

UNIVERSITY OF KWAZULU-NATAL

**RISKY SEXUAL BEHAVIOURS OF STUDENTS: A CASE STUDY OF
STUDENTS AT THE UNIVERSITY OF KWAZULU-NATAL, DURBAN**

By

ZINHLE MTHEMBU

2017

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FULL DISSERTATION

A Dissertation submitted to the School of Built Environment and Development Studies in partial
fulfilment of the Development Studies Master's degree at University of KwaZulu-Natal, Howard College
Campus, Durban, South Africa

SUPERVISOR: PROFESSOR PRANITHA MAHARAJ

2017

DECLARATION

I Zinhle Mthembu declare that:

1. The research reported in this thesis, except where otherwise indicated, and is my original research.
2. This thesis has not been submitted for any degree or examination at any other university.
3. This thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from other persons.
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Signed

.....

DEDICATION

To my Lord and saviour Jesus Christ

To my mother, Pinky Priscilla Ndlovu;

My late father, Thulani 'Boxer' Mthembu;

My Love, Philani Mongezi Ngesi;

and

My son, Junior Phumelela Ngesi

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With the Lord who strengthens me, I have accomplished this Masters Dissertation!!!

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ABSTRACT

This dissertation investigates risky sexual behaviours of university students, with particular reference to students at the University of KwaZulu-Natal (UKZN), Howard College and Westville campuses. The research approach used was predominantly qualitative where data collection was mainly through in-depth interviews and focus group discussions (FGDs). Interviews were conducted with 20 students. 10 participants were from Howard College campus and another 10 participants were from Westville campus. FGDs were administered to two groups which consisted of approximately four to six students in each campus. According to the literature, there are numerous studies on the prevalence of risky sexual behaviours, however, the reasons why people engage in risky sexual behaviours was not well explored. Therefore, there was a need for conducting this particular study which aimed to shed insights into risky sexual behaviours of university students. This study also explored perceptions of HIV risks and other factors that motivated students to engage in risky sexual behaviours as well as examined the possible opportunities and constraints for changing risky sexual activities.

This study was guided by the model of unsafe sexual behaviour designed by Eaton, Flisher and Aaro (2002) which is used widely to explain risky sexual behaviours in the context of HIV/AIDS. It identifies three factors that influence behaviour including the personal, proximal and distal context. The findings revealed that as much as the students were aware of HIV/AIDS transmission and prevention methods, they were still those who engaged in risky sexual behaviours, including having multiple sexual partners, engaging in sexual intercourse without the use of condoms, intergenerational relationships, sexual intercourse under the influence of alcohol and transactional sex. Furthermore, the study indicates that socio-economic challenges, peer pressure, and lack of communication through educational campaigns and programmes are the main factors which hinder university students from changing their sexual behaviours. Therefore, the study recommends that there should be more research conducted on students' risky sexual behaviours, in order to collect more relevant information, which will assist policy makers, government, and other stakeholders to create a coordinated effort in addressing risky sexual behaviour of university students.

KEYWORDS: HIV, risky sexual behaviours, condom use, alcohol/drug consumption, multiple sexual partners, early sexual debut, intergenerational relationships.

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LIST OF ABBREVIATIONS

ABC	- Abstain, Be faithful and Use a Condom
ADHD	- Attention Deficit Hyperactivity Disorder
AIDS	- Acquired Immunodeficiency Syndrome
AmED	- Alcohol mixed with Energy Drink
ART	- Antiretroviral Therapy
BFL	- Brothers for Life
CBD	- Central Business District
CHASU	- Campus HIV/AIDS Support Unit
DUT	- Durban University of Technology
EE	- Entertainment Education
FGDs	- Focus Group Discussions
HCT	- HIV Counselling and Testing
HEAIDS	- Higher Education HIV/AIDS programme
HEARD	- Health Economics and HIV and AIDS Research Division
HIV	- Human Immunodeficiency Virus
HPs	- Health Promoters
HSRC	- Human Sciences Research Council
IDIs	- In-depth Interviews
LGBTI	- Lesbian, Gay, Bisexual, Transgender and Intersex
MA	- Methamphetamine
MAST	- Mbarara University of Science and Technology
MMC	- Medical Male Circumcision
MSM	- Men who have sex with men
MUT	- Mangosuthu University of Technology
NGOs	- Non-Governmental Organizations
NMMU	- Nelson Mandela Metropolitan University
NSFAS	- National Student Financial Aid Scheme
PEs	- Peer Educators
PLWHA	- People Living with HIV and AIDS
RHAP	- World Bank Reproductive Health Action Plan
RSB	- Risky Sexual Behaviour

SES	- Socioeconomic status
SNS	- Special Needs Schools
SRC	- Student Representative Council
STDs	- Sexually Transmitted Diseases
STIs	- Sexually Transmitted Infections
UKZN	- University of KwaZulu-Natal
UNAID	- The Joint United Nations Programme on HIV/AIDS
UNICEF	- United Nations' Children Fund
WHO	- World Health Organization
YRBSS	- The Youth Risk Behaviour Surveillance System

CHAPTER 1

INTRODUCTION

1.1 Introduction

The aim of this study is to investigate risky sexual behaviours among young people, with special focus on students at the University of KwaZulu-Natal. Risky behaviour is defined as a behaviour that is affected and effected by multifaceted factors at the level of an individual, family, school and peer, which places an individual at risk (such as early sexual initiation, low use of condom, multiple sexual partner relationships, sex in exchange of money) (Cherie and Berhane, 2012). Somba *et al.* (2014) define risky sexual behaviour as engaging in sexual activities that may result in unintended health outcomes such as pregnancy and abortion. Young people aged 15 to 24 years reported engaging in risky sexual behaviour such as alcohol or drug use, inconsistent use of condom and multiple sexual partners which puts them at risk of HIV infections and sexual transmitted infections (STIs) (Shacham *et al.*, 2011; Fair and Vanyur, 2011; Mutinta, 2014). Therefore, there is a need for a concentrated effort to address behaviours that puts young people at risk of HIV infection (Zuma *et al.*, 2014). Thus, this study intends to assess the factors associated with risky sexual behaviour among university students.

1.2 Background to the Study

Globally, millions of people get sexually transmitted infections (STIs) including HIV (human immunodeficiency virus) daily. The prevalence of Acquired Immune Deficiency Syndrome (AIDS) is seen as a major public health problem as there are millions of people living with HIV/AIDS worldwide, especially amongst the youth. The Joint United Nations Programme on HIV/AIDS (UNAIDS, 2014) estimated about 36.9 million people living with HIV at present, in 2014 about 2 million of people became newly infected with HIV worldwide mostly in the 15 to 24 year old age group. According to Fauci (2015) currently an estimated 13.6 million people worldwide are receiving antiretroviral therapy (ART) where men who have sex with men (MSM) remain a key risk population for HIV infection. In support, the major transmission routes of the virus was among MSM in the United States and Western Europe, however, the greatest impact of the epidemic were between heterosexuals in sub-Saharan Africa where most of the transmission occurred (De Cock *et al.*, 2012). By 2030 prevention packages could avert 600 000 additional infection targeted by a United Nation Joint Program on HIV/AIDS (Fauci, 2015).

According to Campbell *et al.* (2012), globally, women and young people tend to be most at risk of contracting HIV. Women living in metropolitan areas in the United States as well as young blacks are extremely at high risk for contracting HIV/AIDS (Ramjohn, 2012). Ramjohn (2012:8) stated that “women account for more than half of the 33.3 million adults worldwide living with HIV and AIDS and that number is growing”. This shows that women and young girls are more vulnerable than other groups and more prevention strategies should be implemented that directly target them. Women contract HIV more than other populations because of violence from the partner. Hale and Vazquez (2011) argued that intimate partner violence doubles women’s risk of contracting HIV as their first sex becomes a forced one which increases the risk of HIV infection.

Sub-Saharan Africa is most affected by the AIDS pandemic. In Africa, the high rate of HIV is found mainly among young people as they constitute the majority of the population (Ajayi and Omotayo, 2010). According to WHO, UNAIDS, and UNICEF (2011) 1.9 million people (70%) of all new HIV infection were found in sub-Saharan Africa in 2010 where commercial sex work and heterosexual intercourse plays a major role driving the epidemic in sub-Saharan Africa. On the other hand, Uchudi *et al.* (2010) argue that women are more vulnerable to HIV/AIDS than men because they usually lack financial resources that would allow them to meet their social and economic responsibilities and they have less education and therefore struggle to negotiate safer sexual relationships with men. They may engage in informal sex transactions even when working in low-paid jobs in factories, offices, bars, restaurants, etc. in attempts to secure adequate food and nice clothes and to pay house rent. Until matters of poverty and vulnerability are properly addressed, it is difficult to achieve a significant decline in numbers of women who engage in unsafe sex. According to many studies, there is a high prevalence of the university students engaging in risky sexual behaviour which is associated with HIV/AIDS and other health related issues (Peltzer and Pengpid, 2016; Louw *et al.*, 2014; Peltzer and Pengpid, 2014; Hoque, 2011).

Risky behaviours also increase the risk of pregnancy and STIs (including HIV/AIDS). In a South African study, it has been documented that many young people are at risk of unwanted and unplanned pregnancies due to different factors such as coming from households with lower socio-economic status, previous experience of physical abuse, and being a main partner in the relationship (Christofides *et al.*, 2014). There are high levels of pregnancy among young women throughout the world but also in South Africa. According to Statistics South Africa (2015), 5, 3% of females aged 15 to 19 years were pregnant during the 12 months before the survey. A study conducted in Tanzania identified a number of socio-demographic and behavioural risk factors for unplanned pregnancy among young women aged 15 to

24 years, which included low educational level, lack of knowledge about condom access, age at sexual debut, and multiple sexual partners (Calvert *et al.*, 2013). It has been argued that the rate of unwanted pregnancies, illegal abortions, and premarital sexual activity remains high among university students. Somba *et al.* (2014) have shown that high proportion of women at risk of unintended pregnancy and other STIs were independently associated with contraceptive use and sexual risky behaviour. On the other hand, Sanchez *et al.* (2013) reveal that alcohol and other drug use increases the risk of unsafe sex, leading to possible unplanned pregnancies, STDs and HIV transmission. These results suggest that an innovative future intervention is necessary aiming to lower unplanned pregnancies (Calvert *et al.*, 2013).

According to the World Bank's Reproductive Health Action Plan (2010-2015) there are approximately 85% of young men and women between 10 to 24 years of age living in developing countries out of 2 billion young people in the world. South Africa is one of the developing countries and is mostly severely affected by the HIV epidemic compared to other countries. UNAIDS (2010) stated that HIV prevalence among South African youth, aged 15 to 24 years, is one of the world's highest. Among this youth, the HIV prevalence rate is 10.3 percent higher and 15.2 percent among youth aged 20 to 24, which is four times among females compare to males (Akintolo *et al.*, 2011). On the other hand, South Africa has the highest prevalence of alcohol consumption and the drinking venues where alcohol mostly consumed is often associated with sexual behaviours triggering the risk of HIV infection (Scott-Sheldon *et al.*, 2012). Alcohol consumption and HIV pandemic interlinks as alcohol encourages poor decisions around sex and reduces the ability to negotiate condom usage (Chersich and Rees, 2010).

1.2.1 Why young people?

University students are a population group largely characterised by high risk behaviours. These students are usually categorized as young people between the ages of 15 to 24 which are also known to be at high risk of contracting HIV infections. University students were chosen for this study because of the number of reasons. According to Hoque (2011) in South Africa, youth aged 15 to 24 years are at a higher risk of HIV infections than any other age groups. There is a higher percentage of students engaging in HIV risky sexual behaviours which is more prevalent among females compared to males (Adefuye *et al.*, 2011; Pettifor *et al.*, 2011). In support, Pillay (2013) argues that in the South African universities, there is high prevalence of risk sexual behaviours that may put many students at risk for HIV infections. Risky sexual behaviours such as having multiple sexual partners, unprotected sex, early

sexual debut, substance abuse and other sexual activities, which may expose students to HIV/AIDS and STIs. Therefore, risky sexual behaviours are associated with many different factors that contribute to the rise of HIV/AIDS especially among youth, the university students.

It is of importance to bring research attention to this segment of students due to various risks that they encounter. It is also important to gain knowledge on student's risky sexual behaviour and factors influencing and inhibiting students to engage in risky sexual behaviours as students are perceived to be educated and well informed about HIV/AIDS and other health related issues pertaining to sexuality. Therefore, this is one of the reasons this study focused particularly on students' risky sexual behaviours. It is hoped that this study will therefore contribute to the body of knowledge on how socio-economic factors influence high-risk sexual behaviour. The objective is to help planners and policymakers in government agencies and non-governmental organizations (NGOs) to develop substantive, alternative policy interventions to address the spread of HIV/AIDS and its consequences. The study will offer empirical evidence of the association between poverty and higher-risk sexual behaviour for use in short-term and long-term interventions, especially among vulnerable populations.

1.2.2 Understanding the term '*Risky Sexual Behaviour*'

According to Marlatt *et al.* (2011) the term risky sexual behaviour entails substance use, sex without a condom, a hit off a crack pipe, multiple sexual partners, and engaging in unprotected sex while consuming substances. Moraope (2014) argues that youth who are engaging in sexual relationships that put their health and well-being in danger are considered as risky. In support, Mutinta (2012) defines risk as someone's attitude of not showing care to his or her lifestyle and putting oneself in a dangerous situation. It has been argued that risky behaviour is one of the factors that drive the HIV pandemic. The Youth Risk Behaviour Surveillance System (YRBSS) captures health-risk behaviours practiced by students nationwide, which place them at risk for serious acute and chronic health problems. These behaviours involves alcohol and other drug use; tobacco use; unhealthy dietary behaviours; physical inactivity; and sexual behaviours that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including HIV infection (Kann *et al.*, 2014).

Risky sexual behaviour is also defined by Mwale (2012:36) as "any behaviour that increases the probability of negative consequences associated with sexual contact, including AIDS or other sexually transmitted diseases, as well as unplanned pregnancies". Watt *et al.* (2012) define risky sexual behaviours as the exchange of sex for material goods or partaking in transactional sex. On the other

hand, Hoque (2011) describes risky sexual behaviours as sexual activities such as, unprotected sex, an early sexual debut, taking alcohol or drugs before sexual intercourse, multiple sexual partners, forced or coerced sexual intercourse for reward, which may expose an individual to the risk of infection with HIV.

Risky sexual behaviour (RSB) is also been defined by Desale *et al.* (2016:58) as the “practice of at least one of the three outcome variables: initiating sexual debut before the age of 18, inconsistent condom use and/or having multiple sexual partners”. According to Chowdry *et al.* (2013) risky sexual behaviour is defined as underage sex, engagement in criminal activity, teenage pregnancies, and substance abuse (including smoking, alcohol consumption, and illicit drug use). Other authors define risky sexual behaviours as having a partner with multiple partners and an STI, someone who used injection drugs and traded sex for drugs, transportation, or money, and also failed to use a condom at last intercourse (Avalos *et al.*, 2010). Wild and Swartz (2012) refer to risky behaviour as any behaviour that puts people at risk of negative physical, psychological and social consequences.

Booyesen’s definition of risky sexual behaviour includes engaging in sexual intercourse without using a condom with multiple sexual partners or casual acquaintance (Booyesen cited in Madise *et al.*, 2007). According to Dixon-Mueller (1993:273) sexual behaviour consists of “actions that are empirically observable, what people do sexually with others or with themselves, how they present themselves sexually, how they talk and act”. These observable actions include kissing, engaging in sexual intercourse, masturbation and holding hands. This definition is supported by Turchik and Garske (2009) who define risky sexual behaviour as socializing with the intent of having sex and engaging in sexual behaviour such as kissing, fondling with someone the person does not know very well. On the other hand, Fenton *et al.* (2001) describe risky sexual behaviour as a private activity, subject to variable degrees of social, cultural, religious, moral and legal norms and limitations. Risky sexual behaviour has been also defined as engaging in sexual intercourse (including anal sex) with multiple partners, early onset of sexual activity, non-condom use (Roberts and Kennedy, 2006). Unplanned pregnancy is also associated with risky sexual behaviours as young people tend to engage into sexual intercourse without a condom and put themselves at risk of getting unplanned pregnancy and STIs.

Several studies argue that risky sexual behaviour remains a serious problem among young people and little is known why university students engage in risky sexual behaviours. According to Turchik and Garske (2009) risky sexual behaviours such as having sex with multiple partners, inconsistently using condoms during vaginal and anal intercourse, not engaging in safe sex communication, using drugs or alcohol prior to or during sexual activity are significant among college students enrolled at tertiary

institutions. Therefore, this is one of the reasons this particular study focused on the risky sexual behaviour of the university students.

1.3 Rationale for the Study

South Africa is one of the countries worst affected by the HIV/AIDS pandemic. Statistics South Africa (2013) reveals that a total number of people living with HIV in South Africa has increased rapidly over the years from 2 million in 2004 to 5.26 million by 2013. However, the South African government working in partnership with mass media has spent R24 billion on HIV campaigns to avert the further spread of HIV/AIDS (Mdletshe, 2011). Nonetheless young people still do not take the messages seriously as the STI and HIV prevalence amongst young people are on the rise (Mdletshe, 2011). Young people are likely to have their first sex encounter during the period that they are at university (Higher Education HIV/AIDS programme, 2008). Studies suggest that there are likely to be exposed to many risky sexual behaviours that influence their risk of HIV infection (Tura *et al.*, 2012). There are numerous studies on the prevalence of risky sexual behaviours, however, the reasons why people engage in risky sexual behaviours is not well explored (Tura *et al.*, 2012). In South Africa, there are few studies that focus on risky sexual behaviours. This study hopes to shed insights into risky sexual behaviours among university students, specifically in the University of KwaZulu-Natal, South Africa.

A study done by Higher Education HIV/AIDS programme (HEAIDS) in 2008 among staff and students of the University of KwaZulu-Natal including all five campuses revealed that, the overall HIV prevalence between students and staff members was 2,8% with the prevalence of students living with HIV/AIDS being higher than of the staff at 2,4 % and 1,0 % respectively. Therefore, this dissertation seeks to shed insights into risky sexual behaviours of students at the University of KwaZulu-Natal. The main focus of this study is on risky sexual behaviours of students at the University of KwaZulu-Natal, both the Howard College and Westville campuses. It also aimed to explore whether students are engaging in risky sexual behaviours and to investigate the main drivers of risky sexual behaviour among university students. At the University of KwaZulu-Natal, in all five campuses there is a Campus HIV/AIDS Support Unit (CHASU) which provide a platform for HIV/AIDS activities, debates, forums, and care and support for the students and staff. Yet, several studies suggest that students still engage in risky sexual behaviour (Hoque, 2011; Mdletshe, 2011; Pillay, 2013). Therefore this study also seeks to investigate the factors which lead students to engage in risky sexual behaviours, and the study will go on to find out what influences sexual behaviour among tertiary students.

1.4 Aims and Objectives

The overall aim of the study is to shed insight into risky sexual behaviours of students. In order to achieve this aim, the study has three main objectives as follows:

- To explore perceptions of HIV risks and how these influence students to engage in risky sexual behaviours.
- To investigate the drivers of risky sexual behaviours among university students.
- To examine the opportunities and constraints for changing risky sexual behaviours.

1.5 Research Questions

The key questions to be answered by this dissertation are as follows:

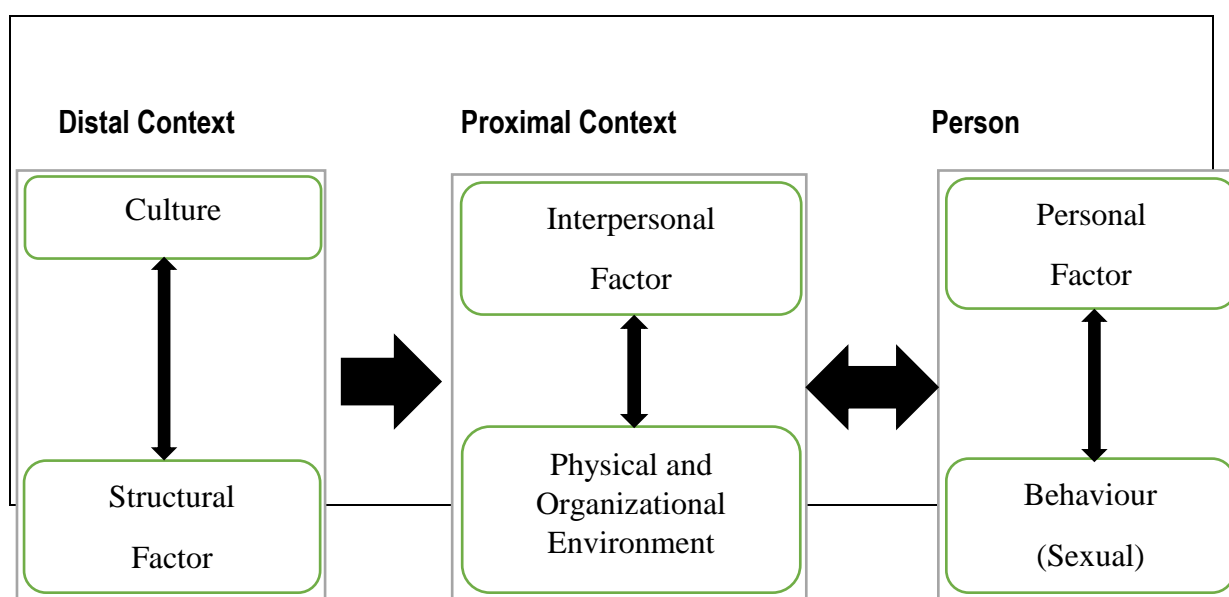
- What are the students' perceptions of HIV risks, and how do these perceptions influence risk sexual behaviours?
- What are the main drivers of risky sexual behaviour among university students?
- What are opportunities and constraints for changing risky sexual behaviours of university students?

1.6 Theoretical Framework

Van Dyk (2013) argues that sexual behaviour (with its emotional, social, cultural and gender meanings) is such a complex behaviour that researchers realize they need to turn to theories of behaviour change to develop intervention programmes to help people to change risky sexual behaviours. However, theories of behaviour change have been criticized by many authors for their individualistic approach, which fails to focus on other important factors affecting behaviour change such as environmental and structural factors. Eaton *et al.* (2002) criticizing behaviour change theories argue that they tend to lay emphasis on personal processes and to the subjective aspects of social influences and they neglect the objective aspects of social influences and the distal societal and cultural context. Consequently, according to Eaton *et al.* (2002:2) in order to understand sexual risk behaviour in Southern Africa, "we need to consider the interactive effects of factors at three levels: within the person, within his or her proximal context, and within the distal context". Therefore, Eaton *et al.*'s (2002) model has been recognized in explaining risky sexual behaviours precisely and particularly in the context of HIV/AIDS in

Africa better than other general models of human behaviour. This model also tends to include both subjective and objective influences on behaviour, as they believe that individuals and their environment are influenced by broader social conditions. For that reason, understanding the individual's sexual behaviour requires the full intellectual capacity of the three influences where sexual relationships occur. These influences include personal factors, proximal context and distal context. This framework was used to address the main broad research areas and research questions of this research.

Figure 1.1 Theoretical Framework for Understanding Sexual Behaviour



(Source: Eaton et al. 2002:2)

The above figure shows the framework for organizing the relationship between sexual behaviour, personal factors, and the proximal and distal contexts as argued by Eaton *et al.* (2002). This theoretical framework stresses that individual sexual risk behaviour is not only influenced by interpersonal relationships and physical (within the person) and organisational environment (within his or her proximal context) but also by culture and structural factors (within the distal context). Therefore, it is important to look fully at these three contexts in order to understand individual's sexual behaviour which is further explained below:

Personal factors (Sexual behaviour)

This element talks about factors that affect risky sexual behaviours from within the person. These include individual's belief in his/her confidence to control one's own behaviour and having the ability to

successfully change a particular behaviour. It also includes self-respect and personal knowledge of HIV risks as well as preventative strategies of HIV (Eaton *et al.* 2002; Nkomazana, 2013).

Proximal context (*Interpersonal factor, physical and organisation environment*)

This factor focuses on interpersonal relationships and how individuals are affected by both the physical and organizational environments. In this component individuals and their environment are influenced by wide-ranging social conditions. These include difficulties in talking about condoms and introducing condoms during the sexual encounter (condom negotiation); violence towards female partners in a heterosexual relationship, forced into sexual intercourse (gender-based violence and imbalance of power); peer pressure (boys proving manliness and girls pressure of being excluded in group discussions for being labelled as “children”); lack of communication, supervision and guidance from adults; lack of access to free condoms; lack of access to information; lack of recreational facilities and poor living environment (street, prison and rural or urban) (Eaton *et al.*, 2002).

