (8) students in Alice Campus Green Auditorium and Iona two residence; four (4) workers in Alice Campus at the Voluntary and Counseling Testing Centre; and four (4) the UFH Department of HIV/AIDS Unit. Two sessions per group were conducted under the assistance of the members of UFH Department of HIV/AIDS.

Kumar (2011) contend that a focus group is a method of collecting data through group interaction. The current study, in cohort with one-on-one interviews used focus group interviews to collect data students, attitudes, knowledge levels, practice and perceptions. Importantly, focus groups corroborate the interviews in ensuring the richness of the data collected.

In the current study, a group of peer educators working UFH Department of HIV/AIDS Unit investigated in an attempt to gain their views on the issue of the perceptions of the University of Fort Hare students of the youth's delayed behavior

response towards combating HIV/AIDS. The researcher investigated members of the Voluntary Counseling and Testing Unit Alice campus involved in counseling and helping students in a group session.

3.3.2.2. Key Informants

Key informant are a form of a slickly structured discussion embarked on by the researcher with people who have specialized knowledge in order to understand the phenomenon (De Vos, et al., 2011). The researcher interviewed the key informants from UFH Alice campus Department of HIV/AIDS Unit and those from the Voluntary and Counseling Testing Centre Alice campus in order to understand the knowledge levels among the UFH youths with regards to HIV/AIDS.

According to De Vos et al (2011), the selection of key informants purposively helps the researcher as key informants openly share their expertise in the relevant area. They are usually either the expert in the domain under the study or believed to have extensive knowledge or experience that can bring useful data and information pertaining to a study (Kang'ethe, 2010).

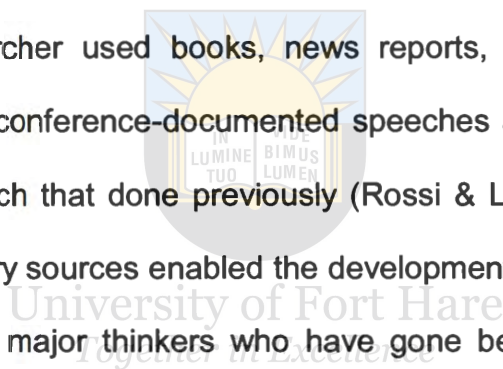
3.3.2.3. In-depth Interviews

The study used face-to-face and semi-structured type of interviews as specific methods of collecting information. A semi-structured interview is questions organized around areas of particular interest while allowing considerable flexibility in scope and depth (Kumar, 2011). Interviews are methods of gathering information applying an oral test using a set of questions drafted to bring an answer to the phenomenon (Kumar, 2011).

In the research field, researchers state that interviews can be very productive since the interviewer can follow specific issues of concern that may lead to focused and

constructive suggestions based on the research problem (Leedy & Ormrod, 2005). The main advantages of the interview method of data collection are that, the researcher has a direct contact with the participants and that enhances constructive suggestions; interviews are good at obtaining detailed information from the participants; in interviews, the researcher needs few participants to gather rich and detailed information (Rubin & Babbie, 2008).

These are available information from books, news reports, journal articles, policy papers, commission and conference-documented speeches (Rossi & Lipsey, 2004). In this study, the researcher used books, news reports, journal articles, policy papers, commission and conference-documented speeches as a point of reference to avoid repeating research that done previously (Rossi & Lipsey, 2004). Relevant information from secondary sources enabled the development of this study using the understanding gained by major thinkers who have gone before in order to make intellectual progress.



3.4.0. Data Collection Instruments

Data collection instruments refer to the devices that the researcher used to collect data and these include questionnaires and structured interviews. (Dumont & Sumbulu 2010). The researcher used a questionnaire to statistically, measure the perceptions of the University of Fort Hare students towards a delayed behavior change to HIV/AIDS; while the researcher used an interview guide for qualitative data to interview specific members on interest to the study.

3.5.0. Data Collection Process

The data collection process was cross-sectional in nature, thus researcher collected data within a short time frame. This had an advantage of serving time and

unnecessary financial expenses . A cross-sectional study involves studying a sample of a population in a short span of time (Babbie, 2010). The current study collected the required data within a few weeks and data was enough to allow its analysis.

Unlike a longitudinal, that takes a long time. The cross-sectional study had advantages in minimizing costs and time of the researcher. Contrasting to the cross-sectional study, longitudinal on the other hand is expensive in both time and costs. The longitudinal is time-consuming in that the researcher takes a lengthy period to finish collecting data (Wilson & Chaddha, 2010).

3.6.0. Data Analysis

According to Kang'ethe (2011), the process of data analysis is eclectic, thus there is no right way of doing it. Analysis means categorizing, ordering, manipulating and summarizing of data to obtain answers to research questions In some way, this formed the basis of analysis where conclusions of the research findings could be drawn (Kang'ethe, 2010).

The study used content thematic analysis to analyze the data. Thematic analysis is a qualitative analytic method for identifying, analyzing and reporting emerging themes within data it helps in organizing and describing data set in detail (Yeasmin & Rahman, 2012). Quantitatively, moderate and advanced analytical data methods were used for data analysis in order to offer a solid understanding of statistics to interpret the results of findings. This statistical type of analyses generally required a computer software such as the SPSS (Statistical package for the social sciences) software for data statistical analysis which was used as a method of analyzing data collected from the field.

3.7.0. Research Domain and Justification

The research was conducted at the University of Fort Hare (UFH), Alice Campus simply because the researcher has been highly convinced that the youths are increasingly adopting risky behaviors that have resulted in an inadequate behavior response to combatting HIV/AIDS. Geographically, the main campus of the University of Fort Hare is situated in the fertile Tyhume valley, some 120 km due west of the city of East London. It lies adjacent to the town of Alice, the capital of the new Nkonkobe Municipality (UFH, 2013).

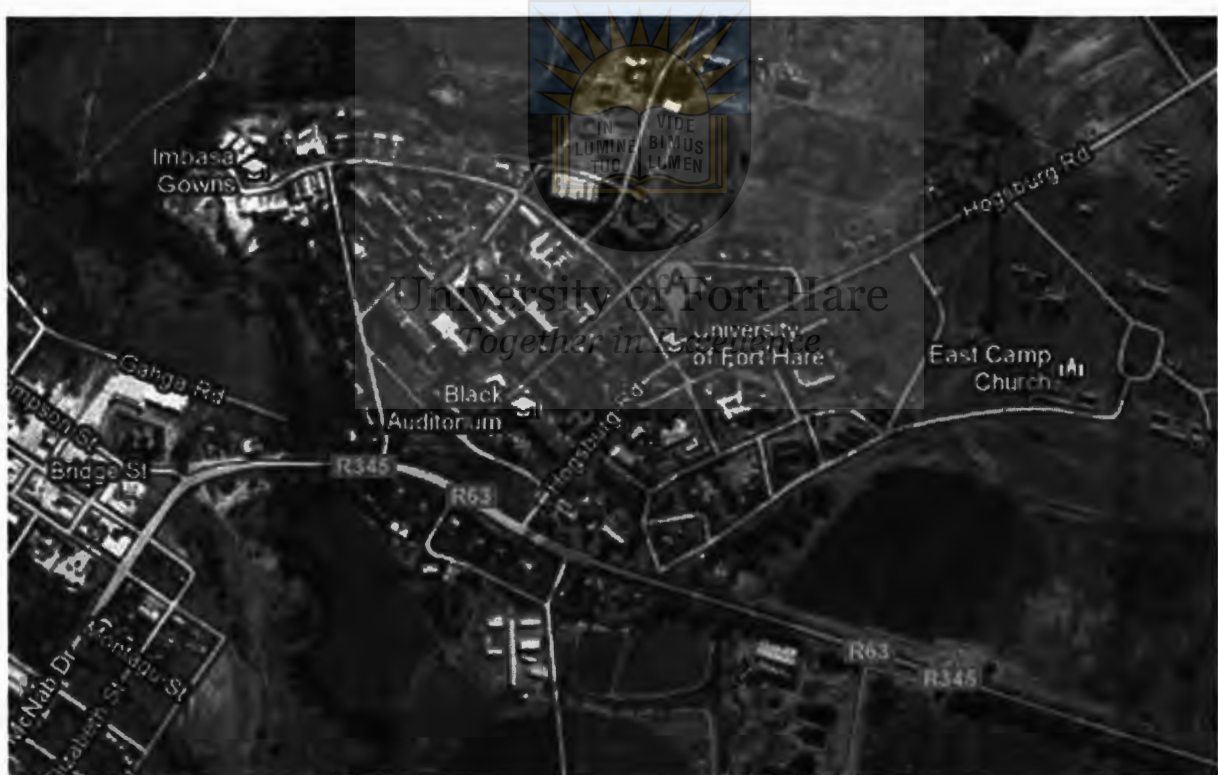
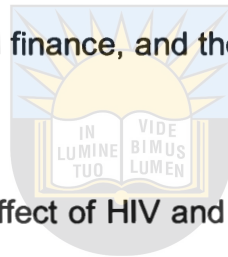


Figure 1: Satellite Map: University of Fort Hare- Alice town *Adapted from:* <http://www.timeslive.co.za>.

The University and Alice town are served by road and rail links. Alice is a small town in a rural setting, lying within the former Ciskei. Nearest population centres are Fort Beaufort (20km), Hogsback (30 km), Middledrift (20 km), Dimbaza (40 km) and King

William's Town / Bhisho (60 km). The University has two satellite campuses: one located in Bhisho (Bhisho Campus) and one some 5 km north of Bhisho (All Saints Campus), whilst the East London campus, roughly 60 km further east, is situated in the city centre of East London, between Fleet Street and the harbour (UFH, 2013).

Bhisho campus is equidistant between East London and Alice. It is located in the seat of the provincial government, and it has developed a reputation in public service related courses. It is a modern campus focusing on part-time and distance courses including the innovative public service development. Strength is also present in courses in public administration and finance, and the well-rated Fort Hare Institute of Government (FHIG) (UFH, 2013).



Given the nature and devastating effect of HIV and AIDS, and its impact on society, and having regarded that HIV/AIDS is still surrounded by ignorance, prejudice, discrimination and stigma, the University affirms the need to define its institutional policy of African Rural University developing an HIV/AIDS competent community who will meaningfully, participate in a sustainable socio- economic political development of society (UFH, 2013). The policy is aimed at managing and mitigating the effects of HIV/AIDS through all aspects of its core functions of the teaching of learning research and community engagement (UFH, 2013).

Demographically, there is a high percentage of the able-bodied persons studying and building their careers with a grand total population of thirteen thousand seven hundred and seventy-four students (UFH, 2013). The researcher found out that majority of the school going age indulge in drug and alcohol abuse as well as sexual activities. The majority of the people at the University of Fort Hare ranges from as low as 19 years to above 60 years of age.

The University is fully committed to promoting the constitutional rights of every person on campus and will not allow discrimination against students or staff members who are, or who are perceived to be HIV-positive or who have AIDS (Musemwa, 2011).

The University attaches great importance to education as a tool to fight HIV/AIDS. Education is essential to provide support and information about HIV/AIDS, to promote human rights awareness and self-esteem, and to fight discrimination and stereotypes on HIV/AIDS. The University of Fort Hare is a hub of academic education to students from across the sub-Saharan Africa it therefore without a doubt that the institution accommodates students from all walks of life. Since the university stands as an academic pull feature it attracts people of different backgrounds (Hofisi & Kachidza, 2013).



3.8.0. Population under the study

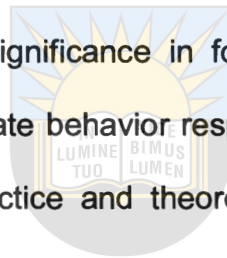
Demographically, the grand total population of the University of Fort Hare is thirteen thousand seven hundred and seventy-four (13774). The institution commands almost ninety-eight percent (98%) of black African origin that is made up of 80% Xhosa-speaking people, almost 12% Non-South African speaking people of Black African origin, and at least 7% other South African languages and maybe two percent (2%) Afrikaans speaking people (Hofisi & Kachidza, 2013).

