

## University Students' Knowledge of HIV/AIDS at an Adventist University in Tanzania

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Doi:10.5901/mjss.2014.v5n27p816

### Abstract

The objective of this study was to assess knowledge and awareness level of HIV/AIDS among university students at an Adventist institution in Arusha, Tanzania. This was undertaken on the ground that knowing about HIV/AIDS is one of the main ways by which the formidable disease can be controlled. The sample comprised 97 male and female participants who were administered an HIV/AIDS questionnaire consisting of 15 questions/statements. The data analysis comprised frequency, percentage, chi-square and level of probability. Respondents' performance was comparable to what other researchers have reported both in Tanzania and other parts of the world. The scoring fell into three categories of frequency and percentage, namely low, average and high. These were as follows: frequency 30.6; 30.6 per cent were low. For the average, the frequency was 62.8; 64.8 per cent. For those who scored high, the frequency was 82.8; 85.3 per cent. It was concluded that the HIV/AIDS knowledge students commanded was not sufficient to lead to reduction in HIV/AIDS transmission. Thus calling for more public HIV/AIDS education in institutions of higher learning in Tanzania.

**Keywords:** University students and HIV/AIDS, HIV/AIDS knowledge/awareness, living with HIV/AIDS, Sub-Saharan Africa, Adventists, pandemic, inadequate HIV/AIDS knowledge.

### 1. Introduction

There is wide spread of HIV/AIDS in Tanzania, and thousands of people in Tanzania live with HIV/AIDS and others have died (AVERT, 2014). On the basis of this backdrop, many studies have been carried out to assess HIV/AIDS knowledge among Tanzanians, including among university students (Mkumbo, 2013; Mwamwenda, 2013a). This is being done on the understanding that a knowledge of HIV/AIDS will contribute to the reduction of HIV/AIDS transmission (Updike, Ekrikpo & Bassey, 2012). It was in this context, that this study was undertaken among university students at a faith-affiliated university in Tanzania.

While there are a number of studies, which have been carried out similar studies in public institutions, very few have done so in faith-based institutions. This was of special importance, partly in view of various religious beliefs held by Christian denominations. But beyond this, the HIV/AIDS pandemic has engulfed Sub-Saharan Africa, which includes Tanzania, calls for studies of this nature, as an alternative to the absence of a cure (Kwigizile, Shao, Mtango, Sonda, Moshi and Chongola, 2013; Mwamwenda, 2013a; Updike, Ekrikpo and Bassey, 2012).

### 2. Literature Review

In Tanzania, there are 1.6 million nationals living with HIV/AIDS, which is six per cent of the population (AVERT, 2014). In 2011, there were 150,000 Tanzanians who were infected with the disease, which means that, there 400 new infections daily. During the same period, there were 83,528 Tanzanians who lost their lives, as a result of AIDS (Avert, 2014).

Most Sub-Saharan countries have a young population aged 10-24 years. Tanzania comprises one third of its population whose age falls within the age range of 10-24 years; during which period young people become sexually active. It is estimated that seven per cent of those aged 15-24 years are HIV positive (AVERT, 2014). Given that participants of this study were drawn from a faith-based institution, it is relevant to note the Adventist stance on the question of HIV/AIDS compared to what other denominations have expressed in various parts of the world.

Seventh-day Adventists in Southern Africa honoured the World AIDS day, December 1, 2012 by making a declaration as follows:

*We desire to reveal the redemptive love of Christ and we need to separate the disease from the issue of morality demonstrating a compassionate, positive attitude towards persons with HIV/AIDS, offering acceptance and love, and*

*providing for their physical and spiritual needs. We should feel ashamed when we see social rejection of people who have AIDS ( Adventist Aids International Ministry, 2013)*

It was further stated that, there would be continued support in combating HIV/AIDS by seeing that, there will be zero new infections, zero discrimination and zero AIDS related loss of life, in keeping with the UNAIDS World goal (Ibid). Such stance is reiterated in what Houdmann (2013) argues that, all diseases constitute a judgement from God. Therefore HIV/AIDS and all other diseases in the world are part of God's judgement in a world that is cursed of its creator God.

On a sober note, nevertheless, Houdmann (2013) advances the argument that it is not for Christians to say a specific disease such as HIV/AIDS is God's judgement. He concludes that irrespective of the nature of disease one has, our responsibility comprises: being ministers of grace, love, mercy, forgiveness & compassion.

