CULTURE AND GENDER AS FACTORS IN PATTERNS OF HIGH-RISK SEXUAL BEHAVIOUR AMONG STUDENTS ON THE MAIN CAMPUS OF THE UNIVERSITY OF THE FREE STATE

ENGELA ELIZABETH COETSEE

JUNE 2007

CULTURE AND GENDER AS FACTORS IN PATTERNS OF HIGH-RISK SEXUAL BEHAVIOUR AMONG STUDENTS ON THE MAIN CAMPUS OF THE UNIVERSITY OF THE FREE STATE

by

ENGELA ELIZABETH COETSEE

Articles submitted in fulfilment of the requirements for the degree

MAGISTER EDUCATIONIS

in the

SCHOOL OF EDUCATION

in the

FACULTY OF HUMANITIES

at the

University of the Free State

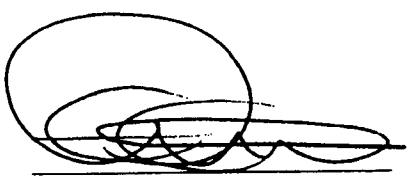
JUNE 2007

Study Leader: Dr MG Badenhorst

Co-study Leaders: Dr P Basson and Prof J Hay

DECLARATION

I, Engela Elizabeth Coetsee, declare tat these two Articles that I hereby submit for a Magister Educationis Degree in Psychology of Education at the University of the Free State, are my own independent work an have not previously been submitted by me for a degree at any other University / Faculty. I furthermore waiver copyright of these Articles in favour of the University of the Free State



Engela Elizabeth Coetsee

Student at the Department of Psychology of Education

University of the Free State

JUNE 2007

'We thought with the new government we could relax, study, plan a future. Now AIDS is here to give us no future. Well, we'll all just get it and that's life. We're cursed; we really are the lost generation.'

24-year-old male

ACKNOWLEDGEMENTS

It is with appreciation that the researcher acknowledges the contribution of the following:

MY CREATOR
For answering my prayers

MG BADENHORST
Study Leader
Department of Psychology of Education
University of the Free State

DR P BASSON
Co-Study Leader
Director: HIV and AIDS Prevention
University of the Free State

PROF J HAY
Co- Study Leader
Department of Higher Education
University of the Free State

MISS M DE WET
Associate research advisor
University of the Free State,
for exceptional guidance and support, both on a personal level and with regard to research methodology

MIKE AND CAROL KEEP
for all their assistance and support with the linguistic editing of these articles

MY FAMILY
For always supporting me and believing in my abilities

PARTICIPANTS
without whom this study would not have been possible

CONTENTS

LIST OF FIGURES

PAGE

CULTURE AND GENDER AS FACTORS IN HIGH-RISK SEXUAL BEHAVIOUR PATTERNS OF STUDENTS AT SOUTH AFRICAN UNIVERSITIES - A LITERATURE STUDY

1.1 INTRODUCTION

The human immunodeficiency virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) pandemic have received overwhelming attention at all levels of social intervention. Primary, secondary and tertiary-level educational programmes have been developed in accordance with new information available on these subjects.

Michael Gibbons, secretary-general of the Association of Commonwealth Universities, warned that the HIV and AIDS pandemic would lead to the decimation of higher education structures in South Africa (Bridgraj, 2000:9). This means that universities will not be able to cope with society's demand for academically trained workers (Bridgraj, 2000:9). Looking at the pandemic from this perspective helps us to realize the vulnerability of young adults, as well as the fact that HIV infection is spread through modern sexual behaviour (Marcus, 2002: 23).

The youth is also seen as a target for the HIV and AIDS pandemic (Harrison, Xaba, Kunene & Ntuli, 2001:69-78). Students at tertiary institutions in South Africa are highly sexually active, and always have been. However, HIV has certainly changed the situation from the times when the possibility of an unwanted pregnancy was all a student had to worry about after participating in unprotected sexual activity (Thom & Cullinan, 2003:47).

The aim is to conduct a literature review on the gender and cultural factors influencing high-risk sexual behaviour in male and female students.

1.2 PROBLEM STATEMENT AND RESEARCH QUESTIONS

Several problems currently exist in the battle against HIV and AIDS among students. Abt Associates in Levine & Ross (2002:90) estimated that, in the year 2000, the HIV infection rate at university undergraduate level was roughly 22%. Estimates for 2005

rose to about 33%. Tertiary institutions will therefore be confronted with an increasing number of students who will begin their studies as HIV-positive individuals, as well as an increasing number of students who will be infected with HIV by the time they complete their studies (Crewe, 2000:11). This will result in students never reaching senior levels in the economic working sector. The focus of this study is to review the South African literature of the last 5 years, which focuses on HIV and AIDS and students' high-risk behaviour in order to identify prevailing themes and trends so that new directions may be identified in the research on students and HIV and AIDS.

Previous educational prevention programmes to combat HIV among students focused on informing the youth regarding the modes of transmission of HIV (Strydom & Strydom, 2002:216). Knowledge, Attitude, Belief and Practice (KABP) surveys were mainly used to study students' sexual behaviour in relation to HIV. The reason was that researchers believed if the youth could develop the proper skills and had the right information (facts) surrounding HIV and its modes of transition and their beliefs (positive or negative feelings and opinions) were taken into consideration, it might help predict and influence their health-related behaviour, and they would be in the position to change their high-risk sexual behaviour (Richter & Kuhn, 1997:176).

After scrutinising literature from 2000, it became clear that, despite having a sufficient knowledge base with regard to HIV and its modes of transmission to defend themselves, students are still being infected with HIV. This proves that **knowledge** alone is not enough to prevent HIV infection, and that factors such as **gender** and **culture** should also be researched to help stop the spread of HIV (Coughlan, Coughlan & Jameson, 1996:255; Eaton & Flisher, 2000:111; Levine & Ross, 2002:90).

In connection with the above-mentioned, the following research questions can be asked:

- To what degree do gender and culture influence high-risk sexual behaviour among students at South African universities?

- To what degree do high-risk sexual practices of students differ on the basis of gender, culture and their awareness of HIV?

1.3 THE AIMS OF THE RESEARCH

The literature review focused on the following:

- To determine high-risk sexual behaviour practiced by students at South African universities, which may increase their chances of being infected with HIV.
- To determine the influences of gender, culture and awareness of HIV on this behaviour.

1.4 NECESSITY OF THE STUDY

The literature should contribute to:

- The establishment of a conceptual and theoretical model for studying risk behaviour among students by means of a thorough literature review (*cf.* Article 1).

The empirical part of the study (*cf.* Article 2) will elaborate on the information gathered in this Article, with a view to:

- Gaining a better understanding of the risk factors for HIV infection among students on the Main Campus of the University of the Free State and drawing a comparison with the behaviour patterns of students at other universities, as established in the literature review (univariate analysis – Article 2).
- Gaining a better understanding of culture and gender as risk factors for HIV infection among students on the Main Campus of the University of the Free State (contingency tables – Article 2).

- Obtaining information on students' sexual behaviour that can be used in the improvement of HIV and AIDS prevention programmes on the Main Campus of the University of the Free State.

1.5 CONCEPT CLARIFICATION

In this section, the following relevant concepts will be defined and clarified: Gender as a biological concept, high-risk behaviour, high-risk group, culture, the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

1.5.1 GENDER AS A BIOLOGICAL CONCEPT

A person's gender is based on primary sexual characteristics (physical), the anatomical traits that are essential to reproduction. Most cultures classify members of the population in two categories (male and female), largely based on what people see as clear anatomical distinctions. Gender can therefore be seen primarily as a biological concept based on primary sex characteristics (Ferrante, 2003:312).

1.5.2 HIGH-RISK SEXUAL BEHAVIOUR

For the purpose of this study, high-risk sexual behaviour will be defined as sexual experimentation or sex with another person or persons without using a barrier method (that is, physical prevention such as the female or male condom) against possible HIV infection.

1.5.3 HIGH-RISK GROUP

This concept relates to a person or group that is more prone to being exposed to a specific situation through specific behaviour, or other factors (Khokho, 1997:21). For the purpose of this study, a high-risk group refers to students who, through high-risk sexual behaviour (unprotected sexual experimentation or sex), are more prone to being infected with HIV.

1.5.4 CULTURAL DEVISION IN THE STUDY

In this study, respondents will be divided into two main cultural groups: students from an African cultural background and students from a Western cultural background.

1.5.5 HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HIV is related to the retrovirus that may be found in people. HIV invades the human body and destroys cells that control and support the immune system (Van Dyk, 2005:10 & Evian, 2003:7).

1.5.6 ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

AIDS is the abbreviation for Acquired Immune Deficiency Syndrome. It is *acquired*, since it cannot be genetically inherited. It is caused by a virus (HIV) that enters the body from the outside. *Immunity* is the body's natural way to protect itself against infections and disease. A *deficiency* is a shortcoming – the immune system is weakened, so that it can no longer defend itself against passing infections. A *syndrome* is the medical term for a collection of specific signs and symptoms that appear together, and are considered characteristic of a specific condition (Van Dyk, 2005:3).

1.6 LITERATURE STUDY

This literature study will focus on various factors that could influence South African students' sexual behaviour, including:

- Establishing the connection between HIV and a student's gender and cultural background.
- Cultural and gender stereotypes among students.
- Various other influences relating to gender and sexual behaviour.

The factors mentioned above will now be discussed.

1.7 ESTABLISHING THE CONNECTION BETWEEN HIV AND A STUDENT'S GENDER AND CULTURAL BACKGROUND

Human sexuality has a complex influence on both individuals and societies. Statistical findings among students predicting a 10% increase in the HIV infection rate of universities' undergraduates in only five years (Levine & Ross, 2002:90), as well as the possible inability of universities to cope with societies' demands for academically trained workers due to the effect of HIV and AIDS on students, (Bridgraj, 2000:9) draws attention to new high-risk behaviour patterns among students who are seldom targeted in HIV prevention programmes.

Studies by the Department of Health (1994:14) and Trussler and Marchand (1997:51) before 2000, as well as by the World Health Organization (2000:10,12) already identify the importance of HIV Prevention Programming within the context of the cultural beliefs of the target society. Gender relations, as formed by cultural beliefs, is added as a new dimension. To date, no research has been done focusing on this unique three-factor combination and the influences and interplay of these factors on the high-risk sexual behaviour of students in South Africa.

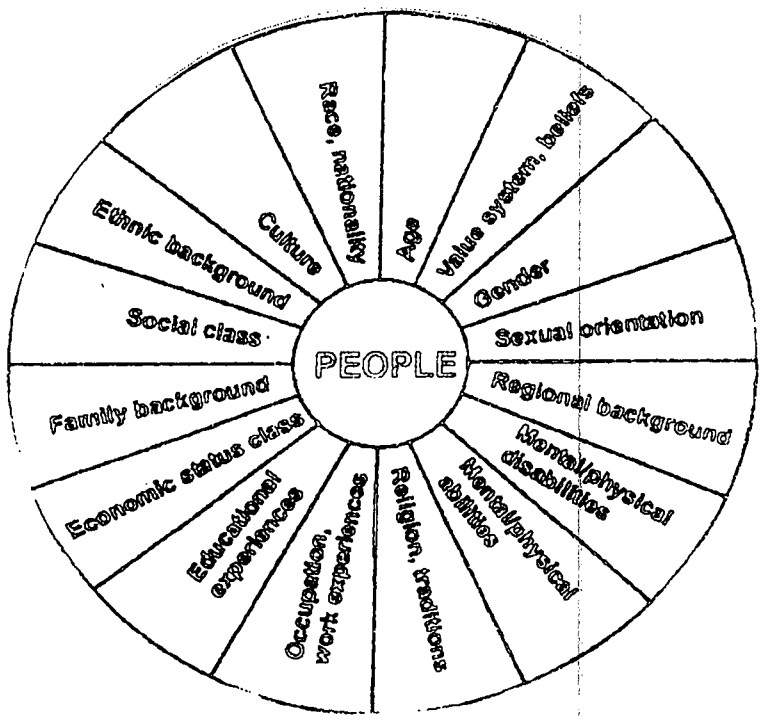


Figure 1: The diversity wheel

If we look at the diversity wheel introduced by Strydom and Strydom (2002:263), which depicts the degree of diversity among people, this overview will include several of the identified factors in a literature study, and subsequently in applied research (*cf*: Article 2).

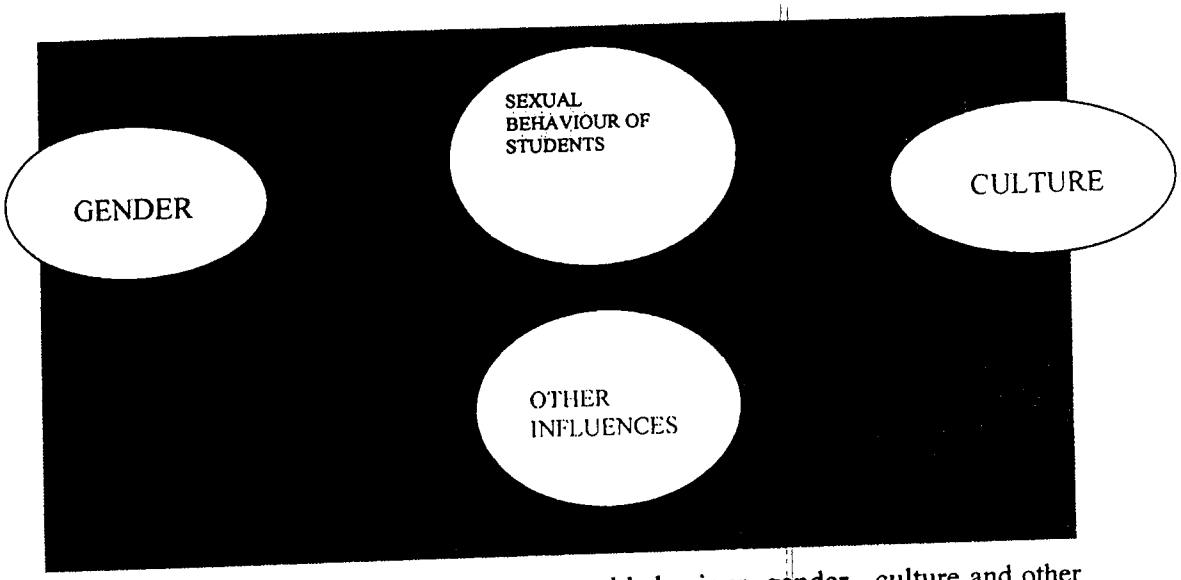


Figure 2: Interaction between students' sexual behaviour, gender, culture and other influences

1.8 CULTURE AND GENDER STEREOTYPES AS RISK FACTORS FOR STUDENTS

Gender relations and cultural influences on sexual practices will be studied in this article as risk factors for HIV infection among students. Since these two factors are closely related and their influences are often difficult to distinguish, they will be discussed as one topic when researching their influences on students' high-risk sexual behaviour. According to the Department of Anthropology at the University of the Free State, the majority of students on the Main Campus may be divided on the basis of either an African or a Western cultural background. The focus, as indicated by this department, will be mainly on these two cultures.

Uys and Alexander (2002:296) describe HIV as mainly spread in South Africa through unsafe heterosexual practices and, for this reason, sexual practices are a logical starting point for HIV research. It is, however, important to focus on

understanding sexual behaviour by placing it in a cultural context within the social milieu in which it occurs (Crothers, 2001:13-16). The gender context is determined according to what is culturally defined as being feminine (appropriate female behaviour) or masculine (appropriate male behaviour) in sexual relationships (Ferrante, 2003:314). Research substantiates the importance of **gender** (for instance, the unequal division of power) as an influence on health behaviour (Finchilescu, 2002:109-131).

