



Exploring the Variety of Contributing Factors to Escalating Infections of HIV/AIDS in Nkonkobe Local Municipality in Golf Course

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ABSTRACT The aim of this paper is to explore the variety of contributing factors to escalating infections of HIV/AIDS in Golf Course, Alice in the Eastern Cape, South Africa. Social learning theory was used to explain the contributing factors to the rising number of people infected with HIV/AIDS. This paper used quantitative method and simple random sampling was employed with fifty (50) respondents from 18-35 years old. Data was collected through questionnaires and was statistically analyzed using descriptive statistics. Findings revealed that the majority of the respondents have sexual partners because they want to experience sex, and the minority does not have partners because of their religious affiliations, culture and norms. The paper concludes that even though there are existing initiatives to reduce HIV/AIDS escalation, people do not protect themselves and they tend to ignore what they have been taught by medical practitioners and others in their support groups. The researchers suggest that condoms must be distributed in households, counseling to family members of the infected person should be provided and churches should also teach people about the epidemic disease and its prevention strategies.

INTRODUCTION

A person who is HIV positive infects others, that why it is called acquired. Immunodeficiency refers to the damage that is caused by the virus to the immune system. It is a syndrome as it has many symptoms; its condition is different from other infectious diseases (Gallant 2012). It is a “syndrome” because it was years before HIV was discovered and identified as a cause of AIDS. A collection of symptoms and problems including infections and diseases that occurred in people who had common risk factors were recognized (Gallant 2012). In 1982, the term AIDS was invented. At the time HIV had not been discovered so people had no idea why others were sick up until they were really sick and some died. Once a person develops one of the listed opportunistic infections (in that time most of those people were men), they were said to have AIDS. An HIV test became available and accessible after HIV was discovered, the definition of AIDS

changed so that being HIV positive can be normal and people with HIV can be treated as early as possible (Gallant 2012). According to a report in 2009 from the Joint United Nations Programme on HIV/AIDS (UNAIDS) at the end of 2008, a group of Eastern Europe and Central Asia were the only regions where HIV prevalence was on the rise. 1.5 million was the total number from the agency; there was a jump of sixty-six percent from 2001.

According to Andrinopoulos et al. (2011), adolescents and young adult women in the United States are the main part of HIV/AIDS infected population, yet there is dearth of research studies in exploring illness-related quality of life and HIV/AIDS. 23,524 adolescents and young adults between 13 to 24 years were believed to have been living with HIV/AIDS. There was an increase of twenty-five percent representing this population in 2004. According to the National Surveillance statistics (centers for disease control and prevention), from 2004 to 2007 women

consistently made approximately twenty-six percent of People Living with HIV/AIDS (PLWHA) in this group. 0.4 percent is the prevalence rate which has been reported by adolescent medicine clinic which is the same for youth. An increase in HIV prevalence was revealed by data from Jacobs Corps entrants between 1993 and 1997 (Andrinopoulos et al. 2011).

Sub-Saharan Africa has the highest prevalence of HIV/AIDS in the world. Nearly 24 million adults and children are HIV positive, eight percent (8%) is the total prevalence rates of infected adults. In 16 countries, the prevalence of HIV is above ten percent and among the highest were Botswana with thirty-nine percent (39%) and South Africa with twenty percent (20%). Nevertheless, Uganda as one of the identified stories in effort to fight the spread of the disease has a prevalence of five percent (5%), with Senegal at 0.5 percent of the total population for adults. In Sub-Saharan Africa the average life expectancy has already fallen to 47 years and continues to fall. Caribbean is now the second highest after Sub-Saharan Africa in the world after the reported high prevalence. It is at above two percent (2%) of the population, with the number of people reported to be living with HIV/AIDS above 360,000, although it must be emphasized that these figures are estimated to be under-reported by as much as forty percent. HIV/AIDS pandemic is not regarded as a health issue but it has an increasingly profound impact on any country's development potential. Until recently, cure for HIV/AIDS has not been found in all countries, instead the prevalence of HIV/AIDS has increased. Education for preventing HIV/AIDS is basically not about spreading or sharing information but it mainly focuses on behavioral change (Qubuda 2013).

According to Richard (2011), South Africa is known to have the biggest antiretroviral (ART) on planet and 1.3 million people are receiving the treatment. Richard (2011) also stated that one of the most pressing challenges in international health care centers is the limited access to antiretroviral treatment for those who urgently need it because there are over 42 million who are living with the disease. Only 13.7 percent of the population has access to medical insurance. As a result of the high costs and poverty, many people could not afford ART (Motsoaledi 2011; Omoruyi et al. 2012).