While Manzell et al. (2011) reported that HIV/AIDS is but a scourge visited by God, because society has turned its back against religion and morality. Smith (2004). And others have reported that it is God's judgement that we have brought on ourselves due to sin (Dete, 2012; Mbonu, 2009; Du Toit, 2012; Barton, 2012).

There are other studies that have been carried out among Tanzania institutions of higher learning both faith-based and public ones from a non-religious perspective, as the present study intended to do. For example, in the assessment of HIV/AIDS knowledge, attitudes and behaviours among students in higher education in Tanzania, Mkumbo (2013) expressed the view that there is lack of adequate knowledge of university students about HIV/AIDS in both Tanzania, as well as in sub-Saharan Africa. In his investigation of 400 University of Dar es Salaam students, he administered a questionnaire on their HIV/AIDS knowledge, attitudes and behaviour. Close to one third of the participants fell short of adequate knowledge of HIV/AIDS, whereas two thirds of the participants had a comprehensive knowledge of HIV/AIDS. Similarly, the majority of participants had positive attitudes towards people living with HIV/AIDS. On the other hand, it was observed that, their sexual behaviour was rather risky similar to what is generally the case with the general youth population in the country.

Kwigizile et al. (2013) undertook a similar investigation at another University in Tanzania, in which they sought to establish the extent to which, there was a gap between knowledge and the application thereof in sexual behaviour. In their introduction, they correctly point out that, knowledge of HIV/AIDS is vital as an available option for combating the spread of HIV/AIDS. This, nevertheless, can only be true, if such knowledge is transferred to one's sexual behaviour (Mwamwenda, 2013a). The participating sample comprised 547 students and a handful academic staff. While their HIV/AIDS knowledge was good, there was no correlation between their level of knowledge and application in their sexual behaviour.

Maswanya, Brown and Merriman (2009) made a study of services and attitudes to people living with HIV/AIDS among college students in Dar es Salaam, Tanzania. Specifically, they were interested in examining the extent to which respondents accepted voluntary testing, counselling, treatment and attitudes towards people living with HIV/AIDS. The results showed that testing and counselling were rather unsatisfactory, and stigma was common against HIV/AIDS infected persons.

There was also inadequate knowledge of HIV/AIDS knowledge. They were afraid of voluntary testing and counselling on account of being stigmatised once known to be HIV/AIDS positive and getting to be identified as having HIV/AIDS status. The researchers concluded with recommendation to the effect that, there is need for VCT programmes; HIV/AIDS knowledge/education for understanding people living with HIV/AIDS; as this will lead to education of stigma against HIV/AIDS infected persons.

Awareness and its practicality on HIV/AIDS in higher learning institutions was the focus of investigation at the University of Dodoma, Tanzania (Madan, Iddunuri and Mwaka, 2012). The outcomes showed that, respondents had a good knowledge of HIV/AIDS. There were a few respondents who had no knowledge of HIV/AIDS. Those identified as commanding a good knowledge of HIV/AIDS did not apply such knowledge to their sexual behaviour.

In view of the importance of HIV/AIDS knowledge in the fight against HIV/AIDS. McGrain (2012) argues that as a result of paucity of accurate information on HIV/AIDS, there are myths and half-truths, which are partly leading to the spread of HIV/AIDS. For this reason, emphasis is placed on the provision of HIV/AIDS knowledge by means of technology entailing phones texting messages in Sub-Saharan Africa.

*The future of disease prevention in many parts of Sub-Saharan Africa lies in using cellular technology to transmit free health and patient management information to subscribers in a targeted and timely manner*

Such approach will entail clients receiving HIV/AIDS information and raising questions or making comments for clarification on HIV/AIDS.

It can be further argued that, university students on account of their developmental stage are most vulnerable to the HIV/AIDS pandemic and spread among them is most rapid (Updike, Ekrikpo and Bassey, 2012). In this context, knowledge and awareness is of paramount importance for the purposes of enabling them to resist behaviour that leads to being HIV/AIDS infected, thus stemming the tide of the pandemic (Updike et al. 2012)

In Mbeya Region of Tanzania, a survey was carried out among four institutions of higher learning in which, it was shown that a large number of university students engage in sexual and other activities which predispose them to contract HIV/AIDS (Guardian, 2012). Respondents were involved in sexual relationships with more than one partner at about the same time, and most of them did not use condom or other means for safe sex. Sexual behaviour was attributed to revenge, alcohol, peer pressure, globalisation and HIV epidemic (having more than one partner). Girls were reported to engage in sex with more than one partner, as a way of earning money to satisfy their material requirements. Those who engage in sexual intimacy do not make a habit to use preventive measures against contracting HIV/AIDS.

