Investigation of the Voice of Students Regarding HIV/AIDS in South African Communities

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Abstract

The voice of students has been lacking in the majority of research regarding HIV/AIDS. This study investigated students' voice regarding HIV/AIDS and its impact on their communities in South Africa. Participants were 20 education students from a South African technology education university (female 60%, black 85%; age range from 18 to 24). The participants completed a semi-structured interview on their voice regarding HIV/AIDS and its impact on their communities in South Africa within the context of treatment of people living with HIV/AIDS. Data were thematically analysed. Findings revealed that church leadership was not informed and as a result, could not address the issues of HIV/AIDS regarding their members. The study indicated that people living with HIV/AIDS needed love, support and care and, further, that belief and culture are contributory factors which need to be addressed with the different stakeholders. As a result of these beliefs and culture, individuals with HIV/AIDS experienced discrimination, lack of support and unfair treatment from their families.

Keywords: HIV/AIDS; students; higher education; culture; church, communication

Introduction

The intension of this research paper is to add to the body of knowledge in the area of HIV/AIDS, in particular the voice of students at institutions of higher learning; the aim being to make projections and formulate appropriate strategies to ensure survival and provide health education to students. Reading this paper helps the scholars to understand the needs of the students' community and consumption habits in the world (Hiremath 2011, 23).

As a result of the death, orphaning of children and poverty they cause, the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) bring about enormous trauma within the lives of family and community in South Africa and the world. Therefore, it is essential that students are educated regarding HIV/AIDS (Selesho, Twala, and Modise 2012, 3). HIV/AIDS is a global phenomenon. 36.7 million people worldwide (including 1.8 million children) currently live with HIV, the vast majority coming from low to middle income countries, in particular those situated in sub-Saharan Africa (UNAIDS 2016, 1).

South Africa has the biggest and highest profile HIV epidemic in the world, with an estimated overall HIV prevalence rate of approximately 11.2 per cent of the total South African population. In 2015, the total number of people living with HIV was estimated at approximately 6.19 million. With regard to adults aged 15–49 years, an estimated 16.6 per cent of the population was HIV positive (Central Statistics South Africa 2015, 11).

However, research concerning HIV/AIDS is silent with regard to the voice of students on HIV/AIDS in their communities. Students' voice regarding HIV/AIDS is critical, and so studies are needed to present this voice on the treatment of HIV/AIDS in the community. This study took place in the rural Free State Province of South Africa.

Context of Study

Van der Walt (2013, 30) points out that in the post-apartheid years, a sharp increase occurred in black students' participation in public higher education within South Africa and hence in their voice in raising issues. Public higher education institutions are now open to all South Africans, irrespective of their race and culture (Balfour 2015, 75). Whereas students were previously prohibited from raising and participating in discussions about sex and HIV/AIDS (due to the restriction of apartheid laws and cultural barriers), after the new dispensation in South Africa, students were free to talk about sex and HIV/AIDS (Mullings 2009, 25).

Okonofua (2014, 319) points out that different HIV/AIDS prevention strategies are used, including sexual abstinence, mutual fidelity, condom use and safe practices in relation to blood and needles. Education, including education for responsible sexual practices, has been shown to be effective in helping to stop the spread of the virus.

The community must support people infected by HIV/AIDS. As communities of faith in Christ, churches are thus also called to be healing communities. This call becomes more insistent as the AIDS pandemic grows: the experience of love, acceptance and support within a community where God's love is made manifest, can be a powerful healing force (Musopole 2006, 6)

Many trained and gifted members of the community, including some pastors, are already providing valuable pastoral care. Such care includes counselling, which empowers

persons affected by HIV/AIDS to help them deal with their situation and to prevent or reduce HIV transmission (Van Dyk 2008, 322).

Van Dyk (2008, 322) also asserts that people's belief that HIV/AIDS is a punishment from God is based on three faulty assumptions: that homosexual acts are sinful; that God causes suffering; and that God punishes sin with disease. Such false assumptions result from a particular way of looking at society, sexuality, and how God works in the world.

Betternson and Maunder (2011, 437) claim that the church and members of the society must provide a climate of love, acceptance and support for those who are vulnerable to, or affected by HIV/ AIDS. It is important that churches reflect together on the theological basis of their response to the challenges posed by HIV/AIDS. They must reflect together on the ethical issues raised by the pandemic, interpret them in their local context, and offer guidance to those confronted by difficult choices (Hansen 2007, 7). There should be a discussion by the different stakeholders in society, including the churches, of the ethical issues posed by HIV/AIDS, as well as the support of their own members who, as health care professionals, face difficult ethical choices in areas of prevention and care (Shelby and Ciambrone 2015, 84).