Problem Statement

The ever escalating number of HIV/AIDS has been an ongoing problem among people especially the youth in South Africa. It is a problem because it leaves family members dysfunctional in that they refer to HIV/AIDS as a death sentence and they feel desperate and fail to motivate the infected person. Golf Course as the place of interest for this study is characterized by lack of health care facilities like clinics or hospitals. Its cure has not yet been discovered but through the use of antiretroviral treatment it can prolong one's life span.

Aims of the Study

The main aim of this study was to explore the variety of contributing factors to escalating infections of HIV/AIDS in the presence of established initiatives to prevent the spreading of the epidemic in Nkonkobe Local Municipality in Golf Course.

Objectives of the Study

- To identify various factors contributing to the escalation of HIV/AIDS.
- To analyze the sexual behaviours of the youth in Golf Course.
- To investigate the knowledge of youths regarding HIV/AIDS.

Research Questions

- What are the various factors contributing to the escalation of HIV/AIDS?
- What are the most effective ways of changing sexual behavior amongst the different vulnerable groups?
- What kind of knowledge have they gained as regard the transmission of HIV/AIDS epidemic?

Literature Review

Theoretical Framework

Social Learning Theory

Social learning theory focuses on the notion that people learn from others and the social environment has an impact on the behavioral

change of an individual. It assumes that contexts such as observational learning, imitation and modeling are learned (Bandura 1977).

General Principles of Social Learning Theory

People learn from others by observing their behavior. According to behaviorists, learning should change the behavior. Social learning theorists in contrast with behaviorists assume that learning cannot be necessarily shown in their performance because people can learn through observation alone. Behavior change cannot be the result of learning; it can be affected by reinforcement and punishment of a certain behavior. Cognition also plays a critical role in learning. Social learning theory has become increasingly cognitive in its interpretation of human learning over the past 30 years. People's behavior can be influenced by the awareness and expectations of future reinforcement or punishment. Social learning theory is a link or connection between behaviorists learning theories and cognitive learning theorists (Bandura 1977).

How the Environment Reinforces and Punishes Modeling

People are usually reinforced when modeling the accepted behaviors of others. According to Bandura (1977), modeling can also be reinforced by the environment in various ways: the observer is reinforced by the model. For example, a person who has friends who are involved in promiscuous sexual acts for recognition may start doing the same in order to fit in that group. The observer is reinforced by a third person. The observer might be modeling the actions of someone else, for example a child might imitate the behavior of person who frequently visits night clubs where drugs are prevalent and become vulnerable to unprotected sexual activities. This type of modeling may have negative consequences of getting HIV/AIDS through unprotected sex (Bandura 1977).

Social learning theory holds on that behavior is molded by rewards and punishments or reinforced. Past and present rewards and punishment for certain actions determine the actions that individuals continue to pursue. By interacting with peers who already experienced unprotected sexual activities, one's behavior may change. Social learning theories have focused

on explaining social learning behaviors such as sexual behaviors, substance abuse, etc. Like social process theories, most learning theories explain deviance, and maintain that unprotected sexual activities are examples of deviance, this can be accounted for more generic model (Bandura 1977).

Theories of social control typically define social influence in terms of institutional structures (for example, family, work group, school) and roles (for example, spouse, parent, student, and employee) that holds people's deviant impulses in check (Shoemaker 1990). The breakdown or weakening of these structures removes incentives to comply to with social roles and norms and thus leads directly to the development of deviant behavior patterns. For example, people engage in risky behaviors because the disintegration of families, schools, and community networks leads to poor socialization of children, produces schools where students are not rewarded for learning, decreases respect for community norms and erode the 'work ethic' leaving people defenseless in the face of their hedonistic impulses (Berlin 2015).

Analysis of Sexual Behaviors among Youths

In South Africa, HIV risk behavior and occurrence remain serious health concerns, specifically among youth because they constitute ten percent (10%) of HIV prevalence. Various models that have been used to explain health behavior suggest that low levels of risk taking behavior are associated with high perceived risk. Several studies in Sub-Saharan African countries have considered perceived risk as a predictor of sexual behaviors such as using condoms inconsistently or having multiple sex partners, few studies have focused on the predictors' perceived risk of HIV infection. Furthermore, most studies on HIV risk perceptions and risk behaviors have used cross-sectional data, making it difficult to know the casual relationship between risk perceptions and risk behaviors (Kermyt et al. 2009).