A UNICEF executive director is cited to have stated that the global success in the struggle against HIV/AIDS will have to be measured on the basis of the impact it has on children and young people.

In view of what has been presented in the preceding pages, the present investigation sought to examine the respondents' level of HIV/AIDS knowledge, bearing in mind that such knowledge would make a valuable contribution to the battle against HIV/AIDS, the most formidable and feared disease in recent human history.

### 3. Method

#### 3.1 Sample

The participants of the study comprised 97 university students pursuing their studies at an Adventist University in Arusha, Tanzania. Of the total participants, there were 48 females and 49 males. The joint age ranged from 18 to 54 years of age with a mean of 31 years. Some of the participants were married, whereas the majority were young and single.

#### 3.2 Questionnaire

The participants were administered an HIV/AIDS questionnaire of 15 statements/questions to which they were asked to tick the most correct response on the basis of the three options provided, which were "Yes", "No" "Do not know". The questionnaire was administered by one of the academic member of staff at the University that, the researcher happens to have known for many years.

#### 3.3 Procedure

All protocol observed, necessary permission was sought and granted from the senior management of the University. Similar consent was solicited from participants.

For confidentiality purpose, respondents were asked not to write their names on the questionnaire. For biographical information, they were requested to indicate their date of birth and gender in the space provided on the questionnaire.

### 4. Results

Table 1 shows the results based on: frequencies, percentage, chi-square and level of probability. The response to whether a person would contract HIV/AIDS, as a result of drinking water from the same glass with an HIV/AIDS infected person was rejected by 70% of the respondents. According to the  $(1df, N96)=18$ , this was statistically significant at  $p < 0.001$ . When asked whether kissing an infected person would lead to contracting HIV/AIDS, 64% rejected this hypothesis was also significant at  $p < 0.001$ . Whether one would be HIV/AIDS infected, as a result of taking care of an HIV/AIDS person was also rejected by 40%, as a source of transmission. This was not statically significant, thus implying that more participants believed that one would contract HIV/AIDS, as a result of caring for person living with HIV/AIDS.

Receiving blood from an HIV/AIDS person was acknowledged as leading to infection by 32%  $p < 0.02$ , as one of the ways of being infected with HIV/AIDS. Being infected by having sex with an infected person was acknowledged by 65% of the participants, and was statistically significant  $p < 0.001$ .

As regards HIV/AIDS being God's punishment was rejected by 82% of the participants, which is statistically significant  $p < 0.001$ . Whether Africans have a cure for AIDS was rejected by 64%  $p < 0.005$ . The majority of participants (75%) thought that researchers have identified the cure for HIV/AIDS, which was wrong. Whether participants were vulnerable to being HIV/AIDS infected was rejected by 86% of the respondents. Whether they would agree to sit next to

an HIV/AIDS infected person, 29% respondents did not think there was a problem with such behaviour.

In response to the statement that HIV/AIDS persons should be held responsible for contracting such disease, the majority (71%) took the position that infected persons should be blamed for their disease. The response was statistically significant at  $p < 0.001$ .

**Table 1:** Participants' Frequencies, Percentage, Chi-squares and Probability

**N= 97**

No .	Statement				
		Freq.	%	$\chi^2$	P
1	Drinking from the same cup used by AIDS person	68	70	7.9	0.001
2	Kissing a person who has AIDS	62	64	44	0.001
3	Taking care of person who has AIDS	39	40	2.8	0.10
4	Receiving blood from a person who has AIDS	31	32	5.6	0.02
5	Having sex with a person who has AIDS	31	32	5.4	0.02
6	AIDS is God's punishment for sexual sin	63	65	11.4	0.001
7	Africans have a cure for AIDS	80	82	26	0.001
8	Research has finally found the cure for AIDS	62	64	8.5	0.005
9	There is no way I will be infected with AIDS	24	25	24	0.001
10	Would you sit next to a person who has AIDS?	83	86	38.6	0.001
11	People who have AIDS are responsible for it	28	29	15.4	ns
12	AIDS children should attend school with others	91	94	76.8	0.001
13	Would you accept being tested for AIDS?	82	84	47.8	0.001
14	Are you careful in your relationship with boys/girls to avoid getting AIDS?	93	96	89	0.001
15	There is no such thing as AIDS	64	66	23.9	0.001