Distal context (*Culture and structural factor*)

The distal context integrates cultural and structural factors. Culture encompasses norms and beliefs of a society (women experiencing oppression in their patriarchal sexual relationships) which is considered as a norm in a larger society. It is also noted that culturally entrenched gender discrimination increases the risk of HIV infection for African women (Eaton *et al.*, 2002:15). Structural factors comprise legal, political, economic and organizational elements of a society (comparison of urban and rural sexual behaviour patterns). Poverty is also categorized as a structural factor which has an influence on young people's sexual behaviour (poverty as a commodification of sex) (Eaton *et al.*, 2002).

1.7 Organization of the Dissertation

The dissertation consists of five chapters: Chapter one introduces the study by outlining the background of the researched topic, the rationale of the study and theoretical framework of the dissertation. This chapter also provides reasons for conducting the particular study and gives a discussion of the research problem and objectives. In this, key questions and broader issues that this study intends to find answers to are stated. Basically, this chapter consists of a brief summary of the whole entire research paper. Chapter two is a review of the literature on sexual behaviours of university students. This chapter helps to guide the research and establishes a conceptual framework. Chapter

three describes the methodologies used in the study, description of study sites, maps of study site and also explains the methods used to collect data in this study. A qualitative methodology is adopted using in-depth semi structured interviews and focus groups as the main source of data collection. Chapter four presents the findings and discussion of the study. This chapter includes information gathered from interviews and focus groups. Chapter five concludes the study by summarizing the major conclusions and provides some recommendations. It also outlines the limitations of the study and provides suggestions for further study.

CHAPTER 2

LITERATURE REVIEW

2.1 Introduction

The purpose of the study is to investigate risky sexual behaviours of students at the University of KwaZulu-Natal (Howard College and Westville) campuses. The aim of this chapter therefore is to present the study's literature review. Engaging in risky sexual behaviour can make individuals more vulnerable in contracting HIV/AIDS infections and unplanned or unwanted pregnancies. HIV/AIDS is seen as a global challenge, this chapter will explore two major headings: (i) Factors facilitating risky behaviours. (ii) Factors inhibiting risky behaviours. Previous studies conducted on risky sexual behaviours among university students have similarities and differences to the current study in terms of methodology, framework and context, it is therefore vital to compare and evaluate previous studies to the current study and specify the significance of the current study and its contribution to the literature, research, policies, academic debate and interventions.

There have been many studies on student's knowledge, attitudes, and practices in response to HIV/AIDS. It is often assumed that higher levels of knowledge will lead to less risky sexual behaviours. However, it is surprising to see university students whom we expect to have high level of knowledge on HIV, STIs and other health related issues, still engaging in risky sexual behaviour. According to the study by the Human Sciences Research Council (HSRC) it was discovered that university staff were more knowledgeable than students in terms of HIV knowledge, their active search for information, and in accepting views of HIV treatment, people living with HIV, and lesbian, gay, bisexual, transgender and intersex (LGBTI) groups (Setswe *et al.*, 2015). According to Francis (2010), the focus has been on what young people know rather than on developing an understanding of their social context. Francis (2010) further argues that in order to meet the needs of youth effectively, sex education should presents a more balanced view of sex as both enjoyable and risky rather blaming and shaming youth about their sexual feelings.

Shefer *et al.* (2012) carried out a study on AIDS fatigue and university students' talk about HIV risk. The findings suggest that even though students report knowledge about HIV infection and transmission and they had easy access to condoms on campus but there is still a gap of knowledge in safer sex practices and HIV prevention among university students (Shefer *et al.*, 2012). However, the challenge is the application of this knowledge to safer sex practices. Similar findings were also observed in a study on

sexual behaviour and knowledge regarding STIs among undergraduate students in the University of Mangosuthu, where students' knowledge regarding symptoms of STIs was unsatisfactory. For instance, "more than half of the students mentioned that vaginal discharge was a symptom of STI, followed by lower abdomen pain, swelling in the groin, and fever on and off" (Hoque and Ghuman, 2011:3718). Therefore, when a student lacks information and knowledge, it increases the chances of engaging in risky sexual behaviour and increasing the chances of acquiring HIV and STIs.

2.2 Risky Sexual Behaviours among College Students

Caetano *et al.* (2010) conducted a study on sexual behaviour and knowledge of sexually transmitted infections among undergraduate students in Sao Paulo, Brazil. Caetano *et al.* (2010) discovered that most of the students engaged in high-risk sexual behaviour with multiple partners and these students did not use condoms consistently. This transpired because of the scarcity of knowledge about modes of sexual and vertical transmission of HIV among undergraduate students (Caetano *et al.*, 2010). Maimaiti (2010) conducted a relevant study among university students in Xinjiang, which found that despite students having good levels of knowledge about HIV, they still engaged in high risk sexual behaviours as indicated by the study that 15.8% of respondents reported having risky sexual behaviour including unprotected sexual exposure and 30% reported sharing needles. These two studies demonstrates that risky sexual behaviour among college students is still a serious problem even when the students are well informed about transmission of HIV but their engagement in risky sexual behaviour may even be on rise.

One of the studies conducted by Adefuye *et al.* (2011) on risky sexual behaviours and perception of HIV risk among students in United States, Turkey and South Africa showed major differences in risky sexual behaviours among students from the three countries. Turkey had a lower percentage of students involved in HIV risky sexual behaviours while United States and South Africa had a higher percentage (Adefuye *et al.*, 2011). The results of this study revealed that, almost 88% of United States female students, 61% of Turkey female students and 88% of female South African students met the defined criteria of engaging in risky sexual behaviour (Adefuye *et al.*, 2011:23). The defined criteria of engaging in risky sexual behaviour includes multiple number of sexual partners and inconsistent or non-use of condoms (Adefuye *et al.*, 2011: 23). These findings illustrate that female students are more likely to engage in risky sexual behaviours in the United States and South Africa compared to female students in Turkey. Another similar study on risky sexual behaviours of young people showed that young people

in the United States are engaging in risky sexual behaviours (including earlier of coital debut, many sex partners, and less condom use) more than young people in South Africa (Pettifor *et al.*, 2011). These results are similar to a study by Adefuye *et al.* (2011) which confirms the high rate of young people engaging in risky sexual behaviour in the United States compared to South Africa. Therefore, more prevention programmes are essential especially for young population. These two studies are similar to the current study as one of its aims is to investigate the drivers of risky sexual behaviour among UKZN students from the Howard College and Westville campuses. However, the present study seeks to contribute to the academic debate by providing further insights into the contestations around student's risky sexual behaviours and understand factors that could encourage them to avoid engaging in risky sexual behaviours.

Nduna *et al.* (2010) conducted a study investigating whether depressive symptoms were associated with risky sexual behaviour and relationship characteristics of men and women in the Eastern Cape, South Africa. Nduna *et al.* (2010) discovered that 21% depressive symptoms were found among women, where 14% was among men. With women, depressed symptoms were associated with violence from a lifetime intimate partner, having dated an older partner and also having engaged in transactional sex, whereas, men with depressive symptoms were more likely to report having had transactional sex, intimate violence partner and perpetration of rape (Nduna *et al.*, 2010). Other authors also conducted a study in Cape Town on the link between methamphetamine (MA) use and sexual risk behaviour (Parry *et al.*, 2011). These authors found that there is high level of substance use and MA related problems in the community of Cape Town, and there is evidence in the effects of MA drug use on sexual risk behaviour (Parry *et al.*, 2011). MA drug increases sexual desire that is associated with high levels of risky sexual behaviour, including unprotected sex, multiple sexual partners, and anal sex (Parry *et al.*, 2011). Therefore, from the above discussion, gender inequality, symptoms of depression and the promotion of adolescent mental health should also be taken into consideration when implementing HIV and risky sexual behaviour preventions.

Agardh *et al.* (2011) conducted a study on sexual coercion and risky sexual behaviours among Ugandan university students, the study found that social coercion leads to early sexual debut and sexual risk-taking behaviour, where mental health and alcohol consumption was seen as a main cause of students experiencing sexual coercion. Therefore, this evidence illustrates that the experience of sexual coercion leads to risky sexual behaviour and is predominant among young people. Yet again, Agardh *et al.* (2010) conducted a similar study focusing on social capital and sexual behaviour among Ugandan university students at Mbarara University of Science and Technology (MUST). The aim of this

study was to explore the link between social capital and the ABC behaviours, which is Abstinence, Being Faithful, and Condom use with reference to religious factors. The findings demonstrate that risky sexual behaviours is significantly associated with social capital factors among university students in southwestern Uganda where males did not use condoms consistently because of low trust in others. Trust in others was regarded as a very general indicator of social capital (Agardh *et al.*, 2010).

From the above discussion, it appears that there are quite a number of studies done in Uganda regarding factors associated with risky sexual behaviours, which shows that Uganda has been trying to fight the rise in the prevalence of HIV. According to various studies, Uganda has been successful in introducing a multi-sectoral response to HIV, which helps the country in achieving a substantial decline in the prevalence of HIV (Agardh *et al.*, 2012; 2010; 2011). Another study done in Uganda by Agardh *et al.* (2012) with the aim to investigate the relationship between youth sexual risk taking behaviours and poor mental health among population of university students in Uganda. This study found that mental health is indeed associated with risky sexual behaviour and HIV/AIDS. The study also established that mental health issues such as depression, anxiety, and psychoticism are the ones that influence students to have high number of sexual partners especially among males (Agardh *et al.*, 2012). This literature reveals that a number of studies exploring factors contributing to risky sexual behaviours of students have been conducted abroad. Therefore, it is imperative to examine factors influencing risky sexual behaviours, especially in South Africa.

2.3 Factors Influencing Risky Behaviours

2.3.1 Economic Factors

There is a little empirical evidence on the effects of economic challenges on risky sexual behaviour and the HIV/AIDS epidemic. However, structural factors and individual's desire for material goods and lifestyle seem to play an important role in influencing the risky sexual behaviours of university students. A study by Stoebenau *et al.* (2013) reported that students' risky sexual behaviour is associated with interests in consuming modern lifestyles and goods such as fashion, and attending nightclubs. Cell phones, perfumes, and expensive clothes as highly prized commodities, along with access to money for leisure activities, were often described as being provided by older boys or men in exchange for sex with adolescent girls (Katz *et al.*, 2013). Many students do not afford these items, which leads them to engage in risky sexual behaviours.

Low economic status is also identified to be a risk factor for HIV infection. According to Fraser-Hurt *et al.* (2015) the greater the lack of money, the greater the risk of HIV, especially among women. Erinoshio *et al.* (2012) added that in difficult situations, for example, economic circumstances, where families lack the means to support all members, people (especially young girls) have to look for other ways to contribute to the family, which may contribute to transactional sex. Fraser-Hurt *et al.* (2015) in their study found that girls from a household with a lower income tended to engage in risky sexual behaviours such as early sexual debut and high rates of unprotected sex. Surprisingly, in the study by Odimegwu and Adedini (2013) findings shows that students from wealthy families had a higher risk of initiating sexual intercourse before the age of 19 compared to those from average and poor homes.

Wilson (2012) examining economic booms and risky sexual behaviour stated that risky sexual behaviour among women is particularly sensitive to income shocks and among men, rising income leads to an increase in demand for sex. On the other hand, a study by Stephenson *et al.* (2013) in three African countries (Malawi, Tanzania, and Nigeria) found that in communities where a greater proportion of women are currently employed, men were less likely to report risky transactional sex. As a result, women were less likely to be dependent on men economically, and this gave women more power to negotiate for condom use in their relationships and gave men less need to participate in transactional sex. Another study on early and risky sexual behaviour among rural adolescents reveal that adolescents from low socio-economic status (SES) engaged more in risky sexual behaviours than those from high SES (Rew *et al.*, 2011). Therefore, this shows that economics is indeed associated with risky sexual behaviour. Agardh *et al.* (2010) also supported this when they found that social capital was associated with less risky sexual behaviour among Ugandan university students. In Burkina Faso, Ghana and Malawi, girls from the wealthiest wealth quintile had later sex debut compared to those in the poorest quintile (Akinyemi *et al.*, 2016).

2.3.2 Early Sexual Debut

Early engagement in sexual intercourse can be associated with high sexual risk taking. In their study on the effects of age on early sexual debut of South African youth, Zuma *et al.* (2010:52) found that “those who had early sexual debut were more likely to report multiple sexual partners and those who had multiple sexual partners were 79% more likely to be infected with HIV”. Kastbom *et al.* (2015) compare young people with an early sexual debut before the age of 14 with young people with a later sexual debut. The findings of the study by Kastbom *et al.* (2015) reveal that young people were much more

likely to have had six or more partners if they had their sexual debut before the age of 14 than after 14 years of age. These two studies have similar findings that show that early sexual debut is associated with multiple sexual partners. However, none of the two studies shows the cause of young people to have been early sexual debut.

Young people engage in early sexual debut because they want to experience sexual activities, which end up putting them at risk (Nyawose, 2011). According to the study by Oljira *et al.* (2012) pre-marital sex debut was also associated with family residential area in which adolescents from rural areas were less likely to engage in pre-marital sex than those from urban families. The motive may be due to a cultural conservatism in rural areas compared to a more liberal lifestyle in urban areas (Oljira *et al.*, 2012). A study that was conducted by Mabaso *et al.* (2015) found that males are more likely to report earlier sexual debut than females. Similar results were observed in a study by Meston and Ahrold (2010) which found that men across ethnic groups reported a younger age of first sexual activity than women. However, sexual coercion at early sexual debut occurred mostly through sexual intercourse with older adolescents and partners of the same age among both male and female adolescents (Mabaso *et al.*, 2015).

The study by Fraser-Hurt *et al.* (2015) reported that pornographic films, which are freely available in stores, market places, internet cafes, and homes, were influencing early sexual debut and eagerness for sex among young adolescent. According to Odimegwu and Adedini (2013:143), “those who watch blue films (X-rated pornographies) showed a higher likelihood of sexual initiation before or at age 19 than those who do not”. White and Buehler (2012) discovered important information on a previously ignored group of adolescent women, those who experience attention deficit/hyperactivity disorder (ADHD) before the age of 12, which lead to early sexual debut and risky sexual relationships. Mutinta *et al.* (2013) revealed that 15% of students had their sexual debut at the age of 18 years or older, 60% in the age group of 15 to 17, and those who had it before the age of 13 years, it was merely 30%. Early sexual debut is usually associated with young people engaging in sexual relations with older people, who might have been exposed to the risk of HIV for a longer period.

2.3.3 Intergenerational Relationships

Intergenerational relationship is known to be a relationship of individuals in different age such as *sugar daddies* and *sugar mammas*. *Sugar daddies* and *sugar mammas* is a practice or phenomenon that is more common in South Africa and is one of the factors that increase the risk of contracting HIV. This is

a practice where young girls have sexual relationship with older men, and young boys with older women for the purpose of financial gain in order to meet their basic needs, improve their lifestyles, and to overcome harsh economic conditions (Fraser-Hurt *et al.*, 2015). A study by Phaswana-Mafuya *et al.* (2014) reveal that young men have sexual relationships with older women because of the desire for sexual fulfillment, financial gain and reduction of stress. This relationship is also common among young women, as they tend to engage in this kind of a relationship to meet their needs. Maphumulo (2015) argued that poor parental support and poverty are one of the factors that drives the girls into the hands of *sugar daddies*, which increases their risk of HIV infection (City Press, 2015). On the other hand, Seloilwe *et al.* (2013) argue that young people engage in these types of relationship because of financial and material desires as they usually receive gifts, money, clothing, food, cosmetics, cash and other resource in exchange of sex. In other words, young people engage themselves in intergenerational relationships because of a desire for expensive materials and a good life.

The future of thousands of young people is being destroyed by their relationships with older people. Studies suggest intergenerational sex is common throughout South Africa (Masvawure, 2011; Selikow and Mbulaheni, 2013). The increase in intergeneration relationships is conspicuous in South Africa, as the way of referring to older men has transformed from '*sugar daddies*' to '*blessers*' nowadays. According to Shefer *et al.* (2011) there is also another phenomenon which is called '*taxi queen*' in which young women become involved with older male taxi drivers while using public transport. These young women become taxi queens by sitting in front with the taxi driver and they do not have to pay taxi fare, they get airtime, clothes, jewellery and food. Being a taxi queen also comes with risk factors that include alcohol and drug abuse, unplanned pregnancy, HIV/AIDS risk, and coercion to sexual practices and violence (Shefer *et al.*, 2011).

Masvawure (2010) conducted a study at the University of Zimbabwe using participant observation and in-depth interviews where ten females and four male students participated. This author challenged African's perceptions regarding sex relationships by showing that when young people are involved in a transitional relationship it is not only for survival strategy but they fashion themselves as high-status and may use that relationship to compete for social status with their peers. According to Masvawure (2010), female students engaged in transitional relationship with *sugar daddies* because they want to be 'flashy on campus' (which is a desire to be seen and to be visible on campus through the conspicuous consumption of particular luxury goods). This suggests that transitional sex is not only about financial need but it is also consumption of luxury goods so that female students will feel more sophisticated, more successful and even more sexually appealing than their peers.

A study by Selikow and Mbulaheni (2013) argues that students are not involved in *sugar daddy* relationships for only visible consumption or personal gains but they can also become friends and even lovers in these relationships. According to Selikow and Mbulaheni (2013) throughout the relationship, *sugar daddies* transformed from being providers to becoming friends, soul mates and lovers and if the *sugar daddy* could no longer provide resources, students would most likely end the romantic relationship, but maintain the friendship. On the other hand, the study by Masvawure (2011) reveals that in these transactional sex relationships there is also what students refer as '*pimping*' or '*pimp*' that exists at a university campus in Zimbabwe. In this case, male students turn out to be *pimps* in the transactional sex and become the central people in these relationship rather than women (Masvawure, 2011). This demonstrates that in the transactional relationships it is not always about a man and a woman rather it takes different forms. A study by Watt *et al.* (2012) revealed that several women engage in transactional sex mainly to express their personal agency and power in the situation. Watt *et al.* (2012:1005) stated, "Transactional sex put both women and men at greater risk of HIV through multiple partners and inconsistent use of condoms, and the possibility of rape". In other words, women engage in transactional sex, as it is associated with the ability to have power over men or equalizing power in sexual relationships. This therefore makes women potentially more vulnerable to HIV infections.

The research indicated that the majority of new HIV infections in South Africa are amongst the women between the age of 15 and 24 and older man between the ages of 30 and 49 (Choudhry *et al.* 2014; Gordon and Collins, 2013; Mturi and Gaearwe, 2014). Conspicuously, intergenerational relationships are one of the main drivers of new HIV infections. Therefore, policy makers and interventionists should also take into consideration the issue of intergenerational relationships when implementing behavioural change interventions in order to combat risky sexual behaviours of young people and decrease the high rate of new HIV infections.

2.3.4 Condom Use

Consistent condom use is one of the recommended effective strategies in prevention of contracting sexual transmitted infections (STIs) and HIV/AIDS. However, young people especially university students tend to engage in risky sexual intercourse because of the negative perceptions about condoms. Some students might engage in sex without using condom because they want excitement and others may engage in risky sex when they are forced by their partners to engage in unprotected

sex. Teitelman *et al.* (2011) conducted a study on unwanted unprotected sex condom coercion by male partners and self-silencing of condom negotiation among adolescent girls in Northeastern City, United States. According to Teitelman *et al.* (2011), adolescent girls who have male partner who are older than them by at least two years are unlikely to use condoms during sex because they have a fear of negative partner reactions to discuss condom use. The study also found that “53% of young girls indicated that they had experienced unwanted, unprotected vaginal sex and 25% indicated that they were unable to discuss condom use with a partner” (Teitelman *et al.*, 2011:243). On the other hand, one of the studies on factors associated with consistent condom use among rural young women in South Africa found that the reasons for consistent and inconsistent condom users were relatively similar (Shai *et al.* 2010). Women who reported non-condom use had less sexual partners than those who reported consistent condom use in the past year and those who knew their HIV status did not use condom consistently (Shai *et al.*, 2010).

The decision to use condoms or not to use condoms is not only influenced by the partner’s power and failure to negotiate condom use. However, it has several factors such as being in a serious or stable relationship or even individual’s choice. In a study of 12 universities in the Czech Republic, Ssewanyana *et al.* (2015) found that 73.7% of students use condoms during vaginal, oral and anal sex, which was associated with their romantic relationship status. Wang (2016) also found that most of the times a condom is used in sex with steady sex partners. The findings also suggest that consistent condom use is influenced by knowledge of AIDS and condom discussions with good friends. In their study, Zhang *et al.* (2015) found that unstable relationships increased the practice of risky behaviours but good communication made it easier to use condoms and to limit partners.

A study on sexual coercion, verbal aggression, and condom use among college students in the Southeast region of the United States by Fair and Vanyur (2011) reveal that, students (78%) reported having verbally aggressive partners and about 31.7% of students reported being victims of sexual coercion, which is associated with alcohol use and likely to affect condom usage. Another study on verbal sexual coercion among college students argued that there is a belief that men are always ready for sex and they should dominate women sexually, and this restricts women in negotiating for condom use (Eaton and Matamala, 2014). Such beliefs that men have a right to control women, makes women vulnerable to violence by intimate partner and places young girls at risk of sexual abuse. It has been argued that more research is needed in exploring the relationship between physical violence, sexual coercion, verbal aggression and condom use in order to make known why students engage in risky sexual behaviours (Fair and Vanyur, 2011).

Inconsistent condom use was also noted among circumcised men. Nyembezi *et al.* (2014) discovered that 45% of traditionally circumcised men engaged in concurrent sexual relationships and reported inconsistent condom use and therefore were at high risk of contracting STIs and HIV infections. These studies illustrate that there is indeed a lack of condom usage among young people which is triggered by alcohol use, intimate partner violence, sexual pressure and verbal aggression which also leads to fear of negotiating condom use. These findings suggest that a holistic approach in the connections of these serious issues may be more appropriate. Therefore, one of the objectives of this study focuses on investigating the drivers of risky sexual behavior among university students in order to find out other factors influencing inconsistent condom use among students.

2.3.5 Alcohol/Drug Consumption

Substance abuse is one of the factors that most of the time is associated with risky sexual behaviours. Scott-Sheldon *et al.* (2012) have noted that alcohol is significantly associated with sexual risk behaviours and these associations tend to be complex and varied by individual and circumstantial alcohol use factors. On the other hand, Avalos *et al.* (2010) discovered that when a person is experiencing several personal stress is more likely to engage in risky sexual behaviours, and those who are risky alcohol users are also more prone to risky sexual behaviours. Another study investigated alcohol-related sexual risk behaviour from the perspective of social norms theory, found that most men believed that risk behaviours (such as number of sex partners and meeting sex partners in shebeens) were normative and were generally approved by their peers (Carey *et al.*, 2011; Scott-Sheldon *et al.*, 2011).

According to Menon *et al.* (2016) the use of alcohol and drugs among university students can lead to unwanted outcomes such as dropping out of school, engaging in unplanned sexual activity, putting themselves in situations where they are more susceptible to sexually transmitted diseases such as HIV. As part of student life, substance use seems to be higher among university students compared to the general population. However, substantial research on substance use among students is mostly found internationally. A study conducted in a public university in the Midwestern United States found 8.1% of postgraduate students partying, binge drinking, and mixing alcohol with energy drinks (Rutledge *et al.*, 2016). Another study by Arria *et al.* (2011) established associations between energy drink use and heavier drinking and alcohol-related problems among college students. Findings showed a greater

association of those who consume energy drink daily or weekly with alcohol dependence (Arria *et al.*, 2011).

Snipes and Benotsch (2013) conducted a study to examine associations between consumption of alcohol mixed with energy drink (AmED) and high-risk sexual behaviours among young adults. Snipes and Benotsch (2013) found that those who consumed AmED were more likely to consume marijuana, cocaine, and ecstasy use. This increased their chances of engaging in high-risk sexual behaviours, including unprotected sex while under influence of drugs and unprotected sex after having too much to drink (Snipes and Benotsch, 2013). These studies exposed an important factor of alcohol consumption among students with energy drink that students take as beverages to keep them awake and energized. However, these beverages have been associated with a number of negative outcomes. Further research is required to examine AmED in South African universities.