According to the Global Insight, 2009 Statistics the population of Alice, in general, has been recorded as declining and such a decline is attributed to; the HIV/AIDS pandemic; poverty (Hofisi & Kachidza, 2013). During the process of the study, the total population of the study was thirteen thousand seven hundred and seventy-four (13774) UFH students. The researcher draws a sample for the study from the

University of Fort Hare students, Alice campus presumed to be vulnerable to behavioral challenges. The samples comprised of twenty-five (25) UFH Post-Graduate social sciences students. Five (5) members of the UFH Department of HIV/AIDS Unit involved and dealing with HIV/AIDS issues at UFH, and five (5) members of the Student Representative Committee (SRC) selected based on their positions of influence and five (5) members of the Voluntary Counseling and Testing Unit Alice campus.

3.9.0. Significance of the Study

This study has been of greater significance in forming an alternative source of information concerning an inadequate behavior response towards HIV/AIDS among the youths and to the holistic practice and theoretical development of HIV/AIDS knowledge.



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The research findings may inform policy makers on areas that need restructuring to improve the knowledge levels among the youths in institutions of Higher Learning concerning HIV/AIDS. Importantly, the findings of the study may be used for further advocacy and lobbying for government and nongovernmental organizations to increase and improve interventions and service delivery in institutions of Higher Learning in their fight against HIV/AIDS.

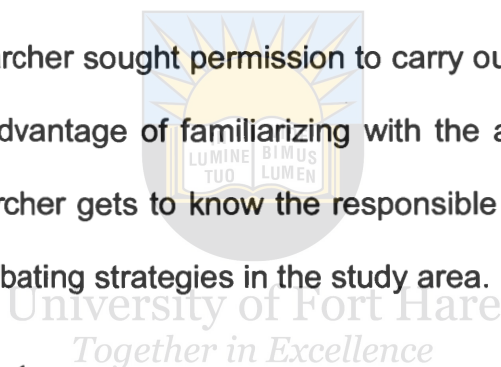
3.10.0. Ethical Considerations

Ethical considerations are guidelines or specific precaution measures undertaken by researchers before the commencement of research (HSRC, 2016) (Babbie, 2010). The researcher abides with ethical considerations in order to avoid harming participants during the research process. The following are the ethical considerations

that the researcher adopted and these include; permission to collect data; participant consent; confidentiality, and avoidance of harm (Babbie, 2010).

3.10.1. Permission to Collect Data

The researcher sought permission from the University of Fort Hare's Ethics Committee through a written letter. Seeking permission allowed the researcher to familiarize with the area of study as to who was responsible for formulating HIV/AIDS policies in the area of study. An Ethical Clearance Certificate was provided by the University of Fort Hare's Ethics Committee as a confirmation for the commencement of the research. The researcher sought permission to carry out the research and this gave the researcher an advantage of familiarizing with the area of study (Rubin & Babbie, 2008). The researcher gets to know the responsible persons in formulating HIV/AIDS policies and combating strategies in the study area.



3.10.2. Participant consent

Participant consent is a procedure for ensuring that research participants understand the nature of research, and made aware of any risks associated with their participation (Marlow, 2011). The researcher explained to participants that the nature of the research was a voluntary exercise that participants freely agree to participate in the study without being forced. The researcher informed the participants the expectations from them also without tricking or cheating participants comprised of the UFH Post-Graduate social sciences students; members of the UFH Department of HIV/AIDS Unit; members of the Student Representative Committee (SRC); and members of the Voluntary Counseling and Testing Unit Alice campus in relation to HIV/AIDS. Informed consent forms and letters of approval were given to participants to indicate their voluntary participation in the research.

3.10.3. Confidentiality

Confidentiality is the state of keeping information or one being kept secret or private. The researcher ensured that personal attitudes, beliefs, behavior and opinions all that participants shared during the research process should be kept as confidential information until the end of the study (HSRC, 2016, SACSSP, 2014). As a result, the study throughout was highly guided by the ethical consideration of confidentiality as participants were verbally informed that all their responses were to be treated as confidential information when presenting the findings. Also participants were informed that that their participation will not be revealed in anyway.

3.10.4. Avoidance of Harm

In order to avoid harming participants during the research process, researcher ensured the protection of participants from undue intrusion, distress, indignity, physical discomfort and personal embarrassment (HSRC, 2016). Researcher resorted to debriefing, that is to update participants of a condition or situation to the study and incorporating members who form the focus of the research in the running and planning of the research. Researcher debriefed the UFH Post-Graduate social sciences students on how the group interviews and informal interviews would unfold. Members of the UFH Department of HIV/AIDS Unit were informed; with members of the Student Representative Committee (SRC); and members of the Voluntary Counseling and Testing Unit Alice campus in relation to HIV/AIDS were informed of confidentiality and anonymity.

3.11. Conclusion

The researcher managed to utilize the conventional research methods to produce valid and reliable information. Mixed methods used were able to counterbalance the shortfalls associated with the use of a single research method. The researcher's scientific precautions undertaken made it possible for the study to repeat previous studies.



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CHAPTER FOUR

PRESENTATION OF FINDINGS

4.0. Introduction

This chapter focuses on presenting the findings of the study. The researcher used mixed research methods to explore the perceptions of the university of Fort Hare students of the inadequate response towards combatting HIV/AIDS by the youth. The study sought to establish the behavior challenges making the youths of the University of Fort Hare vulnerable to HIV/AIDS. Secondly, to determine the knowledge levels among the UFH youths with regards to HIV/AIDS. Lastly, the study sought to cross-examine the UFH student's attitudes and feelings towards an inadequate behavior response to HIV/AIDS by the youths in South Africa.

The study sought to answer the following research questions: What are behavioral challenges that are making the students of the UFH vulnerable to HIV/AIDS?; What are the knowledge levels among the UFH youths with regards to HIV/AIDS?; and What are the UFH student's attitudes and feelings towards an inadequate behavior response by the youths in responding to HIV/AIDS in South Africa?

Data from fifty (50) participants was transcribed and analyzed. The researcher used a sample of thirty-four (34) questionnaires to collect quantitative data, while researcher used a modern digital recorder to capture qualitative data gleaned from the sixteen (16) semi-structured interviews. According to De Vos, et al, (2011), recording of data is an intrinsic part of research that allows the researcher to capture all the essential requisite details. The researcher grouped and categorized the collected data according to similarities and differences. Further, the researcher

rearranged and reduced the data into manageable categories in order to be able to generate themes using a coding system.

4.1.0. Biographical Presentation of Findings

4.1.1. Biographical Characteristics of the VCT

The following is a biographical profile of the participants working at the Voluntary Counseling and Testing center based at Alice campus interviewed in the study. The researcher presented their profiles in Table 4.

Table 4:Biographical Data VCT Unit- Alice campus

MEMBER	RACE	GENDER	OCCUPATION	SPECIALIZATION	EXPERIENCE
V	Black	Female	VCT	Counseling	Over 5 years
W	Black	Female	VCT	Counseling	Over 4 years
X	Black	Female	VCT	Counseling	Over 5 years
Y	Black	Female	VCT	Counseling	Over 3 years
Z	Black	Female	VCT	Counseling	Over 5 years

Participants illustrated features of race, gender, occupation, the area of specialization, and work experience. The researcher presented participants V-Z with pseudonyms. This is in accordance with the research ethos of maintaining the principle of confidentiality and anonymity. The researcher ensured that personal attitudes, beliefs, behavior and opinions shared during the research process withheld as confidential information until the end of the study. As a result, the study throughout was highly guided by the ethical consideration of confidentiality as participants were verbally informed that all their responses were to be treated as confidential information when presenting the findings.

4.1.1.1. Race

Study findings indicated that all the sixteen (16) participants interviewed in the study were all of the black African origins. Perhaps the main cause of a lack of racial diversity is because that, historically, the University of Fort Hare has been a black institution, hence the historical racial antecedents still prevails at the institution.

This shows a racial imbalance that means the findings produced mirrors racially biased information since there are no views from other racial populations that may highlight insightful opinions based on their own life experiences. This reflects a shortfall of racial representativeness.



4.1.1.2. Gender

On gender, study findings showed a gender-skewed phenomenon with five (5) participants being females. Perhaps this mirrors the government of South African women empowerment initiatives that have witnessed apparently gives women priority as far as employment is concerned. Perhaps also the fact that HIV/AIDS linked to the staff working in the clinics also makes the participants be gender-skewed because most health staff managing the clinics is usually of the female gender. This finding means that data consistency may be highly unconvincing enough because of the lack of male representativeness.

4.1.1.3. Occupation

All participants reported that they were employees of the University of Fort Hare Health Department. This indicates that findings produced could reliably be richer coming from the staff that has job security. Such staff is believed to convey the messages as they know it as they do not suffer job insecurity and with extensive knowledge and experience to promising richer data on HIV/AIDS phenomenon.

4.1.1.4. Area of Specialization

Participants reported that they specialize in counseling, each of the participants reported that they also perform other medical practices such as medical diagnosis for they are adequately trained on various aspects of medical diagnosis. According to the findings, this possibly suggests that participants are highly professionals and their data was highly likely to be valid and reliable.

4.1.1.5. Work Experience

As depicted in Table 5, the participants interviewed in the study reported that their work experience was above five (5) years. This largely reflects a huge possibility that the staff was adequately equipped with requisite clinical skills to help students who needed HIV/AIDS information or provision of HIV/AIDS-related services. Such services include but not restricted to communication skills; coaching, counseling and training skills; negotiations and the ability to resolve in case of a conflict.

4.2.0. Biographical Presentation of the UFH Department of HIV/AIDS Unit

The following is a biographical presentation and exposition of the participants working at the Alice campus Department of HIV/AIDS Unit interviewed in a focus group format (see Table 5): Participants illustrated features of race, gender, academic level, and areas of specialization and status. The participants were coded A-F as pseudonyms. This helped the researcher to maintain the principle of confidentiality and anonymity.

Table 5: Biographical Data Department of HIV/AIDS- Alice campus

MEMBER	RACE	GENDER	LEVEL	SPECIALIZATION	STATUS (STUDENT/STAFF)
A	Black	Female	Doctor	Psychology	KEY INFORMANT/STAFF
B	Black	Female	PH.D.	Psychology	STUDENT
C	Black	Female	Masters	Psychology	STUDENT/PEER EDUCATOR
D	Black	Male	Masters	Psychology	STUDENT
E	Black	Male	PH.D.	Social Work	STAFF
F	Black	Female	Honors	Psychology	STUDENT

❖ For the information on race and gender biographical presentations of the UFH Alice campus Department of HIV/AIDS Unit please refer to the narration above on Voluntary Counseling and Testing.



4.2.1. Academic Level and Work Experience

Findings indicated that although most participants were of a higher academic profile, only one (1) participant indicated holding a Ph.D. with more than twenty-five (25) years of work experience. However, this researcher thinks that having only one well-qualified staff while other had apparently lower qualification does not augur well in the capacity of the institutions to combat HIV/AIDS. With Alice campus having a grand total population of 7766 registered students in 2016, this number is difficult to attain by a skeletal staff component.

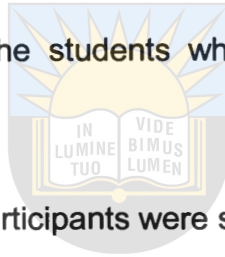
Participants reported that in reality, work was overwhelming given the skeletal staff amid a huge number of the student population. This is serious since handling issues of HIV/AIDS requires time. This is because the disease has a social, emotional and psychological dimension.

