Myths and Misconceptions Regarding Global Pandemic HIV/AIDS

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Abstract: The objective of Myths and Misconceptions Regarding Global Pandemic HIV/AIDS was to investigate such myths and misconceptions for the purposes of developing relevant strategies that counteract and dispel such misinformation as a way and means of controlling the spread of HIV/AIDS transmission. Descriptive statistics in the form of frequency and percentage were used as method of data analysis. The sample comprised 366 participants selected from three universities located in Kenya, South Africa and Tanzania. Based on the findings of the present investigation, it was rather clear that myths and misconceptions are in competition with how much participants know about HIV/AIDS as a means of reduction of the spread of HIV/AIDS infection. Hence the rationale for advocating the alternate or dual mode or approach of understanding how to combat the scourge of the HIV/AIDS global pandemic.
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1. Introduction

There is no area in the world that has escaped being infected and uninfected by HIV/AIDS as a result of which it has attained the status of being referred as global pandemic (Wikipedia, 2014). By 2009 there were 34 million people living with HIV/AIDS worldwide. At the same time, there were 2.7 million people infected annually. There were 2 million people who died because of HIV/AIDS. Since HIV/AIDS began 60 million people have been infected with HIV leading to 25 million deaths and 14 million orphaned children in Southern Africa (The AIDS Pandemic, 2008).

Given such scenario, it has been proposed that there be provision of HIV/AIDS medication to everyone who is HIV/AIDS infected (Reuters Staff, 2010). This would entail test and treatment of everyone in Africa. After testing, those who are HIV/AIDS positive would be treated. This, it is argued, would lead to elimination, which would eventually lead to the extinction of HIV/AIDS (Reuters Staff, 2010). However, this has been dismissed as unrealistic financially based on, "extremely optimistic and flawed modeling" (Reuters Staff, 2010). Evidence gathered from Europe and America shows that while widespread treatment may lead to reduction of infection rates, it does not exterminate the disease as we know it.

The purpose of this investigation was to examine the prevalence of HIV/AIDS myths and misconceptions among university students in three African countries, namely Kenya, South Africa and Tanzania. This is deemed a significant endeavour, given that most HIV/AIDS research has had its focus on participants' level of awareness and knowledge of HIV/AIDS, paying less attention on myths and misconceptions (Mwamwenda, 2014; Mwamwenda, 2014). And yet, there is limited evidence clearly showing that myths and misconceptions partially play an important role in the HIV/AIDS transmission and infection leading to the loss of millions of lives (Picou *et al*. 2014; Wikipedia, 2014; Obina, 2013.) Hence the motivation for understanding the present investigation, as an endeavour to establish strategies for combating myths and misconceptions to reduce the spread of HIV/AIDS transmission and infection (Hicks, 2014; Obina, 2013; Picou *et al*. 2011).

It is recorded that myths and misconceptions have existed, for as long as the disease was discovered (The AIDS Pandemic, 2008). Yini (2007) argues that despite dissemination of information and educational campaigns, it has not been possible to bring about change in sexual behavior in Sub-Saharan Africa. Such lack of behavior change is attributed to a number of factors, in the context of Africa which are as follows: 1) there is denial of the existence of HIV/AIDS; 2) most Africans view talking about sex and related matters as a taboo, 3) many Africans have arrived at the conclusion that, there is nothing they can do to avoid contracting HIV/AIDS; 4) most Africans are not comfortable being subjected to HIV/AIDS on account of being stigmatized. Along a similar line of thought, Hicks (2014) narrates that, though HIV/AIDS has been in existence for over three decades, there are many people who still remain unknowledgeable regarding living with HIV/AIDS.

One of the first myths was associating the disease with people whose sexual orientation is homosexuality

(The AIDS Pandemic, 2008). This was not the beginning and end of the unfolding of myths and misconception, as new ones emerged. Such myths occurred in various parts of the world. Some of these new myths and misconceptions are that, HIV/AIDS is a disease of black people; a disease of people who indulge in the use of drugs; in Africa there is a belief that, there are young virgin prostitutes, or villages that are HIV/AIDS free; Africans suffer more from HIV/AIDS on account that, they are hypersexual; HIV/AIDS was the creation of people who wanted to exterminate black people, such as Africans, African Americans and homosexuals; God sent HIV/AIDS as a means of curbing or destroying sexual immorality.