Substance use continues to be a public health problem, mostly among youth, particularly in the university setting. Blank *et al.* (2016) investigated associations between drinking and mental well-being, self-esteem and general self-efficacy among New Zealand university students. Blank *et al.* (2016) found that women with the heaviest drinking pattern had lower self-esteem while men who excessively drink had higher self-esteem. Lashley and Yearwood (2011) in their study found 22.1% students who engage in sex under the influence of legal or illegal drugs, mainly marijuana, and 15.9% have had sex while drunk. It has been noted that individuals with HIV use alcohol more than the general population. Shacham *et al.* (2011) in their study on 'perceptions of alcohol risk among individuals living with HIV' found that individuals with HIV have received minimal counselling concerning risk reduction of alcohol use therefore they drink alcohol as a treatment for depression and anxiety. Alcohol/drug consumption is indeed a serious factor; public health has a duty to put significant attention into this issue.

The literature points out that alcohol consumption influences the decision to engage in sexual practices and leads to failure of condom use. Students who consume alcohol or take drugs were twice as likely to have had engaged in unprotected oral, anal and/or vaginal sex with an unfamiliar partner (Ghandour *et al.*, 2014). Chersich, and Rees (2010:3) stated, "if we can say that drinking before driving causes unsafe driving and car accident; then we can say that drinking before sex causes unsafe sex and HIV acquisition". This proves that alcohol abuse, unsafe sex and HIV are indeed factors that interlink. Therefore, this suggests that there should be more policies and interventions focusing on alcohol use as the reduction could reduce HIV transmissions. In support to this statement, Xu and Chaloupka (2011) stated that price increases in alcohol beverages could help reduce alcohol abuse and consumption, including risky sexual behaviours and its consequences, and poor school performance

among youth. However, it remains a debatable issue whether the rise of alcohol prices will help lessen risky sexual behaviour as well as HIV/AIDS pandemic. Therefore, more research is needed in this spectrum.

2.3.6 Peer Pressure

Peer pressure is one of the key drivers of risky sexual behavior among youth. Young people who are between the ages of 15 to 24 are known to be susceptible to peer pressure. Peer pressure generally influence sexual behaviour of young people, as peers are a key aspect of the social environment and could have important influences on sexual behaviours (Fearon *et al.*, 2015). In support, Loke *et al.* (2016:2) argue, “adolescents may engage in the same health risk behaviours as their peers due to their perception that they are under pressure to conform to the norms of their peer group”. Krauss (2013) observe that at times teenagers engage in sexual behaviour because they fear being excluded from a particular group, and this is common among those who have experienced rejection in the past. This proves that peer pressure influences risky sexual behavior. This is prevalent among students, as university experience has shown that most of students engage in negative group norms in order to fit in the group or to be recognized.

One of the studies by Katz *et al.* (2013) discovered that student’s desire to fit in with the larger group was influenced by peer pressure as a result of them conforming to a perceived behavioural standard. In Nene’s (2014) study, students felt that they were compelled to start engaging in sexual intercourse if they were virgins in order to fit in with the majority of students and they encounter direct pressures from their peers, friends and from overwhelming information about sex, which increases their curiosity and lead them to start engaging in sexual activities. Students especially those who are enrolling for first year can be influenced by their peers to start dating on campus. This is witnessed in a study by Pillay (2013) which found that first year female participants mentioned that they were being pressurized by their peers to engage in relationships with boys. This was also being influenced by the freedom that campus life offers to the students (Pillay, 2013).

Noticeably, peer pressure is one of the factors that promote students engagement in risky sexual behaviours. In addition, individual’s freedom and university environment plays a role in influencing students to engage in such behaviours. However, not all youth are equally prone to peer influence. In a study by Widman *et al.* (2016) investigating whether adolescents are engaging in similar behaviour as their peers, found that gender was the dominant predictor, with girls significantly less susceptible to

peer influence compared to boys. These results are different to the above argument due to the limited literature on peer pressure and gender. As this particular study investigated risky sexual behaviours focusing on both female and male students at UKZN, results might be compatible or incompatible with the above discussion. Therefore, this study will contribute to the literature and further academic debates.

2.3.7 Personal Attitudes

Having a positive attitude to something can help to influence individuals choice of action and could play an important role in promoting safer sexual behaviour. A study by Setswe and Zuma (2010) among young South Africans revealed that 83% of young people believed it is possible to abstain from sex for as long as you are able to do that. On the other hand, Faimau *et al.* (2016:8) in their study reveal that, “the majority of students (93.5%) agreed with the idea that they could say no if someone pressured them to have sex when they did not want to”. Different results were found in Chanakira *et al.*'s (2014) study which asserts that, due to personal and permissive attitudes towards risky sex, students from Western countries were more likely to engage in risky sexual behaviour compared with those from other parts of the world.

Sylvester (2014) reported that those who have low self-esteem and low parental monitoring are likely to engage in higher risky sexual behaviour than those with high self-esteem. Therefore, self-esteem is a factor that may be instrumental in an individual's willingness to engage in risk taking behaviours. On the other hand, females found to be indirectly at greater risk from drug use and consequent risky sexual behaviour because of low self-efficacy (Lashley and Yearwood, 2011). As a result, interventions will need to address different risks and increase the self-efficacy of females to reduce their indirect exposure to risk. A study by Zietsch *et al.* (2010) investigating the link between personality and risky sexual behaviours, revealed that risky sexual behaviour is considerably influenced by personality trait, genetic factors as well as by the shared environment. These findings suggest that the genetic influences that shape one's personality may also predispose one to risky sexual behaviour.

The study that was conducted on international university students in Finland aimed at examining international university student's knowledge level of HIV/AIDS, attitudes towards HIV/AIDS, and risk behaviours. This study discovered that students had good knowledge of HIV/AIDS and modes of transmission and this did not affect risk behaviours, however, personal choice, attitudes and practice enabled them to avoid indulging in risk behaviour (Suominen *et al.*, 2011). A study by Afolabi and

Adesina (2011) in Nigeria argue that personality factors should not be ignored in interventions aimed to reduce health risky sexual behaviour. On the other hand, Adeusi (2011) results show that student's attitudes towards HIV did not influence sexual behavioural change; the predictor of student's sexual behavioural change was the awareness of HIV. As a result, this shows that there is a gap in the review on how students' personal attitudes encourage sexual risk behaviour and great personal attitudes discourage sexual risk behaviour. This study aimed to challenge this gap by exploring factors pertaining to risky sexual behaviours among students.

2.3.8 Social Market

Tertiary institutions were established to serve as a higher education learning institution for credited degree granting and provide students with training for the workforce so they can contribute to all the spheres of communal life. However, nowadays students end up perceiving tertiary institution as a place of changing their lifestyles that leads to involvement in risky sexual practices. According to Udoh and Okoro (2015), various media that contain explicit sexual content are likely to influence risky sexual behaviours. These two authors argue that a number of existing media is overprovided with sex, found in the internet materials, movies, music videos, magazines, novels, and books which presents clear sexual information and makes sexual materials readily available (Udoh and Okoro, 2015). Based on the findings of this study, undergraduate students in public universities in Akwa Ibom State were more exposed to sexual content in popular media, which revealed more negative sexual attitudes and sexual behaviours among students. Akinyemi *et al.* (2016) argue that the initiation of the internet and other information technology platforms have resulted in a new phenomenon known as cybersex-involvement in online sexual activities and this seems to have increased the complexity of the dynamics of sexual behaviour among youths.

Another study performed by Okhakhume (2014) investigating the sexual risk behaviour of adolescents in Ibadan revealed that those who had low self-esteem, low parental monitoring, low authoritative parenting style significantly reported engaging more in higher risky sexual behaviours. On the other hand, Nkomazana (2013) conducted a similar study, which examined the prevalence and predictors of risky sexual behaviours of university students in Zimbabwe, in the context of high HIV prevalence rates and economic challenges. This study found that student's perception of HIV risk was very low, as they did not view themselves to be at risk of acquiring HIV infections (Nkomazana, 2013). Therefore, these

studies are relevant to this particular study because a major departure of the current study is that it seeks to find the drivers of risky sexual behaviour among students.

2.3.9 Multiple Sexual Partners

Several studies conducted over the years, in South Africa pointed to high levels of risky sexual activity among university students (Maluleke, 2010; Tenkorang *et al.*, 2011; Hoque, 2011; Mutinta, 2014). A study conducted in 2011 by Hoque (2011) on sexual practices among male undergraduate students in Mangosuthu University of Technology (MUT) reveal that 65.7% of the male students were sexually active and 12.2% reported having been diagnosed with an STI and 55.3% of these sexually active students had multiple sexual partners. Hoque (2011) found similar results in the study focusing on risky sexual practice among female students in MUT, where he noted that 18% out of 52.4% of female students who are sexually active reported having been diagnosed with an STI during the previous 12 months. This shows that there is a large number of male students engaging in risky sexual practices compared to female students.

One of the studies on multiple sexual partnerships and the underlying risk influences among students at the University of KwaZulu-Natal also discovered that of the 49.6% of students who were sexually active, about 44.2% reported having multiple sexual partnerships, where male students were more likely to have multiple sexual partners compared to females (Mutinta, 2014). In a study conducted by HEAIDS (2008) on HIV zero-prevalence and related factors at the University of KwaZulu-Natal, it was discovered that there is a higher number of female students who were HIV positive compared to males, despite the fact that more male students reported having more than one sexual partner in the previous year as opposed to females. Furthermore, a culture of excess drinking on weekends was reported to be one of the causes of unprotected sexual intercourse among students and little drug usage was also reported among students with the exception of marijuana. This study provides a broader picture of the University of KwaZulu-Natal by including all five campuses as well as staff members as part of the study. Therefore, the present study aimed to take on a different angle by focusing only on two campuses (Howard College and Westville) in scrutinizing student's risky sexual behaviours.

Mutinta and Govender (2012) conducted similar study on the socio-environmental determinants of students' sexual risk behaviour and HIV prevention at the University of KwaZulu-Natal focusing on the two campuses (Howard College and Pietermaritzburg) which were selected randomly. Mutinta and Govender (2012) found that 62.5% of students coming from rural backgrounds and single-sex schools

are most likely to engage in risky sexual behaviour because they tend to be naive, they also lack exposure to modern life, and therefore they become easily excited and influenced into risky sexual behaviour. In another study by Mutinta *et al.* (2013) it was found that, all the sexually experienced students (about 60%) reported sexual relationships with more than two individuals. There is also, what they refer to as open sexual relationships, where partners mutually agree to be involved in other relationships while they are still sexually engaged with each other. About 25% of all the sexually experienced respondents reported open sexual relationships (Mutinta, *et al.*, 2013). The current study will be different from the above studies as one of the aims of the study is to shed insights into risky sexual behaviours of students and to discover possible opportunities and constraints regarding changing risky sexual behaviours of students. Moreover, the researcher believes that the different cultural and other socio-economic factors between the above studies and the current study may influence different behaviours.

2.3.10 Cultural Factors

Culture is one of the risk factors that influence young people to engage in risky sexual behaviours. According to Doris (2014:20), “individual’s sexual behaviours are influenced by norms and values in his or her culture”. This is because of the many underlying forces indispensable for a particular culture (for instance, African culture). Katz *et al.* (2013) findings reveal that youth do not have an opportunity to engage in sex talks with their parents because of what they called a “culture of silence” which may predispose individuals to reckless behaviours. In their study, Gao, Zuo, Wang, Lou, Cheng and Zabin (2012) conducted the association between cultural factors and adolescent sexual behaviours. Findings reveal that parents adopted a “silencing” approach to sex talks and youth were inclined to keep secret their own sexual experiences from their parents, even if they needed help or advice.

This is customary in African and other cultures in South Africa where sex talks are known to be taboo. In the Hindu and Xhosa culture, sex is a taboo, and young people were not supposed to bring the topic up; these were findings from the study by Valayden (2011). Correspondingly, Mooninthan (2012) mentioned that in Indian culture, matters of sexual nature are discussed secretly rather than discussed openly. Cloete (2012) suggested a best position to put sexual education within a moral context, which is church. According to Cloete (2012) churches has various platforms which are utilized for young people to gain an understanding about sex and sexuality; these platforms includes youth groups, catechesis and sermons which are seen as safe space where life issues and sexuality can be

discussed in a responsible way. Therefore, cultural beliefs that are dissuading intergenerational communication about sexuality and HIV transmission need to be addressed (Ngidi *et al.*, 2016).

Cultural influences may also be found in the university environment. According to Mutinta (2012) there is what referred as culture of “gold rush” on campuses where senior students rush into relationships with first year female students. This known to be a culture or a way of life that students are living. Regardless of culture, somehow being viewed as promoting risky behaviours negatively; it is of importance to say culture in most instances can be a contributing factor to the manner in which individuals conducts themselves. A study by Ncitakalo (2011) on socio-cultural influences on decision making involving sexual behaviour among adolescents in Khayelisha, Cape Town found that male adolescents did not impregnate females as they will be expected to ‘pay damages’. This was influenced by people’s beliefs of the culture. A different study reveals unequal say within youth’s relationships where females were obliged out of respect to their cultural factors to be submissive and obey their male partners (Lawoyin and Kanthula, 2010). The findings from the review show a substantial body of evidence exists on cultural factors that influence risky sexual behaviour among young people.

Culture is also associated with different levels of power men have over women, which works to extend various kinds of sexual privilege to men. Naidu and Ngqila (2013) shows how cultural beliefs and practices place African women at increased vulnerability to serious health problems, including sexually transmitted diseases and HIV/AIDS as they were obliged to practice unprotected sex, in order for sex to be pleasurable to the male partner. Other cultural beliefs usually misguide people including the belief that only people who have sex with gay or homosexual partners can be infected with HIV and others can be infected with HIV because of witchcraft (Faimau *et al.*, 2016). Another mistaken belief is that one cannot get HIV by having sex with a virgin (Ndabarora and Mchunu, 2014).

The risk factors discussed in this section indicate economic, early sexual debut, intergenerational relationships, condom use, alcohol/drug consumption, peer pressure, personal attitudes, social market, multiple sexual partners, and culture as core factors that influence young peoples’ engagement in risky sexual behaviour, particularly university students. It has been argued that behaviour change is mostly influenced by religion, knowledge of HIV/AIDS, influence from HIV/AIDS prevention methods and perception regarding risk of pregnancy (Ndegwa, Wanderi and Mwisukha, 2012). The following section discusses factors inhibiting risky sexual behaviours.

2.4 Factors Promoting Safe Sexual Behaviours

2.4.1 Religious Factors

Various researches have been conducted to review the relationship between religion and risky behaviours and the existing literature shows a positive correlation between the two. A study by Chanakira *et al.* (2014) revealed that religious students were less likely to engage in risky sexual behaviours due to their moral values. Another study shows that student's sexual lives were influenced by their religious beliefs whereby 71.5% of participants admitted that their religious beliefs influenced their decisions in their sexual lives (Faimau *et al.*, 2016). Mooninthan (2012) found that religious students in the Indian culture avoid engaging in sex because their religious beliefs are against sex before marriage and showing any signs of promiscuity is regarded as embarrassing to the family and is seriously frowned upon. The majority of respondents (71.5%) in the study by Faimau *et al.* (2016) acknowledged the importance of religion and decisions in their sexual lives were influenced by their religious beliefs.

A study by Desmond *et al.* (2013) on religion, self-control and substance abuse shows that religious individuals have higher levels of self-control, which has a positive effect on alcohol use among adolescents. Self-control may be influential in relation to religion and positive health behaviours. A study by Holmes and Kim-Spoon (2015) reveal that religious motivation would be linked to higher health-promoting behaviour and lower health-risk behaviour through higher self-regulation. Another study found lower levels of sexual HIV risk among Muslims, which shows religiosity to be associated with lower sexual risks (Shaw and El-Bassel, 2014). This is supported by Gyimah *et al.* (2010) who argue that Muslim and Traditional men are less likely to engage in risky sexual behaviour compared with Christians, as some Christians tend to be more sexually liberated because they are better educated and resist cultural norms regulating sexual behaviours, probably by default. Among Muslims, sexual misconduct, in the form of sex before marriage or premarital sex is punishable under the Sharia (Gyimah *et al.*, 2010).

Williams (2011) investigated sexual attitudes and risky sexual behaviours of youth and their attendance at private church-owned or government-owned public Universities in Ogun state. Williams (2011) found a significant difference between students who attended these different universities where church-owned university affected the personal views of students towards sexual behaviour and religiosity contributed to their sexual attitudes. As a result, "certain young adults believe that HIV/AIDS is a 'gift from God', and that only people whom God chose, not everyone, would contract the disease" (Khoza, 2012). In

other study, religion had a strong link to personal beliefs and was the most common reason that many individuals do not view themselves at risk, especially if they are operating within a close-knit religious community (Melamed and Nduna, 2012). Those who did not belong to any religious groups (Christianity and Islam) and traditionalists were more vulnerable to engaging in casual sex, which has been identified, as a behavioural practice that increases sexual health problems (Wusu, 2011).

Haglund and Fehring (2010) also noted that students, who attended church services frequently, who held religious sexual attitudes, and who viewed religion as very significant, have fewer sexual partners, were less likely to have had sex and were more likely to delay intercourse. Kirk and Lewis (2013) found that higher attendance at religious services was related to lower risk of sexual behaviour and substance use. Agardh *et al.* (2011) in their study, they establish that in Uganda students who rated religion as less important had early sexual activity and had a high number of lifetime partners. Religiosity appears as an important determinant of sexual behaviour and shows that religion has a substantial impact on students' potential to engage in sexual risk behaviours. Such influence of religion must be taken into account in inhibiting risky sexual behaviours among students.

2.4.2 Perception Regarding Risk of Pregnancy and Contracting HIV

One of the negative consequences of engaging in risky sexual behaviour is teenage pregnancy (Aboussalam *et al.*, 2016). Norton *et al.* (2012) conducted a study in University of Connecticut looking at the relative efficacy of a pregnancy, STI, or HIV prevention-focused intervention in changing sexual risk behavior among young adults. Norton *et al.*'s (2012) findings show that young adults are more concerned about experiencing an unplanned pregnancy or contracting STIs than becoming HIV infected. Similar findings were established from Steenkamp *et al.* (2012) study where they found that students from Nelson Mandela Metropolitan University (NMMU) had strong positive perceptions towards prevention of pregnancy and these students were more worried about the risk of potential pregnancy than the risk of HIV or STIs. Melamed and Nduna (2012) revealed compatible findings, which shows that condoms are not necessarily used as a preventative measure against HIV transmission, but could indicate a desire to prevent pregnancy.

Sychareun *et al.* (2013) found that participants had misperceptions regarding HIV transmissions as few participants said a person will not get HIV if he or she is taking antibiotics, some participants said when washing genital parts after sex, and others thought a person could be infected with HIV by sharing a glass of water with someone who was HIV positive. A study by Buzi *et al.* (2013) shows how

adolescents' HIV perception was impacted by multiple factors at the individual, interpersonal and contextual levels. Individual factors, "adolescents who felt they can control situations where they have to refuse sex or insist on condom use were more likely to have low or no HIV risk perception compared to adolescents who felt they have little control over these situations" (Buzi *et al.*, 2013:24). With regards to the interpersonal level, "adolescents who had more frequent communication with sexual partners about condom use, perceived less partner resistance for condom use were more likely to perceive themselves at no or low HIV risk" (Buzi *et al.*, 2013:24). On the contextual level, Buzi *et al.* (2013:24) argue that "adolescents who held perceptions that peer norms support condom use and do not support sex at this age, were also more likely to perceive themselves at no or low HIV risk". This is also emphasized by Eaton *et al.* (2002) as they argued that individual's sexual behaviours are influenced by broader social conditions.

Condoms are well known to be an important means of preventing unwanted pregnancy, STIs and HIV infections. However, nowadays students see pregnancy as a means of getting something out of it. For instance, Maharaj (2012) in her study on perspectives and experiences of sexually active women and men found out that young women are falling pregnant purposefully in order to access the child support grant. According to Maharaj, "in both urban and rural areas, pregnancy was described as being 'fashionable' among young women" (Maharaj, 2012:102). On the other hand, Agardh *et al.* (2011:10) in their study found that "protestant young woman involved in a sexual relationship may be more likely to use condoms for fear of pregnancy, which would expose her clandestine behavior and subject her to condemnation by her family and coreligionists".

2.4.3 Widespread Availability of Information

Given risky sexual behaviours and HIV prevalence among youth there is a need to implement more campaigns and policies focusing on educational talks that will inform people about health issues. There are arguments around the availability of information being limited. However, certain authors have conducted research on this contested problem. A study by Shisana *et al.* (2015) found that there is widespread HIV/AIDS information on media sources, these includes communication programmes such as government's Khomanani Campaign, NGO-led national programmes such as Soul City, Soul Buddyz and LoveLife. These communication programmes are perceived to be useful to the majority of young people between 12 to 14 and 15 to 18 years of age (Shisana *et al.*, 2015). Peltzer *et al.* (2012) conducted a study aimed at assessing the national HIV and AIDS communication campaigns with its

contributions to knowledge, attitudes, and HIV risk behaviours in the general population of South Africa. These authors found, youth aged 15 to 24 were exposed to different HIV communication programmes and this “exposure was associated with greater HIV knowledge, condom use at last sex, having tested for HIV in the past 12 months, and less stigmatizing attitude toward people living with HIV and AIDS (PLWHA)” (Peltzer *et al.*, 2012:1).

There has been also an argument around the issue of young people with disabilities being left out of interventions. In support, Rohleder (2010) argued that young people with disabilities have often been left out of interventions and as a result, they tend to lack knowledge around sexuality and HIV. This was triggered by the lack of resources and trainings that support teachers to deliver sexuality education to young people with disabilities. However, the Health Economics and HIV and AIDS Research Division (HEARD), at the University of KwaZulu-Natal, in collaboration with Regional AIDS Training Network, Quad Para Association KwaZulu-Natal, Western Cape Forum for Intellectual Disability and KZN Department of Education have been trying to address this gap by developing a suitable training material and tools for educators (including manuals with a toolkit) (HEARD, 2013). Louw’s (2015) study also examined teachers’ and childcare providers’ views and perceptions of teaching sexuality and HIV/AIDS programmes to learners with disabilities in special needs schools. The findings indicated that teachers’ beliefs in teaching programmes related to HIV/AIDS were moderately low even though they have received general training on sexual education (Louw, 2015). Therefore, it is of vital importance to reduce the spread of HIV and avoid risky sexual behaviour by providing adolescents with the information, interpersonal skills and motivation needed.

In a study that Khoza (2012) led investigating young adult’s knowledge and awareness in HIV/AIDS campaigns and the impacts of these campaigns on young people revealed a number of HIV/AIDS awareness campaigns, which helps to spread information. These awareness campaigns include door-to-door HIV/AIDS awareness, HIV/AIDS sessions that take place at the local clinics and hospitals, A group of people who visits neighbourhood and go to every household teaching about HIV/AIDS, HIV positive people teach others about the pandemic, and reality television programmes, which discloses people who have directly suffered from HIV/AIDS. This shows the widespread availability of information on HIV/AIDS, which are more likely to be effective.

According to Agarwal *et al.* (2013) HIV awareness has diverse effects in reducing the chances of risky sexual behaviours. For instance their study reveal that, “men who are fully aware of AIDS and have very good specific knowledge are less likely to have multiple sexual partners compared with men who are fully aware of AIDS with weak specific knowledge” (Agarwal *et al.*, 2013:181). Setswe and Zuma

(2010) argued that, 68.1% of the majority of young people believed that newspapers, television (TV) and radio had a positive influence in encouraging abstinence. For adolescents who were 15 to 18 years of age, radio and TV were the most prominent sources of information regarding HIV and risks factors (Shisana *et al.*, 2015). Therefore, HIV and STIs prevention programmes and online sex education are a possible and innovative means for programme implementation in the Higher Education sector in South Africa (Steenkamp *et al.*, 2012). However, students barely have time to watch TV or listen to radio, or read pamphlets (Khoza, 2012).