The influence of culture and gender on the sexual practices of young adults is also demonstrated by the fact that respondents participating in the research (Levine & Ross, 2002:98) admitted that a cultural basis for infection with HIV exists. Arguments revolve around statements that **culture** shapes both **gender** and what is considered the ideal form of trust and intimacy in sexual relationships. Participating students admitted that the following factors might increase a person's chances of HIV infection if an individual's cultural and gender norms make the individual see the following as appropriate:

i) having more than one sexual relationship at a specific time;
ii) polygamy; and
iii) the perception that your financial status is reflected by the number of sexual partners you have (Levine & Ross, 2002:98).

Studying the **culture** of individuals in relation to their **gender** and sexual practices, will shift the focus from a rational choice based on an individual response, to guidelines focusing on cultural differences (Ntlabati, Kelly & Mankayi, 2001:17). **Culture** and **gender** influence a lot of aspects surrounding students' high-risk sexual behaviour with regard to HIV infection. These factors play a direct role in an individual's choice to use safe sexual practices to protect himself/herself against HIV, and now will be discussed.

1.8.1 THE INFLUENCE OF GENDER RELATIONS AND CULTURE ON THE SEXUAL PRACTICES OF FEMALE STUDENTS

Several influences of **gender** and **culture** on the sexual practices of female students have been identified. The following aspects will now be discussed:

1.8.1.1 Gender and the influence of submissiveness

The literature on gender overwhelmingly indicates the influence of submissiveness. Several cultural customs influence a female student's view of protecting herself against HIV infection. As seen in the Western and African cultures in South Africa, male dominance in society plays a major role in the behaviour of female students. A female is expected to be submissive to her male partner, to raise their children and not to speak openly about their sexual concerns and interests (Ferrante, 2003:342). The man is expected to be the leader in the community and in family life (Taylor, Peplau & Sears, 2000:274). The literature makes it clear that most gender-based power, in both marriage and courtship, is given to males through social conventions. The problem is that male students control the most easily accessible barrier against HIV infection, the male condom. Female students are more at risk of HIV infection, as they may feel powerless to insist on condom use (Finchilescu, 2002:12). Although the female condom is available to students, its use is hindered by the fact that it is much more expensive than a male condom, and not as acceptable and easily accessible (Van Dyk, 2005: 134 - 135).

1.8.1.2 Gender and age

Gender stereotypes, combined with age differences between partners in a sexual relationship, may constitute a risk factor (UNAIDS, 2003:3). Age influences the vulnerability of female students in two ways. Firstly, female students – notwithstanding their cultural background – often prefer to have sexual relationships with older men. These men, in view of their sexual behaviour, carry a higher risk of infecting their partners with HIV. Contributing to the escalation of this risk factor is the unique South African phenomenon that female submissiveness, barricaded beliefs regarding male dominance, high levels of sexual crime and the fear of HIV infection

propel men towards seeking an increasingly younger group of females for sexual relationships (Le Clerc-Madlada, 2002:23). Secondly, female students from a Western cultural background recognize the second aspect to be youth, as the younger female's risk of HIV infection may be higher due to inexperience in negotiating for safer sex (Marcus, 2002:27).

1.8.1.3 Gender and financial status

South African literature of the last five years makes it abundantly clear that financial status is a major risk factor, often influenced by gender. A lower economic status adds to the problem of females having unwanted sexual relationships (Evian, 2003:204). It was found that "sugar daddy" practices and prostitution occur in South African student communities (Kelly, 2001:30-31). Money often plays a role in young women bargaining with older men for sexual favours. A regular practice in African and Western cultures is that of males presenting female sexual partners with gifts. These partners are seen as "girlfriends" and not as prostitutes (Delius & Walker, 2002:7).

Female students now also regard sexual practices and their gender as a source from which to gain material and financial advantages. Sexual favours may vary on a continuum, from rewards for meeting basic needs to sex for expensive items. The literature points to the fact that young women may also be becoming greedier in their financial expectations when bargaining for sexual favours (Le Clerc-Madlala, 2002:30-31). Female students might also see sex with men as a means to increase their social status. The financial position gained by these practices compensates for their lack of social and sexual power. Levine and Ross (2002:102-103) warn that females' submissiveness and sexual liaisons should not only be linked to students from an African cultural background, but are applicable to Western gender roles as well.

1.8.1.4 Culture and contraception

The literature report also bears testimony to cultural risk factors for HIV infection of female students. One of these risk factors for HIV is their approach to contraception. Students admit that casual sex does not lend itself to safe sexual practices against HIV

infection, especially regarding two sexual partners who do not really know each other and are driven by desire, a conducive social environment and a sense of imprudence (Marcus, 2002:26). Research among students from a Western cultural background found that both male and female students see contraception as the responsibility of the female (Marcus, 2002: 26). In addition, female students from an African cultural background often believe that not using a condom will enhance their social status with their male counterparts (Seloilwe *et al.*, 2001:24). They may be expected to prove their fertility by having children before they can get married (Preston-Whyte & Zondi, in LeClerc-Madlala, 2002:28).

The choices made by female students regarding whether or not to use contraception, what type of contraception to use and whether it will prevent HIV infection, affect their vulnerability. Factors contributing to female students not choosing contraception that also serves as a barrier against HIV infection include the reality that female students are more concerned about an unplanned pregnancy than HIV, and that condoms are often seen in a negative light (Marcus, 2002: 8-9; Skidmore & Heyter, 2000:31 and Serlo & Aavarinne, 1999: 469). These findings are inconsistent with gender norms, as mentioned previously (i.e. that females often feel powerless to insist on the use of condoms in view of their social status). Cultural norms, rather than gender, could play a more significant role in the choices made.

1.8.1.5 Culture, gender and myths

Lobola may pose a potential cultural risk factor for female students from an African cultural background. The implication of lobola being so expensive is often that men bargain for sexual favours with the female student, rather than paying lobola to her family (Hunter, 2002:108-112). This practice contributes to the financial status of female students, as the presents and money are given directly to them. It also facilitates the male student's access to sexual favours. The female student's risk of HIV infection is now increased, since the attraction of monogamy offered by marriage declines, and having sexual relationships for material gain seems to be a more lucrative option.

Culture and gender may be linked to myths surrounding HIV that increase the risk to female students. These factors are entwined with one another, and must be viewed as universal to female students, with individual effects and influences on their behaviour and how members of the opposite sex and the community see them. The most prominent of these myths is the virgin-cleansing myth: the belief that sex with a virgin will cure HIV infection and AIDS (Green & Haffajee, 2002:26; Jewkens, 2002:13 and Levine & Ross, 2002:39). If these myths are believed in specific cultural groups, female students – in view of their gender – might be more at risk of sexual violence and rape by their male counterparts.

The virgin-cleansing myth might add to HIV-positive men having sexual relationships with younger women (believing them to be virgins). On the female side, female students may take part in these "sugar daddy" practices and prostitution, not only because of the possible enhancement of financial and social status, but due to the myth that HIV is only found among young people, and that unprotected sex with older men is therefore seen as "safe" (Levine & Ross, 2002:104).

1.8.1.6 Gender and othering

Several researchers have found a general inclination among students of different cultural groups (who see their peers as part of their "in-group") to associate the risk of HIV infection with specific groups (identified as people outside their peer group, and seen as the "out-group"). Since students are not part of the identified stereotypical out-groups in which HIV infection is perceivably found, they see themselves as "safe" during sexual encounters with a person belonging to their in-group. This othering of the disease leads to the possibility that female students, in view of their gender, cultural group and social habits, might not see themselves as at risk of being infected with HIV. Female students from both African and Western cultures have stigmatised the following groups' cultural backgrounds as carriers of HIV: poor rural women, gay men, prostitutes and drug addicts (Levine & Ross, 2002:93; Shaw, 2002:92 and Uys, 2002:388).

In this section, attention was given to several influences of gender and culture on the sexual practices of female students, which could increase their chances of being

infected with HIV. It is necessary to also assess these influences on the sexual practices of male students in order to present an overall picture of influencing factors in students' lives.

1.8.2 THE INFLUENCES OF GENDER RELATIONS AND CULTURE ON THE SEXUAL PRACTICES OF MALE STUDENTS

Several influences of gender and culture on the sexual practices of male students have been identified, and the following aspects will now be discussed:

1.8.2.1 Gender and male dominance (Masculinity)

As discussed in this article, male dominance influences the sexual behaviour of female students (*cf.*1.7.1.1) Gender also increases male students' risk of HIV infection in several ways, including the male students' view of perceived masculinity, condom use and expectations based on financial status. Cultural practices such as myths and circumcision are also factors. These gender and cultural risk factors enhance male students' susceptibility to HIV infection.

One of the gender risk factors experienced by male students in African and Western cultures is their striving to be seen as masculine by their peer groups. Masculinity can be placed on a continuum between what is considered masculine and 'macho', and what is seen as refined and being a 'sissy' (Le Clerc-Madlala, 2002:29). Male students have to meet certain expectations to attain the status of "masculine and macho". The risk may lie in these expectations, and includes having several sexual partners, having control over women, and owning expensive accessories (Selikow, Zulu & Cedras; 2002:24). Macho male students from an African cultural background regularly distinguish between their female partners as belonging to one of two groups: girlfriends are seen as long-term sexual partners (with whom condoms are often not used) and those in the second group are seen as casual sexual partners (with whom condoms are preferably used). This might add to the fact that research among female students proved (*cf.* 1.8.1.4) that they frequently regard not using condoms during sex as a way of enhancing their social status. They might believe that this choice will make male students see them as permanent girlfriends, rather than "casual partners".

1.8.2.2 Gender and the male condom

In both African and Western cultures, gender may influence the male student's use of the male condom as a barrier method against HIV and unwanted pregnancy. As mentioned above, a male paradigm is recognised in condom use (Harrison, Xaba, Kunene & Ntuli, 2002:67-69). Since the male student controls the use of the male condom, every sexual encounter requires negotiation between partners (Marcus, 2002: 3). The fact that male students may choose to use condoms only with their casual sex partners, makes them vulnerable to HIV infection by long-term girlfriends. Students who frequently make a negative connection between physical pleasure and condom use, raise this risk. Finally, the associations made by students between love, passion and trust combine in such a way that asking questions about previous sexual relationships and requesting condom use during sex are deemed inappropriate (Levine & Ross, 2002:94).

1.8.2.3 Gender and financial status

Male students' financial status becomes a risk factor when they do not have the financial resources to buy expensive accessories (Selikow, Zulu & Cedras, 2002:24). South Africa's high unemployment rate may be seen as a contributing factor pressurising male students to prove their masculinity without making use of financial means (Barnes, 2000:7). Uncertainty about their financial future, based on job opportunities, could lead to male students being more aggressive towards their female partners in sexual relationships. This supports the findings by Strydom and Strydom (2002:262) that HIV prevention among students is hampered by social and economic factors that are beyond their personal control. Since male students see themselves as initiators of sex, based on their gender norms, they can pursue several sexual relationships as an alternative route in order to gain macho status (Le Clerc-Madlala, 2002:30, 33).

Following a line of investigation, it was proved that male students from African cultures regard having several sexual relationships as a way to gain macho status. This alternative method also includes peer pressure and social norms that condone gender violence and decrease safe sexual practices (Vagra & Makubalo, 1996 and

Vagra & Mellon, 2000, in Le Clerc-Madlala, 2002:20). It is highly likely that this phenomenon, in view of intercultural relations on campus and the patriarchal basis of Western culture, will also be found among male students from a Western cultural background. Levine and Ross (2002:101-102) warn against linking male licentiousness and female submissiveness only to African cultures, since they may also be found in other cultural groups.

1.8.2.4 Culture and circumcision

Unprofessionally done circumcision provides a cultural gender-related risk factor for HIV infection among male students. The circumcision of young males is practised in several cultures, and may be performed for medical, cultural or religious reasons. In South Africa, male circumcision is seen as an important part of African culture's initiation process, symbolically leading the young male into adulthood. Traditionally, it is believed that the male's masculinity is tested during this procedure. Several health risks are associated with the procedure, if it is not done by a medically qualified person. For example the procedure of group circumcision is often performed making use of unsterilized tools (such as a razor or a piece of glass) (Louw, 1998: 480). Group members could, in this manner, infect one another with HIV.

1.8.2.5 Gender, culture and myths

The cultural risks of myths also exist among male students from African and Western cultures. The virgin-cleansing myth in African cultures may have an influence on female students (putting them at greater risk of gender violence), but may also influence male students' attitudes and behaviour towards female students. The myth that HIV does not cause AIDS, and that it is only a method used by Western cultural groups to restrict their population growth, might lead to students (both male and female) from African cultural backgrounds not considering the risk of HIV infection a reality (Le Clerc-Madlala, 2002:39). Myths that condoms have microscopic holes in them, which can let the HIV virus through (Positive Outlook, 1994: 20), might improve the chances of male students not using condoms (which are already viewed in a negative light). Myths that HIV infection is a form of punishment by supernatural

powers, can also be found in the religions of both African and Western cultural groups (Bates, 2002:95; WCC, 1997:50-52 and Magesa, 1997:166-169).

1.8.2.6 Gender and othering

Male students, like females, are also inclined to othering. This issue causes male students to regard HIV as something that only happens to "other people" belonging to stereotypical out-groups. Students perceive their social circle to be closed to people of the out-groups, and therefore see their in-group as "safe". Their belief that their social networks are not promiscuous, is confused with the notion that "birds of a feather flock together" (Marcus, 2002:32). Myths and stories about out-groups ("they") being infected with HIV may quickly reach levels of conviction and influence how they are treated by the rest of the student community ("us") (Whiteside, 1991:1). Poor individuals without scholastic or tertiary training, gay men, and heterosexual students may be included in these stigmatised groups. Cultural stigmatisations also exist among students, and students from a Western cultural background see students from African cultural backgrounds as the carriers of the disease. Students, notwithstanding their cultural backgrounds, stigmatise poor black people with a lack of education as responsible for spreading HIV (Levine & Ross, 2002:100).

Marcus (2002: 27) affirms that background, education and culture combine to form a sense of individual or collective safety. HIV infection is also seen as an abstract fear by students, and the groups identified as the carriers of HIV (by an in-group) are seen as distant from the students themselves, either through age, race, cultural or social associations. Even though students may admit that the risk of HIV infection is closer and greater than they want to believe, it does not mean that they will stop looking for ways to reassure themselves. All these factors contribute to students not seeing themselves as at serious risk of contracting HIV (Akande, 2001:248; Heunis, 1994: 149 and Kelly, 2001:19).

1.8.2.7 Gender and distance

The last factor to be discussed as a possible risk for male and female students is that, when students leave their homes, they also leave behind the rules and regulations of

this often controlled environment, set out by parents or guardians . Strydom and Strydom (2002:263-264) point out that students, whether male or female, from an African or a Western cultural background, are at an age where they enjoy autonomy from their parents. Students, with their newfound freedom, find it easier to experiment with sex, alcohol and other risk behaviour. The idea is that the removal of students from their parents' homes could lead to less restricted behaviour, which differs from the behaviour of students still living with their parents. The increase in age could also be brought into correlation with increasing levels of sexual activity (Kelly, 2001:368, 385). As stated, (*cf.* 1.8.2.6) younger female students' risk of being infected with HIV might be higher due to inexperience in negotiating for safer sex with older males (*cf.*1.8.1.2).

1.9 CONCLUSION

Gender and culture form a basic part of student behaviour, and influence sexual practices on a day-to-day basis. Because of this fact, it is essential to study and research gender and culture as risk factors for HIV infection among students.

In the literature study, attention was mainly given to the combined role that gender and culture play in the sexual practices of firstly, female students and secondly, male students. Several problems and influences surrounding the relationships between gender and culture in individual and group behaviour were discussed.