In the Caribbean, HIV/AIDS was linked to homosexuals, Haitians and haemophiliacs (Picou *et al*. 2011) However, as more knowledge increased, such perception changed. Some Africans in Sub-Saharan Africa hold the belief that engaging in sexual intercourse with a virgin or ten-year-old girl can serve as a cure for HIV/AIDS. Similarly, in South Africa, some adolescents think that engaging in sexual behavior with animals is a cure to HIV/AIDS (Wikipedia, 2014).

Other Common Myths and Misconceptions

In addition to the fore mentioned myths and misconceptions, that have been subject to extensive research will be discussed here. Casual contact with an HIV/AIDS infected person is believed to lead to contracting HIV/AIDS. This applies to: social settings, schools, work place; shaking hands, kissing, using the same toilet seat, drinking from the same cup/glass, sharing eating utensils, exchanging greetings by body parts (Wikipedia, 2014; Obina, 2013).

1. HIV is transmitted through mosquitoes. (Mwamwenda, 2014; Wikipedia, 2014; Obina, 2013).
2. Getting HIV/AIDS as a result of being in close proximity with those living with HIV/AIDS.
3. I am HIV positive, and therefore my life is over. In the early years of the epidemic, the rate of dying was very high, which has ceased, as a result of ante-retroviral which enable people to live for a relatively longer period of time (Hicks, 2014; Obina, 2013).
4. Oral sex does not pose the possibility of contracting HIV/AIDS. However, such possibility cannot be ruled out (Hicks, 2014).
5. Need not worry contracting HIV/AIDS, since drugs will keep me fine. While this may be true, there is the other side of the coin. The drugs are known to have side effects. None of the drugs is capable of curing. Moreover, there are times that the body does not respond to them, instead resists the use of such drugs (Obina, 2013).
6. Receiving HIV/AIDS treatment, therefore unlikely to infect or be infected by others. The virus may still be hiding, therefore safe sex practice may be the only answer.
7. Both partners are HIV positive, and therefore there is no need for safe sex. One could contract another strand of HIV or exchange of fluid may lead to multiplication of the virus.
8. Being able to tell whether a partner has HIV/AIDS. This is not enough, testing for the virus is the recommended mode that is most effective.

In a sample of six universities comprising 2,426 male and female students, The African Medical and Research Programme (2010) undertook an investigation in which they identified some of the most common myths and misconceptions regarding HIV/AIDS, namely: mosquito bites, sharing eating utensils with an HIV/AIDS infected person; shaking hands with an infected person; sharing toilet with an infected person.

Picou *et al*. (2011) undertook a study based on a cross-section sample of 1,798 participants aged 15-49 years. Based on their responses, the following significant misconceptions were observed: 1) refusing blood transfusion 75%;; 2) avoiding HIV/AIDS infected people 26%; 3) avoiding public toilets 19%. When asked how a person would contract HIV/AIDS? The answers were by means of donating blood 60% and by blood testing 38%.

According to Burgoyne and Drummond (2010), most Africans have heard about HIV/AIDS, though there is a wide range of misconceptions regarding its spread, results of infection, and how one goes about protecting against being infected. This is particularly so among women who are less educated, rural women, those economically dependent on men; taboo regarding talks on sexuality and sexual health; submissive role of women in relationship ; and men control of decision making. This partly provides the rationale for women being daunted by the prevalence of myths and misconceptions about HIV/AIDS. It is important therefore to ensure that more sexual health campaigns tailored to women ought to receive priority. "School HIV education and intervention activities can reduce the infection rate despite high sexual activity" (Emeka-Nwabunnia *et al*. 2014).

In Botswana, Southern Africa, Majelantle *et al*. (2014) report that due to lack of adequate knowledge regarding HIV/AIDS rends young people rather vulnerable to HIV/AIDS transmission. In their investigation of 4,289 participants, there were as many as 50 per cent who believed that kissing can lead to HIV/AIDS infection. It is argued therefore that misconception about HIV/AIDS facilitates the spread of HIV/AIDS transmission (Majelantle *et al*. 2014; Emeka-Nwabunnia *et al*. 2014).

