

HIV/AIDS Prevention Education:
A look at the HIV/AIDS Awareness Activities at the Polytechnic of Namibia

An Interactive Qualifying Project Report Submitted to the Faculty of
WORCESTER POLYTECHNIC INSTITUTE
in partial fulfillment of the requirements for the Degree of Bachelor of Science by

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Date: May 3, 2007, 2007

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Abstract

This report focuses on the evaluation of the HIV Prevention Program at the Polytechnic of Namibia. We determined the university follows 19 out of 20 international best practices in HIV/AIDS prevention. These practices are shown to have a major impact, however since visibility of the program is poor, the message is not being delivered. Our recommendations are made to help the Polytechnic of Namibia in becoming a leader in the international university response to HIV/AIDS.

Authorship Page

The group assumes all the responsibility for the authorship and editing of this report.

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Acknowledgments

The success of this project was dependent upon many people. For this reason, we would like to thank the many who helped and supported us in some way.

First, we would like to thank the community of the Polytechnic of Namibia for all of their help and hospitality. We would especially like to thank our sponsors from the Polytechnic of Namibia, the Dean of Students Ms. Frieda Shimbuli and the HIV Coordinator Mrs. Alta McNally as well as the On-Site Program Coordinator Mr. Hippy Tjivikua.

We would also like to thank our Worcester Polytechnic Institute advisors Professor Rob Krueger and Professor Fred Looft for their guidance throughout our project.

We would like to acknowledge the Namibian AIDS organizations which took time to meet with us. These organizations are AIDS Care Trust, My Future is My Choice, UNICEF and Namibian Network of AIDS Service Organizations.

Lastly, we would like to thank the members of the Polytechnic AIDS Awareness Club for all of their invaluable input, ideas, and for putting up with us during our stay.

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List of Abbreviations

ABCs – Abstain, Be faithful, Condomize
AIDS – Acquired Immune Deficiency Syndrome
ART – Antiretroviral Treatment
ARV – Antiretroviral Drugs
AZT – Azidothymidine
CAA – Catholic AIDS Action
CDC/DASH – Centers of Disease Control and Prevention’s Division of Adolescent
and School Health
FBO – Faith Based Organization
FHI – Family Health International
FOY – Friends of Youths
HIV – Human Immunodeficiency Virus
IEC – Information, Education and Communication
MFMC- My Future is My Choice
NGO – Non-Governmental Organization
PAAC – Polytechnic AIDS Awareness Club
PoN – Polytechnic of Namibia
PSI – Population Service International
SSA – Sub-Saharan Africa
STI – Sexually Transmitted Infection
UN – United Nations
UNAIDS – Joint United Nations Programme on HIV/IDS
UNESCO – United Nations Educational, Scientific, and Culture Organization
UNGASS – United Nations General Assembly Special Session
UNICEF – United Nations Children’s Fund
USAID – United States Agency for International Development
UWI – University of West Indies
VCT – Voluntary Counseling and Testing
WHO – World Health Organization

HIV/AIDS Prevention Program Assessment
Executive Summary
26 April 2007

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In Namibia, about 1 in 6 young people aged 15-24 are infected with HIV (Ministry of Health & Social Services, 2005). The development of successful youth-targeted HIV/AIDS awareness and prevention programs is crucial in order to reduce the rate of new infections and to curb the devastating affects of AIDS in Namibia. The Polytechnic of Namibia understands the need of such programs, and has implemented their own HIV Awareness and prevention program. The goal of our study was to assess this program and offer recommendations to the Polytechnic of Namibia (PoN) in order to help facilitate the university's efforts to raise awareness and reduce the prevalence of HIV among both the student and community populations. In order to accomplish this goal, we developed the following objectives:

- Objective One* *Examine the philosophies, goals, objectives, methodologies, and context of the current PoN HIV/AIDS awareness and prevention program to provide a framework of knowledge for our project and to help us prepare our assessment of the PoN's programs and services.*
- Objective Two* *Evaluate the implementation of the PoN's HIV/AIDS awareness and prevention program, including the processes and strategies the PoN uses to achieve its program aims, the extent to which the program is executed and the extent to which it is received by the students.*
- Objective Three* *Assess the PoN's HIV/AIDS awareness and prevention program using data gathered from Objectives One and Two and, from our assessment, offer recommendations that the PoN can use in furthering its program's aims.*

Background

The development and delivery of HIV and AIDS prevention programs has been an evolving process since the beginning of the epidemic. Program planners and community leaders around the world have learned from the failings of previous preventive programs and practices and have, over time, developed and implemented better and more successful prevention programs. These programs not only include awareness of the virus and its transmission but they also address the behaviors which increase the risk of infection as well as the societal structures such as stigma and gender inequality that can affect individual behavioral choices.

Based on a review of the most successful programs, UNAIDS (2000), UNESCO (2006), and Advocates for Youth (Alford, 2003; Alford 2005) have identified best practices for HIV/AIDS prevention and education programs. These have the following criteria:

- ✎ Are based on *learning and behavioral philosophies* which address the most effective and efficient methods of teaching sexual health and life skills to people.
- ✎ Have a *defined target audience* in order to adapt the program to the specific needs of the target population.
- ✎ Have *explicit measurable goals and objectives* that provide awareness of HIV/AIDS, encourage safe-sexual behaviors, and offer life-managing skills.
- ✎ Use a *holistic approach with multiple delivery strategies* to address the many needs and cultural sensitivities of the target audience.
- ✎ Have *ongoing evaluation* of the program to measure its effectiveness.

Our assessment of the PoN's HIV/AIDS program was based, among other criteria, on these best practices.

Research Methodology

To complete the first objective of examining the philosophies, goals, objectives, methodology, and context of current PoN HIV/AIDS awareness and prevention program we reviewed archival data and also conducted a semi-standardized interview with the coordinator of the HIV/AIDS program at the PoN.

For the evaluation of the program implementation, we conducted surveys developed from the data collected in Objective One and from our background research. The surveys consisted of 14 interviews with members of the Polytechnic AIDS Awareness Club as well as 71 questionnaires that sampled the general student population.

Finally, from the data gathered in the first two objectives, we used paired comparison of the PoN's program against the best practices to make our assessment of the PoN's programs and services. We also used content analysis and simple statistical analysis of the interview and questionnaire responses in order to assess the success of the program's implementation as well as the student and stakeholder satisfaction with the PoN's programs and services. From our assessment and from student and stakeholder input, we created a set of sound recommendations that the PoN can use to help sustain and develop its HIV/AIDS program further.

Table 1 – Best Practice Comparison

Findings

From our assessment we have identified that the PoN employs 19 out of 20 international best practices in HIV/AIDS prevention education. Table 1 identifies these international best practices that the PoN has adopted into its program and the extent to which the PoN utilizes each practice. While the PoN employs these practices, some such as life skills education and community involvement can be developed further. The only best practice the PoN completely lacks is ongoing evaluation of its program.

We also assessed the PoN’s draft policy on HIV/AIDS by comparing it to the essential policy aspects identified by UNESCO. Table 2 shows that the PoN’s draft policy only has a few missing aspects. At the time of this report, the PoN’s draft policy on HIV/AIDS has yet to be implemented.

Best Practice	Is it there?
Learning philosophy?	☑☑
1. Social learning	☑☑
2. Social cognitive	☑☑
3. Reasoned theory	☑☑
Defined target audience	☑☑
Measurable goals and objectives	☑☑
1. Build Awareness of AIDS	☑☑
2. Encourage safe behaviors	☑☑
3. Offer life-managing skills	☑☑
Multiple delivery strategies	☑☑
1. Student/health club	☑
2. Peer Education	☑
3. IEC Media	☑☑
Multiple components	☑
1. Awareness	☑☑
2. Life skills	☑
3. Student-friendly Services	☑☑
4. Community Involvement	☑
Holistic approach	☑☑
Ongoing evaluation	✘

Key to Table 1	
☑☑	Extensively
☑	Moderately
✘	Does not have

Table 2 – Draft Policy Comparison

Key to Table 2	
☑	Present
✘	Not present

Aspect of Policy	Present in PoN Policy?
Rights of Infected Persons	☑
Confidentiality	☑
Counseling	☑
Medical Treatment of Infected Persons	✘
Employee Guidelines	☑
Accidental Exposure Prevention Guidelines	☑
Medical/Laboratory Guidelines	Not Applicable
HIV/AIDS Research	✘
Staff and Student Responsibilities	☑
Raise University Awareness of HIV/AIDS	☑
Provision of HIV/AIDS Education	☑
Review, Monitoring and Evaluation	☑
Budget Provisions	☑
Provisions for Updating Policy Guidelines	☑
Community Involvement	✘
Gender Related Issues	✘

In addition to the comparison with the best practices, our major findings from our interviews with stakeholders and the questionnaire administered to the students were:

- ✂ The Polytechnic AIDS Awareness Club has had a positive affect on its members. The members, however, feel that the club is not highly visible by non-members, the club's management could be improved, and the club should have more practical activities, especially community outreach.
- ✂ The Polytechnic AIDS Awareness Campaign has a positive impact on those who attend. However, there should be more effort to attract more people and make it more inclusive so that the messages can have a greater impact.
- ✂ The Polytechnic's AIDS awareness program attempts to meet the needs of the students. However, more needs to be done to address PoN student ignorance and apathy regarding HIV and AIDS.

Overall, our assessment shows that the PoN's HIV/AIDS awareness and prevention program is well constructed and employs the majority of the already established best practices in HIV/AIDS prevention. Using our assessment, the PoN can continue its successful practices and focus on developing the areas of its program which are lacking.

Recommendations

In order to aid the PoN in further development of its HIV/AIDS awareness and prevention program, we have developed the following set of recommendations. These recommendations stem from both our assessment and stakeholder input.

1. **Develop management of the PAAC through leadership training and organization.** Leadership training will give the member's the organizational and management skills to run an organization or club efficiently and effectively. This leadership and self-assurance is essential for the club members to be able to lead their peers and the community to greater awareness of the disease as well as promoting behavior change that will help to reduce the prevalence of HIV. *With the aid of the stakeholders, we have created a club management binder* which includes the club's constitution, reports of previous events, a calendar for planning, and examples of activities that the club could use to make its meetings more productive and to increase the club's visibility.
2. **Train club members to be peer educators.** Trained peer educators could offer student-friendly HIV/AIDS, life-skills and sex counseling to their fellow students and the community. This training will also allow the PoN students to be able to teach secondary school students and set an example for them that you can go far in life by making good decisions. We have investigated a few local institutions that offer peer counseling training and have recommended them to the PoN for further examination.
3. **Make club activities more practical.** If club activities are more interactive, the club could get more members involved and increase the club's visibility and outreach. Within the club binder we have included examples of icebreakers,

games, discussion ideas and other activities that the club can use during meetings and outreaches.

4. **Implement more outreach activities.** This will increase awareness among both the student and community population. In addition, the Polytechnic with its motivated and well-educated students, its resources and its well-developed HIV/AIDS program is at an advantageous position to have a significant impact on the nation's youth. As leaders and role-models the PoN students would not only provide awareness of HIV/AIDS, but also help in building the characters of young people so that they can adopt the values, self-respect and self-efficiency to lead healthy and rewarding lives. In the binder we have also made suggestions for outreach activities. We have also investigated the needs of children that are affected by AIDS in a local primary school so that the PoN can expand its community outreach efforts.
5. **Network with other clubs and organizations.** This would help the PAAC to become more involved in the community, have a wider impact as well as add more interesting activities. We have made contact with a few Namibian organizations working with AIDS including Namibia Network of AIDS Service Organizations (NANASO), My Future is My Choice and AIDS Care Trust. The contact information for these organizations can be found within the binder. These are only a few examples of organizations that the PoN may wish to collaborate with, but they give an overview of how, by working together, organizations can have a greater impact in the battle against AIDS.
6. **Involve more students and community in the Polytechnic AIDS Awareness Campaign.** This can be done by inviting more members of the community such as youth organizations, PLWHAs, and secondary school students. In addition many of the events should be made more inclusive by having them in larger venues and taking away the requirement for an invitation. In addition, in order to mobilize more students, there could be more fun, practical events such as musical acts, games and a creative competition including writing and art on the theme of the campaign.
7. **Continue using a holistic approach.** The PoN currently links HIV to other issues such as alcohol or violence. This linking is an excellent example of the international best practice for holistic approach to HIV prevention and should be continued by the PoN. By incorporating HIV/AIDS with other important factors the PoN not only increases the awareness of these important issues but also keeps people interested in the discussion on AIDS since it is less likely to become repetitive.
8. **Increase visibility of the program's components.** The PoN's HIV/AIDS programs will have a greater impact if they are made more visible and can involve more people. This includes creating more advertising for the AIDS Awareness Club, the AIDS Awareness Campaign and the existing student friendly services. *We have created an advertising pamphlet which the club can use to increase its visibility.*

9. **Support more activities with people living with HIV/AIDS.** Involving more PLWHA in activities will show greater support for PLWHA as well as help to develop more services catered to the needs of this population. Additionally, it will show a positive image of people living with the virus to faculty and students which will in turn promote greater openness regarding the disease.
10. **Encourage greater faculty participation in the HIV/AIDS programs.** Faculty and staff could become more involved with the club, include AIDS-related topics in classes, attend the campaign, promote events and go for voluntary counseling and testing. All of these acts would set a good example for students and other faculty, would increase the visibility of the programs themselves and show that the PoN is united and dedicated to the fight against HIV/AIDS.
11. **Implement the draft policy on HIV/AIDS.** An official HIV/AIDS policy is important for protecting the rights of the members of the university community. The policy would not only protect the community, but also help to promote awareness of the disease and its consequences, a primary aim of the PoN's HIV/AIDS program. By implementing the policy, the PoN would truly be at the forefront of the global university response to HIV/AIDS and become an example for other universities to follow.
12. **Continue to evaluate the HIV/AIDS program.** Evaluation is useful for determining the strengths and weaknesses of a program as well as its impact and outcomes. *We have developed a survey* which can be given annually in order to evaluate the knowledge, behavior and attitudes of the students as well as their perceptions of the programs available. Through evaluation the PoN will be able to adapt to the changing needs of the community and continue to be a leader in the fight against HIV.

Summary

There are more than 360,000 Namibians living with HIV (Republic of Namibia Ministry of Health and Social Services, 2005b). More innovative prevention programs are needed or, by 2020, the country is expected to lose one quarter to one third of its work force to AIDS (National Planning Commission, 2001). The Polytechnic of Namibia recognizes the magnitude of the AIDS crisis and has joined in the fight by creating HIV/AIDS awareness and prevention programs. Our assessment of the PoN's existing HIV/AIDS program confirms that the PoN already utilizes many of the international best practices established in HIV/AIDS prevention education. Therefore, the PoN's program is well-suited to take the necessary steps to be successful in the fight against AIDS. With the help of our assessment and recommendations, the Polytechnic of Namibia can truly become a leader in the university response to HIV/AIDS and have an impact on the fight against HIV/AIDS in Namibia.

Chapter I. INTRODUCTION

“No war on the face of the earth is more destructive than the AIDS pandemic.”- Colin Powell in a 2001 address to the UN General Assembly special session on HIV/AIDS

Currently 39.5 million people worldwide are infected with Human Immunodeficiency Virus (HIV), 62.5% of which are located in Sub-Saharan Africa. (UNAIDS/WHO, 2006). As Nelson Mandela so poignantly observed, the growing HIV pandemic is a “threat that puts in balance the future of nations. AIDS kills those on whom society relies to grow the crops, work in the mines and factories, run the schools and hospitals and govern the countries ... It creates new pockets of poverty when parents and bread winners die and children leave school earlier to support remaining children – themselves affected and infected by HIV/AIDS!” Indeed the HIV/AIDS epidemic affects every level of society, especially in Sub-Saharan Africa.

In Namibia, one in five adults are infected with HIV (Republic of Namibia Ministry of Health and Social Services, 2005b). According to the International Labor Organization, Namibia is expected to lose one quarter to one third of its workers by 2020 (National Planning Commission, 2001). By 2010, it is estimated that one in four Namibian children will have lost one of their parents to AIDS by the ages of ten to fourteen (Abt Associates, 2003). Unless the necessary actions are taken to help those living with HIV/AIDS and to control the transmission of the virus, the impact of HIV/AIDS will continue to grow in the years ahead.

While antiretroviral drugs (ARVs), protease inhibitors and other new treatments offer hope to people infected with HIV and AIDS, there is no known cure or vaccine for HIV or AIDS. The United Nations has therefore acknowledged that “prevention must be the mainstay of our response” (UNGASS, 2001, p. 19). The Joint United Nations Program on HIV/AIDS (UNAIDS, 2002) also affirms that “investment in HIV prevention averts untold human suffering, together with its social and developmental consequences,” (p. 80) such as Namibia’s imminent loss of workers.

Youth-targeted HIV/AIDS awareness and behavioral prevention programs remain a powerful method for curbing the affects of the HIV pandemic. Strong

evidence from successful youth-based HIV/AIDS prevention programs around the world demonstrates that awareness and prevention strategies work (Chao-Hua, et al., 2004; Erulkar, et al., 2004; Fawole, et al., 1999; Henry, 1993; Jemmott, et al., 1992; Kim, et al., 2001; Merakou, et al., 2006; Mitchell, et al., 2000; Ngcobo, 2004; Okonofua, et al., 2003; Shuey, et al., 1999; Speizer, et al., 2001; Stanton, et al., 1999; Van Rossum, et al., 2000). HIV incidence has declined in many of the communities aided by HIV/AIDS awareness and behavior prevention programs.

In Namibia the development of HIV/AIDS awareness and prevention campaigns is essential. According to Professor M.J. Kelly (2003b), a leader in the interaction between HIV/AIDS and education, nearly half of new HIV infections occur in young people between the ages of 15-24. Undoubtedly, HIV/AIDS awareness and prevention campaigns need to focus on this younger “AIDS generation.”

“[The AIDS] generation carries a heavier burden of HIV infection than any previous generation of young people and has the potential to transmit the infection to the next generation. Their own protection and the protection of future generations necessitate leadership attention to ensuring that they are enabled to form life-preserving values and adopt responsible behaviour; that they receive comprehensive education and information on HIV/AIDS, relationships, sexual and reproductive health, and psycho-social life-skills; that they have access to youth friendly health services; and that they can access the necessary supplies and commodities” (Kelly, 2003b, p. 51-52).

The Polytechnic of Namibia (PoN), an internationally recognized university of applied science and technology based in Windhoek, has implemented its own HIV/AIDS awareness and prevention programs. The main objectives of the PoN’s programs are to spread awareness of HIV/AIDS to the student and community population, to educate life-skills, to promote safe-behavioral choices, and to offer student-friendly services for people infected and affected by HIV/AIDS. The PoN recognizes the importance of extensive evaluation of its own HIV/AIDS awareness and prevention programs, in order to prevent the tragedies caused by the disease.

The goals of our study were to assess the HIV/AIDS awareness and prevention program at the Polytechnic of Namibia and to offer recommendations that will help facilitate the PoN's efforts to spread awareness and reduce the prevalence of HIV among both the student and community populations. In order to achieve these goals, we developed the following objectives:

1. Examine *philosophies, goals, objectives, methodology, and context of the current PoN HIV/AIDS awareness and prevention programs.*

This information helped us develop an understanding of the goals, objectives, operations, and organization of the PoN's HIV/AIDS programs and services. This also included gaining a greater understanding of the target population including cultural values and social context. This information was necessary to provide a framework of knowledge for our project and to help us prepare our assessment of the PoN's programs and services.

2. Evaluate the PoN's HIV/AIDS awareness and prevention program's *implementation.*

We studied the processes and strategies the PoN uses to achieve its program goals and determine why these methods were chosen. This evaluation process included monitoring the extent to which the programs are implemented. We used the information gathered to inform our comparison of the PoN's programs to other best practices in HIV/AIDS prevention.

3. Assess the PoN's HIV/AIDS awareness and prevention program and offer *recommendations.*

Our final objective was to compile our data and observations. This allowed us to assess the overall organization, objectives and strategies as well as identify the strengths and weaknesses of the PoN's HIV/AIDS awareness and prevention program. All the data collected in *Objectives 1 and 2* were compiled and analyzed. After our assessment, we offered a set of sound and sustainable recommendations that the PoN can use in furthering its program's aims.

In summary, the effects of HIV and AIDS on Sub-Saharan Africa, Namibia in particular, are devastating. Due to this, there is a need for awareness and prevention programs to help curb the incidence of HIV and AIDS. Our project focused on one such HIV/AIDS awareness and prevention program at the Polytechnic of Namibia, an institution which recognizes the importance of such a program. Our goals were to assess this program and offer recommendations which will help to facilitate the PoN's efforts.

The following report discusses the background of HIV prevention education, the methods used to assess the AIDS awareness and prevention programs at the PoN, our findings gathered from the assessment and finally our recommendations for the PoN's programs based on our assessment as well as the recommendations from the stakeholders. Our assessment of the PoN's AIDS awareness and prevention programs reveal that the PoN is a well-developed program following many of the "international best practices" in HIV prevention education, defined later in Chapter 2. Our assessment also discloses the areas of the program which need development. From this assessment, the PoN will be able to focus on the areas in its programs which need improvement. Ultimately, this project, our recommendations and the deliverables we will leave behind will facilitate the PoN's aims to prevent the spread of HIV/AIDS and elevate the PoN to a leader in the university response to HIV/AIDS.

Chapter II. BACKGROUND

2.1 Introduction

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) are surrounded by a myriad of factors and issues that affect the prevention of virus transmission. In order to understand these issues and factors related to our project, this chapter presents our problem background. Our literature review examined the history of the pandemic, the factors affecting transmission as these are the issues surrounding the prevention of HIV/AIDS, the international best practices in HIV prevention education in order to see what is recognized to be successful, and finally HIV prevention programs in the tertiary school setting, our research target. This background information was used to understand how HIV transmission is affected by outside factors. Additionally, this information helped to define best practices used by HIV/AIDS awareness and prevention programs. These international best practices were used in the assessment of these programs at the Polytechnic of Namibia.

2.2 Overview of HIV and AIDS

AIDS was first diagnosed in the early 1980's in homosexual men in the United States of America (Buvé, 2006; Jackson, 2002). HIV was first discovered as the cause of AIDS in 1983 and by 1986, the AIDS crisis was believed to have become a pandemic, affecting the global population (Jackson, 2002). However, it seems that AIDS existed in Uganda and Tanzania by 1978/79 but was described as "slim disease" (Buvé, 2006). While AIDS was originally thought of as the "gay plague" in the western world, Africa was hit hard early on; in the 1980's, Uganda was "labeled the 'AIDS capital of the world'" (Jackson, 2002). African nations continue to be among the most affected in the world, with some countries having prevalence rates above 20% of the population (Buvé, 2006).

HIV is a virus that is transferred from person to person via bodily fluids. It can be transferred through vaginal and anal sex, breast milk, contact with infected blood and through the placenta during pregnancy (Buve, 2006). Although the body is

able to mount a defense at first, the virus attacks the cells of the immune system and the body eventually succumbs to the virus. Once the immune system has reached a critical state, usually occurring 10-12 years after acquisition of HIV, AIDS results. AIDS is the terminal stage of HIV infection. At this point the body's immune system is so weakened that it can not defend itself from infections such as cancer, tuberculosis and pneumonia (US Department of Health and Human Services, 2004).

There is currently no effective vaccine or cure for HIV, however there are effective treatment options. Multi-drug strategies, which include antiretroviral therapy and protease inhibitors, have enabled those infected with HIV to maintain normal immune systems (Martinez-Picado, DePasquale, & Kartsonis et al., 2000). There are, however, many downsides to multi-drug therapy such as life-long duration of treatment, serious health side effects and high cost of treatment. For instance, serious side effects may include clinical hepatitis, cholesterol problems, diabetes and osteoporosis (Dybul et al., 2002).

Those infected with HIV must continue the antiretroviral treatment (ART) for the rest of their lives. Since the drugs only suppress the virus, the virus is able to hibernate in regions of the body that the drugs cannot access, such as the brain and lymph nodes. If treatment is stopped, even for a short while, the virus will start to proliferate again. Furthermore, an individual who goes off treatment and then back on runs the risk of the virus developing resistance to that specific treatment (Martinez-Picado et al., 2000).

Treatments for HIV and AIDS in Sub-Saharan Africa (SSA) are available yet scarcely utilized. Only about 17% of the 4.7 million infected individuals needing ART in SSA were receiving treatment by the end of 2005 (Sub-Saharan Africa, 2007). Many AIDS activists and political leaders, such as Edwin Cameron (2005), have argued for years that the high costs of ART drugs, used to treat HIV, were limiting universal access in middle- and low-income countries. Drug costs have lowered in the past few years and governments are providing more aid to those in need of the drugs, but unfortunately many people are still not on the treatment (Browne, 2005).

Even though there is no cure or vaccine for HIV there are methods to decrease the chances of contracting the virus. The best prevention against HIV infection is to avoid mixing bodily fluids such as blood, semen or vaginal fluids. This includes

abstaining from sexual activity and avoiding needle sharing. Safe-sexual practices, such as condom use and faithfulness to one partner, lower the chances of contracting HIV (Lawrence, 1995; Visser, 2004; Buvé, 2006). HIV positive mothers can prevent transmission of HIV to their baby by taking AZT drugs during labor and avoiding breast feeding the baby themselves (Republic of Namibia Ministry of Health and Social Services, 2005a). In an ideal world, these prevention methods would be common practice throughout the world, however, there are many obstacles which impede the practice of prevention methods. The issues surrounding the prevention of HIV/AIDS, as well as other factors that affect HIV transmission are discussed in the next sections.

2.3 Factors Affecting HIV/AIDS Transmission

Sub-Saharan Africa is disproportionately affected by HIV and AIDS compared to the rest of the world (UNAIDS/WHO, 2006). Even within Sub-Saharan Africa there are large differences in HIV prevalence between countries. Some countries, such as Somalia, have HIV rates lower than 1% of adults whereas other countries, such as Namibia, have rates as high as 20% of adults (Buvé, 2006). In order to determine why Namibia in particular is so disproportionately affected by HIV we have examined a few theories about factors that increase the spread of HIV. These can be grouped into three main categories: individual behaviors, societal structures and factors affecting transmission efficiency.

Individual Behavior

Since sexual activity and needle sharing are major means of HIV transmission, individual behavior choices, attitudes and beliefs towards sex and drugs are important factors that influence the risk of HIV contraction. For instance, people who abstain from sex, limit their number of sexual encounters, consistently use condoms and avoid sharing needles are at a much lower risk of contracting HIV than individuals who practice unsafe sex, have multiple partners, or share needles (Lawrence, 1995; Visser, 2004; Buvé, 2006). Other factors that correlate with high incidences of HIV

include young age of first sexual experience, young age at marriage and paying for or selling sex (Buvé, 2006).

Individual behavioral choices, however, cannot be the only factors that influence HIV prevalence. Boerma, Gregson, and Nyamukapa (2003) conducted a study to compare two communities with differing HIV rates. They found that the community with the greater incidence of high-risk sexual behaviors actually had a lower rate of HIV infections. Similarly, surveys have shown little difference between sexual behaviors in the United States and Sub-Saharan Africa (Oster, 2005) even though the US prevalence rate was only 0.6% in 2005 (UNAIDS, 2006). According to these studies, behavior alone cannot predict a community's HIV incidence. There are other factors, such as transmission efficiency and societal structures, which affect the rate of HIV infection.

Societal Structures

Informal and formal societal structures are factors that play an important role in the spread of HIV/AIDS (Kauffman, 2004). Societal structures, such as gender inequality, poverty, migratory work patterns and social beliefs or stigmas, can influence individual behaviors and increase the risk of contracting HIV.

According to Susser and Stein (2000), gender inequality is one of the most significant factors influencing HIV prevalence. In many countries in SSA, including Namibia, women do not usually have the authority to require their partners to wear a condom even if the man may have been unfaithful. "A woman's request that her partner use a male condom," states Susser et al. (2000), "is seen as a challenge to his authority" (p. 1048). In many SSA communities, women are expected to adhere to the sexual wishes of their male partner, and refusal of sex can result in violence and rape (Morell, 2003; Da Cruz, 2004). This lack of control leaves women extremely vulnerable to HIV infection.

Another significant factor affecting the incidence of HIV/AIDS infection is poverty. Poverty makes people more vulnerable to most diseases because they lack the resources for prevention or treatment (Myer, Morroni, & Susser, 2003). Once infected, an individual has fewer resources available, which leads to a cycle of poverty and health issues (Steinitz, 2003). Additionally, according to Christopher

Browne from the School of Economics and Finance at the University Kwa-Zulu Natal Durban, treatment costs \$91-255 USD per year (2005). With the average annual income of a Namibian being US\$1800 (County Profile: Namibia, 2005), most people cannot afford the cost of treatment without aid from the state or private health insurance.

Myer, Morroni, and Susser (2003) also believe that the migratory patterns of men that began during apartheid had an impact on the explosion of HIV in South Africa and Namibia. Men went to urban areas to work but had to leave their families behind due to the laws restricting the movement of people. This migratory pattern continues today in Namibia. Many men may see their wives only 4 times a year, traveling from 200 – 1000 kilometers for work the rest of the year (Palander, 2003). Such migration has been shown to increase HIV prevalence, probably due to the fact that being away from family and community leads to high risk behaviors such as alcohol abuse, promiscuity and paying for sex (Myer, Ehrlich, & Susser, 2004).

Another major factor in HIV/AIDS infection rates is stigma which is based on the beliefs of a community rather than an individual. In recent years, HIV/AIDS testing and treatment clinics have become increasingly common in SSA communities. Unfortunately, the majority of Africans do not get tested, do not wish to know their results, and/or will not seek medical attention until late in the disease, if at all (Rankin, 2005). “To know or believe that one has the HIV/AIDS virus is to feel ‘spiritually dead’...you lose hope. You know you’ll be rejected; you know you’re going to die” (Leclerc-Madlala, 1997). National efforts have been ongoing to spread knowledge about the disease, and a number of surveys and interviews show the success of those efforts (Kalichman, 2003). As a result, the problem facing HIV/AIDS outreach efforts is no longer ignorance; the problem lies in the fear, anger, and hopelessness that encompass the social beliefs about people living with HIV and AIDS. Disclosure of HIV positive status means discrimination, rejection, abandonment, and physical harassment. In 1998, Gugu Dlamini, a woman from the KwaZulu-Natal province and volunteer field worker for the National Association of People Living with HIV/AIDS was stoned to death after revealing her HIV positive status (McNeil, 1998). Her killers justified the murder saying that she had “degrade[ed]” and placed “shame” on her community (Morell, 2003). Many SSA

communities are tightly woven, so that a stain upon the individual becomes a blemish upon the whole community.

HIV and AIDS stigma and discrimination is heightened by the perception that the disease is contracted from unacceptable, immoral and avoidable behavior (Herek, 2002). According to Smith and Morrison (2006) “In Namibia, attributions of responsibility for shameful acts ..., being easy to mark ..., and [being] associated with peril to community” (p. 2651) are beliefs that can lead to stigma. Stigma and sexual taboos prohibit HIV from being talked about openly which in turn limits the effectiveness of prevention programs (Parker & Aggleton, 2002). In addition, placing a stigma on something lowers the ability for a person to accurately assess their risk. When negative attributes are associated with a thing, such as HIV, a person will make themselves believe they have a lower risk of getting it so as to save their self-esteem. Smith and Morrison (2006) support this by stating that “perceptions [of risk], not actual risk, show better prediction of condom use” (p. 2650).

Gender inequality, poverty, migratory patterns, and stigma all influence the risk of getting HIV and AIDS. These factors, whether combined or alone, can raise the prevalence rate of an area. Other factors that increase the likelihood of a high prevalence of HIV include those that affect the transmission efficiency of the virus itself.

Factors Affecting Transmission Efficiency

In actuality, HIV has a low transmission efficiency. According to Palander (2003) the chance of transmission in one unprotected act of sexual intercourse is possibly as low as 1%. Factors that can affect the transmission efficiency of HIV include other sexually transmitted infections, circumcision and condom use.

Some researchers, such as Oster (2005), argue that the primary reason that HIV is so prevalent in Sub-Saharan Africa is the prevalence of other sexually transmitted infections (STIs). It has been shown that STIs, such as herpes, gonorrhea and Chlamydial infections, all of which are STIs commonly found in Namibia (Palander, 2003), increase the rate of transmission of HIV. Infections that cause open sores in the genital region allow HIV an additional mode of entry. In addition many STIs increase the amount of HIV found in the semen or vaginal fluids even when

there are no apparent symptoms. In other words, there is a higher probability of transmitting or contracting HIV during a sexual act when either partner has an STI (Buvé, 2006). The theory is that since STI rates are high throughout Sub-Saharan Africa, presumably due to a lack of health care services, the rate of transmission of HIV is higher than in other parts of the world (Oster 2005).

In Namibia, another factor for the high rates of HIV infections may be the lack of male circumcision. A man who is circumcised is 2 to 8 times less likely to contract HIV during sex (Jackson, 2002). This is in part due to the lack of Langerhans cells that are highly concentrated on the foreskin and contain HIV receptors. Abrasions in the foreskin also make uncircumcised men more susceptible to infection (Buvé, 2006). In addition, Jackson (2002) states that the foreskin is more vulnerable to various STI infections which can increase the rate of HIV transmission. For example, in South Africa, the province in which the Zulus are the major ethnic group reports a much higher HIV incidence than the province in which the Xhosa are the major ethnic group. The Xhosa perform circumcision, while the Zulus do not. According to Werker, Ahuja and Wendell (2006), only about 15% of men in Namibia are circumcised. This means that the majority of men in Namibia are biologically more susceptible to HIV than circumcised men.

Condoms are 90 to 95% effective at preventing HIV transmission when used consistently and correctly (Pinkerton & Abramson, 1997). In Namibia condoms are available for free through health care centers as well as subsidized through social marketing schemes (Republic of Namibia Ministry of Health and Social Services, 2005). However, according to Susser and Stein (2000) sexual taboos in Namibia limit their actual use. According to Campbell (2002), in an environment where sex is not spoken about in the home, as is often the case in Namibia, young people are less likely to use condoms. Despite this, condoms may be used in casual or new relationships; however, once the relationship matures, other methods of contraceptives are used in place of condoms. This change signifies a level of trust between the couple and insistence on using a condom is considered a sign of distrust (Da Cruz, 2004). This lack of condom use leaves sexually active Namibians vulnerable to HIV infection.

Summary

The numerous factors that contribute to the spread of HIV/AIDS, including poverty, gender equality, individual behavior and lack of condom use helps to explain why some regions of the world, such as SSA, are disproportionately affected by HIV and AIDS. In order to successfully fight HIV/AIDS, preventive programs need to readily address these issues which impede on the prevention of HIV. Successful programs in HIV/AIDS prevention will therefore not only spread knowledge of the virus, but will also tackle those factors which influence HIV transmission. The next section, HIV Prevention Program International Best Practices, discusses how successful HIV/AIDS prevention programs address those factors which contribute to the spread of HIV and how these practices equip their audience with the knowledge and skills in order to decrease their own risk of infection.

2.4 HIV Prevention Program International Best Practices

The methods of HIV prevention have been an evolving process since the beginning of the epidemic. Program planners and community leaders around the world have learned from the failings of previous preventive practices, and have adopted better and more successful prevention programs. UNAIDS, UNESCO, and Advocates for Youth have identified these best practices in HIV/AIDS awareness and prevention based on programs which have been scientifically evaluated and determined to have positive impacts on HIV-related risk behaviors and/or to have a successful outcome in decreasing the prevalence of HIV and other STIs (Alford, 2003; Alford, 2005; UNESCO, 2006; UNAIDS, 2000; United Nations, 2003). Table 2.1 contains some of the successful programs in HIV prevention that utilize best practices in HIV prevention. Evaluation of all of the programs in Table 2.1 were published in peer-reviewed journals and demonstrated significant positive behavior changes in youth, such as delayed sexual initiation, reduction in sexual partners, reduction in frequency of sexual interactions, and/or increased contraceptive use.

Key to Table 2.1

Awareness and Life Skills: Program intervention including raising awareness of HIV/AIDS/STIs, knowledge of the disease, its transmission, factors that increase risk of infection and prevention and treatment methods. Life skills education equips youth with problem solving, communicative, and self-management skills in order to enable people to think critically about their lives, to make informed decisions and take control of their health.

Peer Education – Involves people working with people like themselves (i.e. same age) to bring about a positive change. Peer to Peer work includes peer mentoring, peer helping and peer counseling.

Youth/Health Club – A youth-run club that provides awareness to club members. Youth/Health Clubs may also be involved in activities to raise awareness among the community.

IEC Media – Information, Education, Communication media. The purpose of IEC media is to raise awareness of HIV/AIDS/STIs using posters, pamphlets, broadcasts, etc.

Social Marketing – A marketing method that subsidizes products/services, such as condoms and Voluntary Counseling and Testing (VCT), as to make them more available and affordable to population.

Table 2.1: Successful HIV/AIDS Prevention Programs

Program	Country	Target (age)	Awareness & Life Skills	Peer Education	Youth/ health club	IEC Media	Social Marketing	Youth Friendly Services	Community Involvement
Horizon Jeunes ¹	Cameroon	12-22 Urban	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Entre Nous Jeunes ²	Cameroon	10-25 Urban	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Focus on Kids ³	U.S.	11-18, urban	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>
TSA Banana ⁴	Botswana	13-18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Be Proud! Be Responsible ⁵	U.S.	13-18, urban	<input checked="" type="checkbox"/>						
School Health Ed. ⁶	Uganda	10-18, rural urban	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>
Sex. Health Info & Services for Youth ⁷	China	15-24, urban	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Promoting Sexual Responsibility ⁸	Zimbabwe	10-24, urban rural	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIV Preventative Ed. ⁹	Nigeria	13-20, urban poverty	<input checked="" type="checkbox"/>						
STI Counseling & Treatment ¹⁰	Nigeria	14-18, Urban, sexually active	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Nyeri Youth ¹¹	Kenya	10-24, Urban	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
VIBES ¹²	Jamaica		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Peer Education in Schools ¹³	Athens	15-20, urban	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			

1 Agah, 2002; Alford, 2005; Van Rossem & Meekers, 2000
2 Alford, 2005; Speizer, 2001
3 Stanton, 1999
4 Harris, 2006; Speizer, 2003
5 Alford, 2003; ETR, 2005; Jemmott, 1992
6 Alford, 2005; Shuey, 1999
7 Alford, 2005; Chao-Hua, 2004
8 Alford, 2005; Kim, 2001
9 Alford, 2005; Fawole, 1999
10 Alford, 2005; Okonofua, 2003
11 Alford, 2005; Erulkar, 2003
12 Henry, 1993
13 Merakou, 2006

Best Practices are based on Social Learning and Behavioral Philosophies

In order for education to be effective, the information presented must be understood and believed. Successful HIV prevention practices, including those in Table 2.1, have therefore adopted general learning theories that address the most effective and efficient methods of teaching sexual health and life skills to people. These include the Reasoned Action, the Social Learning, and the Social Cognitive Theories. The Theory of Reasoned Action implies that an individual's behavioral intention, which is molded by personal attitude and social pressure, predicts the actual behavior of an individual (Ajzen, 1980). All of the successful programs in Table 2.1 use the Theory of Reasoned Action to develop effective HIV/AIDS prevention programs that complement HIV/AIDS awareness with promotion of healthy behavioral choices.

The Social Learning Theory states that people learn through socialization and observation, as well as through verbal instruction (Bandura, 1986). Successful programs adopt creative and interactive learning processes, such as role-plays, debates, discussions, songs, games, and dramas (for example Fawole, 1999). *Horizon Jeunes*, for example, has developed a mapping exercise where the peer educators with their peer learners walk around the community and map the locations of high HIV exposure risk, such as bars, abandoned homes, and cars, as well as those places where health services are available (Delvigne-Jean, 2005). The exercise helps young people understand how their physical and social environment can lead to risky behaviors. In order to increase positive behavior relating to condom use, the 'Be Proud! Be Responsible!' program in the United States allows youth to explore ways in which condoms can be made fun and pleasurable (ETR, 2005). These activities are not only a fun and refreshing method of learning, but they also help to develop important life qualities such as self-confidence, respect for oneself, and respect for others.

The Social Cognitive Theory asserts that human behavior is a combination of personal, social, and environmental factors (Bandura, 1986; United Nations, 2003 p. 17). Behavior can, therefore, be developed through social interactions. Vygotsky (1978) stated that "learning awakens a variety of internal developmental processes that are able to operate only when the child is interacting with people in his environment and with his peers" (quoted in United Nations, 2003, p. 17). Peer-to-

peer education is shown to be greatly successful in many educational practices, including many of the programs in Table 2.1.