In conclusion, it is important to emphasize that the literature study shows that gender and culture are in several ways risk factors with regard to HIV infection among students. It has long since been proved that information about HIV and the methods of infection alone is not enough to ensure that students will change their sexual risk behaviour. The need for more comprehensive research involving the influences of risk factors such as culture and gender on high-risk sexual behaviour of students, should be addressed. It is of further importance that HIV prevention programmes must be based on campus-specific research to make them as relevant as possible.

Findings in this literature review have proved the importance of further research on gender and culture regarding the risk factors in HIV infection. Irrespective of the

above-mentioned, very little South African research has been undertaken concerning gender and culture as possible risk factors in HIV infection among students. In view of the research void regarding the study of HIV and high-risk sexual behaviour among students, this study is timely and necessary.

REFERENCES

Akande, A. (2001). Risky Business: South African youths and HIV/AIDS prevention. *Educational Studies*, 27(3): 237-256.

Barnes, T. (2000). *The impact of HIV/AIDS on the University of the Western Cape: a report for the Association for the Development of Education in Africa*. Western Cape: Educational Policy Unit, 19-23.

Bates, S.C. (2002). Good news for AIDS myths. *Missionalia*, 30(1): 93-108.

Bridgraj, A. (2000). AIDS threat to higher education. *The Teacher*, 25: 9.

Crewe, M. (2000). A university response to HIV/AIDS. *Aids Analysis Africa*, 10(5): 11-12.

Coughlan, F.J.; Coughlan, N.S. & Jameson, C.P. (1996). Where knowledge and attitudes separate: adolescent HIV/AIDS knowledge survey as information for social work training. *Social Work*, 32(3): 255-261.

Crothers, C. (2001). Social factors and HIV/AIDS in South Africa: a framework and a summary. *Society in Transition*, 32(1): 5-21.

Delius, P. & Walker, L. (2002). AIDS in context. *African Studies*, 61(1).

Department of Health. (1994). Lifestyle education: equipping our youth for life. *SALUS*, 17 (5): 14-15.

Eaton, L. & Flisher, A.J. (2000). Review: HIV/AIDS knowledge among South African youth. *Southern African Journal of Child and Adolescent Mental Health*, 12(2): 97-124.

Evian, C. (2003). *Primary AIDS Care: a practical guide for primary personnel in the clinical and supportive care of people with HIV/AIDS.* Houghton: Jacana Education.

Ferrante, J. (2003). *Sociology: a Global Perspective.* Belmont: Thompson/Wadsworth Learning.

Finchilescu, G. (2002). HIV/AIDS versus smoking-induced cancer: a comparison of South African students' attributions of culpability, and risk-taking behaviour *Social Dynamics*, 28(1): 109-131.

Green, P. & Haffajee, F. (2002). A surge in child rape taxes the system: Aids; on a whinge and a prayer: tourism; quest for cheaper books: publishing; Masetlha says foul is fair: immigration policy: FM Focus. *Financial Mail,* 165(12): 26-27.

Harrison, A., Xaba, N.; Kunene, P. & Ntuli, N. (2001). Understanding safe sex: gender narratives of HIV and pregnancy prevention by rural South African school-going youth. *Reproductive Health Matters*, 9(17): 63-71.

Heunis, J.C. (1994). AIDS-related knowledge, attitudes, beliefs and behaviour among students: survey results. *Acta Academica*, 26(2 & 3): 134-153.

Hunter, M. (2002). The masculinity of everyday sex: thinking beyond 'prostitution'. *African Studies*, 61(1): 108-112.

Jewkens. R. (2002). The 'virgin myth' and child rape. *M R C News*, 33(2): 13.

Kelly, M.J. (2001). *Challenging the challenger: understanding and expanding the responses of Universities in Africa to HIV/AIDS.* Washington D.C.: ADEA Working Group on Higher Education, World Bank.

Khokho, S.R.O. (1997). *The identification of community needs for AIDS Health Education.* Published Master's thesis. Bloemfontein: Faculty of Health Sciences.

Le Clerc-Madlala, S. (2002). Youth, HIV/AIDS and the importance or sexual culture and context. *Social Dynamics*, 28(1): 20-41.

Levin, A. The horror. *Fair Lady*, 797: 40, 42, 44.

Levine, S. & Ross, F. (2002). Perceptions of and attitudes to HIV/AIDS among young adults in Cape Town. *Social Dynamics*, 28(1): 89-108.

Louw, A. (1998). Ontwikkelingsielkunde. In Louw D.A & Edwards, D.J.A. *Sielkunde: 'n Inleiding vir studente in Suider-Afrika.* Johannesburg: Heinemann, 480-481.

Magesa, L. (1997). *African religion: the moral traditions of abundant life.* New York: Orbis.

Marcus, T. (2002). 'Kissing the cobra: sexuality and high risk in a generalized epidemic – a case study of white university students.' *African Journal of AIDS Research*, 1(1): 23-33.

Ntlabati, P., Kelly, K. & Mankayi, A. (2001). 'The first time: an oral history of sexual debut in a deep rural area'. Paper presented at the *AIDS in Context Conference* at the University of Witwatersrand, April.

Positive Outlook. (1994). Myths and questions about condoms. *Positive Outlook*, 1(4): 20.

Richter, L. & Kuhn, L. (1997). Knowledge, attitude, belief and practice (KABP) surveys. In Katzenellenbogen, J.M.; Joubert, G. & Abdool Karim, S.S. (eds), *Epidemiology. A manual for South Africa.* Cape Town: Oxford University Press.

Selikow, T.A.; Zulu, B. & Cedras, E. (2002). The ingagara, the regte and the cherry: HIV/AIDS and youth culture in contemporary urban townships. *Agenda*, 53: 22-32.

Seloilwe, E., Jack, A., Letshabo, K., Bainame, K., Veskov, D., Mokoto, M., Kobue, M. & Muzila, R. (2001). HIV/AIDS at the University of Botswana: behavioural and prevention issues. *Pula: Botswana Journal of African Studies*, 15(2): 204-210.

Serlo, K.L.& Aavarinne, H. (1999). Attitudes of university students towards HIV/AIDS. *Journal of Advanced Nursing*, 29(2): 463-470.

Shaw, M. (2002). HIV/AIDS: back to basics: health. *Pace*, Sep: 90-92.

Skidmore, D. & Hayter, E. (2000). Risk and sex: ego-centricity and sexual behaviour in young adults. *Health, Risk & Society*, 2(1): 23-32.

Stydom, H.& Strydom, C. (2002). Theories and models serving as a basis for design of a HIV/AIDS prevention programme for students. *Social Work*, 38(3): 261-277.

Taylor, S. E.; Peplau, L.A. & Sears, D. O. (2000). *Social psychology. Tenth Edition.* Prentice Hall: New Jersey.

Thom, A. & Cullinan, K. (2003). Sex and the students. *Fair Lady*, December 2003: 47-48,50,52.

Trussler, T. & Marchand, R. (1997). *Field guide: community HIV health promotion.* Vancouver: Health, Canada.

United Nations Programme on HIV/Aids (UNAIDS) and World Health Organization (WHO). 2003. *Aids epidemic update: December 2003.* Geniva: Joint United Nations Programme on HIV/Aids.

Uys, T. (2002). Students, sex and AIDS: a methodological controversy. Society in Transition, *33(3): 382-402.*

Uys, T. & Alexander, P. (2002). AIDS and sociology; current South African research. Society in Transition, *33(3): 295-311.*

Vagra, C & Makubalo, L. (1996). 'Sexual (non-) negotiation among black African teenagers in Durban'. Agenda, *28: 31-38.*

Van Dyk, A. (2005). *HIV/AIDS care & counseling: a multidisciplinary approach.* Pearson Education: South Africa.

WCC. (1997). *Facing AIDS: The challenges, the churches' response.* Genivia: WCC.

Whiteside, A. (1991). The Aids mythology. *AIDS Analysis Africa,* 1(6): 1.

World Health Organisation. (2000). *Fact sheet on HIV/AIDS: A desktop reference.* Geneva: WHO.

CONTENTS

LIST OF FIGURES

LIST OF TABLES

ABSTRACT

In this article, an exposition is provided on information collected in a survey conducted at the University of the Free State (UFS) to help provide a better understanding of risk factors for HIV infection among UFS students in comparison with the behaviour patterns of students at other universities. The focus was a univariate analysis.

Stereotypes identified as a known risk factor making students at other universities more vulnerable to HIV and high-risk sexual behaviour, were also found among UFS students. 53% of the respondents believed that lower-class people were most at risk of contracting HIV. Forty percent (40%) of the students who took part in the study admitted to being sexually active. This correlates with findings in the literature study that students are a highly sexually active population. Eighteen percent (18%) of sexually active students at the UFS admitted to having had five or more sexual partners in their lifetime. Fifteen to nineteen years was identified as the watershed age range during which most participants first had sexual intercourse.

The majority of students (76%), stated that the existence of HIV had influenced their sexual interaction with other people. In an interesting revelation, a general sexual culture was identified among UFS students, rather than culturally-based sexual practices.

OPSOMMING

In hierdie artikel is 'n uiteensetting gegee van inligting wat tydens 'n opname aan die Universiteit van die Vrystaat (UV) bekom is, en wat poog om 'n beter begrip te verskaf van risikofaktore vir MIV-infektering onder UV-studente.

Stereotipering, wat 'n bekende risikofaktor is en die kwesbaarheid van studente ten opsigte van MIV en seksuele gedrag wat 'n hoë risiko inhou aan ander universiteite verhoog, is ook onder UV-studente gevind. Daar is gevind dat 53% van die respondente glo dat mense van die laer klasse die grootste risiko dra vir MIV-infektering. Veertig persent (40%) van deelnemende studente het erken dat hulle seksueel aktief is, wat ooreenstem met bevindinge aan ander universiteite dat studente 'n hoogs seksuele populasie is. Agtien persent (18%) van UV-studente het erken dat hulle reeds vyf of meer seksuele maats in hul leeftyd gehad het. Die meeste deelnemende studente was tussen die ouderdom van vyftien en negentien jaar vir die eerste keer seksueel aktief.

Die meerderheid (76%) van UV-studente het erken dat die bestaan van MIV wel hulle seksuele interaksie met ander mense beïnvloed het. 'n Interessante bevinding was die neiging tot 'n algemene seksuele kultuur onder studente aan die UV, eerder as kultuurgebaseerde seksuele praktyke.

A CO-OPERATIVE FOCUS: CULTURE AND GENDER AS FACTORS IN PATTERNS OF HIGH-RISK SEXUAL BEHAVIOUR AMONG STUDENTS ON THE MAIN CAMPUS OF THE UNIVERSITY OF THE FREE STATE, AND OTHER SOUTH AFRICAN UNIVERSITIES

2.1 INTRODUCTION

A cultural dimension was found in the vulnerability and experience of students with regard to Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS). South Africa is a racially and culturally structured community, and it should therefore come as no surprise that interpersonal relationships were formed over and between social strata (Marcus, 2002: 23). This article will provide an overview of invariant analysis, as well as contingency tables from data collected in August 2006. A questionnaire survey was conducted in four residences of the University of the Free State (UFS). The focus of this article will be on culture and gender as factors in patterns of high-risk sexual behaviour among students on the main campus of the UFS .

Residences were randomly selected from a group of hostels with 100% white or black inhabitants. Two male and female hostels were selected for the sample populations. All residents of the hostels (whether undergraduates or postgraduates) received questionnaires.

2.2 PROBLEM STATEMENT AND RESEARCH QUESTIONS

The rapid spread of HIV, especially amongst our youth, is one of South Africa's most serious current issues that needs to be addressed. Bayley (2003:8) takes this matter further by making a distinction between the levels of education of people being infected. He states that the loss of a small group of highly-educated persons will have a greater strategic impact on the economy of South Africa (S.A.) than the loss of a bigger group of lower-qualified employees.

South African students should, for this reason, be regarded as a very important target group for HIV and AIDS prevention programmes. This may, in the long run, influence the country's economical state, assist the population in taking care of HIV positive individuals, and improve the chances of preventing this destructive decease from spreading further.

In connection with the above-mentioned, the following research questions can be asked:

- To what degree do gender and culture influence high-risk sexual behaviour among students on the main campus of the UFS, in relation to other universities?

- To what degree do high-risk practices of students concerning the risk of HIV infection, as influenced by gender and culture, differ at the UFS in comparison with other South African universities?`

- Do the findings regarding the possible influences of gender and culture on UFS students' high-risk sexual behaviour correlate with findings at other South African universities?

2.3 THE AIMS OF THE STUDY

This study will contribute to:

- The establishment of a conceptual and theoretical reference for high-risk behaviour among students at South African universities in general, with the main focus on students of the UFS.

- Providing a better understanding of culture and gender as risk factors in HIV infection among students on the main campus of the UFS.

- The improvement and development of HIV and AIDS prevention programmes on the main campus of the UFS, on the basis of information gathered on students' sexual behaviour.

2.4 CONCEPT CLARIFICATION

In this section, the following relevant concepts will be defined and clarified: Gender as a biological concept, high-risk behaviour, high-risk group, culture, the Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS).

2.4.1 GENDER AS A BIOLOGICAL CONCEPT

A person's gender is based on primary sexual characteristics, the anatomical traits that are essential to reproduction. Most cultures classify members of the population in two categories (male and female), largely based on what people see as clear anatomical distinctions. Gender can therefore be seen as primarily a biological concept based on primary sex characteristics (Ferrante, 2003: 312).

2.4.2 HIGH-RISK SEXUAL BEHAVIOUR

For the purpose of this study, high-risk sexual behaviour will be defined as sexual experimentation or sex with another person or persons without using a barrier method (that is, physical prevention such as the female or male condom) against possible HIV infection.

2.4.3 HIGH-RISK GROUP

This concept relates to a person or group more prone to being exposed to a specific situation through specific behaviour, or other factors (Khokho, 1997:21). For the purpose of this study, a high-risk group refers to students who are more prone to being infected with HIV due to high-risk sexual behaviour (unprotected experimentation or sex).

2.4.3 CULTURE

In this study, students will be divided into two main cultural groups: students with an African cultural background and students with a Western cultural background.

2.4.4 HUMAN IMMUNODEFICIENCY VIRUS (HIV)

HIV is related to the retrovirus that may be found in people. HIV invades the human body and destroys cells that control and support the immune system (Van Dyk, 2005:10 & Evian, 2003:7).

2.4.5 ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

AIDS is the abbreviation for Acquired Immune Deficiency Syndrome. It is *acquired* because it cannot be genetically inherited. It is caused by a virus (HIV) that intrudes the body from the outside. *Immunity* is the body's natural way to protect itself against infections and disease. A *deficiency* is a shortcoming – the immune system is weakened so that it can no longer defend itself against passing infections. A *syndrome* is the medical term for a collection of specific signs and symptoms that appear together, and is seen as characteristic of a specific condition (Van Dyk, 2005: 3).

2.4.6 OTHERING

The phenomenon of **"othering"** is the inclination of students to associate the risk of HIV infection with other groups outside their social circle (Levine & Ross, 2002:93; Shaw, 2002:92; Marcus, 2002:27 & Uys, 2002:388).

2.5 RESEARCH METHODOLOGY

For this study, it was decided to divide statistical data into two sections. The first section will focus on the biographical/independent variables involved in the study. The second section will only consist of statistically significant data, which will be integrated with relevant data collected during a literature study of students at other universities. It is also important to mention that data will be discussed in the same

sequence as questions in the questionnaire. This will be followed by a conclusion, in which the main findings will be stated. However, a complete summary of all statistical data, whether significant or not, is provided in Annexures A and B.

Since a four-way contingency table would have been too complex to interpret, it was decided to divide the contingency tables into two separate analyses:

i) students with an African cultural background and attitudes to gender in relation to sexual behaviour, and
ii) students with a Western cultural background and attitudes to gender in relation to sexual behaviour.