Findings indicated a sharp contrast with the institutional new HIV/AIDS Policy that has an objective to create a healthy and a safe environment within institutions. The

policy is based on ethical principles, legal norms, and human rights; as well as to establish a sectoral response to the impact of HIV and AIDS that is coordinated, comprehensive and integrated (UFH, 2013).

4.2.2. Area of Specialization

Findings indicated that four (4) participants were psychologists by profession while one (1) participant mentioned of being a social worker. Perhaps this indicates that despite the skeletal aspect of the unit, at least it was not utterly bereft of requisite professional richness. However, the fact that the unit had only one social worker may depict inadequate satisfaction of the students who seeks HIV/AIDS and related services.



Findings also indicated that other participants were students who are still focusing on their studies on one hand, and on the other hand are involved in offering their peers the HIV/AIDS information and services. Since apparently the student participants may not be adequately equipped to offer the requisite HIV/AIDS professional support, the unit then may not be adequately effective in its tasks to manage HIV/AIDS.

4.5.0. Biographical Presentation of the Student Representative Committee

Table 6 shows the biographic characteristics of the student members of the Student Representative Council (SRC) who were involved in one-on-one interview sessions during the research study. Participants illustrated features of race, gender, age, academic level, occupation, and their experiences. The researcher coded participant's actual names with pseudonyms (N-R). This helped the researcher to maintain the principle of confidentiality as well as the principle of anonymity.

Table 6: Biographical Data SRC- Alice campus

MEMBER	GENDER	RACE	LEVEL	OCCUPATION	EXPERIENCE
N	Male	Black	Masters	SRC	3 years
O	Female	Black	Honors	SRC	1 year
P	Female	Black	Undergraduate	SRC	2 years
Q	Male	Black	Masters	SRC	2 years
R	Male	Black	Masters	SRC	1 year

4.5.1. Gender

The findings indicated that the majority of the respondents were male participants. The researcher adopted a strategic move deliberately in order to compensate for the lack of male representativeness during the data gathering process among the members of the staff who were predominantly females. In addition, male SRC Alice campus members were readily available to share their sentiments about the inadequate behavior response among the students of the UFH Alice campus than their female counterparts. Perhaps the researcher may explain the readiness of male participants in terms of their feelings and opinions of still being in a position to control their female counterparts.

However, the mere fact that more males participated in the study than females is without a doubt that skewed information produced largely compromised the data reliability and validity.

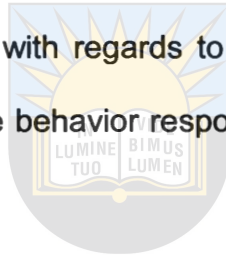
4.5.2. Race

All the participants indicated that they were of black African origin. Perhaps the main cause of a lack of racial diversity in the Alice campus may be credited to the opinion that historically UFH Alice campus has been a black institution, and hence the lack of racial diversity within the institution.

This shows a racial imbalance which means the findings produced mirrors a racially biased information. This reflects a shortfall of racial representativeness, and hence from the racial lenses, data reliability was low.

4.5.3. Academic level

The majority of the participants indicated that they were doing their master's degree; one (1) participant reported doing an honors degree, while another one was an undergraduate. These findings show that the SRC is composed of academically highly qualified individuals who are capable of rationalizing and critiquing the institutional environmental situation with regards to the well-being of students and also the dynamics of the inadequate behavior response to HIV/AIDS by the student community.



4.5.4. Occupation and Political experience

Participants reported being members of Student Representative Committee of Alice campus with at least one (1) to three (3) years leadership experience. Findings indicated that participants have an understanding of the problems faced by the students. However, when prompted to shed more light on their understanding of the problems faced by the students, the majority of the participants reported that their political involvement and experience tainted their efforts to achieve the required goals. This perhaps may reflect the fact that members were not performing some of their requisite leadership responsibilities such as facilitating a good behavior change among the students.

4.6.0. Biographical Presentation Post-Graduate Students involved in a mini survey

The following is a biographical arrangement, and explanation of participants given questionnaires to respond by indicating whether they, strongly agree, agree, neutral, disagree, or strongly agree with the questions presented to them.

Figure 8 indicates the biographic results of thirty-four (34) post-graduate students given questionnaires during the research study. Participants illustrated features of race, gender, academic level, and their occupation/status. The participants were coded 1-34 as their pseudonyms in order to maintain the principle of confidentiality and anonymity.



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Table 7: Biographical Data Post-Grad students- Alice campus

MEMBER	GENDER	RACE	LEVEL	OCCUPATION	EXPERIENCE
1	Male	Black	<i>Spoiled</i>	-	-
2	Male	Black	Masters	SRC	3 years
3	Female	Black	Masters	Unemployed	N/a
4	Female	Black	Honors	Unemployed	N/a
5	Female	Black	Masters	Unemployed	N/a
6	Female	Black	Masters	Supervisor	3 years
7	Male	Black	Masters	Supervisor	3 years
8	Male	Black	Masters	Tutor	3 years
9	Male	Black	Masters	Tutor	3 years
10	Male	Black	Masters	Tutor	3 years
11	Male	Black	Masters	<i>spoiled</i>	-
12	Male	Black	<i>Spoiled</i>	-	-
13	Male	Black	Honors	<i>spoiled</i>	-
14	Female	Black	Masters	Unemployed	N/a
15	Female	Black	Masters	Unemployed	N/a
16	Male	Black	PHD	Tutor	3 years
17	Female	Black	PHD	Tutor	5 years
18	Male	Black	Masters	Facilitator	5 years
19	Female	Black	PHD	Tutor	3 years
20	Male	Black	PHD	Facilitator	5 years
21	Male	Black	Masters	Tutor	3 years
22	Male	Black	Honors	Health	3 years
23	Male	Black	Honors	Unemployed	N/a
24	Female	Black	Honors	Unemployed	N/a
25	Female	Black	Honors	Facilitator	3 years
26	Female	Black	Masters	Supervisor	3 years
27	Male	Black	Honors	Facilitator	3 years
28	Female	Black	Masters	Supervisor	3 years
29	Female	Black	Masters	Unemployed	N/a
30	Female	Black	PHD	Unemployed	N/a
31	Female	<i>Spoiled</i>	-	-	-
32	Male	Black	<i>Spoiled</i>	-	-
33	<i>Not returned</i>	-	-	-	-
34	<i>Not returned</i>	-	-	-	-

4.6.1. Gender

Findings depict an uneven gender presentation; out of thirty- four (34) participants, seventeen (17) males to be precise took the lion’s share of the study and fifteen (15) females slackened behind the total number of males in the study. The researcher

can present the findings that perhaps because of an African cultural reflection that largely mirrors the dynamics of the practice in African communities that continues to recognize and embrace male dominance over their female counterparts. Also, it is important to indicate that, probability sampling was used as a methodology in which each unit of the sample have the same known probability to be representatively selected to enable the researcher to compute and estimate the accuracy of the sample.

Most importantly it is relevant to indicate that although the researcher used the probability sampling method to counterbalance the representativeness of gender balance in the study, findings of the study reveal gender-skewed results as most responses were from male participants. This may possibly reduce data representativeness and reliability.



4.6.2. Race

Participants reported that they were of a black African origin. As presented before, the researcher may give credit to the opinion that historically, the reason of a lack of racial diversity in the Alice campus is that UFH has been an institution established for poor black majority based on racial grounds, hence the lack of racial diversity within the institution.

This shows a racial imbalance that means the findings produced mirror racially biased information since there are no views of other racial populations that may highlight insightful opinions based on their own life experiences. This may perhaps reflect a shortfall of racial representativeness; hence, data reliability may be very low because the university is a predominantly black-based on racial background.

4.6.3. Academic Level

The findings depicted that all the participants were of a high academic level. Participants reported either pursuing an honors degree, a master's degree or a Ph.D. This finding perhaps reflects the possibility of the participants offering a richer data as far as understanding the phenomenon under the study is concerned. This is because those who have a stronger educational grip expected to understand with some depths different aspects of academic for example why the student community displayed an inadequate behavioral response towards combatting HIV/AIDS.

4.6.4. Occupation/Status and Experience

The majority of the participants concurrently reported that they were involved in duties such as facilitation, supervision, and tutorship of undergraduate students. Participants indicated that they had an experience of from a year to five years in their respective roles. This indicated that various participants had specific social roles that placed them at a crucial position of influence within the university community. Therefore, researcher expected participants to make informed insights on issues such as the dynamics of the inadequate behavior response to combatting HIV/AIDS based on their experiences and knowledge embedded in them.

4.7.0. Presentation of the findings.

The current study aimed at exploring the perceptions of the University of Fort Hare students of the youth's delayed behavior response towards combatting HIV/AIDS. The researcher used mixed methods to gather data in order to attain the aim and objectives of the study without bias. The researcher targeted fifty participants from Alice campus and 90% participated. This higher response rate may indicate that the researcher's choice of the samples was valid and reliable; as well as a possibility that the study was largely likely to be achieving its aim and objectives. The

researcher hereby presents the qualitative findings and then followed by quantitative ones.

4.7.1. Qualitative findings

4.7.1.1. Youth's vulnerability to sexually transmitted diseases

The first research objective of the study was to establish the behavior challenges that made the youths of the institutions of Higher Learning vulnerable to HIV/AIDS. The objective supported by a research question that was asking, what are the behavioral challenges that made the students of the UFH vulnerable to HIV/AIDS?. Out of sixteen (16) participants fourteen (14) verbally reported that unprotected sexual activities and substance abuse among students were the obvious behavioral challenges contributing to youth's inadequate behavior response towards combatting HIV/AIDS. The findings may indicate that the HIV/AIDS campaign awareness in Alice campus is perhaps at its lowest ebb.

The following are some of the responses from the participants

Participant "Y" stated that:

"Excessive drinking, promiscuity and the practice of unprotected sex are some of the behaviors putting most if not many students at the risk of HIV/AIDS"

Participant "W" observed that:

"High levels of sexual negligence make students engage in unprotected sexual practices"

Participant "A" indicated that:

“Students engage in substance abuse due to peer pressure resulting in unprotected sexual practices that may risk their lives to HIV/AIDS and other STDs”

According to the findings, it is clear that a thorough and a robust approach towards HIV/AIDS campaign is a basic requirement that requires close monitoring and evaluation. Academics, researchers, professionals, and students, therefore, should collaborate in order to bring about a viable approach that is responsive to the epidemic.

4.7.1.2. UFH Youth’s HIV/AIDS Knowledge Levels

The second research objective was to determine the knowledge levels among the UFH youths with regards to HIV/AIDS. This was followed by a research question, what are the knowledge levels among the UFH youths with regards to HIV/AIDS? Participants were asked to give an account of their perceptions of their fellow youths vulnerability to HIV/AIDS.

The majority of the participants interviewed reported that the knowledge levels among the UFH Alice campus youths with regards to HIV/AIDS are enough. Thirteen (13) of the participants indicated that the knowledge levels among the UFH youths with regards to HIV/AIDS are not enough. Only a few of the participants indicated that the knowledge levels among the UFH Alice campus youths with regards to HIV/AIDS were extremely insufficient.

The following are sentiments that were shared by participants during the interview sessions that may help to highlight the contradictions existing within the institution;

Participant “A” articulated that

“...in Alice campus the youths have enough knowledge with regards to HIV/AIDS...”

Participant “Z” responded that

“.....to argue that students lack knowledge on HIV/AIDS is an invalid assertion it will be relevant if we may say students lack information on accessing the help they may require.....”

Participant “F” reported that

“ ...HIV/AIDS education has been drummed in their minds since from early childhood, instead the students invest more in their academics than being involved in health related education simply because they consider themselves safe and knowledgeable enough this overrides the assumption that the youths have enough knowledge this is disturbing in actual fact since one knows exactly about HIV/AIDS yet decide to act otherwise....”