2.4.4 Knowledge about HIV/AIDS and Risky Sexual Behaviour

Based on the above contention, there is vast information on HIV infections and risky sexual behaviours. However, this does not predict that students are well informed. Generally, university students are exposed to HIV/AIDS information on how to protect themselves from getting HIV infections and related diseases. However, the literature revealed that students still engage in risky sexual behaviours, which increase the rate of young people being infected with HIV. Conjoh and Zhou (2011) conducted a study in China, which aimed at reviewing the relationship between knowledge of HIV/AIDS and risky behaviours and how the knowledge can be complemented to assist reduce risk behaviours. This study found that individuals with high levels of knowledge about disease engaged in risky behaviours more than individuals with less knowledge (Conjoh and Zhou, 2011). Therefore, this shows that as much as college students are enlightened and educated about the consequences of their behaviours but they still choose to engage themselves in reckless behaviours. These students are more concerned about getting pregnant and their reputation rather than contracting the virus (Conjoh and Zhou, 2011). This also indicates that knowledge alone is insufficient to eliminate risky sexual behaviours among university students.

Another study was conducted by Rasul (2013) on reducing risky sexual behaviour through information using multiple sources of data. This study aimed to explore the possibility of reducing young people's engagement in risky behaviour by providing them with information. The study noted that involvement in risky behaviours starts at a young age. Therefore, programmes, which aimed to prevent risky behaviours should target teenagers from the youngest age possible (Rasul, 2013). This means that all the prevention awareness should focus on teenagers at a younger age so that when youngsters reach teenage years they will be fully aware of risky behaviours. Rasul (2013:7) also argue that previous programmes aimed to eradicate risky behaviours were more based on the consequences alone, which

were particularly unsuccessful at reducing risky behaviour. Hence, the delivery method is as important as the content of a programme, which in other word means that interactive programmes are more effective than those that involve only passive learning.

According to Adeusi (2011) knowledge has the ability and power to change risky sexual behaviours. Khoza (2012) found that most of the participants in the study she conducted were knowledgeable about HIV/AIDS because of campaigns and effective as they altered their sexual behaviours. These findings go against previous research by Melamed and Nduna (2012) which found that in other areas participants lack HIV/AIDS knowledge, including condom use where they claimed the use of Vaseline and natural skin condoms as preventative measures. Akinyemi *et al.* (2016) show that being knowledge about HIV/AIDS do not necessarily lead to safer sex practices by adolescents; this is evident from Nigeria, Botswana and Uganda. Therefore, this suggests that high levels of HIV preventative knowledge do not determine whether young adults decide to engage in sexual activity.

In the study by Sychareun *et al.* (2013) exploring perceptions of risk related to STIs or HIV revealed that half of the participants had good knowledge on the risks associated with sexual intercourse and HIV transmissions. They were aware about the symptoms of STIs such as pain during sex and abnormal vaginal discharge. The main findings of the study by Fennie and Laas (2014) found that more than 80% of the students had a high level of knowledge and attitudes with regard to HIV/AIDS. However, different findings found in the study by Born *et al.* (2015) examining first-year student's perceptions of risky sexual behaviours and the effect of sex educational tools, which shows that students had low level of sex education knowledge. Therefore, there is a need to implement suitable programmes promoting health especially for South African university students. It has become increasingly evident that HIV knowledge alone is not sufficient to change one's sexual behaviour. Government as well as public health practitioners has implemented prevention strategies based in South African universities in response to HIV/AIDS and risky taking, which several authors have researched.

2.4.5 South African Universities Prevention Responses on HIV and AIDS

Preventing HIV transmission and risky sexual behaviours amongst young people continues to be a critical global health priority. As a result, many researchers conducted studies assessing prevention strategies in the universities. Mutinta (2012) carried out a study investigating students' sexual risk behaviour, risk and protective factors and their responses to the Scrutinize Campus Campaign at

universities in KwaZulu-Natal. The overall aim of this study was to find out students' perceptions of the effectiveness of the Scrutinize Campus Campaign's messages in addressing their sexual risk practices in the campuses of Durban University of Technology (DUT) and UKZN. This study found that indeed Scrutinize Campus Campaign's messages addressed sexual risk practices of students adequately, however, "messages do not address the risk of open sexual relationships, cohabitation, and "towing" found to be high-risk sexual practices on campuses" (Mutinta, 2012:284). On the other hand, Mkhize (2010) conducted a similar study at UKZN, Howard College campus focusing on Entertainment Education (EE) balance of 4play: Sex Tips for Girls, where the findings showed that EE programmes were educational and were considered a real revelation. This is said as most participants argued that constantly seeing people who are HIV positive and the risk of sexual networking on television programmes, like Soul City, may have played a big role in making them more aware of risky sexual practices and HIV health related issues (Mkhize, 2010).

Another campaign which was investigated by Maxwell (2010) based on Brothers for Life (BFL), a national campaign encouraging a spirit of brotherhood among South African men and addresses issues such as violence against women, concurrent partners and lack of knowledge of HIV status (Brothers for Life, 2010). The author found that the messages of the campaign were programmed in a very literal way, as many respondents' answers were positive regarding the messages of the BFL campaign (Maxwell, 2010). EE campaigns have been complimented in facilitating HIV and AIDS awareness properly. The use of social media is one the EE methods to advance HIV and AIDS awareness in South Africa. Smith (2011) investigated how the *Intersexions* Facebook page is used for HIV prevention, care, support and treatment and found that many participants had negative responses about *Intersexions*. These responses included contradiction of homosexuality, mainly by homophobic viewers, and they felt that the way *Intersexions* portrays sexual activity was shocking and horrifying (Smith, 2011). As a result, it did not change viewer's opinions on the issue of sexual orientation, however, for others, mass media created some form of social change as EE programmes facilitated greater understanding and acceptance (Smith, 2011).

Therefore, these EE methods are important as they can contribute to understanding of risky sexual behaviours in an effective way for HIV prevention on campuses. Nonetheless, there are substantial preventions, campaigns that address HIV/AIDS risks but university students continue to indulge in risky sexual practices. This is because of the poor communication in these prevention campaigns and ways in which the message is spread. Steenkamp *et al.* (2012) findings supports this statement, when they found that students appeared to be bored and tired of hearing about AIDS, and that the content in the

number of campaigns made them feel bored. This provides further support that there is a need to conduct this particular study in order to influence more interventions on risky sexual behaviours and HIV risks.

2.5 Summary

This chapter has discussed the literature review of the study. In summary, this study aims to investigate risky sexual behaviours among the university students in two campuses (Howard College and Westville). The review of the literature focuses on risky sexual behaviours of university students across the world and mostly youth populations between the ages of 15 and 24 found to be at risk. There are many studies conducted abroad investigating risky sexual behaviours of students, which shows that there is still a gap in the literature, especially in developing countries, including South Africa. These studies displayed evidence that students engage in several risky sexual practices, including early sexual debut, unprotected sex, multiple sexual partners, and transactional sexual relationships (including *sugar daddies* and *sugar mummies*). These risky sexual practices encourage an increase in HIV infection.

Two major issues were explored in this chapter: factors facilitating risky behaviours and factors inhibiting risky behaviours. The findings of the literature reveal that there are many risk factors influencing risky sexual behaviours as well as HIV infection and transmission. Therefore, these results confirm that more educational and awareness programmes with regard to HIV/AIDS are needed. The literature also stresses the need to understand individual contexts as identified by the model developed by Eaton et al. (2002). Contrary to expectations, very little research has centered on investigating matters of risky sexual behaviours of students at UKZN focusing on Howard and Westville campuses and further discovering opportunity and constraints regarding changing risky sexual behaviours. This lack of inadequately addressing risky sexual practices of students and risk factors for HIV infection might exacerbate the spread of HIV in different institutions. Therefore, there is a need for conducting this particular study, as this study will also contribute to the academic debate by encouraging the government and different organizations to focus more on campaigns that will encourage students to avoid engaging in risky sexual behaviours. This investigative study may provide the foundation for the design and implementation of an HIV prevention intervention for students. The next chapter therefore discusses the methodology that was used to answer the research questions of this study

CHAPTER 3

RESEARCH METHODOLOGY

3.1 Introduction

The aim of this study is to investigate risky sexual behaviours of students at the University of KwaZulu-Natal. The focus of this chapter is on outlining the methodology that was used in order to answer the research questions of this study and to substantiate why these were selected. It starts by providing a description of study site and then discusses the methodology. The chapter also describes research data collection methods which include in-depth interviews and focus groups discussion. This is followed by a discussion of the sampling methods that was used. This chapter discusses how data was managed and analyzed. Finally, it describes ethical considerations and limitations of the study.

3.2 Study Site

The University of KwaZulu-Natal is a well-known and largest tertiary institution in the province of KwaZulu-Natal, South Africa. It was formed in 2004 after the merger between the University of Natal and the University of Durban-Westville. University of KwaZulu-Natal is located in Durban and Pietermaritzburg and has five campuses including Howard College, Westville, Pietermaritzburg, Edgewood and Nelson Mandela Medical School. According to the study done by the Higher Education HIV/AIDS programme (HEAIDS) in 2008, University of KwaZulu-Natal consist of approximate 40 000 students including international students from more than 70 countries. This study was conducted at two campuses (Howard College and Westville campus). The Howard College campus is located on the Berea in Durban whereas the Westville campus is situated about eight kilometres from the central business district (CBD) of Durban and Pinetown (Higher Education HIV/AIDS programme, 2008). The researcher's choice of the study site was informed by a number of factors which included diversity of population at the university. Also due to time and financial constrains two campuses were selected instead of five campuses. Howard College and Westville campuses were the best choice since they were more feasible as the researcher was already a student at Howard College campus and there was a shuttle on campus available every day to transport students between Westville and Howard College campuses.

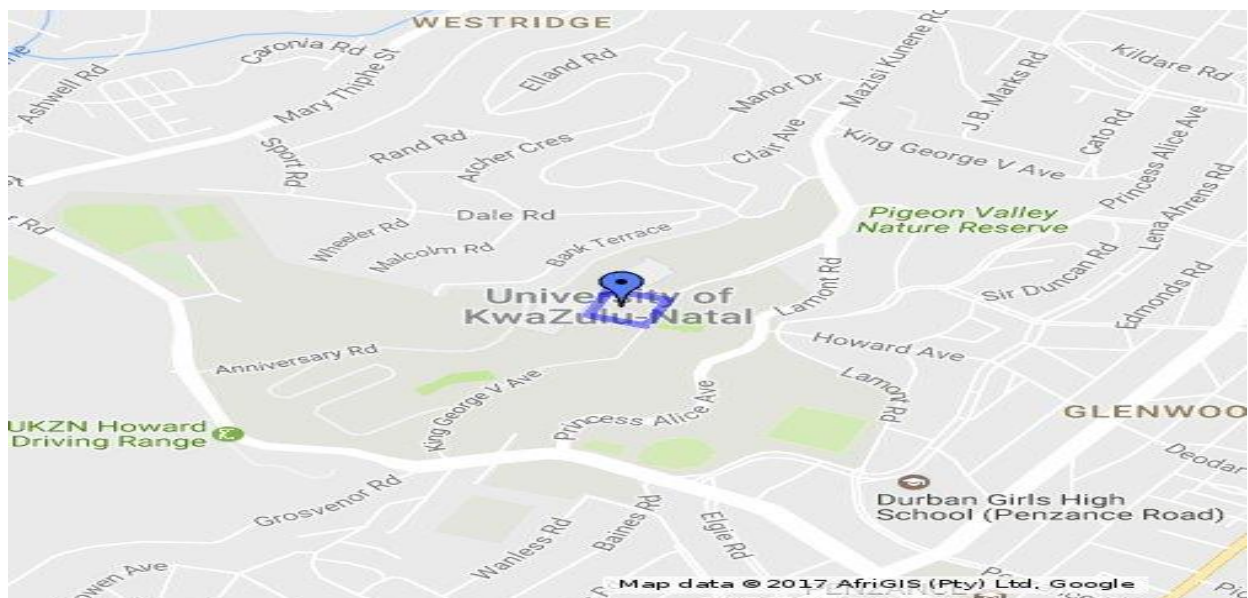
Figure 3.1 Howard College Description



Source: UKZN (2015)

Howard College campus is situated on the Berea and offers spectacular views of the Durban harbour. Howard College has been in existence as early as 1931 when it was opened following a generous donation by Mr. T B Davis, whose son Howard Davis was killed in a battle during World War I. The campus is situated in a successful environmental conservancy and the lush gardens of the University reflect a commitment to indigenous flora and fauna. The Howard College campus currently offers a full range of degree options in the fields of Science (including Geography and Environmental disciplines), Engineering, Law, Management Studies, Humanities (including Music) and Social Sciences (including Social Work). In addition, the campus offers Architecture and Nursing.

Figure 2.2 Howard College Campus Map



Source: UKZN (2017)

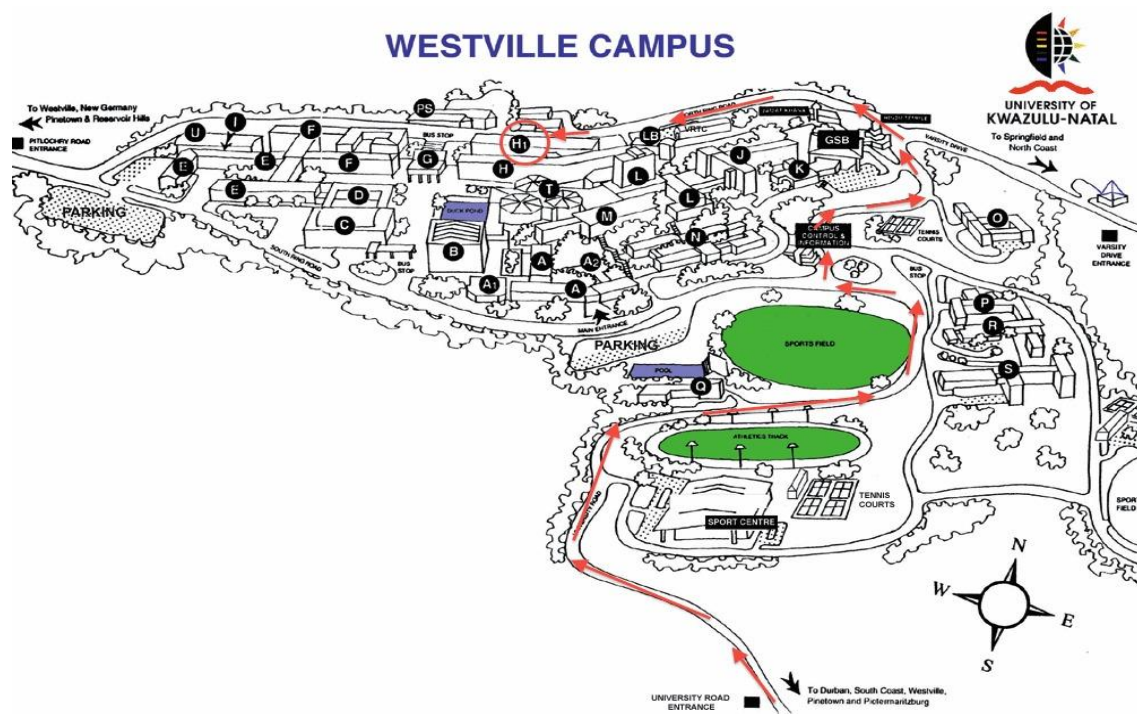
Figure 3.3 Westville Campus Description



Source: UKZN (2015)

Westville campus is located within an environmental conservancy about 8 kilometres from the CBD of Durban and Pinetown, the Westville campus combines state of the art infrastructure with beautiful natural surroundings. The campus currently offers programmes in Science, Engineering, Law, Commerce and Management, Humanities, Social Sciences and Health Sciences. As the merged institution takes shape, the Westville campus is the home of Commerce and Management disciplines and the Health Sciences.

Figure 3.4 Westville Campus Map



Source: UKZN (2015)

3.3 Research Design

This study is designed as predominantly a qualitative study. Qualitative research aims to “determine what respondents think and feel about a particular phenomenon or issue” (Bless *et al.*, 1995:16). An advantage of doing qualitative research is that it help us to understand the social world in which we live and why things are the way they are (Hancock *et al.*, 2007). On the other hand, quantitative research involves the use and analyses of numerical data using statistical techniques and can be used when collecting large quantities of data (Lichtman, 2006). One of the advantages of quantitative research is that the result is usually numerical and quantifiable hence considered more objectives and however the disadvantage is that it can be time consuming because the larger the sample, the more time it takes to collect and analyse the data and the results (Lichtman, 2006). The researcher chose qualitative study over quantitative because over the years qualitative research has gained respectability as it involves an “interpretive” and “naturalistic” approach to the world (Ritchie and Lewis, 2003:3) instead of imposing a dominant interpretation of the world onto society (Winchester, 2005). Qualitative research allows the researcher to look at social worlds holistically to describe and interpret rather than to measure and predict (Rossman and Rallis, 2012). Therefore, a qualitative methodology was adopted for this study, in terms of both data collection and analysis processes. The researcher went to the field and interacted with the participants (students) while constructing students’ knowledge and perceptions regarding risky sexual behaviour.

3.4 Data Collection Methods

This study used mixed qualitative methods to gather primary data which was sourced through in-depth semi structured interviews and focus groups with the aim of getting a better understanding of risky sexual behaviour among tertiary students. Mixed qualitative method was used in this study because is it the most common method used, particularly in healthcare research (Gill *et al.*, 2008). The advantage of using mixed qualitative method is that “it allows the researcher to access the substantive content of verbally expressed views, opinions, experiences and attitudes” (Berg *et al.*, 2004:114). It also helps to have social interaction both individually and group dynamics in order to get rich data. It is advantageous to combine two or more qualitative methods for data collection as it can allow the power of one method to supplement for the disadvantages of the other method and these two methods can also complement each other in the process. However, information was also sourced from previous published studies (journal articles and books,) on the study area. This is where a researcher extracted relevant

information from other sources and previous studies in order to find descriptive information to inform the literature review which was discussed in chapter two. In this study the researcher tries to understand risky sexual behaviours of students through multiple methods that are interactive and humanistic, these includes interviews and focus groups which are explained below.

3.4.1 In-depth Interviews

In-depth interviews are usually discussions between an interviewer and an interviewee to collect information on a particular topic. According to DiCicco-Bloom and Crabtree (2006:4) in-depth interviews (IDIs) “are used to discover shared understandings of a particular group”. These interviews are seen as an effective method for qualitative research and they also help to get people to talk about their personal feelings, experiences and opinions (Mack *et al.*, 2005). For this study, in-depth interviews were used as one of the data collection methods to gather information on student’s perceptions regarding risky sexual behaviour among university students. Interviews were conducted with 20 students from the University of KwaZulu-Natal, Howard College campus and Westville campus. There were 10 participants from the Howard College campus and another 10 participants were from the Westville campus (see Table 3.1 below). The researcher chose to conduct individual interviews specifically with 20 students because unlike quantitative sampling, for this study it is not about sample size but rather depth of information provided by the participants. That is one of the reasons the researcher chose in-depth interviews as one of the instrument used to collect data for this study. Interviews were chosen as one of the data collection instrument because they can provide the opportunity to clarify issues that are not clear. They can also help to ensure a better response rate as it can include those who might not be willing to take time to complete the questionnaires themselves (Blanche and Durrheim, 1999).

3.4.2 Focus Group Discussion

Focus group is one of the qualitative data collection methods used to collect information in a larger group of people which usually consist of one or two researchers and participants. Focus group discussions were administered to two groups and there were approximately four to six students in each group. These groups were different in terms of gender where one group included only females, another group included only males. Focus groups are chosen because in particular “they provide a social context for research, and thus an opportunity to explore how people think and talk about a topic, how

their ideas are shaped, generated or moderated through conversation with others” (Ritchie and Lewis, 2003:37). They are also effective for collecting a large amount of information over a relatively short period of time (Mack *et al.*, 2005).

Table 3.1 Sampling Methods

UNIVERSITY OF KWAZULU-NATAL CAMPUSES	IN-DEPTH INTERVIEWS (IDI)	FOCUS GROUP DISCUSSION (FGD)	TOTAL NUMBER OF ALL PARTICIPANTS (IDI AND FGD)
HOWARD COLLEGE CAMPUS	10	1 group of males = 6 participants	Females = 6 Males = 10
WESTVILLE CAMPUS	10	1 group of females = 4 participants	Females = 9 Males = 5
TOTAL	20	2 groups = 10 participants	30

3.4.3 Data Collection Procedure

Data collection for the study started in the beginning of August 2015 and ended mid-October 2015. However, before continuing with the study, the researcher applied for a gatekeeper’s letter. A proposal for ethical clearance was submitted requesting permission to conduct the study at the University of KwaZulu-Natal and approval was obtained from UKZN’s Research Ethics committees. Initially, the first part of the recruitment started at Howard College campus as the researcher was also a student in that campus. Students who were known by the researcher were approached and asked if they would be willing to participate in the study. Then the recruitment moved to Westville campus, where it started with the participants known by the researcher who meet the requirements of the study. The researcher knew few students from that campus, therefore, participants were asked to refer other participants who may be interested to contribute to the study, that how the rest of the participants were recruited (see section 3.5). Focus group discussions as well as in-depth interviews were conducted in the boardroom of the Campus HIV/AIDS Support Unit (CHASU) as it is quiet and ensures maximum privacy as well as a confidential atmosphere in which participants can share sensitive and personal information. It is also a location where students usually conduct discussions on HIV related issues. Arrangements were made with the Health Promoters (HPs) regarding the availability of the boardroom and also agreeing to take care of any distress calls that may arise from the study. Both the interviews and focus group discussion

were recorded. However, participants were asked for their permission to use audio-recording. Here, participants were asked if the interviews could be digitally recorded. An informed consent form was also provided which was signed by each participant before joining the discussion group. Informed consent form was all written only in English. The reason for this is because the sample for this study included undergraduate students who are registered for second, third and final year. It was also envisaged that an undergraduate student at University, especially those registered as a second, third and final year will be conversant with both the spoken and written English.

3.5 Sampling

A sample frame that was articulated in this paper involved all registered students of the University of KwaZulu-Natal from Howard College and Westville campuses. The target populations were female and male students of different races. The selection of the two campuses was guided by the need to discover the influence of the physical and environmental factors on university students' sexual behaviours. This study therefore compared and described risky sexual behaviour of students in the campuses with different educational curricula. It also considered the place of origin (whether a student is from a rural or urban background). This study employed non-probability technique. With regards to non-probability sampling the researcher used purposive or judgmental sampling and snowballing sampling methods which argues that it is appropriate to select a sample on the basis of researchers own knowledge of the population (Blanche and Durrheim, 1999). Hence, in this study the purposive sampling technique was used to identify sexually active students for this study in order to shed insights into risky sexual behaviours of students at the University of KwaZulu-Natal, both Howard College and Westville campuses.

The University of KwaZulu-Natal offers degrees from undergraduate to postgraduate levels which are offered to South African and International applicants. However, this study was limited to South African full-time undergraduate students, who are enrolling for a 3 years and 4 years degree (including second, third and final/fourth year students) aged 15 to 24 years. Part-time students and postgraduate students were excluded from this study because they are not likely to fit into the age group of 15 to 24, and they do not spent much of their time at the university. First years students were also excluded from this study because these students are still new to the university environment and the researcher was not going to get rich information from first years, probably because they might lack of information or have limited information on sexuality issues; and maybe they might be shy to speak out since these students

were still trying to adapt to the university environment. One of the reasons for focusing on students is that the majority of university students who are part of 18 to 24 aged groups are likely to be sexually active, to practice unsafe sexual behaviours and they are likely to be at high risk of contracting HIV infections (Peltzer and Pengpid, 2014). The researcher hope that the data of this study will be useful and it will contribute to the academic debates by encouraging government, Non-government organizations (NGOs), private sector and other relevant service providers to come up with more prevention strategies for students in order to avoid engaging in risky sexual behaviours.

Purposive sampling was used in this study because it enables the researcher to identify important people or experts in the field instead of selecting a random sample of the population. In developing the sampling for this study, the researcher used her knowledge about some groups in order to select students who represent this population. For instance, the researcher firstly investigated the field by consulting the service providers on campus such as the Campus HIV Support Unit in order to ensure that appropriate students for this study or students who will contribute to this study were also included. Purposive sampling also “can be used to select participants based on their willingness to be studied or on their knowledge of a particular topic” (Dattalo, 2008:6). In this study, the researcher also selected students who seem to be knowledgeable about HIV and other health related issues and also those who were interested in this study. Snowball sampling was also chosen for this study because it allows the researcher to gain access to population that may be hard to reach. Snowballing is appropriate for studies which investigating sensitive topics (Berg, 2001). This sampling criterion was also relevant to this study since the topic investigated was of sensitive aimed to shed light into risky sexual behaviour of students. The data collected was managed and analyzed using appropriate analysis tools.