This focus will provide a unique edge to the research, and will enhance the visibility of possible correlations in the statistical data.

2. 7 BIOGRAPHICAL / INDEPENDENT VARIABLES

The independent variables are represented in Table 2.1. The information in this table reflects that just over half of the respondents (53%) were females.

Since race is known to be a sensitive subject in our country, with its unique political background, it was decided to group the students by classifying them according to either residences with an African cultural background (majority of black students) or Western cultural background (majority of white students). As can be seen below, 61% of the students associated themselves with a Western cultural background.

Table 2.1: Biographical Information

	N	%
Gender		
Male	184	47
Female	211	53
Total	**396**	**100**
Cultural background you associate yourself with most strongly		
African cultural background	150	39
Western cultural background	239	61
Total	**389**	**100**
Home Language		
Mainly Afrikaans	232	59
Mainly English	27	7

Mainly an African language	135	34
Other	1	0.3
Total	**395**	**100**
First year of registration at the UFS		
2006	138	35
2005	119	30
2004	81	21
2003 or earlier	57	14
Total	**395**	**100**
Age		
18	59	15
19	106	27
20	99	25
21	69	18
22 or older	61	16
Total	**394**	**100**
Area in which the greatest part of your life was spent		
Cities (for example Bloemfontein and Cape Town)	107	27
Medium-sized towns (for example Bethlehem and Kroonstad)	159	40
Rural areas (including small towns and farms, for example Dealesville and Hertzogville)	128	33
Total	**397**	**100**
Religious group		
Christian	370	94
Muslim	2	0.5
Black cultural religions	19	5
Other	1	0.3
Total	397	100

Although proficiency in either English of Afrikaans is a prerequisite for admission to tertiary institutions, a student's comprehension of a language (which may not necessarily be his/her first language) must be kept in mind as a possible limitation to this research.

Students who were in their first (2006) or second year (2005) of registration at the UFS formed the mainstream of students, and accounted for 65% of participants. The age of respondents varied between 18 to 22 years, or older. Most students were 19 years of age. This was followed by 25% of students being 20 years of age. The minority of respondents were 22 years or older.

Culture is a system constituting an integrated unit that plays a central part in individuals' lives, and which is also based on and influenced by religion. In this study, 94% of the participants regarded themselves as Christians. Clifford Greets (cited in Shultz and Lavenda, 1990:203) defines religion as :

- A system of symbols according to which a person acts;
- establishing powerful, pervasive, and long-lasting moods and motivation in people by;
- formulating conceptions of a general order of existence;
- clothing these conceptions with such an aura of factuality that; and
- moods and motivations seem uniquely realistic.

Participating students' sexual views may therefore have been influenced by their Christian religious views, and this possible influential power should be given the necessary recognition.

The majority of students spent the greatest part of their lives in medium-sized towns (for example Bethlehem and Kroonstad). Second came rural areas, including small towns and farms such as Dealesville and Hertzogville, with 33% of students growing up in these areas. Only 27 % of the respondents grew up in what they would describe as cities (urban areas).

2.7 THE INTERPRETATION OF RESULTS

2.7.1 ATTITUDES AND STEREOTYPES WITH REGARD TO HIGH-RISK BEHAVIOUR AMONG STUDENTS AT THE UFS AND IN RELATION TO OTHER UNIVERSITIES

The correlation of **gender** relation and **cultural** influences as risk factors in HIV infection among students was identified in Article One. Students' general beliefs, as seen in stereotypes surrounding HIV and AIDS, are of cardinal importance to assist future intervention programmes in obliterating these assumptions. The gender framework and stereotypical context are found in what the culture of the individual defines as being feminine (appropriate female behaviour) and masculine (appropriate male behaviour) in sexual relationships (*cf.* Article 1:8). Existing stereotypes among students at the University of the Free State can clearly be seen in Table 2.2, where students were asked which of two opposite terms had the strongest **association** with HIV and AIDS to them.

Table 2.2: Preferences of students when requested to rate opposite concepts according to their association with HIV and AIDS

	1	2	NEUTRAL	4	5	
Homosexuality						**Heterosexuality**
N	91	163	38	56	65	
%	26	48	11	16	19	
Western Culture						**African Culture**
N	105	58	123	170	121	
%	30	17	37	48	35	
University students						**Non-students**
N	29	21	57	44	37	
%	8	6	17	13	11	
Lower-class people						**Upper-class people**
N	80	54	87	37	38	
%	23	16	26	11	11	

Research (Levine & Ross, 2002:104) recognized that students **stigmatised** the following groups as carriers of HIV: a) homosexuals, b) promiscuous people (heterosexuals or homosexuals), c) prostitutes, d) drug addicts and finally e) poor black people living in rural areas. The following trend towards stereotypes was found among students at the UFS who rated opposite terms according to their association with HIV and AIDS, on the scale:

a) Forty eight percent (48 %) of students linked HIV and AIDS more strongly with homosexuality than with heterosexuality;
b) Students bordered on feeling neutral towards an association between HIV and AIDS and either an African or a Western cultural background, although the preponderance (48%) leaned more towards African culture.
c) Students either felt neutral (26%) towards lower-class people vs. upper-class people in terms of their association with HIV and AIDS, or they associated it more strongly with lower-class people (23%).
d) The larger percentage (17 %) of the students who answered the question on their association between HIV and AIDS and students or non-students, felt neutral towards a possible connection.

The inclination of students to associate the risk of HIV infection with other groups outside their social circle also seems to exist among participating students at the UFS. The phenomenon of **"othering"**, as identified by various researchers (Levine & Ross, 2002:93; Shaw, 2002:92; Marcus, 2002:27 & Uys, 2002: 388) at other universities, also exists as a risk factor that improves UFS students' chances of contracting HIV. Given that UFS students are not part of the identified stereotypical out-group in which HIV is perceivably found, they see themselves as 'safe' during sexual encounters with persons belonging to their in-group. A further risk identified by Whiteside (1991:1) is the inevitable additional growth of stigmatisation and the reality that these myths are seen as fact and will lead to an increase in elements of blame, which will ultimately be transferred to the illness and its victims.

When reflecting on (b), respondents were more prone to associating individuals with African cultural backgrounds with HIV and AIDS. This correlates with the findings of Marcus (2002:27) and Levine and Ross (2002:94) that black people (whether rural black women or the members of poor black communities) are often seen as the carriers of HIV. This is also seen in (c), where 23% of the participating students made an association between HIV and AIDS and lower-class people.

2.7.2 GROUPS IN SOCIETY STUDENTS BELIEVED TO BE MORE AT RISK OF CONTRACTING HIV

Students have certain perceptions, whether true or not, of whom in a society might be the carriers of HIV and AIDS. These perceptions exist in all social groups and arise from several influences, such as myths and cultural background, that people come into contact with. In Question 13 of the questionnaire, students were asked to indicate which **group in society** they thought were **most at risk** of contracting HIV. The results reflected in Figure 2.1 will now be discussed.

N=379

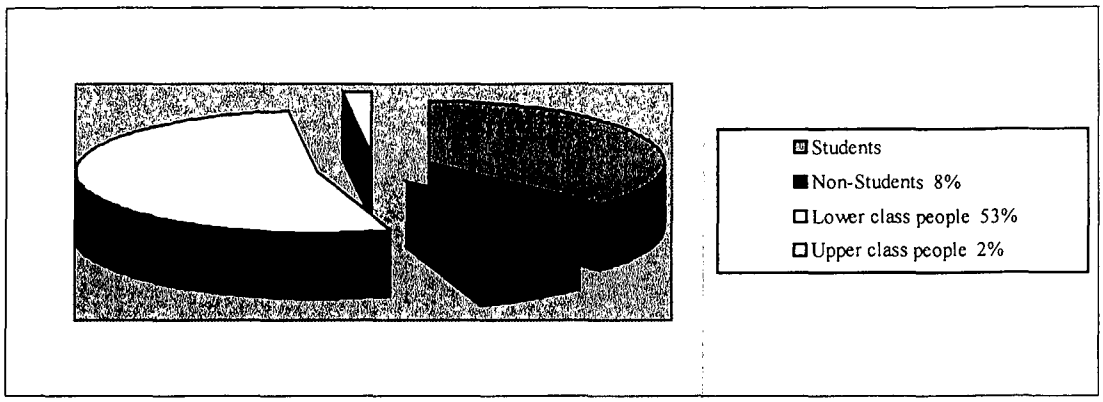


Figure 2.1: Groups in society most at risk/most vulnerable with regard to contracting HIV, in the opinion of UFS students

As previously mentioned, a number of researches have found a wide-ranging inclination among students (who see their peers as part of their 'in-group') to link the risk of HIV infection with specific groups outside their immediate environment (Levine & Ross, 2002:93; Shaw, 2002:92 and Uys, 2002:388). Since students are shifting the risk of HIV to this "external" group, they may regularly be placing themselves in high-risk situations with regard to HIV infection. Figure 2.1 supports "othering" as a risk factor that exists among students at the UFS, since their opinion was not based on fact, but on beliefs. Most of the students (53%) identified lower-class people as the group in the general public they believed to be most at risk of contracting HIV.

2.7.3 THE RESPONSES OF SEXUALLY ACTIVE STUDENTS AT THE UFS

Sexual activity is a very sensitive and private matter, and it is difficult to provide a safe environment in which people feel free to be totally honest about their sexual behaviour. In this study, students remained anonymous and were not allowed to speak to one another during the completion of the questionnaire, in an attempt to create an atmosphere conducive to truthfulness. The responses of UFS students regarding their sexual activity are illustrated in figures 2.2 and 2.3 below.

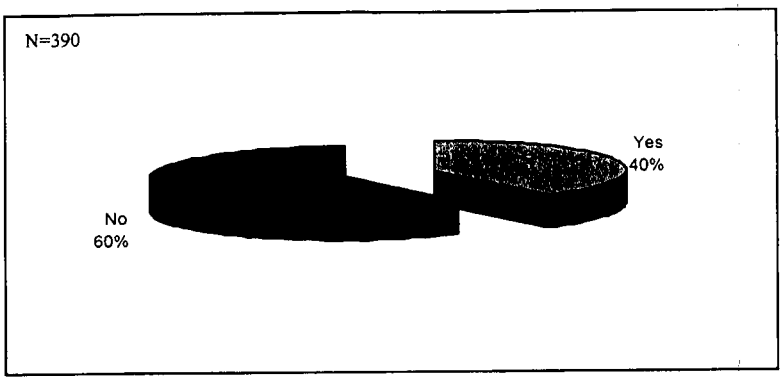


Figure 2.2: Sexual activity among UFS students

Figure 2.2 demonstrated that 40% of the students who participated in this study admitted to being **sexually active,** while 60% of the students indicated that they were not sexually active.

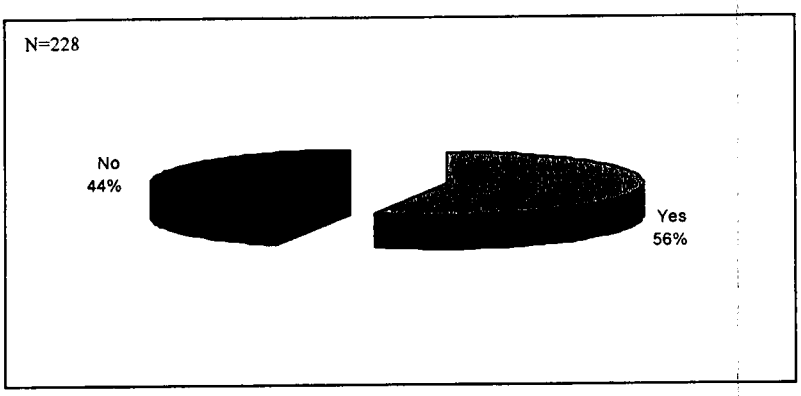


Figure 2.3: Percentage of students who have been sexually active during the last six months (including vaginal, oral and anal sex, as well as mutual masturbation)

The results in Figure 2.3 show that the greater part of students on campus who admitted to being sexually active at some time or another, also indicated that they had been sexually active at some level during the last six months.

The findings of this empirical research, as indicated in figure 2.2, are contradictory to the research findings of Thom and Cullinan (2003:47), who identified students at

tertiary institutions as a highly sexually active population. Since this research focuses on such a sensitive matter, it is postulated that the true percentage of UFS students who are sexually active could be higher than 40%. Students may not be comfortable admitting to sexual activity, even in an anonymous environment. The findings of Thom and Cullinan (2003:47) also maintain the conclusion reached in research by Finchilescu (2002: 121), namely that the focus on HIV prevention programmes on abstinence is an ineffective approach to preventing HIV transmission among the youth, and that only a small percentage of students are realistic about their **vulnerability** to HIV infection. In fact, students may even cognitively acknowledge their vulnerability to HIV, yet still not fundamentally believe that it could happen to them.

Even if the statistics generated in this study may not always be a perfect reflection of the sexual activity rate and high-risk sexual practices of students on the UFS campus, this study could serve as a good foundation on which to base future research on campus-specific HIV prevention programmes. It was consistently found that HIV prevention programmes must be developed within the context of cultural beliefs and values, taking the behaviour and educational norms of the target population into consideration (Department of Health, 1994:14; Trussler & Marchand, 1997:51; World Health Organization, 2000:10,12).

2.7.4 THE SEXUAL HISTORIES OFPARTICIPATING SEXUALLY ACTIVE STUDENTS

During the study, it was of great importance to obtain information on the **sexual histories** and high-risk behaviour of UFS students in order to determine whether any correlation exists with previous studies at other campuses. The following questions were posed to sexually active UFS students regarding their sexual histories:

- How many different sexual partners have you had in your lifetime?
- How many sexual partners have you had since you became a university student?
- At what age did you have sexual intercourse for the first time?

- What form of contraception did you and your current/last partner use most often?

The results/findings of these questions will be illustrated in figures 2.4, 2.5 and 2.6, as well as table 2.3.

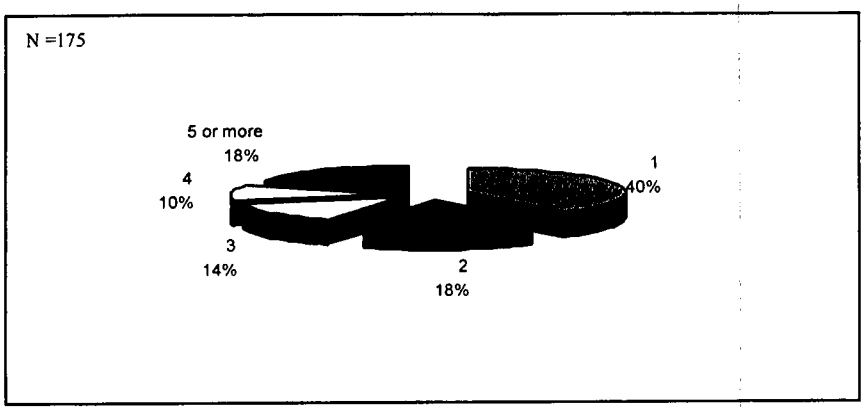


Figure 2.4: Total number of sexual partners in lifetime

From figure 2.4, it is clear that:

- The majority of students who took part (40%) indicated that they have only had one sexual partner in their lifetime;
- 18% indicated that they have only had two sexual partners;
- 14% stated that they have had three sexual partners in their lifetime;
- 10% affirmed that they had been sexually active with four people during their lifetime, and
- 18% admitted that they have had five or more sexual partners.

The question researchers must ask, is whether students correctly understand the fact that HIV can be transferred through sexual intercourse. The question remains whether students understand that HIV is not only transmitted to people with more than one sexual partner at a time, but rather through sexual activity itself. It is therefore vital for students to have a good concept of monogamy and sexual faithfulness in

relationships (Eaton & Flisher, 2000: 111). The sexual histories of students since their registration at the UFS will now be illustrated and discussed (*cf.* Figure 2.5).