The Social Cognitive Theory also implies the importance of the infusion of cultural context into the learning process in order to develop meaningful connections (Bandura, 1986). VIBES of Jamaica incorporates Caribbean folk songs, dances, and drums with messages about sexual health, stigma, and relationships. In Botswana, TSA Banana uses culturally relevant symbols to convey messages about HIV. For example, termites gnawing away at the wood of cattle fences represent how the disease gnaws away the immune system (Meekers, 1997).

Best Practices have Sound Program Objectives

The best practices in HIV prevention education, including those programs in Table 2.1, have similar objectives by which they accomplish their goal of promoting positive changes in the target audience's attitudes and beliefs related to HIV/AIDS, STIs and sexual expression in order to fight the spread of HIV infection. These objectives are based on social learning and behavioral philosophies and address that a variety of factors, including attitude, beliefs, skills, abilities, knowledge and the environment, influence health-related behavior (United Nations, 2003). The objectives the best practices follow are:

- To build awareness of HIV, AIDS, and sexual health
- To encourage the target audience to adopt healthy sexual attitudes
- To equip the target audience with the skills to manage their lives in a healthy and productive way.

By adopting these objectives, prevention programs not only equip the audience with knowledge of the virus and sexual health, but they are also able to tackle the factors that influence the spread of HIV/AIDS previously discussed in Section 2.3. By using multiple components and multiple delivery strategies to achieve these objectives, prevention programs, like those in Table 2.1, can have positive impacts on the HIV-related risk behaviors and ultimately decrease the prevalence of HIV/AIDS.

Best Practices use a Holistic Approach with a Variety of Methods of Intervention

Best practices in HIV prevention have similar objectives and theories, although there are different approaches to information delivery and safe-behavior promotion. One of the methods that best practices use to achieve their objectives is life skills education. Life skills education allows the target audience to develop important problem-solving, communicative, and self-management skills (United Nations, 2003 pp 11-18). It also enables people to think critically about their lives, to make informed decisions, and to take control of their health. According to Jeanne d'Arc Kengne, the coordinator of a *Horizon Jeunes* youth center, when people “express themselves” and “make their voices heard, their motivation increases” (Delvigne-Jean, 2005). For example, peer educators in the TSA Banana program of Botswana taught secondary students the HIV/AIDS ABC's (Abstain, Be faithful, Condomize), as well as decision making and interpersonal skills, such as condom negotiation and sex refusal (Harris, 2006). In the United States, Focus on Kids enables youth to consider how their own personal values relate to socially pressured behavior, and it also empowers youth with self-efficacy in order to make the right personal decisions (Stanton, 1999). Zimbabwe promotes sexual responsibility with the slogans: “Have self control,” “Value your body,” and “Respect yourself” (Kim, 2001). Evaluations of all the programs in Table 2.1 show significant improvements in the behavioral and health outcomes, such as delayed sexual initiation, increased contraceptive use, and reduction in the number of sex partners (see Table 2.1). Life skills education, coupled with sexual health information, is an effective method of reducing the incidence of high risk sexual behavior that leads to HIV and other STIs.

Many programs complement classroom education with the development of youth clubs. The STI Counseling and Treatment Program in Nigeria offers youth-led health clubs that sponsor debates, contests, symposia, and films related to STI prevention and treatment (Okonofua, 2003). The Sexual Health Information and Services for Youth in China offers community-based sexual health counseling in the center of town (Chao-Hua, 2004). The health center in China provides the community with educational materials, contraceptives free of charge, and full time trained counselors. In Athens, the Teen-aids club set up a kiosk in the schoolyard with informative stories about young people with HIV or AIDS (Merakou, 2006).

The kiosk also has an anonymous questions box, which the peer educators answer during the longest break of the day.

These programs use a variety of media to relay IEC messages (UNAIDS, n.d.). For example, peer leaders in Cameroon's *Entre Nous Jeunes* program create comic strips, posters and calendars with IEC messages (Van Rossem & Meekers, 2000). China's Sexual Health information program shows health videos before popular movies at local cinemas (Chao-Hua, 2004). Both *Horizon Jeunes* and TSA Banana utilize social marketing of the PSI's Prudence Plus condoms in order to make this reliable condom brand affordable and widely available (Van Rossem & Meekers, 2000; Harris, 2006; Speizer, 2003). PSI markets attractively packaged, quality, low-priced condoms to countries with low income populations (PSI, 2007). The two programs also harness promotional marketing at night clubs, soccer games, and other events to demonstrate condom use and to reinforce messages about safer sexual behavior.

As the Social Cognitive Theory asserts, health related behavior is influenced by interactions with society and the environment. Therefore, best practices in some way or another, aim to achieve school and/or community-wide interest and support. The HIV prevention education for high school students in Nigeria involves the whole school, including the teachers and principals who participate in class discussions and debates (Fawole, 1999). In Uganda's School Health Education program, the peer educators train the seniors at a secondary school to provide help and information to their fellow students (Shuey, 1999). The Uganda program also hosts forums where the community can openly discuss health and sex education issues. Kenya's approach to preventive education is to train young parents to become Friends of Youth (FOYs) (Erulkar, 2003). The FOYs provide outreach to youth groups, as well as to adults, in order to advocate a positive environment for sexual health education and services for youth. Many of these programs also train health care providers in making their services unbiased and youth-friendly (see Table 2.1, Youth Friendly Services).

Best Practices have Nation-wide support, Mass Media, and Community Involvement

Many of the programs evaluated in Table 2.1, with the exception of TSA Banana and *Horizon Jeunes*, are successful only at the community-level and do not

extend beyond. In order to counteract the spread of HIV throughout the entire population, preventive programs strengthen their influence by developing national support, networking with other youth programs, and utilizing mass media promotion.

While not the only program in Uganda, the US funded “Abstain, Be faithful or reduce the number of your sex partners, and/or use a Condom” (ABC) policy has been partly credited with Uganda’s large drop in HIV prevalence (Murphy, Greene, Mihailovic, & Olupot-Olupot, 2006). Murphy and Greene state that the ABC approach relies heavily on a woman’s ability to assert herself - a situation which does not occur often in HIV infected areas. Part of Uganda’s success was due to not having “a ‘this could not work here’ attitude,” which would have prevented universal acceptance of the HIV program (Murphy, et al, 2006). Murphy and Greene go on to say that it was not the ABC approach itself which was successful, but “extensive social mobilization at every level and strong political leadership from its president” (Murphy, et al., 2006).

Public and political action is further supported by a keynote address by the Ugandan President H.E. Yoweri Kaguta Museveni (2001) in which he states “The first task we had to accomplish was to convince the people that we had an HIV/AIDS problem and that we should acknowledge it.” Creating institutions to handle the HIV/AIDS efforts and then making sure everyone knew about Uganda’s HIV problem, including the international scene, were the next steps to, Museveni boasts, a “100 per cent HIV/AIDS awareness.” In addition President Museveni states that “those suffering from AIDS or living with HIV live with their families and communities without discrimination or ostracisation” (Musevini, 2001).

Mihailovic and Olupot-Olupot have a different opinion of the ABC policy Uganda has adopted. They state that it was Uganda’s mass-acceptance of HIV/AIDS as a major problem that lowered the country’s infection rates, not the ABC method.

“We don’t think abstinence is really working in our communities. We work with children in primary five through seven who are engaging in sexual activities. We always come with the message to delay sexual debut. But for most children here, this is not enough.”

- Youth leader in Kabarole, quoted in Human Rights Watch, 2005

To be truly effective, ABC programs such as Uganda’s must integrate themselves into broader HIV programs, which “ensure scientific accuracy and age-

appropriate HIV prevention information, in addition to messages of abstinence” (Human Rights Watch, 2005). Though Uganda’s approach is nationwide and not specifically focused on university programs, it does stress the importance of equal education. “To fight AIDS effectively we must empower women” (Museveni, 2001), as well as educate the youth in all manner of prevention from abstinence to safe sex practices.

In the case of Uganda, the ABC program by itself may not have been the most effectual program; however, because the program leaders promoted it to such a great extent and made it nationally accepted, Uganda’s efforts were in fact greatly successful. HIV preventive education must be done at all levels of society, not only at the university level but also politically and in the media.

Best Practices Have Ongoing Evaluation

Best practices continually evaluate their programs and outcomes in order to determine how effective they are. According to a report by the United Nations Population Fund (UNFPA, 2002), this evaluation should be based on three aspects: process, outcome and impact. The process refers to the implementation of the program, especially ownership and participation. The impact of a program is the changes it has on the knowledge, behavior and beliefs of the target population. Outcomes include changes in the STI and HIV prevalence rates within the target population. Another report by Advocates for Youth (2005) outlined the importance of evaluating for behavioral and health outcomes because changes in knowledge do not necessarily lead to changes in behavior. Without evaluation a program can become outdated or continue to use an ineffective approach. However, through evaluation a program can determine what effects it is having on its target audience and be able to adapt to the current needs of the population (UNESCO, 2006).

Summary of Best Practices for Awareness and Prevention of HIV/AIDS

The current best practices in HIV/AIDS awareness and prevention have arisen from over two decades of trial and error. Best practices in HIV/AIDS awareness and prevention have the following criteria (Chao-Hua, et al., 2004; Erulkar, et al., 2004;

Fawole, et al., 1999; Henry, 1993; Jemmott, et al., 1992; Kim, et al., 2001; Merakou, et al., 2006; Mitchell, et al., 2001; Ngcobo, 2004; Okonofua, et al., 2003; Shuey, et al., 1999; Speizer, et al., 2001; Stanton, et al., 1999; Van Rossum, et al., 2000):

- Are based on Social and Learning Theories
- Have a defined target audience
- Have explicit measurable goals and objectives that provide awareness of HIV/AIDS, encourage safe-sexual behaviors, and offer life-managing skills
- Use a holistic approach with multiple delivery strategies to address the multiple needs and cultural sensitivities of the target audience
- Have ongoing evaluation of program effectiveness

Identifying the best practices in HIV/AIDS awareness and prevention is important for effective reduction of HIV/AIDS. Policy makers and program evaluators can reference the best practices and apply them to similar contexts. For example, 'Focus on Kids,' which is nationally accepted in the United States by the Centers of Disease Control and Prevention's Division of Adolescent and School Health (CDC/DASH) as one of the "Programs that Work," was "re-invented" in multiple new settings, including Namibia where the program is more commonly known as "My Future is My Choice" (Galbraith, 2004; Stanton, Li, Kahihuata, et al, 1998). In short, the power of best practices is that policy makers and program evaluators do not have to "reinvent the wheel;" rather they can learn from the successes of others and adapt them to work better in other contexts (UNAIDS, 2000).

2.5 HIV Prevention Programs for Tertiary School Students and Faculty

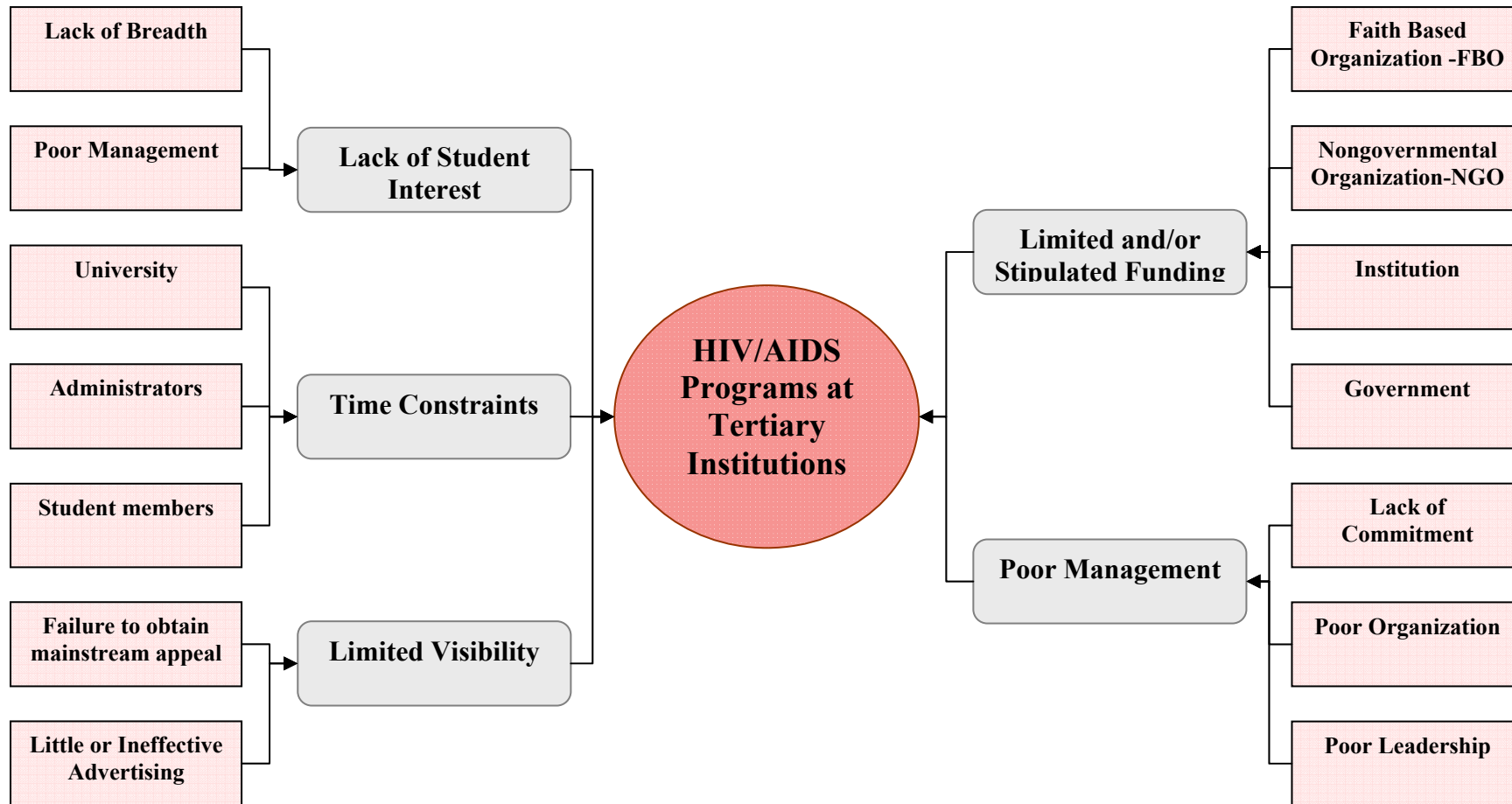
In developing and evaluating HIV/AIDS prevention programs, it is important to have a defined target audience. Depending on the target audience, HIV/AIDS prevention programs need to adopt their methods in order to best meet the specific needs of that population. For example, sexual health workers will have different needs than secondary school students and thus HIV/AIDS prevention programs must be aware of their target audience in order to appropriately adapt their programs.

The Polytechnic of Namibia's HIV/AIDS awareness prevention programs targets the students and faculty enrolled or employed at the tertiary educational institution. A tertiary school is a college or university level institution where an advanced degree can be earned and faculty generally includes administrative and teaching employees. Assessment of the HIV/AIDS awareness and prevention programs at the PoN, requires researching the issues that programs targeting tertiary school audience face when implementing their programs.

The five main issues surrounding successful implementation of HIV/AIDS programs at tertiary institutions are time constraints, limited visibility, poor management, inadequate student involvement and limited and/or stipulated funding. These issues are illustrated in Figure 2.1 along with the connecting factors which influence that issue in some manner. For example, in Figure 2.1 limited or ineffective advertising is connected to visibility because it reduces the program's visibility and consequently effects the implementation of the program.

The purpose of Figure 2.1 is to depict how different variables connect to and influence the issues surrounding successful implementation of HIV/AIDS awareness and prevention programs at tertiary institutions. Just as HIV/AIDS prevention programs must address the issues that influence the transmission of the virus, they must also address the issues which impinge upon the successful implementation of the program. If a program fails to deal with these issues, such as those depicted in Figure 2.1, the program may not adequately meet the needs of its target population. For example, going back to visibility, if a program is not visible enough then it might not reach enough of the target population and therefore their needs will remain unmet. It is essential for an HIV/AIDS awareness and prevention program to adequately address the needs, beliefs, concerns, attitudes and present practices of the target audience in order for the program to achieve its goal of promoting positive changes in the target audience's behaviors related to HIV/AIDS and ultimately decrease the prevalence of HIV.

Figure 2.1 – Issues Surrounding HIV/AIDS Programs at Tertiary Institutions¹⁴



¹⁴ UNESCO, 2006; Kelly, 2003a; Kelly, 2001; Ngcobo, 2004; University of the West Indies, 2006; Horizons, 1999; Human Rights Watch, 2005; Katjavivi & Otaala, 2003

2.6 Chapter Summary

HIV/AIDS continues to be one of the most pressing problems in much of the developing world. Therefore, in order to reduce the affect of HIV and AIDS on society, programs worldwide have developed and employed preventive education. These programs have evolved over the years to create the best practices in HIV/AIDS prevention. The best practices in HIV/AIDS prevention are based on learning and social philosophies, have sound and measurable objectives, and use holistic approaches with multiple delivery strategies in order to address the many issues that may be related to the spread of HIV such as sexual health behaviors, stigma, discrimination and other sexually transmitted infections.

The success and effectiveness of HIV/AIDS awareness and prevention programs at tertiary institutions depends on its objectives, methods of implementation, management, staff and student involvement, and visibility among the target population. In order to identify a program's effectiveness, evaluation of HIV/AIDS awareness and prevention programs is essential. Through comprehensive assessment, program evaluators can identify the areas of strengths and weaknesses within a program and make recommendations to adapt the program to the needs of the target population. The next chapter, Methodology, will detail our research process for exploring these issues.

Chapter III. METHODOLOGY

3.1 Introduction

In order to achieve our project goal of assessing and making recommendations to the Polytechnic of Namibia's HIV/AIDS awareness and prevention programs we developed the following research objectives:

- Objective 1 - Examine the philosophies, goals, objectives, methodology, and context of the current HIV/AIDS awareness and prevention programs at the PoN.
- Objective 2 - Evaluate the implementation of the PoN's HIV/AIDS awareness and prevention program.
- Objective 3 - Assess the PoN's HIV/AIDS awareness and prevention program and offer recommendations.

This chapter presents the methodology used to complete these three research objectives. The methodology is based on methods used by researchers to evaluate other HIV/AIDS prevention programs. We examined the limitations of each method, the constraints that existed on our project, such as time restrictions, and described how we adapted each method to fit our needs.

To complete the first objective, our main method of data collection was the review of archival data and interviews with the coordinators of the PoN's programs (Appendices A, B, C & D). From the data collected in Objective One and our background research, we were able to design our surveys to complete our second objective. For Objective Two, the evaluation of the actual implementation of the program, we interviewed members of the PAAC administered a questionnaire to the general student population (Appendix E, F). Finally, for Objective Three, the overall assessment of the PoN's programs, we used paired comparison, content analysis and descriptive statistics of the data collected in Objectives One and Two.

In order to complete our assessment, we identified international best practices in HIV/AIDS prevention to which the PoN's programs and services were compared. UNAIDS, UNESCO, and Advocates for Youth have established these international best practices in HIV/AIDS awareness and prevention programs based on scientific evaluation. These best practices were determined to have a positive impact on HIV-

related risk behaviors and/or to have a successful outcome in decreasing the prevalence of HIV and other STIs (Alford, 2003; Alford, 2005; UNESCO, 2006; UNAIDS, 2000; United Nations, 2003).

In order to organize our methods, we created Table 3.1 as a guide to determine the presence of international best practices within the PoN's programs and services and evaluate the implementation of the programs and services. Table 3.1 includes a column for the information that we needed to research, the methods we used to determine the presence of these best practices, the sources we used to gather that information and how we came upon that particular source. It should be noted that the aspects listed underneath multiple delivery strategies are those best practices from Table 2.1 in the Background Chapter. Table 2.1 displays the comparison of a number of successful international HIV/AIDS prevention programs and which best practice each program utilized. The best practice of utilizing social marketing has been removed from Table 3.1 due to the fact that it applies more to nationally based programs and smaller, private programs do not have the resources to successfully conduct social marketing campaigns. Table 3.1 served as our planning matrix so that we could make a complete assessment of the PoN's HIV/AIDS programs and services within the time restraints of our project.

Table 3.1 – Research Planning Matrix

What we need to know	Methods to find information	Sources of information	How do we get information
<i>Best Practices</i>			
Measurable/Concrete Objectives	Documents Interviews	Club Constitution	HIV Coordinator
Multiple strategies to meet Objectives	Documents, Observation, Interviews	Reports, HIV Coordinator, Club Members	HIV Coordinator, PAAC
Does it include “best practiced” methods?	Documents, Interviews, Observation	Reports, HIV Coordinator, Club Members, Nurse, Social Worker, CAA other facilitators	HIV Coordinator, PAAC
Holistic Approach	Documents, Interviews, Observation	Reports, HIV Coordinator, club members	HIV Coordinator, PAAC
Responsive to cultural values	Interviews, Surveys	PAAC, PoN students	PAAC, student survey
Learning Philosophies	Documents, Interviews	HIV Coordinator, club members	PAAC, HIV Coordinator
Defined Target Audience	Observation, Documents, Survey	School and our survey	HIV Coordinator, student survey
Activities tailored to needs of audience	Interviews, Observation, Survey	Club Members, PoN students	PAAC, student survey
Ongoing evaluation	Interviews, Survey	HIV Coordinator, school survey	HIV Coordinator
<i>Evaluation of Programs and Services</i>			
Impact	Survey, Interview	Club members, campus survey	PAAC, student survey
Visibility	Observation, Interviews, Surveys	PAAC, students	Campus
General Perceptions	Observation, Interviews, Surveys	PAAC, students	Student survey, PAAC, campus

3.2 Research Design of Process Evaluation

Objective 1: Examine philosophies, goals, objectives, methodology, and context of current HIV/AIDS awareness and prevention programs

Our first objective was to obtain a background of the prevention programs that already existed at the Polytechnic of Namibia. We first determined who the facilitators of the PoN's HIV/AIDS programs were. The facilitators provided us with the means of conducting our research on the programs philosophies, goals, objectives, and methodology. Understanding the background of the program also included gaining insight into the target population, the Polytechnic students, in order to better understand the cultural and social context of the university. The information gathered from Objective One was necessary to provide a framework of knowledge for our research. The information was also used in the paired comparison of the PoN's programs to international best practices in HIV/AIDS prevention programs.

To obtain basic information of a particular program, evaluators of HIV prevention programs review archival data concerning that program (Eke, Mezoff, Duncan, et al., 2006). For example, evaluators may review reports, policies, or constitutions in order to gain a better understanding of a particular program's background. One limitation of this method is that documents written by the program facilitators may be biased to the facilitator's understanding of the program (UNESCO, 2006). We obtained and reviewed the PoN's available archival data which included program reports, internal audits, descriptions, presentations, constitutions and policies (Appendices A, B, C & E). From this archival data, we gained information about the program's philosophies, goals objectives and services offered for the target audience. To overcome the bias that may exist in the archival data, we triangulated our findings using interviews with various stakeholders.

Another commonly used method for obtaining specific background research is the interview. UNESCO (2006) used interviews in the process of conducting case studies of the responses to HIV at tertiary educational institutions in countries at risk of or already severely affected by HIV/AIDS. The interviews were used because, as Singleton and Straits (2005) noted, the interview process allows the subject to explain responses with greater clarity and detail than other forms of surveying allow.

There are three types of interviews: standardized, unstandardized and semi-standardized (Berg, 2007). The standardized interview consists of a set of questions that do not change in order or wording for all interviews. The purpose of this type of interview is to quantitatively compare the responses between individuals. The unstandardized interview method involves a general guideline for questions, but the order and wording can change per interviewee. Since an unstandardized interview is not as structured, new questions during the interview may arise. This method is useful when the researchers are unsure of the questions to be asked and want to explore the possible issues. The semi-standardized interview strikes a balance between the two previous formats. Semi-standardized interviews allow for structure to ensure consistency between individuals but still allow the interviewer room to further develop the interview (Berg, 2007; Singleton & Straits, 2005).

The interview also has inherent limitations (Singleton and Straits, 2005). The first of these limitations is a bias from a lack of trust; an interviewee may not be entirely honest if they do not feel comfortable with the interviewer, the questions or the interview's setting. In addition, there is the risk of a response bias which is when a subject gives the response s/he believes is expected by the interviewer. Another major limitation of the interview is the fact that conducting a model interview requires a certain degree of skill (Singleton & Straits, 2005). To complete our first objective of obtaining background information about the PoN's program, we interviewed the HIV/AIDS program coordinator as well as other program facilitators. Since these individuals were integrally involved with the program on a daily basis, they were the best source of information about the program's goals, objectives and activities. Our interviews took a semi-standardized form which allowed us to use the facilitators' expertise to guide us to the important issues.

We also used informal conversations and interactions to develop a better understanding of the target population and context of the program. We used informal conversations to build relationships with the students at the PoN, particularly members of the Polytechnic AIDS Awareness Club (PAAC), since they are directly involved in many of the PoN's HIV/AIDS programs. In doing so, we gained information about their cultural backgrounds, and, over time, were able to build a foundation of trust. This foundation of trust was important for acquiring more honest responses and was essential for our overall assessment of the PoN's HIV/AIDS awareness and prevention programs.

Objective 2: Evaluation of Implementation

Our second objective was to evaluate the actual implementation of the PoN's HIV/AIDS awareness and prevention program. We needed to determine what processes and strategies the PoN used to achieve the program's goals. This evaluation included determining how the program was implemented, the extent to which the program was implemented, the extent to which they were received by the target population and the presence of any discrepancies between these methods and program objectives. To evaluate the actual implementation of the PoN's programs, we used direct observation, interviews and questionnaires. The data gathered from Objective Two was used for the comparison of the PoN's programs to international best practices and analyzed by content analysis, as described in Objective Three.

Direct observation is one method for determining a program's methods of implementation (Rehle, Sidel, Mills, et al., 2007; Cooper, Goodwin & Stange, 2001; Stange, Flocke, Goodwin, et al., 2000). Observation relies on the researcher either directly participating in the activities or passively observing activities and the subject's reactions (Singleton & Straits, 2005). Passive observation involves discreetly watching the activities, mannerisms and culture of a target population (Singleton & Straits, 2005). Directly participating in the activities involves gaining the trust of the target population and becoming immersed in the culture. The researcher will associate with the subjects to gain an understanding of the reasons for the customs and culture which are present. The understanding of the customs and culture confers an advantage to direct participation over passive observation (Rehle et al., 2007).

Singleton and Straits (2005) state that there are limitations to passive observation. For example, the researcher may not know what type of information for which they are actually looking. The knowledge is "emergent" and over time, through observation, the researcher will begin to notice trends that he or she can quantify (Singleton & Straits, 2005). Further, passive observation may account for actions but not always the reasons for the actions (Singleton & Straits, 2005). Finally, another limitation of passive observation is the presence of the researcher which, if noted by the subjects, may affect their behavior (Rehle et al., 2007).

Although direct participation has similar limitations to passive observation, the nature of direct participation limits the effect of the presence of the researcher on a subject's behavior. In order to become involved with the target population, the researcher must gain the trust of the people. If the subjects are comfortable with the researcher, they will resume normal behaviors. However, when using direct participation, researchers run the risk of becoming too immersed in the culture and losing objectivity (Singleton & Straits, 2005).

To complete our second objective, we utilized direct participation. We attended Polytechnic AIDS Awareness Club meetings to determine how the club meetings were managed and what types of activities with which it was involved. We also took part in a few of the PAAC activities, including the condom demonstration at the PoN's career fair, where we helped the PAAC members hand out free 'Smile' condoms. Using direct participation we were able to build relationships with the program's stakeholders so that they would feel comfortable around us, give sincere responses to questions during our interviews, and overall help us with our assessment of the PoN's program.

In addition to direct participation, we used passive observation around campus. For example, we observed the presence of notices for AIDS awareness activities on the bulletin boards that are common throughout campus. We also made note of the "HIV/AIDS Friendly Corners" that the club had set up and the AIDS quilt which hangs in the library (Appendix C). Direct observation was utilized to note the activities and visibility of the HIV/AIDS programs on campus.

Interviews were used to gather information to complete Objective Two. We interviewed student members of the Polytechnic AIDS Awareness Club (PAAC) using a semi-standardized interview. Interviewees were chosen based on demonstrated friendliness and openness with our group during club meetings and informal conversations and a willingness to participate in the interview. PAAC members were first to fourth year students and had been in the PAAC from 1 semester to 3 years. Fourteen members in total were interviewed about the PAAC, general HIV/AIDS perceptions, New Student Orientation, the annual AIDS awareness campaign and HIV testing. We developed the interview outline and questions to acquire the necessary information within table 3.1 (Appendix G). The semi-standardized form of the interview allowed for further development of questions when

necessary. With the interviewees' permission (Appendix H), notes and an audio recording were taken during the interview.

Because of the sensitive nature of the information being gathered, we followed strict confidentiality and anonymity protocols for student interviews and questionnaires. All notes and recordings were seen and heard only by the research group. Protection of confidentiality and anonymity was explained to the students before the interview and each signed a waiver form, thereby consenting to be part of the study (Appendix H).

Another method evaluators use to assess HIV prevention programs are questionnaires. These questionnaires evaluate a program's progress and outcomes, both short and long term (Chao-Hua, et al., 2004; Erulkar, et al., 2004; Fawole, et al., 1999; Henry, 1993; Jemmott, et al., 1992; Kim, et al., 2001; Merakou, et al., 2006; Mitchell, et al., 200; Ngcobo, 2004; Okonofua, et al., 2003; Shuey, et al., 1999; Speizer, et al., 2001; Stanton, et al., 1999; Van Rossum, et al., 2000). Self-administered questionnaires are considered a useful research tool to gather information about a target population and to determine a program's problem areas (Amon, Brown, Hogle, et al., 2000 p. 67; Babbie, 1989). Questionnaires are simple to administer and often have standardized answers that are easy to compile. Self-administered questionnaires concerning HIV/AIDS will often address the following issues:

- Socio-demographic characteristics
- Knowledge of transmission and prevention of HIV/AIDS
- Attitudes about HIV/AIDS and towards people living with HIV/AIDS
- Sexual Practices (i.e. age of first sexual encounter, number of partners, condom use)
- Sex-related Behavior (i.e. communication and attitudes towards relationships, love, condoms)
- Program limitations and suggestions

The questions and statements in questionnaires may be closed-ended so that the respondent must choose from a limited set of answers (Amon, et al., 2000 p. 67; Babbie, 1989). Closed-ended questionnaires include yes/no, multiple-choice or rated scale type of answers. Closed-ended questions also allow the responses to be quantified and statistically analyzed, so that changes in responses can be tracked over

time. The available responses on a closed-ended questionnaire must include all the possible responses that may be expected. The available response must also be mutually exclusive, so that the respondent is not compelled to choose more than one answer (Babbie, 1989).

Open-ended questions are useful for gathering personal opinions and suggestions (Amon, et al., 2000, p. 67; Babbie, 1989). Researchers often use open-ended questions in conjunction with closed-ended questions because they provide a more qualitative aspect. Unlike closed-ended questions, open-ended questions do not provide uniform responses. Open-ended questions are also not as easy to process as close-ended and leave the researcher to interpret the significance of the responses (Babbie, 1989).

Both closed-ended and open-ended questionnaires should have simple wording and clear questions so that the questions are understood by all respondents. Questions should not contain more than one issue, be loaded to provoke an emotional response, or be biased (Amon, et al., 2000, p. 67; Babbie, 1998). Many HIV/AIDS program evaluators use standardized surveys, which were available from such organizations as USAID and FHI, and adapt the questions to the local context (Amon, et al., 2000, p. 187). Before administering any questionnaire, researchers should perform qualitative research in the target area to design a questionnaire that takes into account the local context (Amon, et al., 2000, p. 67; Babbie, 1998).

Due to time constraints, we could not administer a survey with a baseline to which future data could be compared. We did, however, administer a questionnaire to determine the knowledge, behavior and beliefs about HIV/AIDS of the students at the Polytechnic as well as their knowledge and perceptions of the PoN's various HIV/AIDS programs on campus (Appendix F). The survey was developed from the Polytechnic's survey that was given after the AIDS Awareness Campaign in 2006 and the WHO & UNESCO Handbook for Curriculum Planners (1994). The questions were assessed for cultural and social suitability by the PoN's HIV/AIDS Program Coordinator and taken by ten PAAC members to pilot the questionnaire. This was done to determine the time required and appropriateness of the wording of questions. After the pilot group had completed the surveys, we examined the responses and made changes to reflect the problem areas identified by the pilot survey.

The questionnaire was to be distributed through the School of Communications because all students have required classes within this school. However, due to time limitations this questionnaire was not distributed to the School of Communication. To obtain data required for the project, we distributed a truncated questionnaire which included the sections on the new student orientation, the PAAC, the HIV/AIDS Awareness Campaign, open ended questions concerning the PoN's HIV/AIDS programs and demographic information. This truncated questionnaire was administered by a sample of convenience. Students were approached at student group meetings, while waiting for rides for sports activities, while commuting home, during meals and while socializing around the hostel residencies. For some of our samples, we offered incentives, such as cold drinks, to encourage people to participate. For each group about 20 surveys were handed out to those students who volunteered to participate after the survey was explained. Because of this, an accurate non-response could not be counted. In all, 71 surveys were administered.

Use of interviews, surveys and direct observation limited biases that can arise from use of only a single method. Together, these methods allowed us to formulate an understanding of the PoN's program methods both from our perspective and from that of the individuals involved. In this way, we gained a set of data that allowed us to assess the HIV/AIDS awareness and prevention programs at the PoN.

Objective 3: Assessment and Recommendations

Based on the data collected in Objectives One and Two, we assessed the PoN's HIV/AIDS awareness and prevention programs. Methods of analysis included comparison to best practiced programs, content analysis and the consideration of community input. Analysis of the data provided support for the assessment of the program and our recommendations.

One method used to assess programs is paired comparison (City of Windhoek, 2004). This method involves comparing the program of interest to other programs. This entails listing the services and methods used by other programs that have been successful or unsuccessful and comparing them to the services and methods of other programs. Often this comparison is summarized in a chart. For example, the 2004 City of Windhoek HIV/AIDS Service Directory used a grid to show the area of focus for the

HIV/AIDS programs in Windhoek. Paired Comparison is useful when comparing programs and seeing the complete coverage of HIV/AIDS organizations as well as where the programs fall short. The main limitation of paired comparisons is that the conclusions are abstract.

Paired comparison was used to assess the data collected in Objectives One and Two to compare the PoN's program to international best practices in HIV/AIDS prevention programs. The comparison of the PoN's HIV/AIDS awareness and prevention programs to international best practices aided us in determining areas of strength and weakness. We recognized the importance of addressing key components of certain best practices. Table 3.2 was set up to compare the PoN's programs to previously identified best practices.

Table 3.2 – Comparison of Program Methods to “Best Practices”

Best Practice	Is it there?	How/where in program?
Learning philosophy?		
❖ Social learning		
❖ Social cognitive		
❖ Reasoned theory		
Have explicit measurable goals and objectives		
Use multiple delivery strategies		
❖ Student/health club		
❖ Peer Education		
❖ IEC Media		
Have multiple components		
❖ Awareness		
❖ Life skills		
❖ Student-friendly Services		
❖ Community Involvement		
Have clearly defined target audience		
Use holistic approach to address multiple needs		
Ongoing tracking of program activities		
❖ Activities tailored to audience’s needs & cultural sensitivities		

We also used paired comparison to assess the PoN's draft HIV/AIDS policy. Because there have not been enough tertiary education institutions to institute an HIV/AIDS policy, best practices have not been formulated for HIV/AIDS policies. Therefore, we compared the PoN's draft policy on HIV/AIDS to UNESCO HIV/AIDS policy recommendations (UNESCO, 2006). The recommendations from UNESCO draw from the few existing university policies worldwide.

Table 3.3 compared the PoN's draft policy on HIV/AIDS to the UNESCO policy recommendations. It included a column for UNESCO's policy recommendations and whether the PoN included that recommendation.

Table 3.3 – Comparison of Draft policy to UNESCO recommendations

Aspect of Policy	Present in PoN Policy
Rights of Infected Persons	
Confidentiality	
Counseling	
Medical Treatment of Infected Persons	
Employee Guidelines	
Accidental Exposure Prevention Guidelines	
Medical/Laboratory Guidelines	
HIV/AIDS Research	
Staff and Student Responsibilities	
Raise University Awareness of HIV/AIDS	
Provision of HIV/AIDS Education	
Review, Monitoring and Evaluation	
Budget Provisions	
Provisions for Updating Policy Guidelines	
Community Involvement	
Gender Related Issues	

In addition to paired comparison, we also used content analysis to evaluate our qualitative data which involved finding key words, themes and concepts present in a set of qualitative data and tallying the occurrences (Singleton & Strait, 2007, p. 371). From the tallied data, trends can be identified quantitatively. This pseudo-quantitative measure allowed for descriptive statistics to be used on our qualitative data, such as interview and open-ended question responses. Content analysis also allows for quantifiable interpretation of the interviews (Berg, 2007; Marshall & Rossman, 1999; Singleton & Strait, 2005). Visser, Schoeman and Perold (2004) used content analysis to analyze the qualitative data gathered from their process evaluation of HIV/AIDS prevention and life-skills training in South African schools. Using the content analysis of the qualitative data they discovered reoccurring themes and patterns, such as teacher frustration because of lack of support from the administration and lack of trust between teacher and student. These reoccurring themes were only partially representative of the target population, and possibly contained the biases of the sample and the researcher. These biases may have been introduced during question generation, interview implementation or data interpretation.

We used content analysis to analyze the PAAC member interviews. From the interviews, we determined that certain concepts were often voiced by the interviewees. We first compiled all of the interviews and then tallied the reoccurring themes and key words that were mentioned several times in many interviews, such as ignorance or frustration with club meetings. By tallying the themes and key words in the interviews, we were able to show quantitative trends in the responses.

Inclusion of the comments and concerns of the students and facilitators in our analysis of the program was important as it allowed “the findings [to] speak to the concerns of the community as well as the interests of the researchers” (Silka, 2000, p 49). Incorporating community input into our recommendations can allow for a “shorter time to application” and outcomes that “are more likely to have a longer-term impact” (O’Fallon, Tyson & Dearry, 2000, p 78).

Using paired comparison to international best practices, content analysis of facilitator and student interviews, and data from our questionnaire we formulated our assessment of the PoN’s HIV/AIDS awareness and prevention programs. From our assessment and consideration of the ideas brought forth from facilitators and students, we were able to formulate a set of recommendations for the PoN’s programs.

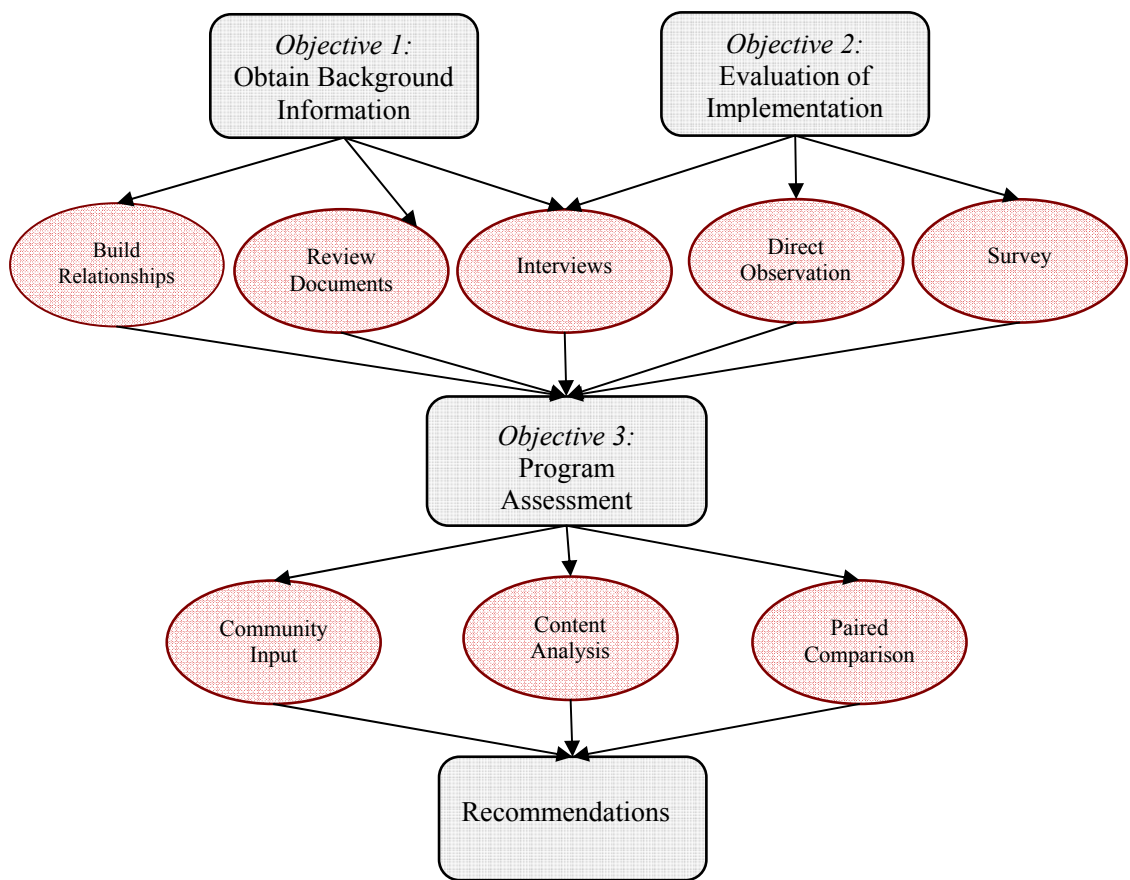
Recommendations based on this data were sensitive to the social and cultural context of the PoN.