The role of culture has been particularly problematic in the fight against HIV/AIDS. When one talks of culture, especially in the context of HIV/AIDS, what comes especially to mind is the patriarchal society in which we live, as well as the gender inequalities to which it has given rise (Subero 2016, 176). In simple terms, culture refers to the traditions and customs upheld by societies and communities because of their belief systems and values (Fuerguson 2013, 227). The individual in society is bound by the rules of his/her culture. Cultures are different in that the same events that may be fear-inducing in one culture may be anger-inducing in another (Ferrel 2016, 50).

Plamper (2012, 167) asserts that men have always maintained some degree of "superior" status over their wives. Moreover, African boys are taught from a young age that they should be granted all their needs and demands. HIV contraction has spread widely in such a context, especially as studies have revealed that some black African men prefer sexual intercourse without the use of a condom. It can be seen as well how such a context could create an environment in which female genital mutilation is practised in order to ensure maximum pleasure for men during sexual intercourse.

Kinnear (2011, 14) asserts that young African girls are socialised to become nurturers and caregivers to children and husbands. They are to take care of their families and to be humble and respectful to their husbands. This is common knowledge among black Africans: these patterns of socialisation are not only taught, but are learned through daily observation within one's family and other black African families. The gender roles learned and adopted by young boys and girls influence the ways in which they relate to

one another later in life. Men are labelled "provider/head" and women "caregiver/subordinate" and, as a result, internalise and assume these respective roles.

Quah and Cockerham (2017, 243) argue that these gender differences/inequalities contribute to the spread of sexually transmitted diseases, such as HIV/AIDS, in that unequal power relations also come to exist in the context of sexual intercourse. Sex in some traditional African cultures has mainly been for the pleasure of the "man." This was emphasised during the apartheid era when black African men migrated to urban centres in search of employment in the mines. Men in the mines considered that they worked very hard and constantly faced the risk of death in highly adverse and dangerous working conditions. This, they felt, entitled them to various sexual partners, in order to sexually relieve the stress and tension they experienced on a daily basis: thus, simultaneously providing an avenue in which to express their masculinities (Carroll 2016, 451).

Goals of the Study

This study sought to investigate the voice of students regarding HIV/AIDS in their communities in South Africa.

Method

The researcher used a mixed method to investigate students' voice on HIV/AIDS in their communities in South Africa. The phenomenological approach is particularly concerned with the understanding of lived experiences of people involved or who were involved with the issue that is being researched (Ary et al. 2010, 426). A phenomenological approach was thus used to describe what all participants had in common as they experienced meaningfulness within the phenomenon of being students raising their voices regarding HIV/AIDS and its impact on their communities in South Africa.

Participants and Setting

The participants were 20 education students from a South African technology education university (female 60%, black 85%; age ranging from 18 to 24). Most were from the disadvantaged community in South Africa (age range from 20 to 31 years). They were mostly black, from a rural area in the Free State Province of South Africa. They spoke Setswana, Sesotho and Xhosa as mother tongues. 98 per cent of the students depended on state funds for their studies, since they were from poor communities in South Africa.

Data collection

One-on-one interview was the main data gathering instrument for the study, while a focus group interview was employed as a secondary method for data collection. Individual interviews were employed to enable participants to express their individual experiences regarding empowerment in their communities, with particular regard to

HIV/AIDS at universities in South Africa. These data were supplemented with focus group discussions, informal observations and questionnaires in the university setting, and also with collage techniques. Collage is a formal work of art (primarily visual art), also used to collect data on emotional expression and the internal world of experiences of participants (Creswell 2013, 13). The schedule focused on loving, supporting and caring for others; beliefs and cultural dynamics; the church and HIV/AIDS awareness in South Africa.

Procedure

Permission to conduct the study was obtained from the Central University of Technology as well as the participants. The purpose of the research was explained to the participants, who agreed to participate in the research, completed the consent form and hence assented to the study in writing. The names of respondents were not disclosed for ethical reasons.

Data analysis

Data were thematically analysed using open coding procedures (Hesse-Biber and Leavy 2011). This involved systematically organising, categorising and summarising data and describing the data in meaningful themes. Themes were assigned codes in order to condense the data into categories.

Findings and Discussion

Some students (85%) made the following comments about the church and HIV/AIDS awareness, support for HIV/AIDS people, and beliefs and cultural dynamics. These themes are discussed in detail in the next section.

Communication about HIV/AIDS in the church seems to be the responsibility of the minister alone: the elders and leadership are not empowered in terms of talking about HIV/AIDS in the church. Communication about HIV/AIDS does not happen frequently in the church: it happens when certain accusations are made and during HIV/AIDS international day. It is important that from time to time, members of the church must be empowered in terms of knowledge about HIV/AIDS. Some elders and leadership find it difficult to talk about HIV/AIDS in front of children in the church because of cultural issues. Church elders and leadership need support and education in order to be in a better position to talk freely about HIV/AIDS.

The schedule focused on loving, supporting and caring for others, beliefs and cultural dynamics, the church and HIV/AIDS awareness in South Africa.