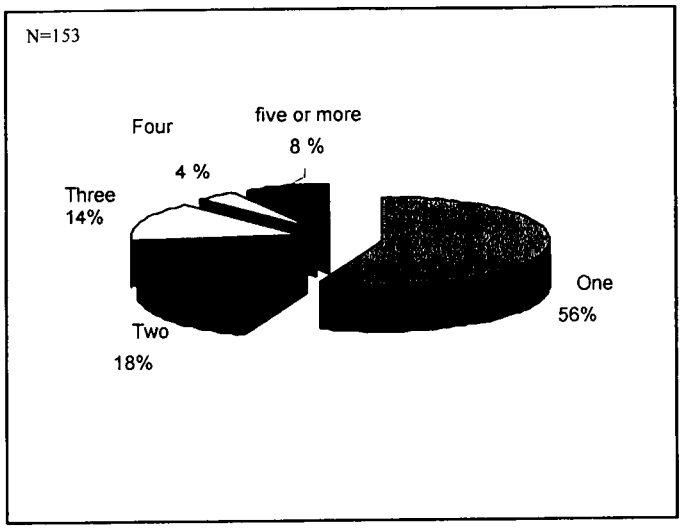


Figure 2. 5: Total number of sexual partners since registration at the UFS

The fact that 153 of the participating students admitted to being sexually active and also indicated that they had had between 1 and 5 sexual partners since registering at the UFS, supports the conclusion of qualitative literature studies. The studies of Kelly (2001:31) and Marcus (2002:4), which focused on students, indicated that the commencement of tertiary education concurs with the onset of sexual activity. The age at which of students' first sexual intercourse took place, will now be illustrated and discussed in Figure 2.6 below.

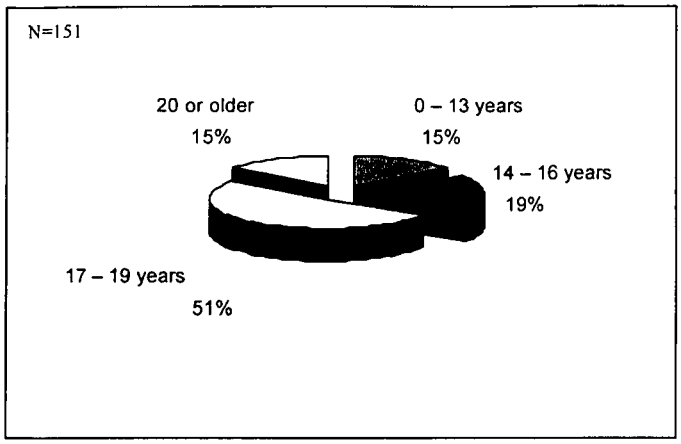


Figure 2.6: Age of first sexual intercourse

It is evident from Figure 2.6 that 51% of the respondents admitted to losing their virginity between the ages of 17 and 19 years. This means that quite an extensive period of time will elapse before a person gets married or commits to a monogamous relationship. The odds for serial and concurrent multiple partnering, as found in a study by Marcus (2002: 10), are therefore much larger. It is also a well-recognized fact that the age of a person's first penetrative sexual activity – especially in the case of young women - increases the chances of HIV infection, sexually-transmitted infections (STI's) and pregnancy (Marcus, 2002: 32). The threat of HIV can also be increased by the youthful age at which students become sexually active. A study by LoveLife found that 60% of all new HIV infections take place between the ages of 15 and 25 years, with females being infected at a younger age than males (Henry Keiser Family Foundation, 2001:24). The fact that there might be students who were sexually active before registration at the University, makes it possible that an alarming number of students may be entering the University as HIV-positive individuals. The results/findings regarding contraceptive usage among students will now be discussed, and appear in Table 2.3 below.

Table 2.3: Form of contraception most often used with current/last sexual partner

	N	% of those sexually active
None	27	18
The Pill	21	14
The loop	0	0
Injection	1	0.6
Male condom	117	78
Female condom	2	1.3
Withdrawal	8	5

The data collected from Questions 19 - 26 investigated the **type of contraception** preferred by sexually active students at the UFS. Only a small fraction of the sexually active students answered this section. The male condom was identified by participating students as the most popular form of contraception, with 78% of sexually active students indicating it as the form of contraception most often used with their current/last sexual partner. Eighteen percent(18%) of sexually active UFS students indicated that they do not use any form of contraception.

The effect of HIV and Aids on students' high-risk sexual behaviour will now be discussed.

2.7.6 THE EFFECT OF HIV AND AIDS ON STUDENTS' HIGH-RISK SEXUAL BEHAVIOUR

A wide assortment of researchers have proved that students have a **sufficient knowledge base** with regard to HIV and its modes of transmission to make them more aware and more careful to avoid being infected with the virus (Coughlan, Coughlan & Jameson, 1996:255; Eaton & Flisher, 2000:11; Strydom & Strydom, 2002:261 and Levine & Ross, 2002:90).

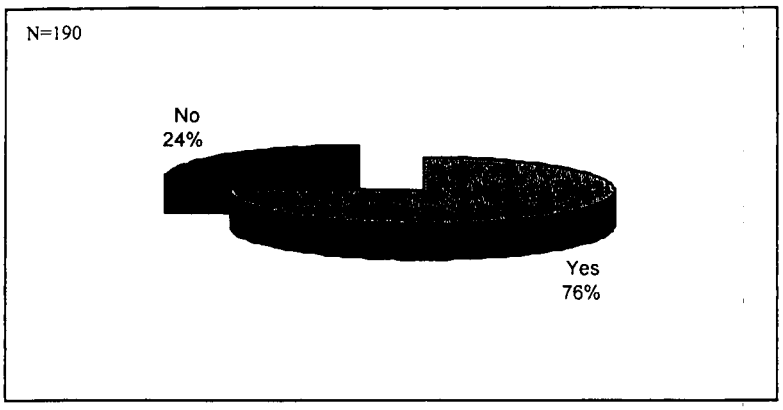


Figure 2.7: The effect of HIV/AIDS knowledge on students' sexual behaviour

When respondents were asked whether the existence of HIV and AIDS influenced their sexual behaviour with other people, 76% of the participating sexually active students replied in the affirmative. This could indicate that, although students are still influenced by risk factors such as "othering" and denial (that they might not be aware of), on a conscious level they are steadily making a paradigm shift with regard to acknowledging HIV infection as a realistic threat in their social environment. In a follow-up question, students who answered "yes" to the previous question were asked to indicate how their knowledge of HIV and AIDS had changed/altered their sexual behaviour. Their responses are reflected in Figure 2.8 below.

When reflecting on the previous results, a decrease in the number of students infected with HIV can be expected. However, the opposite was reflected in the research findings, since more students are HIV positive.

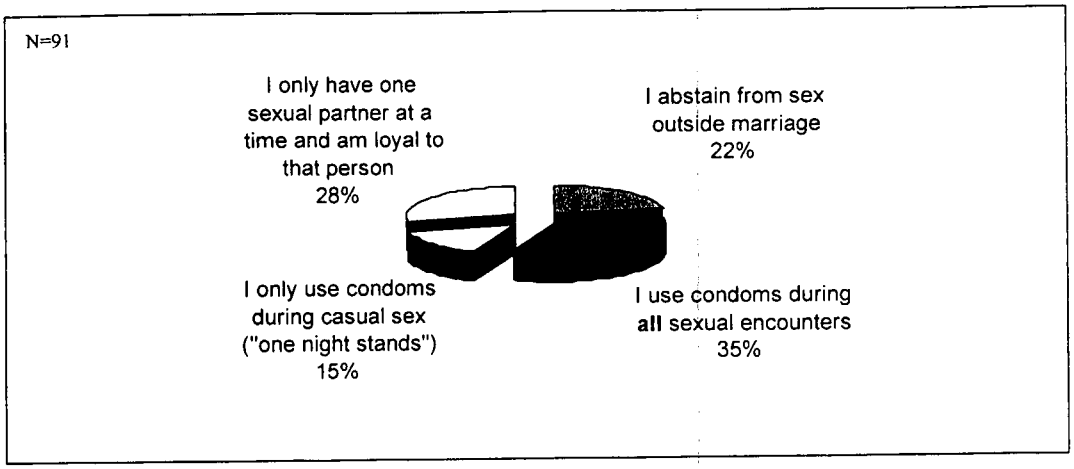


Figure 2.8: Ways in which HIV has altered students' behaviour

According to the finding shown in Figure 2.8, only 35% of respondents use condoms during **all** sexual encounters in reaction to the existence of HIV. However, students do admit that, despite being educated people, they still take part in high-risk sexual behaviour. It was also found that HIV had altered students' behaviour in the following ways:

- 28% reported that they had only one sexual partner at a time, and were loyal to that partner;
- 22% abstained from sex outside marriage; and
- 15% regarded the use of condoms during casual sex (one-night stands) as an influence on their behaviour due to the existence of HIV.

When reflecting on the previous results, a decrease in the number of students infected with HIV would be expected. However, the opposite is reported – students admitted that, despite being educated people, they still take part in high-risk sexual behaviour. They are aware of bridges (such as nightclubs and alcohol) that might put them in high-risk environments and increase their likelihood of HIV contraction through irresponsible behaviour. The reality is that, even though students realize that their exposure and vulnerability to HIV infection is greater than they would like to admit, this fact does not prevent them from finding other ways to reassure themselves through denial (Marcus, 2002:31).

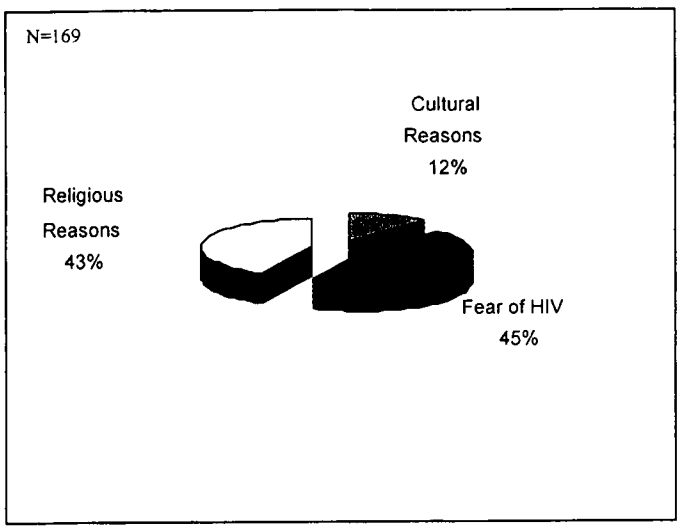


Figure 2.9: Reasons for abstaining from sex with other people

This question focused on a more in-depth analysis to determine why students chose abstinence as a reaction to the existence of HIV. The majority of students identified the fear of being infected with HIV as the main influence on their choice (45%). Religious reasons were stated in 43% of the reports. Abstinence may prove to be the only 100% fool-proof method to prevent students from being infected with HIV; other options tend to have loopholes for failure due to trust being one of the main components involved. Levine and Ross (2002:94) highlighted these dangers in explaining that students regard **authenticity, love and passion** as interconnected in such a way that to ask for condom use during sex or to ask about previous sexual relationships or a person's HIV status, is considered inappropriate.

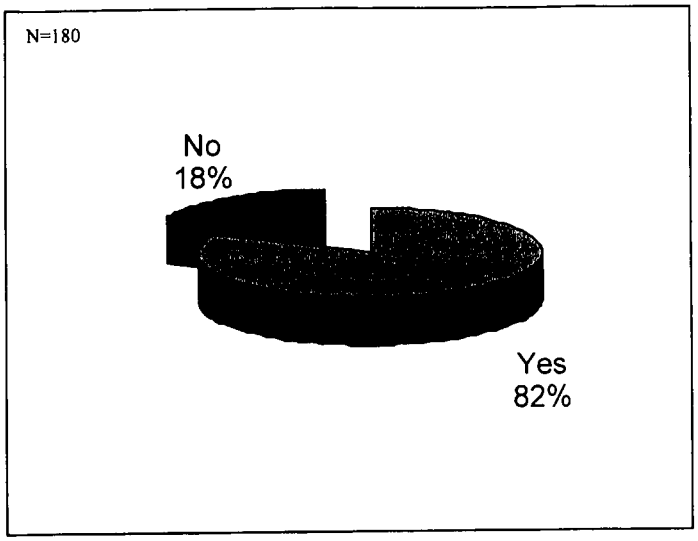


Figure 2.10: Response of students when asked whether they would feel comfortable asking their partner to use a condom during intercourse

These findings do not seem to be true of students at the UFS, as 82% of the respondents affirmed that they would be comfortable asking their partner to use a condom during intercourse. Levine and Ross's (2002:89) findings are contradicted in this result, as their research found that students often make negative associations with condoms, and view asking for a condom to be used during sex as a vote of no trust in your partner.

Their research stated that not using a condom during sex is a way of demonstrating an expression of trust between primary sexual partners, and that condoms are only used in the majority of cases where sexual relationships are less permanent in nature.

One of the biggest puzzles in dealing with the spread of HIV among students has been why students still get infected with HIV despite possessing an adequate knowledge base to prevent it. The answer may be found in the way in which students choose to apply their knowledge.

2.7.6 UFS STUDENTS' LEVEL OF KNOWLEDGE CONCERNING HIV TRANSMISSION

As already stated (*cf.* 2.4), students generally have a first-rate knowledge base regarding modes of HIV transmission. The UFS students' knowledge concerning HIV transmission is indicated in Table 2.4 below, and will be discussed in the following section.

Table 2.4: UFS students' knowledge regarding HIV transmission

	Easily %	Difficult %	Impossible %	N
Oral sex	97	2	1	340
Contact with blood	80	17	3	397
Sexual secretions	80	17	3	397
Saliva (during kissing)	4	40	56	363
Perspiration	4	17	79	357

From Table 2.4, it is clear that 80% of students are accurate in identifying contact with blood and sexual secretions as ways in which HIV transmission can easily occur if precautions are not taken. The majority (97%) of UFS students incorrectly identified oral sex as a possible way of contracting HIV, since HIV cannot easily be transferred in this way. Fifty six percent (56%) of the students responded that it is impossible to be infected with HIV through saliva. As far back as the year 2000, certain researchers already identified French kissing, oral sex and mutual masturbation as areas of uncertainty when it comes to students' knowledge of whether these activities could lead to HIV infection or not. Since these themes are not readily discussed in the media, many people still do not have adequate knowledge and seem to be uncertain regarding possible saliva transmission (Eaton & Flisher, 2000:111).

From the research findings/discussions above, one can conclude that the biggest proportion of students seem to have a relatively good **knowledge base** regarding HIV and AIDS. This supports the truth that knowledge does not necessarily give rise to responsible behaviour among students with a view to protecting themselves against HIV. It is necessary to internalise knowledge and incorporate it in students' cultural practices (e.g. condom use) and gender relations (e.g. gender equality in sexual

relationships) in order to make true progress in the fight against the spread of HIV in the tertiary and other educational fields.

2.7.7 THE SEXUAL CAMPUS CULTURE OF UFS STUDENTS

This study specifically focuses on gender and culture as factors that have an important influence on the sexual campus culture of UFS students. The connection with gender and culture as risk factors with regard to HIV infection among students on the main campus of the UFS will be discussed in the second part of this article, using contingency tables. The main aim of including the independent variables as part of this article is to establish whether general trends found at other universities in South Africa display similarities with general trends at the UFS. For this reason, it was of great importance to study the general sexual campus culture.

As indicated in Table 2.5 (below), certain general views of students (irrespective of gender and cultural background) emerged when specific high-risk sexual behaviour statements were put to them.

