

Responses of African Universities to HIV and Aids: Students' Perspectives from University of Cape Coast, Ghana

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Abstract

This study sought to determine the views of students of University of Cape Coast, Ghana on what should be the response of the University to the HIV/AIDS epidemic. The respondents (352 females and 434 males) were randomly chosen through stratified sampling. Findings revealed that students wish to see HIV/AIDS issues integrated into the curriculum of the University. The respondents also endorsed the development of an HIV/AIDS policy as well as the establishment of a Voluntary Counselling and Testing (VCT) Centre for the University. Gender significantly determined how strongly students felt on what the response of the University to HIV/AIDS should be. Implications of these findings for counselling including the need for counsellors to collaborate with faculty and administration to mainstream HIV/AIDS are discussed.

Keywords: HIV/AIDS; Counselling; Students' Perspectives on HIV/AIDS.

Introduction

HIV/AIDS is without doubt one of the most tragic and challenging health problems of our days (Otaala, 2005). Africa certainly carries the heaviest burden with respect to HIV/AIDS. For a continent representing one-tenth of the world's population, nine out of 10 HIV positive cases originate from Africa (FAO Focus, 2000). The UNAIDS annual status report on HIV/AIDS worldwide, released in 2003 revealed that in many countries across southern Africa, HIV prevalence is maintaining alarming high levels in the general population. The report further indicates that in other Sub-Saharan African countries, the epidemic has gained a firm foothold and shows little sign of weakening. The data that supports this conclusion are compelling. An estimated 26.6 million Africans now live with HIV (Otaala, 2005); this includes approximately 3.2 million persons who became infected during 2003. During the same year, some 2.3 million Africans died of AIDS. At least 12 million orphans now struggle to cope with life on the continent. Overall, UNAIDS estimates that one out of every twelve persons in Sub-Saharan Africa is HIV positive.

In the face of this challenge confronting African countries, the question that readily comes to mind is: What are the Universities on the continent doing to save the situation? Kelly's influential paper – African Universities and HIV/AIDS – produced for the South African Universities Vice Chancellors Association (SAUVCA) did much to stimulate debate about HIV/AIDS and Universities in Africa (Kelly, 2001, AAI and AAU, 2003; Michel and Fish, 2004 and Otaala, 2004). In 2003 the UNDP regional project on HIV/AIDS assembled 45 scholars from ten African Universities for a ten-week winter school to consider strategies for integrating HIV/AIDS into the curriculum of their respective universities.

In his early appeals, Kelly (2000) outlined three key reasons why universities needed to address HIV/AIDS. His first reason was that HIV/AIDS had changed the world and as such, universities needed to be a part of that change. His second reason was that the university, as an institution, was affected by HIV/AIDS and needed to address the disease in order to maintain itself as a functioning institution. Third, universities were tied to the societies within which they operated and owed some responsibility to those societies. Kelly (2000) also identified three key areas where HIV/AIDS should be mainstreamed into the curricula: Academic teaching and research; administration and management; and the university culture.

In 2000, the Association for the Development of Education in Africa (ADEA) working group on Higher Education undertook case studies on the impact of HIV/AIDS on Universities in Africa. Studies were undertaken on Universities in Benin, Cote d'Ivoire, Kenya, South Africa, Botswana, Namibia, Uganda and Zambia. Summarising the findings from these Universities, Kelly (2001) observed that the seven case studies generally agreed that no-one knows exactly what the HIV/AIDS situation is at their respective universities. A thick cloak of ignorance surrounds the presence of the disease on campus. The cloak is amply lined with layers of secrecy, silence, denial, and fear of stigmatization and discrimination. Kelly concluded that the most striking feature of the university response to HIV/AIDS is what can only be described as the awe inspiring silence that surrounds the disease at the institutional, academic and personal levels.

Since 2001 case studies, some audits have been undertaken by the Association of African Universities which has also incorporated an HIV/AIDS component within its core services programme. The Association of Commonwealth Universities has produced guidelines for institutional responses. In 2003, Vice-Chancellors from thirteen countries of the Southern Africa Development Conference (SADC) agreed to devote attention to a range of HIV/AIDS responses (Saint, 2004). Despite the current attention on HIV/AIDS and universities, research suggest that curriculum integration of HIV/AIDS into African Universities is sluggish, partial and generally deficient (Badenhorst and Hewlett, 2005).