College campuses appear to be some of the major centers where HIV/AIDS is likely to thrive for a

number of reasons (Inungu *et al*. 2009). While college students have a good knowledge of HIV/AIDS, there is still a lot of misconception regarding HIV/AIDS. Such setting underscores the need for more education about HIV/AIDS among college/university students. In Sub-Saharan Africa, young people aged 15-24 constitute 60 per cent of the HIV/AIDS population (Tagoe and Aggor, 2009). Over a decade ago, it was reported that many university students in African countries were not that well informed about HIV/AIDS (Katjavivi and Otaala, 2003). In fact campuses provide environment that conducive to the contracting and transmission of HIV/AIDS as argued by Tagoe and Aggor (2009).

In a study of 1917 participants selected from Moi University in Kenya, Adam and Mutungi (2007) reported that the majority of students had not had access to accurate HIV/AIDS information, thus leaving them rather unprotected to HIV/AIDS infection purely on the basis of ignorance. In Turkey, Ayiikci *et al*. (2013) assessed HIV/AIDS knowledge of 475 high school students. The majority of them were aware that one cannot become HIV/AIDS infected by sharing meals, casual contact, sleeping in the same room, sharing meals and using the same toilet. As regards kissing, 31.7 per cent thought HIV/AIDS transmission can occur through kissing. As many as 57 per cent were of the view that HIV/AIDS can occur through mosquito bites. Mkumbo (2013) made assessment of HIV/AIDS knowledge, attitudes and behaviors among students in higher education in Tanzania comprising 400 respondents. One third of the respondents fell short of adequate knowledge of HIV/AIDS knowledge.

It can be argued that, there a number of misconceptions and myths which prevail in society regarding HIV/AIDS resulting from simple ignorance and misunderstandings regarding HIV/AIDS scientific knowledge (Wikipedia, 2014). According to Obina (2013) myths and misconceptions can be held responsible for the spread of HIV/AIDS. Despite efforts to control the spread of HIV/AIDS, the myths and misconceptions, "have continued to fuel new infections" (Ibid). In fact, Myths and misconceptions about HIV/AIDS facilitate the spread of HIV/AIDS transmission (Majelantle *et al*. 2014; Emeka-Nwabunnia *et al*. 2014).

The major problem with myths and misconceptions is that those accessing such concepts are placed in a situation which unknowingly predispose them to contract HIV/AIDS and proceed to spread the disease to others. Moreover, such misconceptions continue to promote stigma and dissemination against those living with HIV/AIDS (Picou *et al*. 2011). It is, nevertheless, argued by HIV/AIDS researchers that "knowing and overcoming these myths is a major key in stemming down the spread of the virus" (Obina, 2013).

In view of this, it is important to investigate such myths and misconceptions for the purposes of developing relevant strategies that counteract and dispel such misinformation as a way and means of controlling the spread of HIV/AIDS transmission. Hence the rationale for undertaking the current investigation.

In a sample of six universities comprising 2426 male and female students, The African Medical and Research Programme (2010). undertook an investigation in which they identified some of the most common myths and misconceptions regarding HIV/AIDS, namely: mosquito bites, sharing eating utensils with an HIV/AIDS infected person; shaking hands with an infected person; sharing toilet with an infected person. Less than 50 per cent of participants were not able to identify an infected person by appearance.

Picou *et al*. (2011) undertook a study based on a cross-section sample of 1798 participants aged 15-49 years. Based on their responses, the following significant misconception were observed: 1) refusing blood transfusion 75%; 2) praying; 3) avoiding HIV/AIDS infected people 26%; 4) avoiding public toilets 19%. When asked how a person would contract HIV/AIDS? The answers were by means of donating blood 60% and by blood testing 38%. A small number of participants (1-11) thought that HIV could be transmitted through casual contacts with people living with HIV/AIDS.

In Botswana, Southern Africa, Majelantle *et al*. (2014) report that due to lack of adequate knowledge regarding HIV/AIDS rends young people rather vulnerable to HIV/AIDS transmission. In their investigation of 4289 participants, there were as many as 50 per cent who believed that kissing can lead to HIV/AIDS infection.