Table 2.5: Students' viewpoints regarding specific high-risk sexual behaviour statements

	Yes %	Uncertain %	No %	N
HIV and AIDS is mainly found among young people	37	31	32	389
It is acceptable to give gifts to your sexual partner in exchange for sex	6	8	**86**	387
It goes against my culture to use condoms	4	8	**88**	385
Not using a condom during sex shows trust in your sexual partner	12	13	75	387
Condoms diminish pleasure during sex	14	42	44	377
Not using a condom during sex indicates permanency in a relationship	9	24	67	383
It is acceptable for a woman to have more than one sexual partner	8	7	85	387
It is acceptable for a man to have more than one sexual partner	8	9	83	386
There are HIV-positive people in my social circle	28	40	**32**	385
Being away from home makes it easier to experiment with sex	46	18	36	381

When looking at the second part of this article, it becomes clear that, even though Levine and Ross (2002:104) explain that media campaigns were successful in their attempts to connect the risk of HIV infection with **age**, and specifically with being young, uncertainty seems to exist among UFS respondents. A relatively equal distribution can be seen among those who believe HIV occurs mainly among young people (37%), those who are uncertain (31%) and those who believe this to be untrue (32%).

To the question whether it is acceptable to give gifts to your sexual partners in exchange for sex, 86% of respondents indicated that they did not agree, irrespective of their race or gender. However, contradictory findings regarding this statement are being reported in literature. Kelly (2001:30-31) reports that students' social lives are rife with high-risk behaviour, including "sugar daddy" practices, sexual experimentation, prostitution on campus, casual sex and multiple partnering. Since this study focuses on sexual behaviour, which is often seen as private, one of the limitations of this research could be that some people might not always be 100% honest in certain responses. Thus, the possibility exists that respondents may respond negatively to these statements, yet still be engaging in such practices.

In exploring the use of condoms among students, Levine and Ross (2002: 94) found that 88% of the respondents indicated that it was not against their culture to use condoms. However, asking for condoms to be used during sex is viewed in a negative light by students, since it is often seen as a sign of distrust. A distinction can, however, be drawn when looking at UFS students' responses. Of the students who took part in the study, 67% admitted that they see not using a condom during sex as a sign of permanency in a relationship, yet 75% revealed that not using a condom during sex does not necessarily reflect trust in your sexual partner. This is a really interesting finding, and makes one wonder whether the conclusion to be drawn is that students do believe that not using a condom indicates permanency in their relationships, yet does not necessarily reflect trust in the sexual milieu.

When testing **gender relations** and asking whether it is acceptable for a man to have more than one sexual partner, 83% of the students disagreed. The same question was repeated in relation to females, and a slightly larger proportion (85%) also disagreed. This could indicate that gender relations may be less rigid among UFS students.

"Othering" was a risk factor with regard to high-risk sexual behaviour among students that was identified during studies at other South African universities. However, there was uncertainty regarding whether this phenomenon would be found among UFS students as well. When asked whether there might be HIV-positive individuals in their social circle, 40% of the respondents indicated uncertainty. Marcus (2002:27) remarks that background, education and race combine to afford a sense of individual and collective safety. The uncertainty regarding this question among the majority of students is therefore a good sign that students might be willing to face vulnerability to HIV infection from their "in-group". However, the 32% rate obtained from students who do not believe there is a risk for HIV infection within their social circle, is reason for concern.

When students were asked whether it was easier for them to experiment with sex when they are **away from home**, 46% replied yes, 18% were uncertain and 36% replied no. The same finding was made by Rivers and Aggleton (1999: 264), who claimed that the fact that students are at an age where they enjoy autonomy away from home and their parents, makes it easier for them to experiment with sex, alcohol and other risk behaviour. Kelly (2001:385) points out that students are less controlled when they are removed from their parents' homes. Marcus (2002: 32) also identifies the increase in age as a factor influencing the escalation in the levels of sexual activity among students. A student's chances of becoming sexually active therefore increases with chronological age.

2.8 INTERPRETATION OF CONTINGENCY TABLES

Inferential statistics are used to estimate the generalizability of findings arrived at in the analysis of a sample of a larger population (Babbie, 1983:464). For the purpose of

this research, the **Chi-square test (X^2)** of statistical significances was used to estimate the relationships between variables in the population. Neuman (2000: 332) explains that, as a measurement of association, the Chi-square may be used for nominal or ordinal data. It has an upper limit of infinity and a lower limit of zero, thus implying no association. Different measurements of statistical association may be used, but for the purpose of this study, Pearson's product moment correlation coefficient – with a variance from –1 to +1, which also shows the direction and scope – was used (Neuman, 2000: 331).

Annexure A provides a summary of all the collected statistical data without indicating statistical significance. Annexure A focuses on data collected with regard to the gender and sexual behaviour patterns of students with African cultural backgrounds.

Annexure B focuses on data collected with regard to the gender and sexual behaviour patterns of students with a Western cultural background. Annexure A and B provide a complete summary of all the data collected; however, for the purpose of this study only statistically significant data will be discussed.

2.8.1 STATISTICALLY SIGNIFICANT MULTI-VARIANT DATA FOUND DURING THE STUDY

The interpretation patterns that describe the situation in which the control variable intervenes between the original independent variable and the dependent variables, will now be evaluated in relation to this study. Only statistically significant data will be discussed. This means only questions in which

a) the X^2 had a significance/probability of smaller than or equal to 0.05;
b) no more than 20% of the cells were smaller than 5, and
c) there were no empty cells (Neuman, 2000: 338, 339), will be highlighted.

The independent variables may be seen as gender (male or female) and culture (African cultural background or Western cultural background). The dependent variables are identified as the practices and behaviour of students, as well as knowledge and attitude.

Statistical data will be discussed in the order of the questions asked in the questionnaire (see Annexure A & B), to give structure and sequence. Finally, findings will be integrated with the previous conclusions of studies conducted by various researchers at other universities.

As mentioned before (*cf.* 2.6), only statistically significant data will be discussed in the following section.

2.8.1.1 African cultural background, gender and year of registration

Table 2.6 indicates that a statistically significant relation was found between a student's year of registration, his/her gender and an African cultural background. The limitation of the degrees of freedom (DF) in the following table is 3. The DF is the observed score in a sample, minus the number of independent limitations imposed during the calculation of the statistics.

Table 2.6: Statistical significance in relation to year of registration of black students with a African cultural background

Question 4: First year of registration at UFS	SEX – **AFRICAN** CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
2006	26	11%	45	18%	71	29%
2005	30	12%	45	18%	75	31%
2004	23	9%	32	13%	55	23%
2003 and earlier	34	14%	9	4%	43	18%
Column Total	113	46%	131	53%	244	100

X^2 = 22.889 DF= 3 α = 0.000

Table 2.6 shows that the majority of black students with an African cultural background who took part in the study were females, registered in 2005 and 2006 (18% in both cases, first and second year). Of all the students taking part in the study, 46% were males with an African cultural background and 53% females. There is a

correlation between students with an African cultural background and the year of registration and the gender of the student.

2.8.1.2 African cultural background, gender and age as risk factors for students

Age influences the vulnerability of female students in two ways: a) they often prefer to have sexual relationships with older men. Contributing to the escalation of this risk is the fact that b) these older men, because of their sexual behaviour, carry a higher risk of infecting their partners with HIV (Le Clerc-Madlala, 2002:23).

Table 2.7: The correlation between students from an African cultural background, gender and age

Question 5: How old are you?	SEX – AFRICAN CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
18	12	5%	16	7%	28	12%
19	19	8%	43	18%	62	26%
20	29	12%	38	16%	67	28%
21	21	9%	26	11%	47	19%
22 or older	32	13%	8	3%	40	16%
Column Total	113	46%	131	54%	224	100

X^2 = 24.810 DF= 4 α = 0.00

It is clear from table 2.7 that a statistically significant correlation was proved between

i) the students' **age** and **gender** and

ii) the fact that they are from an **African** cultural background.

The majority of female students (18%), were 19 years of age. This group made up 54% of the total sample (N=224). The largest proportion of males from an African cultural background were 20 years of age, and comprised 12% of the 113 male students who responded to the questions. The male group (in total) made up 46% of the sample (N=113). With reference to the different age groups taking part in this study, it must be noted that they fall into age groups that have been constantly bombarded with HIV and AIDS information. Repeated contact with the tragedy of HIV and AIDS may have given rise to a dangerously complacent attitude and a non-caring ethos towards HIV fatigue. Since students are at the forefront of this situation,

strong leadership is needed. The top-to-bottom implementation of strategies needs to be changed to bottom-to-top solutions.

2.8.1.3 Culture, stereotyping and stigmatisation as risk factors for students

In South Africa, HIV is mainly spread through unsafe heterosexual practices; however, there seems to be a general inclination among students to stereotype certain groups as the carriers of the disease (Uys & Alexander, 2002:296).

Table 2.8: Homosexuality vs. heterosexuality, African cultural background and gender

Question 8: Homosexuality vs. Heterosexuality	SEX – **AFRICAN** CULTURAL BACKGROUND					
Homosexuality	**Male**	%	**Female**	%	Row Total	%
1	39	17%	26	11%	65	28%
2	12	5%	22	9%	34	15%
3	20	9%	54	9%	74	17%
4	8	3%	9	4%	17	7%
5	31	13%	14	6%	45	19%
Heterosexuality						
Column Total	110	47%	125	53%	235	100

X^2 = 26.796 DF= 4 α = 0.000

Table 2.8 focuses on the relationship between students from an African cultural background, their gender and whether they perceive **homosexuality or heterosexuality** to be more strongly connected with HIV and AIDS. One represents homosexuality, the strongest connection, and five represents heterosexuality. Seventeen (17%) of males and 11% of females from an African cultural background viewed homosexuality as having the strongest connection with HIV and AIDS. A total of 23% of female student, felt neutral in this regard.

Gender also plays a role in a person's views regarding which groups they believe are more inclined to be responsible for the spread of HIV. Several researchers have found that female students have stigmatised the following groups as carriers of HIV: poor rural women, gay men, prostitutes and drug addicts (Levine & Ross, 2002:93; Shaw, 2002:92 & Uys, 2002:388). Male students are also inclined towards stigmatisation

and stereotyping. This issue may cause male and female students to regard HIV as something that happens only to other people, thus giving them a false sense of security. The view that homosexuality is associated more strongly with HIV than heterosexuality supports the findings of previous studies at other universities, namely that stereotyping and stigmatisation make students more vulnerable to HIV infection.

Cultural stigmatisation also exists among students. Students from a Western cultural background see students from an African cultural background as the carriers of the disease (Marcus, 2002:32).

Table 2.9: Gender: Students from an African cultural background and their opinions regarding whether a Western or African culture lends itself more to HIV and AIDS

Question 10: Western culture vs. African culture	SEX – **AFRICAN** CULTURAL BACKGROUND					
Western culture	**Male**	%	**Female**	%	Row Total	%
1	15	6%	10	4%	25	11%
2	12	5%	9	4%	21	9%
3	25	11%	56	24%	82	35%
4	11	5%	31	13%	42	18%
5	44	19%	19	8%	63	27%
African culture						
Column Total	108	46%	125	54%	233	100

X^2 = 30.772 DF= 4 α = 0.000

It is clear from Table 2.9 that 19% of participating males from an African cultural background associated HIV and AIDS more strongly with an African cultural background. However, the same results were not found among females from an African cultural background, as the biggest proportion (24%) felt neutral about a person's cultural background and its association with HIV and AIDS. These findings show an interesting and new paradigm shift among male students from an African cultural background, as they appear to see their own cultural group as high-risk with regard to carrying HIV. This could be a positive sign, as it may indicate that they are beginning to realize that the risk of HIV infection may indeed lie much closer to home. The fact that the participating female students from an African cultural

background felt neutral about this issue is also a positive sign, since it may indicate that they consider the risk of contracting HIV from different cultural groups as equal.

2.8.1.4 Sexual activity, gender and African cultural background

Thom and Cullinan (2003: 47) make the statement that students at tertiary institutions in South Africa are highly sexually active, and always have been. In a study conducted by Marcus (2001:20) on three seaboard campuses, 68% of the respondents admitted to being sexually active. This statement is also supported by Kelly (2001:32), who contends that sexual relationships among students are usually not steady, or monogamous. In Tables 2.10, 2.11 and 2.12 below, the following statistical significant relationships will be reflected and discussed:

- The relationship between sexual activity, gender and African cultural background.
- African cultural background: gender and sexual activity of students in the last six months.
- The relationship between the number of sexual partners, gender and Western cultural background.

Table 2.10: The relationship between sexual activity, gender and African cultural background

Question 14: Have you ever been sexually active with another person?	SEX – AFRICAN CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
Yes	41	17%	17	7%	58	24%
No	70	29%	111	46%	181	76%
Column Total	111	46%	128	54%	239	100

X^2 = **18.101** DF= 1 α = 0.000

Table 2.10 illustrates that 41 of the participating black males, reflecting 17%, admitted to being **sexually active**. Only 7% of participating African females admitted to being sexually active, while 46% indicated that they had never been sexually active with another person. Of the 111 males who answered this question, 29% stated that they have never been sexually active. The literature on gender provides

overwhelming evidence of the influence of **submissiveness**. The fact that a larger percentage of male students admitted to being sexually active, may be linked to male students striving to be seen as masculine by their peers.

Masculinity may be placed on a continuum between what is seen as masculine and 'macho', and what is seen as refined or being a 'sissy'. In order to earn the label of 'masculine and macho', male students have to meet certain expectations. As at other universities the risk for male students lies in these expectations, and includes having several sexual partners (Selikow, Zulu & Cedras; 2002: 24). A strong correlation was found between students being from an African cultural background, their gender and whether they have been sexually active, making these cultural views a possible influence.

It is important to mention that data may not be a totally true reflection, since the research findings of De Wet (2006) indicated that, when sexual matters are discussed, men tend to over report and woman tend to underreport.

Table 2.11: African cultural background: gender and sexual activity of students in the last six months

Question 15: Have you engaged in any type of sexual intercourse during the last six months (including vaginal, oral, and anal sex, as well as mutual masturbation)?	SEX – **AFRICAN** CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
Yes	36	31%	16	14%	52	44%
No	27	23%	38	33%	65	56%
Column Total	63	54%	54	47%	117	100

X^2 = 8.914 DF= 1 α = 0.03

What is particularly noteworthy is that a link was also established in Table 2.11 between students from an **African cultural** background, their **gender** and whether they have engaged in any type of **sexual intercourse** during the last six months. It is important to mention that this relationship is not as strong as the one demonstrated in Table 2.10, with a level of significance of 0.03. The majority of male students stated

that they had been sexually active, but the majority of female students deny being sexually active; this could again support the finding of De Wet (2006), namely that men tend to over report and females tend to under report sexual matters.

Table 2.12: The statistical significance of gender and number of sexual partners with regard to participating students from a Western cultural background

Question 16: How many sexual partners have you had in your life?	SEX – **WESTERN** CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
One	11	11%	23	23%	34	34%
Two	9	9%	12	12%	21	21%
Three	13	13%	3	3%	16	16%
Four	4	4%	5	5%	9	9
Five or more	17	17%	4	4%	21	21%
Column Total	54	54%	47	47%	101	100

X^2 = 18.677 DF= 4 α = 0.001

When participating male and female students from Western cultural backgrounds were asked how many sexual partners they have had in their lives so far, the following results proved to be statistically significant: The majority of male students (17%), admitted to having had five of more partners, while only 4% of the female students indicated that they had had more than five sexual partners. With regard to female UFS students, 23% of sexually active females (reflecting the majority of the female sample) stated that they had had only one sexual partner since becoming sexually active.