The situation at the University of Cape Coast in Ghana is not very different from what pertains in most African Universities. In the early part of 2003, the Vice-Chancellor of the University of Cape Coast and one academic staff attended a workshop on the integration of HIV/AIDS into the curricula of Africa Universities in Durban, South Africa. The workshop which was at the instance of the UNDP Regional Project on HIV/AIDS brought together Vice-Chancellors and some academics from a number of African Universities to consider mainstreaming HIV/AIDS into the curricula of African Universities. On his return the Vice-Chancellor set up a committee to draft an HIV/AIDS policy for the University and also to fashion out a course to be integrated into the curriculum of the University. In the midst of their work, five members of the committee were nominated by the Vice-Chancellor at the request of the UNDP Regional Project on HIV/AIDS to attend a ten-week winter school from June-August, 2003 on the integration of HIV/AIDS into the curricula of tertiary education institutions. The winter school was run by the University of South Africa (UNISA).

Subsequently, the committee appointed by the Vice-Chancellor was charged with the responsibility of implementing the mainstreaming of HIV/AIDS into the curriculum of the University. The committee has drafted an HIV/AIDS policy for the University as well as an outline of a course titled "HIV/AIDS and Development" for students. For almost three years after the HIV/AIDS policy and the academic programme on HIV/AIDS were drafted, the University is yet to implement them. As efforts are being made to secure the approval of the major stake holders (academic staff and students) on the integration of HIV/AIDS into

the curriculum of the University, it is pertinent to determine the views and attitudes of these stakeholders which may either facilitate or impede the implementation process.

In the light of the foregoing, this study sought to examine what students in the University of Cape Coast think and feel should be the response of the University to the HIV/AIDS pandemic. In order to carry out this investigation the following research questions were addressed.

- (1) What views do students hold about the implementation of an HIV/AIDS policy for the University?
- (2) What views do students hold about the integration of HIV/AIDS studies into the curriculum of the University?
- (3) What views do students hold about the establishment of a Voluntary Counselling and Testing (VCT) Unit on HIV/AIDS in the University?
- (4) What views do students hold about the organization of HIV/AIDS prevention awareness creation seminars and workshops for members of the University community?
- (5) What is the attitude of students towards people living with HIV/AIDS (PLWHA)?
- (6) What views do students hold about how to finance HIV/AIDS programmes in the University?

It was also hypothesized that there is no significant difference between the views of the male and female students on what should be the response of the University to the HIV/AIDS pandemic.

Methodology

The target population of the study was the 17,090 regular students of the University of Cape Coast in 2005 / 2006 academic year (University of Cape Coast, 2006).

A sample of 864 students was selected. In selecting the individual respondents for the study, the students were first stratified into six groups based on their faculties, namely Agricultural Science, Arts, Business, Education, Science and Social Sciences. Students in each Faculty were further stratified into their year groups, i.e. level 100 to level 400. One intact class at each year level in each Faculty was chosen through simple random sampling. Each chosen class was further stratified according to gender, using the class list. Next, 36 students were randomly chosen from each class taking into consideration proportional representation of gender. This eventually yielded a sample of 864 consisting of 460 males and 404 females.

Data for the study were collected with a questionnaire designed by the researcher. The instrument was structured in two sections: section A consisted of 21 items which elicited information from respondents on what they thought should be the response of the University to the HIV and AIDS pandemic. The items were formatted in a Likert scale with five point responses ranging from strongly disagree (1) to strongly agree (5). Section B of the instrument collected data on the personal characteristics of the respondents.

Validity of the instrument was established through extensive use of relevant literature and also peer review by experts in Research Methods, Curriculum Studies and HIV/AIDS mainstreaming. Cronbach-Alpha reliability co-efficient was used to determine the reliability of the instrument after data had been collected from a sample of 50 students from another university. The pre-test of the instrument produced alpha reliability coefficient of 0.73.

Four research assistants were trained to assist in the data collection. The questionnaires were hand-delivered to the sampled students in their lecture rooms. The questionnaires were collected back three days after distribution. Out of the 864 questionnaires given out, 786 were retrieved given a return rate of 91%.

Data Analysis

The data were analysed with both descriptive and inferential statistics using the Statistical Package for Service Solution (SPSS Version 10.0). Frequencies, percentages, and independent t-test were the main statistical tools used. In analyzing the frequency and percentage distribution of the data, the five-point multiple category response scale was combined into three, that is disagree (strongly disagree and disagree), not sure, and agree (agree and strongly agree). Best and Khan (1989) recommend this type of analysis.