College University campuses appear to be some of the major centers where HIV/AIDS is likely to thrive for a number of reasons (Inungu *et al*. 2009). While college students have a good knowledge of HIV/AIDS, there is still a lot of misconception regarding HIV/AIDS. In Sub-Saharan Africa, young people aged 15-24 constitute 60 per cent of the HIV/AIDS population (Tagoe and Aggor, 2009). Over a decade ago, it was reported that many university students in African countries were not that well informed about HIV/AIDS (Katjavivi and Otaala, 2003). In fact campuses provide environment that conducive to the contracting and transmission of HIV/AIDS as argued by Tagoe and Aggor (2009).

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access to accurate HIV/AIDS information, thus leaving them rather unprotected to HIV/AIDS infection purely on the basis of ignorance. In Turkey, Ayiikci *et al*. (2013) assessed HIV/AIDS knowledge of 475 high school students. As regards kissing, 31.7 per cent thought HIV/AIDS transmission can occur through kissing. As many as 57 per cent were of the view that HIV/AIDS can occur through mosquito bites. Mkumbo (2013) made assessment of HIV/AID knowledge, attitudes and behaviours among students in higher education in Tanzania comprising 400 respondents. One third of the respondents fell short of adequate knowledge of HIV/AIDS knowledge.

In a comprehensive report produced by the University of California (2011), it is reported that, young people have the myth that they are immune to HIV infection, and that it can only happen to others. In a large sample of 650 American college students, Inungu *et al*. (2009) made a study of HIV knowledge, attitudes and practices which showed that 86.8% of the participants did not perceive themselves as likely to be infected by HIV. In view of this, the researchers drew the conclusion that there is a coexistence of misconception regarding the transmission of HI/AIDS and the denial of participants contracting HIV. This calls for proactive approach to resolve such challenge among college students (Inungu *et al*., 2009).

One of the major misconceptions that has prevailed is that mosquito bites is responsible for HIV/AIDS transmission more or less in the same way that, such mosquito bites is instrumental in the spread of malaria. When HIV/AIDS emerged some years ago, there was a belief that, mosquitoes were responsible for HIV/AIDS. While many people have discarded such misconception regarding the spread of HI/AIDs, there are still people who continue believing that HIV/AIDS is transmitted by mosquitobites (Obina, 2013).

The media used to spread the news that, mosquitoes were responsible for the spread and transmission of HIV/AIDS.

Nevertheless media releases perpetuated the concept that

Mosquitoes transmitted AIDS, and many people still feel that

Mosquitoes may be responsible for transmission of this infection

From one individual to another (Evans, 2014).

It can be argued that, there a number of misconceptions and myths which prevail in society regarding HIV/AIDS resulting from simple ignorance and misunderstandings regarding HIV/AIDS scientific knowledge (Wikipedia, 2014). Obina (2013) is of the view that, myths and misconceptions can be held responsible for the spread of HIV/AIDS. Despite efforts to control the spread of HIV/AIDS, the myths and misconceptions, "have continued to fuel new infections" (Ibid). In fact, myths and misconceptions about HIV/AIDS facilitate the spread of HIV/AIDS transmission (Majelantle *et al*. 2014; Emeka-Nwabunnia *et al*. 2014).

The major problem with myths and misconceptions is that those accessing such concepts are placed in a situation which, unknowingly, predisposes them to contract HIV/AIDS, and proceed to spread the disease to others. Moreover, such misconceptions continue to promote stigma and dissemination against those living with HIV/AIDS (Picou *et al*. 2011). It is, nevertheless, argued by HIV/AIDS researchers that "knowing and overcoming these myths is a major key in stemming down the spread of the virus" (Obina, 2013). In view of this, it is important to investigate such myths and misconceptions for the purposes of developing relevant strategies that counteract and dispel such misinformation as a way and means of controlling the spread of HIV/AIDS transmission. Hence the rationale for undertaking the current investigation.

2. Material and Methods

2.1 Sample

The sample of the investigation comprised students selected from African universities geographically located in Kenya, South Africa and Tanzania. Their numerical distribution was as follows: 102 students from Kenya, 164 South Africa and 100 Tanzania. Participants consisted of both males and females from the three countries.

2.2 Procedure

For each university, the lecturers offering a module in education administered the questionnaire to the participants. This was preceded by briefing students on what the questionnaire was all about, and that responding to the questionnaire was voluntary. As such, they were free to either respond to the questionnaire, or choose not to respond to the questionnaire. There was no report of some of the potential participants refraining from responding to the questionnaire, for all the three universities.