3.6 Data Management and Analysis

The transcripts of in-depth interviews and focus groups discussion were transcribed precisely from the audio recordings. The researcher went through all the in-depth interviews and FGD transcripts. She then identifies recurring themes and looked for similarities, differences and meanings between themes and grouped them together. The results were then entered into an appropriate database and coded according to participants’ responses to each question, using ATLAS.ti analytical software package. The data analysis for the interviews and focus groups data took place using a qualitative thematic analysis. Each key concept from the theoretical framework was listed. Under each of these, the respective broad research objective and associated key research questions was also listed and explained. Then the

findings of previous research and studies; findings from other documentary sources (journal and books reports etc.); focus groups findings for specific questions that relate to this key research question was listed and analyzed. The results of the interview material relevant to each broad research area and key research question were also presented here. The data in terms of the focus group results and interview themes related to this key research question and the specific sample group was discussed in relation to previous research and analyzed according to the relevant specific key theoretical concept.

3.7 Research Ethical Considerations

Neutrality in qualitative study is based on conformability and taking into account the ethical consideration of conducting a research. Therefore to ensure, neutrality, the questions asked excluded any political prospect that might be bias or motivate for bias perspective of the enquirer. According to Maree (2007:140) “research ethics place an emphasis on the humane and sensitive treatment of research participant who may be placed at varying degrees of risk by research procedures”. It is always the researcher’s responsibility to ensure that every study meets the highest ethical standard” (Maree, 2007:144). In conducting this research at the university, it was important to fulfil several obligations in order to meet ethical considerations. There were many ethical considerations to be considered. For this research, ethical approval was obtained from the University of KwaZulu-Natal. There was a letter of informed consent which was signed by each participant who participated in the study. This study was conducted in a way that honours the participants. Participants were given a right to participate in the study voluntarily and they had a right to withdraw from participating in the study at any point in time. However, clear and sufficient information about the research which include the risks, the benefits, and the expected outcomes was given to participants before he/she agrees to participate. In ensuring anonymity, participant’s data was not associated with his/ her name or any other identifier. The researcher assigned a fabricated name to a participant data to ensure they remain anonymous. Fabrication and falsification of data was avoided in ensuring trustworthiness of the study. Moreover, it is important to achieve non-maleficence when conducting a research. Non-maleficence means that participants should not be harmed by participating in the research project (Maree, 2007). However, harm may occur intentionally or unintentionally during the progression of research. For example, the harm could happen to participants who survived from sexual abuse, interviewing them about sexuality related themes might offend them. Therefore, since this particular research was based on sexuality and it is a sensitive topic, the researcher was carefully aware of the various possible obstacles that were likely to occur in the process of data collection.

3.8 Limitations of the Study

Several limitations may occur when qualitative study is being conducted. This was a qualitative study and it has consumed lots of time because of its descriptive and required a lot of information. However, the findings of this study cannot be generalized to the whole population of students. Qualitative study does not produce the statistical results of the study like quantitative study; therefore, the researcher could not capture the prevalence rate of risky sexual behaviours among students. According to Berg *et al.* (2004) in order to get strong results, both qualitative and quantitative should be used in conducting social science studies and should not be treated as distinct as they complement each other. However, the selection of a research approach is also based on the nature of the research problem or issue being addressed (Creswell, 2014). Therefore, it was applicable in this study to use the qualitative method, as the aim was to investigate factors influencing risky sexual behaviours among university students, not to measure the prevailing rates of student's risky sexual behaviours.

Using focus group discussions may be another limitation of this study as the major difficulty with the focus group discussion method is transcribing and coding the data after it has been collected. This process took lot of the researcher's time as the researcher had to sit and listen carefully to the recorded data and the narrated responses of different participants over and over in order to understand and reproduce the perspectives of all participants precisely. This process of transcribing took longer than expected because some of the participants in the focus group discussion were shy to speak loud due to the topic discussed being sensible which makes the recorded data unclear. However, this helps as the researcher becomes more familiar with the data during this process making the data analysis a lot easier.

The topic of this study entails sexuality; some people find it hard to talk about sex. Therefore, some students refused to participate. Some participants seemed not to be honest and might have provided incorrect information. However, the researcher dealt with these limitations by selecting the participants with a purpose in mind. The researcher also targeted students who were peer educators and they also helped the researcher to identify and mobilise other students who were willing to participate in this study. This was done using purposive sampling criteria which states that a researcher should choose the participants according the researcher's knowledge of the population. The principle of autonomy also limited the study because it gave the participant a right to withdraw whenever they were no longer comfortable to participate in the study which also delayed the study. In dealing with this limitation, a researcher explained to the participants the importance of participating in this study and why this study

was conducted. In other words, the researcher gave the participants clear information about the process of the study and made sure that students were familiar on how to answer the questions.

3.9 Summary

This chapter discusses the research methodology used to gather information for this study relevant to risky sexual behaviours. This study used a qualitative approach which adopted non-probability sampling methods (purposive/judgmental and snowballing). The participants were from the University of KwaZulu-Natal, Howard College and Westville campuses. Data was collected through in-depth interviews and focus group discussions among 15 to 24 years of age studying for an undergraduate degree. ATLAS.ti analytical software package was used to analyze qualitative data collected as well as thematic analysis. The following chapter presents and discusses the results of risky sexual behaviours among university students.

CHAPTER 4

RESULTS

4.1 Introduction

This chapter presents the main findings of the in-depth interviews (IDIs) and focus group discussions (FGDs). The aim of the interviews was to shed insight into risky sexual behaviours of students at the university. The chapter firstly outlines the demographic characteristics of participants, followed by a discussion of students' perceptions of HIV risks and its influence on risky sexual behaviour. It also discusses drivers of risky sexual behaviours among university students. Finally, it discusses possible opportunities and constraints for changing risky sexual behaviours of students.

4.2 Sample Description

Out of the targeted sample of 20 university students, 10 students were from Howard College campus and 10 students were from Westville campus. The participants included undergraduates students (2nd, 3rd and 4th year) who were between the ages of 18 and 24 years. The mean age of the sample was the age group of 21 to 24. Most were enrolled in the College of Humanities (6) followed by the College of Agriculture, Engineering and Science (5), and the College of Law and Management Studies (5) and the College of Health Sciences (4). The participants were asked about the areas where they have spent most of their life before the age of 15. As a result, 8 participants were from urban areas another 8 participants were from rural areas, and 2 participants were from township and another 2 participants were from semi-rural areas. This is summarized in Table 4.1 below.

Table 4.1 Demographic Characteristics of the Participants (IDIs)

	PSEUDONYMS	GENDER	AGE GROUP	YEAR OF STUDY	CAMPUS	FACULTY	AREA
1	Richard	Male	21-24	4 th	Howard	Humanities	Rural
2	Sipho	Male	21-24	2 nd	Howard	Law	Semi-Rural
3	Alex	Male	21-24	4 th	Howard	Law	Urban
4	Peter	Male	21-24	4 th	Howard	Humanities	Rural
5	Amanda	Female	21-24	3 rd	Howard	Humanities	Township
6	Zama	Female	21-24	3 rd	Howard	Humanities	Rural
7	Carol	Female	21-24	2 nd	Howard	Humanities	Rural
8	Nonhle	Female	21-24	3 rd	Howard	Engineering	Urban
9	Anne	Female	18-20	2 nd	Howard	Health Sciences	Urban
10	Polly	Female	21-24	4 th	Howard	Humanities	Urban
11	Senzo	Male	21-24	3 rd	Westville	Engineering	Rural
12	Robert	Male	21-24	4 th	Westville	Health Sciences	Urban
13	John	Male	21-24	3 rd	Westville	Law	Urban
14	Musa	Male	21-24	3 rd	Westville	Engineering	Semi-Rural
15	Bheka	Male	21-24	4 th	Westville	Engineering	Rural
16	Zola	Female	18-20	2 nd	Westville	Law	Rural
17	Gugu	Female	21-24	4 th	Westville	Engineering	Urban
18	Thembi	Female	21-24	3 rd	Westville	Law	Township
19	Goodness	Female	18-20	2 nd	Westville	Health Sciences	Urban
20	Thule	Female	18-20	2 nd	Westville	Health Sciences	Rural

Most participants were enrolled in the College of Humanities (4) followed by the College of Agriculture, Engineering and Science (2), the College of Law and Management Studies (2) and the College of Health Sciences (2). The important socio-demographic characteristic of FGDs participants are summarized in Table 4.2 below.

Table 4.2 Demographic Characteristics of the Participants (FGDs)

FGD – MALE GROUP					
HOWARD COLLEGE CAMPUS	Pseudonyms	Age group	Year of study	Faculty	Area
	1 Bobby	21-24	3 rd	Humanities	Urban
	2 Joseph	18-20	3 rd	Humanities	Rural
	3 Muzi	21-24	3 rd	Humanities	Rural
	4 Siya	21-24	3 rd	Engineering	Township
	5 Jack	18-20	2 nd	Law	Township
	6 Phila	18-20	2 nd	Humanities	Semi-Rural
FGD – FEMALE GROUP					
WESTVILLE CAMPUS	1 Noma	18-20	2 nd	Law	Rural
	2 Ruth	21-24	3 rd	Engineering	Urban
	3 Xola	18-20	2 nd	Health Sciences	Urban
	4 Sindy	21-24	3 rd	Health Sciences	Urban

As demonstrated in Table 4.1 and Table 4.2 above, the sample was distributed to reflect different campuses, faculties and home background. In addition, the total of the sample consisted of equal proportions of male and female participants. The participants were asked about what generally happens on campus and were also asked to feel free to elaborate on their personal experiences.

4.3 Students' Perceptions of HIV Risks influence Risky Sexual Behaviour

The majority of the participants reported being sexually active and four participants said they were not engaging in any sexual activities. The study found that there was a higher number of male students who were sexually active than females. Out of the participants who said they were not currently sexually active, only two participants revealed that they had never had sex before. They have provided different reasons for not engaging in sexual activities such as not being ready and being against sex before marriage. The following is what they have said;

No I'm not sexually active and I'm not ready to start engaging in any sexual activities. (ID#16, Zola)

Firstly, I am a Christian, so for me sex before marriage is wrong and is forbidden by God. (ID#19, Goodness)

These two participants also mentioned that they choose to abstain from sex because they believed that nowadays male students engage in sexual activities with females with the intention to take their virginity and afterwards they would just dump them. They said they have seen this happen to their friends. Other two participants reported practicing secondary abstinence, which they defined as people who had previously engaged in sexual intercourse but choose to be no longer sexually active.

Table 4.3 Results of the participants' sexual status

ARE YOU SEXUALLY ACTIVE?	YES	NO
FEMALE PARTICIPANTS	12 (80%)	3 (20%)
MALE PARTICIPANTS	14 (93%)	1 (7%)
TOTAL	26 (87%)	4 (13%)

According to Deckman and DeWall (2011) people who are prone to making impulsive decisions on the basis of strong negative emotions and people who desire novel and exciting activities engage in greater levels of risky sexual behaviours. This is accurate as many articles have argued that students are likely to engage themselves in such behaviours. Therefore, risky sexual behaviour is a threat to the college students worldwide. It was therefore important to assess students' understanding of the term risky sexual behaviours, which is discussed in the next section.

4.3.1 Students' Understanding of 'Risky Sexual Behaviours'

Risky sexual behaviour is understood by many authors as risk behaviours which involves alcohol and drug use consumption, multiple sexual partners, early sexual debut, engaging in unprotected sex, and all sexual behaviours that contribute to HIV infection, STIs and unintended pregnancy (Avalos *et al.*, 2010; Hoque, 2011; Watt *et al.*, 2012; Kann *et al.*, 2014; Desale *et al.*, 2016). Risky sexual behaviour is one of the factors that drive the HIV pandemic and therefore it was vital to assess students' understanding on it. Therefore, participants were asked about their understanding with regards to the term 'risky sexual behaviour'. Most of the participants had adequate understanding of the term 'risky sexual behaviour' where they mentioned the risks behaviours that students usually engaged themselves in. Surprisingly, the participants have defined risky sexual behaviour similarly to the literature. This shows that students are aware of the behaviours that can place them at risk.

I think risky sexual behaviour is when you engage in risky sexual intercourse such as unprotected sex... and engaging in sexual intercourse under the influence of alcohol. (ID#1, Richard)

Substance abuse, engaging in sexual intercourse without actually protecting yourself, anal sex. I know that out of all risks, anal sex is the highest one to contribute to risky sexual behaviours and lead to HIV/AIDS. (ID#11, Senzo)

One participant argued that risky sexual behaviours are those sexual behaviours that might lead to irreversible consequences. He further mentioned that everybody can be involved in risky sexual behaviour, even a 50 year old man.

According to my understanding, risky sexual behaviours are irresponsibility, which I can say anyone can be involved in those risky sexual behaviours. It doesn't mean that they are specific people or age groups who are expected to be involved. Even a 50 year old man can be involved in those irresponsible sexual behaviours that might lead to irreversible consequences. These include unprotected sex, unnegotiable condom use which is influenced by power, transitional sex, friends with benefit, incest (people they have sex while they are relatives). (ID#4, Peter)

According to the participant from the female FGD, the perception of sexual behaviour somehow is not risky until facing consequences. "So when mentioning risky sexual behaviour one will start to evaluate his/herself and say I'm not engaging in such behaviour but once you start telling that person that the way she/he behaves is risky and one would think that she/he is being judged in his/her sexual life" (ID#1, Richard). Therefore, students do not usually want to be asked about their sexual life. However, this was not a case in this study as participants showed willingness to participate in this study.

4.3.2 Knowledge and Beliefs of HIV Transmission and Prevention

Students are always perceived as individuals who are knowledgeable about HIV and safer sexual practices. In a study by Maimaiti (2010) students reported having good knowledge on HIV/AIDS as almost all students knew that HIV could be transmitted through mother to child as well as sharing needles and that condom use can prevent the transmission of HIV. These findings are similar to the findings of the current study. For this study, all participants had good knowledge on modes of sex, HIV transmission and prevention. Most of the participants declared that there are lots of campaigns implemented in their campuses to educate students about risks of HIV and how they can prevent

transmissions and infections. Others further pointed out that media is an important source of information. Participants even mentioned that they have been given information in secondary schools.

Students are knowledgeable because even in high schools we have learnt about risky sexual behaviours. (ID#1, Richard)

There are so many campaigns and information on campus so I can't really say students don't know about these things. So I think students are just careless, it is not like they don't know. (ID#5, Amanda)

I can say even at high school we were taught about contraceptives and other things pertaining to HIV/AIDS. (FGD#2, Ruth)

The participants indicated that they received information about risky behaviours. According to Shefer *et al.* (2012) it is not surprising that students report being knowledgeable about HIV/AIDS and well informed about safer sexual practices, as there are many interventions and public promotion of HIV prevention messages. Participants were also asked about their perceptions of students who engage in risky sexual behaviours. The participants revealed that most of the students are well informed about HIV/AIDS as well as safer sex practices but the problem is that students do not take these issues seriously, and as a result, they are ignorant.

Students are very much aware; they know what will happen after having unprotected sex. They know all that but they are just being ignorant especially us as guys, we are very ignorant. We know that we have to use a condom, that thing is all over and again this thing of condoms it is preached even in the churches these days. There is no person who can really tell me that he doesn't know about condom use but I'm speaking about myself as a guy; we are very ignorant because even if I have condoms but I would want sex without condom. (ID#11, Senzo)

Another participant argued that students are very much aware of risky sexual behaviours and the risk of HIV/AIDS but the problem is negligence. In addition, some individuals believed that HIV does not exist. These results are similar to Mutinta (2012) findings which revealed that 62% of students viewed HIV/AIDS as something that appeared less visible in their campus, which makes students feel safe. The following is the narrative of the participant from the current study;

Yes they are aware but it is the negligence of a person. We know about HIV/AIDS from primary and high school even here at varsity. HIV is being taught everywhere, so we know about it. The Department of Health is doing outreach at schools and at the universities to teach students about condoms. So it is just the negligence of a person or saying that HIV does not

exist. Others would even say it's something we can live with for a long period of time. So others get influenced because some people say you can live with HIV up to 5 years and where you get sick it's when you have AIDS. But people don't know that it depends on the person with human body cells, and before if someone gets sick, it's where that person has CD4 count of less than 500 but now there are people who live with a CD4 count of 10. There are some individuals who have a CD4 count of 5 but that person never got sick. There is now one pill which is taken once a day. So people hear those talks and see that this is just a normal disease, but at the end of the day it is the negligence of an individual. (ID#2, Siphon)

Students indicated that they have received information with regards to HIV transmission and prevention from primary to high school and also in the university. South African universities have also taken concrete steps to address the HIV/AIDS challenge among students through Entertainment Education (EE) programmes and campaigns (Mutinta, 2012). In this study, some participants mentioned media and internet as their source of knowledge.

For me I think at this level, students through educative programmes are informed, if I can maybe estimate I can say maybe 8 out of 10 are informed. Information is provided to students. It is just those students don't take the responsibility. When we watch TV they talk about protected sex and so forth, when you go to the clinic, when you look at the adverts, wherever you go, the internet, the books, we are always informed about this issue. It is just that we are ignorant, we are not prioritizing, and we are not taking them serious. But then I believe that, students are well equipped and informed; it's just that they don't take the responsibility. (ID#4, Peter)

However, the above arguments indicated that despite all the knowledge that university students have about HIV/AIDS and its negative impacts, they are still at risk as the participants reported condom use was very low among students because of different factors promoting inconsistent condom use.

4.3.3 Condom Use

Consistent use of condoms is proven to be one of the strategies that reduce HIV infections among other prevention strategies. In the present study those participants who reported not using condoms whenever they engage in sexual intercourse mentioned various reasons for not using condoms. However, a slightly percentage of the participants reported use of condoms because of fear of an unplanned pregnancy and HIV infection.

4.3.3.1 Condom Use at First Sexual Act

First sexual act is likely to affect the use of protection. It is argued that those who start sexual activities at an early age are often likely to engage in unprotected sex and engage in high sexual risk taking, involving multiple sexual partners (Zuma *et al.*, 2010; Nyawose, 2011; Kastbom *et al.*, 2015). In order to determine HIV risk exposure among university students, participants who had already started sexual activities were asked whether they have used condoms for engaging in their first sexual act and what promoted or inhibited the use of condoms. The majority of the participants reported that they did not use condoms in their first sexual intercourse because they lacked knowledge of condoms during their first sexual intercourse and for others it was because of the beliefs they had about condoms such as “a virgin should not use a condom because sex will be painful”. This is also elaborated in the following narratives;

My first...No I didn't use condom because it was my first time engaging in sexual intercourse with someone who was already sexually active. So she wanted to teach me how sex was done. (ID#15, Bheka)

No I didn't, because I was a virgin and it was going to be painful since it was my first time engaging in sex. (ID#9, Anne)

No, because I think at that stage I wasn't aware and there is this belief that if you are still a virgin, you shouldn't use a condom. (FGD#1, Noma)

I am not a fan of the condom and I was not familiar with the use of condoms, but I remember there was this day when I used it, I opened it using my teeth and it got twisted around my penis and it was painful. (ID#11, Senzo)

Similarly, a study by Mutinta and Govender (2012) reported 76% of students who have engaged in unprotected sex and 62 % of the participants revealed that they had their first sexual intercourse during their first year of study because of the fear of being ridiculed if they admitted to being virgins. However, for the current study, 30% of participants reported having used condoms in their first sexual intercourse and the following are their experiences. They reported using condoms to protect against the risk of pregnancy and STIs (including HIV/AIDS). :

I did use condom because I knew that when you engage in sexual intercourse you need to use a condom and I was old the time I started engaging. I remember I even use Lovers Plus condoms. (ID#6, Zama)

Yes I did, because I was scared of falling pregnant and getting infected. (ID#5, Amanda)

Yes, because I was told that one needs to protect themselves in any sexual transmission diseases when engaging in sexual activities. (ID#3, Alex)

4.3.3.2 Condom Use Negotiation

Participants were asked whether they have the ability to negotiate safer sex with their partner/s. Despite fairly good awareness, participants provided various reasons why they felt condoms were not used and why safer sex was not practiced frequently among students. One of the reasons given by two participants was that they have found it hard to negotiate condom use with their partners as they would insist on engaging in sexual intercourse without condoms.

No, it is very hard to negotiate condom use with my partner because my partner doesn't want to use condoms at all. (ID#10, Polly)

The hardest part I think in most relationships is that we always argue about condom use whenever we engage in sexual intercourse. (ID#8, Nonhle)

One participant in the female FGD indicated that she always able to negotiate condom use with her partner as she is scared to engage in sexual intercourse without a condom. She always put herself first in everything that she does and she strongly believes that if someone really loves her, that person will respect her. She further stated that she was not ready to be a mother therefore she always protected herself with a condom. This suggests that most urban youth with modern lifestyles and aspirations do not want to become parents too soon, argued by Eaton *et al.*, (2002). They are worried about the negative implications of not using protection. This was clearly articulated by a participant who was from the urban areas;

Personally, yes. Firstly I'm the first and last born at home so whatever I do I just think of my mom so if I will be careless at the end of the day I will have to go back to my mom. Secondly, I am not ready to be a mother and I know men, so I won't risk my life just like that. Thirdly, this thing of condom irritations and so forth, there is no such a thing. Personally, I believe if you love me, you will respect me and I'm scared of engaging in sex without a condom because my circle is heavy and I might have twins and it would be like I'm in a Jungle and I've been eaten by animals. I don't even think of engaging in sex without a condom. That is how bad it is for me. I could get traumatized. That's why I always carry condoms. (FGD#4, Sindy)

4.3.3.3 Poor Quality of Free Condoms

One of the key reasons that was mentioned by male participants from the FGD which led to the low use of condoms by the university students was that the Choice condoms which are sponsored freely by the government smell bad and they were of poor quality. The main problem was these condoms are seen as of poor quality and symbolized lower status as compared to the commercial brands. Male participants mentioned that they would not feel as real men if they have used cheap condoms when they were engaging in sexual activities. They have also experienced condom breakages and slippages using the free condoms such as Choice condoms. Participants reported that students rely predominantly on condoms that were provided free of charge in their campuses. However, as much as the package has been changed and the government has tried to improve the standard of the condoms by introducing the flavoured condoms but still there were complaints about them.

My brothers here can agree with me, you see the Choice condoms, we can say by using them you are also engaging in unprotected sex because firstly these condoms are too light and soft and they burst so easily, we can't trust them. If they [government/service providers] can come up with a solution to this problem because really we can't use them, 'Ayasilahlisa' [they make us loose respect] and they smell so bad. Even though there are flavoured ones but still they are not good. If all the condoms could be free, there might be a solution to this problem. Durex, Trust and other condoms should be free. (FGD#2, Joseph)

Sometimes we don't think for ourselves that maybe I have a problem with a Choice condom but we think of our girlfriends as well. Because she will say I don't appreciate her if I use a Choice condom with her. (FGD#4, Siya)

Another thing when you having sex with your partner in any ways as you would want to impress her, sometimes when you use Choice condom, you don't feel it and you end up removing it in order to impress your partner. (FGD#5, Jack)

Similar findings were also noted in a study conducted by Mulwo (2009) among students in different universities in the province of KwaZulu-Natal. In one study, Mulwo (2009) found that students did not want to use free condoms such as Choice condoms as they were described as unsafe, smelly and infectious, which were popularly referred to as government condoms. The findings are consistent with Nkwei (2013) findings where the major problems of the brand Choice were its smell, its lubrication and its reliability. In the current study, male participants from the FGD had negative perceptions of condoms that are provided free of charge at the campus clinics and Campus HIV Support Unit, it was also the

case in a study by Nkwei (2013). This provides empirical evidence that the introduction of flavoured condoms did not change the negative perceptions of university students of condoms.

According to the participants, condoms are also distributed in the university residences including on-campus and off-campus residences. The participants complained that the Choice condoms were mainly available and distributed on campuses, however they were also asked about other condoms like Trust, Lovers Plus, Durex and other different brands of condoms which could be bought in shops. This was assessed through the following question, “*Since the problem is with the Choice condoms, so what about the other condoms?*” Most participants reported lack of affordability and they mentioned that condoms were too expensive and they could not afford those expensive condoms, hence some opt to not use a condom at all if they could not afford to buy their own condoms.