Result

Views of students on HIV/AIDS Policy

Table 1: Frequency and percentage distribution of students' views on implementation of HIV/AIDS policy for the University

Responses	Frequency	Percent
Disagree	129	16.4
Not Sure	148	18.8
Agree	509	64.7
Total	786	100.0

Table 1 reveals that the many (64.7%) of students agreed that on HIV and AIDS policy should be developed for the University

Views of students on the integration of HIV/AIDS into the Curriculum of the University.

Table 2: Frequency and percentage distribution of students' (n=786) responses on the integration of HIV/AIDS into their curriculum

Issue	Responses	Frequency	Percent
Mainstream/Integrate HIV/AIDS issues into the curriculum of all fields of study or academic programmes	D	264	33.5
	NS	52	6.6
	A	470	59.8
Introduce new fields of study on HIV/AIDS (e.g. B.A/B.Sc. in HIV/AIDS; MA/M.Sc. in HIV/AIDS)	D	300	38.2
	NS	84	10.7
	A	402	51.1
Readjust academic programmes to make graduates more prepared for a rapidly - changing HIV/AIDS world	D	206	26.3
	NS	92	11.7
	A	488	62.1
Adjust students intake to increase their numbers in academic programme to respond to projected professional needs in an AIDS – affected society	D	256	32.5
	NS	156	19.8
	A	374	47.5
Conduct HIV/AIDS relevant pure, applied and action research	D	61	7.8
	NS	74	9.4
	A	651	82.8

Table 2 shows that the majority of students generally agreed that HIV/AIDS issues should be mainstreamed into the curriculum of the University. They agreed to all the suggestions presented to them in respect of the

integration or mainstreaming of HIV/AIDS into the University’s academic programme. This can be deduced from the percentage distribution of their responses.

The endorsement of the respondents of the need to conduct relevant pure, applied and action research on HIV and AIDS was overwhelming (82.8% agreed to this suggestion).

Students’ views on the establishment of VCT

Table 3: Frequency and percentage distribution of the responses of students (786) on the provision of VCT and HIV/AIDS friendly health facility

Issue	Responses	Frequency	Percent
Provide VCT_counselling and guidance on HIV/AIDS to the University Community	D	134	17.0
	NS	65	8.3
	A	587	74.7
Provide adequately resourced HIV/AIDS friendly health Services	D	162	20.6
	NS	99	12.6
	A	525	66.8
Adequately equip the Counselling Centre to handle HIV/AIDS cases and related issues	D	55	7.0
	NS	20	2.5
	A	711	90.5

Table 3 reveals that students agreed to all the three issues presented to them. This can be gleaned from the high proportions of respondents who agreed to the issues. The proportion (90.5%) of students who expressed the view that the Counselling Centre should be adequately equipped was very striking.

Views of students on HIV/AIDS prevention awareness creation seminars and workshops.

Table 4: Frequency and percentage distribution of the responses of students (n=786) on the organization of HIV/AIDS prevention awareness seminars and workshops

Issue	Responses	Frequency	Percent
Organize Programmes to sustain awareness on HIV/AIDS	D	54	6.9
	NS	14	1.8
	A	718	91.4
Organize programmes to challenge denial and stigma on HIV/AIDS	D	178	22.6
	NS	56	7.1
	A	552	70.2
Engage all campus cultures (student, traditional council, religious groups) in the prevention of HIV/AIDS	D	184	23.4
	NS	55	7.0
	A	547	69.6
Provide workplace education on HIV/AIDS for staff	D	87	11.1
	NS	71	9.0
	A	628	79.9
Establish HIV/AIDS - related cross discipline seminars	D	72	9.2
	NS	86	10.9
	A	728	79.9

As seen in Table 4, the majority of students who participated in the study agreed to all the four items in respect of organizing seminars and workshops to deepen the awareness of the University Community on HIV/AIDS issues, to challenge stigma and denial as well as engaging all campus cultures in the fight against HIV/AIDS. Students' support for the suggestion to organize programmes to sustain awareness of members of the University Community on HIV/AIDS issues was almost unanimous (91.4%).