2.3 Measuring Instrument

A questionnaire comprising 25 statements and questions commonly used for testing respondents' HIV/AIDS knowledge, perceptions, attitudes, beliefs was used. Each statement and question had three options, namely "Yes, No Don't know". Participants were asked to tick whatever option they thought was true of their HIV/AIDS knowledge. For confidentiality purposes, respondents were advised not to write their names or name of the university affiliated to. They were, however, requested to indicate their gender and date of birth.

While the questionnaire comprised 25 statements and questions, only 19 for Kenya and South Africa and 17 for Tanzania were included in the statistical analysis. This was so, because there was lack of clarity in the six statements/questions they responded to, so that either way they answered would mean the answer was correct. With the Tanzania sample additional questions being excluded was because, there was no response for the two questions for all the participants. It is unknown why this was so.

3. Results

Following the scoring of the questionnaire, descriptive statistics in the form of frequency and percentage were used as displayed in Table 1. In determining the bench mark for myths and misconceptions, 20% was considered and used as the minimum score, the highest being 30%.

In response to sharing a cigarette with someone who has AIDS, the myths and misconceptions responses for the three universities was: Kenya 21%, whereas both South Africa and Tanzania scored below the benchmark of 20%. This meant that the Kenyan score was a matter of concern and needed being addressed. In response to the statement of drinking water from the same cup with an AIDS person, the myths and misconceptions response scores for the three countries was below the bench mark, and there were no myths and misconceptions to be of concern. Similar outcomes held true for sharing food, and using the same toilet seat with an HIV/AIDS person. The respondents did not think that interacting with such persons would lead to the transmission of HIV/AIDS.

Table 1: Participants' Misconceptions Responses in Frequencies and Percentage. N= 366

No.	Statement	Kenya N = 102		South Africa N = 164		Tanzania N = 100	
		Freq.	%	Freq.	%	Freq.	%
2	Sharing cigarette with AIDS person	21	21	16	10	15	15
3	Sharing a cup with AIDS person	15	15	14	09	16	16
4	Sharing food with infected person	2	02	8	5	13	13
5	Using same toilet seat AIDS person	14	14	21	13	15	15
6	Kissing an AIDS person	59	58	31	19	39	39
7	Taking care of AIDS person	4	4	37	23	32	32
9	Sharing clothes with AIDS person	9	9	26	16	23	23
10	Blood transfusion from AIDS person	0	0	14	9	0	0
11	Having sex an infected person	0	0	15	9	0	0
12	Shaking hands with AIDS person	4	4	15	9	-	-
13	Mosquito bite	14	14	26	54	-	-
14	There is no cure for AIDS	20	20	50	30	12	12
16	AIDS is punishment for engaging in sex outside marriage	50	49	72	44	29	29
17	AIDS persons should be avoided	8	8	49	30	20	20
21	Do you stand a chance of	46	45	131	80	78	78
21	Contracting AIDS?						
22	Careful in relationship with gender counterpart to avoid AIDS	4	4	20	12	23	23
23	Should AIDS children be in the same school with those who do not have AIDS?	29	29	59	36	67	67
24	Would you sleep with an AIDS person?	43	42	72	44	51	51
25	Would you sit next to an AIDS person?	19	19	21	13	33	33

In response to kissing someone with HIV/AIDS, the myths and misconceptions response scores were as follows: Kenya 58% and Tanzania 39% which were way above the bench mark. This meant that there was a high level of myths and misconceptions among participants. Kenya and Tanzania participants held the belief that, one would contract HIV/AIDS by kissing an infected person. Taking care of an HIV/AIDS person was accepted as being a source of HIV/AIDS transmission by 23% South Africans and 32% Tanzanians. Sharing clothes with an infected person being a source of HIV/AIDS was accepted by 23% Tanzania participants. Receiving blood transfusion from an HIV/AIDS person was accepted as a source of HIV/AIDS transmission. The same held true for having sexual relationship with an infected person. South Africa participants (54%) thought that one can contract HIV/AIDS as a result of mosquito bites.