To aid the PoN's utilization of our recommendations we also left behind a few deliverables. Composing these deliverables required additional research, specifically of student organization management. We also interviewed a few of the HIV/AIDS programs in the surrounding Windhoek area, including the AIDS Care Trust, Namibian Network of AIDS Service Organization (NANASO), My Future is My Choice (MFMC) and UNICEF.

Summary of Project Tasks

The methods used to complete our objectives are summarized in Figure 3.1.

Figure 3.1 – Summary of Methodology



3.3 Chapter Summary

Our goal was to assess the current PoN HIV awareness and prevention programs and provide recommendations for further development. To achieve this goal, we developed three research objectives: to examine the background of the PoN's AIDS programs, to evaluate the program's implementation, and to assess the overall program. We used archival data, interviews, direct observation and questionnaires to gather the data needed to evaluate the implementation and assess the effectiveness of the PoN's programs. These methods were chosen for the information they provide and their success in previous research. However, there are limitations that affect how we were able to use these methods. These limitations included biases within the interviews, loss of objectivity, policy restrictions and time constraints. The limitations forced us to adapt the methods in order to work with them in creating effective methodology.

To complete the assessment and come to effective, useful recommendations, we used paired comparison with best practices and content analysis. Community input was considered so that the recommendations were grounded within the social and cultural context of the university. From a combination of our methods, we devised a set of findings, recommendations and deliverables for the further development of the HIV prevention program at the Polytechnic of Namibia.

Chapter IV. FINDINGS

4.1 Introduction

Our evaluation of the Polytechnic of Namibia's HIV/AIDS awareness and prevention program revealed important findings concerning the program's construction, implementation and effectiveness. Our findings are grouped in three major sections:

- The PoN's program comparison to the recognized international best practices in HIV/AIDS prevention education.
- The analysis of the PoN's draft policy on HIV/AIDS using UNESCO established recommendations.
- Stakeholder satisfaction concerning the program's implementation and effectiveness.

The findings presented in this report reflect the successful aspects of the PoN's program and, equally important, our findings reveal how and where the program could be better developed. These findings will help the PoN to recognize its strengths and weaknesses and lead further development of the program. These findings are also the basis for the recommendations found in Chapter V which aim to assist the PoN in this development process.

4.2 The PoN Follows 19 out of the 20 Established International Best Practices in HIV/AIDS Prevention Education

We have determined that the Polytechnic of Namibia's HIV/AIDS awareness and prevention program follows 19 out of 20 of our researched international best practices in HIV/AIDS prevention education. As shown in Table 4.1, the PoN makes use of the majority of these established successful methods, however, the PoN has not implemented all of these practices effectively. Table 4.1 contains a column for the best practice in HIV/AIDS prevention education, if the PoN has it and the extent to which the PoN utilizes that best practice, and how/where the PoN has/uses it. The

following sections will address in further detail each of the best practices presented in Table 4.1.

Table 4.1 Key

- PoN program extensively has/uses best practice
- PoN program moderately has/uses best practice
- PoN program does not have practice
- NATD Not able to determine if PoN program has within the scope of our project

Table 4.1: Best Practice Comparison Findings

Best Practice	Is it there?	How/where in program?	Page for further detail.
Learning philosophy?	☑☑	(see theories below)	45
❖ Social learning	☑☑	Creative and interactive activities	45
❖ Social cognitive	☑☑	Peer education & Outreach	45
❖ Reasoned Action	☑☑	Use of holistic approach	45
Have clearly defined target audience	☑☑	Tertiary educational institution staff and students	46
Have explicit measurable goals and objectives	☑☑	PAAC constitution and Awareness Campaign programs	46
Use multiple delivery strategies	☑☑	The strategies below & AIDS Awareness Campaign, Presentation at New Student Orientation, Condom Day	48
❖ Student/health club	☑	Polytechnic AIDS Awareness Club	49
❖ Peer Education	☑	Condom Day demonstrations during Career Fair	50
❖ IEC Media	☑☑	HIV/AIDS Friendly Corners	51
Has multiple components	☑	The strategies below & HIV/AIDS draft policy	52
❖ Awareness	☑☑	PAAC, Awareness Campaign, HIV/AIDS Friendly Corners, Condom Day, Presentation at New Student Orientation	53
❖ Life skills	☑	Life skills training for PAAC members by Catholic AIDS Action	54
❖ Student-friendly Services	☑☑	On-campus walk-in clinic with a registered nurse, STI treatment health & behavior counseling	55
❖ Community Involvement	☑	Polytechnic AIDS Awareness Club outreaches, Annual AIDS Awareness Campaign	56
Use holistic approach to address multiple needs	☑☑	Address related issues such as alcohol, relationships and violence	57
Ongoing tracking of program activities	✘	✘	58
❖ Activities tailored to audience's needs & cultural sensitivities	NATD		58

The PoN's Program Follows Best Practices for Social Learning and Behavioral Philosophies

The best practices in HIV/AIDS prevention are founded on well-known learning and behavioral philosophies that address the most effective and efficient methods of teaching HIV/AIDS, sexual health education, and life skills. All of the best practices in HIV/AIDS draw from the social learning theory, the social cognitive theory, and the theory of reasoned action (Ajzen, 1980; Bandura, 1986).

The Theory of Reasoned Action is an essential theory for successful HIV/AIDS prevention programs because it states that personal attitudes and societal pressures influence individual behavioral choices (Ajzen, 1980). For instance, the United States 'Be Proud! Be Responsible!' HIV/AIDS intervention not only included AIDS-related knowledge, but primarily addressed beliefs and attitudes towards sex, condom use and drugs (ETR, 2005; Jemmott, 1992). Making use of this theory the PoN similarly uses a holistic approach that addresses the personal attitudes and social pressures that affect the student's behavioral choices. For instance, for awareness activities, the PoN has linked factors, such as alcohol abuse and violence towards woman with the unsafe behavioral choices which increase risk of infection with HIV.

Best practices also realize that people learn not just from verbal instruction, but also from socialization and observation. This is why successful programs, such as VIBES of Jamaica, take AIDS education further than the classroom and use creative and interactive song and dance (Henry, 1993). Likewise the PoN utilizes creative and interactive activities, such as dramas, music concerts, a human chain, and a fashion show with garments made out of condoms in order to spread awareness of HIV/AIDS and the factors which increase risk of infection.

Since human behavior is a combination of personal, social, and environmental factors, as the Social Cognitive Theory asserts, best practices, such as *Horizon Jeunes* of Cameroon, School Health Education in Uganda, and Peer Education in Schools of Greece, integrates youth health clubs and peer education services into their programs so that young people can learn about HIV/AIDS prevention from social interactions with their peers (Merakou, 2006; Shuey, 1999; Van Rossem & Meekers, 2000). Like these best practices, the PoN also has the Polytechnic AIDS Awareness Club

(PAAC), in which the members learn about HIV/AIDS from each other and also educate other students about HIV/AIDS and correct condom use.

Utilization of social learning and behavioral philosophies is an essential best practice in HIV/AIDS programs. One of the major strengths of the PoN's programs is that it does utilize these learning and behavioral philosophies. The PoN has recognized the variety of learning mechanisms of the target population established by these theories and has developed activities that incorporate these theories.

The PoN's Program Follows the Best Practice for having a Defined Target Audience

HIV/AIDS affects every facet of society, therefore, HIV/AIDS prevention programs exist for people at every level of society. For this reason, best practices in HIV/AIDS prevention education need to have a defined target audience in order to best address the needs of its specific audience. For example, a prevention program for sex workers will have different components and strategies than a program targeting primary-aged students.

Uganda's ministry of health developed the curriculum for the Family AIDS Education and Prevention through Imams program so that it was culturally appropriate for its Muslim target audience (Kagimu, Marum, Wabwire-Mangen, et al., 1998). The curriculum not only provided information on HIV/AIDS, but it also addressed common practices in Uganda's Muslim communities, including practices such as circumcision and ablution of the dead. Each of these topics was linked to HIV risk reduction.

The PoN's target audience is inclusive to the students, staff and faculty at the institution and so the program is designed to appeal to the student population, while taking into account their specific needs. For instance, in order to "mitigate the impact of HIV & AIDS amongst the staff and students" the AIDS Awareness Campaign offers local music celebrities and fun activities to encourage students to attend and participate in the activities of the campaign while consequently learning about HIV/AIDS and related behaviors (Appendix D).

The PoN's Program Follows Best Practices for Measurable Goals and Objectives

Successful HIV/AIDS prevention programs are comprised of measurable goals and objectives which follow the three international best practice objectives:

- To build awareness of HIV, AIDS, and sexual health
- To encourage youth to adopt safe behaviors and attitudes
- To equip the audience with skills to manage their lives in a healthy and productive manner

By adopting these objectives, prevention programs not only equip the audience with knowledge of the virus and sexual health, but they are also able to tackle the factors that influence the spread of HIV/AIDS such as stigma and gender inequality (United Nations, 2003).

A successful program such as TSA Banana of Botswana realizes the importance of HIV/AIDS awareness building, and moreover, it also recognizes the importance of promoting safe behaviors and offering life-managing skills. TSA Banana therefore adopts services such as peer education and life skills education in order to successfully achieve its program objectives of raising awareness, promoting safe and low risk behaviors, and equipping youth with the skills to practice these safe and healthy behaviors (Harris, 2006; Speizer, 2003).

The PoN's programs and services have adopted all three of the international best practiced objectives. A few of the PoN's aims that reflect the best practice objectives are to *"raise awareness amongst students and staff and the community at large on HIV & AIDS"* (Appendix B), *"promote behaviour that minimized the risk of acquiring HIV infection and create a safe environment"* (Appendix A) and *"ensure that help and advice is more accessible and to develop user friendly resources packages for the students"* (Appendix B).

The PoN also has adopted one other objective that relates to people living with or perceived to be living with HIV/AIDS. One of the major objectives of the HIV/AIDS draft policy is to protect the rights of staff and students infected or perceived to be infected with HIV/AIDS (Appendix A). The PAAC constitution also aims to *"create a support system for HIV/AIDS sufferers at the Polytechnic and the broader community"* (Appendix B).

Having a set of explicit and well-founded objectives is essential for programs to function successfully and achieve their program aims. In accordance to best

practices, the PoN has developed a set of sound and measurable objectives that are implemented into every aspect of its program and that follow the internationally recognized best practice objectives in HIV/AIDS prevention education. Following these best practiced objectives, the PoN's program is ideally set up to be a successful program in HIV/AIDS prevention.

The PoN's Program Follows the Best Practice Use of Multiple Delivery Strategies

Based on the Social Learning and Social Cognitive theories, successful HIV/AIDS awareness and prevention programs utilize multiple delivery strategies within their program including youth clubs, health services, counseling, campaigns, classroom activities, and community outreaches (Alford, 2003; Alford, 2005; UNESCO, 2006; UNAIDS, 2000; United Nations, 2003). In this way, HIV/AIDS programs can use a variety of outlets to market their messages and services in order to reach a broader audience and have an overall greater impact.

In accordance to this best practice, the successful HIV/AIDS prevention program in Cameroon, *Entre Nous Jeunes*, does not just employ peer educators and youth clubs – the program also reaches its target audience through IEC media and social marketing of safe-behavior materials. In this way, the *Entre Nous Jeunes* program was able to effectively increase contraceptive and condom use in urban youth, in and out of school from ages as low as ten to as high as twenty-five (Speizer, 2001).

Like *Entre Nous Jeunes*, the PoN's programs provide multiple outlets for spreading awareness of HIV/AIDS. The Polytechnic AIDS Awareness Club (PAAC), the Polytechnic HIV/AIDS Awareness Campaign, the presentation during new student orientation and IEC outreach exhibits are all different components of the PoN's program that, like *Entre Nous Jeunes*, are used to spread awareness of HIV/AIDS and promote safe, healthy behaviors throughout the entire campus community. For instance, during orientation new PoN students learn how serious the AIDS pandemic is in Namibia, how they can protect themselves from infection, where they can go for help, and how they can be involved in the fight against the pandemic. For those students who do not attend the new student orientation, the PAAC and the AIDS Awareness Campaign also offer similar information to students through student

exhibits, speakers, dramas, dances and other events. The Polytechnic also offers counseling services to those who have been affected by HIV/AIDS and health services that include treatment of sexually transmitted infections through the on-campus clinic.

Following the international best practice for multiple delivery strategies, the PoN has implemented its program in such a way that it provides multiple outlets for the school and its students to deliver awareness of HIV/AIDS, to encourage healthy behaviors, and to provide services for those affected by HIV/AIDS and other STIs. By following this international best practice of using multiple delivery strategies, the PoN's programs can reach a broader audience, better fulfill the needs of the audience, and overall have a greater impact on the target population needs.

The following three sections introduce three of the internationally recognized best practices for program delivery methods: student health club, peer education and IEC media.

The PoN's Program Partially Follows the Best Practice for a Student Health Club

A student/health club provides an outlet for the students to participate in the fight against HIV/AIDS (Alford, 2003; Alford, 2005; UNESCO, 2006; UNAIDS, 2000; United Nations, 2003). In clubs, students take an interactive approach to becoming more aware and educated about HIV/AIDS and other health issues. Student health club members also employ outreach activities to spread awareness and peer educate fellow students and the community.

The Athens 'Peer Education for Schools' program has a student health club, the Teen-aids Club, in which the members employ several AIDS awareness activities (Merakou, 2006). For example, the members set up a kiosk in the schoolyard with informative stories about young people with HIV or AIDS. In addition the kiosk also has an anonymous questions box, which the club members answer during the longest break of the day.

The PoN's HIV/AIDS awareness and prevention program also includes a student health club, the Polytechnic AIDS Awareness Club (PAAC). The PAAC aims to provide awareness and education about HIV/AIDS, encourage open discussion concerning HIV/AIDS for both members and the PoN community and to

provide a supportive environment to those affected by HIV/AIDS (Appendix B). The club has 15-20 active members which have the opportunity to undergo a life skills and HIV/AIDS awareness course provided by the Catholic AIDS Action. The club members help in planning the annual HIV/AIDS Awareness Campaign and also take part in the campaign's various activities. The club also holds exhibits during the school year to raise awareness and provide information to the student population, such as the condom demonstration booth during the career fair.

The PAAC uses multiple methods and strategies to provide an interactive learning environment for both the members and for the students to whom it provides outreach. In this way, the PAAC reflects best practice implementation of a student health club. However, unlike best practices in which the student health club is highly involved in the campus and broader community, the PAAC has limited outreach activities. The PAAC, therefore, has limited visibility on campus so that its message and services are not being reached by the majority of the campus (See Section 4.4: Stakeholder Satisfaction for additional information). With limited community involvement, the PAAC also impairs its ability to use the knowledge and skills of the club to improve the greater community. Although the PAAC is well developed in the sense that it follows many of the best practices for a student health club, the PAAC still does not reflect how best practices implement student health clubs so that they are highly involved in the community.

The PoN's Program Partially Follows the Best Practice for Peer Education

Peer to peer education is a best practice strategy for communicating knowledge and messages about HIV/AIDS as well as a method for endorsing health norms and behaviors to people within a peer group (UNESCO, 2006; UNAIDS, 2000; United Nations, 2003). Peer education has been shown to be highly effective at teaching AIDS awareness, sexual health, and life skills to the target population (Alford, 2003; Alford, 2005).

One such example of a successful program that employed peer education was the Nigerian STI Counseling and Treatment program (Okonofua, 2003). The program trained peer educators to provide STI and sexual health counseling to other students either one-on-one or in groups at breaks and after school. Using peer education as

one of its methods, the STI Counseling and Treatment program was able to successfully reduce the incidence of STIs among secondary students.

The PoN does use some peer education to instill AIDS awareness and sexual health to the students. During the Career Fair, the PAAC has a Condom Day where the members give out prizes to students who correctly answer HIV/AIDS questions and demonstrate proper male and female condom usage. The members of the PAAC have also performed dramas with explicit messages concerning AIDS and AIDS-related behaviors. In this manner, the Polytechnic provides peer education.

Best practices employ peer education as one of the main methods for communicating HIV/AIDS to their peer groups and so peer educators are highly involved with the target audience. The PAAC however has limited outreach activities, so the amount of peer education done by the PoN is limited and does not meet the best practice standards for peer education. Best practices, such as the Nigerian STI Counseling and Treatment program also utilize peer-to-peer counseling, a type of peer education that involves training of peers in the skills to counsel their peers on the sensitive matters of sex, AIDS and drug abuse. The PAAC has been attempting to implement peer counseling training for its members, however, lack of funding has made it difficult for the PoN to train students as peer counselors. The PoN's current use of peer education serves as a start for the program, however, the program lacks the high involvement of peer educators in the student and outside community required for best practices.

The PoN's Program Utilizes the Best Practice for IEC Media

Information, Education, Communication (IEC) media is an internationally accepted and widely used best practice in HIV/AIDS and STI education (UNESCO, 2006; UNAIDS, 2000; United Nations, 2003). The purpose of IEC media is to provide an effective way of communicating information about HIV/AIDS. IEC material will often address the factors which influence HIV infection as well as promote safe behaviors. Best practices use various IEC materials including posters, pamphlets, quilts, t-shirts, radio announcements, newspaper articles, etc.

Horizon Jeunes and TSA Banana extensively utilized IEC media in order to spread HIV/AIDS awareness through creative advertising (Van Rossem & Meekers,

2000; Speizer, 2001). For instance, peer educators in these programs distributed calendars, posters, and comic strips with information about contraception and sexual health. Both programs also had biweekly broadcasting on local radio stations promoting their events.

Like *Horizon Jeunes and Entre Nous Jeunes*, the PoN makes excellent use of IEC media. The PoN developed nine HIV/AIDS Friendly Corners in popular places around campus which display posters, pamphlets, and other media. The objectives of the Friendly Corners are “to increase understanding and awareness of HIV & AIDS and...STI’s,” to provide “access to HIV & AIDS information to staff and students at all times,” to “promote condom use among students,” and “to render effective services to the student population” (Appendix C). These IEC media therefore cover topics such as condom use, alcohol abuse, violence, VCT and drug therapies.

In addition to the Friendly corners, IEC material which includes pamphlets, Smile brand condoms, and other information is also handed out during the Condom Day and AIDS Awareness Campaign. The PoN also displays a large AIDS quilt, fashioned by a variety of local businesses and organizations, in the library with panels addressing AIDS and related issues.

The use of such a large variety of IEC media in strategic places around campus follows best practice implementation of IEC media. IEC media is one of the program’s strongest facets as it provides visible and constant awareness messages and information for the students.

The PoN’s Program Utilizes the Best Practice of Having Multiple Components

In addition to providing multiple outlets for which the target population can participate, best practices make use of a variety of different components to combat HIV/AIDS (Alford, 2003; Alford, 2005; UNESCO, 2006; UNAIDS, 2000; United Nations, 2003). These components are based on the social learning and behavioral theories so that they can effectively and efficiently educate the target population about HIV/AIDS prevention. Best practice program components include awareness education, life skills, peer education, youth/health club, IEC media, Student-friendly health services and community involvement.

One major reason why STI Counseling & Treatment in Nigeria was so successful was because it utilized many strategies including HIV/AIDS awareness activities, life skills education, youth health clubs, IEC media, peer education, and training of health care providers in STI treatment and referral (Okonofua, 2003). Using a variety of methods, the STI Counseling & Treatment was able to address HIV/AIDS prevention and awareness on multiple levels and therefore the program was able to have a significant reduction in the STI incidence among secondary school students.

The PoN also has multiple components to its program which it uses to address the many factors that surround HIV and AIDS. The PoN delivers awareness education through the PAAC outreaches, the annual AIDS Awareness Campaign, the IEC “Friendly Corners” and the HIV presentation given at new student orientation. The PoN has student-friendly services in the form of HIV/AIDS and sexual health student counseling as well as an on-campus clinic that provides contraceptives and treatment for STIs. Although not recognized as an international best practice the PoN also has created a draft policy which protects the rights of students and sets down criteria for the PoN’s HIV/AIDS efforts.

Best practices also implement life skills education and community service components to their programs. The PoN has started to develop these elements within its program, however, they are currently not developed or utilized effectively. The following four sections address the PoN’s utilization of each best practice component which includes Awareness, Life skills, Student-friendly services, and Community outreach.

The PoN’s Program Follows the Best Practice for HIV/AIDS Awareness Activities

One objective of all best practices in HIV/AIDS prevention education is to equip the target audience with knowledge about HIV/AIDS, its transmission, factors that increase risk of infection, ways to prevent infection and sources of help (Alford, 2003; Alford, 2005; UNESCO, 2006; UNAIDS, 2000; United Nations, 2003). Awareness of HIV/AIDS helps the target audience decide what behaviors are healthy and responsible so that they can lower their own risk of becoming infected.

All successful programs, including all of those covered in the Background Chapter and listed in Table 2.1, integrate AIDS and AIDS-related awareness building activities into every component of their program. To give an example, Nigerian school-based health clubs as part of the STI Counseling and Treatment Program offer health awareness campaigns at which health care professionals provide students with information on STI prevention and treatment. In addition, the club also distributes educational materials on STIs, organizes debates, sponsors dramas and essay contests and shows films relating to STI prevention and treatment (Okonofua, 2003).

Like all the successful programs in Table 2.1, the foremost aim of the PoN's HIV/AIDS program is "to raise awareness among the Polytechnic community and the broader Namibian community about HIV/AIDS" (Appendix B). The PAAC members receive awareness education through a training seminar provided by the organization Catholic AIDS Action (CAA). Awareness education for the students is provided during Condom Day at which the PAAC sets up a table surrounded by IEC material at the Career Fair. Throughout the fair, the PAAC has condom demonstrations, answers student questions, and hosts contests on HIV/AIDS knowledge and correct condom usage. The main aim of the Polytechnic AIDS Awareness Campaign is also to raise awareness about HIV/AIDS among the Polytechnic and broader community (Appendix D). During the campaign, the PoN invites speakers and holds exhibits to educate the students and faculty on HIV/AIDS. Following best practices, the PoN adopts HIV/AIDS awareness as one of the major components of its program and extensively implements awareness into all of its activities. By employing these effective awareness-building activities, the PoN's program equips the students and staff with the knowledge to remain healthy, creates a supportive environment for people affected by HIV/AIDS and facilitates the prevention of HIV.

The PoN's Program Partially Follows the Best Practice for Life Skills Education

Along with awareness building, life skills education is an important component of successful HIV/AIDS prevention programs. Based on the theory of Reasoned Action, best practices use life skills to equip the audience with problem solving, communication, and self-management skills in order to enable people to

think critically about their lives, to make informed decisions and take control of their health (United Nations, 2003; UNESCO, 2006; UNAIDS, 2000).

Zimbabwe's program, Promoting Sexual Responsibility, is highly focused on life skills education to encourage youth to adopt safe and responsible sexual behaviors in order to protect themselves from HIV and other STIs (Kim, 2001). The program provides life skills education through peer-to-peer education and counseling. Also the Promoting Sexual Responsibility program does just as its name suggests by promotion of the slogans, "Have self control," "Value your body," and "Respect yourself" which appear on all of the program's materials and activities.

The PoN recognizes the importance of incorporation of life skills education into its program. The AIDS Awareness Club, for instance, offers life skills for members through the Catholic AIDS Action training seminar. This training seminar, however, is exclusive to the PAAC club members and so the general student population does not receive the benefits of life skills education from the PoN HIV/AIDS program.

Successful HIV/AIDS prevention programs, like the Zimbabwe 'Promoting Sexual Responsibility' program, use multiple methods to deliver life skills education to its target audience. In this way, the program can equip most, if not all, of its target audience with life skills. Currently, the PoN only incorporates life skills education into one aspect of its program, which in turn limits the amount of students that can receive life skills training. The PoN's program, therefore, is underdeveloped in life skills education because it does not adequately reflect best practice implementation of life skills education.

The PoN's Program Utilizes the Best Practice for Student-Friendly Services

In order for students to practice safe behaviors and to remain healthy, best practices provide a student-friendly service component (Alford, 2003; Alford, 2005; UNESCO, 2006; UNAIDS, 2000; United Nations, 2003). Student-friendly services include pharmacies, clinics, shops and counseling offices where service providers are aware of student issues and open to serving students.

The Sexual Health Information and Services for Youth in China provided youth-friendly services to in and out of school youth in Shanghai (Chao-Hua, 2004).

The program provided training for its family planning staff on aspects of youth-friendly services such as sexual health counseling, being nonjudgmental and assuring confidentiality. The program also made contraceptives including condoms, oral contraceptives, creams, suppositories and emergency contraceptive pills available and free of charge to the community's youth.

The PoN also provides student-friendly health services to the student community through an on-campus walk-in clinic with a registered nurse and through behavioral counseling. The on campus clinic provides students with subsidized services, some of which include treatment of minor illnesses, immunizations, first aid, PAP smears and family planning. The clinic does not provide HIV testing or ART. To remedy this situation, the PoN offered vouchers for free testing at the VCT clinic in Katatura. The school clinic also provides government subsidized condoms to the student community. Although the clinic and student counselors are not available during the lunch time, students generally have a small amount of free time during the day in which to make appointments. In addition, through our research, we have determined that the counselors and nurse are adequately trained to deal with the students' needs.

Sexual health and behavioral counseling is also available to students seeking help. Currently the only sources of counseling for HIV/AIDS-and sex-related issues are the HIV/AIDS coordinator and the social worker. Students find out about these services during the new student orientation; other than that, however, there is limited noticeable advertising for the counseling services.

The student friendly and support services are important in order to provide students with a means of maintaining their health and well-being. They also provide the support and materials needed for students to make safe-behavioral choices. The PoN utilizes these best practices of student friendly services through its clinic and counseling services. These services help to keep the students healthy in mind and body, however they would be more effective and reach more students if they were advertised more effectively.

The PoN's Programs Partially Utilize the Best Practice for Community Involvement

HIV & AIDS affects every facet of society. Best practices, therefore, use their success in order to reach out and affect a greater number of people beyond the target audience (Alford, 2003; Alford, 2005; UNESCO, 2006; UNAIDS, 2000; United Nations, 2003). In this way, HIV/AIDS programs have a greater impact on society.

Following Kikuyu traditions, Nyeri Youth in Kenya trains young parents to be “friends of youth” (FOYs) (Erulkar, 2003). These FOY are specially selected by the program because of their communication and role-modeling skills. The FOY work with young people individually, work in schools assisting teachers to better communicate with young people about sexual health, and also with the community adults to encourage a positive atmosphere within which to address adolescent behaviors.

The PoN’s programs do have objectives in place that promote awareness of HIV/AIDS in “the broader Namibian community” (PAAC constitution, Appendix B). The PAAC and the AIDS campaign partially employ community outreach. For example, the year before this report, the PAAC visited a local primary school and sponsored a blanket donation for the children, many of whom were born to parents infected with HIV. For the AIDS Awareness Campaign, the PoN in the previous year invited other HIV/AIDS local organizations to their annual AIDS Awareness Campaign. The community involvement is limited however, as these were the only major outreach activities in the years prior to this report.

Currently, the PoN’s program does not sufficiently reflect the best practice implementation of community involvement. While the amount of community outreach is currently limited, the PoN is beginning to take the steps to become more involved in the community. The institution and its students realize the importance of aiding all those affected by HIV/AIDS and that the knowledge, skills, and abilities of the PoN community could have significant impact on the broader Namibian community.

The PoN’s Programs Follow the Best Practice for Utilization of a Holistic Approach

The spread of HIV/AIDS is linked to many factors, and so successful programs use a holistic approach in order to address a variety of these issues. Some

holistic approaches include linking HIV/AIDS to unsafe behavioral choices, stigma, gender inequality, sexual norms, alcohol abuse, drug abuse, etc. HIV/AIDS programs, such as the Sexual Health Information & Services for Youth in China, will not only cover awareness of HIV/AIDS, but they will also address other STI's, sexual behaviors, relationships, love, gender inequalities, and violence (Chao-Hua, 2004).

For the two years prior to this report, the PoN has been implementing such a holistic approach into the prevention program. For instance the annual AIDS Awareness Campaign has a different theme each year based on the annual theme of the national HIV/AIDS umbrella program, Take Control. In past years these themes have addressed issues such as protecting the youth from HIV, the importance of community involvement in combating HIV/AIDS and addressing stigma. The theme planned for the 2007 campaign relates AIDS to violence, especially violence against women. Additionally in 2006 a second campaign later in the school year addressed the connections between alcohol and AIDS. It focused on alcohol abuse as well as how using alcohol can increase risky behaviors that may lead to contracting HIV. In addition, various IEC materials around campus address the different issues affecting HIV/AIDS prevalence, including alcohol abuse, STIs, and gender-related issues.

These different themes address the fact that there are many variables affecting HIV prevalence and that best practice programs must deal with as many of these as possible in order to make a larger impact. The Polytechnic of Namibia recognizes that HIV/AIDS has a number of influencing factors and has effectively incorporated the best practice for holistic approach into its program so as to better address the many variables that increase the prevalence of HIV.

The PoN's Programs do not Follow the Best Practice for Ongoing Tracking of Program Activities

Best practices make use of evaluations of their current programs to allow the facilitators of the program to assess the strengths and weaknesses of the program. In this way, best practices are able to adjust the methods to address these gaps and weaknesses and adapt the program to changing circumstances. All of the identified best practices throughout the report and in Table 2.1 have been shown by quasi-

experimental evaluation methods to have successful impacts on AIDS-related behaviors or outcomes in HIV/STIs rates.

The Polytechnic of Namibia has recognized the importance of evaluating its program. The HIV/AIDS coordinator conducted a survey the year prior to this project of the student population to determine the knowledge, attitudes, beliefs and practices of the general student population concerning HIV/AIDS (Appendix E). The survey only contained a few questions addressing the programs and services that are offered by the Polytechnic, specifically the attitudes, knowledge, and beliefs about HIV/AIDS and their views of the Polytechnic HIV/AIDS Awareness Campaign. The survey did not address the views that the general student population had of the PAAC or New Student Orientation's presentation on HIV/AIDS. This survey has been the only attempt, aside from this project, to conduct an assessment of the PoN's HIV/AIDS programs and services.

Best practices tailor to the needs and the social context of the target audience. The absence of this international best practice within the PoN's program affects its development and growth. For instance, without an ongoing evaluation, we were not able to gather enough data to determine if the PoN's program was adequately addressing the needs and the cultural sensitivities of the target audience. Without ongoing evaluation the PoN, like other international best practices, is not able to measure the program's effectiveness, which consequently hinders the program from developing further and reaching its full potential.

4.3 The PoN's HIV/AIDS Draft Policy Follows Most of the UNESCO Recommendations for HIV/AIDS Policies

After having analyzed the PoN's Draft Policy on HIV and AIDS (Appendix A), we have used paired comparison to compare the PoN's draft policy to aspects identified by UNESCO in their *Expanding the Field of Inquiry: A Cross Country Study of Higher Education Institutions' Responses to HIV and AIDS (2006)*. An overview of our findings is represented in Table 4.2. Table 4.2 presents a paired comparison of best practices within HIV/AIDS tertiary education institution policies to the draft policy of the PoN.

Table 4.2: HIV/ AIDS Policy Comparison

Aspect of Policy	Present in PoN Policy
Rights of Infected Persons	☑
Confidentiality	☑
Counseling	☑
Medical Treatment of Infected Persons	✘
Employee Guidelines	☑
Accidental Exposure Prevention Guidelines	☑
Medical/Laboratory Guidelines	Not Applicable
HIV/AIDS Research	✘
Staff and Student Responsibilities	☑
Raise University Awareness of HIV/AIDS	☑
Provision of HIV/AIDS Education	☑
Review, Monitoring and Evaluation	☑
Budget Provisions	☑
Provisions for Updating Policy Guidelines	☑
Community Involvement	✘
Gender Related Issues	✘

The PoN's HIV/AIDS draft policy accounts for the rights of infected persons by stating that staff and students infected with or perceived to be infected with HIV have the same rights and obligations as all other staff and students. No person living with or perceived to be living with the disease may be discriminated against. In addition, should a member of the PoN community become incapacitated by the disease, that person should be accommodated within reason. The policy also includes the provision of education to all staff and students about the human rights of people living with HIV, including people living with the disease in the decision making process and that all people should be treated in a just manner.

The policy includes provisions for confidentiality including that no person will be required to disclose their status. If a person voluntarily discloses his or her status, the disclosure and status will be kept confidential. No person may be required to take an HIV test as a requirement for employment or attendance at the PoN, though the policy encourages voluntary testing and disclosure. The policy also institutes punitive measures for breach of the confidentiality clause.

The policy contains detailed guidelines for avoiding accidental exposure to HIV. These guidelines state that all bodily fluids should be assumed to be infected and treated in that manner. According to the policy, a full first aid kit must be present at all sporting events and outings and students and staff must be trained in how to manage their own bleeding. In addition, Annexure B of the draft policy contains a list of detailed universal precautions as well as what supplies should be present in all first aid kits and possible alternatives in the event of missing supplies.

Within the PoN's draft HIV/AIDS policy there are provisions for awareness and educational programs. Staff members will have access to up-to-date information about the pandemic in order to incorporate this subject into their teaching, and the PoN will also initiate a program for the integration of HIV/AIDS into the curriculum. Annexure C outlines what topics would be involved in this curriculum. This includes:

- Life skills education
- Awareness education
- First aid skills
- Education of the relationships between HIV/AIDS and contributing factors, such as alcohol abuse and violence
- Rights of those infected

- Living positively with the virus

Annexure A of the PoN's draft policy contains information for the establishment of an HIV and AIDS Task Force. The task force would consist of various members of the PoN administration and the student representative council that would meet regularly in order to implement and evaluate the policy. The responsibilities of the task force would also include:

- Researching the knowledge of and attitudes concerning HIV/AIDS of the staff and students
- Establishing support services for those infected with or affected by HIV
- Collaboration with Non-Governmental Organizations (NGOs)

Annexure A also includes the promise of a budget from the PoN for HIV/AIDS related activities as well as a provision for reviewing and adapting the policy as needed.

The PoN's Draft Policy on HIV/AIDS is missing a few of UNESCO's policy aspects

The PoN's draft policy does not address some important concepts identified by UNESCO. These concepts are:

- Medical Treatment of infected Persons
- Medical/laboratory guidelines
- HIV/AIDS research
- Community involvement
- Gender related issues

The PoN HIV/AIDS draft policy mentions medical treatment of infected persons in points 5.1.6.4 and 5.1.6.5. Point 5.1.6.4 states that "medical assistance may be obtained by staff and students living with HIV/AIDS" by using "the medical aid scheme with whom the staff member is registered" while 5.1.6.5 states that the university "commits itself to educate staff members and students on available medical aid schemes and benefits with regards to HIV/AIDS." Point 5.1.6.4 may lead to confusion as it states the medical aid scheme the staff member is registered with, but makes no mention of students registered with a medical aid scheme. The policy does not mention medical treatment to those staff or students who do not have, or cannot afford, a medical aid scheme.

The policy does not cover HIV/AIDS research and medical/laboratory guidelines. Since the PoN does not currently have lab related majors, medical and laboratory guidelines are not necessary. HIV/AIDS research is also not restricted to medical and laboratory research and can be done in many fields of study, however it is not known if this type of research is done at the Polytechnic.

The policy does not discuss community involvement or gender related issues, both of which are important issues related to HIV and AIDS. While the Polytechnic provides community involvement in regards to HIV/AIDS through the Polytechnic AIDS Awareness Club, there should be a provision within the policy which discusses this issue. The UNESCO report also stated that there should be a provision within the policy about gender related issues including equality of men and women, intolerance of sexism and gender-based discrimination, gender sensitive programs, and access to appropriate medical treatment and counseling for those subjected to sexual violence. UNESCO also states that there should be a link between the HIV/AIDS policy and a Sexual Assault and Harassment policy. There is currently no Sexual Assault and Harassment policy at the PoN for students. The Human Resources Code of Conduct states that sexual harassment towards or by faculty and staff will not be tolerated.

The policy is currently only in draft form. It does, however, have a forward signed in 2005 by the rector which “call[s] upon the Polytechnic community... and the public at large to support the institution’s policy and initiatives” (Appendix A). The policy has not been implemented as of this report.

4.4 The PoN's Program and Stakeholder Satisfaction

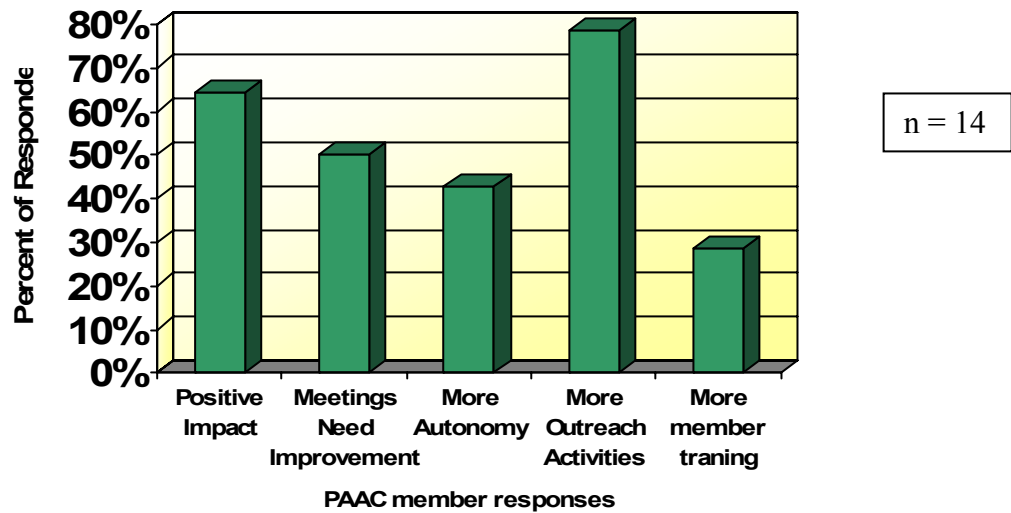
Since stakeholders are directly involved or affected by the program, their views and satisfaction are important to take into account when assessing the program and can often be good indicators for the success of a program. While assessing the program at the Polytechnic of Namibia, we took into account the opinions and satisfaction of the PAAC members as well as the general student population at the PoN. The following section reviews our findings from PAAC member interviews and student questionnaires concerning the PAAC, the AIDS Awareness Campaign, and student's unmet needs. Through interviews with the members of the PAAC a few concerns and themes have been noted, such as low program visibility and ignorance where HIV/AIDS is concerned. A few of the PAAC member responses have been quoted to illustrate our findings. We also took into account the student's knowledge and views concerning the PAAC, the AIDS Awareness Campaign and the New Student Orientation. The trends and themes noted follow.

Club members feel the PAAC is effective, however they have concerns about the club's management, activities, and outreach

The Polytechnic AIDS Awareness Club (PAAC) is the main student group at the PoN involved with the awareness and prevention of HIV, STI's, and other health risks. The PAAC is currently composed of 50-60 members, although from direct observation there are about 15-20 active members. Each club member has the opportunity to undergo a life skills and HIV/AIDS awareness course provided by the Catholic AIDS Action Stepping Stones program. The club meets once a week for one hour to discuss and plan HIV awareness and prevention activities.

We found that the PAAC members had a few strong opinions concerning the club. Some of the common responses from the PAAC members are shown in Figure 4.1.