It is clear from these findings that the institutional efforts like the government of South Africa operate in terms of the provisions of the Higher Education Act. However, it is relevant to indicate that whilst the institution is making some efforts to combating HIV/AIDS, students still show an inadequate behaviour response towards combatting HIV/AIDS. Perhaps this may be linked to the continuous existence of myths, misconceptions, and a lack of informative information among the youths.

4.7.1.3. UFH HIV/AIDS mitigation/Reduction Interventions

Participants were asked to highlight if they think the university has put in place HIV/AIDS mitigation/ reduction interventions. The majority of the participants who were interviewed in the study reported that the presence of the Student Affairs

Division, Student Counseling Unit, Student Governance, and Development Unit, Health and Wellness and the Disability Unit in Alice campus were a reflection of the reduction interventions that have been put in place by the institution. Further, the University of Fort Hare had an HIV/AIDS policy in an effort to deal with HIV/AIDS.

To the contrary, findings indicated that it was a difficult phenomenon to adequately mitigate the effects of HIV/AIDS based on the fact that people came from diverse backgrounds and held different ideologies and belief systems. Their interactions largely increased the disease epidemiological antecedents.

The following are some of the opinions that participants were free to share during the research process:



Participant “W” noted that:

“....like in any other UFH campus, student counseling is provided free of charge here at Alice to attend those with emotional and psychological problems such as depression, anxiety, alcohol or drug dependence, HIV/AIDS and other health related disorders...I mean it is free of charge....”

Participant “V” indicated that:

“Through a wide variety of programs and services, the Counselling Centre provides personal counseling, advocacy, training and educational programs”

Participant “A” highlighted that:

“....As has already been alluded to by my colleagues here in Alice campus, the primary focus of the HIV/AIDS Unit is to provide a holistic approach to offering broad assistance to UFH students and staff.....Also, the main aim of the HIV/AIDS Unit is to prevent, control and manage HIV/AIDS/STIs and TB among students and staff.

The vision is to mitigate the impact of HIV/AIDS/STDs and TB by promoting, advocating, facilitating and implementing innovative interventions among the students, staff and surrounding communities at large. We work closely with a list of organizations that share the same aim, goal, and vision and mission...”

Although it is apparent that there are structures in Alice campus to mitigate the effects of HIV/AIDS, to the contrast the structures did not appear to contribute much in expediting the students' response to HIV/AIDS. Perhaps this may point to the ineffectiveness of these structures, or the fact that the knowledge gained by the students is not translated on their behavioral response.

4.7.1.4. Student Motivation to access HIV/AIDS services

Findings indicated that students are not adequately motivated to visit institutional HIV/AIDS health centers. This lack of adequate motivational support perhaps can be attributed to poorly packaged incentives to participate in accessing and knowing these services. The following sentiments were offered:

Participant “W” said:

“...as I have stated earlier in Alice campus at the beginning of the year, students normally visit the blood testing unit because the occasion is adequately advertised and also the venue easily identifiable and visible from the main gate....though this is a once-off or biannual occasion provided by the Provincial Health department which we cannot do on our own here.....”

Participant “X” went on to say:

“...students at some level are provided with electrical gadgets such as USB Flashes, stationary such as rulers, books, ball pens and pencils that motivate them to go for

blood testing and possibly for counseling is there is any need...I must say these initiatives are not necessarily of our making, but outside assistance....”

Participant “E” reported that

“...Giving out labeled t-shirts and electrical gadgets can be a resourceful way to motivate students to visit support structures., However, a lack of funding in our unit is a big set back for us to engage fully into this initiative and I don’t even remember the last time we engaged into this initiative....”

Apparently, the above incentives have not inculcated or entrenched adequate motivation for the university youths to expedite their response to HIV/AIDS. This may perhaps indicate a need for more research why the youths despite being exposed to these incentives continue to delay their response to HIV/AIDS. This may also point to a possibility that these incentive packages are not accompanied by education that can make them be entrenched to various HIV/AIDS mitigation factors.

4.7.1.5. Adequateness of both HIV/AIDS Structures and professional staffs in the university

The majority of participants acknowledged that the institutional support structures such as the Student Affairs Division, Student Counseling Unit, Student Governance and Development Unit, Health and Wellness and the Disability Unit in Alice campus were only available at the University. The majority of the participants indicated that these structures were underutilised and participants stated that this underutilization was detrimental to the progressive efforts of the institution in the effort to combat HIV/AIDS.

The participants reported that the underutilization of support structures was caused by the lack of professional workers. While the majority of the participants showed

that they have a total confidence in the university structures, to the contrary, these participants were highly skeptical of professionalism among the staff running them.

The following verbatim statements support the finding above:

Participant “Z” stated that

“....the underutilisation of support structures might be caused by the lack of professional workers at the institution.....”

Participant “A” responded that

“...Alice campus HIV/AIDS support structures are being underutilised and this under utilisation is highly detrimental to the progressive efforts of the institution in the effort to combating HIV/AIDS...”

Participant “X” noted that

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“.....personally I have total confidence in the university support structures, to the contrary, I am highly skeptical of professionalism among the staff responsible for disseminating medication and caregiving....”.

Despite the fact that UFH Alice campus has further ensured wider access to condoms by establishing simple networks involving the public and private places for distributing free condoms, participants reported the underutilization of these resources was caused by poor dissemination of information into the youths.

Participants dismissed condom distribution patterns in no uncertain terms, arguing that condom distribution doesn't really present the actual number of sexual acts in which a condom was used in relation to the number of unprotected sexual acts. Further participants stuck to the issues of ignorance, prejudice, discrimination and

stigma as possible drawbacks to achieving adequateness of both HIV/AIDS structures and professional staffs in the university.

4.7.2. Quantitative findings

The researcher also distributed thirty-four (34) questionnaires to thirty-four (34) respondents to gather data in order to establish the behaviour challenges making the youths of the institutions of Higher Learning vulnerable to HIV/AIDS; to determine the knowledge levels among the UFH youths with regards to HIV/AIDS; and to cross-examine the UFH student's attitudes and feelings towards an inadequate behavior response to HIV/AIDS by the youths in South Africa. The following findings emanated from the data gleaned.



4.7.2.1. Youth's behavioral Challenges towards HIV/AIDS

Respondents were given a questionnaire to indicate *whether* they either Strongly agreed, agreed, were neutral, disagreed, or strongly disagreed whether students faced behavioral challenges. Out of thirty-four (34) respondents, that is twenty-nine (93%) respondents strongly agreed that students faced behavioral challenges that place them at a risk of HIV/AIDS. Four (4) respondents (6%) agreed that students faced with behavior challenges that place them in a vulnerable position against HIV/AIDS. The following diagram is a statistical presentation of the findings.

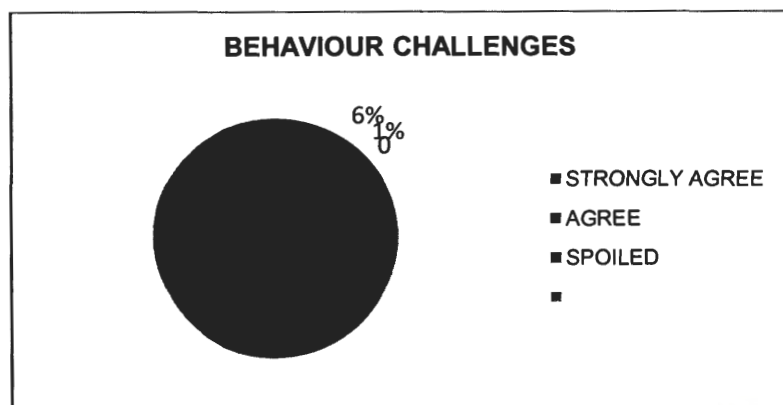
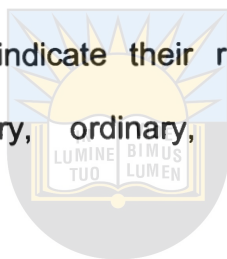


Figure 2: Challenges faced by the Youth

This finding figure 2. possibly suggests the existence of a wider knowledge or HIV/AIDS awareness gap in the university. This could be a pointer of the ineffectiveness of the HIV/AIDS unit in mobilizing awareness in the university. Also, it may point out that the knowledge that the students may have does not translate into an adequacy of response to HIV/AIDS.

4.7.2.2. Institutional Support towards HIV/AIDS

The researcher asked participants to show the level of support that the institutional HIV/AIDS activities received from the institutional management of UFH. The researcher asked participants to indicate their responses by choosing *either*, extremely satisfactory, satisfactory, ordinary, unsatisfactory, or extremely unsatisfactory.



Eighteen (18) that is sixty percent (60%) of the respondents reported that the level of support received by HIV/AIDS activities was average making students seem to lose confidence on institutional support; Nine (9) (20%) of respondents reported that the level of support received was satisfactory; three (3) (10%) of the respondents indicated that the level of support was extremely satisfactory, while two (2) (7%) reported it being unsatisfactory. However, 3% of the respondents reported the level of support as being extremely unsatisfactory.

The pie chart below presents the findings of the study on the level of support HIV/AIDS activities receive from the institutional management.

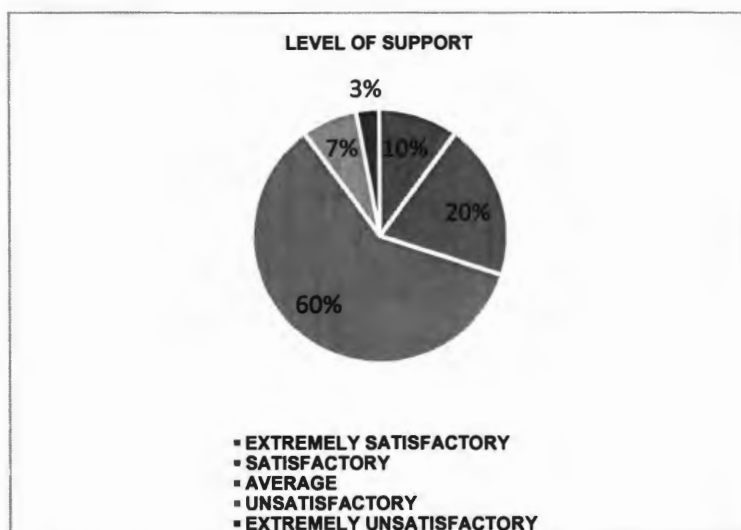


Figure 3: Institutional Level of Support to HIV/AIDS

The above finding indicates the need to increase the HIV/AIDS institutional support if the challenged of delayed response to HIV/AIDS is to be turned around.

4.7.2.3. Effectiveness of HIV/AIDS Managers

Twenty-two (22) participants (80%) of respondents reported that the effectiveness of HIV/AIDS managers was average; five (5) participants (8%) of the respondents acknowledged that it was acceptable, and three (3) participants (4%) indicated it was highly acceptable, while only four (4) participants (6%) indicated that the effectiveness of HIV/AIDS managers was unacceptable. Notably, also, the remaining percentage of the participants were either unsure/neutral and some responses were spoiled.



Figure 4: Managers' effectiveness

The above figure 4. presentation indicates that the perception of the majority many people did not adequately have ample confidence with the management effectiveness. Perhaps this could be an opportunity to explain why the youths were still dragging in their response to HIV/AIDS. This further could mean that the management was not adequately mobilizing response optimally.

4.7.2.4. Adequacy of Resources to Combat HIV/AIDS

The researcher asked respondents how they would assess the adequacy of resources towards combating HIV/AIDS in the UFH Alice campus. In order to calculate and measure the results based on the variables of student's attitude, feeling and knowledge towards an inadequate behavior response to HIV/AIDS of students. The researcher asked respondents if they were able to identify a responsible university health unit they were aware that it is responsible for the provision of the required and necessary HIV/AIDS resources.