Church and HIV/AIDS Awareness

Students expressed themselves about their experience of the church and HIV/AIDS, some of them making the following verbatim observations:

> Most of the people are interested to listen to the minister about the words of God only and not HIV/AIDS (Respondent # 6, female, 21 years, rural area).

> I have never seen any church supporting or giving children or adults information about HIV/AIDS, very scarce (Respondent # 10, male, 23 years, urban area).

> Topics about sex and HIV/AIDS in other churches which are led by elderly people seem to be a taboo.

> Information must be available at the church about HIV/AIDS and distributed to members in the church.

The role of the church in terms of educating and disseminating information about HIV/AIDS seems to be a challenge in most churches. While many churches in the world have begun to address the theological context of HIV/AIDS, most seem to be limiting their approach to a biblical studies perspective only. Most ministers concentrate on preaching rather than talking about HIV/AIDS to the congregation or members. They are willing to help, but their messages remain mostly restricted to church doctrines with infrequent counselling on condom use (Rakotoniana, Rakotomanga, and Barennes 2014, 1–9).

Support for HIV/AIDS People

Some of the students (80%) made the following verbatim comments regarding the support challenge to HIV/AIDS people:

> It is not easy for me to talk support to people with HIV/AIDS because of time, resources and strategies on how (Respondent # 6, female, 23 years, rural area).

> Some people are still negative towards the support of HIV/AIDS people and some are less interested to do it voluntary (Respondent # 9, female, 24 years, urban area).

> Family members are not willing to support those who are infected with HIV/AIDS especially those who are from poor and rural communities (Respondent # 9, female, 21 years, rural area).

> HIV/AIDS people who are infected support each other and even if the patient health status becomes worse, they are always there (Respondent # 20, male, 23 years, urban area).

> Friends disappear during difficult time if someone or their close friends is infected by HIV/AIDS (Respondent # 7, male, 19 years, urban area).

Family members and friends are not supporting an HIV/AIDS infected person during their difficult time. He/she should rather ask volunteers or care givers and people who are also infected to give him or her support. Most people need education on how to support and care for those who are infected by HIV/AIDS.

People affected by HIV/AIDS are faced by decimation, isolation, stagnation and lack of support from families and friends. Family members are not prepared to disclose and accept their HIV/AIDS status. Denial is still a challenge in most communities (Yi 2012, 28). However, there are a number of other challenges faced by HIV/AIDS people in the community. For example, infected people are left alone at home, not given good nutrition and are not even getting help to wash himself or herself (Lohum 2015, 259).

Beliefs and Cultural Dynamics

The students shared their experience of beliefs and cultural dynamics:

Some old people do not believe in HIV/AIDS and it is meant for the young people (Respondent # 22, female, 23 years, urban area).

Different African beliefs, culture differences must be respected and practised (Respondent # 17, female, 22 years, urban area).

Traditional healers and other pastors mislead, most of the people believe that they can cure HIV/AIDS (Respondent # 19, female, 19 years, urban area).

Other people believe that HIV/AIDS is a punishment from God and it is for the black people (Respondent # 1, female, 18 years, rural are).

Other people believe that they cannot use condoms because they are old therefore they cannot get it (Respondent # 17, female, years, urban area).

There is a belief that if you are circumcised you cannot contract HIV/AIDS and therefore you are protected against HIV/AIDS infections (Respondent # 9, female, 18 years, urban area).

Various African cultural beliefs and traditions encourage risky sexual practices which in turn increase the risk of exposure to HIV/AIDS and put many people at risk. People believe that HIV/AIDS is curable and that some pastors and traditional healers can cure HIV/AIDS. Women experience different challenges, such as being coerced into sex or being otherwise abused in their lifetime, and so avoid discussing condom use with their partners.

Sub-Saharan Africa embraces a rich diversity of indigenous and imported religious traditions, and fixation on cultural causation has many negative consequences in society regarding the spread of HIV/AIDS. A need also exists to understand whether cultural practices in Africa have an influence on the spread of HIV and AIDS. A serious look is required at the salient cultural practices which put women at risk of contracting HIV and AIDS (Murthy and Smith 2011, 243).

Discussion

Findings of the study suggest that people who are living with HIV/AIDS need support for their livelihoods, as well as care and support from church, communities, friends and family members. This study showed that people who are living with HIV/AIDS have little support and protection and many feel neglected and not loved. They are also hopeless and discriminated against during difficult times, do not cope with stress and are not treated with dignity. Instead of being supported, some are rejected and do not get the proper nutrition to support their human systems. This research paper led to an expansion of knowledge and approach to address HIV/AIDS as a challenge in the institutions of higher learning in South Africa, which could be relevant to similar settings in other parts of the world. The exchange of knowledge from different perspectives and settings is important, as this may enrich knowledge about different backgrounds, approaches, cultures and beliefs. The proposed approach can be used internationally to address HIV/AIDS in the community and higher institutions as a preventive measure against HIV/AIDS. Findings of the study attest to the need to focus on strategies to support people who are affected by HIV/AIDS in South Africa.

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