Figure 4.1: Member Opinions of the PAAC

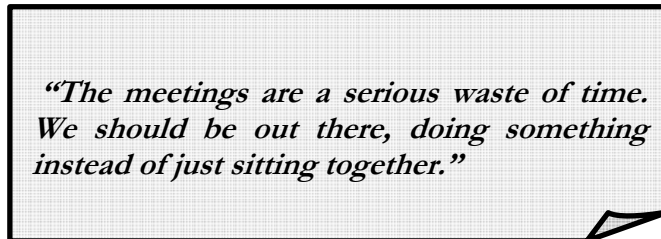


9 out of 14 respondents felt the club had had an effect on them.

Most members of the PAAC that were interviewed expressed satisfaction with the club as seen in Figure 4.1. Respondents stated that some of the best parts of the club included meeting new people, getting and giving information related to HIV/AIDS, participating in dramas and doing outreach.

‘[The club has had] a big effect, because it has really changed my understanding of HIV/AIDS ... To be honest with you, before I could have this understanding I thought... people living with HIV/AIDS, the only thing left for them is death. And I could understand that, the moment I just know somebody is HIV positive you realize that, it’s just difficult to share the same cup, to share the same toilette or things like that. It was real difficult for me to accept that. But after being in this club, I have understood that though you are HIV positive, you can live a positive life, you can still live up to your dreams. I mean, you are still productive... because HIV is not brain damage, your brain is still normal.’

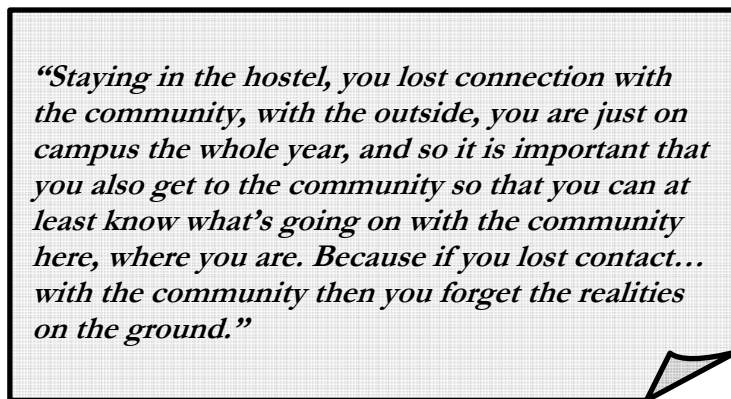
PAAC members also had a few complaints concerning the club. As seen in Figure 4.1, half of the respondents complained that the “meetings are boring” and need improvement. The biggest area of dissatisfaction regarding the club was the meetings.



“The meetings are a serious waste of time. We should be out there, doing something instead of just sitting together.”

The chief complaint from the PAAC members was that the club did not do enough practical activities and that they would like to do more of these activities, including more outreach.

10 out of 11 members wanted the PAAC to do more outreach



“Staying in the hostel, you lost connection with the community, with the outside, you are just on campus the whole year, and so it is important that you also get to the community so that you can at least know what’s going on with the community here, where you are. Because if you lost contact... with the community then you forget the realities on the ground.”

In order to do more for the school and outside community, a few PAAC members, as seen in Figure 4.1, also stated that the club needed “more training for club members; trainings on peer counseling, trainings on peer education” so that the PAAC can “be more involved in the community so [they] know what’s going on.”

“It’s important to have life skills, but you need more. You need more education, like you need to be trained as a peer counselor, so that when you are out there and you see there is somebody who needs assistance then at least you could help that person.”

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“Here, it’s a matter of fact, if an old person is talking to an old person; he is more likely to feel at home. If a young person is talking to a young person, he is more likely to open up, you understand. So if that training takes place, the students at the Polytechnic will be able to open up to their fellow students and in that way they might be assisted and counseled.”

The club currently does have life skills training provided by Catholic AIDS Action, however only 6 of the respondents, out of the 14 interviewed, had participated in the program. Of these 6 members, 50% thought that the training they received was insufficient. They complained that the facilitators were “preaching to” them and that there was not enough interaction. One member dropped out of the training early because he thought it was a “waste of time.”

Many members (6 out of 14) also voiced that the club should be more autonomous. They mentioned that it was mostly just the executive members that were involved in planning activities, however “the whole group needs to get more involved in planning” so that the club’s activities will be “more effective than if [it was] few.”

“When we are sitting there quietly and nobody is saying anything, and I know they talk outside. Like my friend. He doesn’t see the whole point of us sitting there, but he doesn’t want to talk about it in front of the club and talk about what he feels”

From direct observation, we noticed that only a few of the members actually participated in the discussions, the rest of the members had very little or no input

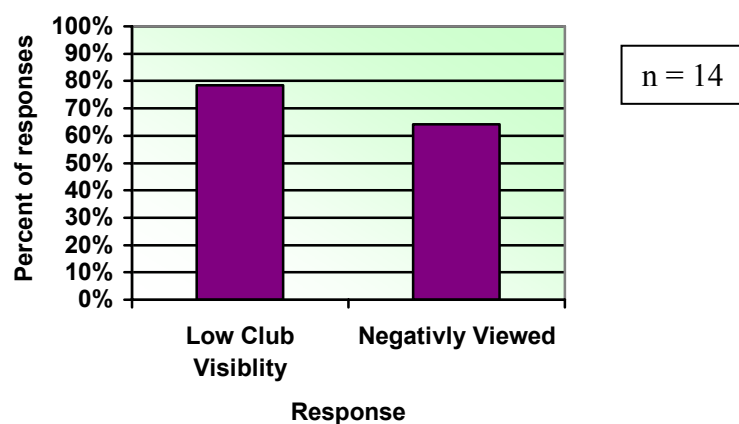
during the meetings. We also observed that many of the newer members seemed confused or bored. During the first couple PAAC meetings, a few people walked out while the meeting was still in session.

“You are going there, sometimes it is very difficult for you to enter the chat because most of the time you are feeling like “I am a new member” so they must try to be more general so that everyone can join.”

The PAAC is not highly visible among the PoN Community

In interviews with club members, we asked how visible they believed the PAAC to be on campus and if the PAAC was generally respected by the students. Figure 4.2 shows the findings from these questions:

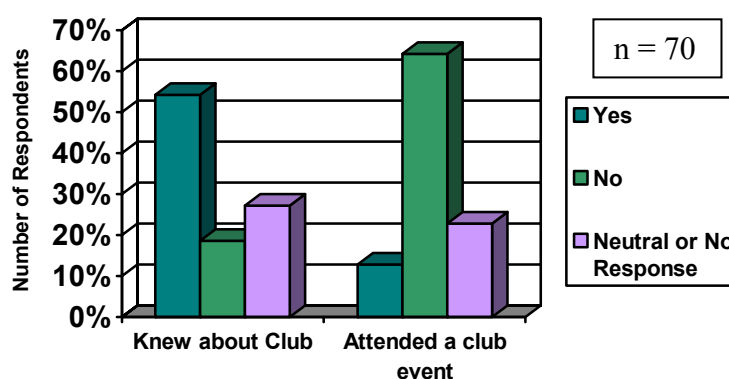
Figure 4.2: Club Member Perceptions of PAAC on Campus



11 out of 14 respondents thought that the club’s visibility was poor

In order to triangulate these responses on club visibility from club members, we asked questions about the PAAC on a questionnaire that we administered to the general student population. The findings concerning the PAAC visibility on campus are shown in Figure 4.3.

Figure 4.3: Student Questionnaire Answers on Club Visibility



From the student questionnaire, as seen in Figure 4.3 only about half of the campus agreed that they were aware the PoN had an AIDS awareness club. Even more striking was that only 13% of students said they had ever attended a PAAC sponsored event.

The findings from the PAAC member interviews and from the student questionnaire depicted in Figures 4.2 and 4.3 suggest that the **PAAC is not highly visible among the campus and that the club's messages are not being reached by the majority of the students.**

The Campus may have negative or ignorant views towards the PAAC.

As seen in Figure 4.2, the PAAC members also expressed concern that the campus had negative perceptions about the PAAC.

8 out of 12 respondents believed the campus was ignorant of the club, had negative feelings, or thought it was a waste of time

“Most of the time, the Namibians they don’t want to listen to what the people are talking about, especially when they hear about AIDS, they are not interested. So most of them they don’t like the club”

We triangulated these PAAC member responses with the responses we received on our student questionnaire. Figure 4.4 shows the findings for the student questionnaire concerning the campus’ respect for the PAAC.

Figure 4.4: Student Questionnaire Answers to PAAC Being Respected

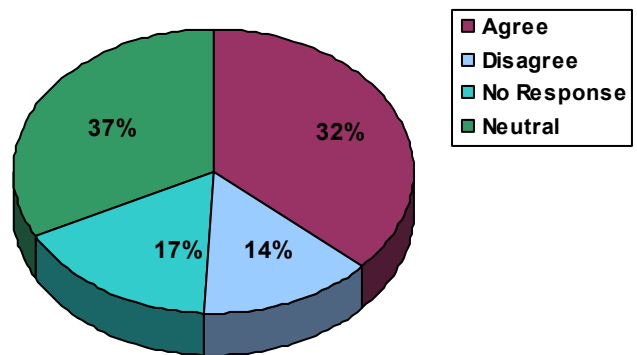


Figure 4.4 shows that only 32% of students actually agreed that the PAAC was respected on campus. The remaining respondents disagreed, answered neutral or didn’t answer at all. Some students on the open-ended questions stated that they

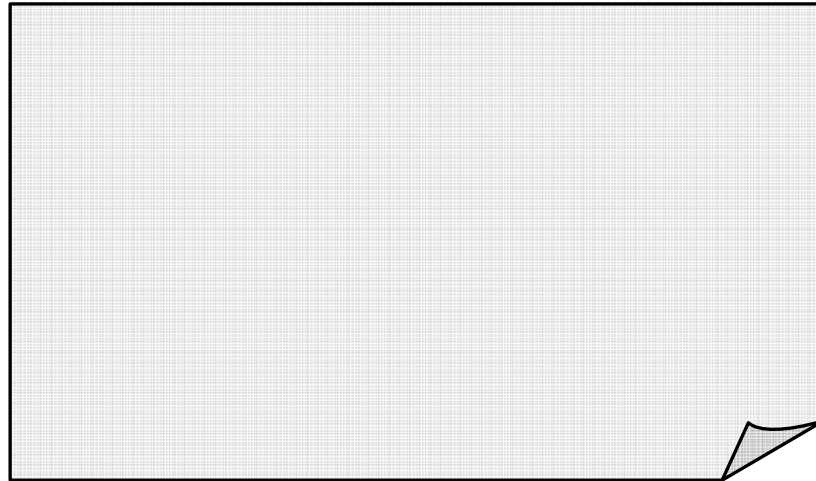
thought the PAAC was a waste of time, that they did not do anything practical for the community and that the club was “not quite interesting enough.” Due to the high number of neutral or non-responses for this question compared to other questions on the survey, we felt these responses were significant to consider as a neutral or negative response may also have a negative connotation. The findings from PAAC member interviews and the student questionnaire therefore suggest that **a good portion of the campus may have wrong or negative perceptions of the PAAC.**

The Polytechnic AIDS Awareness Campaign is effective however not enough people attend to have a significant impact on the community.

The annual AIDS Awareness Campaign is one of the PoN’s major awareness events at which the school brings in speakers, popular artists, and other HIV/AIDS groups to raise awareness of AIDS in a meaningful way which will attract students. The first day generally involves opening remarks, the keynote address and a radio broadcast panel discussion on the theme of the year. The first day also includes exhibitions of Information Education Communication (IEC) materials which in the past two years have occurred within the community, at the Post Street Mall or on Independence Avenue in Windhoek. In 2006 the first day ended with a screening of a film related to HIV/AIDS. The second day opens with a prayer and then continues with poems, dramas, personal testimonies and musical performances. The evening and campaign end with a candle lighting ceremony to honor those who have died, are living with or are affected by AIDS.

In interviews, we asked the club members their general opinions about the AIDS Awareness Campaigns.

6 out of 7 respondents thought the campaign had a positive impact on the students



These quotes suggest that the campaign's messages are influential and the campaign is successful in its aims to spread awareness of HIV/AIDS to those who attend.

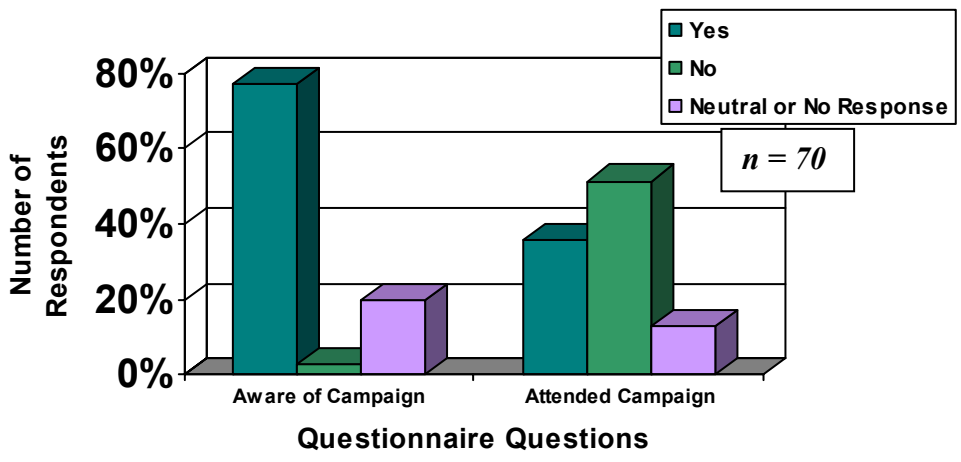
Although students generally had good opinions of the campaign, many of them felt that the campaign did not reach enough people. The HIV/AIDS coordinator also expressed the campaign did not meet its attendance objectives. She felt that the part-time and distance students, as well as the students from the schools not on the main campus were often excluded. Both the HIV/AIDS coordinator and the students expressed that they would like to see more involvement from the Polytechnic community during the campaign.

6 out of 8 respondents who have attended a campaign before thought that the campaign's attendance was low

“The worst part... is the exclusion. Last year there was a person who came to tell us about, you know this testimony... about the true life scenario, but then there were only few students because it was in the evening and it was exclusive, for invited only. So this person,... after the [speech] she made it explicitly clear that ‘when I came here I was expecting this room to be full of young people, but now I’m seeing only few young people.’ So she was also disappointed in one way or another.”

On the student surveys, questions concerning the AIDS Awareness Campaign were included. Figure 4.5 shows some of the results from the questionnaire.

Figure 4.5: Annual Awareness Campaign



As Figure 4.5 shows, while most of the students agreed that they were aware that the PoN had an annual AIDS awareness campaign, less than 40% of them actually attended the campaign. **While the campaign’s mission to raise awareness of HIV/AIDS is effective to those who attend, the campaign does not draw in enough of the students to have a significant impact on the campus.**

PoN students are knowledgeable about HIV/AIDS, however they are “ignorant” that AIDS affects everyone

“HIV/AIDS is now becoming a threat to the world, and also not only to the world but also to our local community, Polytech as a community.”

The ultimate aim of the PoN’s HIV/AIDS program is to change the students perceived negative knowledge, beliefs, and attitudes towards HIV/AIDS in order to lower their risk of infection and create a supportive environment for people affected by HIV and AIDS. In order to measure the knowledge, attitudes, and beliefs relating to HIV/AIDS, the PoN administered 400 questionnaires to the students through the School of Communications (Appendix D). The results from the survey show that the PoN students are generally knowledgeable about the disease, its transmission and how to protect themselves (Appendix H).

The club members, however stated that there were still issues facing the prevention and acceptance of HIV/AIDS on campus.

10 out of 11 respondents said that one of the biggest obstacles facing HIV/AIDS prevention was ignorance and apathy.

They know “AIDS is there, but it will never come to me”

--

“They don’t care about AIDS. Most people only care about what they are going to do on the weekends.”

--

“People don’t want to listen, and by the time they want to listen it’s too late.”

Because of time constraints, we weren't able to perform a needs assessment of the students at the PoN, although we have developed such a survey for the PoN to measure the student's perceptions and behaviors related to HIV/AIDS (Appendix E).

4.5 Summary of Findings

From our research, we have found that the HIV/AIDS awareness and prevention programs at the Polytechnic of Namibia follow **19 out of 20** international best practices in HIV/AIDS prevention. The PoN's programs:

- Are based on the social learning and behavioral theories that best practices follow
- Have sound and measurable goals and objectives,
- Have multiple components including a student AIDS club, an awareness campaign, informational "friendly corners," and health services
- Use multiple delivery strategies including IEC materials, awareness activities, and student friendly services
- Have a clearly defined target audience
- Attempt to tailor to the needs of its target audience
- Use a holistic approach

In our research we also found some aspects of the PoN's programs which may need improvement based on our comparison to best practices. **The areas which the PoN could develop are:**

- Life Skills Education for the non-member student community
- Peer Education, specifically peer-to-peer counseling
- Community Involvement
- Implementation of the draft policy on HIV/AIDS
- Ongoing evaluation of its programs

In addition to comparison to the international best practices, we also analyzed stakeholder and student satisfaction with the HIV/AIDS programs at the PoN. Our major findings from our interviews with stakeholders and the questionnaire administered to the students were:

- The Polytechnic AIDS Awareness Club has had a positive affect on its members, however members feel that its management could be improved, that they should have more practical activities, including outreach, and that it is not highly visible by non-members.
- The Polytechnic AIDS Awareness Campaign has a positive impact on those who attend, however, it should be more inclusive so more people can be hear the messages.
- The Polytechnic's AIDS Awareness Programs attempts to meet the needs of the students, however, more needs to be done to address students' ignorance and apathy regarding HIV and AIDS.

Our assessment of the PoN's HIV/AIDS awareness and prevention program has revealed a considerable amount about the program. Most importantly, we found that the PoN's program is already based on almost all of the best practices in international HIV/AIDS prevention education. Since the PoN's program is already well-founded and set up to be a successful program in HIV/AIDS awareness and prevention, it is important for the PoN to consider our assessment in order to improve the weaknesses and gaps that our assessment has found. In this way, our findings will help the PoN to further develop its HIV/AIDS program. In the next chapter, recommendations, we have developed a set of sound suggestions that the PoN can use to help develop its program so that it can become a leader in the university response to HIV/AIDS, use its university leadership and achievements to reach out to the broader Namibian community and truly have an impact on the HIV/AIDS crisis in Namibia.

Chapter V. RECOMMENDATIONS

5.1 Introduction

This chapter presents our recommendations which are made with the intention of aiding the PoN's HIV/AIDS Awareness Program in furthering its aims to provide awareness and facilitate prevention of HIV/AIDS to the campus and surrounding community. Our recommendations are based on comparison of our findings in Chapter IV to international best practices as well as stakeholder satisfaction. Student recommendations were also taken into account when creating our set of recommendations as they have a more intimate knowledge of the program and are closely linked to the success of these recommendations.

The findings in Chapter IV establish that the **HIV/AIDS prevention and awareness program at the Polytechnic of Namibia are already well developed. This places the PoN in the position to help its students become leaders and role models in the fight against HIV.** The following recommendations will help to further develop the program and help the students to become leaders both on campus and within the wider community.

5.2 Recommendations for the PoN's HIV/AIDS program

1. *Develop management of the Polytechnic AIDS Awareness Club through leadership training and organization.*

Leadership training will give the members of the club's executive committee the organizational and management skills to run an organization or club. Developing better management may address some of the PAAC members' comments that club meetings should be more interesting and, in addition, allow the club to be more active through greater efficiency. In addition leadership training will give the club members the confidence and skills required to become role models to those vulnerable youth. This self-assurance is essential for the club members to be able to lead their peers and the community to greater awareness of the disease as well as promoting behavior change that will help to reduce the prevalence of HIV.

With the aid of the club executive members and the HIV coordinator, **we have developed an organizational and informational binder** which may help with the

organization and management of the club (Appendix K). This binder includes the club constitution, information about past events, a calendar, contact information for club members and various Namibian AIDS organizations, as well as activity ideas and information. The calendar is for the entire year to facilitate planning of future events. This binder will help to keep the club organized, on schedule for planning events and ease the transition when new executive committee members are elected.

2. *Conduct peer counseling training for the members of the PAAC.*

Best practices use peer to peer counseling because peers can more effectively offer HIV/AIDS, sex and life skills counseling. As stated previously in our findings, the PAAC does perform peer education, to a limited extent. The amount of peer education on campus is limited by the current lack of peer counseling training. If the members receive this training they will be able to educate their fellow students more effectively and allow for the development of a peer counseling service. The members of PAAC currently receive a life skills training which includes basic peer education training however many of the club members said that they were not comfortable counseling fellow students without advanced training. We have contacted a Namibian AIDS service organization, AIDS Care Trust, which offers peer counseling training and is willing to work with the PoN in order to train the club members to become peer counselors. In addition the joint Namibian government and UNICEF project, My Future is My Choice, is willing to train the club members to become facilitators and facilitator trainers. This training will allow the PoN students to be able to teach secondary school students and set an example for them that you can go far in life by making good decisions.

3. *Make club activities more interactive.*

One area that was identified by PAAC members as needing attention was the tedious nature of club meetings. Meetings can be made more interactive by adding an icebreaker or team building activity at the beginning of each meeting in order to get everyone involved and make people more comfortable. In addition discussions, debates, games and dramas can get more people interested, involved and thinking about HIV and AIDS. These same activities can also be used during outreaches both on-campus and within the community to get people more interested. Examples of

icebreakers, games and other activities have been included in the organizational binder created for the club (Appendix K).

4. *Perform more outreach within the PoN community.*

On-campus outreaches not only spread awareness of HIV and AIDS, they also increase the visibility of the club and can help to improve the campus perceptions of the club. Outreaches may be set up at areas of the campus where many students congregate and where the club members can play music, hand out information, answer questions, play games with the students and offer prizes or free incentives for playing games or becoming involved.

A campus awareness magazine, such as the youth magazine Oyo! which is popular in Namibia, will also increase awareness within the community. This magazine could be created through the Office of the Dean of Students by PAAC members and the HIV/AIDS program coordinator. Like the popular Oyo! the contents of the magazine would be written by PoN students and would address a different topic linked to AIDS each issue. The magazine could be formatted and edited by PAAC members and distributed biannually. Open Talk, a youth newsletter distributed through UNICEF could be another method of getting PoN student voices heard. The newsletter is made of articles written by youth on topics concerning this target age. While Open Talk is not currently distributed on campus, it may be possible to arrange distribution, especially if PoN students are contributing to the contents.

5. *Become more involved in the community*

Off-campus outreaches, such as to primary or secondary schools or hospitals will help the club to have a greater impact on the broader community. While the PoN's HIV/AIDS efforts are important for the campus community, most students are already knowledgeable about HIV/AIDS and have already formed their own belief systems. The focus of HIV/AIDS prevention, therefore, needs to be on the nation's youth who are more likely to change their attitudes and behaviors if given the right knowledge and skills. In a nation destabilized by years of apartheid, one of the greatest needs of the nation's youth affected by HIV/AIDS is character-building and self-empowerment. **The Polytechnic with its motivated and well-educated**

students, its resources and its well-developed HIV/AIDS program is at an advantageous position to have a significant impact on the nation's youth. As leaders and role-models the PoN students would not only provide awareness of HIV/AIDS, but also help in building the characters of young people so that they can adopt the values, self-respect and self-efficiency to lead healthy and rewarding lives.

Along with the HIV/AIDS Coordinator we completed a needs assessment at the Pashukeni Pre-Primary School. Through this we discovered that the school would benefit from donations of baby formula, food, toys and books as well as from help to add shade to the play area and through reading to and playing with the children. Outreach to this school is a good beginning to having a greater impact on the community. By performing outreach to these youth, the PAAC can become role models while building leadership and character in both students and youth. Off-campus outreach activities should also be advertised to the PoN community, as this would not only raise awareness of HIV/AIDS and its consequences but will also advertise the club and its activities.

5. Network with other clubs and organizations.

Networking with other clubs will allow the PAAC to become more involved with the community, have a wider impact, add more interesting activities and have access to more resources. We have contacted a number of Namibian organizations working with AIDS in order to build these connections. The Namibian Network of AIDS Service Organizations (NANASO) is an organization that aims to link together different organizations working with AIDS in order to create a more efficient and effective response to the AIDS pandemic. The PoN can use the services that NANASO offers in order to increase their visibility outside of the campus community, network with other clubs and find necessary resources. AIDS Care Trust is an organization offering services to people both infected and affected by AIDS. Students would be able to get involved with this organization through volunteering in services such as a computer training center and other youth services. My Future is My Choice is an organization joint-sponsored by the government and UNICEF which teaches life skills to secondary school students. PoN students have the option of becoming facilitators for My Future is My Choice. In addition, My Future is My Choice is willing to facilitate life skills classes for PoN students as well as become

involved in other aspects of the program. These are only a few examples of organizations that the PoN may wish to collaborate with, but they give an overview of how, by working together, organizations can have a greater impact in the battle against AIDS.

6. *Involve more students and community in the annual Polytechnic AIDS Awareness Campaign.*

As we found, the messages of the AIDS Awareness Campaign are influential to those who attend, however the campaign can have a greater impact by involving more students and community members. This can be done by inviting more members of the community such as youth organizations, PLWHAs, and secondary school students. In addition many of the events should be made more inclusive by having them in larger venues and taking away the requirement for an invitation. The 2007 AIDS Awareness Campaign has already taken the first steps to making events more inclusive. For instance, the PoN has booked a larger venue at the National Theater of Namibia and has made the events free of charge. The PoN should continue on this path by extensively advertising and inviting all members of the community.

In order to mobilize a greater number of students to become involved in the campaign there should be more fun and practical events including musical guests that are open to all students, games and a creative competition, among other activities. For example the PoN could host a creative project competition based on the theme of the campaign. By offering the opportunity for students to express themselves, to have fun, and to win prizes the campaign will encourage more students to become involved so that it can have a greater impact on the PoN community.

7. *Continue linking HIV/AIDS to other issues.*

The PoN currently links HIV/AIDS to other issues, such as alcohol and violence, which can affect HIV transmission. This linking is an excellent example of the international best practice for holistic approach to HIV prevention and should be continued by the PoN. By incorporating HIV/AIDS with other important factors the PoN not only increases the awareness of these important issues but also keeps people interested in the discussion on AIDS since it is less likely to become repetitive. Other issues that the PoN might wish to address in future campaigns are HIV's relationship

to communication, denial, fear, gender norms, social identity, emotions, parental and love relationships, disempowerment and education.

8. *Concentrate on greater visibility of the HIV/AIDS prevention programs.*

As we found, the PAAC and the AIDS Awareness Campaign do not have significant visibility among the campus community. The PoN's HIV/AIDS programs will have a greater impact if they are made more visible and can involve more people. This can be done through fun on-campus outreaches that grab the attention of the students. Also, more posters and advertising for the club, activities and existing counseling services may increase the attendance of these services.

We have also developed an advertising pamphlet along with members of the PAAC in order to increase visibility (Appendix I). This pamphlet is attractively designed with pictures to catch the attention of the students. It also includes a description of the club, its activities and objectives. This pamphlet can be distributed at the HIV/AIDS Friendly Corners around campus and during outreaches in order to encourage more students to become more aware and involved with the club.

9. *Involve people living with HIV/AIDS (PLWHA) more in activities.*

Involving more PLWHA in activities will show greater support for PLWHA as well as help to develop more services catered to the needs of this population. Additionally, it will show a positive image of people living with the virus to faculty and students which will in turn promote greater openness regarding the disease. PLWHA are often already involved with the campaign but the PoN could also mobilize them to lead lectures or discussions more regularly on campus throughout the year.

10. *Encourage greater faculty participation in the HIV/AIDS programs.*

Faculty set an example for the student population and can also do so by becoming involved in HIV/AIDS activities. Examples of faculty involvement include joining the club, attending the annual campaign, promoting events, discussing AIDS related topics in class or possibly going for Voluntary Counseling and Testing (VCT). All of these acts would set a good example for other faculty and students, increase the

visibility of the program and show that the PoN is united and dedicated in the fight against HIV/AIDS.

11. *Implement the draft policy on HIV/AIDS.*

A policy on HIV/AIDS is extremely important for protecting the members of the PoN community. For this reason, the current draft HIV Policy must be implemented. The policy would not only protect the community, but also help to promote awareness of the disease and its consequences, a primary aim of the PoN's HIV/AIDS program. In addition, the draft policy outlines the implementation of curriculum related to AIDS into all schools and classes. This would help to make sure that all students are getting information about HIV/AIDS and how it affects every aspect of society. The policy does not cover medical treatment for infected persons, gender related issues, community service or protocols for research on HIV/AIDS related topics, all of which should be covered by a university HIV/AIDS Policy. Incorporating these issues would make the policy fully comprehensive.

Worldwide, few universities have implemented comprehensive HIV/AIDS policies. By implementing the policy, the PoN would truly be at the forefront of the global university response to HIV/AIDS and become an example for other universities to follow.

12. *Continue to evaluate the HIV/AIDS program in order to continually adapt.*

Evaluation is useful for determining the strengths and weaknesses of a program as well as its impact and outcomes. We have developed a survey (Appendix B) which assesses the knowledge, behavior and attitudes of the students as well as their perceptions of the services available along with a manual on how to analyze that survey (Appendix J). By giving this survey at the beginning and end of each year, the PoN can track its progress on program goals and objectives through changes in the students' responses. Input from the students and facilitators is also important for continual evaluation and adaptation because these are the people which are most involved with the program and it is their needs which must be met. Determining the prevalence rate on campus would be helpful both in the short term for planning of prevention activities and also in the long term by determining outcomes of the program through changes in the prevalence rate. Through sustained evaluation, the

PoN will be able to constantly adapt to the changing needs of the community and continue to be a leader in the fight against HIV.

5.3 Summary

The ultimate goal of this report was to help the PoN facilitate their goals of raising the awareness and reducing the prevalence of HIV/AIDS in both the student and community population. Our report confirms that the PoN's HIV awareness program is already well developed, following 19 out of 20 of the international best practices in HIV/AIDS prevention education, but, as with any prevention program, continual development and improvement is essential in assuring the program continues to be successful in impacting its target population.

In order for its HIV/AIDS program to continue its success, the PoN should focus on empowering students at the PoN to become leaders and role models in their community. By mobilization of such leadership, the PoN will not have only joined in the fight against AIDS, but will lead the nation in the triumph over AIDS. The recommendations offered for the PoN in this report are focused on the empowerment of the PoN community to embrace their aptitudes and become models for those with less opportunity. It is our belief that the findings of our assessment and our recommendations, if adopted by the PoN, will not only assist the PoN in accomplishing their aims, but will also elevate the PoN as a leader and model in the nation's fight against AIDS.

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APPENDICES

Appendix A – Polytechnic of Namibia HIV and AIDS Draft Policy



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FOREWORD

Every century has its epic and heroic struggles. The one struggle that started about a quarter of a century ago, against HIV/AIDS, is still raging without an end in sight for the time being. The journey to victory has been, and shall be hard and arduous. However, there is no doubt in my mind that the HIV/AIDS pandemic will be conquered.

Between 1995 and 2000 life expectancy in Namibia has fallen from 58.8 years to 43 years. To a large extent, this erosion in life expectancy and quality of life is attributable to the Acquired Immune Deficiency Syndrome (AIDS), caused by the Human Immune-deficiency Virus (HIV).

HIV and AIDS are health, economic, development and security issues. They are some of the greatest management challenges facing the education sector. HIV/AIDS will directly and indirectly impact on every aspect of management, teaching, learning and employment in the education sector for a long time.

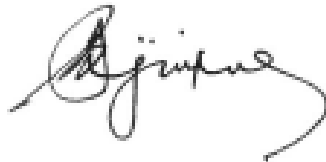
The Polytechnic of Namibia has developed and adopted this policy on HIV and AIDS. In essence it underscores the dignity and rights of students and staff living with HIV/AIDS. Our policy therefore seeks to put in place strategies that will, amongst others, address issues of confidentiality, discrimination, rights, admissions and recruitment, graduation, employment, screening and testing, development, treatment, care and support.

The policy provides guidelines to ensure that faculty; staff and students at the Polytechnic are fully informed about the HIV/AIDS policy and can thus take ownership of the policy.

On behalf of the Polytechnic Council and Management, I would like to extend my appreciation to the Office of the Dean of Students for spearheading this process, the AIDS Law Unit of the Legal Assistance Centre for their legal advice, the Polytechnic HIV and AIDS Task Force for their tireless input in the consultative process and in the development of this policy.

I therefore call upon the Polytechnic community - scholars, faculty, students and staff - and the public at large to support the institution's policy and initiatives.

Faithfully,



Dr. Tjama Tjivikua
2005
Rector

01 June

Guidelines

1. PREAMBLE

- 1.1 The Polytechnic of Namibia, hereinafter referred to as "the Polytechnic", recognizes the devastating impact of HIV and AIDS internationally and on the Namibian society. The Polytechnic realizes the potential impact this disease can have on both the Polytechnic and wider society in an extremely serious light and takes cognisance of the need for it to mitigate the impact of HIV and AIDS and to provide an enabling and safe environment for Polytechnic staff and students and the public at large. In line with the National Policy on HIV/AIDS for the Education Sector, 2003, the Polytechnic thus adopts this HIV/AIDS Policy.
- 1.2 The Polytechnic accepts that as an institution of higher learning it must be responsible and accountable to its community by doing everything possible to minimize or prevent people from being infected with HIV/AIDS, and from being discriminated against by others or society. As such this policy commits the Polytechnic to mitigating the impact of the virus and associated diseases on the Polytechnic community as well as on the wider community through its policies and outreach programmes.

2. GUIDING PRINCIPLES

- 2.1 The Polytechnic is committed to addressing HIV and AIDS in a positive, supportive and non-discriminatory manner by providing leadership and resources to implement HIV/AIDS campus-based and community outreach programmes.
- 2.2 The human rights of all staff and students shall be protected on an equal basis, regardless of the HIV/AIDS status of the individual.
- 2.3 Compulsory disclosure of a student or staff member's HIV status to Polytechnic Management is not required, but voluntary disclosure is encouraged. Management will handle such disclosure and any relevant information confidentially, unless such information is made available by the individual affected and with his/her written consent.
- 2.4 Staff members and students who breach the confidentiality will be subject

to discipline.

- 2.5 When injuries occur, following the universal precautions set out in Annexure "B" of this policy can effectively eliminate the risk of transmission of HIV/AIDS.
- 2.6 The Polytechnic will identify the most appropriate staff and/or external facilitators and systems to ensure that the sexual health, HIV and AIDS and life skills education and guidance are effectively delivered to staff and students.
- 2.7 The Rector shall be responsible for giving operational effect to this policy by developing an HIV/AIDS implementation plan in consultation with Senate and the HIV and AIDS Task Force committee. Such a plan will reflect the values and needs of the Polytechnic and its community.
- 2.8 This policy on HIV and AIDS should be read in conjunction with all relevant laws, the Polytechnic Statutes, and all other relevant policy documents.

3. Scope of Application

This policy shall be applicable to all Polytechnic staff and students.

4. Goals and Objectives

The goal of the policy is to guide the Polytechnic in responding to issues arising and questions posed in relation to HIV/AIDS in the Polytechnic environment in a consistent and supportive manner. The primary objectives are to:

- 4.1 provide guidelines on effectively managing issues of HIV/AIDS;
- 4.2 protect staff and students' rights in the context of HIV/AIDS;
- 4.3 promote behaviour that minimizes the risk of acquiring HIV infection and create a safe environment;

-
- 4.4 provide leadership in teaching, research and community service on HIV/AIDS and its impact;
 - 4.5 provide leadership in promoting a human rights-based approach to HIV/AIDS
 - 4.6 Create a framework for the provision of counselling and support services to staff and students who are living with HIV/AIDS and for the provision of training and sensitisation of staff and students where appropriate on how to manage staff and students who are living with HIV /AIDS in a humane and appropriate manner.
 - 4.7 Integrate HIV/AIDS into teaching, research and service activities.

5. Guidelines

5.1 Rights and Responsibilities

5.1.1 Staff Recruitment and Employment

- 5.1.1.1 Potential staff will not be refused entry into employment on the grounds that they are perceived to be or are living with HIV/AIDS.
- 5.1.1.2 An HIV test on application for employment will not be required. The Polytechnic may not enquire, either in writing or verbally, about a potential staff member's HIV/AIDS status during or after interviews.
- 5.1.1.3 Staff living with HIV/AIDS have the same rights and obligations as all other staff members.
- 5.1.1.4 Staff members living with HIV/AIDS are required to carry out their employment responsibilities as long as they are able to do so.
- 5.1.1.5 Should staff members become incapacitated by HIV/AIDS, the Medical Health Board will provide certification. The staff member will be accommodated as far as reasonably possible according to policies and guidelines such as the Human Resources Code of the Polytechnic.

5.1.2 Admission and Class Attendance

- 5.1.2.1 HIV testing as a requirement for admissions is prohibited and potential students will not be refused admission to the Polytechnic on the grounds that they are tested positive for HIV or are perceived to be living with HIV/AIDS.
- 5.1.2.2 HIV/AIDS information on application for admission as a student will not be required and the Polytechnic may not enquire about a potential student's HIV status during enrolment either verbally or by way of the registration form.
- 5.1.2.3 No student may be denied continued attendance at the Polytechnic as a result of his or her real or perceived HIV status and students living with HIV/AIDS are expected to attend classes for as long as they are able to do so.
- 5.1.2.4 Should students become incapacitated by HIV/AIDS, the Offices of the Registrar and the Dean of Students shall as far as possible continue to support the learning process where possible while providing counselling.

5.1.3 HIV Testing and Counselling

- 5.1.3.1 No staff or student shall be required to undergo a mandatory HIV test.
- 5.1.3.2 Staff and students will, however, be encouraged to undergo voluntary testing for HIV. Voluntary HIV testing at the request of a staff member or student should be done by a qualified medical person at an established registered health facility in accordance with normal medical ethical rules, including confidentiality and with pre- and post-test counselling.

5.1.4 Confidentiality and Disclosure

- 5.1.4.1 No staff or student shall be required to disclose his or her HIV/AIDS status to the Polytechnic of Namibia.

- 5.1.4.2 Staff or students who chose to disclose their HIV/AIDS status to the Polytechnic will be assured that their HIV status would be treated confidentially.
- 5.1.4.3 All staff and students are required to keep any known information about a fellow staff or student's HIV status confidential and disclosure of such information may only be done with written consent of the staff member or student concerned.
- 5.1.4.4 Failure on the part of staff or students to keep such information confidential shall constitute misconduct.
- 5.1.4.5 Voluntary disclosure of staff and student's HIV status will be encouraged and the Polytechnic will work towards the establishment of an enabling environment in order to facilitate such disclosure.

5.1.5 Discrimination

- 5.1.5.1 No staff or student living with HIV/AIDS or perceived as such may be discriminated against, directly or indirectly, on the basis of his or her perceived status.
- 5.1.5.2 All staff and students will be educated about the fundamental human rights and freedoms of people living with HIV/AIDS.
- 5.1.5.3 Staff and students living with HIV/AIDS shall be treated in a just, humane and life-affirming way and provided with support and counselling.
- 5.1.5.4 Staff and students living with HIV/AIDS shall be afforded the opportunity to effectively participate in the decision-making and solution-seeking process concerning HIV/AIDS.
- 5.1.5.5 Any measures put in place concerning staff or students living with HIV/AIDS must be fair and justifiable in the light of current medical facts and knowledge, and established legal, ethical and human rights principles.

5.1.6 Testing and Treatment

- 5.1.6.1 Staff and students will be encouraged to take advantage of the professional services offered by certified medical doctors and Voluntarily Counselling and Testing Centres for HIV testing.
- 5.1.6.2 Staff and students, who are in need of treatment for HIV, will also be encouraged to seek such treatment at State or private hospitals or private medical practitioners, should they be able to afford such treatment.
- 5.1.6.3 Voluntary testing for HIV at the request of a staff member or student will be done by a qualified medical person in an established and registered health facility in accordance with normal medical ethical rules including confidentiality and with pre-and post-test counselling.
- 5.1.6.4 Medical assistance may be obtained by staff or students living with HIV/AIDS, including Anti Retroviral-Treatment (ART) and other medical support programmes in accordance with the rules of the medical aid scheme with whom the staff member is registered.
- 5.1.6.5 The Polytechnic commits itself to educate staff members and students on available medical aid schemes and benefits with regards to HIV/AIDS.

5.2 HIV/AIDS Integration into Teaching, Research and Service Activities

5.2.1 Teaching and Learning

- 5.2.1.1 The Polytechnic will initiate an information programme for academic staff to ensure that they have the current information available on the impact of the HIV/AIDS pandemic in their respective disciplines in order to incorporate such information into teaching and learning.