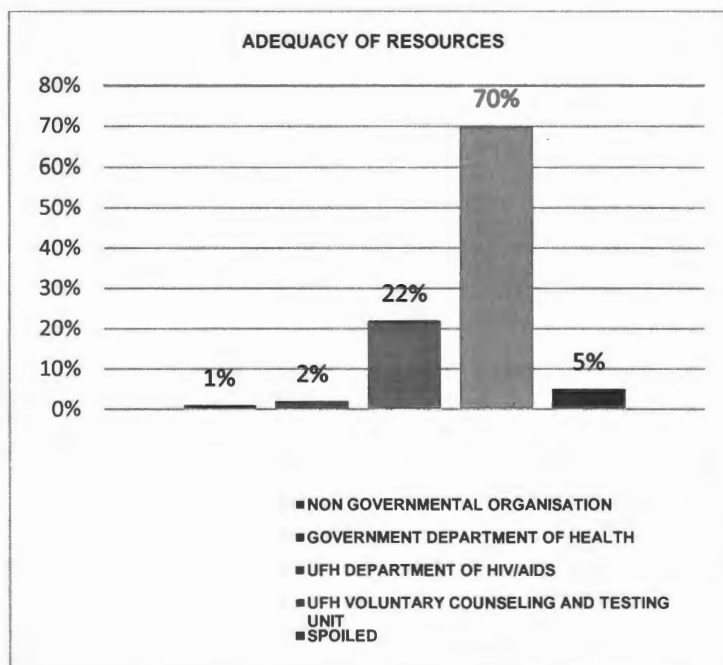


Figure 5: Adequacy of resources

The visual aid of a bar graph above is reporting a mini-survey in cross-examining the UFH students' awareness of a responsible university health unit. As seen from figure 5. a total of eighteen (18) thus, eighteen (18) participants almost 70% of respondents reported that they would assess the adequacy of resources towards HIV/AIDS campaign in the UFH campus by visiting the VCT unit at the campus.

Only nine (9) of the respondents that is twenty-two percent (22%) reported that they would approach the UFH Department of HIV/AIDS unit in order to assess the adequacy of resources towards HIV/AIDS campaign in the UFH campus. Two percent of the respondents reported that they would visit the Department of Health, while only one percent of respondents indicated that they would assess the adequacy of resources towards combating HIV/AIDS through the lenses of a Non-Governmental Organization. The question was a bit tricky and lacking clarity in the case of respondents and this resulted in almost eight percent spoiled responses.

The findings of the study may be worrying considering institutional efforts to bring together HIV/AIDS structures in place in order for students to access information and possible assistance were possible. Perhaps there is more focus on academic achievement than life orientation which brings awareness and generates self-esteem within the mind of students. Perhaps the blame lies within the university student leaders that is reluctant to take a decisive role in informing students on how to access information.

Perhaps findings reflect the need for the university to establish an independent board to manage all the activities of the support structures. Such an organ will work towards publicizing and maintaining the existence of all support structures. This may

perhaps guarantee easy access to information and services rendered by the support structure.

4.7.2.5. Sufficiency of HIV/AIDS Knowledge

Seventeen (17), participants that are fifty-five percent (55%) of the respondents indicated that the students' knowledge pertaining to HIV/AIDS is enough. Seven (7) participants, fifteen percent (15%) , of the respondents reported, the knowledge of the students was sufficient in dealing with HIV/AIDS. While Five (5) thirteen percent (13%) of respondents reported that the knowledge of students in dealing with HIV/AIDS was insufficient. Contrastingly, three (3) four percent of the respondents (4%) reported it was insufficient, while only two (2) three percent (3%) reported that the students' knowledge level was sufficient in dealing with HIV/AIDS.

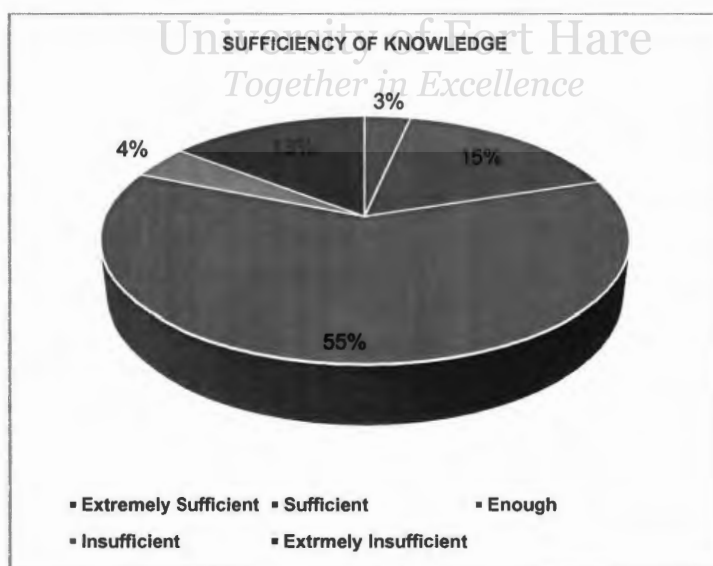


Figure 6: Sufficiency of Knowledge

The findings from Figure 4.5 shows that the majority of respondents reported that students had enough knowledge to deal with HIV/AIDS. However, it is without a doubt that close to half of the respondents shared conflicting opinions which mirror

the need for a pragmatic approach to bring about a paradigm shift in the struggle against HIV/AIDS.

Perhaps it is important to mention here that although findings indicated that majority of the respondents reported that students have enough knowledge to deal with HIV/AIDS, this apparently did not translate to a commensurate response to HIV/AIDS on the ground. It then needs more campaign mobilization as well as investing more resources to increase students awareness of the HIV/AIDS.

4.7.2.6. Improvement of HIV/AIDS Knowledge Levels

The researcher asked respondents to indicate with *either* a “yes” or a “no” in their responses to the question if they believed that the knowledge level of students could improve in order to strengthen the HIV/AIDS response. Only eleven (11), forty-six percent (46%) of respondents conveyed having confidence that the knowledge level of students could be improved; while a majority of the respondents eighteen (18), (54%) said that support structures were enough to improve the knowledge level of students on the campus. However, participants mentioned that the knowledge levels of students even though is enough that knowledge requires further improvement. This possibly indicates why the students largely exhibited an inadequate behavior response to HIV/AIDS. This, therefore, calls for more visibility of the HIV/AIDS support structures in order to improve the knowledge levels of the youths.

4.7.2.7. Collaborative HIV/AIDS Interventions

The researcher asked respondents to suggest what the institutional management in cohort with the government could do in order to turn around student’s inadequate behavior response to combating HIV/AIDS. Nineteen (19), 72% of the respondents reported that it would be academically wise enough if the institutional management

and the government could strengthen the policy environment in the university. In doing so, the respondents echoed verbally the need for curriculum strengthening on the component of mainstreaming of HIV/AIDS.

Perhaps based on these findings, it will be relevant for the curriculum of Institutions of Higher Learning to adapt continuously, to the recent literature on HIV/AIDS as a mechanism to dispel the clock of ignorance surrounding the epidemic. This perhaps is advisable and reasonable to indicate that issues pertaining to HIV/AIDS are highly dynamic and the intervention strategies continue to change.

Twenty (20), 25% of respondents reported that the institutional management together with the government has to fund researchers who could practically engage with students, professionals, academics and the community at large to interrogate the unresponsiveness behavior of the youths. This finding perhaps shows that there is a lack of engagement between students, professionals, academics and the community at large. This perhaps may point out that yearly academic publications, seminars, and presentations done within the institution is a student recall to adopt and practice.

The research findings indicate that there is a need for an increase in funding for the promotion of the university policy as a way of robustly implementing the university policy framework on HIV/AIDS. This is perhaps because apparently, there is a poor attention given to the policy environment.

4.8.0. Conclusion

The empirical findings analyzed in this chapter reflects the opinions, feelings, and attitudes of the participants and the respondents on the dynamics surrounding the youths delayed response to HIV/AIDS at the University of Fort Hare. The chapter

has unearthed all the possible feelings, attitudes and perceptions of largely the student samples. This has opened a fertile ground to discuss these findings in the following chapter with the hope of coming up with possible newer insights of new knowledge.



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CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0. Introduction

The previous chapters enabled the researcher to document in context the perceptions of a sample of the Alice campus participants and respondents on the behavioral factors that could largely be contributing to youth's inadequate behavioral response to HIV/AIDS in the university and in the institutions of Higher Learning generally. This chapter discusses the findings in order to bolster and position new findings.

5.1.0. Demographic information of the Participants

This part of chapter five discusses the biographic qualities of a cross section of the participants who were largely the students plus some staff members. The biographic profile considered race, gender, occupation, area of specialization, status and work experience.

5.1.1. Race of the Participants

The study revealed that all the participants in the research sample were of the black African origin. The researcher explained the origin of participants in terms of the historical background of the institution. The researcher stated that perhaps the institution's history and geography associated with the racial background are the causes of the lack of diversity. This may help to explain the current lack of racial diversity at the institution. Importantly, it is relevant to indicate that it has been observed that black South Africans by race, both male, and female, are still vulnerable to a barrage of human services whether medical, housing, and health. Perhaps this is because of the poorly serviced areas that most blacks are currently

dominating experience this unpleasantness. This is because of the development of historical racial exclusions that appear to embrace the whole country to the present day (Kang'ethe & Xabendlini, 2014).

Kang'ethe and Xabendlini (2014) recognized that there are efforts to reduce treatment barriers such as street outreach, outreach in township areas, and transportation. These efforts, however, namely, street outreach, outreach in township areas, and transportation are not adequately adopted by the majority of treatment facilities in the country who appears to live under the shadow of historical racial exclusion, hence increasing the health risks of the youths (Kang'ethe & Xabendlini, 2014)



5.1.2. Gender of Participants

Findings of the study illustrated that females were more than male participants were, although the gender difference was not so huge. More females participated in the study simply because the researcher wished to counter the mythical assertion that appears to place the African male on a self-proclaimed status of dominance over females (Kang'ethe 2008a). In addition, many previous studies appear to suffer the same gender bias because women more than men appear to come out easily to contribute to issues of social development.

Gender Link, (2012) have identified sexual violence and rape as the key factors influencing the high rate of HIV/AIDS infection among females due to incorrect and inconsistent condom use among young South Africans and those of the neighboring countries such as Botswana. In support of the Gender Link and Kang'ethe, Gwidi, (2016) reported that sex workers pleaded with the Parliamentarians to enact laws that protect them and protect their rights. The report indicated that sex workers were

in dire need of laws that protect them from clients who abuse them (Gwidi, 2016). The findings of the study clearly show that the treatment of women is always that of a second-class citizen as compared to their male counterparts. Mulwo, et al, (2009) supported the argument on sexual violence demonstrating gender violence as a common phenomenon in South Africa, where crime statistics illustrate 40% of women and 16% of men as victims of sexual assault.

Undoubtedly, such statistical work drives the point home to the fact that violence or a fear of violence prevents women from discussing HIV/AIDS with their partners or requesting them to discuss the consistent and correct use of condoms. Further, existing literature revealed in practical terms that forced sex might function as a mute button banishing women from discussing HIV/AIDS with their spouse's consistent and correct use of condoms (Mulwo, et al, 2010).

Thus, Gender Link, (2012); Kang'ethe, (2014) concluded that sexual violence is, therefore, one of the challenges emerging from existing literature posing as a psychosocial giant in HIV/AIDS transmission and that need to be put into consideration by the humanitarian, public health and security policy makers.