Attitude of students towards people living with HIV/AIDS (PLWHA)

Table 5: Frequency and percentage distribution of responses of students (786) on indicators of their attitude towards PLWHA

Indicator/Issue	Responses	Frequency	Percent
Dismiss students infected with HIV/AIDS	D	551	70.1
	NS	100	12.7
	A	135	17.2
Screen students for HIV/AIDS to know their status before admission	D	452	57.5
	NS	76	9.7
	A	258	32.8
Refuse admission to HIV positive applicants	D	302	38.5
	NS	95	12.1
	A	389	49.5
Sanction students found to be behaving irresponsibly in their sexual lives	D	242	30.8
	NS	96	12.2
	A	448	57.0

As seen from Table 5, the majority of students disagreed to the suggestion that students infected with HIV/AIDS should be dismissed or that applicants to the University should be screened for HIV/AIDS before they are given admission. Thirty-eight point five percent (38.5%) of the students disagreed that the University should refuse admission to HIV positive applicants although 49.5% agreed to this suggestion. The responses also indicated that generally students agreed that students who behave irresponsibly in their sexual lives should be sanctioned.

Students' views on how to finance HIV/AIDS programmes in the University

Table 6: Frequency and percentage distribution of responses of students (N=786) on how to finance HIV/AIDS programmes in the University

Issue	Responses	Frequency	Percent
Establish a budget dedicated to HIV/AIDS issues	D	100	12.8
	NS	91	11.6
	A	595	75.7
Charge against students the direct cost of HIV/AIDS	D	292	37.2
	NS	83	10.6
	A	411	52.2
Bill students for the indirect cost of HIV/AIDS (cost of seminars, guidance programmes etc.)	D	320	40.7
	NS	66	8.4
	A	400	50.9

Table 6 shows that the majority of students agreed to all the three suggestions presented to them. It is note worthy, however, that some of students disagreed to the suggestions that students should be charged for the direct cost (37.2%) and the indirect cost (40.7%) of HIV/AIDS.

Differences in the views of male and female students University response to HIV/AIDS

Table 7: Independent t-test results on the views of students by gender on how the University should respond to the HIV/AIDS epidemic

Issues	Sex	N	Mean	SD	t	df	Sig. (2 tailed)
Mainstream HIV/AIDS	Male	352	3.3	1.48	.38	784	.705
	Female	434	3.3	1.42			
Introduce studies on HIV/AIDS	Male	352	2.0	1.48	-2.13	784	.033
	Female	434	3.1	1.35			
Readjust academic programmes	Male	352	3.2	1.42	-4.52	784	.000
	Female	434	3.6	1.18			
Adjust students intake	Male	352	3.0	1.32	-	784	.215
	Female	434	3.1	1.34			
Organize programmes to sustain awareness	Male	352	4.4	1.10	-.510	784	.610
	Female	434	4.4	.84			
Organize programmes to challenge denial and stigma	Male	352	3.7	1.38	-.135	784	.893
	Female	434	3.7	1.31			
Engage all campus cultures	Male	352	3.6	1.44	-	784	.172
	Female	434	3.7	1.31			
Provide VCT	Male	352	3.7	1.34	-	784	.013
	Female	434	3.9	1.13			
Provide HIV/AIDS friendly health services	Male	352	3.5	1.32	-.872	784	.384
	Female	434	3.6	1.26			
Adequately equip the counselling centre	Male	352	4.3	1.02	-.349	784	.727
	Female	434	4.3	.89			
Provide workplace education	Male	352	3.9	1.18	-	784	.235
	Female	434	4.0	1.00			
Establish a budget dedicated to HIV/AIDS	Male	352	3.9	1.19	.239	784	.811
	Female	434	3.9	1.15			
Charge students HIV/AIDS fees	Male	352	3.01	1.61	-	784	.294
	Female	434	3.9	1.52			
Bill students for the indirect cost of HIV/AIDS	Male	352	2.9	1.62	-	784	.233
	Female	434	3.1	1.51			
Conduct HIV/AIDS research	Male	352	4.1	1.01	1.149	784	.251
	Female	434	4.0	.97			
Establish HIV/AIDS cross discipline seminars	Male	352	3.9	1.10	-.982	784	.326
	Female	434	3.9	.93			
Develop HIV/AIDS policy	Male	352	3.7	1.19	1.771	784	.077
	Female	434	3.5	1.16			
Dismiss students infected with HIV/AIDS	Male	352	1.9	1.33	-	784	.064
	Female	434	2.1	1.31			
Screen students for HIV/AIDS	Male	352	2.4	1.60	-	784	.214
	Female	434	2.6	1.54			
Refuse admission to HIV infected	Male	352	3.1	1.56	.833	784	.405
	Female	434	2.9	1.49			
Sanction students' sexual lives	Male	352	3.2	1.61	-	784	.002
	Female	434	3.7	1.44			
Pooled responses	Male	352	3.4	.54	-	784	.012
	Female	434	3.5	.49			

As seen in Table 7, of the 21 items presented to students, only four recorded significant differences or variations in the views of the male and female students at alpha level of .05. These were on the suggestions to:

- (i) Introduce new fields of study on HIV/AIDS;
- (ii) Readjust academic programmes to adequately prepare students for the HIV/AIDS world;
- (iii) Provide VCT to the university community; and
- (iv) Sanction students found to be behaving irresponsibly in their sexual lives.