The primary method of transmitting HIV in South Africa is through heterosexual intercourse. Many South Africans are aware that HIV can be transmitted this way. Among South Africans aged 15-24 years, more than half had sex by 18 years of age. Even though not all sexual activities are risky such as condom use consis-

tently or having one uninfected partner; engaging in first sex is the entry point to subsequent risk behavior. Hence comparing youth who initiate sex at a young age with youth who delayed sex; those who delayed sex spend more years of their lives (Kermyt et al. 2009).

The Knowledge among the Youths Regarding HIV/AIDS

This focus presents a critique of Love Life's unrealistic representation of young South Africans and their sexuality. Love-life is criticized for its highly visible HIV/AIDS awareness and prevention campaigns that teach instead of addressing the social factors that shape gender identities and determine the cause of the epidemic in South Africa. This focus critiques the absence of representations of HIV positive people from Love life campaigns and it lastly argues for the need of awareness and prevention campaigns such as intimate partner violence, prostitution and access to ARVs. An HIV-free future for South Africa can only be a long-term aim. Images of HIV-free individuals provide no affirmation or support for people living with HIV and for the majority of South Africans who are affected in a personal way by the pandemic. In South Africa, over 5 million people are living with HIV/AIDS and most of them are below the age of 30 years, so it is important for awareness campaigns to find ways to address this crisis. Representations of young people from Love life fail to confront the multiple causes of the high prevalence of infections among South Africans, specifically women. Most campaigns focus on the notion of rational behavior that is with the new knowledge, automatic adjustment in sexual practices. This approach ignores the broader context of power relations, economic necessity and the limitation of resources within which HIV transmission occurs (Thomas 2004).

According to Hong et al. (2012), there are currently millions of female sex workers (FSWs) or prostitutes in Europe and they play a major role in the escalation of HIV/AIDS epidemic. There is dearth of studies on the relationship between FSWs migratory status and the HIV/AIDS related risks. The existing literature revealed high mobility of this population. In Europe, sexual risks and current infections of sexually transmitted diseases (STDs) among FSWs immigrants were compared to local FSWs. The

findings revealed that European immigrants were older, educated and were not new to the sex industry; and they had less sexual risks and low rates of STDs. A lower level of sexual risks and STDs among European immigrants (FSWs) than European FSWs suggests that there is a need to examine the relationship between migratory, status and HIV/AIDS related risks within social and cultural contexts.

Even though migration has been identified as one of the specific factors that contribute to the escalation of HIV/AIDS pandemic globally, early studies suggested that it is the conditions and structure of migration process and the social environment that put people at high risk of contracting HIV/AIDS (Smolak 2010; Saggurti et al. 2012). Women, especially young women are particularly victims of HIV/AIDS in the region; this is the result from biology but mostly from the interaction of poverty and culture. In most African countries, a traditional practice also escalates HIV/AIDS in which men decide about sexual relations since they are viewed as superior in the societies, women are treated as people with no rights. If a man wants sex women are subjected to it and they could not ask their husbands about their relationships outside marriage. This contributes to high rate of HIV/AIDS among women and makes it impossible for them to protect themselves from it.

Factors that Contribute to the Escalation of HIV/AIDS

Poverty

Poverty and its 'twin cousin' of unemployment drive the HIV/AIDS pandemic in many Southern African countries. Poverty and low levels of literacy play an important role in the escalation of HIV/AIDS in sub-Saharan Africa. In fact, the rapid rise of HIV infections is positively related to high levels of poverty, lack of education and unemployment. It is not surprising to find that most people who are infected by HIV/AIDS are from poor socio-economic backgrounds. Even though most of them are from poor backgrounds, this does not necessarily mean that HIV aids the disease for the poor. Most people who get infected by this disease are less educated, poor and they are likely to die faster than those who are non-poor. The reason for this is that those who are poor lack resources to

access medical assistance. There are numerous ways that HIV/AIDS and poverty are related, a person infected by HIV/AIDS can be poor and vice versa. In situations where people are poor, less educated and unemployed are likely to seek out alternative survival strategies like engaging in commercial sex (Qubuda 2013).