You know you can feel that this thing is wrong since you don't have money to buy those expensive condoms like Trust, Durex you end up not using the condom at all to avoid 'ukulahla' [to loose respect]. (FGD#3, Muzi)

It is the affordability. Secondly, when you compare condoms and 'is'kuni' [a slang word for skin-on-skin sex or sex without a condom] 'is'kuni' is more enjoyable than using a condom. So you will see that this person that I asked out for 3 weeks, I've worked hard in order to get her so after I got her I will give myself that privilege to enjoy her. (FGD#1, Bobby)

One of the participants from the female FGD stated that everybody knows that condoms are very expensive, however, that should not hinder the use of protection unless that person wants to engage in unprotected sex on purpose. She further stated that people should buy the condoms as if they are buying cosmetics.

If you can be able to buy cosmetics, why not condoms, when a girl buys pads she will carry them in her handbag, I do the same with condoms and I always tell myself that at the end of the day I'm doing it for myself. (FGD#4, Sindy)

This demonstrates that the expense of the condoms should not hinder students to engage in a protected sexual intercourse. Therefore, if students could afford to buy cosmetics, they can also afford to buy condoms. Hence, condoms should be treated as a basic need.

4.3.3.4 Alternatives to Condom Use

Other than the use of condoms, participants revealed that they had other methods that always worked for them as alternative to condoms and to reduce their risk of HIV infections. These methods includes what they called the 'shower method' which is a method used mostly by male students. According to the participants, these methods are found on internet and they have heard about these methods from their elder brothers and uncles. This is emphasized in the quotes below;

There is a belief that if you are circumcised there are fewer chances for you to get infected by HIV and STIs. So us as guys we have a belief that we can go flesh on flesh and there is this thing of what we call 'shower method' or 'Zuma method' whereby within 3 minutes after you had unprotected sex, you have to take a shower fast with cold water and Sunlight soap. (FGD#3, Muzi)

And you can see that this thing (shower method) helps because firstly maybe I did a withdrawal so my girlfriend won't get pregnant and at the same time I won't get infected with HIV and STIs. (FGD#1, Bobby)

I have learnt about that thing of taking a shower after sex. I've learnt that since there are fluids which transfer the diseases where there is a cut, this shower thing might help. Let say you didn't have a cut in your penis so the time you take a shower you are removing those fluids before they can transfer the diseases. (FGD#4, Siya)

Another method used by most of the participants when they want to engage in unprotected sex with someone who was still a virgin, was a method called 'isiphandla method', whereby a male would engage in unprotected sex indirectly with a virgin. According to one of the participants, 'isiphandla method' is when the male makes small holes in the condom before engaging in sexual intercourse so that the condom will bust during sexual intercourse and lead to unprotected sex indirectly.

Another thing let's say you are dating a 'fresher' [first year student] and she is a virgin. So since she is a virgin, you see it is very hard to break a virgin with a condom. She would say no we should use a condom. Okay there is this thing what we call 'isiphandla method' whereby you would tell a girl that you will engage in a protected sexual intercourse by using a condom but you would know in your mind that you will do the 'isiphandla method'. Well this is where you open small holes in the condom with a small needle while it's still in the packet before your girl even comes to your room. So in the middle of the sexual intercourse the condom will burst and the girl wouldn't even realize that the condom have busted so you will have 'is'kuni' [sex without

a condom] indirectly. The motive behind that is to sleep with a virgin without a condom. (FGD#6, Phila)

One participant who seemed to know more about such methods which some male students adopts when they engage in sexual activities, also added that he always used these methods as he believed that they always worked for him. He further mentioned that there is another method he always used which involves the use of a mixture of water and apple-sider vinegar.

Okay to add, for me I am more used to those things like the 'shower method' that I believe will protect me from getting infections. There is another method; there is this thing what they call 'apple-sider vinegar'. There is a belief that after you had 'is'kuni' [sex without a condom] you have to mix 3 spoons of 'apple-sider vinegar' with water in a glass and drink, that helps to remove infections in your system. So if you have something that you depend on, it is easy to engage in sexual intercourse without a condom. But the problem those things are not scientifically proven but you hear them maybe from your uncle and even on the internet. (FGD#3, Muzi)

These participants were then asked by the researcher if they knew about the methods used by female students as an alternative to condom use. One participant mentioned that he was told by a girl that whenever she had engaged in sexual intercourse without a condom, she would go and pee after sex just to remove infections before they could move in her system. Another participant said that some of the males would advise their sexual partners to drink Disprin (which is a tablet for pain relief) with Coca Cola after they have had unprotected sex so that it could clean out the sperms.

There is this other thing that I was told by another girl who said that when you engage in sex without a condom, what she always prefers is that as soon as she finishes engaging in sex, she will go and pee. (FGD#1, Bobby)

You see for me ever since I've heard that morning after pills have side effects, as guys we always have other methods which really works for us. For girls, there is this thing where you find that a girl is pregnant; they would advise her not to drink any pills. So as guys after we've slept with a girl without protection, we would advise that girl to drink Disprin with Coke in order to clean out the sperms. (FGD#6, Phila)

4.3.3.5 Condom Use at Last Sexual Act

Since the results revealed low percentage of students who had used condoms in their first sexual intercourse, participants were also asked whether they had used condoms in their last sexual intercourse. This question was crucial and it was meant to assess participants' current use of condoms. A large number of students reported having used condoms at their last sexual intercourse. A few revealed that they did not use condoms because they were in a stable relationship and were frequently and others being used in engaging in sexual activities without condoms.

I don't always use condom when I engage in sexual intercourse because you know when the pleasure get tough, you know you would say oh. I want to have more, then you would take the condom out just to get more pleasure. (ID#1, Richard)

With my woman we don't use condom, we prefer to test regularly because we are very committed to each other. So we don't use it and we've negotiated that. (ID#14, Musa)

This section has presented results on the prevalence of condom use and its determinants among university students. A greater proportion of female participants reported having previously used a condom as compared with male participants. Interestingly, participants who reported having used condoms in their last sexual intercourse were from rural areas.

4.3.4 Perception on Premarital Sex and Pregnancy

According to Eaton *et al.* (2002) in South Africa 50% of young people are sexually active by the age of 16, and 80% are sexually active by the age of 20 and males reported earlier sexual debut than females. Hence, it is argued that premarital sex increases the risk of getting unplanned pregnancy and contracting HIV and other STIs. According to the literature those who engage in premarital sex are more likely to report multiple sexual partners and likely to be infected with HIV (Zuma *et al.*, 2010; Mabaso *et al.*, 2015). In this study, participants shared their thoughts on premarital sex stating that adolescents should not engage in sexual activities before marriage because sex is addictive and it is something that has lot of consequences. Therefore, there are more risks for a person who will engage in sexual activities before maturity.

What I can say is that before maturity I don't think you should start engaging in sexual activities because if you are not mature there are more risks for you. I feel like prevention campaigns could also focus on delaying premarital sex. (ID#6, Zama)

I think this thing of sexual intercourse, you know when your parents tells you not to engage in it when you young, it's one thing when you started it and can't stop it easily, it is addictive, something that has a lot of consequences. So for a premature person who will start it whereas he/she is not fit enough to face those consequences of unplanned pregnancies, HIV infections, and addiction because sometimes when you are young you have so many responsibilities, you have to study at school and focus on your studies. You have duties at home so when you are sexually active even your mind will change and you will see yourself as an old person but you are still a child. So my take is if I were to speak to a young person, I would never encourage that person to go for sexual intercourse until that person is ready enough to face the consequences. (ID#11, Senzo)

One of the participants who also reported to be coming from a rural area mentioned earlier that she was not sexually active. She shared that in her community sex at an early age was seen as a disgrace and most of young girls including her were practicing virginity testing which helped them to avoid premarital sex. According to her, virginity testing is a process and the practice of determining whether a woman has never engaged in sexual intercourse (whether she is still a virgin).

Having sex at an early age is bizarre. It is a disgrace. There is even the practice of virginity testing which is practiced where I come from, so those who are not part of it, they are called by names because they don't attend, which means they are no longer virgins. So we are not expected to have sex at an early age. (ID#16, Zola)

Participants believed that premarital sex according to their religion was not allowed and it was ungodly. However, one participant further reported that as much as he respected his religion but he had his own personal beliefs about premarital sex where he thought that it was a good thing as it would encourage strong relationships and reduce multiple sexual partners.

Premarital sex is not allowed, it is ungodly, and God forbids sex before marriage. (ID#19, Goodness)

In terms of the premarital sex, according to my religion, it is against the law, it is not accepted. But then personally I believe that premarital sex is good because I think it is one of the things that make relationships stronger. You may found that in relationships, the couples are supporting each other emotionally, financially and so forth but then if they are not having sex that means that part of sex is missing. This means it can even increase the risky sexual behaviours because if you are not having sex with your girlfriend because maybe she is a virgin or she is against sex before marriage then for sure if I believe I should have sex, I will go above

and beyond to get someone whose going to satisfy me in terms of sex. So I believe that we should have sex, especially if you have started, let's just continue but then practice it in a protected way with one partner whom we can trust. (ID#4, Peter)

Other participants viewed premarital sex as something which is acceptable as they mentioned that not everybody will get married and if someone is ready to engage in sexual activities, that person should do it as long as he/she will engage in a protected sex.

Premarital sex, I think it is fine, it's okay because I would say it is part of life because not many of us are going to get married one day. Some people are not even planning to get married. So if I say it is not okay, that would actually mean that they [adolescents] don't have to involve themselves in sexual activities. (ID#3, Alex)

I think we are living in a democracy; everyone has a right to have sex if she wants. I would say yes to having sex before marriage because right now when you look at marriage before our parents it was like 'igugu' [something special], it was the main thing in their lives but for us as we are students, our main thing is to be successful and have what you want. So you get to go and get married and you will become unhappy for some reasons, you will get divorced and it is not nice at this stage to get a divorce. So I'm saying if you feel as if you are okay to have sex, do so, it's up to you but know the precautions of doing unprotected sex and protected sex. (FGD#4, Sindy)

One participant shared his thought about premarital sex as well as pregnancy. He mentioned that in terms of culture, a girl is supposed to wait until she reaches the age of 21 years so that she can go through the 'Umemulo' ceremony before she can get pregnant and others must get married first before getting pregnant and avoid disappointing their parents. Therefore, pregnancy is seen as a bigger problem than getting HIV infection. The following quotes demonstrate his argument;

Many people are worried about being pregnant but none of them are worried with infections. If you can ask a woman, why are you on contraceptives, they will tell you that we are on contraceptives because we want to have 'is'kuni' [sex without a condom] so that I won't get pregnant. If you ask her, have you ever thought of diseases and the person you just slept with maybe he slept with another girl without a condom while she was on contraceptives and the other one was also on contraceptives. So many people are not worried much about infections but they are worried about pregnancy. Back then in terms of culture, a girl was supposed to wait until she reaches the age of 21 years so that she can go through 'Umemulo' ceremony before she can get pregnant and others must get married first before getting pregnant and

avoid disappointing their parents. So this thing of becoming pregnant is a disgrace. (ID#11, Senzo)

4.3.5 Perceptions on Multiple Sexual Partner

Participants were asked their thoughts on multiple sexual partners. Students' responses to these questions varied immensely from females and males. The majority of male students felt that having multiple sexual partners was a good thing as long as protection is used. In addition, other participants thought that it was good to have multiple sexual partners in order to prove their manhood to their friends. Similar findings were captured from various studies which revealed that manhood was understood as the degree to which male students can have sex with many females, more likely unprotected sex (Lengwe, 2010; Mutinta, 2012; Mulwo, 2009). This displays those students, especially males involved in multiple sexual partners to show their manhood to their peers.

I don't think it is a bad thing and people do have multiple sexual partners...but with me the whole concept of it, I'm okay with it as long as one protects themselves. (ID#3, Alex)

Firstly, it is to prove the point to 'olova bami' [my guys] that I had sex yesterday and today, and tomorrow I will have sex again like with 5 different girls in a week. 'Olova' [guys] will praise me and tell me that 'ngisikhokho' [I am a man]. (FGD#5, Jack)

Most of the female participants were against multiple sexual relationships arguing that it was something disgusting and it was for people who were immature. Others mentioned that it was wrong as it perpetuates the virus and it could put partners at risk as someone would not know what the other partners do when that person is not with them as they would not even be sure whether they have protected themselves or not. Only two female participants had no problem with multiple sexual partners, and they explain their reasons.

Multiple partners, for men, it is a consequence of a naturally occurring biological drive therefore making it acceptable. For women it is viewed as a choice therefore it is blame worthy. Therefore, this means a woman should behave in a good manner. But for men it is natural to have more than one partner. I agree with this, it doesn't look good for a woman to have many sexual partners. (FGD#3, Xola)

My views on multiple partners are: one, the reason you engage in sexual multiple partners is that there is a story behind doing that, maybe you got hurt before and you will find that dating

one person for you is not on because the one person you dated and trusted used you. So you say I can date anyone and sleep with many partners if I want. Two, I would say you can, it is a free country, you are bound to have anything as long as you play safe, for me that is who I am, in everything in life, I do whatever I want but I play safe. (FGD#4, Cindy)

The participants were also asked how common multiple sexual partnerships among students in their campuses. Almost all the participants said they were very common, and was promoted by peer pressure and financial difficulties.

Because we are living in a community where there is science, maybe 10% of people are not engaging in unprotected sex but 90% are students engaging in unprotected sex, almost 60% or 70% are in multiple sexual partnerships. (ID#1, Richard)

They are very common; I would say what promotes that as I said before is pressure from friends and basically one telling another that involving themselves so you get to taste how different people react during sexual intercourse. I would also say not being financially stable and you get involved in multiple sexual partners because you are dependent on them financially. (ID#3, Alex)

A female participant agreed that peer pressure was one of the factors promoting multiple sexual partners. She further argued that men in her campus would be involved in sexual activities with numerous partners because they want to experiment with different body shapes and they would also be praised for having multiple sexual partners, which is something that she was against.

Yes they are common because of peer pressure. There is this negative stigma that I don't really like. Guys would say 'uyumpetha' [you are the boss] because you have so many partners. Those stigmas really perpetuate multiple partners. Another thing is satisfaction, a person wants to experiment, for example, us ladies we have different body shapes. So the guys will be like I want to try a 'slenda' [thin woman] and when I see someone who have a thick body, I will also want to try that person, I want to get a taste of her. That is what guys do; they want to experiment with different people with different body shapes. (ID#5, Amanda)

In addition to the above, a participant supported this statement of male students wanting to experiment with different types of female bodies, stating that sometimes he will be tempted to try and test other girls by engaging with them in sexual activities and for men it was nice to have multiple sexual partners. However, another participant stated that he would have many sexual partners when his girlfriend was menstruating.

Women are different, so sometimes it is good to stick to one woman but sometimes you will have that feeling that I want a 'slenda' [thin woman] today I want a 'sdudla' [fat woman] the other day I would want 'umapakisha' [thick woman]. So for us guys it is very nice to have multiple sexual partners, it gives someone that confidence to say I'm a man. (ID#1, Richard)

Even myself when I used to cheat, what made me to have many sexual partners was this thing of girls being on their periods. So when there is that demon (periods) I will be hungry so I would have other partners for that reason in cases where my partner is on her periods...you know that for a guy if he is already started engaging in sexual intercourse, he should have sex at least 3 times a week for health purposes, so obviously if she is on her periods for a week, where will I get that 3 times a week? (FGD#2, Joseph)

According to the participants alcohol consumption also promoted students to have multiple sexual partners. Alcohol abuse or use is one of the factors that are mostly associated with risky sexual behaviours including multiple sexual partners, unplanned sexual activity and unprotected sex (Carey *et al.*, 2011; Scott-Sheldon *et al.*, 2012; Menon *et al.*, 2016). In this study, it was also found that males who consumed alcohol were more likely to have more than one partner in their relationships. The following is one of the narratives;

Do you know that alcohol make enemies become closer? Alcohol makes those who were not talking to each other to talk to each other when they are consuming alcohol. Substance abuse is the most common factor that is leading to multi-sexual partners. Because today, you might be the friend of my girlfriend and maybe my girlfriend relocated to Cape Town and I will be left with you. As I am left with you, you are a woman and you need a man, maybe we are both drunk and end up having sex together and when my girlfriend comes back maybe you are pregnant. So there are two things, number one it is substance abuse. Number two, is this thing of peer pressure because you want to fit in a certain group. (ID#13, John)

Surprisingly, one participant shared that there is even a group that exists on campus which they called 'operation shayikuku'. According to the participant, if a male student had found a sexual partner, he should report to this group that he had found a girl to engage in sex with. They normally have sessions at the end of the day when they reflect on the things that happened in that particular day. The participants mentioned that they are not taking girls from their campus only but they also take girls from other campuses, and also in the city. This exacerbates multiple sexual partners and is promoted by students which are also influenced by peer pressure because when a student chooses not to involve himself in this operation, he will become a laughing stock among his peers.

With my friends we have a group we call 'operation shayikuku', it's a group of male students that exist here on campus but you will never noticed them because they wear smart clothes and they pretend to be loving people as if they are loving and they are caring. So what they do, they push not to have one woman now and again. So its operation, you'll have to have one woman and pass and go to another one. Such group promotes multiple sexual partners and when you don't do it they will laugh at you for weeks, once you sleep with a woman twice, you become a joke. (IDI#1, Richard)

These results have shown that the majority of male students have engaged in multiple sexual partners in the past and felt good about it while most of the female students were against it. These results are similar to Nkomazana (2013) findings which revealed that 67.34% of males compared to 47.01% of females had sex with multiple casual partners in the past.

4.3.6 Attitudes towards University's HIV Facilities and Prevention Campaigns

At the university there is a Campus HIV/AIDS Support Unit (CHASU) which works with the clinic and other internal and external stakeholders in addressing the issues of students and staff pertaining to HIV/AIDS, STIs and other health related issues. Participants were asked if they were aware that there is CHASU in their campuses, what they knew about it and whether they have been to the unit before. Most of the participants agreed that they were aware of the CHASU but they have never been in it. Those who have been to the CHASU, provided the following reasons for visiting the campus HIV unit, which includes HIV counselling and testing (HCT), medical male circumcision (MMC), attending forums, and collecting condoms. Few participants who said that they have never visited the campus unit mentioned that they thought that the unit was for the people who were already HIV positive; two participants who said they were not sexually active said that they do not have a reason to go to the campus HIV unit.

Out of the participants who said they knew about the HIV unit, two of them were one of the Peer Educators (PEs) from CHASU. These two participants have provided more information about the unit on how it assists students and staff. These participants stated that students are aware of HIV measures, modes of sex, and HIV transmission and prevention which they always receive information from the HIV programmes and campaigns that were organized by the CHASU on campuses. The participants also stated that the HIV unit helps in minimizing new HIV infections and risky sexual behaviours within the university community by providing information through campaigns and awareness

programmes. They also provide support to infected and affected people through forums (including men, women and LGBTI), they distribute condoms on campuses and in the university residences where they also conduct educational talks, they promote responsible behaviour and healthy lifestyle, they promote HCT and MMC, they also provide trainings to peer volunteers.

HIV Support Unit which is CHASU, number one, it deals more with educational talks to peers. When I'm speaking about peers I'm not speaking about the ones inside but I'm speaking about the ones outside as well. Number two, it promotes this thing of dual protection, and it speaks more about looking after you more information sexual intercourse and the one for transmitted diseases... I am a peer educator so I always go there. (ID#5, Amanda)

They teach students about condom use, they conduct programmes such as 'Say no to Sugar Daddies' 'ZAZI', they have Women's Forum. So basically, they are trying to promote the health of students while they are still on campus and to fight against this whole risky sexual behaviour. I think they feel that when students are on campus they are very vulnerable to the things that are happening in terms of sex, when they are drunk, all those things. (ID#4, Peter)

It is evident that so much information on risky sexual behaviours is provided for university students. With all the information provided by participants with regards to the HIV support unit, some participants felt that the unit does not help the students that much as the venues that they usually used for their programmes and testing venues are not appropriate for some students. They also felt that the staff for the HIV unit does not know their work and they are very judgmental. These are one of the reasons for students to not take campaigns and programmes seriously and ends up engaging in risky sexual behaviours.

The unit provides testing and counselling, I will like to focus or to comment about the venues where the testing is done, the venues are not appropriate especially for the first time testers. Let's say you find that you are HIV positive, obviously when you come out in the tent, other students would see that you have bad news and assume that you are HIV positive. They [service providers] should consider other places for testing and there shouldn't be long queues. (FGD#3, Muzi)

They [staff] are just doing it for the sake of getting paid at the end of the month. The part of counselling is very irritating for real. They ask useless questions, for instance, they will ask you how many girlfriends you have, like for real, I would tell them I have 10 and I sleep with them without protection, and then that person would say wow and judge you. (FGD#1, Bobby)

4.4 Drivers of Risky Sexual Behaviours

4.4.1 Socio-economic Factors

Lack of socio-economic support among students is often associated with sex being commoditized, where women would be involved in sexual relationships with men in exchange for financial support. Poverty as a structural factor in South Africa influences young people to engage in sexual behaviours and HIV risk (Eaton *et al.*, 2002). Participants were asked about socio-economic factors that motivate students' risky sexual behaviours. Some participants felt that the economic challenges faced by students promoted risky sexual practices, and they believed that economic problems were the result of family socio-economic background which led students to not afford to meet their social needs.

Our family background, let's say I'm coming from a family which is not financially stable and all of that. And you may find that my friends are coming from families that can afford anything. So I will think what I can do to reach their standard, so I will start behaving recklessly. For instance, I will get a sugar daddy, somebody who is older than me because I want money. I will fall for material things for people. Maybe I will see a guy who is driving a nice car, and then I will go for it because I know that he will give me the money and all of that. Sometimes you also find students at the university who are the head of the family in a child-headed household and she might be struggling to provide for the family so that person ends up being with someone who will provide everything for her so that she can put something on the table. You may also find that a person is already being infected with HIV. Mostly students who are affected by this, is those who feel inferior and they become vulnerable in any way. (ID#5, Amanda)

This demonstrates that students who come from poor financial backgrounds are likely to behave in an irresponsible manner by depending on older men for financial gains, henceforth, engaging in risky sexual behaviours and this shows that sex becomes a way of earning a living for some students. Similar results were also noted in a study by Moraope (2014) which discovered female adolescents engaging in sexual relationships with teachers, taxi drivers, and men who work in the mines in exchange of money and goods. In support, Krauss (2013) argue that sexual intercourse among adolescents does not occur without economic exchange, therefore, money and rewards are very important in sexual relationships among adolescents. For this study, both in-depth interviewees and focus group discussion participants were asked whether they have ever been paid or get paid for sex. The majority of the participants reported that they have never ever been paid for sex. Male participants however reported having been paid for sex. These participants were also being asked what promoted

their interest to pay for sex. One participant stated that he had paid for sex several times but at first he was just experimenting.

I have paid several times... you know sometimes you just need to experiment with some of the things and you would hear people talking about prostitution and they will tell you that when you go there [a place] you will find this and that and you would go there and buy and you end up paying for sex. (ID#1, Richard)

In addition, participants were asked to comment on the prevalence of sex in exchange for money or gifts in their campuses. One of the participants stated that sex in exchange for money or gifts was not prevalent among students alone but it was more common among people who are not students.

Amongst students I would say no; it is not common. Amongst them [students] alone it is not common. But with other people basically people that are non-students I would say it is very common. Because I feel like they [non-students] know that students might not be able to afford it as compared to someone who is not a student, someone who has been successful. They might have the capacity to provide finance to them [students]. (ID#3, Alex)

One participant shared that the use sex of sex as a means of accessing material possessions in his campus was prevalent and he further mentioned that in order to get university residence, for some girls they have to engage in sexual activities with those who are in charge in providing residences to students.

Yes, it is prevalent, even at work. There is one girl who once told me that in order for her to get a residence, she was forced to sleep with someone. In the working place you go for an interview and your boss will tell you that in order to get that particular position you have to do something. So many people are doing it as a form of getting something and they exchange their bodies in order to get what they really want. I don't know but it comes from us as men. We are the ones who starts that because we are using the advantage and privilege of being a man and in power of which I call exploiting women and abusing them. But a woman who is clever and fully minded, who knows her values and who knows what she stands for, she doesn't go for that and will not go and sell her body. And even if I can put the blame on men, but also women shouldn't fall into that trap. (ID#11, Senzo)

A participant also stated that using sex as a means of accessing material possessions was common among girls as he had never seen a male student jumping off from an old woman's car. Another

participant stated that sometimes male students also get involved with rich women for goods and for a life that they could not afford.