In the effort to recognize the inferiority position of the female victim, studies by Kang'ethe & Nomngcoyiya (2016) openly confront the culture, especially the African culture to liberate the female counterpart by promoting female ideas and acknowledge female position in society. These findings bring the researcher to a paradigm shift statement that the African culture needs to discard its patriarchal conservatism by adopting a more liberal gender sensitive approach (Gender Link, 2012).

In the same manner, the South African Council for Social Service Professions code of Ethics has a general approach based on the ethics that every human being has a unique value and potential irrespective of origin, ethnicity, sex, age, beliefs, socio-economic, and legal status (SACSSP, 2014). This follows the idea that each individual has the right to the fulfillment of his/her innate and acquired skills. Hence, there is a need to acknowledge and put into account the rights of women, preferences, and objectives when structuring service rendering even in the absence of women (SACSSP, 2014).

5.2.0. Discussion of the findings

This section presents the discussion of the findings that produced out of the research undertaken in the study.



5.2.1. Youths vulnerability to HIV/AIDS

In the study, the majority of the participants indicated that the youths at UFH Alice campus were at a huge risk of behavioral factors that were making them vulnerable to HIV/AIDS.

Wechsberg et al, (2013) documented that the low rate of sexual abstinence intertwined with an early sexual debut in any corner of the globe is exceedingly associated with HIV/AIDS /STDs. A combination of TB transmission and other diseases together with unintended pregnancy among the youths are on record.

Largely, and due to the low rate of abstinence among the youths, HIV/AIDS infection rates have accelerated both geometrically and arithmetically and thereby creating a worrying atmosphere in institutions of Higher Learning and in communities at large (Mutopa & Kang'ethe, 2014)

Perhaps there is need of more effort to invest in unearthing and establishing various facets of youth's vulnerability. This is because according to Kang'ethe & Nomngcoyiya, (2015), despite the efforts by researchers and health practitioners to put in place mechanisms of mitigating the HIV/AIDS epidemic, various kinds of advocacy such as emphasizing on abstinence, there remains a very low rate of abstinence among the youths in South Africa especially in institutions of Higher Learning.

Van Dyk (2006) Kang'ethe & Mutopa (2014) have submitted that most importantly, the unrelenting phenomenon of a low rate of abstinence in the institutions of Higher Learning both in the Sub-Saharan African countries and beyond evokes hypothetical debates, developmental action, and policy formulation in the effort to combat HIV/AIDS.

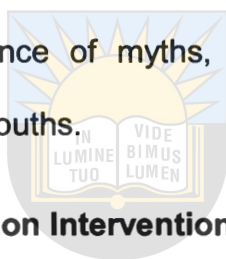
Findings indicated that the youths were at a high risk of contracting HIV/AIDS perhaps due to their continuous abuse of drugs and alcohol observed to reduce the ability to make good decisions (Kang'ethe & Mutopa, 2014). Such a scenario has witnessed HIV/AIDS becoming a thorn in the flesh among the youths in South Africa and those from abroad.

5.2.2. Youths' HIV/AIDS Knowledge Levels

Findings of the study clearly indicated that the knowledge levels of students at UFH Alice campus are enough with regards to HIV/AIDS. Perhaps the findings of this study and those of Kang'ethe & Xabendlini (2014) may reflect the idea that universities around the globe are mandated with the mission of generating new information, technologies, practices, and understanding the phenomenon of HIV/AIDS through research.

Study findings mirror the sentiment that these contributions are needed to help especially the African countries to improve the knowledge levels and expand the scope of combatting HIV/AIDS by uprooting the prevalence of myths and misleading information in their communities.

It is, therefore, relevant to indicate in this study that, the institution need to invest more and make some more efforts to raise the knowledge levels of the youths with regards to HIV/AIDS students perhaps this will help to change the inadequate behavior response towards combatting HIV/AIDS among the youths. Perhaps this may reflect the continuous existence of myths, misconceptions and a lack of informative information among the youths.



5.2.3. HIV/AIDS mitigation/Reduction Interventions

The majority of the participants who were interviewed in the study reported that the presence of the Student Affairs Division, Student Counseling Unit, Student Governance, and Development Unit, Health and Wellness and the Disability Unit in Alice campus were a reflection of the reduction interventions that have been put in place by the institution. Further, findings indicated that the University of Fort Hare had an HIV/AIDS policy in an effort to deal with HIV/AIDS.

To the contrary, findings indicated that it was a difficult phenomenon to adequately mitigate the effects of HIV/AIDS at the university campus because people came from diverse backgrounds and held different ideologies and belief systems. Their interactions largely increased the disease epidemiological antecedents (Kang'ethe & Mutopa, 2014).

Although it is apparent that there are support structures in Alice campus to mitigate the effects of HIV/AIDS, to the contrary the support structures did not appear to

contribute much in expediting the students' inadequate response to HIV/AIDS. Perhaps this may point to the ineffectiveness of these support structures, or the fact that the knowledge gained by the students is not translated into their expected behavioral response (Mwamwenda, 2013).

Smith, et al, (2012) are of the view that, although the availability and accessibility of HIV-related information and support structures through multiple channels has enabled undergraduates to understand how HIV/AIDS is transmitted. Kang'ethe & Mutopa (2014) hold a diametrically opposing view that higher levels of HIV/AIDS knowledge may result in a misguided confidence that the youths cannot contract HIV/AIDS because they perceive themselves to be of low personal risk or place inappropriate trust in friends and partners.

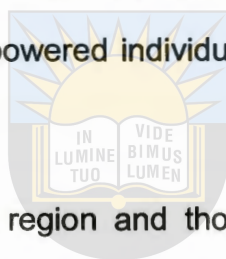
It is without a doubt that the struggle against HIV/AIDS requires innovative knowledge that is highly critical and enlightening. Universities around the globe are mandated with the mission of generating new information, technologies, practices, and understanding the phenomenon of HIV/AIDS through research (Van Wyk, et al., 2005)

This researcher considers it important in this study, to mention that, there is ample need for the university to formulate robust HIV/AIDS policies as a sure way of bolstering reduction and mitigation efforts to surmount HIV/AIDS. In addition, this researcher considers it important for the university to operate in line with the South African National Strategic Planning for HIV/AIDS and TB, where the Cabinet put in place HIV/AIDS support structures as national priority under the management of the South African National AIDS Council (SANAC) (NSP, 2007). Perhaps if the university

adopts these suggestions may bring about a paradigm shift in the lives of the vulnerable students (NSP, 2007).

5.2.4. Student Motivation towards combating HIV/AIDS

Findings of the study show that there is a higher degree of a lack of expertise, lack of professionalism, and lack of innovativeness among the caregivers to motivate students to visit the university HIV/AIDS health support structures. Kang'ethe and Xabendlini (2014); Van Dyk et al, (2006) stated that it is worth to note that universities have a vital responsibility of providing intellectual leadership and producing critical informed and empowered individuals who are highly innovative in terms of mitigating HIV/AIDS.



Largely, universities in the SADC region and those beyond, each operate as a nexus of social and human capital with a responsibility to offer institutional care and support to their students and staff (Makiwane & Mokoman, 2010). It is argued that universities must have HIV/AIDS management committees in place which are broad-based, and these committees should effectively coordinate the provision of on-campus services (Van Wyk, et al., 2005).

According to the findings of the study, students shy away from visiting the health facilities simply because they may fear being associated with HIV/AIDS basically due to ignorance, prejudice, discrimination and stigma. This means that students may be labeled as HIV/AIDS positive. This way of thinking of the youths in this study may reflect a high rate of the presence of myths, misinformation, and misguidance that is associated with the youths in institutions of Higher Learning finding it hard and difficult to comprehend basic information with regards to HIV/AIDS. Hence, the

inadequate behaviour response towards HIV/AIDS in institutions of Higher Learning continues to linger longer (Kang'ethe & Xabendlini, 2014)

Largely, in this study, it is in heartening to note that the youths remain misinformed about the nature of HIV/AIDS and have little access to available preventive measures. Perhaps ignorance, prejudice, discrimination and stigma, abound about HIV/AIDS transmission, such as transmission through sharing of food, cups and clothes, kissing and mosquito bites as well as non-transmission through a single unprotected sexual encounter and sex with healthy-looking partners remain convincing arguments among the youths in institutions of Higher Learning (Mangwiro and Tanga, 2016). These forms of ignorance, prejudice, discrimination and stigma, are common in every part of the world. Such erroneous beliefs have led people not only to ostracize those who are infected, but also to fail to take precautions to protect themselves, thus unwittingly contributing to the spread of the disease (Tanga & Mangwiro, 2016).

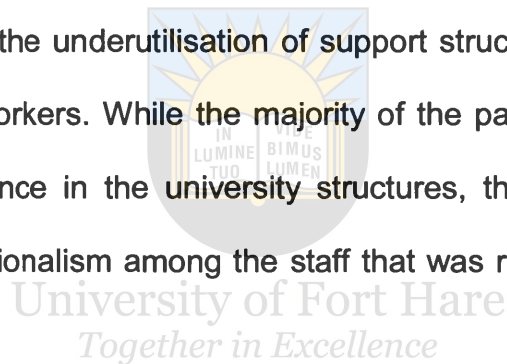
5.2.5. Adequate HIV/AIDS Structures and Professional HIV/AIDS Workers

The findings of the study indicated that majority of the participants acknowledged that the institutional support structures such as the Student Affairs Division, Student Counseling Unit, Student Governance and Development Unit, Health and Wellness and the Disability Unit in Alice campus were available at the University. The majority of the participants indicated that these structures were underutilized and participants stated that this underutilization was detrimental to the progressive efforts of the institution in the effort to combat HIV/AIDS.

Accordingly, Tanga & Mangwiro (2016) argued that, even if HIV/AIDS workers/caregivers receive training they experience poverty, social isolation, stigma,

psychological distress, and lack basic caregiving education as a result this may affect their effectiveness and efficiency. In the same vein Kang'ethe (2013) also contend that HIV/AIDS worker's/caregivers' services are a panacea amidst dwindling economic resources, and lack of requisite skills and knowledge to handle HIV/AIDS has presented an arduous and an uphill task. Besides inadequate or unavailability of training, Kang'ethe (2014b) indicates that aging of the HIV/AIDS caregivers usually makes it difficult for some, especially the elderly to understand the dynamism of caregiving (Tanga & Mangwiro, 2016).

Participants reported that the underutilisation of support structures was caused by the lack of professional workers. While the majority of the participants showed that they have a total confidence in the university structures, these participants were highly skeptical of professionalism among the staff that was responsible for running the support structures.



Ntombela, et al, (2008) are of the view that it is vital to establish a twenty-four hours (24hrs) service clinic that all students and the university staff who at high risk of HIV/AIDS are tested and treated even during the night to avert the increase in new HIV/AIDS infections and other STDs. Perhaps this may enable a reduction in the rate of new HIV/AIDS infections and possibility help to expedite the delayed behavior among the youths in combatting HIV/AIDS. Further, Ntombela, et al, (2008) recommended that, information providers from various sections on campus to be in the register and publicised. Ntombela, et al (2008) see campus radio playing an important role in providing education and awareness in terms of HIV/AIDS information.

Negative perceptions towards support structures among the youths are some of the common manifestations of HIV/AIDS stigma that leads to discrimination and prejudice attitudes. Consistent with previous studies findings showed that there is a high level of stigma and discrimination towards visiting support structures among the youths. Existence of stigma and discrimination among the youths could have significant adverse effects on the daily lives of the youths (Tanga & Magwiro, 2016). This issue tends to create a hidden epidemic of the disease based on fear, misinformation, socially shared ignorance and denial. The study also reveals that, the level of acceptance was low and the level of rejection was high towards those youths who are HIV/AIDS positive by other students and the community members at large.



5.3.0. Conclusion of the findings

The conclusion of the findings ascertains to what extent the study has met its assumptions, hypothesis, aim and the objectives.