- 5.2.1.2 The Polytechnic will initiate the development of teaching approaches that integrate HIV/AIDS education into the curriculum.

5.3 HIV/AIDS Prevention, Care and Support Services

5.3.1. Information and Education

- 5.3.1.1 The Polytechnic will ensure that HIV/AIDS awareness and prevention programs are included in recruitment and orientation of new staff and students, development workshops, education and training programmes.

5.3.2 Prevention of HIV transmission

- 5.3.2.1 The Polytechnic encourages staff and students to accept responsibility for their own health, and to refrain from behaviour that could place themselves or others at risk of HIV infection.
- 5.3.2.2 When dealing with injuries and other possible exposure to HIV/AIDS, all persons should be considered susceptible to infection and all blood and bodily fluids treated as such.
- 5.3.2.3 When injuries occur, the risk of transmission can be effectively eliminated by following good hygiene practices and the universal precautions set out in Annexure B of this Policy.
- 5.3.2.4 A fully equipped first-aid kit should be available at all Polytechnic sport events, outings and tours.
- 5.3.2.5 Staff and students should be trained to safely manage their own bleeding or injuries and to assist others to do so.
- 5.3.2.6 No staff member or student may participate in sport or cultural activities with others if they have an open wound, sore, break in the skin, graze or open skin lesion.
- 5.3.2.7 If bleeding occurs during sport or cultural activities with others, the injured player must be removed from the playground or sports field immediately. The bleeding wound should be completely covered

with a waterproof dressing or plaster. Only then may the open skin lesion remain completely and securely covered.

5.3.2.8 Staff members acting as sports or cultural administrators, instructors, managers and coaches should ensure the availability of first-aid kits during sporting events and practices. They should also ensure that the universal precautions are followed in the event of bleeding during participation in sport activities.

5.3.2.9 Staff members acting as sports or cultural administrators, instructors, managers and coaches have special opportunities for educating participants about HIV/AIDS transmission. They should make use of those opportunities. They should also encourage sports participants to seek medical and other appropriate counselling where appropriate.

ANNEXURE A: POLICY IMPLEMENTATION

1. Establishment of HIV and AIDS Task Force

1.1 The Polytechnic undertakes to appoint HIV/AIDS Task Force Committee members to address issues pertaining to HIV/AIDS and to implement the policy and guidelines set out herein.

1.2 Composition of the HIV and AIDS Task Force

1.2.1 The Chairperson, appointed by the Task Force

1.2.2 The Dean of Students

1.2.3 The Deans of Schools, or their representative

1.2.4 Representative of Human Resource Department

1.2.5 Representative of Registrar's Office

1.2.9 Representative of Bursar's Office

1.2.10 The Student Counsellor or (HIV & AIDS Coordinator)

1.2.11 The Social Worker

1.2.12 The Nurse

1.2.13 Representative of Students' Representative Council

1.2.14 Representative of Housing Committee

1.2.15 Representative of the Centre for Teaching and Learning (CTL)

1.2.16 Representative of the Centre for Open and Lifelong Learning (COLL)

1.2.17 Representative of the Centre for Entrepreneurial Development (CED)

1.3 Meetings of the HIV and AIDS Task Force

This HIV and AIDS Task Force will meet twice per year (once per semester).

1.4 Functions of the HIV and AIDS Task Force

The functions of the HIV and AIDS Task Force shall be to:

- 1.4.1 formulate strategies for and oversee the implementation of the Polytechnic HIV & AIDS Policy;
- 1.4.2 engage in HIV/AIDS activities on the Polytechnic campus, and support the education and counselling for students and staff of the Polytechnic.
- 1.4.3 implement an HIV/AIDS education programme as set out in Annexure C;
- 1.4.4 raise awareness about HIV/AIDS as being a potential problem for both individuals, the institution and the Polytechnic community,
- 1.4.5 encourage appropriate responses to and support for staff and students living with HIV or AIDS;
- 1.4.6 encourage education and appropriate behaviour to limit the chances of infection;
- 1.4.7 undertake research on knowledge and attitudes about HIV/AIDS amongst staff and students, their sexual practices and other related issues by collecting HIV/AIDS statistics, conducting workshops and surveys;
- 1.4.8 maintain a database of HIV and AIDS related research and other activities being undertaken by departments and divisions of the Polytechnic;
- 1.4.9 co-ordinate support services for students and staff who have HIV/AIDS related concerns;

1.4.10 make presentations to the Polytechnic for inclusion of HIV/AIDS related issues in relevant curricula;

1.4.11 act in an advisory capacity to the Polytechnic and communicate relevant concerns to the wider Polytechnic community; and

1.4.12 liaises with government and NGO's as well as other tertiary education institutions and schools.

1.5 Co-operation and Consultation

The HIV/AIDS Task Force will consult with and seek the co-operation of other campus services and divisions in order to effectively fulfil its mandate.

1.6 Reporting

The HIV and AIDS Task Force shall report to the Rector on a semesterly basis.

2. Budget

The Polytechnic commits to making adequate provision in its budget allocation as far as possible for the effective implementation of the policy.

3. Planning and Impact Mitigation

HIV/AIDS has and will continue to have a significant impact on the Namibian school population, matriculation levels, enrolment levels, performance and graduations. The Polytechnic Task Force will assess how HIV/AIDS affect the Polytechnic and how the Polytechnic should respond.

4. Interaction with Civil Society

The Polytechnic commits to:

- 4.1 Establishing effective partnerships with HIV/AIDS service and other community-based organisations to co-ordinate and combine efforts in addressing aspects of HIV/AIDS.

- 4.2 Interacting with other educational institutions to share experiences and knowledge in effectively and appropriately responding to HIV/ AIDS in the education sector; and ensure that the HIV/ AIDS pandemic/epidemic is dealt with in a co-ordinated and united fashion.

5. Regular Review

The HIV/AIDS epidemic is continually evolving. Various aspects of the pandemic/epidemic may change from time to time as scientific and medical knowledge of the epidemic progresses. These changes may necessitate changes in the policy. The policy should accordingly be reviewed regularly and adapted to changing circumstances.

ANNEXURE B: UNIVERSAL PRECAUTIONS

1. Blood, especially in large spills such as from nosebleeds, and old blood or bloodstains, should be handled with extreme caution. Skin accidentally exposed to blood should be washed immediately with soap and running water. All bleeding wounds, sores, breaks in the skin, grazes and open skin lesions should ideally be cleaned immediately with running water and/or other antiseptics. If there is a biting or scratching incident where the skin is broken, the wound should be washed and cleaned under running water, dried, treated with antiseptic and covered with a waterproof dressing. Blood splashes to the face (mucous membranes of eyes, nose or mouth) should be flushed with running water for at least three minutes.
2. Disposable bags or incinerators must be made available to dispose of sanitary wear.
3. All open wounds, sores, breaks in the skin, grazes and open skin lesions should be covered completely and securely at all times with a non-porous or waterproof dressing or plaster so that there is no risk of exposure to blood.
4. Cleaning and washing should always be done with running water and not in containers of water. Where running tap water is not available, containers should be used to pour water over the area to be cleaned. Educational institutions without running water should keep a supply on hand specifically for use in emergencies (for instance, in a 25-litre drum). This water can be

- kept fresh for a long period of time by adding a disinfectant, such as Milton, to it.
5. All persons should wear protective latex gloves or plastic bags over their hands when attending to blood spills, open wounds, sores, breaks in the skin, grazes, open skin lesions, body fluids and excretions. Doing this will effectively eliminate the risk of HIV transmission. Bleeding can be managed by compression with material that will absorb the blood (for instance, a towel).
 6. If a surface has been contaminated with body fluids and excretions which could include some blood (for instance tears, saliva, mucus, phlegm, urine, vomit, faeces and pus), that surface should be cleaned with running water and household bleach (1:10 solution) using paper or disposable cloths. The person doing the cleaning must wear protective gloves or plastic bags over their hands.
 7. Blood-contaminated material should be sealed in a plastic bag and incinerated or sent to an appropriate disposal firm. Tissues and toilet paper can be flushed down a toilet.
 8. If instruments (for instance scissors) become contaminated with blood or other body fluids, they should be washed and placed in a household bleach solution for at least one hour before drying and re-using.
 9. Needles and syringes should be safely disposed of and not be re-used.

RECOMMENDED CONTENTS OF FIRST AID KITS

- two large and two medium pairs of disposable latex gloves
- two large and two medium pairs of household rubber gloves (for handling blood-soaked material in specific instances such as when broken glass makes the use of latex gloves inappropriate)
- absorbent material
- waterproof plasters
- disinfectant (such as hypo chloride)
- scissors
- cotton wool
- gauze tape
- tissues
- water containers
- resuscitation mouthpiece or similar device with which mouth-to-mouth resuscitation can be applied without any contact being made with blood or other body fluids
- protective eye wear
- protective facemask to cover nose and mouth.

ALTERNATIVES

The universal precautions help prevent contact with blood and other body fluids. Less sophisticated items than those described above can also be used, such as:

- unbroken plastic bags on hands where latex or rubber gloves are not available
- common household bleach for use as disinfectant (diluted one part bleach to ten parts water [1:10 solution])
- spectacles instead of protective eye wear
- a scarf instead of a protective face mask.

Used items should be dealt with as indicated in paragraphs 7 to 9 above.

ANNEXURE C: CONTENT OF HIV AND AIDS EDUCATION PROGRAMMES

The content of HIV and AIDS education programmes should include the following:

1. providing information on HIV and AIDS and developing the life skills necessary, including decision making regarding sexual and social behaviour, for the prevention of HIV transmission;
2. teaching basic first-aid principles, including how to deal with bleeding and other necessary safety precautions;
3. emphasising the role of drugs, sexual abuse, violence, and sexually transmitted diseases (STD's) in the transmission of HIV, and empowering students to deal with these situations;
4. encouraging students to make use of health care, counselling and support services offered by the Polytechnic and community service organisations and other disciplines (including services related to reproductive health care and the prevention and treatment of sexually transmitted diseases);
5. teaching students how to behave towards persons with HIV and AIDS, raising awareness about prejudice and stereotypes concerning HIV and AIDS;
6. cultivating an enabling environment and a culture of non-discrimination towards persons with HIV and AIDS;
7. providing information on appropriate prevention and avoidance measures. Such measures should include abstinence from sexual intercourse, the use of condoms, faithfulness to one's partner, obtaining prompt medical treatment for sexually transmitted diseases and tuberculosis (TB), avoiding traumatic contact with blood, and the application of universal precautions; and
8. providing information on living positively with HIV and AIDS and on caring for family members who are living with HIV or AIDS.

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POLYTECHNIC OF NAMIBIA

CONSTITUTION

OF THE

POLYTECHNIC AIDS

AWARENESS CLUB

(PAAC)

1. NAME

The name of the club shall be the Polytechnic AIDS Awareness Club hereby referred to as PAAC.

2. AIMS AND OBJECTIVES

- 2.1 To raise awareness among the Polytechnic community and the broader Namibian community about HIV/AIDS.
- 2.2 To promote the prevention of HIV/AIDS.
- 2.3 To create a support system for HIV/AIDS sufferers at the Polytechnic and the broader community.
- 2.4 To assist students in exploring cultural and personal attitudes, beliefs and values.
- 2.5 To encourage students to participate fully in the fight against Sexually Transmitted Diseases including HIV/AIDS and other health problems such as Teenage Pregnancies and Alcohol abuse.
- 2.6 To ensure that help and advice is more accessible and to develop user friendly resources packages for the students.
- 2.7 To foster and encourage working relationships with other AIDS clubs.
- 2.8 To encourage healthy debate about HIV/AIDS, STD's etc. and other health issues.

3. MEMBERSHIP

- 3.1 Membership shall be open to all Polytechnic students, staff members and Alumni.
- 3.2 Members need to be committed to the aims and objectives of the club.
- 3.3 Every member shall pay an annual membership fee as determined by the committee and club members.
- 3.4 All interested parties shall apply for membership, after which membership cards will be granted.

4. TERMINATION OF MEMBERSHIP

- 4.1 Any member can resign by writing a resignation letter to the committee.
- 4.2 Failure to subscribe to the Code of Conduct of the club.

5. CODE OF CONDUCT

- 5.1 All members shall protect and uphold the Constitution of the club.
- 5.2 All members shall maintain confidentiality
- 5.3 All members shall adhere to the rules and regulations of the Polytechnic of Namibia.

6. THE EXECUTIVE COMMITTEE

6.1 Duties and Responsibilities

- 6.1.1 To promote the interest and welfare fo the club and it's members.
- 6.1.2 Shall be the leaders of the club.
- 6.1.3 To facilitate the implementation of policies and resolutions.
- 6.1.4 Shall delegate obligations or duties to Club members

6.2 Term of Office

Term of office shall be one year.

6.3 Members of the committee

The executive committee shall consist of the following members:

- 6.3.1 Chairperson
- 6.3.2 Vice-chairperson
- 6.3.3 Secretary
- 6.3.4 Treasurer
- 6.3.5 Public Relations Officer
- 6.3.6 2 Assistants

7. DUTIES FO THE OFFICE BEARES

7.1 Chairperson

- 7.1.1 Shall be the official spokesperson of the club.
- 7.1.2 Shall be the chief co-ordinator
- 7.1.3 Shall be the main link between PAAC and other Club/Societies.
- 7.1.4 Shall be the link between PAAC and other offices or bodies at the Polytechnic of Namibia and other bodies.

7.2 Vice-Chairperson

- 7.2.1 Shall assist and deputize the chairperson.
- 7.2.2 Shall resume the duties and responsibilities of the chairperson in his/her absence.

7.3 Secretary

- 7.2.3 Shall be the chief administrator
- 7.2.4 Shall be responsible for the agenda and minutes of the club.
- 7.2.5 Shall register all members of the club and issue membership cards.

7.4.1 Treasurer

- 7.4.2 Shall be responsible for administration of all financial transactions of the club.
- 7.4.3 Shall collect annual membership fees.
- 7.4.4 Shall be responsible to submit a financial report as needed.
- 7.4.5 Shall be responsible for the safekeeping of all funds and assets of the club.

7.5 Public Relation Officer

- 7.5.1 Shall be the official spokesperson of the club.

7.6 Assistants

- 7.6.1 Shall assist the other executive members as requested or needed.

8. AMENDMENTS TO CONSTITUTION

The constitution shall be amended by two-thirds (2/3) majority of the PAAC members.

Appendix C – HIV/AIDS Quilt and Example Friendly Corner



Appendix D – Survey: Polytechnic HIV/AIDS Awareness Campaign 2006



POLYTECHNIC OF NAMIBIA

SURVEY: POLYTECHNIC HIV/AIDS AWARENESS CAMPAIGN 2006

A. Please complete the following demographic information.

Name of School:	School of Business & Management (SBM)		<input type="checkbox"/>
	Major: Accounting & Finance	<input type="checkbox"/>	
	Business Management	<input type="checkbox"/>	
	Economics	<input type="checkbox"/>	
	Public Management	<input type="checkbox"/>	
	School of Communications, Legal & Secretarial Studies (SCLS)		<input type="checkbox"/>
	Major: Communication Department	<input type="checkbox"/>	
	Media Technology	<input type="checkbox"/>	
	Secretarial Studies	<input type="checkbox"/>	
	Legal Studies	<input type="checkbox"/>	
	School of Engineering (SE)		<input type="checkbox"/>
	Major: Mathematics & Statistics	<input type="checkbox"/>	
	Civil Engineering	<input type="checkbox"/>	
	Mechanical Engineering	<input type="checkbox"/>	
	Electrical/Electronic Engineering	<input type="checkbox"/>	
	Vocational Training	<input type="checkbox"/>	
	School Information Technology (SIT)		<input type="checkbox"/>
	Major: Basic Computer Studies	<input type="checkbox"/>	
	Software Engineering	<input type="checkbox"/>	
	Network Administration	<input type="checkbox"/>	
	Business Computing	<input type="checkbox"/>	
	School of Natural Resources & Tourism (SNRT)		<input type="checkbox"/>
	Major: Nature Conservation	<input type="checkbox"/>	
	Agriculture	<input type="checkbox"/>	
	Hospitality & Tourism	<input type="checkbox"/>	
	Land Management	<input type="checkbox"/>	
Gender:	Female.....		<input type="checkbox"/>
	Male.....		<input type="checkbox"/>
Marital Status:	Single.....		<input type="checkbox"/>
	Married.....		<input type="checkbox"/>
	Divorced.....		<input type="checkbox"/>
	Cohabitation.....		<input type="checkbox"/>
Year:	First		<input type="checkbox"/>
Year.....	Second		<input type="checkbox"/>
Year.....	Third		<input type="checkbox"/>
Year.....	Fourth		<input type="checkbox"/>
Year.....			<input type="checkbox"/>

Mode:	Full-	<input type="checkbox"/>
time.....		
	Part-	<input type="checkbox"/>
Time.....		
Distance.....		<input type="checkbox"/>
Age:	16 –	<input type="checkbox"/>
20.....		
	21 –	<input type="checkbox"/>
25.....		
	26 –	<input type="checkbox"/>
30.....		
	30	<input type="checkbox"/>
>.....		
Financial Support:	Government	<input type="checkbox"/>
Bursary.....		
Business.....		<input type="checkbox"/>
(Parents/Guardian).....	Private	<input type="checkbox"/>
	Other (specify)	<input type="checkbox"/>
.....		

B. SEXUAL BEHAVIOUR CHANGE

Please circle the number that best describe your response.

	Yes 1	No 2	Partly 3
B.1. The Polytechnic HIV/AIDS Awareness Campaign had an impact on my behaviour change.	1	2	3
B.2. I have changed my own sexual behaviour as a result of AIDS.	1	2	3
B.3. I have been sexually active in the last twelve months.	1	2	3
B.4. I'm always practicing safer sex.	1	2	3
B.5. I had sexual intercourse with someone I don't know?	1	2	3
B.6. Abstinence is a way of preventing the spread of HIV/AIDS?	1	2	3
B.7. One should go for treatment when you suspected sores near your sex organs?	1	2	3
B.8. I had unprotected sex with someone recently while I was under the influence of alcohol?	1	2	3
B.9. I have changed my sexual behaviour after I went for Voluntary Counseling and Testing?	1	2	3
B.10. One should go for Anti-Retroviral Treatment (ARV) after you were tested HIV positive?	1	2	3
B.11. I share the view of HIV positive people to "infect other people as a way of taking revenge?"	1	2	3

C. KNOWLEDGE

Please circle the number that best describe your response.

	Yes 1	No 2	Partly 3
C.12. The Polytechnic HIV/AIDS Awareness Campaign serves as an education tool to mitigate the impact of HIV/AIDS on the youth.	1	2	3
C.13. I have learned a lot from the Polytechnic HIV/AIDS Awareness Campaign.	1	2	3
C.14. Using a condom can lower your chance of being infected with HIV.	1	2	3
C.15. Having safe sex with more than one partner increases your chance of getting AIDS..	1	2	3
C.16. You can always tell if someone has AIDS by looking at them.	1	2	3
C.17. There is a cure for AIDS.	1	2	3
C.18. I have heard many service public announcement on AIDS in the last three months?	1	2	3

C.19. I have seen brochures or pamphlets about AIDS?	1	2	3
C.20. A person can get HIV by donating blood	1	2	3
C.21. Someone can be tested HIV positive two weeks after they suspected that they have been infected.	1	2	3
C.22. A negative HIV test result means no antibodies were found in the blood at the time of testing.	1	2	3
C.23. A positive HIV result means a person is immune to AIDS.	1	2	3

D. ATTITUDES

Please circle the number that best describe your response.	Yes 1	No 2	Partly 3
D.24. I attend the Polytechnic HIV/AIDS Awareness Campaign every year.	1	2	3
D.25. Being around with someone with AIDS will not put my health in danger.	1	2	3
D.26. Only disgusting people get AIDS.	1	2	3
D.27. People get AIDS by performing unnatural sexual acts.	1	2	3
D.28. Student can be infected with HIV by sitting next to or playing ball with a student that is HIV positive.	1	2	3
D.29. People who have AIDS should live far away from other people.	1	2	3
D.30. It would be alright for me to be in the same class with someone who has AIDS.	1	2	3
D.31. I would feel comfortable hugging a close friend who has AIDS.	1	2	3
D.32. A person who has AIDS should not be allowed to eat lunch with other students.	1	2	3
D.33. I feel we should do more for people living with HIV/AIDS (PLWHA).	1	2	3
D.34. I would get tested if I thought I might have HIV	1	2	3

E. CONFIDENCE IN SEXUAL PRACTICE

Please circle the number that best describe your response.	Yes 1	No 2	Partly 3
E.35. I feel confident in my ability to put a condom on myself or my partner(s).	1	2	3
E.36. I feel confident in my ability to persuade a partner to accept using a condom whenever we have intercourse.	1	2	3
E.37. It is likely that you will be infected with HIV/AIDS in the future?	1	2	3
E.38. It is embarrassing to use a condom.	1	2	3
E.39. It is alright to say "no" to friends when they want me to do things I do not want to do.	1	2	3
E.40. If your girl/boyfriend wants you to have sex, it is better to agree than to lose him/her.	1	2	3
E.41. A person does not have to feel bad about delaying or refusing sex.	1	2	3
E.42. "No condom, no sex" is a good rule to protect yourself from HIV and STI's.	1	2	3
E.43. Voluntary Counseling and Testing is important to make informed decisions about the future.	1	2	3

F. BELIEFS

Please circle the number that best describe your response.	Yes 1	No 2	Partly 3
F.44. It is important to attend the Polytechnic HIV/AIDS Awareness Campaign.	1	2	3
F.45. The likelihood of getting AIDS would reduce if you taking proper precautions.	1	2	3

F.46. It is likely that you have already been exposed to HIV.	1	2	3
F.47. It is likely that you can contract AIDS sometime during your life.	1	2	3
F.48. AIDS affects only the poor and uneducated.	1	2	3
F.49. You can contract HIV by using a phone that has just been used by someone with AIDS.	1	2	3
F.50. You can get HIV if a person with AIDS coughs or sneezes near you.	1	2	3
F.51. You can get HIV by coming in contact with an infected person's tears	1	2	3
F.52. You can be infected with HIV from hot tubs or swimming pools.	1	2	3
F.53. A person with a negative blood test result during the "window period" is not likely to transmit the virus through blood transfusion.	1	2	3
F.54 You can be cured from AIDS by having sex with a virgin.	1	2	3
F.55. AIDS is some type of punishment for sin.	1	2	3

D. OPEN ENDED QUESTION

D.56. What new element(s) would you recommend for the Polytechnic HIV/AIDS Awareness Campaign?

.....

.....

.....

.....

D.57. How did you come to know about the Polytechnic HIV/AIDS Awareness Campaign?

.....

.....

.....

.....

D. 58. Which barriers prevent the Polytechnic from addressing issues on the HIV/AIDS pandemic effectively?

.....

.....

.....

.....

Appendix E – Student Questionnaire for Future Ongoing Evaluation



Polytechnic of Namibia
&
Worcester Polytechnic Institute
HIV Prevention Education Program Evaluation Team



STUDENT CONSENT FORM TO TAKE PART IN THE POLYTECHNIC HIV/AIDS AWARENESS & PREVENTION PROGRAMS STUDY

Dear Student,

The HIV/AIDS pandemic is the greatest threat facing Namibia today. The pandemic has had devastating effects on the Education Sector in Namibia. In response to the threat HIV/AIDS poses to society, the Polytechnic of Namibia started HIV/AIDS awareness activities under the auspices of the Office of the Dean of Students.

The major objectives of this study are to evaluate the effectiveness of these HIV/AIDS awareness efforts and to assess the type of behaviour that might have put students at the risk of HIV/AIDS infection. You are being asked to take part in a study of the HIV/AIDS programs at the Polytechnic of Namibia which is being conducted by the HIV Prevention Education Program Evaluation Team from Worcester Polytechnic Institute, sponsored by the office of the Dean of Students at the Polytechnic of Namibia.

CONFIDENTIALITY

All the information you provide in this survey will be treated with strict confidence. Nowhere in this survey will any identifying information be linked to you. All surveys will be compiled randomly. There will be no way of connecting your answers in this survey to you. You are therefore being asked to be as objective and honest as possible in your answers. Please read the disclaimer below:

I have read and understood the contents of the consent. I have no objection to imparting information which will be used in this study on the HIV/AIDS awareness programs. By taking part in the study, I acknowledge my consent and understanding that all surveys will be kept under strict confidentiality.

Thank you

Survey: Polytechnic HIV/AIDS Awareness Activities

HIV and STI Knowledge

Circle the number for each question that most closely relates to your knowledge

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
1	2	3	4	5	1. There is no cure for AIDS.
1	2	3	4	5	2. HIV is transmitted through blood, semen and vaginal fluids.
1	2	3	4	5	3. You can get HIV if you have sex without a condom once.
1	2	3	4	5	4. HIV can be transmitted by hugging a person who has HIV or AIDS.
1	2	3	4	5	5. The chance of getting infected with HIV or STI's greatly increases with having multiple sexual partners.
1	2	3	4	5	6. A good defense against HIV and STIs is to abstain from sexual intercourse.
1	2	3	4	5	7. A condom can be used more than once and still be effective.
1	2	3	4	5	8. A person can get HIV from living in the same home with a person who has HIV or AIDS.
1	2	3	4	5	9. You can always tell if someone has HIV by looking at them.
1	2	3	4	5	10. A person with a negative blood test result during the "window period" means that they definitely are not infected with HIV.

Attitudes:

Circle the number for each question that most closely relates to your attitudes.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
1	2	3	4	5	1. It is alright to have sex without a condom, because your chance of getting infected with HIV is very low.
1	2	3	4	5	2. If people think they might have sex with a partner, they should carry a condom with them.
1	2	3	4	5	3. It is alright to say "no" to friends when they want me to do things I do not want to do.
1	2	3	4	5	4. If your boy/girlfriend wants you to have sex, it is better to agree rather than to lose him/her.
1	2	3	4	5	5. Being around someone with AIDS will put my health in danger.
1	2	3	4	5	6. People who have AIDS should live and work separate from other people.
1	2	3	4	5	7. I would feel comfortable being close to someone with HIV.
1	2	3	4	5	8. I feel we should do more to help people living with HIV/AIDS.

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

9. I would be too embarrassed to ask for a condom.
 10. I would only get tested if I thought I might have HIV.
 11. Being HIV positive means your life is over.

Beliefs:

Circle the number for each question that most closely relates to your beliefs.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

1. The likelihood of getting AIDS would reduce if I take proper precautions.
 2. It is likely I will contract AIDS sometime during my life.
 3. AIDS only affects the poor and uneducated.
 4. I can get HIV if a person with AIDS coughs near me.
 5. I can avoid contracting AIDS by washing myself thoroughly after sex, even if I don't use a condom.
 6. I don't need to use a condom if I have been dating someone for a long time.
 7. People who get HIV deserve the virus.
 8. Only those who think they may have HIV should get tested.
 9. If a person goes to get tested it means they have done a sinful act and should be ostracized.

Awareness Campaign

Circle the number for each question that most closely relates to your answer.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

1. The PoN has AIDS awareness activities on campus.
 2. The Polytechnic HIV/AIDS Awareness Campaign happens every year.
 3. I have previously attended the Awareness Campaign.

If you answered "Neutral, Disagree or Strongly Disagree" to question 3, skip questions 4 and 5.

1	2	3	4	5
1	2	3	4	5
1	2	3	4	5
1	2	3	4	5

4. I have learned from the campaign.
 5. I have changed my behavior in some way due to the campaign.
 6. I Plan on attending the Awareness campaign this year.
 7. The Campaign is effective in getting its message across.

Polytechnic AIDS Awareness Club (PAAC):

Circle the number for each question that most closely relates to your answer.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
1	2	3	4	5	1. I am aware of the Polytechnic AIDS Awareness Club (PAAC).
1	2	3	4	5	2. I have attended a PAAC meeting.
1	2	3	4	5	3. I have attended a PAAC sponsored event.
1	2	3	4	5	4. The PAAC is respected by the university community.
1	2	3	4	5	5. I know that it is not a requirement to get an HIV test in order to join the PAAC.
1	2	3	4	5	6. Only those who are infected or have family that is infected with HIV should be members of PAAC.
1	2	3	4	5	7. The PAAC provides useful service to the community.
1	2	3	4	5	8. I would only attend a PAAC event in order to get a T-shirt.

New Student Orientation Presentation on HIV/AIDS

Circle the number for each question that most closely relates to your answer.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
1	2	3	4	5	1. I attended the New Student Orientation (NSO) presentation.
1	2	3	4	5	2. I remember the New Student Orientation (NSO) presentation on HIV/AIDS.

If you answered “Neutral, Disagree or Strongly Disagree” to questions 1 or 2, skip questions 2-11.

1	2	3	4	5	3. The NSO presentation on HIV/AIDS was informative.
1	2	3	4	5	4. I was not interested in the NSO presentation.
1	2	3	4	5	5. I was uncomfortable with the material presented during the NSO presentation.
1	2	3	4	5	6. I felt comfortable with having the presentation in a large group.
1	2	3	4	5	7. I would remember more of the NSO presentation if it had been more interactive.
1	2	3	4	5	8. I was embarrassed by the condom demonstration given by the nurse.
1	2	3	4	5	9. It would have been more effective if a student had given the condom demonstration.
1	2	3	4	5	10. The NSO presentation was pointless.
1	2	3	4	5	11. The information presented at NSO would have been more effective if given in smaller groups.
1	2	3	4	5	12. The information presented at NSO was information I already knew.

Open Ended Questions

Please write out answers to the following questions.

1. What do you know about what the AIDS Awareness Club does?

2. Where have you seen information about HIV/AIDS around campus?

3. What types of HIV/AIDS-related awareness activities would you participate in if they were offered?

4. What do you think is the biggest barrier to open communication about HIV/AIDS and STIs?

5. If you are not already a member of the AIDS Awareness Club, is there any reason why you have not joined? Please explain.

6. I would attend the Annual AIDS Awareness Campaign if:

Please complete the following demographic information

School: School of Business & Management
 School of Communication, Legal & Secretarial
 Studies (SCLS)
 School of Engineering (SOE)
 School of Information Technology (SIT)
 School of Natural Resources & Tourism (SNRT)

Year: First Year
 Second Year
 Third Year
 Fourth Year

Age: 16-18
 19-21
 22-24
 25-27
 28-30
 31 and above

Gender: Male
 Female

Financial Support Government Bursary
 Business
 Private (Parents/Guardian)
 Community
 Other (please specify)

Home Region Caprivi
 Erongo
 Hardap
 Karas
 Kavango
 Khomas
 Kunene
 Ohangwena
 Omaheke
 Omusati
 Oshana
 Oshikoto
 Otjozondjupa
 Others (please specify)

Appendix F – Polytechnic AIDS Awareness Club Member Interviews

PAAC

1. What are you studying, and what year are you in?
2. How long have you been involved with the Polytechnic AIDS Awareness Club?
3. How did you find out about the PAAC?
4. If you don't mind us asking – Why did you get involved with the PAAC?
5. Were you involved in an AIDS club in secondary school?
6. What is your favorite part of being involved in the club?
 - a. Least favorite?
7. What do you think the clubs strengths are?
8. What do you think needs to be improved upon?
9. Do you think that being in the club has had an effect on you?
 - a. How so?
10. What do you think about how the club is run?
11. How visible do you think the club is on campus?
 - a. How do you think the campus feels about the club?
12. Do you know what the club's objectives are?
 - a. Do you think the club meets its objectives?
13. Have you gone through the life skills training given by the Catholic AIDS Action group?
 - a. What are your opinions on it?
 - b. Would you like to see a more in depth training?
 - c. Would you be opposed by being trained by fellow club members?
14. How do you feel about the amount of outreach the club currently does?
 - a. What other types of outreach do you think should be done?
15. Do you feel that the PAAC members have enough input in the planning of activities?
 - a. If not, how do you think this could be remedied?
16. What do you think keeps students from joining the club?
17. Do you feel that the club creates a supportive environment for those infected and affected with HIV/AIDS?
18. General HIV/AIDS
19. What do you think are the general attitudes towards and beliefs about HIV/AIDS on campus?
20. What do you think is the best method of prevention against HIV?
21. Do you think that your fellow students generally know what behaviors increase their risk of HIV infection?
 - a. Do you think that they avoid these behaviors?
22. Are the supplies needed for safe behavior available and affordable o students?

New Student Orientation

23. Do you remember the presentation on HIV/AIDS given during New Student Orientation?
 - a. What did you think about it?
 - b. How do you think it could be improved?
 - c. Do you think the club could be more involved in NSO?
 - i. What do you think they could do?

- ii. Do you think the club would be opposed to taking part in demonstrations during the presentation?

Awareness Campaign

- 24. Have you attended the PoN's previous campaigns?
 - a. What did you think about them?
- 25. Have you been involved in planning any of the previous campaigns?
 - a. Were you interested in being more involved?
 - b. Why were you not more involved?
- 26. Do you think it had a positive impact on the PoN community?
- 27. What do you think was the best part of the campaign?
 - a. The worst?
- 28. What would you like to see in this year's or future campaigns?
 - a. What issues do you feel need to be addressed during the campaign?

Testing

- 29. In your opinion, how do you think the campus feels about Voluntary Counseling and Testing?
 - a. What, if anything, keeps people from getting tested?
 - b. If they do want to get tested, what keeps them from doing it?
- 30. What do you think would help more people to get tested?
- 31. How do you feel about testing?

Appendix G – Participation Form for Interviews

Participation Form and Statement of Rights

Thank you for taking the time to participate in the interview regarding the AIDS Awareness programs and services at the Polytechnic of Namibia. The data collected in the course of this interview will assist the research team in understanding the current effects of the Polytechnic of Namibia's programs on the community. We have asked you to participate because we believe your particular role in the Polytechnic community gives you essential knowledge of these issues.

The interview will take about an hour. Your participation is entirely voluntary. You may refuse to discuss any question or ask any of us to leave the room at any time during the interview if you feel uncomfortable. If a question comes up with which you feel uncomfortable, please inform the interviewer immediately. You are assured complete anonymity and confidentiality. Your name will not be used in any subsequent report or publication without your permission.

If you do not mind, we would like to take notes and record the interview. You can be assured our notes and digital files will be secured and that they will not be shared with anyone outside the research team.

I, _____, agree to participate in the interview.
[print name]

Signature: _____, date _____

Initial for recording _____

Interviewer signature: _____

Appendix H – Results from 2006 Polytechnic AIDS Awareness Campaign

Questionnaire

B. KNOWLEDGE	YES	NO	Partly	n=
B.1. The Polytechnic HIV/AIDS Awareness Campaign serves as an education tool to reduce the impact of HIV/AIDS on the youth.	64%	9%	28%	381
B.2. I have learned a lot from the Polytechnic HIV/AIDS Awareness Campaign.	21%	51%	28%	372
B.3. Using a condom can lower one's chances of being infected with HIV.	76%	9%	15%	389
B.4. You can always tell if someone has AIDS by looking at them.	5%	88%	7%	390
B.5. There is a cure for AIDS	8%	85%	6%	386
B.6. I have heard many service public service announcements on AIDS in the last three months.	51%	23%	26%	388
B.7. I have seen brochures or pamphlets about AIDS.	78%	14%	8%	387
B.8. Someone can be tested HIV positive two weeks after they suspected that they have been infected.	28%	50%	22%	384
B.9. A negative HIV test result means no antibodies were found in the blood at the time of testing.	38%	55%	7%	378
B.10. A positive HIV result means a person is immune to AIDS.	42%	52%	6%	385
C. ATTITUDE				
C.11. I attend the Polytechnic HIV/AIDS Awareness Campaign every year.	10%	73%	17%	373
C.12. Being around someone with AIDS will not put my health in danger.	60%	27%	13%	389
C.13. Only disgusting people get AIDS.	3%	95%	3%	386
C.14. Students can be infected with HIV by sitting next to or playing ball with a student who is HIV positive.	2%	98%	1%	389
C.15. People who have AIDS should live far away from other people.	5%	93%	2%	389
C.16. It would be alright for me to be in the same class with someone who has AIDS.	87%	9%	4%	389
C.17. I would feel comfortable hugging a close friend who has AIDS.	74%	12%	14%	388
C.18. A person who has AIDS should not be allowed to eat lunch with other students.	7%	90%	3%	385
C.19. I feel we should do more for people living with HIV/AIDS (PLWHA).	90%	3%	6%	387
C.20. I would get tested if I thought I might have HIV.	74%	13%	13%	383
D. BELIEF				
D.21. It is important to attend the Polytechnic HIV/AIDS Awareness Campaign.	75%	5%	20%	388
D.22. The likelihood of getting AIDS would reduce if I take proper precautions.	87%	5%	8%	386
D.23. It is likely that I have already been exposed to HIV.	28%	51%	21%	382
D.24. It is likely that I can contract AIDS sometime during my life.	49%	26%	25%	381
D.25. AIDS affects only the poor and uneducated.	3%	94%	3%	386
D.26. I can contract HIV by using a phone that has just been used by someone with AIDS.	4%	95%	1%	388
D.27. I can get HIV if a person with AIDS coughs or sneezes near me.	4%	88%	8%	386
D.28. I can get HIV by coming in contact with an infected person's tears.	6%	83%	11%	384
D.29. I can be infected with HIV from hot tubs or swimming pools.	4%	85%	10%	382
D.30. A person with a negative blood test result during the "window period" is not likely to transmit the virus through blood transfusion.	19%	59%	22%	374
D.31. I can be cured of AIDS by having sex with a virgin.	4%	95%	1%	387

D.32. AIDS is some type of punishment for sin.	33%	46%	21%	383
E. SEXUAL BEHAVIOUR CHANGE				
E.33. The Polytechnic HIV/AIDS Awareness Campaign had an impact on my behaviour change.	36%	37%	28%	374
E.34. I have changed my own sexual behaviour as a result of AIDS.	77%	13%	10%	383
E.35. I have been sexually active in the last twelve months.	30%	58%	12%	383
E.36. I'm always practising safe sex.	75%	16%	10%	376
E.37. I have sexual intercourse with someone I don't know.	13%	84%	3%	382
E.38. Abstinence is a way of preventing the spread of HIV/AIDS.	90%	4%	6%	388
E.39. One should go for treatment when one has sores near one's sex organs.	88%	7%	5%	383
E.40. I had unprotected sex with someone recently while I was under the influence of alcohol.	8%	90%	2%	379
E.41. I have changed my sexual behaviour after I went for Voluntary Counseling and Testing.	43%	41%	16%	364
E.42. One should go for Anti-Retroviral Treatment (ARV) after one has tested HIV positive.	82%	9%	9%	380
D. CONFIDENCE IN SEXUAL PRACTICE				
F.43. I feel confident in my ability to put a condom on myself or my partner(s).	83%	6%	10%	380
F.44. I feel confident in my ability to persuade a partner to accept using a condom whenever we have intercourse.	89%	5%	6%	380
F.45. It is likely that I will be infected with HIV/AIDS in the future.	22%	45%	33%	384
F.46. It is embarrassing to use a condom.	7%	90%	3%	380
F.47. It is alright to say "no" to friends when they want me to do things I do not want to do.	87%	9%	4%	385
F.48. If my girl/boyfriend wants to have sex with me, it is better to agree than to lose him/her.	17%	77%	6%	385
F.49. A person does not have to feel bad about delaying or refusing sex.	83%	10%	6%	381
F.50. "No condom, no sex" is a good rule to protect myself from HIV and STI's.	89%	6%	4%	380
F.51. Voluntary Counseling and Testing is important to make informed decisions about the future.	91%	3%	7%	380

Appendix I – PAAC Pamphlet

HIV Facts

- More than 368,000 Namibians are infected with HIV
- HIV can be prevented through the ABC's
- About 1/2 of new HIV infections occur between the ages of 15 and 24.
- By 2020, Namibia is expected to loose 1/4-1/3 of its workforce due to AIDS
- Awareness is the Key!



The Rector and the Mayor forming the Human Ribbon during the 2005 Awareness Campaign



Coordinator: Alta McNally
Office of the Dean of Students
Tele:
Post:



If you're not Infected,
you're Affected.