Commercialization of Sex

According to Qubuda (2013: 4), "A prominent aspect of South African culture that undoubtedly contributes to the HIV/AIDS epidemic is that sex and sexuality are frequently seen as resources that can be used to gain economic benefits." In many Sub-Saharan countries, women are forced into engaging into commercial sex because of poverty. Many Sub-Saharan African countries have experienced a rapid urbanization which led to commercialization of sex. Caldwell (1990) states that in Lusaka sex is always around the corner because entertainment takes place in night clubs, bars and parties. He continues stating that in Africa real prostitution with brief commercial relations is brought into existence by the demands and nature of business. Migrants, laborers, short-term miners, truck drivers, cattle herders, soldiers, some locations' tourists and men in urban or mining areas who are unaccompanied by their wives are believed to be people who demand commercial sex. Moreover, cultural beliefs that it is accepted for men to have multiple sex partners also promotes commercialization of sex. All of these inevitable acts result in a high incidence of sexually transmitted diseases and subsequent HIV/AIDS deaths.

Stigma and Discrimination

People who are living with HIV/AIDS have been suffering with discrimination and stigma (Skinner and Mfecane 2012). The concept of 'stigma' refers to "a deeply discrediting attribute that reduces a person to someone who is in some way tainted and can therefore be denigrated" (Odimgwu 2003). Government officials and people in general in African countries have a tendency of discriminating those who are living with HIV/AIDS. The discrimination that HIV positive people suffer leads them to withdraw themselves or not participate in anything in their societies. In this case, withdrawal means not seeking medical assistance and support from their loved ones.

The negative attitude, stigma and discrimination that these people suffer sometimes lead to violence. Social and cultural attitudes are often at the roots of stigma. According to Letamo (2003), these are because of the following conditions:

- Linked to deviant behavior
- Viewed as ones' responsibility
- Influenced by religious belief that having sex unmarried is morally unsanctioned. A stigmatized HIV/AIDS population may grow and thus spread the pandemic. Finally, there are other cultural values, beliefs and practices that function to aid the spread of this epidemic.

RESEARCH METHODOLOGY

Research Design

The study used a quantitative research paradigm which basically focuses on randomization, generalizability, representativeness, and both probability and non-probability sampling techniques.

Population

The population of the study comprised of youths in Golf Course community in Nkonkobe Local Municipality.

Sampling and Sampling Technique

The sampling of the study comprised of fifty (50) youths in Golf Course. The researchers used simple random sampling technique to select the participants because it eliminates bias by giving each individual an equal chance to participate in the study.

Data Collection Instrument

In this study the researchers used questionnaires which were distributed to the participants. The research questionnaire comprised of four sections which are Section A, B, C, and D. Section A pertains biographical information which includes gender, age, occupation, language, highest level of education, religion affiliation, and head of household. Section B encompasses youth sexual behaviors whereby the researchers wanted to know how often youth engage in

sexual activities and whether they use protection or not. Section C consists of youth perceptions on HIV/AIDS. Section D consists of factors that contribute to the escalation of HIV/AIDS which are unprotected sex, poverty, commercialization of sex, stigma and discrimination, multiple sexual partners and cultural norms.

Data Analysis

The researchers distributed fifty questionnaires to the participants and the whole questionnaires were returned. In this study the researchers used descriptive statistics such as tables, graphs, charts, as well as figures to analyse the collected data.

FINDINGS AND DISCUSSION

The findings presented include biographical information of participants, youth sexual behaviors, youth perceptions on HIV/AIDS, and factors that contribute to the escalation of HIV/AIDS.

Biographical Information

Gender Distribution

All respondents both males and females were black because Alice Town is mostly occupied by black. The findings of the study shows that fifty-four percent (54%) of respondents were males and forty-six (46%) were females. Traditionally and socially men are regarded as superior to women because of their upper body strength. Men are allowed to have multiple sexual partners and they force women to have sex without their consent. As a result, it causes women to be vulnerable to HIV/AIDS infection because of social contrast (Wu et al. 2004). The economic dependency of women on men not only increases their own HIV risk but subsequently may also fuel the epidemic (Bouare 2009).

Age Distribution

Table 1 reveals that fifty-eight percent (58%) were between the ages of 18-25 years, forty-two (42%) was between the ages of 26-35 years. From the researchers' point of view it was found that youth indulges in more unsafe sexual activities

so that is why they are at high risk of getting HIV/AIDS.

Table 1: Age distribution

Age	Frequency	Percentage (%)
18-25 years	29	58
26-35 years	21	42

Source: Field Survey, 2014

Occupation

The respondents were asked to indicate their occupational status. A total number of students was forty-six percent (46%). Out of this, twelve percent (12%) were fully employed, twelve percent (12%) were self-employed, and thirty percent (30%) were unemployed. 1.3 million people were receiving antiretroviral treatment in the whole world (Richard 2011). Access for ART for those who urgently need it is one of the major challenges in international health care centers because out of 42 million people, only 13.7 percent had access to medical insurance. Many were living in poverty so could not afford ART (Motsoaledi 2011; Omoruyi et al. 2012).