The following assumptions and hypotheses guided this study in the following manner and this section attempts either to validate or to invalidate the assumptions and hypothesis

5.3.1. Research Assumptions

Validation of assumptions enables the reduction of associated risks very early in the research development (Foraker Labs, 2016). During the exploration phase of this study the researcher professed assumptions up front in order to test those that present the highest risk as key steps in defining the fundamental research problem (Foraker Labs, 2016).

The following two assumptions guided the study.

This section discusses whether the assumptions were true or valid and to what extent

5.3.1.1. First Assumption

A¹ the youths at UFH face behavioral factors making them vulnerable to HIV/AIDS.

The underlying assumption was validated a correct assumption since participants highly acknowledged the vulnerability of the youths to the HIV/AIDS pandemic as connected to the youth's inadequate behavior to respond to combatting HIV/AIDS. Participants mentioned substance abuse and unprotected sexual practices as the main behavioral challenges faced by the youths. Findings indicated that the youths were at a high risk of contracting HIV/AIDS perhaps due to their continuous abuse of drugs and alcohol observed to reduce the ability to make good decisions. The fundamental assumption is here proven through the research study that HIV/AIDS is becoming a thorn in the flesh among the youths in South Africa and those from abroad. In support of these findings, existing literature has demonstrated in detail that the youths face behavioral factors making them vulnerable to HIV/AIDS.

5.3.1.2. Second Assumption

A² the inadequate behavior response among UFH students towards combating HIV/AIDS reviews their underutilization of the available institutional HIV/AIDS support structures.

In order to validate this assumption, the researcher used the user research and user-centered design approaches that enabled the validation of the samples based on assumptions and hypotheses (Foraker Labs, 2016). The user-centered design approach is a framework of processes focusing on the needs, wants, and limitations

of end users of a product or service (Foraker Labs, 2016). The researcher undertakes extensive attention at each stage of the user-centered design approach to testing the validity of assumptions concerning user underutilization of the available institutional HIV/AIDS support structures.

Through the user-centered approach, research reveal that the users', in this case, the youth's, needs and preferences through user observations, one-on-one interviews, and creative activities encouraged the students to express their emotions, motivations, and underlying concepts and beliefs about the steps involved in the utilization of the institutional HIV/AIDS support structures. By understanding the human emotions, motivations, and beliefs that surround a task, a user interface designed to accommodate and support user behaviors in a way that users will experience as natural and satisfying enabled the researcher to validate the assumption from the user's perspective (Foraker Labs, 2016).

5.3.2. Research Hypotheses

Hypothesis validation defined as the process of determining the degree to which a hypothesis is an accurate representation of the real world from the perspective of its intended uses (Sornette, et al., 2007). According to Sornette, et al (2007), hypothesis validation is crucial as industries and governments depend increasingly on predictions by computer models to justify their decisions. In the same way, this researcher proposed to formulate the validation of the hypothesis as an iterative construction process (Sornette, et al., 2007).

The researcher working with a fraction of fifty (50) participants of the total population of UFH and not the entire population of UFH was never one hundred percent certain that the results would reflect the actual population's results. To prove the accuracy of

the results researcher had to perform a hypothesis testing. The following hypotheses guided the study as follows.

This section attempts either to validate or to invalidate the hypotheses

5.3.2.1. Null Hypothesis

H_0 if the knowledge levels of students are not enough concerning HIV/AIDS, and then the noticeable higher degree of a lack of expertise, lack of professionalism, and lack of innovativeness among the caregivers to motivate students to visit the university HIV/AIDS health support structures are the prevailing menace.

The researcher measured the level of a significant linear association between the independent variable and the dependent variables in order to prove if there is a correlation between the variables. In hypothesis testing, the study concludes that it does not reject the null hypothesis (H_0). According to the study, this does not necessarily mean that the null hypothesis is true; it only suggests that there is not sufficient evidence against (H_0). The lack of sufficient evidence attributed to the small proportion of the population sample that the researcher used in the study that lacks representativeness. Hence, the researcher generalized the research findings. Thus, one can never prove that any hypothesis is true, only that it is less effective in explaining the data than another hypothesis (Sornette, et al., 2007).

The notion of disbelieving in the null hypothesis based on the principle of falsification introduced by prominent philosopher of science (Popper, 2002). According to Popper (2002), we cannot conclusively affirm a hypothesis, but we can conclusively negate it. Popper went on to argue that the knowledge validity tied to the probability of falsification cannot be entirely rejected (Popper, 2002).

In this study, the following broad and general statement, “if the knowledge levels of students are not enough concerning HIV/AIDS, and then a noticeable higher degree of a lack of expertise, lack of professionalism, and lack of innovativeness among the caregivers to motivate students to visit the university HIV/AIDS health support structures could be liable to blame”. Such a statement can never be wrong and thus does not bring us any insightful knowledge. The more specific a statement is the higher possibility that the statement can be negated (Popper, 2002).

5.3.2.2. Alternative Hypothesis

H_1 If the knowledge levels of students are enough concerning HIV/AIDS, and then the noticeable higher degree of expertise, professionalism, and of innovativeness among the caregivers motivating students to visit the university HIV/AIDS health support structures are a reassurance.

The study did not reject the alternative hypothesis (H_1), strictly speaking, but the hypothesis found was unnecessarily or redundant with respect to (H_0). It is, therefore, wrong and unwise to interpret so many negative trials as providing evidence of the noticeable higher degree of expertise, professionalism, and of innovativeness among the caregivers motivating students to visit the university HIV/AIDS health support structures (Altman & Bland, 2008). The study, instead seriously question whether the absence of evidence is a valid justification for inaction. As an alternative, the study made efforts to look for quantification of an association between the independent and dependent variables rather than just the value, especially when the risks under investigation are small (Altman & Bland, 2008).

5.4.0. Discussion on the Aim of the study

The aim leading to the study was to explore the perceptions of the University of Fort Hare students of the inadequate response towards combatting HIV/AIDS by the youth. This aim has been met because responses from both the participants and respondents have glaringly indicated that the youths displayed an inadequate behavioral response towards combatting HIV/AIDS and the reasons thereof. The study has also elucidated the possible gray areas behind this phenomenon of the inadequate behavioral response.

The following conversation seeks to pit the research objectives against the empirical study objectives in order to assess and measure the extent to which they have been met by the current study.

- ***To establish the behaviour challenges making the youths of the institutions of Higher Learning vulnerable to HIV/AIDS***

Principally, the study managed to document a collection of devastating behavior challenges making the youths of the institutions of Higher Learning vulnerable to HIV/AIDS. Among these behavior challenges were; low rate of abstention; inconsistent and incorrect use of condoms; and unprotected sexual practices. Pseudo- prostitution; idolizing or modeling personalities that display behaviors that put them at higher HIV/AIDS risk; increased consumption of substance abuse that make the youth tipsy and prone to HIV/AIDS risky behaviors. The presence of myths and misleading information about HIV/AIDS; and their engagement with multiple and concurrent sexual partners. Indulgence in unprotected sexual practices and substance abuse remain the main behavior challenges that were making students vulnerable to HIV/AIDS.

- ***To determine the knowledge levels among the UFH youths with regards to HIV/AIDS.***

This objective was highly achieved as the results indicated contrasting views regarding the knowledge levels among the UFH youths with regards to HIV/AIDS. At one extreme, it was indicated that the majority of the youths have enough knowledge levels with regards to HIV/AIDS; while in another extreme, it was noted that the youths were not well informed on where to access the required information.

On the other hand, the blame was on professionals being reluctant to boost the knowledge levels of the youths. Overall, the study concluded that the knowledge levels of the youths were enough with regards to HIV/AIDS, although the knowledge was not commensurate with the response on the ground. The study established inadequate service delivery as a key drawback to knowledge level improvement.

- ***To cross-examine the UFH student's attitudes and feelings towards a delayed response to HIV/AIDS by the youths in South Africa.***

This objective was highly attained because participants subjectively expressed more of their personal feelings, emotions and attitudes towards a delayed response to HIV/AIDS by the youths in South Africa. Feelings towards a delayed response to HIV/AIDS by the youths in South Africa were the burning epitomes of a lack or poor functional engagement between students, professionals, academics and the community. These observations seems to suggest a lack of practical adoption of the yearly academic publications, seminars, and presentations done within the institution.

Expressing the growing lack of confidence in the institutional HIV/AIDS management among the students was creating a huge gap of mistrust and thereby undermining

immediate management hierarchy that largely creates role ambiguity, perceived unfairness and frustration.

5.5.0. Recommendations

The research findings suggested the following recommendations using the researcher's intuition and aptitude as well as the reviewed literature.

- **Mainstreaming HIV/AIDS into the university curriculum.**

Findings indicated that teaching HIV/AIDS should form part of academic modules and should be in the university curricula. Importantly, HIV/AIDS should cut across all the faculties and domains. Elsey & Kutengule, (2003), wrote that HIV/AIDS mainstreaming work might seem like a theoretical exercise; however, it may become clear from literature and research work that often when sectors claim to be mainstreaming HIV/AIDS, they are in fact engaged in HIV/AIDS specific work.

- **university infrastructure to be HIV/AIDS friendly.**

The findings of the study indicated that the university infrastructure is adequate to cater for the needs of students, yet the blame remains for being unresponsive to the HIV/AIDS call. Thus, there is a need for the university to establish an independent organ that will manage all activities of the support structures.

This organ will have qualified and professional workers able to mobilize resources, publicize the support structures, monitor the function of the support structures, evaluate the progress and shortcomings of the support structures, and maintain the support structures. Perhaps this will guarantee students easy access to services rendered.

- **Gender Mainstreaming of HIV/AIDS.**

Findings indicated the segregation of women in the institutions of Higher Learning. Further findings noted the treatment of women as second-class citizens and this placing them at an HIV/AIDS vulnerable position. Researchers on this subject have argued that there is a need to gender mainstream HIV/AIDS in all the institutional organs. Gender mainstreaming defined as a process of assessing the implications of any planned HIV/AIDS action, policy, and program on men and women, means giving women access to treatment, counseling and support on an equal footing with men (Kang'ethe & Nomngcoyiya, 2016).

- **Create HIV/AIDS youth friendly support structures.**

There is a need to develop youth-friendly support services that are insightful and befitting to the needs of students. Support structures should be easily accessible and students should feel comfortable and welcomed to these places. There should be continuous evaluation and monitoring of the services provided.

- **Use both HIV/AIDS indigenous knowledge and foreign HIV/AIDS based knowledge.**

There is a need to combine foreign-based knowledge together with indigenous-based knowledge in order to expand fully the scope of HIV/AIDS support structure as a problem-solving approach. Indigenous knowledge can only evolve through indigenous documentation and analysis of different practice models and their appropriateness to the local and regional situation. Combining indigenous based knowledge and foreign-based knowledge can help effectively and efficiently policy makers, researchers and scientists to respond to the efforts of expediting the inadequate behavior response among the youths towards combatting HIV/AIDS.

- **More professional social workers in the HIV/AIDS unit.**

It is crucial and paramount important that the unit has as many social workers as possible to handle individuals who need knowledge pertaining to HIV/AIDS. With social workers equipped with a constellation of knowledge packages, they would possibly be able to motivate the students to respond to HIV/AIDS with ease.

- **Provision of physical and emotional support.**

Findings have indicated that there have been numerous misinterpretations of a number of HIV/AIDS pronouncements and one such pronouncement is towards misinformation. It is therefore, a requirement that the youths get accurate information that will help them to make right decisions. Youths need to be encouraged to visit the New Start Centre and instill confidence about how to deal with the results of their HIV/AIDS statuses.