Responding to the statement that there is a cure for AIDS was accepted by 20% Kenyans and 30% South Africans, meaning that they had the misconception and myth that there is a cure for HIV/AIDS. HIV/AIDS being God's punishment for engaging in sex out of wedlock was accepted by 49% Kenyans, 44% South Africans and 29% Tanzanians. Avoidance of HIV/AIDS persons as much as possible, as a means of prevention from contracting infection was accepted by 30% South Africans and 20% Tanzanians.

Participants were asked whether they thought there was a chance of their being infected with HIV/AIDS, to which 45% Kenyan, 80% South African

and 78% Tanzanian participants responded negatively. This means that they did not believe that it was possible for them to contract HIV/AIDS. In response to whether participants on the basis of their HIV/AIDS awareness or knowledge were careful in their relationship with members of the opposite sex, only Tanzania participants (23%) did not go along with the statement, meaning that they did not avoid mixing with members of the opposite sex for fear of contracting HIV/AIDS.

The statement relating to sleeping with a person living with HIV/AIDS, as a source of HIV/AIDS transmission was accepted by 42% Kenya, 44% South Africa and 51% Tanzania participants. In other words, they held the belief that sharing a bed with an HIV/AIDS person would infect them with HIV/AIDS. Sitting next to a person with HIV/AIDS, as a source of infection was supported by 33% Tanzania participants. HIV/AIDS children going to the same school with other children was rejected by 36% South African, 29% Kenyan and 33% Tanzanian participants.

In summary, the analysis of data has shown that there was considerable number of participants from the three countries whose HIV/AIDS knowledge was based on myths and misconceptions.

4. Discussion

This investigation sought to establish the extent to which African university students in Kenya, South Africa and Tanzania manifest myths and misconceptions in their knowledge and awareness of HIV/AIDS. Such investigation was motivated by two main factors, namely, most HIV/AIDS research has had its focus on the extent of how knowledgeable participants are familiar with HIV/AIDS, paying little attention to myths and misconceptions regarding HIV?AIDS (Emeka-Nwabunnia *et al*. 2014; Mkumbo, 2013; Mwamwenda, 2013). Second, limited research has reported that myths and misconceptions are partly instrumental in spreading HIV/AIDS transmission and infection (Wikipedia, 2014; Obina, 2013; Picou *et al*. 2011).

With this backdrop, it was deemed relevant and important to investigate myths and misconceptions of African university students selected from Kenya, south Africa and Tanzania in the quest for managing and controlling the spread of HIV/AIDS transmission, emanating from myths and misconceptions (Emeka-Nwabunnia *et al*. 2014; Majelantle *et al*. 2014; Obina, 2013; Tenkorung, 2013).

In the present investigation, data analysis showed that there were 13 out of 19 myths and misconceptions. This was determined on the basis of 20% and above participants obtaining such score. Such benchmark would apply either to all the three samples of participants, or two of the sets of sample or just one set of sample. Myths and misconceptions were identified in the following statements/questions: avoidance of persons living with HIV/AIDS; invulnerability to contracting HIV/AIDS; being careful in relationship with members of opposite sex; sleeping with an infected person; sharing cigarette; kissing; caring for an infected person; sharing clothes; mosquito bites HIV/AIDS being God's punishment; and there being a cure for HIV/AIDS.

According to Wikipedia (2014) and Obania (2013), there are people who believe that sharing a cigarette with an HIV/AIDS person is likely to lead to contracting HIV/AIDS. This was confirmed by Kenya university students who held a similar view. In a study of 1000 high school students, Olivera (2006) reported that, there were as many as 40 per cent participants, that were of the view that kissing would lead to HIV/AIDS. In Turkey Ayiikci *et al*. (2013) assessed HIV/AIDS knowledge of 475 high school students. As regards kissing, 31.7 per cent thought HIV/AIDS transmission can occur through kissing. All these research findings were confirmed by both Kenya and Tanzania university students who held a similar belief.

Taking care of HIV/AIDS aligns itself with getting infected as a result of being in close proximity with those living with HIV/AIDS (Obina, 2013). This holds true by avoiding HIV/AIDS infected people (Picou *et al*. 2011). Moreover, such misconceptions continue to promote stigma and dissemination against those living with HIV/AIDS (Picou *et al*. 2011). This mode of misconception was confirmed by both Tanzania and South Africa participants who desisted taking care of HIV/AIDS persons.