**Polytechnic AIDS
Awareness Club**



Polytechnic of
Namibia

Polytechnic AIDS Awareness Club

The Polytechnic AIDS Awareness Club (PAAC) is the main student group at the PoN involved with the awareness and prevention of HIV, STI's, and other health risks. The objectives and aims of the PAAC are:



Club members at a club meeting at Parliament Park

1. To raise awareness among the PoN and broader community about HIV/AIDS
2. To promote prevention of HIV/AIDS
3. To create a support system for HIV/AIDS sufferers at the PoN and broader community
4. To assist students in exploring cultural and personal attitudes, beliefs and values
5. To encourage students to participate fully in the fight against STIs including HIV/AIDS and other health problems including teenage pregnancies and alcohol abuse
6. To ensure help and advice is available and to develop user friendly resource packages for the students
7. To foster and encourage working relationships with other AIDS clubs
8. To encourage healthy debate about HIV/AIDS, STI's and other health issues

Each club member undergoes life skills and HIV/AIDS awareness course provided by the club. The club meets once a week for one hour to discuss and plan HIV awareness and prevention activities. The club is involved in planning and participating in the AIDS Awareness Campaign, Condom Day, awareness activities around campus and community outreach.

Awareness

The club is involved with awareness programs around campus, including the HIV/AIDS Friendly Corners. These corners located around campus exhibit various HIV Information Education Communication materials for the student, staff, and faculty of the PoN. The club also raises awareness by performing dramas at the annual AIDS awareness campaign and demonstrations of correct condom use at the annual career fair.



PAAC member demonstrating condom use during the annual career fair

Outreach

Outreaches allow the club to give back to the community. The club performs outreaches throughout the year. These include:

- Testimonies from people living with HIV/AIDS
- Donations to Vulnerable Children
- Campus Awareness Activities



PAAC members at Pashukeni Primary School and Kinder Garden



PAAC members at an annual end of year party.

Meetings are held in the SRC Boardroom in the Office of the Dean of Students at 12:30 once a week. Contact the Office of the Dean of Students for more information.

Everyone is welcome!!!

Polytechnic of Namibia

Coordinator: Alta McNally
Office of the Dean of Students
Tele:
Post:

**Manual for the Analysis
of the
Polytechnic of Namibia's
HIV/AIDS Program
Survey**

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Introduction

It is important for HIV/AIDS prevention programs to perform regular self evaluations. This allows program facilitators to determine areas of strength and weakness, outcomes on HIV/STI rates and the program's impact on the target population's behaviors, beliefs and attitudes concerning HIV/AIDS. The provided survey allows program evaluators to determine the student population's beliefs, attitudes, and behaviors concerning HIV/AIDS. It also determines how the student population feels about the various HIV/AIDS programs offered to by the Polytechnic of Namibia. In this way, the HIV/AIDS program can continue to adapt and improve itself.

For example, the demographic information can be used to determine subpopulations within the university that are at greater risk. Therefore, the university can tailor activities that address the needs of this population. Also, the demographic information can determine populations that are at a lower risk. The university can then research what has caused this population to be at a lower risk and incorporate those strategies into its program.

This guide aims to be a manual on how to analyze the data from the HIV/AIDS survey and how to use the provided Microsoft Excel spreadsheet for the analysis. The guide does not assume that the program evaluator has statistical proficiency, however, basic familiarity with Microsoft Excel will be required. The following sections will detail the tests that should be used to analyze the data, what the tests outline, examples of the test's use and the steps within the spreadsheet for the analysis.

This manual will be in the possession of the PoN's HIV/AIDS program coordinator. A hard copy and a digital copy, through a CD, will be in the possession of the HIV/AIDS program coordinator. Included on the CD will be the manual, a copy of the survey, the 2007 HIV/AIDS prevention program assessment report and the spreadsheet for data input and analysis.

Chapter I: Sample Design and Data Input

1.1 Introduction

Correct sample design is an important process in the assessment of the student population. Biases in the data due to bad sample design can provide misleading data. Use of this data can result in unintended or undesirable consequences. For example, suppose a large majority of the sample happened to be members of sports teams and one of the questions is whether the students could spare the time to join a peer counseling program. Given this sample, many students might respond that they do not have the time. The university, seeing this result, therefore decides not to execute this program. The biased survey resulted in misleading data and so a possibly incorrect decision was made. For this reason correct sample design is important.

It is also important to easily code the results from the survey so that the information can be inputted into a computer, such as Microsoft Excel and calculated. Assigning numerical values to responses can make doing calculations within the Microsoft Excel spreadsheet easier to perform and with fewer steps.

1.2 Sample Selection

It is important for statistical analysis that the sample be as random as possible. Statistics are based on probabilities, so random samples are vital for the statistical tests to be valid. The best way of achieving a random representative sample would be to randomly select at least 500 students from the entire student population, however, this may be impractical.

A more practical method of selection would be to stratify the sample. This involves segmenting the student population by school. Each school will have the survey administered to a certain number of classes. These classes would be chosen at random for each school. Also, the number of classes to choose must be carefully considered so that the total sample size is at least 500 students. In this way, the school can get as large and random a sample as possible and still be able to easily administer the questionnaire.

1.3 Inputting the Data

Each questionnaire will be assigned a number that will have no connection to the respondent. This assigned number will be placed in the *respond* column on the “Responses” worksheet. A simple 1-xxx numbering scheme can be used. The respondent will be assigned an entire row for the input of his or her responses.

The questions on the survey were based on a Likert scale, which allows respondents to rate their response on a scale of: strongly agree, agree, neutral, disagree and strongly disagree. Each response is assigned a numerical value. The numerical value for each response will be inputted into the spreadsheet.

Example of Likert Scale

Strongly agree	Agree	Neutral	Disagree	Strongly disagree	No answer
1	2	8	3	4	0

The demographic information will also be coded numerically. This can be done by simply assigning a number to each demographic category. For example, the age groups can be coded as:

Region	Numerical Value
16-18	1
19-21	2
22-24	3
25-27	4
28-30	5
31 and above	6

An example of how to code the entire survey is provided in Appendix A. The coding is represented by red lettering.

Chapter II: Estimation

2.1 Descriptive Statistics

Descriptive statistics are estimated numerical values, such as proportions, means or medians, used to describe the target population's responses to questions or some status, such as weight, height or finances. These descriptive statistics are used to estimate the true numerical value of the population. In a census, which would test every member of the population, any proportion that is computed is the actual proportion of the target population. As a census of the entire student population would be time consuming, it is easier to administer the survey to a representative sample of the student population. This sample is only a portion of the population, so only an estimate of the true proportion can be obtained. Therefore, a single number would not be likely to be the true proportion. For this reason, descriptive statistics, confidence intervals in particular, are used to provide researchers estimates that can reasonably predict the true value.

2.2 Binomial Confidence Intervals

The sample only provides an estimate of the entire student population's true responses. Therefore, confidence intervals are used to show the range of values in which the true proportion of the population may exist (Devore & Farnum, 2005, p. 294). To do this, binomial (two-response) confidence intervals will be used. These confidence intervals will display the range of possible values in which the true proportion could exist. This interval is based on a confidence level; the confidence level describes the likelihood of the actual proportion lying within interval of plausible values, so the confidence level is the “strength” of the interval (Devore & Farnum, 2005, p. 294). The confidence level is chosen by the researcher based on how strong they would like the intervals to be. This test can allow the researcher to compare data from previous years. If the confidence intervals overlap, then the estimated proportions cannot be conclusively stated as different.

In order to transform the response scale to two responses, “strongly agree” and “agree” will be grouped together, as will their respective counterparts “strongly disagree” and “disagree.” Neutral will be considered a non response and will not be taken into account when calculating the proportion estimates. In this way, the scale can be reduced to only two possible responses. However, it is still important to count the number of non responses, as a large number of non responses can indicate biases or problems with the question (Good & Hardin, 2006). For this survey's analysis, use confidence levels of 99%, 97.5% and 95%.

As an example, the proportion of agree and strongly agree responses from the sample will be calculated. The formula to calculate the proportions is:

$$\frac{\# \text{ of agree responses} + \# \text{ of strong agree responses}}{\text{Total \# response}}$$

The # of total responses does not take into account the non responses (the no responses and the neutral responses). The calculations of confidence intervals can be done within the Microsoft Excel spreadsheet provided and the confidence level is calculated by this formula within the spreadsheet:

Formula 1

$$\frac{p + \frac{z^2}{2n} \pm z \sqrt{\frac{p(1-p)}{n} + \frac{z^2}{4*n^2}}}{1 + \frac{z^2}{n}}$$

p = proportion

n = sample size (does not include non responses and neutral responses)

z = strength (confidence) of test (for each confidence level use the given z value)

99% = 2.575

97.5% = 2.24

95% = 1.96

(Devore & Farnum, 2005, p. 305)

* The critical z values were obtained from tables within Dowdy, S., Wearden, S. & Chilko, D. (2004). *Statistics for Research* (3rd ed.). Hoboken, NJ, USA: John Wiley & Sons, Inc.

Example 1:

Question 1.01, "There is no cure for AIDS," will be used as an example. Suppose the tabulation of the surveys provides the following values:

Strongly agree	58
Agree	97
Neutral	23
Disagree	167
Strongly disagree	173
Total responses	495

The number of neutrals was discarded from the number of total responses. The number of non responses is recorded as 23. Therefore, the proportion of disagree and strongly disagree responses would be 0.687 (340/495). For the calculation: $p = 0.687$ and $n = 495$. Putting these numbers into formula 1 outputs: 0.637 – 0.733. Therefore, the true percentage of students who answered disagree or strongly disagree lies within the interval 63.7% and 73.3% with 99% confidence.

2.3 Microsoft Excel for Confidence Intervals

1. Open the spreadsheet file.
2. Go to the "Summary" worksheet.

Summary Responses Open Ended Calc Temp

3. Input the desired test strengths (confidence level). The confidence intervals will update automatically.

[Note: Use strength levels of 99, 97.5 and 95. Other values will return an error message.]

Question	Agree Response	Lower Limit	Upper Limit	Sample Size	Strength of Test	Nonresponse	Neutral Response	Do not use this column
4.01	96.97%	78.58%	99.64%	33	99	0	5	
4.02	96.67%	80.45%	99.51%	30	97.5	1	7	
4.03	40.63%	25.52%	57.74%	32	95	0	6	

Chapter III: Tests of Statistical Difference

3.1 Difference

Statistical methods will be used to verify if there are differences in responses between certain demographics or compared to responses to other questions. For example, it is possible to compare the differences in responses to a question between male and female subjects or between students of different schools. Since only a sample of students is being used, certain tests must be used to determine if any apparent difference in proportions are actually significant. For example, suppose 25% of males liked ice cream and 75% of females liked ice cream. The difference between these values seems to be large. But if the sample size is four males and four females, this difference is not likely to be representative of the entire population. These tests of difference, therefore, determine the likelihood that the proportions are different.

To establish difference, a chi squared test of independence can be used. Once difference has been established, the magnitude of the difference can be described by using descriptive statistics (See Chapter III). The direction and strength of the relationship can also be determined by using correlation (See Chapter IV).

3.2 Chi Squared (χ^2): Test of Independence

To determine if there are differences between the demographics, a chi squared test for independence should be used. This test will determine if there is a statistically significant difference in the responses to a particular question between the categories of a particular demographic or responses to another question. These variables could include age, home region, financial support, year, the school within the PoN, gender and the questions. For example, the difference in the response to a question about HIV/AIDS knowledge can be tested against regions to determine if the regions have different responses or against another question to determine if the questions have related results

The data will be represented in a table, such as the following:

	A	B	C	D	E	F
1		Response 1	Response 2	Response 3	Response 4	
2	Demographic 1					Row 2 total
3	Demographic 2					Row 3 total
4	Demographic 3					Row 4 total
5	Demographic 4					Row 4 total
6		Column B total	Column C total	Column D total	Column E total	Total

Non responses are discarded and replaced. To determine the χ^2 value for each cell with responses [cells B2:E5], use the following formula:

Formula 2

$$\frac{(o-e)^2}{e}$$

where o = observed values and e = estimated expected values

(Dowdy, Wearden & Chilko, 2004; Devore & Farnum, 2005)

The observed values are those produced by the survey; they are the values inputted into the table. The estimated expected values are determined by:

Formula 3

$$\frac{r * c}{t}$$

where r_i = row total, such as in cell F2,
 c_j = column total, such as in cell B6
 t = total, such as in cell F6

(Dowdy, Wearden & Chilko, 2004; Devore & Farnum, 2005)

To determine if the χ^2 value indicates a significant result, the degrees of freedom (df) must be calculated. The degrees of freedom are calculated by:

Formula 4

$$df=(r-1)(c-1)$$

where r = # of rows and c = # of columns.

(Dowdy, Wearden & Chilko, 2004; Devore & Farnum, 2005)

Finally, all the χ^2 values are summed and, with the degrees of freedom, tables within statistics books can provide the χ^2 value, or critical value, that is the minimum value to indicate a significant difference between demographics at various strength levels. Microsoft Excel can output the χ^2 probability value once the observed and estimated expected values are provided. Therefore, the tables will not be necessary for this spreadsheet.

The value that is returned by Excel's χ^2 test is a probability. This probability indicates the likelihood that the sample would produce such a result. A low probability indicates that it is likely that the difference that is presented by the sample is representative of the population. Probabilities under 5% (or 0.05) are generally considered low probabilities and so are statistically significant, so the lower the probability the better.

Establishing a test of difference is important. It is best suited to highlight related questions and populations at risk. For example, the test can provide evidence that hostel students and commuting students have different responses to various questions. This conclusion can highlight that the programs and activities are not having the same impact on commuting students.

Example 2:

Question 2.03, "It is alright to say 'no' to friends when they want me to do things I do not want to do," and question 2.04, "If your boy/girlfriend wants you to have sex, it is better to agree rather than to lose him/her," will be used as examples. Suppose a random sample of 400 students was taken. The 300 surveys were categorized by how they answered to question 2.03, and the responses to question 2.04 were tallied within the categories. This produced the following table (values within the parentheses are the estimated expected value):

	Question 2.04			
Question 2.03	Strongly agree	Agree	Disagree	Strongly disagree
Strongly agree	50 (26.78)	24 (19.76)	21 (28.86)	9 (28.60)
Agree	22 (21.63)	34 (15.96)	15 (23.31)	13 (23.10)
Disagree	19 (24.98)	7 (18.43)	44 (26.92)	27 (26.68)
Stongly disagree	12 (29.61)	11 (21.85)	31 (31.91)	61 (31.63)

From formula 2, the χ^2 is 126.91. As the degrees of freedom are 9, the χ^2 is greater than the critical value of 21.666. The conclusion is that the responses of question 2.04 are related to/dependent on the responses to question 2.03.

3.3 Microsoft Excel Steps for Chi Squared Test for Independence

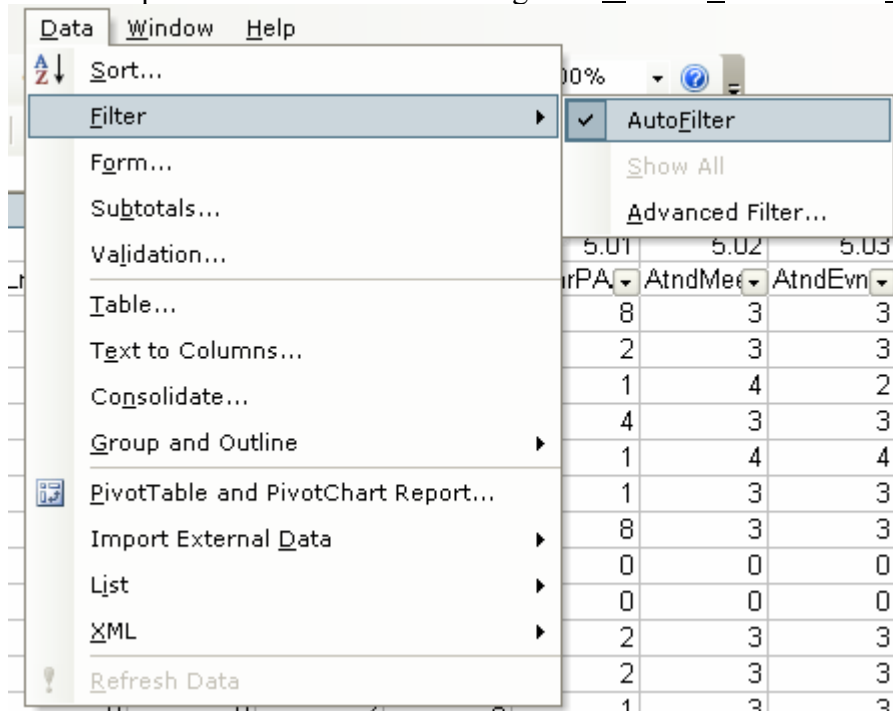
1. Open the spreadsheet file.
2. Go to the “Calc” spreadsheet.



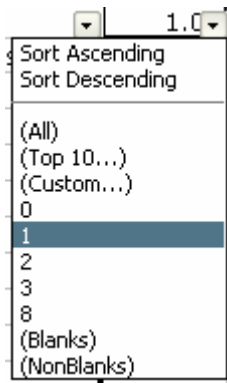
3. In the Calc spreadsheet, design a table, so that the variable in question is on the y-axis and the responses (i.e. 1=strongly agree, 2=agree, etc) are on the x-axis. An example of a table is shown below

Chi Squared: Test of Independence				
Example table:				
	Response Scale for Question 1.02			
Question 1.01	1	2	3	4
1				
2				
3				
4				

4. Go to the “Responses” worksheet. To filter go to: Data -> Filter -> AutoFilter



5. Filter the required question by row traits from the above table, as shown below. In this case, filter response 1 of the question 1.01 values. Copy the resulting question 1.02 values into the “Temp” worksheet.



6. In the “Temp” worksheet, count the number of occurrence of the column. This can be done with the COUNTIF function. For example the formula for cell (1,1) would be:

$$=COUNTIF(\textit{highlighted range},1)$$
 where highlighted range is the column of questions 1.02 responses that was copied to “Temp” worksheet
7. Repeat step 5 for all the columns filtered to question 1.01, response 1
8. Then repeat steps 4-6 for all response values (i.e. 2,3 or 4). [*Note: 0 and 8 will be skipped.*]
9. Now that the table is completely filled, the estimated expected values must be computed. The expected value of each cell will be computed by the following formula:

$$=SUM(\textit{“row cells”})*SUM(\textit{“column cells”})/SUM(\textit{“all cells”})$$
[Note: “\$” symbol must be inserted previous to certain values. See the below example for the positions.]

B9	=SUM(\$B5:\$E5)*SUM(B\$21:B\$24)/SUM(\$B\$21:\$E\$24)					
	A	B	C	D	E	F
1	Chi Squared: Test of Independence					
2	Example table:					
3	Response Scale for Question 1.02					
4	Question 1.01	1	2	3	4	
5	1	29	25	34	12	
6	2	16	23	33	28	
7	3	4	12	48	36	
8	4	7	11	54	28	
9		14				

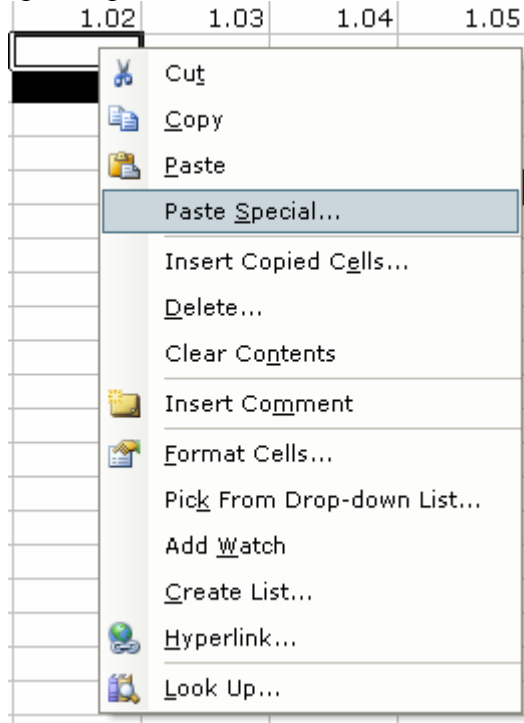
10. Copy the cell into a table of equal size of the observed values table. To do this “Copy” the cell, and then drag it out until its of equal size as seen in the figure below.

	B9		=SUM(\$B5:\$E5)*SUM(B\$21:B\$24)/SUM(\$B\$21:\$E\$24)			
	A	B	C	D	E	F
1	Chi Squared: Test of Independence					
2	Example table:					
3		Response Scale for Question 1.02				
4	Question 1.01	1	2	3	4	
5	1	29	25	34	12	
6	2	16	23	33	28	
7	3	4	12	48	36	
8	4	7	11	54	28	
9		14	17.75	42.25	26	
10		14	17.75	42.25	26	
11		14	17.75	42.25	26	
12		14	17.75	42.25	26	

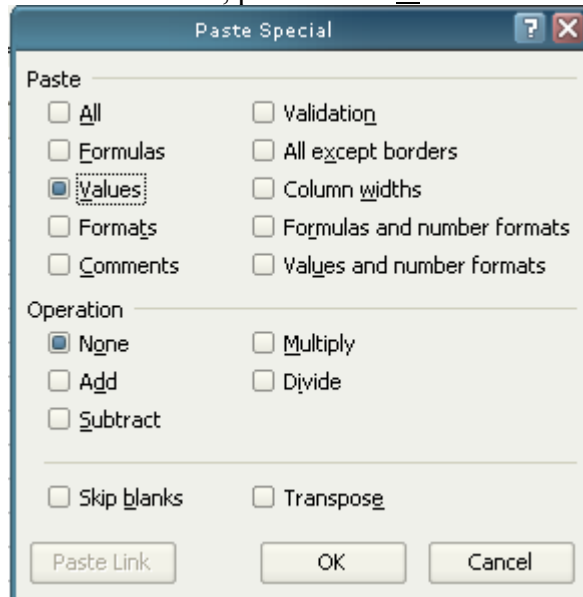
11. Perform the χ^2 function present in Microsoft Excel. To do this, input the command: =CHITEST(*observed values (blue)*, *expected values (green)*).

	A	B	C	D	E
1	Chi Squared: Test of Independence				
2	Example table:				
3		Response Scale for Question 1.02			
4	Question 1.01	1	2	3	4
5	1	29	25	34	12
6	2	16	23	33	28
7	3	4	12	48	36
8	4	7	11	54	28
9		14	17.75	42.25	26
10		14	17.75	42.25	26
11		14	17.75	42.25	26
12		14	17.75	42.25	26
13	=CHITEST(B4:E8,B9:E12)				

12. The probability outputted by this function should be copied to the appropriate cell for the question in Chi Squared Test for Independence table in the “Calc” worksheet. NOTE: As the copy function will paste a transformed function, “paste special” must be used.



Within the menu, paste from “Values” must be chosen.



13. On the “Summary” worksheet, choose the strength level (99, 97.5, 95) of the χ^2 and input the value into the designated “Strength of Test” box. The Chi Square table in the “Summary” worksheet will automatically display those relationships that have passed or failed the test. A value of 1 indicates passing

[*there is a difference*] and a value of 0 indicates a failure [*there is not a difference*].

Chapter IV: Distributions of Two Variables

4.1 Correlation

After a chi-squared test has determined that there is a relationship between responses to a question, the particulars of the relationship may need to be determined. Regression involves providing an equation for predicting the result of one variable from the result of another. In the case of this survey, regression is not suitable because prediction is not as important as the recognition of the relationship. Instead, correlation should be used. Correlation is a test to determine the strength and direction of a relationship between two variables.

Correlation indicates the strength of a relationship between two variables. The numerical values of the two variables to be correlated can be applied to year, age, region and responses to the questions. Regions can be ranked by the prevalence of HIV/AIDS in that region. In this way, a relationship between HIV/AIDS prevalence of a region and responses to a particular question can be determined. An example table follows:

	A	B	C
1	Respondent	Variable 1	Variable 2
2	1	1	1
3	2	2	2
4	3	3	2
5	4	2	3
6	5	4	4
7	6	2	2
8	7	1	1
9	8	4	4
10		<i>average(rx) = 2.375</i>	<i>average(ry) = 2.375</i>

The correlation coefficient, r , for rank correlation is calculated by the following formula:

Formula 2

$$r = \frac{\Sigma((rx - average(rx))(ry - average(ry)))}{\sqrt{(\Sigma(rx - average(rx))^2 \Sigma(ry - average(ry))^2)}}$$

where,

rx = a individual value of variable 1 [for example: B1, B2, ..., B9]

$average(rx)$ = the averaged values of variable 1

ry = a individual value of variable 2 [for example: C1, C2, ..., C9]

$average(ry)$ = the averages values of variable 2

(Dowdy, Wearden & Chilko, 2004, p. 251)

For example, the $\Sigma((rx - average(rx))(ry - average(ry)))$ would be:

$$((B1-B10)+(B2-B10)+\dots+(B9-B10))*((C1-C10)+(C2-C10)+\dots+(C9-C10))$$

For example, the $\Sigma((rx - average(rx))^2) \Sigma((ry - average(ry))^2)$ would be:

$$((B1-B10)^2+(B2-B10)^2+\dots+(B9-B10)^2)*((C1-C10)^2+(C2-C10)^2+\dots+(C9-C10)^2)$$

The coefficient r indicates the strength of the relationship and the direction. The coefficient will fall within the following interval: $-1 \leq r \leq 1$. The closer r is to 1 or -1, the stronger the relationship. The closer r is to 0, the weaker the relationship. The sign of the r indicates the direction of the relationship. An example of a positive correlation is as a person gets older, the person gets taller. This would produce a positive r . An example of a negative correlation is as more supplies are bought, less money is present in the account. This would produce a negative r . While these correlations seem to have obvious relationships, often the relationship between two variables is not clear. The two variables may be affected by an entirely different variable, so the two are affected together.

This test can allow the program evaluators to determine trends within the program. It can verify that time at the Polytechnic changes behavior if the year of the student correlates with better responses. The Polytechnic can also determine other trends such as HIV/AIDS beliefs and knowledge and the HIV/AIDS prevalence rates within regions, such as if student knowledge correlates with low prevalence areas or vice versa. This can be used to highlight at-risk populations.

Example 3:

Example 2 established that there was a relationship between the responses of question 2.03 and 2.04. For this example, only a small section of the results will be demonstrated. The following table outlines some of the respondents and the respective responses to question 2.03 and 2.04.

	A	B	C
1	Respondent	Question 2.03	Question 2.04
2	1	1	1
3	2	2	2
4	3	3	2
5	4	2	3
6	5	4	4
7	6	2	2
8	7	1	1
9	8	4	4
10		<i>average(rx) = 2.375</i>	<i>average(ry) = 2.375</i>

By using formula 5, a r coefficient of 0.899. This value indicates that a strong positive relationship exists between these particular respondents' responses. The respondents often provided similar responses for the two questions.

4.2 Microsoft Excel Steps for Correlation

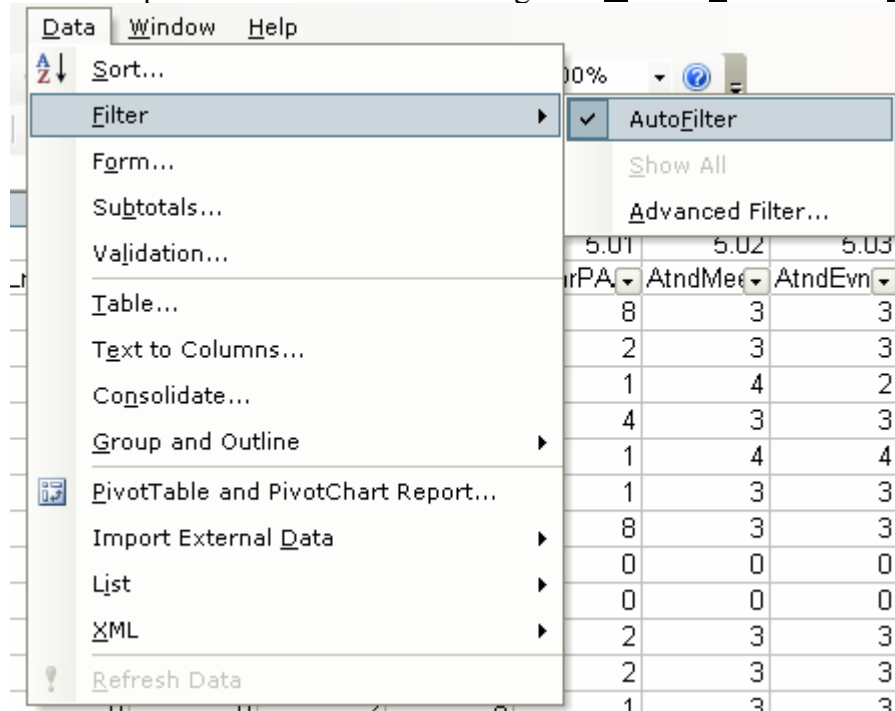
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2. Go to the “Calc” spreadsheet.



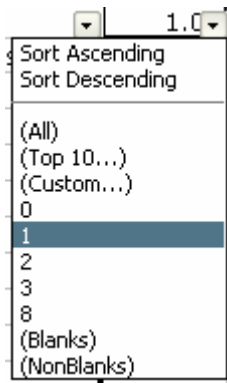
3. Design a table, so that one variable questions are on the y-axis and the responses are on the x-axis (i.e. 1=strongly agree, etc). An example Table is shown below.

Correlation					
Example table:					
		Response Scale for Question 1.02			
Question 1.01		1	2	3	4
1					
2					
3					
4					

4. Go to the “Responses” worksheet. To filter go to: Data -> Filter -> AutoFilter



5. Filter the required question by row traits from the above table, as shown below. In this case, filter response 1 of the question 1.01 values.



6. Copy the resulting question 1.02 values into the “Temp” worksheet. In the “Temp” worksheet, count the number of occurrence of the column. This can be done with the COUNTIF function. For example the formula for cell (1,1) would be: =COUNTIF(*highlighted range*,1), where highlighted range is the column of questions 1.02 responses that was copied to “Temp” worksheet.

	1.0	1.0
	0	0
L	1	1
L	1	1
L	1	2
L	1	1
L	1	4
L	1	2
L	1	1
L	4	1
L	1	1
L	1	2
2	1	1
2	1	2
2	1	1
2	1	1
3	1	1
3	2	1
3	1	1
	=COUNT(C3:C9)	

7. Copy the Count value into the Response Table in the “Calc” worksheet created in Step 3.
8. Repeat step 5 for all the columns filtered to question 1.01, response 1
9. Then repeat steps 4-6 for all response values (i.e. 2,3 or 4). [*Note: 0 and 8 will be skipped.*]
10. Determine the averages of the r_x and r_y values. To do this, refer to the examples figures below.

		SUM ✖ ✔ $f_x = (1*\text{SUM}(B5:B8)+2*\text{SUM}(C5:C8)+3*\text{SUM}(D5:D8)+4*\text{SUM}(E5:E8))/(\text{SUM}(B5:E8))$							
	A	B	C	D	E	F	G	H	
1	Correlation								
2	Example table:								
3		Response Scale for Question 1.02						C	
4	Question 1.01		1	2	3	4		D	
5		1	50	24	21	9		S	
6		2	22	34	15	13		Y	
7		3	19	7	44	27		A	
8		4	12	11	31	61		G	
9		average rx	average ry					Fi	
10			$= (1*\text{SUM}(B5:B8)+2*\text{SUM}(C5:C8)+3*\text{SUM}(D5:D8)+4*\text{SUM}(E5:E8))/(\text{SUM}(B5:E8))$						
11									
		SUM ✖ ✔ $f_x = (1*\text{SUM}(B5:E5)+2*\text{SUM}(B6:E6)+3*\text{SUM}(B7:E7)+4*\text{SUM}(B8:E8))/(\text{SUM}(B5:E8))$							
	A	B	C	D	E	F	G	H	
1	Correlation								
2	Example table:								
3		Response Scale for Question 1.02						C	
4	Question 1.01		1	2	3	4		D	
5		1	50	24	21	9		S	
6		2	22	34	15	13		Y	
7		3	19	7	44	27		A	
8		4	12	11	31	61		G	
9		average rx	average ry					Fi	
10		$= (1*\text{SUM}(B5:E5)+2*\text{SUM}(B6:E6)+3*\text{SUM}(B7:E7)+4*\text{SUM}(B8:E8))/(\text{SUM}(B5:E8))$						H	

11. Create a table for the difference values below the Response Table created in Step 3.

		SUM ✖ ✔ $f_x = (\$A13-\$B\$10)*(B\$12-\$C\$10)$				
	A	B	C	D	E	
1	Correlation					
2	Example table:					
3		Response Scale for Question 1.02				
4	Question 1.01		1	2	3	4
5		1	50	24	21	9
6		2	22	34	15	13
7		3	19	7	44	27
8		4	12	11	31	61
9		average rx	average ry			
10			2.5575	2.57		
11	d^2	Response Scale for Question 1.02				
12	Question 1.01		1	2	3	4
13		1	$= (\$A13-\B			
14		2				
15		3				
16		4				

12. Insert a formula as shown at the top of the above Figure (i.e. $= (\$A13-\$B13)*(B\$12-\$C\$10)$ (you will probably have to adjust this formula to work with your own created Table).

13. To start to produce the denominator for the r coefficient formula, create another Table like the “denominator” Table in the figure below. Follow the formula as shown in the figure below, however adjust the values to correlate with the Tables you created. Do this for both the average rx and the average ry.

SUM ✖ ✔ fx =SUM(B\$5:E\$5)*(\$A19-\$B\$10)^2

	A	B	C	D	E
1	Correlation				
2	Example table:				
3		Response Scale for Question 1.02			
4	Question 1.01	1	2	3	4
5	1	50	24	21	9
6	2	22	34	15	13
7	3	19	7	44	27
8	4	12	11	31	61
9		average rx	average ry		
10		2.5575	2.57		
11	d^2	Response Scale for Question 1.02			
12	Question 1.01	1	2	3	4
13	1	2.445275	0.887775	-0.66973	-2.2272
14	2	0.875275	0.317775	-0.23973	-0.7972
15	3	-0.69473	-0.252225	0.19028	0.63278
16	4	-2.26473	-0.822225	0.62028	2.06278
17	<i>denominator</i>				
18	Question 1.01		Question 1.02	1	2
19	1	=SUM(B\$5			
20	2				
21	3				
22	4				
23	denominator value:				

SUM ✖ ✔ fx =SUM(B\$5:B\$8)*(D\$18-\$C\$10)^2

	A	B	C	D	E	F	G
1	Correlation						
2	Example table:						
3		Response Scale for Question 1.02					
4	Question 1.01	1	2	3	4		
5	1	50	24	21	9		
6	2	22	34	15	13		
7	3	19	7	44	27		
8	4	12	11	31	61		
9		average rx	average ry				
10		2.5575	2.57				
11	d^2	Response Scale for Question 1.02					
12	Question 1.01	1	2	3	4		
13	1	2.445275	0.887775	-0.66973	-2.2272		
14	2	0.875275	0.317775	-0.23973	-0.7972		
15	3	-0.69473	-0.252225	0.19028	0.63278		
16	4	-2.26473	-0.822225	0.62028	2.06278		
17	<i>denominator</i>						
18	Question 1.01		Question 1.02	1	2	3	4
19	1	252.2839		=SUM(B\$5			
20	2						
21	3						
22	4						
23	denominator value:						

14. Copy the average rx equation down the column, and copy the average ry equation across the column.
15. Finally to produce the denominator value, use the following equation in the Figure below, adjusted to the values of the tables you created.

SUM ✖ ✔ f_x =SQRT(SUM(B19:B22)*SUM(D19:G19))

	A	B	C	D	E	F	G
1	Correlation						
2	Example table:						
3		Response Scale for Question 1.02					
4	Question 1.01	1	2	3	4		
5	1	50	24	21	9		
6	2	22	34	15	13		
7	3	19	7	44	27		
8	4	12	11	31	61		
9		average rx	average ry				
10		2.5575	2.57				
11	d^2	Response Scale for Question 1.02					
12	Question 1.01	1	2	3	4		
13	1	2.445275	0.887775	-0.66973	-2.2272		
14	2	0.875275	0.317775	-0.23973	-0.7972		
15	3	-0.69473	-0.252225	0.19028	0.63278		
16	4	-2.26473	-0.822225	0.62028	2.06278		
17	<i>denominator</i>						
18	Question 1.01		Question 1.02	1	2	3	4
19	1	252.2839		253.885	24.6924	20.5239	224.939
20	2	26.10773					
21	3	18.99321					
22	4	239.2927					
23	denominator value:	=SQRT(SUM(B19:B22)*SUM(D19:G19))					

15. To produce the r coefficient, two cells will be used.
- An array formula will be used to compute the numerator. See array formula and example below.

		A	B	C	D	E
1	Correlation					
2	Example table:					
3		Response Scale for Question 1.02				
4	Question 1.01		1	2	3	4
5	1		50	24	21	9
6	2		22	34	15	13
7	3		19	7	44	27
8	4		12	11	31	61
9			average rx	average ry		
10			2.5575	2.57		
11	d^2	Response Scale for Question 1.02				
12	Question 1.01		1	2	3	4
13	1		2.445275	0.887775	-0.66973	-2.2272
14	2		0.875275	0.317775	-0.23973	-0.7972
15	3		-0.69473	-0.252225	0.19028	0.63278
16	4		-2.26473	-0.822225	0.62028	2.06278
17	denominator					
18	Question 1.01			Question 1.02	1	2
19	1		252.2839		253.885	24.6924
20	2		32.32385			
21	3		20.36385			
22	4		216.4039			
23	denominator value:		32.33288			
24			=SUM(B5:B			
25	r coefficient:					

- Hit Ctrl+Shift+Enter after inputting the formula to indicate to Excel that it is an array.
- In the adjacent cell, divide this value by the denominator.

denominator value:	530.3211
	244.89
r coefficient:	=B24/B23

16. Copy this value, the r coefficient, to the correlation table in the “Summary” worksheet. This table will display all the correlation coefficients for all tests that were performed for future reference. The r coefficient indicates the strength and direction of the relationship between the variables. A positive r close to 1 indicates a strong positive relationship. A negative r close to -1 indicates a strong negative relationship.

Appendix A

[All the coding is in red lettering. Also, a missing response is given a “0”.]

HIV and STI Knowledge

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
1	2	8	3	4	11. (1.01) There is no cure for AIDS.
1	2	8	3	4	12. (1.02) HIV is transmitted through blood, semen and vaginal fluids.
1	2	8	3	4	13. (1.03) You can get HIV if you have sex without a condom, even if it’s only one time.
1	2	8	3	4	14. (1.04) HIV can be transmitted by hugging a person who has HIV or AIDS.
1	2	8	3	4	15. (1.05) People who have HIV infection are also sick with AIDS.
1	2	8	3	4	16. (1.06) A good defense against HIV and STIs is to abstain from sexual intercourse.
1	2	8	3	4	17. (1.07) A person with a negative blood test result during the “window period” means that they definitely are not infected with HIV.

Attitudes and Beliefs:

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
1	2	8	3	4	12. (2.01) It is alright to have sex without a condom, because your chance of getting infected with HIV is very low.
1	2	8	3	4	13. (2.02) It is alright to say “no” to friends when they want me to do things I do not want to do.
1	2	8	3	4	14. (2.03) It is likely I will contract AIDS sometime during my life.
1	2	8	3	4	15. (2.04) If a person goes to get tested it means they have done a sinful act
1	2	8	3	4	16. (2.05) I am less likely to practice safe sex while under the influence of alcohol.
1	2	8	3	4	17. (2.06) I don’t need to use a condom if I have been dating someone for a long time.
1	2	8	3	4	18. (2.07) If your boy/girlfriend wants you to have sex, it is better to agree rather than to lose him/her.

1	2	8	3	4
1	2	8	3	4
1	2	8	3	4
1	2	8	3	4

19. (2.08) People who have AIDS should live and work separate from other people.
20. (2.09) I would feel comfortable being close to someone with HIV.
21. (2.10) I would be too embarrassed to ask for a condom.
22. (2.11) I would only get tested if I thought I might have HIV.

Behaviours

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	8	4	5
1	2	8	4	5
1	2	8	4	5
1	2	8	4	5
1	2	8	4	5
1	2	8	4	5
1	2	8	4	5

1. (3.01) I have had unprotected sex in the last 6 months.
2. (3.02) In the last six months I have had sex with a partner who I know cheats on me.
3. (3.03) I have been tested for HIV/AIDS.
4. (3.04) I have shown signs of an STI.
5. (3.05) I make sure that my partner goes for an HIV test before having sex with him/her.
6. (3.06) I feel comfortable talking about sex with a partner.
7. (3.07) I have had sex with multiple partners in the last six months.
8. (3.08) I insist on using a condom every time I have sex.

Awareness Campaign

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	8	3	4
1	2	8	3	4

8. (4.01) The Polytechnic HIV/AIDS Awareness Campaign happens every year.
9. (4.02) I have previously attended the Awareness Campaign.