2.8.1.5 Financial status, gender and sexual activity – African cultural perspectives

The South African literature (*cf.* Article 1: p 10) makes it abundantly clear that financial status is a major risk factor, often influenced by gender. A lower economic status adds to the problem of female students having unwanted sexual relationships (Evians, 2003:204). It was found that "sugar daddy" practices and prostitution are

common activities in students' lives (Kelly, 2001:30-31). Research by Selikow, Zulu and Cedras (2002:24), identifies male students' **financial status** as becoming a risk factor when they do not have the financial resources to buy expensive accessories. Le Clerc-Madlala (2002:30) states that, since male students see themselves as initiators of sex based on their gender norms, they may pursue several sexual relationships as an alternative route to financial status in order to gain macho status. The data below indicate that these practices may indeed be taking place at the UFS, although it seems that the majority of students are not admitting this.

Table 2.13: The correlation between gender, African culture and the acceptability of giving one's sexual partner gifts in exchange for sex

Question 40: It is acceptable to give your sexual partner gifts in exchange for sex?	SEX – **AFRICAN** CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
Yes	9	4%	2	1%	11	5%
Uncertain	13	6%	3	1%	16	7%
No	89	37%	122	51%	211	89%
Column Total	111	%	127	%	238	100

X^2 = 14.857 DF= 2 α = 0.001

An noticeable 37% of participating male students and 51% of female students indicated that it is unacceptable to give your sexual partner gifts in exchange for sex, bringing the total number of negative responses to 89%. A statistical significance of 0.001 was proved. A total of 238 students responded to this question.

2.8.1.6 The relationship between cultural background, gender and condom use

The literature report in Article 1 (*cf.* Article 1: 5-18) bears testimony to culture and gender as risk factors for students from **different cultural backgrounds**, with regard to views on **condom use** as a way of protection against HIV infection. Female students from African cultural backgrounds often believe that not using a condom will enhance their social status with their male partners (Seloilwe *et al.*, 2001:24). In both African and Western cultures, gender may influence the use of the male condom as a barrier against HIV and AIDS (Harrison, Xaba, Kunene & Ntuli, 2001:67-69). Since the male student controls the use of the male condom, every sexual encounter requires

negotiation between partners (Marcus, 2002:3). The results of the following questions/statements related to condom use will now be displayed and discussed in tables 2.14, 2.15, 2.16, 2.17 and 2.18 below:

- Not using a condom during sex shows trust in your sexual partner.
- Condom use diminishes pleasure during sex – African cultural background.
- Condom use diminishes pleasure during sex – Western cultural background.
- Not using a condom indicates permanency in a relationship.
- The correlation between students from an African cultural background, gender and concern about unwanted pregnancy during sex.

Table 2.14: Not using a condom during sex shows trust in your partner – African cultural viewpoints

Question 42: Not using a condom during sex shows trust in your sexual partner	SEX – **AFRICAN** CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
Yes	22	9%	8	3%	30	13%
Uncertain	21	9%	8	4%	29	12%
No	68	29%	110	46%	178	75%
Column Total	111	47%	126	53%	237	100

X^2 = 21.407 DF= 2 α = 0.000

As indicated in Table 2.14, a statistically significant relation was found between students from an African cultural background, gender and whether not using a condom during sexual intercourse shows trust in your sexual partner. The larger percentage of African males (29%) and female students (46%) responded 'no' to the posed question. Together, they made up a staggering 75% of the total number of participating students from an African cultural background.

Contradictory to the above-mentioned findings on condom use and trust, it is reported in literature that wearing a condom during sexual intercourse shows trust in your sexual partner (Seloilwe *et al.*, 2001:24).

Table 2.15: Condom use diminishes pleasure during sex – African cultural background perspectives

Question 43: A condom diminishes pleasure during sex	SEX – **AFRICAN** CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
Yes	24	11%	3	1%	27	12%
Uncertain	61	27%	67	29%	128	56%
No	23	10%	50	22%	73	32
Column Total	108	47%	120	53%	228	100

X^2 = 26.041 DF= 2 α = 0.000

Several researchers have found that the use of condoms as a way of protecting oneself against HIV infection, is viewed in a negative light (Marcus, 2002:8-9; Skidmore & Heyter, 2000:31 and Serlo & Aavarinne, 1999:469). It is of serious concern that the majority of students from an African cultural background (male and female) were uncertain when asked whether a condom diminishes pleasure during sex. A total number of 128 (56%) of students from the sample of 228 showed uncertainty.

Table 2.16: Condom use diminishes pleasure during sex – Western cultural background perspectives

Question 43: A condom diminishes pleasure during sex	SEX - **WESTERN** CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
Yes	23	15%	3	2%	26	17%
Uncertain	15	10%	16	11%	31	21%
No	30	20%	62	42%	92	62%
Column Total	68	46%	81	54%	149	100

X^2 = 25.608 DF= 2 α = 0.000

It is clear from Table 2.16 that a statistically significant relation was found between UFS students from a Western cultural background, gender and whether condom use diminishes pleasure during sex (α = 0.000). The larger percentage of male students (20%), as well as the majority of female students (42%) answered 'no' to the question. The findings in Tables 2.15 and 2.16 demonstrate that a clear distinction may be drawn between UFS students from an African or Western cultural

background. Whereas students from an African cultural background showed uncertainty in this regard, the majority of students from a Western cultural background stated that they do not believe that condoms diminish pleasure during sex.

The fact that students may choose to use condoms only during casual sexual encounters makes them vulnerable to HIV infection from their long-term sexual partners. Students who frequently make a negative connection between physical pleasure and condom use, raise the risk of HIV infection.

Table 2.17: Not using a condom during sex indicates permanency in a relationship – African cultural perspectives

Question 44: Not using a condom during sex indicates permanency in a relationship	SEX – **AFRICAN** CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
Yes	12	5%	7	3%	19	8%
Uncertain	44	19%	17	7%	61	26%
No	52	22%	101	42%	153	66%
Column Total	108	46%	125	54%	233	100

X^2 = 27.867 DF= 2 α = 0.000

As indicated in the table above, a statistically significant relation was found between UFS students from an African cultural background, gender and their opinions regarding the statement (α = 0.000). In total, 66% of the participating students from an African cultural background disagreed with the statement. When looking at the findings more closely, some interesting data is revealed. A greater percentage of female UFS students (43%) than male students (22%) disagreed with this statement. The fact that the remaining respondents do agree with the statement may be attributed to the fact that (according to research) the associations made by students between love, passion and trust combine in such a way that asking about previous sexual relationships and requesting condom use during sex are deemed inappropriate (Levine & Ross, 2002: 94).

Table 2.18: The correlation between students from an African cultural background, gender and concern about unwanted pregnancy during sex

Question 45: I am mainly worried about unwanted pregnancy during unprotected sex	SEX – **AFRICAN** CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
Yes	72	32%	49	22%	121	54%
Uncertain	15	7%	26	12%	41	18%
No	18	8%	43	19%	61	27%
Column Total	105	47%	118	53%	223	100

X^2 = 16.869 DF= 2 α = 0.000

From the data obtained in the table above, it is clear that the majority of African UFS students (54%) indicated that they were mainly concerned about unwanted **pregnancy** during unprotected sex. A statistically significant correlation exists between students from an African cultural background, gender and their opinions regarding the posed question. The findings also indicate that male students (32%) seem to be more concerned about unwanted pregnancy during unprotected sex than female students (22%). These findings concur with the findings of researchers at other universities (Marcus, 2002:8-9; Skidmore & Heyter, 2000:31 and Serlo & Aavarinne, 1999:469).

2.8.1.7 Gender and multiple partnering

As seen in Western and African cultures in South Africa, **male dominance** in society plays a major role in the behaviour of female students. The female is expected to be submissive to her male partner, and to raise their children (Ferrante, 2003:342). The man is expected to be a leader in the community, and in family life (Taylor, Peplau & Sears, 2000:247). As discussed previously, male students are often expected to prove their masculinity by having several sexual partners, having control over women, and owning expensive items (Selikow, Zulu & Cedras; 2002:24). The tables (2.19 and 2.20) and discussions below will focus on the following statements:

- It is acceptable for a woman to have more than one sexual partner – African cultural perspectives.
- It is acceptable for a man to have more than one sexual partner – African cultural perspectives.

Table 2.19: It is acceptable for a woman to have more than one sexual partner – African cultural perspectives

Question 48: It is acceptable for a woman to have more than one sexual partner	SEX – **AFRICAN** CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
Yes	11	5%	6	3%	17	7%
Uncertain	16	7%	3	1%	19	8%
No	84	35%	117	49%	201	85%
Column Total	111	47%	126	53%	237	100

X^2 = 11.845 DF= 2 α = 0.003

It is clear from Table 2.19 that an overwhelming majority (85%) of participating UFS students from African cultural backgrounds concluded that it was unacceptable for a woman to have more than one sexual partner (statistical significance of 0.003). This concurs with previous findings in the literature.

Table 2.20: It is acceptable for a man to have more than one sexual partner – African cultural perspectives

Question 49: It is acceptable for a man to have more than one sexual partner	SEX – **AFRICAN** CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
Yes	11	5%	5	2%	16	7%
Uncertain	14	6%	4	2%	18	8%
No	85	36%	117	50%	202	86%
Column Total	110	%	126	%	236	100

X^2 = 22.889 DF= 3 α = 0.000

From the table above, it is clear that a statistically significant relation was found between gender and the opinions of UFS students from an African cultural background regarding this statement (α = 0.000). The majority of African students (86%) indicated that it is unacceptable for a man to have more than one sexual

partner. However, this finding seems to be contradicted in literature. As discussed in Article 1 (*cf.* Article 1:13), having more than one sexual partner is considered more acceptable for male students than for female students.

From the findings and discussions above the researcher can conclude that it could be a general campus culture at the UFS to regard multiple partnering as unacceptable, irrespective of the gender of the person.

2.8.1.8 Being away from home makes is easier to experiment with sex – African cultural perspectives

When students leave their homes, they are also leaving behind the rules and regulations of a controlled environment; in addition, they are at an age where they enjoy autonomy (Strydom & Strydom, 2002: 263-264). Thus, this newfound freedom may make it easier for them to experiment with sex. In the table below (Table 2.21), findings regarding the statement "Being away from home makes it easier to experiment with sex" will be revealed and discussed.

Table 2.21: Being away from home makes it easier to experiment with sex – African cultural perspectives

Question 51: Being away from home makes it easier to experiment with sex	SEX – AFRICAN CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
Yes	63	27%	44	19%	107	46%
Uncertain	23	10%	19	8%	42	18%
No	24	10%	60	26%	84	36%
Column Total	110	47%	123	53%	233	100

X^2 = 18.516 DF= 3 α = 0.000

As indicated above, a statistically significant relationship exists between the gender of African students and their opinions regarding this statement (α = 0.000). A majority of the students (46%) concurred that it is easier to experiment with sex when you are away from home. However, closer inspection of the research findings above reveals an interesting disparity between the responses of female and male UFS students from African cultural backgrounds. Twenty seven (27%) of the males agreed that being away from home makes it easier to experiment with sex. Female students supported

the opposite view, with 26% believing that being away from home does not make it easier to experiment with sex. In general, however, the majority of participating students agreed with this statement.

2.8.1.9 It is better to wait until you are married before having sex – African cultural perspectives

While reflecting on the study in general, the question arose whether students would still choose to engage in sexual activities if they had possessed the life experience they have gained since becoming sexually active. The following findings were made:

Table 2.22: It is better to wait until you are married before having sex - African cultural perspectives

Question 53: I support the belief that it is better to wait until you are married before having sex	SEX- AFRICAN CULTURAL BACKGROUND					
	Male	%	**Female**	%	Row Total	%
Yes	81	35%	116	49%	197	84%
Uncertain	16	7%	5	2%	21	9%
No	13	6%	4	2%	17	7%
Column Total	110	47%	125	53%	235	100

X^2 = 15.852 DF= 2 α = 0.000

It is clear from Table 2.21 that the majority of the participating sample (84%) stated that they thought it was better to wait until marriage before having sex. A statistical significant relation of 0.000 was proved. This point of view may be ascribed to experience gained from sexual activity, or could be a cultural belief that is not being applied. Whatever the reasons behind their viewpoint, it seems that students are waking up to the possibility that sexual activity might not be all they had assumed it to be.

2.16 CONCLUSION

Reflecting on this study as a whole, an evaluation was made based on the research data collected at the UFS in an endeavour to obtain a clearer picture of the risk factors involved in HIV infection among students on the main campus of the UFS, and to compare these risk factors to the findings of other studies conducted at universities across South Africa over the last five years. The correlations that were found, will now be reviewed.

Stereotyping and the stigmatisation of certain groups as carriers of HIV were also found among the UFS students, as at other universities; these groups included homosexuals, prostitutes, poor black students, etc. (Levine & Ross, 2002:104; Shaw, 2002:92; Marcus, 2002:27 & Uys, 2002:388). Students at the UFS can be seen as highly sexually active, with 40% of the respondents admitting to having sexual relationships with others. The same finding was made by Thom and Cullinan (2003:47).

As found in studies by Kelly (2001:31) and Marcus (2002:4), it appears that many students at the UFS see the commencement of tertiary education as concurrent with the onset of sexual activity. The majority of participating students at the UFS admitted that the existence of HIV and AIDS has influenced their sexual behaviour with others.

Several similarities were thus found between the UFS participants and students involved in studies undertaken at other universities, with regard to the risk factors for HIV infection.

In the second part of the article, an in-depth analysis was also done by using contingency tables to evaluate information collected during a survey in August 2006 among students on the UFS main campus. Gender and culture were the main focus as factors in patterns of high-risk sexual behaviour among students on the UFS main campus.

Several relationships were proved between a UFS student's age, gender and cultural background. Twenty eight (28%) of students from African cultural backgrounds viewed homosexuality as having the strongest connection to HIV and AIDS, confirming the existence of stereotyping and "othering" among students from African cultural backgrounds. A significant statistical relation was found in both students from African and Western cultural backgrounds when asked whether they believed that condom use diminishes pleasure during sex. The majority of students from a Western cultural background disagreed, whereas the majority of male students from an African cultural background agreed and most females were uncertain.

The general conclusion that can be drawn is that the views of students from a Western cultural background on sexual matters are more closely connected than those of students from an African cultural background, where there is a big gap between the views of male and female students on sexual matters. The study also found that participating UFS students had a relatively good knowledge base surrounding HIV and AIDS, and knew how to protect themselves against HIV infection. Bringing these views closer together and focusing on culture as a key and central point in HIV and AIDS prevention programmes can have a positive influence on students' vulnerability and high-risk sexual behaviour.

REFERENCES

Babbie, E. (1983). *The practice of social research.* Belmont, California: Wadsworth.

Bayley, D. (2003). The white collar HIV Myth. *South African Banker*, 100(1): 8-9.

Coughlan, F.J.; Coughlan, N.S. & Jameson, C.P. (1996). Where knowledge and attitudes separate: adolescent HIV/AIDS knowledge survey as information for social work training. *Social Work*, 32(3): 255-261.

Department of Health. (1994). Lifestyle education: equipping our youth for life. *SALUS*, 17 (5): 14-15.

De Wet, M. (2006). Information shared by Mick Cooper in Pro Seminars attended at University of Michigan (American Sex lifes) : Bloemfontein: UFS.

Eaton, L. & Flisher, A.J. (2000). Review: HIV/AIDS knowledge among South African youth. *Southern African Journal of Child and Adolescent Mental Health*, 12(2): 97-124.

Evian, C. (2003). *Primary AIDS care: a practical guide for primary personnel in the clinical and supportive care of people with HIV/AIDS.* Houghton: Jacana Education.

Ferrante, J. (2003). *Sociology: a Global Perspective.* Belmont: Thompson/Wadsworth Learning.

