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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