If you answered "Neutral, Disagree or Strongly Disagree" to question 2, skip questions 3 and 4.

1	2	8	3	4
1	2	8	3	4
1	2	8	3	4
1	2	8	3	4
1	2	8	3	4

10. (4.03) The campaign was informative.
11. (4.04) I have changed my behavior/attitude in some way due to the campaign.
12. (4.05) I think the campaign needs to have more interactive activities for students.
13. (4.06) I plan on attending the Awareness campaign this year.
14. (4.07) The Campaign is effective in getting its message across.

Polytechnic AIDS Awareness Club (PAAC):

Circle the number for each question that most closely relates to your answer.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	2	8	3	4

9. (5.01) I am aware of the Polytechnic AIDS Awareness Club (PAAC).

1	2	8	3	4	10. (5.02)I have attended a PAAC meeting.
1	2	8	3	4	11. (5.03)I have attended a PAAC sponsored event.
1	2	8	3	4	12. (5.04)I think the club is a waste of time.
1	2	8	3	4	13. (5.05)I know that it is not a requirement to get an HIV test in order to join the PAAC.
1	2	8	3	4	14. (5.06)Only those who are infected or have family that is infected with HIV should be members of PAAC.
1	2	8	3	4	15. (5.07)The PAAC provides useful service to the community.
1	2	8	3	4	16. (5.08)I would only attend a PAAC event in order to get a T-shirt.

New Student Orientation Presentation on HIV/AIDS

Circle the number for each question that most closely relates to your answer.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	
1	2	8	3	4	13. (6.01)I attended the New Student Orientation (NSO) presentation.
1	2	8	3	4	14. (6.02)I remember the New Student Orientation (NSO) presentation on HIV/AIDS.

If you answered "Neutral, Disagree or Strongly Disagree" to questions 1 or 2, skip questions 3-12.

1	2	8	3	4	15. (6.03)The NSO presentation on HIV/AIDS was informative.
1	2	8	3	4	16. (6.04)I was not interested in the NSO presentation.
1	2	8	3	4	17. (6.05)I was uncomfortable with the material presented during the NSO presentation.
1	2	8	3	4	18. (6.06)I felt comfortable with having the presentation in a large group.
1	2	8	3	4	19. (6.07)I would remember more of the NSO presentation if it had been more interactive.
1	2	8	3	4	20. (6.08)I was embarrassed by the condom demonstration given by the nurse.
1	2	8	3	4	21. (6.09)It would have been more effective if a student had given the condom demonstration.
1	2	8	3	4	22. (6.10)The NSO presentation was pointless.

1	2	8	3	4
1	2	8	3	4

23. (6.11)The information presented at NSO would have been more effective if given in smaller groups.

24. (6.12)The information presented at NSO was information I already knew.

Please complete the following demographic information

School: School of Business & Management
 School of Communication, Legal & Secretarial Studies (SCLS)
 School of Engineering (SOE)
 School of Information Technology (SIT)
 School of Natural Resources & Tourism (SNRT)

1
2
3
4
5

Year: First Year
 Second Year
 Third Year
 Fourth Year

1
2
3
4

Age: 16-18
 19-21
 22-24
 25-27
 28-30
 31 and above

1
2
3
4
5
6

Gender: Male
 Female

1
2

Financial Support Government Bursary
 Business
 Private (Parents/Guardian)
 Community
 Other (please specify)

1
2
3
4
5

Home Region Caprivi
 Erongo
 Hardap
 Karas
 Kavango
 Khomas
 Kunene
 Ohangwena
 Omaheke
 Omusati
 Oshana
 Oshikoto
 Otjozondjupa
 Others (please specify)

1
2
3
4
5
6
7
8
9
10
11
12
13
14

Appendix K – PAAC Organizational Binder



Polytechnic AIDS Awareness Club (PAAC)

Official Binder

Purpose of PAAC Official Binder

This binder was created so that the PAAC could have perpetual source of information concerning the club. This binder contains the PAAC constitution, a calendar for planning events, information about successful club management, ideas for recruiting and keeping new members, suggestions for employing successful club meetings, and ideas for club activities. The binder also contains general information about HIV/AIDS and HIV/AIDS prevention.

This binder will help smooth transition between executive members. The binder ultimately will help the PAAC better manage and organize its club so that it can more successful accomplish its aims addressed in the constitution.

How this Binder was Created

This binder was created in a joint project between the Polytechnic of Namibia and the Worcester Polytechnic Institute. The information in this binder is a combination of PoN material and student input, as well as information taken from the My Future is My Choice (MFMC) sponsored by the GRN-UNICEF Youth Health and Development Programme¹⁵, the Sun Devil Involvement Center at Arizona State University (ASU),¹⁶ and Teens for AIDS Prevention (TAP) program in partnership with Advocates for Youth.¹⁷

How this Binder Should Be Used

The binder should be used to:

- ✎ Help manage the club
- ✎ Help organize club activities
- ✎ Keep information/reports about past club activities
- ✎ Ease the transition between executive members

The binder should be

- ✎ Kept in a secure location where members can access it
- ✎ Be updated regularly

¹⁵ GRN-UNICEF Youth Health and Development Programme. (2001). *A Handbook For AIDS Awareness Activities For Clubs*. Namibia: GRN-UNICEF Youth Health and Development Programme.

¹⁶ www.asu.edu

¹⁷ Renfrew, M., Fothergill, K., Hauser, D., et al. (2002). *Guide to Implementing TAP. A Peer Education Program to Prevent HIV and STI. 2nd Edition*. Washington D.C. Advocates for Youth.

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PAAC Constitution

1. NAME

The name of the club shall be the Polytechnic AIDS Awareness Club hereby referred to as PAAC.

2. AIMS AND OBJECTIVES

- 2.9 To raise awareness among the Polytechnic community and the broader Namibian community about HIV/AIDS.
- 2.10 To promote the prevention of HIV/AIDS.
- 2.11 To create a support system for HIV/AIDS sufferers at the Polytechnic and the broader community.
- 2.12 To assist students in exploring cultural and personal attitudes, beliefs and values.
- 2.13 To encourage students to participate fully in the fight against Sexually Transmitted Diseases including HIV/AIDS and other health problems such as Teenage Pregnancies and Alcohol abuse.
- 2.14 To ensure that help and advice is more accessible and to develop user friendly resources packages for the students.
- 2.15 To foster and encourage working relationships with other AIDS clubs.
- 2.16 To encourage healthy debate about HIV/AIDS, STD's etc. and other health issues.

3. MEMBERSHIP

- 3.5 Membership shall be open to all Polytechnic students, staff members and Alumni.
- 3.6 Members need to be committed to the aims and objectives of the club.
- 3.7 Every member shall pay an annual membership fee as determined by the committee and club members.
- 3.8 All interested parties shall apply for membership, after which membership cards will be granted.

6. TERMINATION OF MEMBERSHIP

- 6.1 Any member can resign by writing a resignation letter to the committee.
- 6.2 Failure to subscribe to the Code of Conduct of the club.

7. CODE OF CONDUCT

- 7.1 All members shall protect and uphold the Constitution of the club.
- 7.2 All members shall maintain confidentiality

7.3 All members shall adhere to the rules and regulations of the Polytechnic of Namibia.

6. THE EXECUTIVE COMMITTEE

6.4 Duties and Responsibilities

- 6.4.1 To promote the interest and welfare fo the club and it's members.
- 6.4.2 Shall be the leaders of the club.
- 6.4.3 To facilitate the implementation of policies and resolutions.
- 6.4.4 Shall delegate obligations or duties to Club members

6.5 Term of Office

Term of office shall be one year.

1

6.6 Members of the committee

The executive committee shall consist of the following members:

- 6.6.1 Chairperson
- 6.6.2 Vice-chairperson
- 6.6.3 Secretary
- 6.6.4 Treasurer
- 6.6.5 Public Relations Officer
- 6.6.6 2 Assistants

7. DUTIES FO THE OFFICE BEARES

7.3 Chairperson

- 7.3.1 Shall be the official spokesperson of the club.
- 7.3.2 Shall be the chief co-ordinator
- 7.3.3 Shall be the main link between PAAC and other Club/Societies.
- 7.3.4 Shall be the link between PAAC and other offices or bodies at the Polytechnic of Namibia and other bodies.

7.4 Vice-Chairperson

- 7.4.1 Shall assist and deputize the chairperson.
- 7.4.2 Shall resume the duties and responsibilities of the chairperson in his/her absence.

7.3 Secretary

- 7.4.3 Shall be the chief administrator
- 7.4.4 Shall be responsible for the agenda and minutes of the club.
- 7.4.5 Shall register all members of the club and issue membership cards.

7.6.2 Treasurer

- 7.6.3 Shall be responsible for administration of all financial transactions of the club.
- 7.6.4 Shall collect annual membership fees.
- 7.6.5 Shall be responsible to submit a financial report as needed.
- 7.6.6 Shall be responsible for the safekeeping of all funds and assets of the club.

7.7 Public Relation Officer

- 7.7.1 Shall be the official spokesperson of the club.

7.8 Assistants

- 7.8.1 Shall assist the other executive members as requested or needed.

9. AMENDMENTS TO CONSTITUTION

The constitution shall be amended by two-thirds (2/3) majority of the PAAC members.

Current Executive Committee

Chairperson

Joshua Mario
E-mail: josh21tomy@web.com.na
Cell: 081 220 3876

Vice-Chairperson

Rodney Seibeb
E-mail: S200312707@students.polytechnic.edu.na
Cell: 081 206 7076

Secretary

Hilma Ngaikuete
E-mail:
Cell: 081 337 3723

Treasurer

Milner Joseph Gaweseb
E-mail: S200564307@students.polytechnic.edu.na
Cell: 081 325 7504

Public Relations Officer

E-mail:
Cell:

Assistants

Ndeshi Vatilifa
E-mail: nvb@web.com.na
Cell: 081 228 7436

Serafina Nghihulifwa
E-mail: shn@web.com.na
Cell: 081 227 7388

Club Member Contact Information

PAAC Annual Calendar

APRIL 2007

SCHEDULE OF EVENTS

Sun	Mon	Tue	Wed	Thu	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

POLYTECHNIC AIDS AWARENESS CLUB



AIDS Organization Contact Information

1. Namibian Network of AIDS Service Organizations (NANASO)

Michael Mulondo, National Co-ordinator

Telephone: 061 261 122

E-mail: nanaso@nanaso.com

Address: PO box 23281, Windhoek

2. My Future is My Choice

Nathan, Facilitator

Telephone: 081 293 1152

3. AIDS Care Trust

Penina Ita, Project Manager

Telephone: 061 259590

E-Mail: tuuhulu@yahoo.com

Address: Box 8179, Bachbrecht, Windhoek

4.

5.

6.

7.

8.

Past Activity Reports

Other Important Club Documents

Club Management

The first and most important of managing a club is to **KNOW** inside and out the goals and objectives of the club. The goals of the PAAC can be found in the PAAC constitution found in the beginning of this binder. The club meetings, activities, and outreaches should reflect and aim to accomplish these objectives set up in the constitution. In order to effectively accomplish a club's goals, a club must first be well managed and organized. The following sections provide some suggestions about leadership and management.

LEADERSHIP

Leadership is about people coming together to work towards making a positive change. Club leaders are responsible for managing the club. This requires calling regular meetings and to plan, schedule, and run club activities with the assistance of the membership.

In order to have a good and productive executive committee it's important for each executive member to know his/her position, what that position entails and what duties he/she should be performing. Here are the following detailed duties of each of the executive members:

Chairperson

Vice-chairperson

Treasurer

- Receive and accept payments on behalf of the club and also issue proof in the form of receipts.
- On a monthly basis, gives update on the status of the club account, e.g. what payments were made, to whom and why, etc.
- Review proposals that are presented to the club by its members and executive committee and see whether they are feasible. The proposal can be in the form of an event the club is planning to have, such as campaigns, outreaches, activities and "give backs."

Secretary

- Take minutes of the weekly meetings.
- Prepare agenda for meetings.
- Responsible for the Attendance Register.
- Assist all the other committee members with all that they need to be assisted with.

Public Relations Officer

- Advertises the club and its activities through posters, etc.
- Speaks with outside contacts, acting as official spokesperson of the club

Assistants #1 & # 2

- Assist the other executive members as requested or needed.
- When any of the executive members are not there act on their behalf and do their duties. If the chairperson and vice-chairperson are both not present, act as chairperson.

When selecting officers, it is important for members of the PAAC to consider a person's skills and character. Club leaders, having many responsibilities, should be leaders and role-models. They must be mature and reliable and show respect to all club members. Furthermore, they must have ideas about the club's activities and be able to cooperate with others. Club leaders must be motivated and be accountable to the membership of the AIDS Awareness Club.

OFFICER TRANSITION

A smooth transition is the responsibility of both the outgoing and incoming members of an organization, acts as a means of providing training for new officers, closure to outgoing leaders, and helps the organization maintain consistency from year to year.

Outgoing Officer Checklist:

- ❖ Meet or plan a retreat in order for outgoing and incoming executive members to discuss the details about their positions and responsibilities. In this meeting/retreat discuss goals, ideas, and group development. Make sure to have FUN as well!
- ❖ Exchange contact information (e-mail, cell phone numbers) with incoming officers so they will be able to contact you with any questions.
- ❖ Share PAAC binders with new officers
- ❖ Review of create calendar of the next fiscal year
- ❖ Create a to-do list for items that need immediate attention

SUB-COMMITTEES

Very large or active clubs can delegate responsibilities to members outside of the club leadership through the creation of sub-committees.

This reduces the amount of work for club leaders so they can focus on planning activities, rather than having to run activities. The creation of sub-committees also helps to involve and motivate the general club membership in the management of the club.

Sub-committees can be established for specific activities or responsibilities or by member's interests. Sub-committees can be formed around drama, games, fundraising, peer education, community outreach, etc. These sub-committees can then be delegated with the responsibility for organising these activities and reporting back to the club leadership.

Club leaders should provide suggestions and supervision of the subcommittee's activities.

ROLE OF THE ADVISOR

The PAAC Advisor is responsible for the connection between the PAAC and the PoN. One of the advisor's duties is to make sure the PAAC is following the rules and policy set down by the PoN. The advisor can be indispensable in helping the officers and members develop effective events and activities within the framework of PoN policies, but only if the advisor is utilized and actively involved. Advisors should maintain regular contact and interaction with the officers and members, through periodic attendance at club meetings, one:one meetings with key officers, or receiving email updates and meeting minutes.

Some suggested roles for the faculty/staff advisor include:

- ✎ Be aware of scheduled meetings and activities of the organization
- ✎ Meet with officers on a regular basis (once/month)
- ✎ Maintain information that can assist in the year-to-year continuity of the club, including financial records, updated constitution/by-laws and contact information for members
- ✎ Assist in the orientation of new members
- ✎ Assist with university resources and policies that impact the organization, including event planning, risk management issues and funding guidelines and options

CLUB RULES

Because the issues surrounding HIV/AIDS are often difficult and personal, the club may want to establish some rules to protect people's feelings and privacy and to recognize everyone's opinions. Some suggestions follow:

- ✎ Treat each other with respect.
- ✎ Maintain confidentiality.
- ✎ Be open-minded and non-judgemental.
- ✎ Give everyone a chance to speak.

Make sure that everyone agrees to these rules and that as your organization grows, new members are informed of the rules and agree to them also. Club members should help each other to follow the rules.

GROUP DYNAMICS

In order for the PAAC to be successful in its mission the club members must be able to work within groups and understand group dynamics. Groups typically experience the following process and phases when they come together. Understanding these phases may help the PAAC through planning, conflicts and emerge a stronger and more cohesive organization. These process are detailed below:

Forming	Characteristics:	Things to do:
<ul style="list-style-type: none"> • Exchange information • Orientation • Understanding purpose, mission • Building trust within relationships 	<ul style="list-style-type: none"> • Tentative interactions • Polite discourse • Concern over ambiguity • Silence 	<ul style="list-style-type: none"> • Icebreakers • Retreat or workshop • Discuss expectations in participants • Share history of organization
Storming		
<ul style="list-style-type: none"> • Dissatisfaction with others • Competition amongst members • Conflict • Disagreement over procedures 	<ul style="list-style-type: none"> • Ideas are criticized • Speakers are interrupted • Attendance is poor • (New ideas can emerge) • (Can be destructive to group) 	<ul style="list-style-type: none"> • Develop members confrontation and conflict mediation skills • Review mission statements and purpose • Developing rebuilding activities
Forming		
<ul style="list-style-type: none"> • Development of the group structure • Increase cohesiveness and harmony • Establishment of roles and relationships • Establish patterns of how to get work done • Developed group culture – always late, people get selected to participate etc. 	<ul style="list-style-type: none"> • Agree on rules • Consensus seeking • Increasing supportiveness • “We” feeling 	<ul style="list-style-type: none"> • Develop group identity – tee shirts etc. • Develop group develops its own new program to develop traditions • Review new goals and objectives • Maintain relationships
Performing		
<ul style="list-style-type: none"> • Focus on achievement • High task orientated • Emphasis on performance and productivity • Revisit other stages when new members join or new programs arise or old ways no longer working 	<ul style="list-style-type: none"> • Decision making, problem solving • Increase cooperation • Decrease emotionality 	<ul style="list-style-type: none"> • Ensure that everyone is involved • Open to constructive criticism, feedback • Step back and allow the group to perform

RECRUITING NEW MEMBERS

New members are vital to any organization. They provide new ideas, enthusiasm, and replacement for lost members.

1. ***Know and understand your vision*** - The current members should understand the vision of the organization so they can communicate its purpose to potential members.
2. ***Set some recruitment goals*** - Recruitment goals should not only include how many members you want involved, but also the kinds of members. As a group, ask yourselves questions like: how many members can we reasonably assimilate into our group? What common interests should our members have? Remember, quality of membership is just as important as quantity.
3. ***Get everyone involved*** - Have current members contact people they know who might want to get involved. Word-of-mouth is the best and least expensive type of publicity you can utilize.
4. ***Utilize a visual element*** - Visual publicity is often vital to a recruitment campaign. Have members with artistic talents work on posters, flyers, and banners.
5. ***Hold an information session*** - You might also want to hold an information session, inviting people to attend in order to hear about your organization and meet its current membership.

Tips for Recruiting New Members:

1. ***Plan a special welcome meeting*** - Plan a special ceremony or meeting to welcome the new members to the group. Group participation in some form of official initiation process is one way to make your members feel wanted, needed, and appreciated. It helps to form a memorable bond between old and new members and will hopefully give them a sense of belonging to the group. See **ICEBREAKER** ideas next!
2. ***Teach them*** - It is important to orient new members to your group's goal and objectives, organizational structure, rules and norms. Proper orientation leads to better understanding, more commitment, and less frustration.
3. ***Give them responsibilities*** - To be sure that their first organizational experience is a positive one, assign new members tasks that are well within their skill level and that they can successfully accomplish.
4. ***Have fun!*** - Make time to socialize and celebrate your achievements.

If all you do as a group is work, it will become a burden to participate and your members will quickly lose interest.

ICEBREAKERS

The purpose of icebreakers is to...

- ✎ Introduce and acquaint people
- ✎ Create a comfortable environment
- ✎ Explore thoughts and feelings
- ✎ Break up cliques
- ✎ Release tension, re-energize
- ✎ Encourage interaction
- ✎ Kick things off
- ✎ Evoke laughter and fun

Getting To Know Each Other

□ **Nametags:** Give each person a blank name tag to write their name, home town, humorous saying, etc., on. They can decorate the name tag as they wish.

□ **Human Bingo:** Create a bingo card grid, and in the squares write phrases such as "has climbed a mountain", "rides a bike", "has run a marathon", "works for a charity", etc. (things that it would be interesting to know about someone). Tell your group to find one person who has done each thing and have them sign their card. Keep going until someone has all of the boxes filled in.

□ **Famous Couples:** Write names of famous couples on mailing labels (one person on each label). When people arrive place a label on their backs. They have to ask other people "yes and no" questions to identify the name on their back. When they figure out who it is, they then have to find the person who has the label for the other half of the famous couple.

Getting to Really Know Each Other

□ **Forced Choice:** Ask members to stand in the middle of the room. Assign a moderator to ask questions, and have individuals in the group move to either side to indicate their choice. Sample questions are: More like a Cadillac or a Volkswagen? More like a saver or a spender? More yes or no? More here or there? More intuitive or rational?

□ **Favorite T-shirt:** Ask attendees to bring (not wear) their favorite T-shirt to the meeting. Once all participants have arrived, ask each person to show the shirt to the group and explain how the T-shirt best resembles their personality.

Fun and Energizing Icebreakers

□ **Strike the Funny Bone:** Have the group sit in a circle and tell them this exercise is to be done without laughing. Person #1 says, "Ha." The person to his right repeats his "Ha" and adds a new "Ha." Person #3 repeats the two "Has" and adds another. The exercise ends when all participants, trying not to laugh (which is nearly impossible), have repeated and added the "Has".

□ **The Human Knot:** Form a circle by placing hands in the middle of the circle, grab someone else's hands (other than the person on either side of you). Without letting go, try to untangle the "knot."
And remember... Have FUN! If you are enjoying yourself, others will enjoy themselves too.

ACEDMIC ACHIEVEMENT

A successful organization not only needs committed and involved members, but also academic successful students. Below you will find some advice to get you started in promoting academic achievement in your organization.

Step 1: Express Importance of Academics

In order to promote student academic achievement in your organization, you must speak out loud about it. Stressing the importance of academics in the introductory meetings as well as monthly gatherings will spread the importance of academic achievement. Add a little reminder in your newsletters or e-mails.

Step 2: Provide Resources

Even if your organization is not academic-based, you can provide your members with the appropriate resources. Find students in your organization that may be suitable tutors or mentors.

Research and promote the several tutoring centers in residence halls and respective colleges around campus. Provide hours, names, subjects, websites and anything that may help your member feel informed and confident about receiving the best resources.

Step 3: Reward Your Students

It is important to reward your members with details that may create a sense of pride and accomplishment. From a verbal "Congratulations!," recognition during meetings, little gifts such as gift cards, to elaborate banquets, it is important to show your members that you care. Give them a reason to be successful in all areas of their university life!

And remember... Academic Achievement will not only improve the image of your organization, it will improve the capacities of your members to make decisions, have a broader knowledge of everything they do and therefore contribute in greater force to your organization.

Having Successful and Productive Meetings

Effective club meetings should focus on well-chosen and clearly stated goals and should affirm the club's mission and objectives. Clubs should choose dates, times and locations that are convenient for most people. Well-planned, regular, and productive meetings contribute greatly to the success of any AIDS Awareness Club.

Meeting leaders should:

- ✎ Prepare an **agenda** prior to the meeting. The purpose of an agenda is to outline key topics for discussion and action. When preparing an agenda, consider the following questions:
 - What needs to be discussed at the meeting?
 - What decisions must be made at the meeting?
 - Are the topics on the agenda relevant to all attendees?
 - What plans need to be made for upcoming activities?
- ✎ Make sure the meeting runs smoothly. The meeting leaders should always be in control of the discussion, but at the same time, ensure that every participant has an opportunity to express his or herself.
- ✎ Make sure the meeting is productive. The outcomes of each meeting should be clear and a plan of action (see below) should be formed at the end of each meeting. Meetings that do not result in any actions are unproductive and they waste people's time, making them less interested in the club.

Sample Agenda for Polytechnic AIDS Awareness Club Meeting

Date:

Time:

1. Welcome
 - a) Chairperson Welcomes
2. Ice Breaker
3. Minutes from last week
4. Executive Committee Reports
5. Committee Reports
6. Old Business
 - a)
 - b)
7. New Business
 - a)
 - b)
8. Discussion
9. Announcements
10. Thank You

Meeting participants should:

- ✂ Be on time for the meeting.
- ✂ Be prepared to contribute to the discussion.
- ✂ Remain on topic. Avoid getting off the subject.
- ✂ Be honest. Avoid withholding information or opinions.

BRAINSTORMING

"Brainstorming" means having a group come up with as many ideas or suggestions as possible. It is a good way of producing or saying ideas quickly. Everyone can participate. When brainstorming, all ideas and suggestions are accepted, even crazy ones and strange ones. Only after the group has finished brainstorming (after they have run out of ideas and suggestions), they then decide which ideas and suggestions are the best.

What to do:

1. Decide on a topic or issue and state the topic clearly to the group.
2. Members should be instructed to think of as many different suggestions, feelings or ideas on the chosen topic as possible.
3. Ask one or two group members to list the ideas as they are called out. The list should be clearly visible to that everyone can see.
4. State the following rules clearly.
 - ✂ The facilitator/leader should accept every idea without criticizing or commenting on it and write it down.
 - ✂ Aim for quantity, not quality.
 - ✂ No discussion.
5. All ideas should be written down on a board or a large piece of paper. The idea is to generate as many ideas as possible. Therefore all suggestions, no matter how bizarre they are, should be written down.
6. Once everyone has contributed in the group and there are no new ideas or suggestions left, the group needs to agree on which are the best or most important. Go through the list and evaluate the responses. For example, you could cross out all the unrealistic or impossible suggestions or put a star by those ideas the club would like to use.
7. Only afterwards, allow time for general discussion.

ACTION PLANS

At the end of every meeting, the PAAC should develop a plan of action. Based on the previous discussion in the meeting, club members should outline the actions necessary for the club to move forward between then and the time of the next meeting(s). Club leaders and members should also discuss who will be responsible for these actions and they should be assigned to club members or leaders with a deadline. These action plans can assist clubs leaders and members to share tasks but also to be held accountable for their responsibilities.

Taking Action: Activity & Event Planning

When planning an activity or event, you should consider the following questions:

WHO? Who is responsible for the activity and how will responsibilities be delegated to club members? Who needs to be informed of the event?

WHAT? What preparations are necessary for the activity? What materials are needed?

WHEN? What will be the date of this activity?

WHERE? Where will it take place?

WHY? Is the activity or event in line with the PAAC's goals and objectives?

Internal Club Activities

All club members need to have the basic information on HIV/AIDS and how to protect themselves. This information should be reviewed by PAAC members. Clubs must practice some of their activities such as dramas or role-plays among the members, prior to doing them in the school and/or community. Discussions, debates, quiz, games, drama, etc., should also be done first among club members. These activities should encourage club members to develop and improve their critical thinking and communication skills.

School and Community Activities

Before Clubs start to do AIDS awareness activities within their school or community, they need to be sure that they have all the facts on STDs, HIV and AIDS. The club leaders should go over this information with the club members. Activities like debates, quizzes, dramas, role plays, etc. should include students and young people who are not members of the club. HIV/AIDS and sexual health information should be presented in interactive ways that can help young people to identify and change their risk behaviours. *See Ideas for Club Activities section.* Clubs need to reach out to those who are engaging in the risky behaviours that the club members, as peer educators, are trying to prevent or change. Activities, especially those that require lots of planning and preparation, can be done with school's AIDS Awareness Clubs or with other groups in the community. Club leaders should initiate these activities with the assistance of your club patron, school or sponsoring organisation. Once you agree to share an activity with other club(s), you should then plan regular combined meetings for information sharing, planning, organization and implementation of activities.

Tips for a Great Event or Activity

- ✎ **Get People Involved** -Involve as many people as possible in planning events and activities, and don't forget to keep your school or regional YHDP committee informed.
- ✎ **Checklist and Deadlines** - Creating a checklist can help the club to outline all of the preparations necessary for the event or activity. Remember to set and reinforce your preparation deadlines to ensure a successful activity or event.
- ✎ **Community Involvement** - Always invite local opinion leaders, community leaders, and local people who have an interest in your activity's focus or topic. This can help boost your attendance.
- ✎ **Thank the Participants** - Your thanks to participants who take the time to appear will be very much appreciated and will help create a good feeling in the school and community towards your AIDS Awareness Club.

LISTENING

Wherever you are, around school or in your community, listen to the topics people are talking about, especially people of your own age. This is a way to help your AIDS Awareness Club decide on appropriate subjects for outreach messages. You should listen to what your friends say, and remember what kinds of information they are sharing or what kinds of thoughts or feelings they have. Your club's outreach messages can be even stronger if you take these things into consideration.

Spreading the Word: Publicizing Club Meetings, Activities & Events

The publicity of meetings, activities, and events is a fundamental part of any AIDS Awareness Club's success. Publicity allows your club to attract interested young people and to gain school and community support. In order for any club meeting, activity or event to attract participants, club members must publicize well in advance. You can do this with the following strategies:

- ✎ Post flyers around the school or community in "high traffic" areas where many people will see them.
- ✎ Mail flyers or announcements to members and guests.
- ✎ Announce the meeting, activity or event during other gatherings of club members, students or community members.
- ✎ Set up a table in your school or at a community event. You can use this opportunity to also distribute information about HIV/AIDS prevention.
- ✎ Call club members and guests to extend a personal invitation.

- ✘ Contact local media for publicity. Send news releases before and after your events to local newspapers and radio and television stations.
- ✘ Maintain an open and friendly environment within the club. More young people will want to participate if they feel welcome.
- ✘ Practice what you teach. Club members who themselves do not follow the ABCs of HIV prevention will not be perceived as good role-models for their schools and communities.

Social Marketing Activity

Purpose: To learn how to tailor an HIV/STI prevention program so it is effective with a specific audience

Planning Notes: Social marketing uses many of the tools of commercial marketing - such as audience research, exchange theory, competition theory, and creative promotional strategies - to encourage specific audiences to voluntarily adopt practices that benefit both the individual and society. Social marketing takes into account social norms, beliefs, and attitudes, while focusing on understanding how and why people behave as they do and creating exchange relationships to influence those behaviors.

During this activity the group is going to brainstorm possible social marketing projects. Remind them, that at least for now, these are just ideas. However, if an idea really grabs a group of young people, encourage them to take the beginning steps towards its implementation. Divide one piece of newsprint into two columns. Label one column *Product*, and the other *Price*. Label other sheets of newsprint *Price Reduction*, *Possible Channels*, *Possible Locations*, and *Possible Partners*. Place the sheets where everyone can see them. You will write the TAP members' ideas on the sheets as they brainstorm.

Procedure:

1. Introduce the activity to the group by noting that they have received lots of information on HIV/STI prevention, and have developed messages to communicate this to their peers. It is time to begin developing ways to get those messages out to their peers. The question is, how?
2. Have the group list behaviors that teens should change or maintain to promote HIV/STI prevention - such as correct and consistent condom use or ways to negotiate safer sex. Write all these ideas in the column labeled *Product*. Explain to the group that these are the behaviors that their program may affect, just as a commercial advertising campaign would affect the behavior of consumers.
3. Next, ask the group to brainstorm all the costs associated with each product. For example, one cost of condom use is the monetary cost of the condom itself. Another cost might be the embarrassment of buying condoms or the embarrassment of talking about safer sex. Record these

responses in the Price column. These are the barriers to reducing risky behaviors.

4. Discuss ways to reduce the price of these behaviors. Can the PAAC take steps to help reduce or eliminate these barriers? Record responses on another piece of newsprint labeled *Price Reduction*.
5. Ask the group to brainstorm a list of channels or methods and places through which teens can or do receive information. Then together evaluate which of the items on the list allow the PAAC to reach the largest number of teens in their target audience and through which teens are most likely to be responsive to the messages that the group communicates.

Below are some possibilities to stimulate teens' ideas.

Possible Channels

- Friends
- Teachers
- Videos
- Radio
- TV
- Movies
- Theater
- Posters
- Tee shirts
- Assemblies
- Health clinics
- Doctors/nurses
- Advertisements - on radio, TV, public transportation
- Hotlines
- Buttons
- Bumper stickers

Possible Locations

School

- Cafeteria
- Lockers/hallways
- Outside grounds
- Homecoming

Community

- Restaurants
- Athletic events
- Malls
- Playgrounds/Parks
- Parades
- Youth centers
- Church, mosque, synagogue, etc.
- Music concerts
- Stores

6. Brainstorm possible partners who can help the TAP group implement its HIV/STI prevention projects.

Possible Partners

- Science teachers
- Health teachers
- Local AIDS organizations
- Local newspapers
- TV
- YMCA/YWCA
- Communities of faith
- Police department
- Local family planning or STI clinics
- Local businesses

7. Using these lists, brainstorm projects and activities that the TAP group can undertake to best reach the teens in the community. Write down all the ideas on a new sheet of newsprint.

8. As a group, discuss each idea using the following questions.

- Does the suggested activity fit the needs of the group you are trying to reach?
- Will the audience listen?
- Is the message credible and appealing?
- Does the TAP group have the resources and skills it needs to do this activity?
- Will other community agencies/businesses provide the resources that TAP needs to make this idea work?
- What steps will the group need to take to implement this project?

9. Tell the group that these are great ideas, and that you will keep the newsprint so that the group can refer back to them when developing the project plan in the next session.

Examples of Internal Club Activities

Group Discussions

Group discussions can help young men and women to become more familiar and more comfortable with issues surrounding HIV/AIDS and a healthy lifestyle. Group discussions give club members and participants an opportunity to learn from each other and to share their viewpoints and opinions. Someone should lead the discussion and this person should have a good understanding of the topic. Remember that the information shared with participants should be factual and correct and those leading the discussion may have to do some research so that this occurs. Groups should come up with their own topics but some questions to get a group discussion started follow:

A. Growing Up

What happens to a person when growing up? What does growing up mean to young men? What does growing up mean to young women? What changes occur in your body (puberty) when you are growing up?

B. Adolescence (young people)

What are the challenges that young people face today? Do you feel you should be independent and make your own decisions? What behaviours put adolescents at risk of getting HIV? How can you or your friends change these behaviours?

C. Friendship

What does friendship mean? Can friendship exist between women and men? How can you tell if a friend is honest and cares about you? Why do men and women become friends? Does sexual intercourse make a friendship better or worse?

D. Relationships

What does it mean to be in a relationship? Do young men and women view relationships differently? What does it really feel like to be in love? How important is trust (respect, commitment) in a relationship? Is it possible to have a relationship without having sex? What do you personally feel about not having sexual intercourse until you are married?

Who should be responsible for using condoms in a sexual relationship?

E. Gender Issues

Who is in control in a relationship, a man or a woman? Why is this? How are the roles of women and men changing in our society? Why is it that when someone refers to a doctor, that we always assume it is a man? Or a cook, a woman? This discussion can help young men and women learn that gender roles can be changed.

F. Sexual Abuse

What is sexual abuse? Does it happen in your community? Why does it happen? What should be done to stop it? What can men (and women) do to stop sexual abuse? Do you agree that "No" always means "No"?

G. Alcohol/Drug Abuse

Why do people drink or use drugs? Is alcohol and drug abuse a problem in your community? What is the difference between alcohol use and abuse? How does alcohol/drug use contribute to HIV infection?

Small Group Discussions

Small group discussions are conversations that take place between 4 to 8 people. In small groups, it may be easier for all participants to express their ideas and for the participants to reach an agreement. Often when a topic is first discussed in small groups and then in a larger group, participants are more willing to share their ideas and usually understand the issues more clearly.

What To Do:

1. Members of the club should be organized in groups of 4 to 8 members to ensure that everyone gets a chance to contribute.

2. The seating should be arranged in circles, or around a table so that everyone can see and interact with each other.
3. Each group should elect one member to record the main points of the discussion and share them with the main group.
4. The topic to be discussed should be given to the groups.
5. When groups have had sufficient time to discuss the issue, a member of each group should summarize the main points. Important findings and conclusions can be listed on a classroom black board or a piece of paper.

Some further questions for discussion follow:

- A. **What are the causes of teenage pregnancy?** What are the best ways to stop this from happening? What can young women do to help their friends to avoid getting pregnant? What can young men do? How can young people protect themselves from unwanted pregnancy, HIV/AIDS and STDs?
- B. **What roles can club members play in the fight against AIDS?** How can young people teach others about the dangers of HIV? What messages must be shared in order for people to change their behaviour?
- C. **Is peer pressure positive or negative?** Can you avoid peer pressure and still be popular with your friends? Is peer pressure the main reason for having sex (or using drugs and alcohol)? Is there peer pressure to use condoms?
- D. **What are the needs of people living with AIDS?** What are the needs of families affected by AIDS? What can the club do to help people living with AIDS? What can club members do to help families affected by AIDS?

News About HIV/AIDS and Other STIs

Encourage members to look out for news articles related to HIV/AIDS. Develop and maintain a bulletin board of recent articles on HIV, AIDS, and other STIs. Discuss what teens find in the day's articles or news stories - either at the beginning of each session or at specified sessions. (Throughout the remainder of the training timeline, some sessions relatively shorter, allowing time for discussion of the news.) Use the discussion points below. Suggest that teens call a local or national AIDS hotline if they need help understanding the news articles or bulletins.

Discussion Questions:

1. Does the story have new information about transmission or prevention? Does it have new information about vulnerable groups? What is the new information?
2. Does the information change our basic prevention message(s)?
3. Did the story contain misinformation? What was it?
4. Does the article use correct terminology? If not, what incorrect terminology was used and what terms should have been used?
5. How reliable is media coverage on HIV/AIDS and other STIs?

Optional Activities:

1. The *Kaiser Daily HIV/AIDS Report* provides daily updates on HIV/AIDS news - highlighting legislative, political, legal, scientific, and business developments related to HIV/AIDS and providing links to the full text of articles. If the group has access to the Internet, read the *Kaiser Daily HIV/AIDS Report* online at <http://report.kff.org/aidshiv/>.
2. Assign the group to watch an upcoming television special on HIV/AIDS or STIs. Discuss the special and its message.
3. Start each discussion with a question. For example, what news have you read or heard about this past week (today) about HIV/AIDS and other STIs?
4. The group may wish to develop its own newsletter on HIV/STIs or think of other ways to share information with other teens in the community.

Advertisements/Posters

Develop creative and fun advertising for the PAAC and posters that display information about HIV/AIDS and sexual health. Encourage club members to develop creative ads for the *Echo's*, the *Namibia*, or other local newspapers. Encourage members to design and draw poster that incorporate messages that will have an affect on those who see it (i.e. fun or shocking visuals, creative slogans, etc). Place the posters in school hallways, community bulletin boards, local record stores, and fast food restaurants - wherever youth hang out. Or, encourage the TAP members to sponsor a poster contest and ask local merchants to donate prizes.

Articles in School, Community, or City Newspapers

For those youth who love to write and want to develop their journalistic skills, encourage them to write an article on HIV/STI prevention as it relates to adolescents and to place it in their school newspaper or to write an editorial for the local newspaper.

Develop a Student Magazine

Ideas of magazine content include article of club activities, upcoming club events, information facts about sex, HIV/AIDS, and STI's, poems, comics, drawings, short essays, songs, etc. relating to HIV/AIDS and sexual health, information about health services, counseling, testing services, etc. THINK GOALS. BE CREATIVE

Buttons

Teens at Ballou and Wilson senior high schools in Washington, DC, developed buttons with HIV/STI prevention messages to give to their friends

and acquaintances. The buttons served as an informal medium for the TAP members to communicate about HIV/AIDS. The buttons said:

- *Just Say Know*
- *Teens for AIDS Prevention*
- *Ballou Says Stop the Madness*
- *Learn About AIDS*
- *Cover Yourself* (with a picture of a condom)

Field Trips And Educational Visits

Field trips are a good way for your club's members to learn more about HIV/AIDS in the community. They should be planned well in advance so that the people at the place you are visiting can be notified of the date and time of your arrival. These visits can often be coordinated with community service projects. For example, if you will be visiting an orphanage caring for AIDS orphans, perhaps your club can volunteer to paint some of the rooms. Other examples of educational visits may be a field trip to your local health centre to learn more about HIV testing or counseling or to a local NGO that is working in the fight against HIV/AIDS.

Avoiding AIDS is about respect

You respect your body - you refuse to expose it to HIV.

You respect your future - you refrain from sexual intercourse or always use condoms correctly.

You respect your partner - you always accept their "no" without arguing or saying bad things against them.

You respect yourself - you don't need to have sexual intercourse to prove that you are a man or woman.

You respect your own achievements and importance - you don't get upset when someone turns you down.

You respect your own time table - only you, and not your friends or your family know when you are ready to start having sexual intercourse.

You respect your friends - you don't need to boast about sexual intercourse to them or pressurize them into having sexual intercourse.

You respect your family and your religion - you know what you believe and you stick to it.

Examples of Club Outreach Activities

COMMUNITY SERVICE PROJECTS

Community service is an opportunity for AIDS Awareness Club members to "give back" or make a difference in their schools and communities. For example, your club should organize special activities to help care for people living at home with AIDS and to help orphans in your community. Some volunteer activities can be done by the club members as individuals, in small groups or by the club as a whole. Each community service project should be chosen by the club members and must have a specific objective. Projects should also involve other school and community members. School officials, government offices, and community-based organizations including non-profits can be consulted so that club members can formulate a plan for the project that will best serve the school or community. Your local social worker is a great resource for community service projects. He or she can identify families or groups that need assistance.