Another myth and misconception is that, as a result of sharing clothes with an HIV/AIDS person would lead to HIV transmission (Obina, 2013; Ayiikci *et al*. 2013; Africa Medical and Research Programme, 2010). This was endorsed by Tanzania university respondents. One of the major misconceptions that has prevailed is that mosquito bites is responsible for HIV/AIDS transmission, more or less in the same way that, such mosquito bites is instrumental in the spread of malaria (Inungu *et al*. 2009). A number of researchers have lent support to this misconception (Evans, 2014; Mwamwenda, 2014). Ayiikci *et al*. (2013) reported in their research findings that as many as 57 per cent were of the view that HIV/AIDS can occur through mosquito bites. Such misconception was further validated in the present findings by the South Africa university students who showed that mosquito bites is associated with HIV/AIDS transmission.

There are university students and others who from a Western or African perspective believe that a cure for AIDS has been identified. When they make this assumption, they are aware that antiretroviral does

provide relief and prolong the life of those living with HIV/AIDS (Hicks, 2014; Obina, 2013). This myth and misconception was verified by the Kenya and South Africa university participants.

Manzell *et al*. (2011) cite one of the participants in their research arguing that, HIV/AIDS is but a scourge visited by God, because society has turned its back against religion and morality. Similarly, Smith (2004, p. 430) cites as follows: this place is like Sodom and Gomorrah are being punished for their sins. If people did not have sex here and there, if society were not corrupt, there would be no AIDS. Yes, it is God's punishment, but we have brought it on ourselves". In the present study, HIV/AIDS was considered God's punishment by participants from all the three countries, led by Kenya and followed by South Africa and then Tanzania.

Another misconception is casual contact with HIV/AIDS infested persons and therefore taking the position of keeping away from those who live with HIV/AIDS (Wikipedia, 2014; Obina, 2013). This misconception was observed to hold true among South Africans and Tanzanians whop were of the view that people living with HIV/AIDS ought to be avoided for fear of contracting the disease.

In a comprehensive report produced by the University of California (2011), it is reported that, young people have the myth that they are immune to HIV infection, and that it can only happen to others. In a large sample of 650 American college students, Inungu *et al*. (2009) made a study of HIV knowledge, attitudes and practices which showed that 86.8% of the participants did not perceive themselves as likely to be infected by HIV. In view of this, the researchers drew the conclusion that there is a coexistence of misconception regarding the transmission of HI/AIDS and the denial of participants contracting HIV. This calls for proactive approach to resolve such challenge among college students (Inungu *et al*., 2009). According to the data analysis of the present study, whether participants stood a chance of contracting HIV/AIDS was rejected enmass by all three participating countries. Thus confirming what other researchers have already reported.

Human Rights Watch (2005) charges governments in Sub-Saharan Africa, with negligence of HIV/AIDS related problems, as there are 43 million of them who are not in school. Most of them are unlikely to enrol, attend or continue in school till completion. Thornton (2008) reports that in the United Kingdom, HIV/AIDS primary and secondary school children are often turned away from school, which is contrary to anti-discrimination laws in the country. A number of schools insist that, parents should divulge their children's HIV/AIDS status, although this is supposed to be confidential. These observations were confirmed in the present investigation participants from the three countries who did not support the idea of HIV/AIDS children attending school together with children who were not HIV/AIDS infected.

5. Conclusion

The mission of this study was to investigate the various myths and misconceptions regarding HIV/AIDS among university students in Kenya, South Africa and Tanzania. This was undertaken for the purposes of developing relevant strategies that counteract and dispel such misinformation as a way and means of controlling the spread of HIV/AIDS transmission. Such approach was in contrast to the numerous HIV/AIDS studies that have tended to focus on the HIV/AIDS knowledgeability, with very little attention paid to the HIV/AIDS myths and misconceptions instrumental in fuelling the wide spread of HIV/AIDS transmission.

Based on the findings of the present investigation, it was rather clear that myths and misconceptions are in competition with how much participants know about HIV/AIDS as a means of reduction of the spread of HIV/AIDS infection. Hence the rationale for advocating the alternate or dual mode or approach of understanding how to combat the scourge of the HIV/AIDS pandemic.

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