Whether HIV/AIDS infected children should attend school with uninfected children, the majority of participants (96%) thought that was the right thing to do:  $p < 0.001$  Whether there is a cure for HIV/AIDS, 66% did not think so. In response to whether participants would agree to being tested for HIV/AIDS, the majority of participants (84%) said they would. This was statistically significant:  $p < 0.001$ . In response to whether participants were careful in their relationships with members of the opposite sex, for the purpose of guarding against being HIV/AIDS infected, most of them (96%) agreed with the statement significantly:  $p < 0.001$ . The statement that there was no such thing as AIDS was rejected by 66% of the respondents, and was significant:  $p < 0.001$

## 5. Discussion

The spread and effect of HIV/AIDS in Sub-Saharan Africa has reached a pandemic stage. So far there is no cure in sight either through Western-based research or traditional medicine, as practised in most African countries. As such, public education remains the only hope for mankind. Consequently, numerous studies have been carried out not only in Africa, but throughout the world assessing the extent to which young people and adults know about HIV/AIDS. Such knowledge is considered valuable in combating HIV/AIDS. Moreover, HIV/AIDS knowledge serves as an indicator of where there is need to provide more public education for guarding against the transmission of HIV/AIDS.

Such vital information as described above served as a motivation of this investigation. Specifically, the objective of this study was to assess the extent to which students at the selected university are knowledgeable about HIV/AIDS. On the basis of the data analysis, it is clear that while in some areas participants have a high level of knowledge, in others, they do not possess such knowledge.

In the present study, the participants were grouped into 3 categories. The first group are those whose knowledge/awareness of HIV/AIDS based on the 15 questions asked scored 70 per cent and above. This group is referred to as having sufficient knowledge/awareness of HIV/AIDS. The second group are those who are considered to have a satisfactory knowledge/awareness of HIV/AIDS. Their scores ranged from 50-69 per cent. The third group's scores were unsatisfactory, as they were below 50 per cent. Their level of performance was unsatisfactory, which therefore predisposes them to contracting HIV/AIDS, as it has been happening in recent years.

With such knowledge about HIV/AIDS, then Tanzania and other African countries have a long way to go in combating HIV/AIDS. Simultaneously, such state of affairs justifies the continued effort of assessing African populations, as a way of identifying problems which must be addressed in public education.

The findings of this study can be contrasted and compared with other research findings reported by other

researchers both in Tanzania and elsewhere. For example, Mkumbo (2013) reports that one third of the participants did not have a comprehensive knowledge of HIV/AIDS. However, those considered falling under such category scored far below the criterion used in this study. Similarly, Maswanya et al. (2009) reported that in similar assessment, the university students; HIV/AIDS knowledge was inadequate and participants were even afraid of going testing for fear that, they might find out the truth about their HIV/AIDS status, and therefore end up being stigmatised. On the other hand, it is encouraging that for the six questions/statements they got correct were so done at a high level. The same way they got to know this information, can be used to learn the information they are not so familiar with. Their performance in some aspects compares well with those reported by Mwamwenda (2013a, 2013b) involving diverse sample selected from the USA, Kenya, Tanzania, and South Africa.

In terms of the various positions that denominations have taken, respondents' responses reflected both the positive and negative (Houdman, 2013; Adventist Aids International Ministry, 2013; Barton, 2012; Manzell et al. 2011; Dete, 2012). Positively, answers reflected: compassion, forgiveness, grace, love and caring. Negatively, there were answers that showed condemnation; not caring, stigmatization and denial.

## 6. Conclusion

In terms of the objective of this investigation, it was shown that the participants fell in three categories identified as those whose performance was very high and good; those whose performance was satisfactory and the last group being those whose performance was unsatisfactory. In view of this performance, there is need for institutions of higher education, providing students with further knowledge on HIV/AIDS to arm and equip them to resist the snares of HIV/AIDS which pose serious danger to the lives of Tanzanians.

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