Language

All participants were Xhosa speakers because most residents at Golf Course residents are from the surrounding rural areas of Alice. According to Sapir (2004), language is a method of communication used by humans either spoken or written, it consists of word in a structured and conventional way.

Highest Level of Education

The respondents were given questionnaires to indicate their highest level of highest educational qualifications. The findings in Table 2 show that seventy percent (70%) of respondents were still in secondary school, twenty-two percent (22%) finished their tertiary level of education and eight percent (8%) dropped out in primary school. According to Van der Berg et al. (2006), South African youth is the one that has achieved higher levels of education compared to their parents. Those who are uneducated are living in poverty.

Table 2: Highest level of education

<i>Level of education</i>	<i>Frequency</i>	<i>Percentage (%)</i>
Primary	4	8
Secondary	35	70
Tertiary	11	22
Other (specify)		

Source: Field Survey, 2014

Religious Affiliation

The finding shows that eighty-four percent (84%) of the respondents are Christians, two percent (2%) of participants are Hindus and seven percent (7%) do not affiliate in any religion. According to Kalman (2009), religion can be defined as a set of beliefs of worshipping a super-human, God or gods. Each religion has its holy books, sacred symbols, special celebrations and a place of worship; food is often an important part of religion.

The Head of the Households

The respondents were asked to best describe the head of the household that is, the person who is predominantly taking care of them. Forty-two percent (42%) of the respondents are headed by mothers; twenty-six percent (26%) are headed by fathers, sixteen percent (16%) are house headed, eight percent (8%) are headed by sisters, and the other eight percent (8%) are headed by grandmothers.

Youth Sexual Behaviors

The finding reveals that eighty-eight percent (88%) of respondents have partners and twelve percent (12%) do not have partners. The majority of the respondents have sexual partners because they want to experience sex, and the minority does not have partners because of their religious affiliations, culture and norms.

Sexual Experience

The finding reveal that eighty-six percent (86%) of respondents have had sex and fourteen percent (14%) never had sex. Youth nowadays become more sexual active at an early age and they enjoy too much casual sex. Some of respondents never engaged themselves in sex-

ual activities because they are aware of the consequences.

Sexual Thoughts

The finding reveals that twenty percent (20%) of respondents think about sex every day, fifty-eight percent (58%) think about it once a week, eight percent (8%) think about it once a month and fourteen percent (14%) do not think about it all. The above statistics shows that the majority of respondents think about sex whether once a week or a month because they are sexual active and males want to display their manhood.

Sexual Discussion with Friends

The respondents were asked about how often they talk about sex with their friends. The findings reveal that forty percent (40%) of the participants talk about sex every day with their friends, twenty-eight percent (28%) talk about sex once a week, ten percent (10%) discuss sex with their friends once a month, and twenty-two percent (22%) do not talk about sex at all. The statistics above shows that the majority of respondents talk about their sexual life with friends because of their age group which is between the ages of 18-25 years, and the new sexual experience.

Condom Use

In response to the questionnaires that were given to the participants on how often do they use condoms, the finding reveals that thirty-four percent (34%) of the respondents use condoms every time they engaged themselves in sexual activities, forty-eight percent (48%) of them use condoms sometimes, and eighteen percent (18%) of them do not use condom at all. According to social learning theory, people model actions of others. Environment also affects the behavior of people living in that particular society or environment (Bandura 1977).

In South Africa, youth contributes ten percent (10%) of the population of those who are living with HIV/AIDS and HIV risk and its prevalence remain a critical concern. Numerous models used to explain health behavior posit that high perceived risk is linked to low levels of risk taking behaviors. Some studies in Sub-Saharan

African countries have considered using condom inconsistently as a high risk behavior and also having multiple sex partners is considered as prediction of HIV/AIDS infection. It is difficult to differentiate the casual relationship between risk perceptions and risk behaviors because most studies on HIV risk perceptions and risk behaviors have used cross-sectional data (Kermyt et al. 2007). The primary way of transmitting HIV/AIDS in South Africa as in other developing countries is through heterosexual intercourse and most of South Africa youth are aware of that. In South Africa, more than half of males and females between 15-24 years of age have had sex at the age of 18 years. The probability of consistent use of condoms and one intimate partner will reduce HIV/AIDS. Youth who delay sex spend more years compared to those who engage in sexual activities at an early age. Those who engage in sex at an early age are at a high risk of contracting HIV/AIDS (Kermyt et al. 2009).