Finchilescu, G. (2002). HIV/AIDS versus smoking-induced cancer: a comparison of South African students' attributions of culpability, and risk-taking behaviour *Social Dynamics*, 28(1): 109-131.

Harrison, A., Xaba, N.; Kunene, P. & Ntuli, N. (2001). Understanding safe sex: gender narratives of HIV and pregnancy prevention by rural South African school-going youth. *Reproductive Health Matters*, 9(17): 63-71.

Henry Keiser Family Foundation. (2001). *Hot prospects, cold facts: Portrait of young South Africa.* Research report, published by LoveLife.

Kelly, M.J. (2001). *Challenging the challenger: understanding and expanding the responses of Universities in Africa to HIV/AIDS.* Washington D.C.: ADEA Working Group on Higher Education, World Bank.

Khokho, S.R.O. (1997). *The identification of community needs for AIDS Health Education.* Published Master's thesis. Bloemfontein: Faculty of Health Sciences.

Le Clerc-Madlala, S. (2002). Youth, HIV/AIDS and the importance or sexual culture and context. *Social Dynamics*, 28(1): 20-41.

Levine, S. & Ross, F. (2002). Perceptions of and attitudes to HIV/AIDS among young adults in Cape Town. *Social Dynamics*, 28(1): 89-108.

Marcus, T. (2002). 'Kissing the Cobra: sexuality and high risk in a generalized epidemic – a case study of white university students.' *African Journal of AIDS Research*, 1(1): 23-33.

Neuman, W. L. (2000). *Social research methods: Qualitative and Quantitative Approaches.* Allyn & Becon: USA.
Edition. Prentice Hall South Africa: RSA.

Popenoe, D.; Cunningham, P. & Boult, B. (1998). Sociology: first South African edition. Prentice Hall South Africa: RSA.

Rivers, K & Aggleton, P. (1999). *Adolescent sexuality, gender and the HIV epidemic.* London: United National Development Programme.

Seloilwe, E., Jack, A., Letshabo, K., Bainame, K., Veskov, D., Mokoto, M., Kobue, M. & Muzila, R. (2001). HIV/AIDS at the University of Botswana: behavioural and prevention issues. *Pula: Botswana Journal of African Studies*, 15(2): 204-210.

Serlo, K.L.& Aavarinne, H. (1999). Attitudes of university students towards HIV/AIDS. *Journal of Advanced Nursing*, 29(2): 463-470.

Shaw, M. (2002). HIV/AIDS: back to basics: Health. *Pace*, Sep: 90-92.

Skidmore, D. & Hayter, E. (2000). Risk and sex: ego-centricity and sexual behaviour in young adults. *Health, Risk & Society*, 2(1): 23-32.

Stydom, H.& Strydom, C. (2002). Theories and models serving as a basis for design of a HIV/AIDS prevention programme for students. *Social Work*, 38(3): 261- 277.

Taylor, S. E.; Peplau, L.A. & Sears, D. O. (2000). *Social Psychology: Tenth Edition.* Prentice Hall: New Jersey.

Thom, A. & Cullinan, K. (2003). Sex and the students. *Fair Lady*, December 2003: 47-48,50,52.

Trussler, T. & Marchand, R. (1997). *Field guide: Community HIV health promotion.* Vancouver: Health, Canada.

Uys, T. (2002). Students, sex and AIDS: a methodological controversy. *Society in Transition, 33(3): 382-402.*

Uys, T. & Alexander, P. (2002). AIDS and sociology; current South African research. *Society in Transition, 33(3): 295-311.*

Van Dyk, A. (2005). *HIV/AIDS care & counseling: A multidisciplinary approach.* Pearson Education: South Africa.

Whiteside, A. (1991). The Aids mythology. *AIDS Analysis Africa*, 1(6): 1.

World Health Organisation. (2000). *Fact sheet on HIV/AIDS: A desktop reference.* Geneva: WHO.

ANNEXURE A

Statistical significance of information concerning students from an <u>African cultural background</u> (black students, male & female)

QUESTIONS	DF	X^2
3. Home language	**1**	**0.127**
4. First year of registration at ???	**3**	**0.000**
5. Age	**4**	**0.000**
6. Where the greater part of your life has been spent	**2**	**0.028**
7. Religious group	**1**	**0.354**
With which of the following two concepts do you associate HIV/AIDS more strongly?		
8. Homosexuality vs Heterosexuality	**4**	**0.000**
9. Promiscuity vs Chastity	**4**	**0.119**
10. Western Culture vs African Culture	**4**	**0.000**
11. University students vs Non-students	**4**	**0.201**
12. Lower-class people vs Upper-class people	**4**	**0.063**
13. Group in society students consider most at risk of contracting HIV	**3**	**0.167**
a) University students		
b) Non-students		
c) Lower-class people		
d) Upper-class people		
14. Have you ever been sexually active with another person?	**1**	**0.000**
15. Have you engaged in any type of sexual intercourse during the last six months (including vaginal, oral and anal sex, as well as mutual masturbation)?	**1**	**0.003**
a)Yes		
b) No		
16. How many different sexual partners have you had in your lifetime?	**4**	**0.895**
a) One		
b) Two		
c) Three		
d) Four		
e) Five or more		
17. How many sexual partners have you had since becoming a university student ?	**4**	**0.109**
a) One		
b) Two		
c) Three		
d) Four		
e) Five or more		
18. At what age did you have sexual intercourse with another person for the first time?	**3**	**0.570**
a) 0-13 years		
b) 14-16 years		
c) 17-19 years		
d) 20 years or older		
What form of contraception did you and your current/last partner use most often?		
19. None	**constant**	
20. The Pill	**constant**	
21. The loop	**constant**	
22. Injection	**constant**	
23. Male condom	**constant**	
24. Female condom	**constant**	
25. Withdrawal	**constant**	
26. Other	**constant**	
27. Has the existence of HIV and AIDS influenced your sexual behaviour with other people?	**1**	**0.593**
a) Yes		
b) No		
28. If you answered 'yes' to question 27, how have HIV and AIDS changed your behaviour? (You are allowed to mark more than one).		
28.1. I abstain from sex outside marriage	**1**	**0.442**
28.2. I use condoms during **all** sexual encounters	**1**	**0.941**
28.3. I use condoms only during casual sex ("one-night stands")	**1**	**0.027**
28.4. I have only one sexual partner at a time, and am loyal to that person	**1**	**0.351**

29. If you abstain from sex with others, why do you choose to do so?	**2**	**0.029**
a) For cultural reasons		
b) Due to fear of HIV infection		
c) For religious reasons		
30. Would you feel comfortable about asking your partner to use a condom during sex?	**1**	**0.550**
a) Yes		
b) No		
In you opinion, can HIV be transferred in the following circumstances?		
31. *Oral sex*	**2**	**0.124**
a) Easily		
b) Difficult		
c) Impossible		
32. *Contact with blood*	**2**	**0.019**
a) Easily		
b) Difficult		
c) Impossible		
33. *Sexual secretion*	**2**	**0.069**
a) Easily		
b) Difficult		
c) Impossible		
34. *Saliva (during kissing)*	**2**	**0.706**
a) Easily		
b) Difficult		
c) Impossible		
35. *Perspiration*	**2**	**0.567**
a) Easily		
b) Difficult		
c) Impossible		
36. Indicate whether you agree with the following statements:		
37. It is acceptable to ask that a condom be used during sex.	**2**	**0.681**
a) Yes		
b) Uncertain		
c) No		
38. HIV and AIDS are found mainly found among young people.	**2**	**0.20**
a) Yes		
b) Uncertain		
c) No		
39. Being poor makes a person more vulnerable to HIV infection.	**2**	**0.477**
a) Yes		
b) Uncertain		
c) No		
40. It is acceptable to give your sexual partner gifts in exchange for sex.	**2**	**0.001**
a) Yes		
b) Uncertain		
c) No		
41. It goes against my culture to use condoms.	**2**	**0.033**
a) Yes		
b) Uncertain		
c) No		
42. Not using a condom during sex shows trust in your sexual partner.	**2**	**0.000**
a) Yes		
b) Uncertain		
c) No		
43. A condom diminishes pleasure during sex.	**2**	**0.000**
a) Yes		
b) Uncertain		
c) No		
44. Not using a condom during sex indicates permanency in a relationship.	**2**	**0.000**
a) Yes		
b) Uncertain		
c) No		
45. I am mainly concerned about unwanted pregnancy during unprotected sex.	**2**	**0.000**
a) Yes		
b) Uncertain		
c) No		
46. I am mainly concerned about HIV infection during unprotected sex.	**2**	**0.471**
a) Yes		
b) Uncertain		
c) No		
47. Casual sex ("one-night stands") provides a high-risk situation for HIV infection (when not using condoms).	**2**	**0.169**

a) Yes		
b) Uncertain		
c) No		
48. It is acceptable for a woman to have more than one sexual partner.	2	0.001
a) Yes		
b) Uncertain		
c) No		
49. It is acceptable for a man to have more than one sexual partner.	2	0.003
a) Yes		
b) Uncertain		
c) No		
50. There are HIV-positive people in my social circle.	2	0.008
a) Yes		
b) Uncertain		
c) No		
51. Being away from home makes it easier to experiment with sex.	2	0.000
a) Yes		
b) Uncertain		
c) No		
52. I find it difficult to ask my partner about previous sexual relationships.	2	0.070
a) Yes		
b) Uncertain		
c) No		
53. I support the belief that it is better to wait until you are married before having sex.	2	0.000
a) Yes		
b) Uncertain		
c) No		
54. Are there any cultural practices in your background that might make people more vulnerable to HIV infection?	1	0.065
a) Yes		
c) No		

ANNEXURE B

Statistical significance of information concerning students from a Western cultural background ([redacted] students, male & female)

QUESTIONS	DF	X^2
3. Home language	3	0.694
4. First year of registration at ???	3	0.092
5. Age	4	0.155
6. Where have you spent the greater part of your life?	2	0.116
7. Religious group	3	0.257
With which of the following two concepts do you associate HIV/AIDS more strongly?		
8. Homosexuality vs Heterosexuality	4	0.243
9. Promiscuity vs Chastity	4	0.571
10. Western Culture vs African Culture	4	0.040
11. University students vs Non-students	4	0.662
12. Lower-class people vs Upper-class people	4	0.009
13. Group in society students consider most at risk of contracting HIV	3	0.464
a) University students		
b) Non-students		
c) Lower-class people		
d) Upper-class people		
14. Have you ever been sexually active with another person?	1	0.012
15. Have you engaged in any type of sexual intercourse during the last six months (including vaginal, oral and anal sex, as well as mutual masturbation)?	1	0.157
a)Yes		
b) No		
16. How many different sexual partners have you had in your lifetime?	4	0.001
a) One		
b) Two		
c) Three		
d) Four		
e) Five or more		
17. How many sexual partners have you had since becoming a university student?	4	0.132
a) One		
b) Two		
c) Three		
d) Four		
e) Five or more		
18. At what age did you have sexual intercourse with another person for the first time?	3	0.026
a) 0-13 years		
b) 14-16 years		
c) 17-19 years		
d) 20 years or older		
What form of contraception did you and your current/last partner most often use?		
19. None	constant	
20. The Pill	constant	
21. The loop	constant	
22. Injection	1	0.157
23. Male condom	constant	
24. Female condom	constant	
25. Withdrawal	constant	
26. Other	constant	
27. Has the existence of HIV and AIDS influenced your sexual behaviour with others?	1	0.660
a) Yes		
b) No		
28. If you answered 'yes' to question 27, how have HIV and AIDS changed your behaviour? (You are allowed to mark more than one).		
28.1. I abstain from sex outside marriage	1	0.019
28.2. I use condoms during all sexual encounters	1	0.207
28.3. I use condoms only during casual sex ("one-night stands")	1	0.066
28.4. I have only one sexual partner at a time, and am loyal to that person	1	0.121
29. If you abstain from sex with others, why do you choose to do so?	2	0.558
a) For cultural reasons		
b) Due to fear of HIV infection		
c) For religious reasons		
30. Would you feel comfortable about asking your partner to use a condom during sex?	1	1.000

a) Yes		
b) No		
In you opinion, can HIV be transferred in the following circumstances?		
31. *Oral sex*	2	0.046
a) Easily		
b) Difficult		
c) Impossible		
32. *Contact with blood*	2	0.224
a) Easily		
b) Difficult		
c) Impossible		
33. *Sexual secretion*	2	0.035
a) Easily		
b) Difficult		
c) Impossible		
34. *Saliva (during kissing)*	2	0.364
a) Easily		
b) Difficult		
c) Impossible		
35. *Perspiration*	2	0.567
a) Easily		
b) Difficult		
c) Impossible		
36. Indicate whether you agree with the following statements:		
37. It is acceptable to ask that a condom be used during sex.	2	0.221
a) Yes		
b) Uncertain		
c) No		
38. HIV and AIDS are found mainly among young people.	2	0.695
a) Yes		
b) Uncertain		
c) No		
39. Being poor makes a person more vulnerable to HIV infection.	2	0.468
a) Yes		
b) Uncertain		
c) No		
40. It is acceptable to give your sexual partner gifts in exchange for sex.	2	0.270
a) Yes		
b) Uncertain		
c) No		
41. It goes against my culture to use condoms.	2	0.625
a) Yes		
b) Uncertain		
c) No		
42. Not using a condom during sex shows trust in your sexual partner.	2	0.255
a) Yes		
b) Uncertain		
c) No		
43. A condom diminishes pleasure during sex.	2	0.000
a) Yes		
b) Uncertain		
c) No		
44. Not using a condom during sex indicates permanency in a relationship.	2	0.071
a) Yes		
b) Uncertain		
c) No		
45. I am mainly concerned about unwanted pregnancy during unprotected sex.	2	0.889
a) Yes		
b) Uncertain		
c) No		
46. I am mainly concerned about HIV infection during unprotected sex.	2	0.798
a) Yes		
b) Uncertain		
c) No		
47. Casual sex ("one-night stands") provides a high-risk situation for HIV infection (when not using condoms).	2	0.037
a) Yes		
b) Uncertain		
c) No		
48. It is acceptable for a woman to have more than one sexual partner.	2	0.956
a) Yes		

b) Uncertain		
c) No		
49. It is acceptable for a man to have more than one sexual partner.	2	0.039
a) Yes		
b) Uncertain		
c) No		
50. There are HIV-positive people in my social circle.	2	0.955
a) Yes		
b) Uncertain		
c) No		
51. Being away from home makes it easier to experiment with sex.	2	0.016
a) Yes		
b) Uncertain		
c) No		
52. I find it difficult to ask my partner about previous sexual relationships.	2	0.289
a) Yes		
b) Uncertain		
c) No		
53. I support the belief that it is better to wait until you are married before having sex.	2	0.017
a) Yes		
b) Uncertain		
c) No		
54. Are there any cultural practices in your background that might make people more vulnerable to HIV infection?	1	0.478
a) Yes		
c) No		

a) Yes		
b) Uncertain		
c) No		
48. It is acceptable for a woman to have more than one sexual partner.	2	0.001
a) Yes		
b) Uncertain		
c) No		
49. It is acceptable for a man to have more than one sexual partner.	2	0.003
a) Yes		
b) Uncertain		
c) No		
50. There are HIV-positive people in my social circle.	2	0.008
a) Yes		
b) Uncertain		
c) No		
51. Being away from home makes it easier to experiment with sex.	2	0.000
a) Yes		
b) Uncertain		
c) No		
52. I find it difficult to ask my partner about previous sexual relationships.	2	0.070
a) Yes		
b) Uncertain		
c) No		
53. I support the belief that it is better to wait until you are married before having sex.	2	0.000
a) Yes		
b) Uncertain		
c) No		
54. Are there any cultural practices in your background that might make people more vulnerable to HIV infection?	1	0.065
a) Yes		
c) No		