Some sample community service projects that AIDS Awareness Clubs can undertake include:

- A. Singing at AIDS wards of hospitals - to promote a positive attitude towards those affected by the virus, to bring joy to those who are suffering
- B. "Big brother" or "big sister" programme for AIDS orphans - to assist them with school work and play games with them, be a friend who can help the young orphaned children to deal with the pain and sorrow caused by the deaths of their parents
- C. Assist families who are affected by AIDS - give some of your time to help them with chores and errands
- D. Outreach projects - to bring information on HIV/AIDS to out-of school youth.

Remember that even the little community service projects of your club can make a big difference to the people in your school or community.

Volunteering is a great opportunity for young people to show care and concern and to create visibility for their AIDS Awareness Clubs.

AIDS TALKS & LECTURES

Your clubs can organize AIDS talks or lectures in your club, school or community. These talks should target your peers. If club members will be the speakers, they need to have enough information about HIV/AIDS issues and be able to speak very well about the topics. A lecture or talk is successful if it is given by someone who speaks loudly and clearly and keeps the interest of the audience.

Your club can also invite health professionals, religious leaders, community elders, people from HIV/AIDS organizations and associations to present talks or lectures. Outside speakers can give expert knowledge and personal experiences, but they must be carefully chosen. Your regional health, youth or education office or your regional YHDP committee should be able to help you make arrangements for these speakers. It is also helpful for the group to think of questions that they want to ask of the speaker so that there will be plenty of discussion following the presentation. If you have discussed the talk with the speaker beforehand, you can plan follow-up activities such as discussions, games, role-plays, etc. Remember, if you bring in an outside speaker, it is always polite to extend a formal invitation and thank you for attending your club's meeting, activity or event. It is always good to have an alternative activity planned in case the speaker is late or does not arrive.

Planning for a Panel of People Living with HIV or AIDS

Purpose: To help teens develop compassion for people with living with HIV or AIDS, and to reduce fears of casual contact with someone infected with HIV

Materials: Suggestion/comment box

Time: 10 minutes

Planning Notes: Having an individual face for the HIV/AIDS epidemic will help the target audience deal with their fears and misconceptions about the epidemic. Teens need to understand that AIDS is a fatal disease with no known cure. People living with HIV or AIDS (PLWHs/PLWAs) are often highly successful in educating young people, and many of them want to do this. They dramatically portray the reality of living with AIDS and help break through the teenager's belief in his/her own invincibility. It is important that teens develop compassion, rather than fear, for people living with HIV or AIDS.

Invite a person living with HIV or AIDS to come speak with the TAP members.

Over 240 AIDS service networks exist which can help you locate

PLWHs/PLWAs who want to speak to audiences. Or contact a local AIDS service organization; ask for the Speakers' Bureau. The National Association of People With AIDS (202.898.0401 or www.napwa.org) can also help direct you.

Procedure:

Prior to the visit, review with the group the evidence that casual contact is not a source of transmission. Discuss and reassure the group about any fears or concerns they may feel before the visit. Ask each member to think of three issues that he or she would like to learn more about from the PLWHs/PLWAs. Remind the youth about the suggestion/comment box for this pre-session so they can ask questions anonymously. You want this session to address all concerns the teens may have but are afraid or hesitant to voice

In some communities, fear and misinformation remain high, and, as a result, parents may not want their child to meet PLWHs/PLWAs. A permission slip may be needed for this session to avoid any potential conflict. A sample Permission

Slip follows as a Leader's Resource. The Permission Slip is also included in the Appendix. The TAP coordinator should consider inviting parents to the program as well. Parents who attend may become strong advocates for this program.

Panel of PLWHs/PLWAs Planning Notes: Make sure that the room is set up to ensure that everyone is comfortable and can see and hear the speaker. Also make sure that the speaker is comfortable and can see, hear, and respond to the audience. This may mean bringing in a podium or a table and chair and a microphone for the speaker, arranging a larger room to accommodate parents as well as youth, and making sure there are enough chairs for all the audience.

Procedure:

Allow ample time for this presentation and its processing.

1. Ask the PLWH/PLWA to share his or her story with the group and ask him or her to leave time for questions and answers. Tell him/her that you will end the session and free him/her to leave after no more than 90 minutes.
2. After the guest speaker has finished, thank him/her and escort him/her out. Ask the youth and their guests to stretch, get water, etc., while you escort the guest speaker. Ask them to be ready to discuss what they have learned as soon as you return.
3. Encourage TAP members and their parents/other guests to process what they heard using the Discussion Questions below.

PANEL DISCUSSIONS

A "panel" is a small group of people ("panelists") who present their messages or opinions on a chosen topic to a larger audience. Each panelist gives a brief presentation on his or her topic or opinion. When all the panelists have finished their presentations, the members of the audience ask questions of the panelists. The audience is then free to express their own opinions on the topic.

What To Do:

- 1) The group should decide on a topic for the panel discussion, this topic should be expressed as a statement. For example: "Young people should not have sexual intercourse until they are married".
- 2) Three to six panelists should be selected. The panelists should spend some time preparing for the discussions. Each panelist should represent a different point of view on the discussion topic.
- 3) Panelists should find evidence for or against the statement and write down some reasons to back up their arguments.
- 4) The panel should sit facing the audience.
- 5) A chairperson introduces the topic and ensures that all panelists stick within the time given to make their points. The chair of the panel also receives questions from the audience.

Some Sample Topics for a Panel Discussion:

- A. HIV positive people can contribute positively to our society.
- B. Abstaining from sexual intercourse is the best way for youth to avoid getting HIV.
- C. HIV testing should be mandatory for all youth.

DEBATES

In a debate, two or more opposing speakers (or teams) conduct a formal argument on a single topic. One side argues in support of a statement, and the other against it. A debate can educate the audience by exploring the many viewpoints on an issue. When debating a topic, it is easy for the two sides to become very intense about the arguments being made. However, for a debate to be fruitful, emotions must be kept in check to avoid hard feelings after the debate is over.

What To Do:

- 1) Decide on the statement or issue that the two sides will debate.
- 2) Two speakers should be selected or two teams should be formed. One side will be in favor of the statement and the other side will be against the statement.
- 3) The sides should spend some time formulating their arguments before the debate. They also should prepare themselves to answer the counter arguments the other team might be using.
- 4) A moderator should be chosen to chair the debate. The moderator should introduce the speakers and make sure that order is kept during the debate. The moderator should not take sides in the debate.
- 5) A timekeeper should also be chosen to make sure that each speaker does not go beyond the time they are given to present their arguments. The limit for each speaker should be five to ten minutes.
- 6) The speakers or teams should stand in front of the main group and present their views in turn.
- 7) The opposing speaker or team should then have an additional 5-10 minutes for a rebuttal, or a response to what the other side has argued.
- 8) When all the speakers have finished, the other club members are then free to question the speakers on their views.

Sample Statements to be Debated:

- A. It is not good to tell your sexual partner (or school or friends) that you are HIV positive.
- B. Getting treatment for STDs from the traditional healer is better than getting STD treatment from the hospital.
- C. Faithfulness is not important in relationship.

- D. You are safe from getting HIV if you (or your partner) do not have sexual intercourse with a commercial sex worker.
- E. People with AIDS should be separated from the community.

So your partner doesn't want to use a condom?...
Responses to common excuses

If your partner uses this excuse...	You can reply...
I can't feel anything when I wear a condom.	Have you ever tried sex with a condom? There is plenty of sensation.
I know I'm disease-free, I haven't had sex with anyone for a while.	As far as I know, I am too, but either of us could have HIV and not know it.
I love you. Would I give you an infection?	You wouldn't mean to, but most people don't know they're infected.
Let's do it just this once without a condom.	It only takes one time to get HIV.
Condoms don't work.	They almost always do, and they stop the HIV virus.
Condoms are unnatural and turn me off.	But with a condom we'll be safe.
Condoms ruin the romantic atmosphere.	They don't have to. I can show you a way to put it on that you will enjoy.
I'm insulted! You must think I'm infected.	Not at all. I want it because I care about our relationship.
I won't have sex with you if you insist on using a condom.	Let's put sex off then, until we can work out our differences.
I'm on the pill. You don't need to use a condom.	The pill is good for birth control, but it doesn't protect you against STDs or HIV.
None of my other boyfriends (or girlfriends) uses condoms.	You are telling me that you have other partners who don't use protection. You don't know how many people they've slept with. Anyone of those people could be HIV-positive and not know it.
By the time I put it on, I'm out of the mood.	Who says you have to put it on? It'll be more fun if I do.
I'm afraid it will slip off and stay inside me.	Don't worry. I know how to put it on properly so that there's no chance it will slip off.
I don't have a condom with me.	Then let's find a way to excite each other without penetration.

QUIZ CONTEST

A quiz contest is a great way to give information about HIV/AIDS. It involves asking questions and giving points for correct answers. The questions can be divided into "rounds" or groups, with more difficult questions coming later in the game with an increased point value.

What To Do:

1. For the quiz, the group needs to split into two or more teams.

2. Select a moderator to be in charge of each contest. This person shall be responsible for asking the questions and conducting the contest in an orderly way.
3. Select a recorder to keep track of each teams' scores.
4. The moderator should alternate in giving questions to the teams. If a team gives an incorrect question, the other team should have an opportunity to "steal" or answer the question to gain extra points.
5. The team with the most points at the end of all rounds wins.

Some Sample Questions for the Quiz Contest follow:

- A. What does HIV stand for?
- B. What does AIDS stand for?
- C. Name the three main ways that HIV is transmitted.
- D. What is an STD?
- E. Name five STDs.
- F. True or false. HIV is a sexually transmitted disease.
- G. What are the ABCs of HIV prevention?
- H. Name three ways that HIV is not spread.
- I. True or false. Mosquitoes spread HIV.
- J. True or false. You can tell that a person is HIV positive just by looking at him or her.

DRAMAS

Drama is an interesting and fun way to give out information on HIV/AIDS. Drama is a traditional way of entertaining and educating. It can make topics live and the literate and illiterate can understand the message being presented. As peer educators, AIDS Awareness Clubs can make dramas more powerful when we help the audience to discuss what they have seen in the drama. When preparing a drama, the following points should be noted:

- There can be a brief introduction for each play before the performance.
- The plays should always try and create awareness about HIV/AIDS among young people and the general public.
- The plays should be about everyday problems faced by young people, including boyfriend/girlfriend problems. This way the young people who watch the plays can understand the risks of HIV/AIDS by relating it to their own lives. The plays should also present young people with choices on how to protect themselves from HIV/AIDS.
- The drama must not be too long. You do not want the audience to be bored and there should be enough time for discussion afterwards.
- Make sure that their story does not confuse the audience. Keep the story simple. Try to have one strong message that the audience will remember when they go home.

- If you are unexperienced in acting, don't worry. Also, do not worry that much about how you are dressed, the props, etc. You can still make a very powerful drama if the message of the play is important to the audience.
- The drama must not give wrong information or spread unhealthy thoughts or feelings. The plays should give correct information on HIV/AIDS and should emphasize the most common mode of transmission, which is unprotected sexual intercourse. You should not spend too much time on HIV/AIDS transmission through razor blades or toothbrushes for example.
- The plays should try to avoid blaming anyone (like commercial sex workers or truck drivers) for the problem of AIDS. The drama must also not insult anyone.
- Dramas should not tell people what to do and it should not be like preaching. It is better to let people make their own choices about their behaviour from watching the drama and talking about it afterwards.
- After the play, you should ask for comments about the play from the audience. You can also begin a discussion using the following questions:
- How do you think the story ends (if the play was left hanging)? How do you want the story to end?
- Why did a certain person in the story behave that way?
- What did you see happening in the drama?
- Why did it happen?
- Does this happen in real life?
- What problems does this lead to?
- What are the deep-down causes of the problem?
- What can be done about it?

Some important messages that your club can include in a drama follow:

- Abstaining from sexual intercourse is the only way to be 100% sure you are protected from HIV/AIDS.
- You can protect yourself from HIV infection by sticking to one mutually faithful, uninfected partner.
- If you are sexually active, then practising safer sex can lower your risk of infection. Safer sex means avoiding sex that allows your partner's blood or sexual body fluids (semen or vaginal fluids) to enter your body.
- If used properly, condoms can reduce the risk of getting or passing on HIV or other STDs. It is very important to use a condom properly.
- You can get free condoms from clinics, hospitals and health workers. You can also buy condoms from supermarkets, groceries and stores.
- Young people should be encouraged to communicate with each other in relationships about feelings and sexual matters.
- If you have a STD, you should seek treatment immediately and notify your partner(s) to encourage them to get treated.

- Drugs and alcohol should be avoided or used in moderation since they make people lose their sense of judgement and get involved in risk behaviours.
- People living with AIDS need our care and support. The plays can encourage the community to look after the people living with HIV and AIDS.

PUPPETRY

Puppets can say and do things that people may find embarrassing or difficult. Puppets can be useful if people find it hard to talk openly about sexuality or drug use. Puppets can also cut across racial and cultural barriers, present stereotypes (for example, the unsympathetic nurse or a harsh police officer) without offending individuals, and add humour to otherwise sensitive subjects. The puppets can act out a drama and the audience can ask the puppets questions after the show.

ROLE PLAYS

Role-plays are a great way of developing personal skills by practising how to react and what to say in difficult situations, such as refusing sex or discussing condom use with your partner. A role-play is like a drama, but the goal is to give people an opportunity to respond to "real life" situations. Role-plays allow club members to practise in a safe environment within the group and to build skills and confidence. When club members are faced these situations in real life, they will be better prepared. Role-plays can be preformed in front of a large group or in pairs or small groups. Actors and the audience should focus on what is being communicated in the role-play. Remember that body language can often be as important as words in these scenes. Some people may feel nervous about performing in front of others but club members should provide encouragement and praise. Most important is the opportunity for everyone to practice what they would do in a difficult situation. Everyone will be surprised by what they can achieve in practicing with role-plays.

The discussion that follows a role-play is the most important part of the learning process. The group should carefully analyze what has been heard and seen and explore the reasoning behind what happened in the situation.

What To Do:

1. The large group should be divided into smaller groups of 2-3 people.
2. Each group chooses a situation. (See sample topics below.)
3. Each participant should adopt a different character so that together they can act out the situation they have chosen.
4. What is to be said in the role-play should be discussed briefly beforehand. There is no need for a written script. Participants should improvise what they would say or do in that situation.

5. Participants should not concentrate too much on their performances as actors. Most important is the opportunity for participants to practice using assertive language in difficult situations.
6. The role-play should only take from 2-5 minutes and other members of the club should watch carefully. The shorter and simpler the role-play is, the more effective it is in presenting a situation clearly.
7. After the role-play, the group should discuss the problem and the actions of each person. To begin discussion, consider the following questions:
 - Is this a real situation?
 - Does it happen in our school/community?
 - Do you think that the characters made good decisions?
 - Do you think the characters communicated well?
 - Were they aggressive, weak or assertive in the situation?
 - How would you react in a similar situation?

Topics for Role Plays:

- A. A young woman or a young man refusing to listen to information about HIV and AIDS.
- B. A young man insisting to have sexual intercourse, while his girlfriend is refusing because she wants to maintain her virginity until she gets married.
- C. A young woman catching her boyfriend having sex with another woman.
- D. A young man being teased by his friends because he wants to avoid sexual intercourse and stay HIV-free.
- E. Trying to convince your partner who has had "unprotected" sexual intercourse with that the two of you should start using condoms.
- F. A young man wanting to use a condom but fearing that his partner may be angry.
- G. Someone wanting to have sex with you when you know he or she has another lover.
- H. Being laughed at for not wanting to have a boyfriend/girlfriend or get married yet.
- I. Wanting to have sex with someone, but no condoms available.
- J. Being encouraged by your friends to drink too much.
- K. Being ridiculed for not having several lovers, or sticking to one partner.
- L. Trying to talk to a parent about sex.
- M. Trying to "buy" a condom from a shop.
- N. Trying to explain to an adult in a clinic that you have an STD.
- O. Trying to convince an adult that condoms do not lead to "promiscuity".

TEMPTATION

This is a role-playing game in which one person tries as hard as possible to convince another person to give in to temptation. The other person has to respond by giving the reasons why he or she should not give in to the temptation.

What to do:

1. Members should identify some of the temptations, which face them in their lives.
2. In pairs, one person pretends to be a "bad" friend who is trying to make the other give in to the temptation (sexual intercourse, drinking, etc.)
3. The one being persuaded to give in should give reasons for avoiding the temptation.
4. The exchange between the devil the individual or the group should not go on for too long, about five minutes.
5. Club members can then add their comments and suggestions for avoiding the temptation.

Some of the temptations could be:

- A. A young man trying to convince a young woman to have sexual intercourse, and she is refusing because she wants to remain a virgin until marriage.
- B. A young woman tempting a young man to have sexual intercourse with her because he plays football and is very popular.
- C. A young man encouraging his friend to have sexual intercourse so that he can "be a man."
- D. A girl being tempted by a "sugar daddy" into a sexual relationship by giving her gifts.
- E. A boyfriend trying to convince his partner that they will enjoy sex more without a condom.

MUSIC & DANCE

Songs and dances can be used to give people ideas or messages about HIV/AIDS. Songs have been used in many HIV/AIDS programmes to transmit messages to young and old people alike. Songs are easy for people to remember and repeat. Some members of your club will have the talents to write the words and compose the music for songs and others can choreograph the dances.

Everyone can participate in performances.

Words for songs should be simple and fun so that they can stay in people's minds. The words of popular songs may be replaced with HIV/AIDS messages. The words should help the listeners of the song to protect themselves from AIDS. Make the message in the song or dance clear and use a tune that almost everyone in the community will recognize.

Songs can be in any language, provided the audience understands the message. Songs and dances can be performed at concerts and also at many other times, such as at sport matches, AIDS talks, community gatherings, and other club

events. Songs and dances are effective because performances can attract large audiences of people.

POEMS and CREATIVE WRITING

Poems are a way for young people to express their own thoughts and feelings and poems can be used to facilitate discussion among club members. They can also be read at club meetings and events to send the HIV prevention message. Club members should be encouraged to write their own poems about topics related to HIV/AIDS. Following are two examples of poems written by young people and possible questions that can begin a discussion about them:

A Safe Youth

AIDS is there
it is right here
involving us all
the old and the youth,
here is our time
to fight AIDS
for we, the youth,
are holding the key
to the future ...
a safe youth
it's all we should be;
free from AIDS
it's all we should be;
here is the time
to show our pride
by being AIDS free;
AIDS is right here
for us to defeat ...

Agnes' Song

Only one night,
That was all he had.
But look at me now,
I'm in trouble so bad.
I'd argued with my mother,
I was feeling low and down.
When the man said, "Come one,
Let's go down to the town."
I didn't really think,
I was too young to know.
All I wanted at the time,

Was somewhere else to go.
I must have been crazy,
Or it might have been the drink.
It sort of happened by itself,
I didn't really think.
It wasn't what I meant to do,
I'd decided that before.
I wanted to stay safe and wait,
But I'm not free no more.
Only one night,
That was all I had.
But look at me now,
I'm in trouble so bad.

RALLIES & WALKS

Your club can raise the school or community's awareness of AIDS by having a rally or a big walk. Rallies are large gatherings of people that are meant to get people excited or involved in an issue. Rallies should be exciting and have plenty of rousing activities to get people interested in HIV/AIDS. Big walks are a way for AIDS Awareness Clubs to bring HIV/AIDS messages by walking through the school grounds or town to attract attention. At these events, your club can sing songs about HIV and AIDS and members can carry banners or posters (which you make yourselves) displaying messages about HIV and AIDS. These events should be held at a location that will attract large amounts of students or community members (like the school yard or the village's market). Remember that school and community officials must be notified of the event. Police should also be notified of these events, so that they can provide crowd control and make sure that they rally or walk does not disrupt traffic or the peace.

VIDEO SHOWS

Most people enjoy watching television and this activity is also a good way to raise the school and community's awareness of HIV/AIDS.

What To Do:

1. Club members should obtain a video about HIV/AIDS. These are often available from your regional youth, education or health office or your regional YHDP office.
2. Club members should reserve a hall or a room with a television and VCR.
3. Club members should publicize the showing of the video. (See previous section on publicity.)

4. After the show, club members should facilitate a discussion with the audience about the video. (See previous sections for questions to begin the discussion.)

CONTESTS

Contests and competitions are a good way to involve young people in AIDS awareness activities. Examples of contests include:

- **Designing posters:** A contest for creating the best posters about HIV prevention can be an exciting way to get fresh ideas and messages to young people. The posters will be attractive and useful to the AIDS Awareness Club.
- **Composing songs:** Encourage the composition of music and songs about HIV prevention.
- **Writing scripts:** Original, creative scripts can be selected for dramas, role plays and puppet shows.
- **Slogans:** Encourage the creation of slogans that deal with topics such as HIV prevention, safer sex, use of condoms, fidelity or monogamy.

The best ones can be used by the club in their efforts.

Try to have at least three prizes for the winners of each contest. Prizes can be donated by local businesses and presented by a popular public figure.

GAMES

Many games can be adapted to include AIDS awareness messages. Below are only a few examples of games that can be used to teach HIV prevention. Club members should select their favorite games and try to use them to teach their peers about HIV and AIDS. They can be used for inter-club activities or in the school and community.

Name Game

What To Do:

1. Everyone stands in a circle.
2. Everyone claps their hands three times, claps their knees three times, and counts three beats without clapping.
3. In the break, one should say any HIV/AIDS related words. For example, abstinence, faithfulness, HIV, etc.
4. At the next break, the next person in the circle (going clockwise or counterclockwise) must say another HIV/AIDS related word. No words can be repeated.
5. If a person does not say a new word, they must leave the circle.
6. The person left after all other players have been eliminated is the winner.

Survivor

This exercise is for small or large groups. Its purpose is to help participants to utilize their decision-making and negotiation skills. The exercise will also help club members to realize that there are many different values among members of the group and that those who are HIV positive can still contribute greatly to society.

What To Do:

1. Participants should be given the following problem.

If you were stranded on a deserted island and could only have five of the following people with you to survive, who would you choose? Try to make the best possible choices.

Cast of Survivors

Fisherman, male, 31 years old, HIV+

His wife, six months pregnant, HIV+

School teacher, female, HIV-

Farmer, 42 years old, male, HIV+

Folk singer, female, HIV-

Banker, male, 37 years old, HIV+

Minister of church, male, 54 years old, HIV-

Doctor, female, 29 years old, HIV+

College student, male, HIV-

Policeman with gun (only she can use the gun), HIV+

2. Group members must come up with a consensus (everyone must agree) on who will live with them on the island.

3. This will require much discussion and debate. Club members should follow some simple rules below. (These rules may be used when the club is conducting any discussion.)

Only one member of the group talks at a time.

Each member of the group is free to speak or to keep quiet.

Don't pressure anyone into saying what s/he doesn't want to say.

Don't attack anyone's opinion.

Talk to, not about, people in the group.

Be honest and open to new ideas.

Listen carefully to everything that is being said.

Condom Relay

Once club members have learned all of the necessary steps and have practiced putting on a condom, this game can be played to make people even more comfortable with putting on condoms. Players should know that in this game, putting on condoms correctly is just as important as doing it quickly.

What To Do:

1. Divide the group into two to three groups and have them stand in a line.
2. Give each person a condom and make sure each team has a practice penis or banana.
3. Instruct players that they must follow all the steps when putting on the condoms in this game.
4. A dustbin should be placed at the back of the line and players must run to it to deposit all used condoms and wrappers.
5. The first person of each team will begin by putting on a condom while the second person holds the banana or practice penis. When the first person has completed all of the steps the second person hands the penis or banana to the third person and then they must put their condom on it. This follows on down the line.
6. Club leaders should monitor that all steps such as checking expiry date, tying a knot after use, putting it in the dustbin, etc. are followed.
7. The team to first put on and take off all of their condoms correctly wins.

Password

Purpose: To introduce vocabulary about HIV and AIDS and to present methods for seeking additional information about HIV

Materials: A copy of the *HIV/AIDS Vocabulary List* handout for each TAP member, 5 x 7 index cards, pamphlets on HIV, and contact information national and local hotlines and health departments

Time: 45 minutes

Planning notes: Write one word from the HIV/AIDS Vocabulary List on each index card. Select some or all of the words on the list to use in the game, adding others as appropriate.

Procedure: Ask for an even number of volunteers (eight to 16). Have each volunteer bring his/her chair and align the chairs so that the volunteers face each other in pairs. For example, if there are 10 volunteers, have one row of five facing another row of five to create five teams of two each.

X X X X X

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X X X X X

1. Tell participants that they will be doing an exercise that is similar to the old TV game show, *Password*. You will hold up a card with a word on it so that only one member of one team will be able to see the word. Half the participants will have their backs to you. The team member who can see the word must think of a *oneword clue* that will enable his/her partner to guess the word on the card. (For example, if the word is *homosexual*, the clue could be *gay*.) The partner has only one chance to guess the correct word. If he/she does not guess correctly, you will move on to the next team and again hold up the same card with the same word.

Encourage participants to use slang terms to help their partners.

2. Proceed down the row until someone gives the correct answer. If either the clue giver or the one guessing takes too long, say the team has lost its chance and move on down the row. Participants may pass, but encourage everyone to participate even if they are unsure what the word means. This game is fun, and people can have a good time using some of the slang words they know.
3. Proceed on in this fashion, but give everyone a chance to be the clue giver and the one who guesses the word. This will mean that you will alternate the sides on which you hold up a new card.
4. After a team has guessed the word correctly, ask all the members to participate in explaining what the word means and why it is an issue in HIV/STI prevention.
5. Play the game for about 30 minutes and then process this activity by discussing how these words relate to HIV/AIDS and how the epidemic almost has a language of its own. Some of the most interesting words to process will be ones like fear and loneliness because they often bring up interesting discussions. You may also want to point out that we have many slang words for our sexual organs and sexual body parts, but few for other body parts -such as *elbow* - with which we are more comfortable.
6. Give each member a copy of the *HIV/AIDS Vocabulary List* handout to keep. Go over the vocabulary quickly and ask youth to make note of any questions raised by any word(s) on the list. Suggest that they leave questions about particular words in the Suggestion Box for discussion at the beginning of the next session.

Finding Resources: Fundraising Ideas for Clubs

The most important resources for your AIDS Awareness Club are the commitment and enthusiasm of its members. Most activities contained in this manual do not require funding. However, from time to time, your club may find it necessary to raise funds for certain projects and activities.

Remember though, that your club should not spend too much time and energy on fundraising. Otherwise, you will not be giving enough attention to spreading the word about HIV/AIDS!!

Fundraising activities should be simple and should allow everyone in the club to participate. These activities require effective planning and communication. Below are just a few ideas for fundraising:

- ✂ Clubs can hold concerts or dances and charge admission.
- ✂ Clubs can sell items that they have made themselves like baked goods or crafts.
- ✂ Clubs can hold a car wash.
- ✂ Clubs can do activities in which each club member has sponsors.
- ✂ Individual members can gather pledges or donations from individuals or businesses. Clubs should always announce to the school or community the total amount of funds raised with these activities. Clubs must be very responsible with the money they raise. It is often helpful to involve a person who is not associated with the club to watch over how the money is handled. This way, there can be no question of misuse of funds.

Activity Planning Sheet

Activity _____

PAAC member(s) _____

The goal of the activity is to

Describe the activity

What is/are the main message(s) that the activity will convey?

What skills will the target population learn (if applicable)?

How many will the activity reach? _____

Date this will be implemented _____

Place _____

This activity will be approved by _____

Materials needed

Tasks to be completed By Whom By When

Estimated budget _____

Following Through: Evaluating Your Goals

The PAAC should evaluate the goals and objectives of the activities it carries out. Here are some questions that will help you evaluate the success of the club's activities:

Preparation

- ⓧ Did we complete our activity/event planning and organization on schedule?
- ⓧ Did we involve enough members in planning the event, in the event itself, and in event follow-up?

Activity/Event

- ⓧ Did the activity start on time?
- ⓧ Did the event flow smoothly?
- ⓧ Was the length of the activity appropriate?
- ⓧ How many people attended? Who was in attendance?
- ⓧ Did the message reach those most at risk?
- ⓧ Was the information given about HIV/AIDS accurate?
- ⓧ Was appropriate information given? For example, were people looking for information on how to use condoms or were they looking for information on how to abstain from sex?

Follow-up

- ⓧ What comments and suggestions did guests or other club members make?
- ⓧ What could have made the event or activity even more successful?
- ⓧ Did we send an event report to our sponsoring organization(s)?

Evaluation Worksheet

Date: _____

Activity: _____

Number of PAAC members involved: _____

Success of Activity (Scale 1-10) _____

What worked?

What didn't work?

Why?

What needs to be revised to make it more successful?

Other comments/notes:

HIV/AIDS Vocabulary List

WORD Relevance to HIV/STI Prevention Education

Abstinence See Sexual abstinence.

AIDS Acquired immunodeficiency syndrome; a collection of illnesses which signal that one's immune system has been damaged or suppressed by HIV infection

Anonymous testing Testing in which no name is asked or given so that no one knows the identity of the person being tested.

Antibody A specialized cell found in the blood that attacks and kills or attempts to kill a specific bacteria or virus.

Anus The anus can be easily bruised or injured during anal intercourse, thus providing an easy route for HIV transmission if the intercourse is unprotected.

Asymptomatic Showing no outward sign of infection, not feeling sick.

AZT Zidovudine, a medicine which helps the body strengthen the immune system and can improve the health of a person infected with HIV and/or living with AIDS

Baby An HIV infected pregnant woman can transmit HIV to her fetus before its birth and to her infant(s) during birth or in breastfeeding. Not all babies born to HIV-positive mothers will be HIV infected. When the mothers take medication, such as AZT, the virus is passed on to the baby only about 10 percent of the time.

Bisexual Physical and romantic attraction to people of each gender.

Blood Blood can transmit HIV. The Food and Drug Administration, a government organization, works with blood banks to ensure that the blood used in hospitals and other medical situations is safe.

CD4 One of two protein structures on the surface of a human cell that allows HIV to attach, enter, and thus infect the cell; CD4 molecules are present on CD4 cells (helper t-lymphocytes), which play an important role in fighting infections (foreign bodies).

CDC The Centers for Disease Control and Prevention (CDC) is the U.S. government agency primarily tasked to respond to the HIV/AIDS epidemic in the United States.

Clitoris The part of the female genitalia that provides pleasure and that can be stimulated without having sexual intercourse.

Communication Good communication is necessary in order to negotiate sexual abstinence or condom use between romantic/sexual partners.

Condom Latex condoms, used consistently and correctly, can prevent the transmission of HIV.

Confidential testing Testing in which people must give a name but the information is kept secret (confidential).

Death AIDS is fatal.

Drunk Judgment and coordination decrease when one is drunk. A drunken person may have difficulty making healthy decisions about sexual behaviors and may have difficulty in correctly using a condom.

ELISA test Enzyme-linked immunosorbent assay –a commonly used test used to detect the presence or absence of HIV antibodies in the blood; a positive ELISA test result is indicative of HIV infection and must be confirmed by another, different test – a western blot.

Epidemic The spread of an infectious disease to many people in a population or geographic area.

Erection When the penis fills with blood and becomes hard, this is called an erection. It is time to put on a latex condom if having sexual intercourse.

Fear People often fear people with AIDS because they don't understand how HIV is transmitted. Sometimes, fear of getting the virus may act as a positive catalyst for safer behavior; at other times it does not.

Friend People with AIDS need friends.

HAART Highly active anti-retroviral therapy – aggressive anti-HIV treatment, usually including a combination of protease and reverse transcriptase inhibitors, whose purpose is to reduce viral load to undetectable levels; also referred to as drug cocktails.

Helper These cells play an important role in fighting infections by attacking and killing foreign bodies

t-lymphocytes (such as bacteria and viruses) in the blood stream. See also CD4 for method by which HIV invades these cells.

Heterosexual Physical and romantic attraction to people of the opposite gender.

HIV Human immunodeficiency virus – the virus shown to cause AIDS.

HIV infection Infection with the human immunodeficiency virus which may or may not make the infected person feel or be sick.

HIV negative HIV negative (HIV-) means that a person's blood is not producing antibodies to human immunodeficiency virus (HIV). A person whose blood is producing antibodies to HIV is HIV positive (HIV+).

HIV positive HIV-positive (HIV+) means that an individual has tested positive for HIV antibodies – white blood cells that are created by an individual's immune system because of the presence of HIV. Those not showing HIV antibodies are HIV negative (HIV-).

Homosexual Physical and romantic attraction to people of the same gender.

Immune system A system in the body that fights and kills bacteria, viruses, and foreign cells and which is weakened by HIV.

Infectious disease A disease that is caused by infection; HIV is caused by infection with a virus, the human immunodeficiency virus.

Injection Taking drugs for non-medical purposes by injecting them under the skin or into a vein with a needle and syringe

Drug use; using needles that have previously been used by other people can transmit HIV.

Kaposi's sarcoma A type of cancer once commonly found only in older men and now frequently seen in people infected with HIV.

Loneliness Lonely people sometimes engage in sexual risk-taking behavior.

Lubrication For greater comfort during sexual intercourse, latex condoms should be used with a water-soluble lubricant, such as KY jelly. Oil-based lubricants, such as Vaseline or hand cream, should **not** be used with latex condoms because oil destroys latex.

Marriage Waiting until marriage to have sexual intercourse is a value held by some people and some religions.

Masturbation gentle rubbing of the genitals by oneself or with another individual (mutual masturbation) – is one way to release sexual tension without having sexual intercourse.

Nonoxynol-9 Nonoxynol-9 (N-9) is a spermicide, an agent that kills sperm. The CDC reports that in important research with commercial sex workers, N-9 did not prevent HIV transmission and may have caused more transmission of HIV. Women who used N-9 frequently had more vaginal lesions, which might have facilitated the transmission of HIV. **N-9 should not be recommended as an effective means of HIV prevention.**

Opportunistic conditions Infections or cancers that normally occur only in someone who has a weakened immune system due to AIDS, cancer, chemotherapy, or immunosuppressive drugs. Kaposi's sarcoma and pneumocystis carini pneumonia are examples of an opportunistic cancer and an opportunistic infection, respectively.

Pneumocystis carini A type of pneumonia caused by a bacterium that is present in all lungs but which can make a person very sick when she or he has a weakened immune system.

Penis The part of the male genitalia that provides pleasure; it can be stimulated without having sexual intercourse. Males should use a latex condom over the erect penis during oral, vaginal, and/or anal intercourse.

Pill Oral contraception (“the pill”) is an effective form of birth control, but it provides no protection against HIV. Latex condoms must be used during sexual intercourse to prevent HIV/STI.

PLWA (PLWH) Person living with AIDS, or person living with HIV.

Protease An enzyme that triggers the breakdown of proteins; HIV’s protease allows the virus to multiply within the body.

Protease inhibitor A drug that binds to HIV protease and blocks it from working, preventing the production of new, functional viral particles.

Relationships In healthy romantic relationships, both partners can communicate clearly about their needs, including their sexual desires and limits.

Respect Having respect for one’s romantic partner means listening, communicating, and trusting each other, all of which are necessary to negotiate abstinence or condom use. Having respect for oneself means saying clearly what one wants and needs.

Retrovirus The type of virus that stores its genetic information in a single-stranded RNA molecule, instead of in double-stranded DNA; HIV is a retrovirus. After a retrovirus enters a cell, it constructs DNA versions of its genes using a special enzyme called reverse transcriptase. In this way, the retrovirus’ genetic material becomes part of the cell.

Reverse transcriptase A viral enzyme that constructs DNA from an RNA template – an essential step in the life cycle of a retrovirus such as HIV.

Safer sex A commonly used term describing sexual practices which minimize the exchange of blood, semen, and vaginal fluids.

Semen Semen is the fluid ejaculated by a male at orgasm. Semen carries sperm and also HIV when the male is HIV infected. Semen can transmit HIV.

Seroconversion Development of detectable antibodies to HIV in the blood as a result of infection with HIV; it normally takes several weeks to several months for antibodies to the virus to appear after HIV transmission. When antibodies to HIV appear in the blood, a person will test positive in the standard ELISA test for HIV.

Sexual abstinence Abstinence from sexual intercourse – at this time and/or in this relationship – is the best way to protect oneself from the sexual transmission of HIV.

Status Whether one is or is not infected with HIV or other STIs; awareness of whether one is infected with HIV and/or other STIs.

STD Sexually transmitted disease, another commonly used acronym for STI.

STI Sexually transmitted infection, another commonly used acronym for STD.

Trust Trusting that sexual partners will tell the truth about past behaviors and/or HIV/STI status may not always be safe. Trusting that sexual partners always know the truth about HIV/STI status is also not always safe.

Undetectable Status of some PLWHAs whose viral level has dropped so much that the virus is undetectable in their blood; the person is still living with HIV (like Magic Johnson, for example).

Vagina The vagina has membranes that can absorb HIV during penile-vaginal intercourse. The vagina also secretes fluids that can transmit HIV if the woman is HIV-infected.

Victim The word victim (as in “AIDS victim” or “innocent victim”) is a word that many people with HIV/AIDS find demeaning. More acceptable terms are PLWH for Person Living with HIV and PLWA for Person Living with AIDS.

Viral load The amount of HIV per unit of blood plasma; used as a predictor of disease progression; see also retrovirus.

Western blot A test for detecting antibodies to HIV in the blood, it is commonly used to verify positive ELISA tests. A western blot is more reliable than the ELISA, but it is more costly and difficult to perform. All positive HIV antibody tests should be confirmed with a western blot test.

Theoretical Models

1. Health belief model

Describes and predicts health behavior in terms of beliefs and perceptions about illness, cost of care, and potential benefits; based on the assumption that a person must believe that he/she will develop a health problem unless action is taken. Main influences on behavior are perceived susceptibility to disease, perceived severity of disease, perceived costs and benefits of taking preventive action, perceived barriers to action, and cues to action.

2. Social cognitive behavioral model

Emphasizes the effect of the social environment, thoughts, and beliefs on behavior. Stresses that learning takes place through the synthesis of environmental factors, thoughts, and beliefs. The most prominent concept of this theory is self-efficacy – a belief that a person has the ability and capacity to affect his/her own environment, including behavior.

3. Cognitive dissonance theory

States that knowledge may be inharmonious with the actions a person takes, inconsistency may exist between behavior and beliefs. Dissonance may arise from cultural mores, specific opinions, or past experience.

4. Stages of change model

Asserts that a person may go through a sequence of stages when attempting to change a behavior: pre-contemplation, contemplation, decision, action, and maintenance. At each stage of change, different intervention approaches will be needed.

5. Social learning theory

Explains and predicts behavior through key concepts such as incentives and outcome expectations; predicts that change is a function of expectations; a key aspect is learning by imitation; another is the concept of self-efficacy – believing that one has the power to affect one's environment, including behavior and health.

6. Theory of reasoned action

Assumes that intentions are the most immediate influence on behavior; emphasizes the role of personal intention in determining whether or not a behavior will occur; people's intentions are influenced by attitudes and subjective norms or perceptions of social pressures.

Factors that Contribute to and Support Behavior Change

1. INFORMATION and SERVICES

- Sexuality information that is culturally relevant, honest, accurate, and balanced
- Information about the consequences of unprotected sexual intercourse and how to protect oneself
- Information about postponement and protection
- Community resources for condoms, dental dams, and needle exchange
- Community resources for survivors of sexual victimization and/or abuse
- Anonymous HIV testing, support groups, and peer education groups

2. MOTIVATION

- Seeking a positive outcome (causal)
- Talking with partners, respected adults, and peers
- Testing and/or treatment for HIV
- Using dual method protection
- Making future plans

3. SKILLS

- To resist peer pressure
- To negotiate safer sex
- To communicate with partner, peers, and parents
- To access services, including testing and treatment

4. BELIEF THAT CHANGE IS POSSIBLE

- That abstinence is cool
- That it is okay for young people to enjoy sexual relationships
- That sexual intercourse should be safe and consensual
- That early treatment will make a difference
- That service providers will be helpful and nonjudgmental

5. COMMUNITY NORMS

- Regarding substance abuse, needle exchange, and condom availability
- Regarding the value and abilities of youth
- Regarding varying cultural, religious, and health beliefs

6. POLICIES RELATED TO

- Condom and/or contraceptive advertising
- Anonymous HIV testing for teens
- Comprehensive sexuality education in schools
- Research by sub-populations on HIV infection
- Adequate funding for culturally appropriate approaches
- Access to services

Circles of Sexuality