The female students were more in agreement to all the four aforementioned issues than their male counterparts and they also recorded higher mean scores on all the four items than the male students. Application of the independent samples t-test on the pooled responses of students on all the items in the instrument revealed that there was a significant difference between the views of the male ($x=3.42$, $SD=.54$) and female ($x=3.52$, $SD=.49$) students at alpha level of .05, $t(784) = -2.53$, $P = .012$.

Discussion

The study revealed that students were of the view that an HIV/AIDS policy should be developed for the University. This perhaps, is an indication of the importance students attach to HIV/AIDS issues. Saint (2005) has observed that developing an institutional policy on HIV/AIDS is the first action that tertiary institutions should take. A written institutional policy provides explanation for internal decisions and legitimacy for actions taken in the process of AIDS control and prevention.

According to Otalla (2004) tertiary institution's AIDS policy is generally comprised of four main components: the rights and responsibilities of staff and students; integration of HIV/AIDS into teaching, research, and community service; preventive services and supportive care on campus and structures for policy implementation, monitoring and review.

Students generally agreed that HIV/AIDS issues should be integrated or mainstreamed into the curriculum of the University. They were of the view that HIV/AIDS should be mainstreamed into academic programmes, teaching and research as well as in the introduction of new fields of study and the adjustment of students intake. As an institution of learning, the University could ensure extensive learning in all that relates to the problem of HIV/AIDS in the society. In doing this, Saint (2005) has observed that the first requirement is some incorporation of HIV/AIDS into student courses, partly so that the knowledge students gain can respond to their understanding needs and better equip them to ensure their own personal protection.

The respondents overwhelmingly agreed that the University should conduct relevant pure, applied and action research into HIV/AIDS issues. Clearly, there is the major challenge of extending knowledge about the physiological and bio-medical aspects of HIV and the course of infection. A large proportion of the students also agreed that the university must adjust students' intake to increase their numbers in academic programmes to respond to projected professional needs in an AIDS-affected society. One of the clearest examples is in teaching. Responding to such a situation requires a massive adjustment by teacher education institutions, not only in the size of their programmes, but also in the way these are timed and very likely in the manner in which they are structured and offered. It may be the same, though possibly not so dramatically large, for engineers, professional mining personnel, doctors, nurses and other professionals. It is perhaps noteworthy that significant proportions of the respondents were either indecisive or disagreed that student intake should be increased to respond to projected professional needs in an AIDS-affected society. This reaction of students could be explained partly by the fact that the HIV/AIDS infection situation in Ghana is not that grave and partly by the fact that recent expansion in students' intake into the University, not necessarily in

response to AIDS, has brought untold hardship to the majority of students especially due to accommodation shortage.

Students agreed that the University should provide VCT, counselling and guidance to the University community and that the Counselling Centre and the health services facilities of the University should be adequately resourced and equipped to perform their functions. Otaala (2000) has reported that VCT is proving to be a key contributor to behavioural change in Kenya, Senegal, Tanzania, Uganda and Zambia. VCT among other things provides contact points where members of staff at all levels can make confidential contact with management on their HIV status and receive, in an understanding and non-threatening atmosphere, support and advice.

A survey by Otaala (2005) revealed that various universities in Africa sponsor active and functional VCT Centres. These include the University of Botswana, the University of Durban-Westville, the University of Cape Town, the University of Pretoria, the University of Witwatersrand, the University of Natal, the University of Stellenbosch, and the University of Namibia. Others provide voluntary counselling without necessarily maintaining centres on campus, as actual testing is done on a referral basis. In the light of the foregoing it could be said that the views of students of University of Cape Coast that a VCT centre be established on campus is in consonance with the trend prevailing on the African continent. Perhaps the University hospital and the Counselling Centre could be equipped to provide the VCT services as rightly expressed by the students involved in this study.