Youth Perceptions on HIV/AIDS

Participants were asked on what challenges they face when a friend or a family member is infected with HIV/AIDS. Most respondents do not face any challenges, others faced some problems like the infected person does not want to use their treatment regularly, some do not use it all, some do not follow medical stipulations. In response to the questionnaires that were given to the participants on how they think positive people are treated in their community, most participants think that HIV/AIDS people are treated as outcasts in the community and blamed for being careless and negligent.

Factors that Contribute to the Escalation of HIV/AIDS

Table 3 shows the causes and scale on factors that contribute to the escalation of HIV/AIDS. Participants were given questionnaires to rate what they think causes the escalation of HIV/AIDS in their community. They were asked to rate them from 1-6 with the lowest number representing the most common cause. Unprotected sex and multiple sexual partners have been rated as the most important cause of the escalation of HIV/AIDS, and poverty as the less causal factor of HIV/AIDS.

Table 3: The causes and scale on factors that contribute to the escalation of HIV/AIDS

<i>Causes</i>	<i>Scale</i>
Unprotected sex	1
Multiple sexual partners	2
Cultural norms	3
Commercialization of sex	4
Stigma and discrimination	5
Poverty	6

Source: Field Survey, 2014

In Africa, many deaths are caused by HIV/AIDS. UNAIDS Global Report (2010) report revealed that in South Africa the primary way of transmitting HIV/AIDS is through heterosexual intercourse. Individual or personal behavior is the primary focus when it comes to prevention strategies such as by using condom and having one intimate partner, HIV/AIDS can be controlled because there is no cure.

Initiatives in the Community (Golf Course)

The respondents were given questionnaires asking them about the available initiatives (HIV/AIDS support groups, Love Life and Khomanani) in the community. According to the information given by participants there is an availability of initiatives (support groups, Love life and Khomanani) where they are provided with educational information on HIV/AIDS but they tend to neglect services offered by these initiatives. Love life is a highly visible HIV/AIDS awareness and prevention campaign addressed to young people living in South Africa. The love life campaign funded primarily by the Kaizer Foundation in the United States, was launched in 1999 and is defined on its tall-free hotline as cool lifestyle brand for young people promoting healthy living and sexuality (Thomas 2004).

According to Thami Mseleku, director of the Department of Health (2007-2011) report, the department of health with its Khomanani campaign is putting more emphasis on HIV/AIDS treatment, care and support. The Khomanani campaign is expected to play a critical role in the implementation of the national strategic plan for HIV/AIDS for 2007-2011 which serves as a framework for South Africa's response to HIV/AIDS. The campaign will encourage people to maintain good health through healthy lifestyle choices such as safe sex, good nutrition, and regular physical activities.

Suggestions or Recommendations Made by the Respondents

The suggestions that were made by respondents include:

- (1) The government should create more job opportunities for the youths, by so doing, this will reduce the rate of unemployment in the country and will also enable youth to be actively engaged in one activity or the other.
- (2) There should be more availability of initiatives such as HIV/AIDS awareness campaigns to educate and equip people with information about the transmission and prevention of HIV/AIDS.

CONCLUSION

In this study, the results of the study revealed that the escalation of HIV/AIDS is mainly caused by unprotected sex and multiple sexual partners among youth in Golf Course. However, there are initiatives that are available in the community for educating people about HIV/AIDS, but some of them tend to ignore these initiatives.

RECOMMENDATIONS

- ♦ Condoms must be distributed to the communities.
- ♦ Youth must make use of condoms that are provided by the government.
- ♦ HIV/AIDS Initiatives such as love-life and "Khomani" must encourage youths to practice safer sex.
- ♦ Government must increase HIV/AIDS preventive strategies such as awareness campaigns especially to the disadvantaged areas.
- ♦ Government must provide family counseling to family members of the infected person.

Implications of the Study on Social Work Practice

The study made implication on social work as a profession and that social workers should use their problem solving skills, intervention strategies and social work principles to eliminate stigma and discrimination that people have

towards infected people. The problem solving stage has got different stages which are problem definition, engagement, assessment, contracting and intervention. It is also important that social workers be knowledgeable about HIV/AIDS so that they are able to engage and educate people about HIV/AIDS.

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