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5.6.0. Conclusion

The study has vigorously managed to put in manuscript an array of the behavioral challenges faced by students in institutions of Higher Learning that make them vulnerable to the HIV/AIDS epidemic. The study identified substance abuse as the eminent driver to unprotected sexual practices. Perhaps more awareness on the drivers of the epidemic and their ramifications could possibly go a long way in expediting the youth's inadequate behavior response to HIV/AIDS. Perhaps more research on youth's vulnerability is central.

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ANNEXURES

APPENDIX A: INTERVIEW GUIDE

SECTION A

1. DEMOGRAPHIC DATA

PLEASE KINDLY INDICATE YOUR ANSWER WITH AN "X" WHERE POSSIBLE.

GENDER	MALE	FEMALE	OTHER

FILL IN WITH THE CORRECT ANSWER

CHILDREN BELOW 18 OF AGE	
CHILDREN ABOVE 18 OF AGE	
SIBLINGS	
OTHER	

OCCUPATIONAL INFORMATION

EMPLOYED	
STUDENT	
UNEMPLOYED	
OTHER	

ACCOMODATION

CARE UNIT	
PERSONAL RESIDENCE	
GUARDIANSHIP	

SECTION B:

2. What behavioral related challenges make students vulnerable to HIV/AIDS at UFH?
3. How do you assess the knowledge levels of students pertaining to HIV/AIDS?

4. Do you think the university has put in place HIV/AIDS mitigation/Reduction Interventions?
5. If so, which are these structures and how do they work?
6. Are students motivated to visit these structures?
7. Do these structures have adequate and professional workers?
8. What do you suggest to expedite the student's response to HIV/AIDS?



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APPENDIX B: QUESTIONNAIRE

QUESTIONNAIRE RESEARCH INSTRUMENT

SECTION: A

1. DEMOGRAPHIC DATA

PLEASE KINDLY INDICATE YOUR ANSWER BY AN "X" WHERE POSSIBLE.

GENDER	Male	Female	Other
--------	------	--------	-------

RACE	BLACK AFRICAN	WHITE	INDIAN	COLOURED	OTHE R
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ACADEMIC LEVEL	PHD	MASTERS	HONOURS	UNDERGRADUATE
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SECTION: B

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OCCUPATIONAL INFORMATION

OCCUPATION/POSITION	CAMPUS SERVICES	HEALTH	DEPARTMENT HIV/AIDS UNIT	STUDENT REPRESENTATIVE COMMITTEE	OTHER PLEASE SPECIFY
---------------------	--------------------	--------	-----------------------------	--	----------------------------

EXPERIENCE	10 YEARS AND ABOVE	5 YEARS	3 YEARS AND BELOW
------------	-----------------------	------------	----------------------

NATURE OF EMPLOYMENT	DEPARTMENT OF SOCIAL SCIENCES AND HUMANITIES	DEPARTMENT HIV/AIDS UNIT	OTHER PLEASE SPECIFY
----------------------------	---	-----------------------------	----------------------------

AREA OF SPECIALIZATION	ACADEMICS	ADMINISTRATION	SPORTS	HEALTH CARE	OTHER PLEASE SPECIFY
------------------------------	-----------	----------------	--------	----------------	----------------------------

UNIVERSITY COMMUNITY INVOLVEMENT	DEVELOPMENTAL	EDUCATIONAL	ADVOCACY	EMPOWERMENT	OTHER PLEASE SPECIFY
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SECTION C

(2) WHAT ARE BEHAVIOURAL CHALLENGES THAT MAKE THE STUDENTS OF THE UFH STUDENTS VULNERABLE TO HIV/AIDS?

PLEASE INDICATE WITH AN "X" IF YOU EITHER AGREE OR DISAGREE WITH THE FOLLOWING

(2a) DO YOU THINK STUDENTS FACE BEHAVIOURAL CHALLENGES?	STRONGLY AGREE	AGREE	NEUTRAL	DISAGREE	STRONGLY DISAGREE

(2b) ENUMERATE THE CHALLENGES IF YOU HAVE EITHER STRONGLY AGREED OR AGREED WITH (2a) ABOVE.

(2c) WHAT LEVEL OF SUPPORT DO HIV/AIDS ACTIVITIES RECEIVE FROM INSTITUTIONAL MANAGEMENT?	EXTREMELY SATISFACTORY	SATISFACTORY	ORDINARY	UNSATISFACTORY	EXTREMELY UNSATISFACTORY

(2d) HOW DO YOU RATE THE EFFECTIVENESS OF THE HIV/AIDS MANAGERS IN THE UFH CAMPUS	HIGHLY ACCEPTABLE	ACCEPTABLE	NEUTRAL	UNACCEPTABLE	HIGHLY UNACCEPTABLE

(2e) HOW DO YOU ASSESS THE ADEQUACY OF RESOURCES TO THE HIV/AIDS CAMPAIGN IN THE UFH CAMPUS	NON- GOVERNMENTAL ORGANISATION	GOVERNMENT DEPARTMENT OF HEALTH	UFH DEPARTMENT OF HIV/AIDS UNIT	VOLUNTARY COUNSELING AND TESTING UNIT

(3) WHAT IS THE KNOWLEDGE LEVELS AMONG THE UFH YOUTHS CONCERNING HIV/AIDS?

PLEASE INDICATE WITH AN "X" IF YOU EITHER AGREE OF DISAGREE WITH THE FOLLOWING

(3a) THE KNOWLEDGE LEVELS AMONG UFH STUDENTS CONCERNING HIV/AIDS IS SUFFICIENT.	EXTRMELY SUFFICIENT	SUFFICIENT	ENOUGH	INSUFFICIENT	EXTREMELY INSUFFICIENT
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(3b) DOES THE KNOWLEDGE LEVEL OF STUDENTS INDICATE THEIR AWARENESS OF THE UNIVERSITY HIV/AIDS NEW POLICY.	IF YES (BRIEFLY EXPLAIN BELOW)	IF NO (BRIEFLY EXPLAIN BELOW)

(3c) CAN THE KNOWLEDGE LEVEL OF STUDENTS IF IT IS NOT SUFFICIENT IN MITIGATING HIV/AIDS.	IF YES (BRIEFLY EXPLAIN BELOW)	IF NO (BRIEFLY EXPLAIN BELOW)

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(4) WHAT ARE THE UFH STUDENT'S ATTITUDES AND FEELINGS TOWARDS A DELAYED RESPONSE BY THE YOUTHS IN RESPONDING TO HIV/AIDS IN SOUTH AFRICA?

(4a) WHAT SHOULD THE UFH MANAGEMENT DO IN COHORT WITH THE GOVERNMENT IN INCREASING YOUTH RESPONSE TO HIV/AIDS?

PLEASE INDICATE WITH AN "X" IF YOU EITHER AGREE OR DISAGREE WITH THE FOLLOWING

(4b) THE ATTITUDE OF STUDENTS TOWARDS HIV/AIDS IS A DIRECT REFLECTION OF THEIR KNOWLEDGE LEVEL.	EXCEPTIONALLY CORRECT	CORRECT	NEUTRAL	INCORRECT	EXCEEDINGLY INCORRECT
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APPENDIX C: CONSENT FORM



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Ethics Research Confidentiality and Informed Consent Form

Please note:

This form is to be completed by the researcher(s) as well as by the interviewee before the commencement of the research. Copies of the signed form must be filed and kept on record

I, Mharadze, Runwork I am asking the UFH post-graduate social sciences students, members of the UFH Department of HIV/AIDS Unit, members of the Student Representative Committee (SRC) and members of the Voluntary Counseling and Testing Unit Alice campus to answer some questions. I hope this will benefit the University of Fort Hare Students community and possibly other communities in the future.

I am conducting research regarding **THE PERCEPTIONS OF THE UNIVERSITY OF FORT HARE STUDENTS OF THE INADEQUATE RESPONSE TOWARDS COMBATTING HIV/AIDS BY THE YOUTH**. I am interested in finding out more about the knowledge levels, attitudes and practices among the youth's inadequate behavior response towards combating HIV/AIDS. I am carrying out this research to help forming alternative source of information concerning the inadequacy behavior response towards HIV/AIDS among the youths and to the holistic practice and theoretical development of HIV/AIDS knowledge. The research findings may inform

policy makers on areas that need restructuring to improve the knowledge levels among the youths in institutions of Higher Learning with regards to HIV/AIDS. Importantly, the findings of the study maybe be used for further advocacy and lobbying for government and non-governmental organizations to increase and improve interventions and service delivery in institutions of Higher Learning in their fight against HIV/AIDS.

Please understand that you are not being forced to take part in this study and the choice whether to participate or not is yours alone. However, I would really appreciate it if you do share your thoughts with myself. If you choose not to take part in answering these questions, you will not be affected in any way. If you agree to participate, you may stop me at any time and tell me that you don't want to go on with the interview. If you do this there will also be no penalties and you will NOT be prejudiced in ANY way. Confidentiality will be observed professionally.

I will not be recording your name anywhere on the questionnaire and no one will be able to link you to the answers you give. Only the researchers will have access to the unlinked information. The information will remain confidential and there will be no "come-backs" from the answers you give.

The interview will last around (35-45) minutes (*this is to be tested through a pilot*). I will be asking you questions and I may ask that you may be as open and honest as possible in answering these questions. Some questions may be of a personal and/or sensitive nature. I will be asking some questions that you may not have thought about before, and which also involve thinking about the past or the future. I know that you cannot be absolutely certain about the answers to these questions but I may ask that you try to think about these questions. When it comes to answering questions,

there are no right and wrong answers. When I ask questions about the future I am not interested in what you think the best thing would be to do, but what you think would actually happen.

If possible, I would like to come back to this area once I completed my study to inform the University of Fort Hare community of what the results are and discuss my findings and proposals around the research and what this means for people in this community.

INFORMED CONSENT



I hereby agree to participate in research regarding **THE PERCEPTIONS OF UNIVERSITY OF FORT HARE STUDENTS OF THE INADEQUATE RESPONSE TOWARDS COMBATTING HIV/AIDS BY THE YOUTH**. I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continue and that this decision will not in any way affect me negatively. I understand that this is a research project whose purpose is not necessarily to benefit me personally. I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview. I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential. I understand that if at all possible, feedback will be given to my community on the results of the completed research.

.....

Signature of participant

Date:.....

I hereby agree to the tape recording of my participation in the study

.....
Signature of participant

Date:.....

APPENDIX D: LETTER OF APPROVAL



University of Fort Hare
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Department of Social Work



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TO WHOM IT MAY CONCERN

REQUEST FOR PERMISSION TO CONDUCT AN ACADEMIC RESEARCH STUDY AT THE UNIVERSITY OF FORT HARE ALICE CAMPUS.

I write this letter in request for permission to undertake an academic Research study entitled: **THE PERCEPTIONS OF THE UNIVERSITY OF FORT HARE STUDENTS OF THE INADEQUATE RESPONSE TOWARDS COMBATting HIV/AIDS BY THE YOUTH.** The aim is to explore the perceptions of the UFH students of the youths'

delayed behaviour response towards combating HIV/AIDS. The research will have questionnaires and purposely selected respondents for semi-structured interview.

Under no circumstances will any of the responses be disclosed to any other person(s). Assurance of confidentiality and anonymity is strictly guaranteed. Should you require further clarity, do not hesitate to contact my supervisor Professor S.M. Kang'ethe on Cell No: +27 78 775 1095 email: skang'ethe@ufh.ac.za.

Yours Faithfully

Mharadze Runwork.

Signature..... DD....MM....YY....



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APPENDIX E: ETHICAL CLEARANCE CERTIFICATE



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ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: **KAN111SMHA01**

Project title: **The perceptions of the University of Fort Hare students of the youth's delayed behaviour response towards combating HIV/AIDS.**

Nature of Project: **Masters**

Principal Researcher: **Runwork Mharadze**

Supervisor: **Prof S Kang'ethe**

Co-supervisor: **N/A**

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research