This thing of having sex in exchange for money is dominant among girls. For guys it is not that common because you don't even see guys jumping off cars driven by old women. But you could see that among girls. (FGD#4, Siya)

It is very high among girls but you will also find it among guys, you see like these two guys [pointing to other participants] are wearing the same vest and we are all friends but I am the only one who doesn't have this vest because I don't have money. So I would try to find a person who will provide me with money. Here you will see a woman driving a nice car then I would go and approach her and she would provide. Another thing is that maybe you will have a girlfriend but she doesn't have money, when you always go out you the one who will have to pay. So you will look for another person who can afford, who will sometimes call you and say I feel like eating lunch or dinner out today, and she will provide everything. Another thing is not maybe your friends have girlfriends who wear nice clothes but your girlfriend doesn't have that then you will look for another girl who can meet that standard. (FGD#1, Bobby)

Almost all the participants in the male FGD specified that sex in exchange for money or gifts in their campuses happened directly and indirectly with the exchange of small gifts. According to these participants, paying indirectly was mostly associated with those students who are alcohol users.

Here [at university] actually we don't pay for sex but we pay indirect with those small gifts, you know. For example, you will buy lunch for a girl then she will definitely have sex with you. (ID#1, Richard)

We pay for sex directly and indirectly. Indirectly, an example is that maybe you love a girl but you know that she won't give you a chance but you know that she likes alcohol too much. You will then buy her alcohol or take her to Joe Cool's [a club] and you will buy her too many tequilas. Tequilas make a girl to desire sex then you would know that you've won her that night. Another thing we would go to a club with my guys and buy alcohol and ask the girls to join us, after that we will go and have sex because we bought alcohol for them, that is how we pay indirectly. (FGD#1, Bobby)

It happens among students because girls can cook and some of the guys don't cook, so you would see that this girl is really ugly but because you would want to benefit from her cooking

then you will associate yourself with her. So the only thing to maintain that relationship is to give her good sex. (FGD#2, Joseph)

A male participant mentioned that male students in his residence used to go and find prostitutes using the National Student Financial Aid Scheme (NSFAS) monthly allowance. Therefore, this shows that the exchange of sex for money or gifts did not happen among students only but students also go outside the university community in exchange for sex.

Directly it happened when I was staying in a residence called Colonial in 2012. When we got paid by NSFAS around 12 midnight we used to scream and shout telling everybody that the money is in our banks, then we will go for starters at the place called Butterworth. So we can't use the money for groceries and other things before starters (which is buying prostitutes) you could pay like R35 or even R28 for sex. (FGD#3, Muzi)

Furthermore, participants in the female FGD highlighted some of the factors that led students to use sex as a means of accessing material possessions. These participants mentioned the media, particularly the virtuous life that is always being portrayed by media which includes girls with expensive hair weaves, which is mostly used by their role models. These students then become tempted to engage with sugar daddies for such goods:

To use sex as a means of accessing material possessions is very high because of the media. Let me blame the media, we shouldn't have gone for sugar daddies if human hair, Brazilian hair were not being used by the people and artist we look up to. So sugar daddy will say I will give you everything and you will give me sex. So in terms of it in the university it is very high due to the desire for things that your parents cannot afford so you end up exchanging in that way. If media did not introduce these things [human hair], we wouldn't know about them and nowadays these things are trending. There is also competition among students as well as peer pressure. (FGD#4, Sindy)

I think even the background like if you have a friend or a roommate who eats well and for me I struggle when it comes to food then I will go for a sugar daddy. (FGD#1, Noma)

It was also reported that the use of sex as a means of accessing material possessions among university students usually took place undercover which mean it was not visible on campuses. However those students who engage in such behaviour would know where to find female students who would give them sex and demand to be paid afterwards. This was stated by one of the male participants.

Yes it is possible that people are engaging in such kinds of sex, it does happen. I can also include even sex work. I can even include it as part of risky sexual behaviour because there are girls even on campus who are involved in such kind of behaviours as much as they can be doing it undercover. They are not known in the public but there are guys who know that if I go to that particular person, she can accept a particular amount of money and then they can engage in sex. So for me it shows risky sexual behaviours because you may find that sometimes it is possible for someone to engage in unprotected sex with that person if you are paying for a service and you need to receive it in a way that is going to make you happy. So it is possible for a guy to say no I don't expect us to use a condom because I paid. (ID#4, Peter)

In addition, this participant also mentioned that students especially females who consume alcohol, they also engage in sexual activities in exchange for alcohol with other male students on campus. According to many participants, this was reported to be common as many university students enjoy parting and chilling on weekends with their peers in order to de-stress.

When I was doing my first year, it was happening; I think it is prevalent because most of the times you know that people are having sex after drinking. You will find that male students buy lots of booze [alcohol] to accommodate even female students and then they will invite them to come. Most of the times they come and then they have that alcohol and then at the end of the day they will have sex. So for me I think it is prevalent because most of time those people will find themselves engaging in risky sexual behaviours because they are drunk. (ID#4, Peter)

In order to evaluate the use of alcohol, it was important to look at students' sexual intercourse under the influence of alcohol, regarded as a major factor that influences and perpetuates risky sexual behaviours among university students. According to Nkomazana (2013:190) "sexual intercourse under the influence of alcohol has long been identified as a measure of risky sexual behaviours." For this study, students were asked whether they have had sex under the influence of alcohol and further been asked the consequences of engaging in sexual intercourse under the influence of alcohol. A minority of students who have ever had sex under the influence of alcohol and a majority of those who have never had sex under the influence of alcohol. Of those who have had sex under influence of alcohol, one participant stated that it did not happened once and the consequences were the fear and shock which led him to go for an HIV test.

I would say it did not happen once to be honest and during that first time we did not use a condom and then in the morning there was this fear, like Oh my God what have I done. But I wouldn't say alcohol has an impact on not using a condom because you get to see what you

involved yourself in with that person in that time, if you want to do it without a condom it is your choice, if you want to do it with a condom it is your choice. But then the consequences of it is a shock and I felt like I needed to go for an HIV test and that what I did. (ID#3, Alex)

Another participant stated that he had to have sex when under the influence of alcohol with his partner and they did not use condom which was actually triggered by the use of alcohol. He further mentioned that his partner did not even remember that they have had sex that particular night.

I think it is alcohol because when my partner couldn't even remember that we even had sex. So now if she couldn't even remember that we did have sex, how can she remember we had used protection? (ID#4, Peter)

4.4.3 Peer Pressure

Peer pressure is one of the key drivers of risky sexual behaviour among youth between the ages of 15 to 24. According to Nyawose (2011) youth do things to please their friends; therefore vulnerability to sexual risk by young people is perpetuated by their peers. In this particular study, one of the participants reported that the major factor that led students to engage in risky sexual behaviours was peer pressure. Competition was also found to be a problem among male students which also contributed to risky sexual behaviours.

I would like to add peer pressure is one of the main things that can contribute to unwanted pregnancies and so forth because you will find that sometimes students, especially the guys, they are competing on how many women or girlfriends they sleep with or have had slept with during the weekend. You will remember that particular 'nkwari' [party] we were gathered in a particular residence, I slept with 5 girls, I slept with 7 girls in that one night, and it's kind of a competition. But you cannot be sure that all these guys are using condoms, they are practicing sex safely. Even sometimes, some of them are even competing in terms of having children, that okay I have 5 children, you have 1 or you don't even have a child, you know those things. So I slept with so and so, I impregnated that particular person, so some people they are doing it for competition. (ID#12, Robert)

Two participants argued that peer pressure was one of the factors that led students to engage in risky sexual behaviours. They further mentioned other factors which they thought also contributed to risky sexual behaviours of students, which includes competition among students, being bored, and also financial challenges.

Competition, peer pressure, 'ukuthanda izinto' [to love things] when you don't become proactive and you just think about the situation, not what happens afterwards. (ID#7, Carol)

I think one of the things is actually being bored and not knowing what to do. Secondly, I would say pressure from friends, peer pressure. Thirdly, not having any means of money and that actually leads them to involve in sexual activities because they want to have some source of income. (ID#18, Thembu)

4.4.4 Campus Environments and Risky Sexual Behaviours

According to Mutinta and Govender (2012) the university environment offers massive opportunity for risky sexual behaviours. Participants were asked about the impact of the university environment on university students' sexual behaviours. The majority of the participants revealed that the campus environment as well as the environment where university residences are located especially off-campus residences does influence students to engage in risky sexual behaviours.

Yes, because at the university, basically at residence [referring to off-campus residence] there are places surrounding where I live that are basically for clubbing. You go there and people ask you out and some have that perception that they want to have sex with you. I feel like it does have an influence of actually making me want to engage in sexual activities. (ID#3, Alex)

I think our background has also an influence in the way we behave especially when we come to the universities. Because sometimes at home you used to behave in a good manner under the influence of your family and the minute they send you to varsity, that is where you will have freedom and start to behave in a bad manner. (FGD#3, Xola)

Other participant mentioned that the environment as well as people they look up to portrays risky behaviours as a good thing which led them to engage in risky sexual behaviours including having multiple sexual partners and consuming alcohol.

Another thing is role models and the environment to which we are. You would see that here the guys are having girls left and right and you will want that as well. Role models, there are places where we go to just to have fun, you would see someone who you look up to changes girls and you would also want that because you could see that person is having a good life. Also media and entertainment, multiple partners are portrayed as a good thing even in the hip hop, house music videos you will see these things, booze [alcohol] and girls portrayed as a beautiful thing. (FGD#3, Muzi)

The findings show that the university environment has indeed influenced students to engage in risky sexual behaviours. One participant stated that the environment where he usually spent most of his time, both at home (in a rural area) and the university influenced his decision to engage in sexual activities. This was reflected in the following quote, which also revealed how this participant behaved during vacations when he was not in the university environment;

Yes both home and university, when I'm at the university after a long time of study then I would need something to make me relax because I'm not a movie person then I would call a woman to relax with. When I'm at home I will get bored then I will call a woman and get myself entertained by engaging in sexual activities. (ID#1, Richard)

Surprisingly, a participant mentioned that even the university venues which are usually used for tutorials on campus also exposed them to engage in sexual intercourse. These venues increased students' level of sexual activity since they are located in secluded places. He stated that having a sexual partners living far away from the university residences was difficult and if he wanted to have sex with his sexual partners he would go to those private venues in the campus and engage in sexual intercourse.

Another thing, one of the factors that lead us to engage in unprotected sex for university students, you see having a girlfriend who doesn't have a residence to stay, it is very hard but on campus there are good venues like D2 and D1 and lifts which are not working. You see D2 is in the Psychology department and that venue is too dim and you can even lock it. At the MTB building, there is a lift which is not working, you just press 2 and it won't move, so what I am trying to say is that if you have a girlfriend who doesn't stay in a residence, after school hours you can't get her because maybe she might staying at her home. So during school hours maybe you didn't even plan to have sex with her on campus, so you will kiss and end up wanting to have sex with her, so I would go to one of those venues and have sex with her. In order to have sex you don't only need a bed, so there are other styles we've learnt from the internet. (FGD#2, Joseph)

From the quotes above, it appears that the campus environment influenced students' sexual behaviours. There is greater freedom at the university. However, one participant revealed that his sexual behaviours have not been affected by the university environment because of his personal values and learning from his father's mistakes and as a result he decided that he will not make the same mistakes as his father. One of the values he had when he was still in primary school was that he would

abstain from sex until he matriculated and he did not want a baby outside marriage. This can be witnessed from the following quote;

I have decided myself because of things I have witnessed in the life from both sides of my parents. My father; there were things that he used to do. My friends were there and most of my friends were already sexually active in grade 4 and grade 5, they knew these things. So because of that, because of my background, because of the things I was passionate about, I decided that I will wait until I finish my matric. So I'm not going to say it was the environment that I was in because I don't even remember my grandmother telling me about sex. I don't remember my father telling me anything about sex. It was a decision that I took and you know what because my father misbehaved when he was young I won't do the same. It the same decision that I took that I will never have a baby without marriage. So you cannot say you are influenced by the university or the community but it is a decision that you take because you've came across things. (ID#11, Senzo)

This participant explained that his own sexual behaviours had never been affected by being at the university and how his personal values impacted his decision making. This is parallel to Eaton, Flisher and Aaro (2002) argument which emphasizes the importance of understanding the three contexts of human behaviour, which are personal, proximal and distal contexts in the process of behaviour change. In addition to the above arguments, other participants highlighted that home background also impacted on their sexual decision making. This is presented in the following section.

4.4.5 Home Environment and Risky Sexual Behaviours

Students were also asked whether the environment where they have had spent most of their life, which is home have influenced their sexual decision making. This question was similar to the above question; however, this one focuses on the home environment. Participants shared that the home environment has also influenced their decisions for engaging in sexual behaviours. A participant who grew up in a Township environment explained how the environment and peer pressure from friends impacted her sexual decision making;

Yes a lot. Firstly, I am from a Township. There you just live your life; we get exposed to so many things. In a Township you will find shebeens, clubs and all of that. Even the friends we have, I might not be exposed to those things but my friends may be exposed to those places. They could suggest to go there, they have boyfriends, they have slept with their boyfriends so

now I will also get that feeling that I also need to have a boyfriend...so as I am from a Township, I've been exposed to many things, nobody cares if you've been seen with a guy maybe by adults, we just do what we want to do. So I ended up being influenced by the area and by the atmosphere and I ended up having a boyfriend and engaging in sexual activities. So I can say I was influenced by the environment. (IDI#5, Amanda)

Other participants felt that their parents influenced their decisions to engage in sexual activities. They stated that there are some of the things which they were promised by their parents and their parents did not keep those promises. They also mentioned the beliefs and the way people (especially Africans) treat their children when they start to engage in relationships, which lead them to being secretly involved in relationships and end up engaging in risky sexual behaviours:

I was so frustrated and angry with my family and my dad. The time we were growing up, we used to go and test for virginity, and our parents used to tell us that those who will reach the age of 17 and still a virgin, they will do a 'Sweet 16' [a party] for them. But what happened, they did that 'Sweet 16' for a child who came after me. Right in front of me. I was like 'hello' I am here as well. I was so angry. The next day, I decided to buy condoms and go to my boyfriend and we had sex. We used to be close with my dad and I even delayed my virginity because I was also doing it for him. But I felt so betrayed. (IDI#6, Zama)

What makes other people to have many partners is that if you include parents and remember the percentage of people who are infected with HIV are black people, why? Because if a white girl starts to have a boyfriend, the parents would want to meet that guy and would like to know everything about that guy. But us blacks, our parents when a 15 year old girl has a boyfriend, her parents would beat her to death. So we do this secretly and that is why we end doing it in a risky way. (FGD#2, Joseph)

Other participants from the female FGD felt that the environment where they grew up in did not have any impact on their sexual decision making. Two participants grew up in urban areas and one was from the rural area. Their statements are clear in the following quotes;

I would say no, at the end of the day it is not about the environment but it is about what you want. I can grow up in a Suburb but I do not behave like a Suburban. I can grow up in a location but I do not behave like them. At the end of the day it's like what you've taught must apply to life. That is the reason why we go to school because what you are taught you need to apply it. Yes it does have the influence but at the end of the day, you have to make the

decision, if I say to you let's have sex, it is up to you to say condomize or not, it's a winning situation. It's a personal choice. (FGD#4, Sindy)

I agree with Sindy, it is up to you what you want. It doesn't mean when you come from a rural area and when you here in Durban you will act differently because of the environment. But you can just stay and be who you are. (FGD#1, Noma)

It is up to an individual but the way you are taught also contributes to the decisions you take in life. (FGD#2, Ruth)

4.5 Opportunities and Constraints

4.5.1 Individual's Choice

When the researcher asked the participants about the opportunities and constraints regarding changing risky sexual behaviours of university students, most said that many commitments have been done with regards to changing students' risky behaviours including educational talks on HIV infections, and condom distribution. All the participants from both campuses mentioned that there are support units available in their campuses such as Campus HIV/AIDS Support Unit which is very helpful. According to the participants, this unit is an important source of support to the students and staff including those who are infected and affected with HIV and they conduct different programmes and campaigns which encourage students to live a responsible life. With all of this being said, students stated that it is up to an individual to take responsibility for his or her life because many things have been done. It depends on a person with personal values committing to changing his or her behaviour. This is discussed in the following quotes;

Everything is done. People should decide what to do now and also people who have experience, who are already infected should be the ones who motivate students and share their experiences. (ID#6, Zama)

I don't know actually because so many things have been done to make them [students] aware of the dangers of involving themselves in sexual behaviours. I feel like it is up to a person to decide now because I feel so many things have been done so that is why I'm saying I don't know. (ID#3, Alex)

Already students know about these things so it is up to an individual. (FGD#1, Noma)

So to answer your question I would say it is possible for a student to change their risky sexual behaviour if they ever would start with committing to change his or her behaviour. (ID#1, Richard)

A participant who is one of the peer educators in the HIV support unit argued that the unit can do everything even the researchers can conduct their research but at end of the day individuals hold ultimate responsibility for their behaviour.

I think more than anything, there is nothing important like a decision of an individual. We can do everything as a unit, you can conduct your research, you can publish articles, you will finish your masters but at the end of the day it depends on an individual, even if an individual doesn't want to change, is not willing to actually change and behave in an appropriate way, the truth is that, there's nothing we can do to that person. So I'm not sure about the opportunities but I'm sure that it is possible that one can change that only if we convince that person to change and start to be responsible. There is no other way to change someone than to change yourself and lead as an example to that person who is following you. (ID#11, Senzo)

4.5.2 Barriers in Reducing Risky Sexual Behaviours

Participants were also asked about the challenges in reducing or changing risky sexual behaviours. Participants pointed out the lack of communication through educational campaigns and programmes. They highlighted that the campaigns and programmes which are usually implemented by the Campus HIV/AIDS Support Unit and internal and external stakeholders as communication strategies were found to be boring and less appealing to the students which ended up not being taken seriously by students (also see Mulwo, 2009). These opinions can be gathered from the quotes provided below.

Maybe it's because of the way the programmes are being portrayed. When you are implementing a programme, when you are helping people, you have to make sure that, you use a strategy that is compatible with people especially as they are not bored. Some people are not interested in watching TV, so if there is lack of communication through programmes, people will not going to take it seriously. People are different, you may find that sometimes the information is shared via hard copies; some people are lazy to read. So it has to be compatible with the target group. (ID#12, Robert)

These programmes also lead us to engage in risky sexual behaviours because like circumcision they say if you are circumcised you will have a 60% less chance of getting

infections then we all go for circumcision and then we end up not using condoms. (FGD#1, Bobby)

4.5.3 Strategies in Preventing and Reducing Risky Sexual Behaviours

The participants argued that many things have been done including programmes and campaigns conducted by the HIV support unit and other external stakeholders but the students still engage in risky sexual behaviours. Participants were then asked what they suggest to be done in their university in order to reduce students engaging in risky sexual behaviours. What other methods that could be introduced in their university in order to prevent and reduce risky sexual behaviours among students. One participant said that by doing what the researcher was doing, which involved conducting a research on risky sexual behaviours as it will help to get information from the people who are affected by the topic. After the information is compiled then the policy makers will be able to come up with a solution to the problem so that students can be able to change their behaviours.

I think number one, doing what you are doing right now. It is one of the things that could help actually because you are getting information from a personal level from my own perspective. And go to another person and compile that information. I think this information is the one that can actually help to come up with a solution. These solutions that we are giving out here. For example, you know that boys like soccer, so why don't we have campaigns in the soccer field if we are targeting boys. So as the HIV unit you then say there are tournaments of soccer and then you go and play soccer and when you get there, there is this campaign. Girls like places like the kitchen to gossip while cooking. This is where you can get the girls together and tell them about these things. If they want to party, organize something for them. Let say there is an SRC [Student Representative Council] bash but we not going there to get drunk and party but if somebody could come and present about condoms or HIV health related issues. Yes 500 people might not listen but there are 2 or 3 people who will listen of which these 2 will make a difference. So don't come to us and introduce something instead of asking us what we want. (ID#11, Senzo)

One of the participants from the female FGD also shared something similar. She argued that campaigns should use the edutainment method so that students will not be bored and would be willing to participate in such campaigns.

For me I think the awareness campaigns are boring to a certain point that you sit there for hours and they will tell you about everything that you already know, if there was like sports or something entertaining. Sitting like this and listening to a lecture is so boring. Here you are not getting anything out because it is something that you already know. But if you will have sport activities and target people like in basketball, netball, and chess and have different games and engage with different people they will get support even from other campuses. What you visualize even when you are asleep it sticks in your mind. (FGD#4, Sindy)

The first participant above who was a peer educator from CHASU also shared that campaigns should be in the form of edutainment. He also further shared that the campaigns that they were going to be implemented in that month was the 'Right to Respect' campaign. He shared that most of the campaigns does not have that impact on students and further he suggested how the campaigns should be implemented.

I will tell you one thing, events and campaigns don't have that much impact, like on Friday we will be having the 'Right to Respect' campaign. Does that campaign ever worked or helped you? Do you even know what is happening in that campaign? 'Graduate Alive', do you know what is happening there? How has it helped you? I as an individual think that those campaigns never helped me. The only thing that makes me to attend those events is to go there and see my peers. But I would prefer to have programs that do not come in large numbers. For example, go to a residence and get 5 people, interact with them, change ideas. Don't come to me and say I should attend a campaign that will have a long boring speech. Have something that will be more interactive with students in the residences. (ID#11, Senzo)

Two participants thought that government and service providers should continue preaching and encouraging students to change and avoid reckless behaviours that would put them at risk of contracting HIV infections. At the end of the day, people do change.

That is a difficult question. The fact is that everyone knows about risky sexual behaviours yet we still engage ourselves but what seems to be working at the moment is when we continue preaching and emphasizing it to get to their [students] consciousness so that they start making sense of it and they start actually becoming aware and fear the consequences. I think when we can have such programmes that everyday emphasizes the use of condoms and promotes abstinence maybe we can be able to reduce HIV and AIDS. (ID#1, Richard)

I think the university and government should just continue to preach the word as they are doing. It will depend on someone if she or he takes it or not. Lots of things have been done.
(ID#2, Siphon)

Other participants said that those who are already infected should be the ones to talk to the students and share their experiences. In addition, visual aids should be used to inform students so that they can see how it is like to be infected and living with HIV especially those who are having difficulties living with a disease.

What needs to be done is that, if maybe those who are already positive can disclose their status to students so that they can see that HIV is there and is closer but you can't see it. Those people are the ones who should encourage students and tell them everything about HIV.
(ID#17, Gugu)

I think organizing some sort of a talk to educate them more and to have basically visual things that would be displayed to them so that they can see how one gets to be infected with HIV.
(ID#20, Thule)

4.6 Summary

This chapter has analyzed and discussed the main findings of the data collected among university students through IDIs and FGDs. In summary, most of the participants had good knowledge of HIV and the main routes of transmission as well as methods of prevention. They also had good understanding of risky sexual behaviours. They mentioned sexual behaviours that lead to negative consequences such as engaging in sexual intercourse under the influence of alcohol and engaging in sexual intercourse as a means of accessing material possessions. The majority of the participants were sexually active, especially male students. Condom use was low among university students as they had other methods to adopt as an alternative to condom use. One of the key reasons that have been mentioned by most of the participants which led to low use of condoms by the university students is that free condoms provided by government are perceived as poor quality and smells bad, hence some opt to not use a condom at all if they could not afford to buy their own condoms. Condom use is also reported to be very low when students have taken alcohol. It is clear from the above findings that university students are actually at risk of contracting HIV infections and unplanned pregnancy. Peer pressure was perceived by many participants to be a problem which puts many university students at risk.

The findings of this study will be useful to the young people of South Africa. It is hoped that it will help students to change and quit risky sexual behaviours. Moreover, the information presented in this study it is hoped to help NGOs, health departments and university service providers to design comprehensive HIV/AIDS prevention programmes for the youth.

CHAPTER 5

DISCUSSION AND CONCLUSION

5.1 Introduction

The aim of this study has been to shed insight into risky sexual behaviours of university students. In order to achieve this, the dissertation proposed three major objectives. The first objective was to explore perceptions of HIV risks and how these influence students to engage in risky sexual behaviours. The second objective was to investigate the drivers of risky sexual behaviours among students. The third objective was to examine the opportunities and constraints for changing risky sexual behaviours. This conclusion chapter therefore aims to pull these three objectives together and to discuss the implications of themes that emerged from this dissertation for better understanding risky sexual behaviours of university students. The chapter is divided into two sections. The first section is the discussion of the findings presented in previous chapters. The second section concludes the chapter by discussing the implications of the findings and by giving recommendations.