It is interesting to find in this study that students feel strongly that programmes on HIV/AIDS should be organized on campus to sustain awareness and to challenge denial and stigma. According to Badenhorst and Hewlett (2005) in almost all universities in Africa, new students are provided with information on the disease as part of their orientation programme when first they arrive on campus. The main thrust of university information, education and communication efforts in relation to HIV/AIDS seems to be concentrated into the brief period of orientation undergone by new students. The observation by Badenhorst and Hewlett does not seem to apply to University of Cape Coast. It is true that University of Cape Coast like all other Universities in Africa, has a long tradition of dedicating a week or so to orienting incoming students to the complexities of university academic and social life, HIV/AIDS does not feature in the topics for this orientation programme. Thus the call of the students for HIV/AIDS programmes to be organized with the active involvement of all campus cultures to sustain awareness and challenge denial and stigma is in the right direction. Botchwey (2000) has observed that the response of the University in Ghana to HIV/AIDS is one of virtual denial, manifested in the near absence of any omnibus activity or programme on the disease on campus, overtly managed and supported from the top. The general belief in the University is that the disease is out there and not yet on campus.

The study revealed that students generally think that it will not be appropriate to dismiss students infected with HIV/AIDS. It is note-worthy however that the majority of students were of the view that applicants for admission to the University should be screened for HIV/AIDS before they are considered for admission. Still more significant is the revelation that approximately half of the number of respondents in the study think that applicants found to be HIV positive should be refused admission into the University. Two possible reasons could be provided to explain these findings. Probably students felt that it would be a waste of resources to provide University education to people who would soon die of HIV/AIDS and therefore it would be more prudent to refuse them admission. It may well be also that this result is a revelation of the level of discrimination students harbour against people living with HIV/AIDS (PLWHAs). But it must be

pointed out that if students should be screened before admission or refused admission into the university it amounts to discrimination and they may sue the university.

Despite the insistent voices of warning, no concerted action has been initiated to understand and confront shame, discrimination and stigma across many cultures (Otaala, 2005). Olafsdottir (2003) has also observed that each year more and more people die from HIV and it is the stigma, discrimination and misinformation around HIV that is killing people. The attitude of discrimination against PLWHAs appears to be a problem among students in Ghana (Ocansey, 2006). This calls for concerted effort to deal with it.

Although students generally agreed that they should be charged for the direct and indirect cost of HIV/AIDS programmes a significant proportion rejected these suggestions. It is normal to find students resisting any imposition of bills on them and so it was expected that some students would react that way. However, some students may have genuine concern on their inability to pay any additional bills and the hardship such imposition will bring to them and their parents/guardians. Thus, in the event of mainstreaming HIV/AIDS, it might be necessary to think through carefully to raise funds, possibly outside the University, in order to avoid over burdening students financially.

The study revealed that although both male and female students shared similar views on what the response of the University should be in respect of tackling the HIV/AIDS pandemic, their views varied significantly in terms of level of intensity. The female students were more in agreement to the issues under study than their male counterparts. It is interesting to note also that the female students expressed a much stronger view on some specific issues including the suggestion to sanction students who behave irresponsibly in their sexual lives. This is understandable because usually in cases of sexual misbehaviour such as rape, the females are the victims. Thus a call to sanction sexual miscreants on campus is invariably a call to protect the female students.

Implications for Counselling

The study revealed that students wish to see HIV/AIDS issues integrated into the curriculum of the University. Counsellors could consult with Faculty members responsible for curriculum planning in the University to make the desire of students known and to think through how best to achieve this integration. Students expressed the view that a VCT should be established on the University Campus. This is heart warming because it suggests that students will patronize it if it is set up. Fortunately a VCT unit is in the process of being set up at the University of Cape Coast campus. However, it should be noted that a campus VCT Centre project must not simply be a counselling and testing facility ruled by numbers in and numbers out (Otaala, 2005). Rather the VCT Centre must have a multi-dimensional social marketing function. The study revealed that a significant proportion of students still harbour a feeling of discrimination against PLWHAs. Counsellors are challenged to organize programmes to eliminate all forms of discriminations against PLWHAs. This will encourage students to patronize the VCT Centre. It will also encourage open discussion on HIV/AIDS issues on campus.

Students indicated that they would like to see an HIV/AIDS policy for the University put in place. Counsellors should consult with University authorities to ensure that the HIV/AIDS policy for the University is approved and implementation. Chetty (2002) has observed that development of an institutional policy for managing the challenge of AIDS is both a social and ethical responsibility for tertiary institutions. But in doing so, they also fashion opportunities to regenerate themselves and realign their capabilities to contribute to national development with a constantly changing economic and social environment.

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