The study was conducted at one of the South African tertiary institution using mixed qualitative method of in-depth interviews and focus group discussions. Non-probability sampling was adopted where the researcher used purposive and snowballing sampling methods. The sample of the study was restricted to university students. The findings of this study are well-matched to the model developed by Eaton *et al.* (2002), which was used to guide this study. This study has presented significant results that will contribute to the body of existing literature on risky sexual behaviours in South Africa.

5.2 Discussion

The first objective of this study was to explore perceptions of HIV risks and how these influence students to engage in risky sexual behaviours. Risky sexual behavior is a complex concept which was defined and understood similarly by the participants of this study and authors who have researched similar topics. The study revealed that students are aware about behaviours that can put them at risk of contracting HIV, STIs and unintended pregnancy. This relates to the personal level identified by Eaton *et al.* (2002) which indicates that young people should be aware of the risks associated with sexual behaviours in order to prevent negative consequences. This study also found that students had adequate information and good knowledge in terms of HIV, modes of transmission and HIV/AIDS

preventive measures. This was also highlighted in the study conducted by Khoza (2012) that students are knowledgeable about HIV/AIDS because of campaigns and information being provided to them. However, this was not the same for Melamed and Nduna (2012) as they found in their study that students lacked HIV/AIDS knowledge, including preventative measures. Participants in this study pointed out the following as their source of information on HIV and health related issues; educational programmes in the media and television, schools as well as HIV/AIDS prevention campaigns and programmes implemented in their campuses by the Campus HIV Support Unit. Despite students having adequate knowledge on HIV/AIDS and prevention measures in this study, some students revealed that they were still engaging in risky sexual behaviour. This was also argued by Shefer *et al.* (2012) declaring that as much as there is lots of information, resources, and exposure to continuous HIV prevention messages, young people still remain at risk of HIV, STIs, and unintended pregnancies.

The study found out that most students were engaging in sexual intercourse with a higher number of male students who reported that they were sexually active than female students. Although there were also few students that revealed that they were not currently sexually active and others proclaimed that they have never had sex. The study found a higher percentage of students who did not use condoms in their first sexual intercourse as a result of inadequate knowledge of condoms during that period and negative beliefs about condoms. Deacon (2010) in her study found that students did engaged in protected sexual intercourse as they point out that condoms ruined the excitement of sex and they had issues with access to condoms. Though there was a low percentage of students who had used condoms in their first sexual intercourse, this study also revealed that there were also positive attitudes towards condom usage with many students who professed to having used protection during their last sexual intercourse for various reasons such as protecting them from HIV/AIDS, STIs and unplanned pregnancy. This is parallel to the study conducted by HEAIDS (2010) which put forward that condom use at last sexual intercourse is high for university students to a certain extent. However, in this study some students revealed that they did not use condoms in their last sexual intercourse because of being in a stable relationship. Others claimed that they were testing for HIV frequently and others they got used to engage in sexual activities without protection.

Condom negotiation was found to be a challenge among females which led to inconsistent condom usage. In a study by Holland and French (2012) condom negotiation was one of the major challenges to consistent condom use among college students. The current study also revealed that for many male students, lack of condom use was associated with manhood. They felt they were real men when they engaged in sexual intercourse without protection. Ngubane (2012) found that there was low level of

condom use among boys and this behaviour emerged from their intent to maintain manhood and avoid being labelled as *sissies*. Another reason for low condom use in this study, especially among male students was that the Choice condoms which are sponsored freely by the government in higher institutions were of poor quality and the smell was bad, which led to students not using a condom at all if they cannot afford to buy their own condoms. These findings are consistent with previous studies which revealed that there are negative perceptions of government sponsored condoms (Holland and French, 2012; Nkwei, 2013; Mulwo, 2009). Female participants did not have any problems with condoms as most of them mentioned that they normally buy condoms. Interestingly, in this study male students reported having adopted different methods as alternatives to condoms, which always worked for them in reducing their risk of contracting HIV infections. These methods included what they called '*shower method*', '*isiphandla method*', withdrawal, a mixture of water with apple-sider vinegar, and a mixture of medication (Disprin) with Coca Cola. This mixture of medication with Coca Cola was normally adopted by female students advised by their partners. Therefore, consistent condom use was usually neglected as most of students have other methods to use in preventing HIV infections.

Students were asked about their perceptions of premarital sex and pregnancy. Most participants were against premarital sex declaring that sex is addictive and there are many consequences for a person who will engage in sexual activities before maturity. The majority of male students thought that multiple sexual partners were a good thing as long as protection is used. Students reported involvement in multiple sexual partners to prove their manhood and due to being influenced by their peers, especially male students. Male students also reported engaging in multiple sexual partners to experiment with different body shapes of females. Interestingly, many female students were against the concept of multiple sexual relationships arguing that it was wrong as it perpetuates the virus and it was something disgusting and it was for people who were immature. However, multiple sexual partners were found to be common among university students which were mostly promoted by peer pressure and financially difficulties. Students who consumed alcohol were found more likely to be engaged in multiple sexual partners. Alcohol consumption influences the decision to engage in risky sexual practices including involvement in multiple sexual partners and failure to consistently use condoms (Ghandour *et al.*, 2014). Surprisingly, the findings for this study revealed that there is a group called '*operation shayikuku*' that exist in campuses. This group also promoted multiple sexual partners as male students are required to engage in sexual intercourse with different female partners. If one of the group members failed to do so, he will become a laughing stock among his peers. Therefore, pressure to have multiple sexual partners is normally influenced by negative friends and students conform to the norms of their peers if they want to be accepted (Mutinta, 2014).

Although all participants acknowledged that they were aware of the HIV/AIDS campus support unit but the study found that there were those students who have never been to the unit. However, those who have been to the campus HIV unit provided the following reasons for visiting the campus HIV unit, which includes HCT, MMC, attending forums, and collecting condoms. Students reported they were knowledgeable about HIV transmission and prevention through the campus HIV support unit. The majority of students felt that the campus HIV support unit helps in minimizing new HIV infections and risky sexual behaviours within the university community by providing information through campaigns and awareness programmes. However, a few participants had negative attitudes about the HIV support unit claiming that their venues, which they normally use to provide services to students, are not appropriate and the staff from the HIV support unit was not friendly.

The second objective was to investigate the drivers of risky sexual behaviours among students. Lack of socio-economic support was identified as one of the factors driving risky sexual behaviours among students. Students, both males and females who came from poor financial background were likely to be involved in intergenerational relationships. Lack of socio-economic support among students was often associated with risky sexual behaviours. It was also reported that sex in exchange for money among university students usually took place undercover and it was not visible on campuses. Students are involved in sexual activities with other students in exchange for money. Therefore, the use of sex as a means of accessing material possessions among university students alone was not prevalent however it was found to be common among students with older people who were known to be non-students. Sex in exchange for services was common on campuses in some extent, as it was reported that some students had to engage in sexual activities in order to get access to university residence. It was also indicated that the use of sex as a means of accessing material possessions in the campuses took place directly and indirectly with small gifts. Paying indirectly was mostly associated with those students who were alcohol users. For example, a group of male students would buy alcohol and invite female students to drink with them and afterwards they would engage in sexual activities. This therefore leads to sexual intercourse under the influence of alcohol because it usually affects the ability of an individual to take responsible decisions when under the influence of alcohol (Mats'umunyane, 2011).

Alcohol consumption and alcohol abuse delays the thinking ability of an individual to make noble sexual decisions, therefore leading to sexual intercourse under the influence of alcohol, which is also associated with a variety of risky sexual activities (Nkomazana, 2013). For this study, sexual intercourse under the influence of alcohol was one of the drivers of risky sexual behaviours. However, few students who were found to have had sex under the influence of alcohol; peer pressure was also

found in this study as one of the contributing factors to risky sexual behaviour among university students. According to Mats'umunyane (2011) peer influence is known to be high in schools and tertiary institutions. In this particular study, competition was found to be a problem among university students which also contributed to risky sexual behaviours. Media was also found to be one of the factors that lead students to be involved with sugar daddies for material goods

The model developed by Eaton *et al.* (2002) for understanding sexual behaviour stresses that individual sexual risk behaviour is not only influenced by interpersonal relationships and culture and structural factors but also by physical and organizational environment. Students were found to be influenced by the campuses environment to engage in risky sexual behaviours. However, for some students it was the environment where university off-campus residences were allocated. University off-campus residences were allocated in an environment that allowed students to engage in risky sexual behaviours such as involving themselves in transactional sex, multiple sexual partners and alcohol consumption. It was also established that at campus there are venues which exposed some students to engage in sexual intercourse, most likely unprotected intercourse. Other than the campus environment, home background also have had impacted students' decisions for engaging and not engaging in sexual practices. Some participants mentioned that their parents influenced their decisions to engage in sexual activities, which also led them to their involvement in relationships secretively. However, for a few students both from urban and rural areas, home background environment did not have any impact on their decisions to start engaging in sexual activities. Therefore, it is evident that individuals and their environment are influenced by broader social conditions (Eaton *et al.*, 2002).

The third objective was to examine the opportunities and constraints for changing risky sexual behaviours. According to the participants, there are many opportunities in changing students' risky sexual behaviours as there is a lot of information available and provided to students with regards to HIV transmission and prevention as well as on preventing risky sexual behaviours. The Campus HIV/AIDS Support Unit has also been playing an important role in encouraging students to avoid and to quit risky sexual behaviours in both campuses (Westville and Howard College). However, it depends on individual's choice and their personal values which influence their decision to change his or her behaviour. It also depends on individual's belief in his or her confidence to control one's own behaviour and having the ability to successfully change a particular behaviour (Eaton *et al.*, 2002; Nkomazana, 2013).

Participants have mentioned some challenges that students face in changing their risky sexual behaviours. These challenges included lack of communicating information through educational

campaigns and programmes. Many students felt that the campaigns and programmes which are usually implemented by the Campus HIV/AIDS Support Unit in partnership with other stakeholders as communication strategies were boring and less appealing to the students which ended up not being taken seriously by students. Peer pressure was found to be the main issue among university students in changing their sexual behaviours. Financial challenges among students also hindered their chance to change risky sexual behaviour. This was also revealed in the study by Nkomazana (2013) where economic challenges faced by the country were argued to be a hindrance to sexual behaviour change.

The study comprised a small sample of 30 students from across different colleges at the UKZN, Westville and Howard College campuses. Therefore, the sample size was not enough to allow the generalization of the results to the whole population of students. Regardless of the study limitations, there were also some strengths observed in this study which were taken into consideration. The study used a mixed qualitative methods approach which allowed the researcher and the participants to have social interaction during both individual interviews and in group dynamics. It was advantageous to combine focus group and individual interviews as the researcher during the focus group discussions had an opportunity to clarify issues that were not alluded to during the individual interviews while ensuring the dependability of the results obtained. The study obtained high levels of participation from the focus group discussions as participants were from the same campus, which allowed comfortable and open participation among participants. The researcher being a student from the same institution as the participants, sharing similar experiences and characteristics was able to establish rapport and a better understand the data. For this reason, the results obtained is a rich source of data which might be useful to policy-makers, planners, NGOs and the public to have more information on risky sexual behaviour among young people living in urban areas and rural formal and rural informal areas.

5.3 Recommendations

In this study, participants have offered some recommendations to be adopted in their university in order to reduce students engaging in risky sexual behaviours. These includes conducting more research on risky sexual behaviours of university students, which will assist in collecting more relevant information so that policy makers, government, and other stakeholders can create a coordinated effort to address students' risky sexual behaviour. To improve communication strategies by conducting edutainment-oriented HIV campaigns in order to attract more students to participate in those campaigns. It was also stressed that university programmes should target male students in order to reduce the risk of HIV

infection as male students are more likely to be involved in risky sexual behaviours compared to female students. Another recommendation was to include university staff members to assess their perceptions of HIV/AIDS as well as their participation in university facilities. Service providers and university interventions must be proactive, long-term and transformative, and those who are already infected should be the ones who drive interventions. The university's dedication in organizing HIV/AIDS campaigns to encourage students to participate in the campaigns and programmes implemented by the Campus HIV/AIDS support unit should be promoted, as the findings of the study have indicated that few students participate in the campaigns offered by the HIV unit. There should be more campaigns and awareness on alcohol consumption as it has played a critical role in influencing student's decision to engage in risky practices. University off-campus residences should be allocated in a conducive environment for studying - the environment that would discourage risky behaviours. The main recommendation from participants was that all types of condoms including commercial brands like Durex, Lovers Plus and Trust should be provided for free to students, and government should stop providing Choice condoms. This was also found to be the main recommendation in the Nkwei (2013) research study as it suggested that the relevant health authorities need to consider stopping the production of the Choice and Love condoms as they cannot be maintained. The findings of this study can be used to dispel myths that were mentioned in the research. Campaigns should be designed to dispel myths and inaccurate perceptions rather than merely providing facts.

In conclusion, this chapter has discussed the findings from the qualitative data collected from university students. The results were linked and found to be largely consistent with the existing literature, both with university student's sexual behaviours that lead to HIV infection, STIs and unplanned pregnancy. The findings of this study also indicated that students are fully aware of risky sexual behaviours. However, risky sexual behaviours were found to be more prevalent among students, especially those who reported being sexually active. These risky sexual behaviours, included having multiple sexual partners, engaging in sexual intercourse without the use of condoms, intergenerational relationships, sexual intercourse under the influence of alcohol and transactional sex. Similar findings were documented by Nkomazana (2013) among university students in Zimbabwe, where students between the age group of 15-24 year were found to be engaging in similar risky sexual behaviours.

The implications of these findings is that male students engaged in multiple sexual partners more than female students, which may expose them to the health risks associated with sexual activities. Male participants were more likely to engage in unprotected sexual activities than female participants. For instance, the majority of males than females claimed to have had adopted other methods as alternative

to condom use. These findings complement previous studies among university students that revealed higher levels of sexual activity and risky sexual behaviours among males than females (Nkomazana, 2013; Mutinta, 2012; Mutinta, and Govender, 2012; Mutinta *et al.*, 2013). The university strives to provide HIV information and condoms distribution to the students, in order to reduce risky sexual behaviours and the risk of HIV infection. Despite the university environment, which is known to be a risky sexual environment, some students have managed to avoid engaging in risky sexual behaviours due to their own personal values and religious beliefs, similar result were found in Nkomazana (2013). However, there are numerous factors which hindered university students in changing their sexual behaviours, including socio-economic challenges, peer pressure, and lack of communicating information through educational campaigns and programmes.

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Appendix A: Letter of Ethical Approval



22 January 2015

Ms Zinhle Mthembu
School of Built Environment & Development Studies
College of Humanities
Howard College Campus
UKZN
Email: 210538969@stu.ukzn.ac.za
mzinhle2@gmail.com

Dear Ms Mthembu

RE: PERMISSION TO CONDUCT RESEARCH

Gatekeeper's permission is hereby granted for you to conduct research at the University of KwaZulu-Natal (UKZN) towards your postgraduate studies, provided Ethical clearance has been obtained. We note the title of your research project is:

"Risky sexual behaviours of students: A case study of students at the University of KwaZulu-Natal".

It is noted that you will be constituting your sample by randomly handing out questionnaires, performing focus group discussions and interviews with students on the Howard College and Westville Campuses.

Data collected must be treated with due confidentiality and anonymity.

Yours sincerely

MR B POO
REGISTRAR (ACTING)

Office of the Registrar

Postal Address: Private Bag X54001, Durban, South Africa

Telephone: +27 (0) 31 260 8005/2206 Facsimile: +27 (0) 31 260 7824/2204 Email: registrar@ukzn.ac.za

Website: www.ukzn.ac.za



Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

Appendix B: Letter of Informed Consent

Project Title:

Risky Sexual Behaviours of students: A case study of students at the University of KwaZulu-Natal, Durban.

Development Studies Masters Research Project

Researcher's Name : Zinhle Mthembu
School : Built Environment and Development Studies
Faculty : Humanities
Campus : Howard College
Existing qualification : Honours in Social Science (Public Policy)
Proposed qualification : Masters in Development Studies

Contact Details

Telephone number : 060 886 7316
Email : 210538969@stu.ukzn.ac.za

Should you wish to enquire further regarding this study please feel free to contact project leaders on the following details:

Supervisor / Project Leader Details

Supervisor's Name : Prof Pranitha Maharaj
Office Telephone number : 031 260 5421
Email : Maharajp7@ukzn.ac.za

Humanities and Social Sciences Research Ethics Committee

Name : Ms Ximba
Office Telephone number : 031 260 3587
Email : Ximbap@ukzn.ac.za

Dear Participant

My name is Zinhle Mthembu (210538969), a Master's student in the School Built Environment and Development Studies, at University of KwaZulu-Natal. I am conducting a research project entitled: **Risky sexual behaviours of students: A case study of students at the University of KwaZulu-Natal, Durban**. The overall aim of the study is to shed light into risky sexual behaviours of students at the University of KwaZulu-Natal. This study is supervised by Prof. Pranitha Maharaj of the School of Built Environment and Development Studies. I would like you to participate in this study by answering some questions on sexuality, HIV risks, and risky sexual behaviours. Your participation in this study is entirely **voluntary** and you may withdraw at any time if you do not wish to continue and you are free to refuse to answer any questions. There is no right or wrong answers hence your views are very important. There will be no potential benefits or reimbursements for you from participating in this study. However, your responses will be used only for academic purposes. Therefore, all information collected will be kept **completely confidential**, only the researcher and supervisor will have access to the information collected and it will then be stored for up to **5 years**. The focus group sessions will be **audio-recorded** and also

notes will be taken by the note-taker (2nd facilitator). Focus group sessions should take about **1 to 2 hours**. During focus group discussion, the researcher will use numbers to refer to the participants in order to maintain confidentiality and anonymity.

By signing below, you are indicating that you have read and understood the consent form and that you agree to participate in this research study.

I am over 18 years old and eligible to participate in this study

Yes	No
-----	----

I agree to have my focus group discussion being audio-recorded

Yes	No
-----	----

I _____ hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

I understand that I am at liberty to withdraw from the project at any time, should I so desire.

Signature of Participant

Date

Thank You for Your Participation.

Appendix C: In-depth Interview Guide

IN-DEPTH INTERVIEW GUIDE

Project Title: *Risky Sexual Behaviours of students: A case study of students at the University of KwaZulu-Natal, Durban.*

Note: *The questions were guided by Eaton, Flisher & Aaro's theoretical framework that takes into account the influence within the person, within his or her proximal context, and within the distal context to understand sexual risk behaviour.*

Topic Area 1: Background Information

01.	What is your age group?	18-20 21-24 25>	1 2 3
02.	What is your gender?	Male Female	1 2
03.	Which year of study are you in?	Second year Third Other, specify _____	1 2 3
04.	Which UKZN campus are you from?	Howard College Campus Westville Campus	1 2
05.	What is the faculty of your studies?	Engineering Health Sciences Humanities, Dev. & Social Sciences Law Other, specify _____	1 2 3 4 5
06.	What kind of an area did u spend most of your life before the age of 15?	Urban Rural Other, specify _____	1 2 3

Topic Area 2: Personal Factor (*cognitions, feelings related to sexual behaviour and thoughts about one's self*)

1. What do you understand about risky sexual behaviour?
2. What do you think are the main drivers of risky sexual behaviour among students?
3. What factors lead students to participate in risky sexual behaviours?
4. What kind of behaviours put students at risk of transmitting HIV infections and getting unwanted pregnancy?
5. What are your perceptions on premarital sex and HIV risks?
6. Do you think students are knowledgeable about the modes of sex, HIV transmission and prevention?
7. Are you aware that there is a Campus HIV/AIDS Support Unit in this campus? What do you know about it?
8. Have you ever been to the Campus HIV/AIDS Support Unit?
 - a. If so, how often do you make use of the unit?
 - b. What was your reason(s) for visiting the Campus HIV/AIDS Support Unit?

9. How does this unit help in minimizing new HIV infections and risky sexual behaviours within the university community?
10. What are the opportunities and constraints regarding changing risky sexual behaviours of students?
11. Any other comments regarding risky sexual behaviours?

Topic Area 3: Proximal Context (interpersonal relationships, physical and organizational environments)

1. Are you sexually active?
 - a. If so, did you use condom for engaging in your first sexual act?
 - b. What factors promote or inhibit use of condom?
2. What are your thought on having multiple sexual partners?
3. Do you have the ability to negotiate for safe sex (for instance condom use) with your partner? If so, How?
4. Where do you normally get condoms from? Are they easily accessible?
5. Have you ever had sex when you or your partner was under the influence of alcohol?

Topic Area 4: Distal Context (culture, structural factors such as legal, political, economic or organizational elements of the society)

1. Do you think the environment where you spend most of your life either home or university influences your decision for engaging in sexual practices?
2. What expectations regarding sexual behaviour does the community have on you as a female or male student? Explain fully.
3. What particular sexual behaviours are considered ideal or acceptable for a male or female student? Which types of sexual behaviours are unacceptable among students at this university?
4. How common are multiple sexual partnerships among students? What factors promote or discourage them?
5. Have you ever paid or got paid for sex? Receive/ give gifts? How prevalent is sex in exchange for money or gifts or grade at this university?
6. What do you suggest be done to your university to reduce students for engaging in risky sexual behaviours?
7. Do you have any other comments on any of the issues we have discussed?

THANK YOU FOR YOUR COOPERATION

Appendix D: Focus Group Discussion Guide

FOCUS GROUP DISCUSSIONS GUIDE

Project Title: *Risky Sexual Behaviours of students: A case study of students at the University of KwaZulu-Natal, Durban.*

Note: The questions were guided by Eaton, Flisher & Aaro's theoretical framework that takes into account the influence within the person, within his or her proximal context, and within the distal context to understand sexual risk behaviour.

Topic Area 1: Background Information

01.	What is your age group?	18-20 21-24 25>	1 2 3
02.	What is your gender?	Male Female	1 2
03.	Which year of study are you in?	Second year Third Other, specify _____	1 2 3
04.	Which UKZN campus are you from?	Howard College Campus Westville Campus	1 2
05.	What is the faculty of your studies?	Engineering Health Sciences Humanities, Dev. & Social Sciences Law Other, specify _____	1 2 3 4 5
06.	What kind of an area did u spend most of your life before the age of 15?	Urban Rural Other, specify _____	1 2 3

Topic Area 2: Personal Factor (*cognitions, feelings related to sexual behaviour and thoughts about one's self*)

12. What do you understand about risky sexual behaviour?
13. What do you think are the main drivers of risky sexual behaviour among students?
14. What factors lead students to participate in risky sexual behaviours?
15. What kind of behaviours put students at risk of transmitting HIV infections and getting unwanted pregnancy?
16. What are your perceptions on premarital sex and HIV risks?
17. Do you think students are knowledgeable about the modes of sex, HIV transmission and prevention?
18. Are you aware that there is a Campus HIV/AIDS Support Unit in this campus? What do you know about it?
19. Have you ever been to the Campus HIV/AIDS Support Unit?
 - c. If so, how often do you make use of the unit?
 - d. What was your reason(s) for visiting the Campus HIV/AIDS Support Unit?

20. How does this unit help in minimizing new HIV infections and risky sexual behaviours within the university community?
21. What are the opportunities and constraints regarding changing risky sexual behaviours of students?
22. Any other comments regarding risky sexual behaviours?

Topic Area 3: Proximal Context (interpersonal relationships, physical and organizational environments)

6. Are you sexually active?
 - c. If so, did you use condom for engaging in your first sexual act?
 - d. What factors promote or inhibit use of condom?
7. What are your thought on having multiple sexual partners?
8. Do you have the ability to negotiate for safe sex (for instance condom use) with your partner? If so, How?
9. Where do you normally get condoms from? Are they easily accessible?
10. Have you ever had sex when you or your partner was under the influence of alcohol?

Topic Area 4: Distal Context (culture, structural factors such as legal, political, economic or organizational elements of the society)

8. Do you think the environment where you spend most of your life either home or university influences your decision for engaging in sexual practices?
9. What expectations regarding sexual behaviour does the community have on you as a female or male student? Explain fully.
10. What particular sexual behaviours are considered ideal or acceptable for a male or female student? Which types of sexual behaviours are unacceptable among students at this university?
11. How common are multiple sexual partnerships among students? What factors promote or discourage them?
12. Have you ever paid or got paid for sex? Receive/ give gifts? How prevalent is sex in exchange for money or gifts or grade at this university?
13. What do you suggest be done to your university to reduce students for engaging in risky sexual behaviours?
14. Do you have any other comments on any of the issues we have discussed?

THANK YOU FOR YOUR COOPERATION