

Perceptions Towards HIV and AIDS, Condom Use and Voluntary Counseling and Testing (VCT) amongst Students at a Previously Disadvantaged South African Tertiary Institution

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ABSTRACT The study focuses on risk behaviour, stigmatization, social perceptions, voluntary counselling and HIV testing (VCT) amongst a sample of four hundred students at a rural tertiary institution in South Africa. Statistica was used to calculate descriptive statistics from the quantitative data and Thematic Content Analysis was used to analyse qualitative data. The mean age of students is 22.85 years and the Standard Deviation (SD) = 2.08. Overall the findings indicate that students have knowledge about condom use, risky sexual behaviours and VCT but this does not always translate into positive sexual behaviours. For instance, thirty-seven percent (37%) of the sample had little or no intention of using a condom. The results point towards the spread of the pandemic as a noteworthy percentage of participants indulge in high risk sexual behaviours and display negative attitudes towards Voluntary Counselling and Testing (VCT), condom use and people living with HIV and AIDS.

INTRODUCTION

According to Avert (2008), AIDS is spreading at an exponential rate in sub-Saharan Africa. Presently, there are as many as eight million people in South Africa infected with the retrovirus (UNAIDS 2010). Accordingly, it is vital that all aspects of knowledge, attitudes and behaviour of young South Africans towards the pandemic are investigated. Research indicates that students at tertiary institutions have good knowledge about the different modes of HIV transmission but that there are important gaps in their knowledge (Molloy 2009). This may influence not only their personal sexual behaviour, but also their attitude towards HIV

infected individuals. Reid and Walker (2005) state that in the past safe sex meant contraception or prevention of unwanted pregnancies, but today safe sex is about the prevention of sexually transmitted infection (STI's), especially HIV.

According to Chen et al. (2010), as data is lacking on HIV prevention programmes and strategies, it is important that studies under the heading of knowledge, attitudes, practice and behaviour change (KAPB) are conducted. A large part of this type of research concludes that behaviour change occurs in steps and that knowledge is not a good indicator of behaviour change (Nel 2003). Many studies indicate that there has been an impact on knowledge and attitudes, but not on actual behaviour-change. In fact, evidence increasingly suggests that knowledge alone does not equal behaviour change (Weston 2006). Knowledge of health risks is a pre-condition for behaviour change but this is only part of the solution to combating the HIV and AIDS pandemic. An understanding of social context and contemporary life are of equal, if not more, importance (Campbell et al. 2003). In Uganda

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there has been a decrease in HIV prevalence because of a decline in multi-partner sexual behaviour. This is linked to relevant national intervention programmes aimed at informing the populace of the need for behaviour change (Green et al. 2006). This is supported by a recent study in China where results infer that condom use skills were improved using a theory based intervention programme amongst rural female migrants (Lin et al. 2010). However, in South Africa such programmes seem to have little impact on behaviour change. According to Nel et al. (2008), many government funded HIV interventions do not take into account social issues such as the well-documented link between alcohol abuse, casual relationships and unsafe sex.

The Health Belief Model (HBM) and the Protection Motivation Theory (PMT) are both cognition models. They emphasize individual cognitions, and perceived behaviour(s) as a result of rational information processing. These models are relevant to research on attitudes, knowledge, behaviour and perceptions toward HIV and AIDS (Munro et al. 2007). In a study underpinned by the HBM and PMT Weston (2006) noted that most investigations found that tertiary students do not perceive themselves to be at risk of contracting HIV. They view themselves as being separated from the retro-virus and not easily infected. According to Weston (2006), the Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behaviour(s) by focusing on the attitudes and beliefs of individuals who exist within specific social contexts. The PMT was originally proposed to provide theoretical clarity to the understanding of fear. For instance, the degree of risk severity, vulnerability, self-efficacy and response efficacy are critical motivators as people move through the stages of pre-contemplation, contemplation, the preparation stage and action in carrying out preventative behaviours, for instance stopping smoking. According to Nqojane (2009), knowledge of AIDS and methods of protection against sexually transmitted infections remain inadequate as a modifier of health-risk behaviours. It is commitment to using condoms, positive communication with sexual partners and the availability of condoms which are important motivators in the intended use of condoms. Research conducted in the Bahamas on pre-adolescents using an intervention strategy underpinned by PMT

found that, with parental support, the programme significantly increased knowledge about HIV and AIDS and the necessity of condom use (Gong et al. 2009).

It is widely recognized that Voluntary Counselling and Testing (VCT) is a fundamental and essential counselling process. According to Weston (2006), it serves to assist people in deciding whether or not to be tested for HIV. It also provides support and facilitates decision making processes following testing. De Paoli et al. (2004) note that pre-test and post-test counselling is important and effective in HIV and AIDS prevention. VCT services enable uninfected people to remain so and enable those infected with HIV to plan for the future and prevent further transmission of the retrovirus. Petros et al. (2006) state that culture and racial attitudes determine the perceptions of individuals who stigmatise those who are HIV infected or who have AIDS. Nqojane (2009) suggests that VCT may also play a role in the de-stigmatisation of the pandemic.

Mashego (2004) suggests that unsafe sexual behaviour(s) in Africa stems from lack of knowledge about the transmission of the HIV retrovirus. This suggests that people who know about the consequences of unsafe sexual behaviour will not engage in such behaviour(s). However, research suggests that this is not always the case (Nel et al. 2008). According to Taylor (2006) using condoms or insisting that a partner use a condom may be seen as implying that the partner has an STI or is unfaithful, or that the person insisting on the condom use is unfaithful. This, it can be inferred, is why many people with regular sexual partners choose not to use condoms. A contributory factor is that in traditional African culture discussion about sexual behaviours in public or private settings is taboo (Reid and Walker 2005). As a result of this HIV programmes which facilitate the change of mindsets are of the utmost importance if the pandemic is to be controlled.

RESEARCH METHOD

The research was quantitative in nature and used a survey research design utilising a convenience sample. Surveys are valuable tools in assessing opinions and trends. A focus group was used to generate information that was used to update the questionnaire lending a qualitative element to the study.

Participants and Setting: The setting was a designated previously disadvantaged tertiary institution in a rural setting in northern KwaZulu-Natal. Ninety percent (90%) of the undergraduate population is Black. The participants were undergraduates in first, second and third year across all Faculties at the institution.

Sample: The sample was a non-probability or convenience sample. One thousand survey questionnaires were handed out to first, second and third year under-graduate students. As the institution has approximately 10,000 students enrolled for its undergraduate courses it was deemed appropriate to give out questionnaires to one percent of the entire undergraduate population as attrition (non-return) rates of survey questionnaires can be high. A final sample of four hundred undergraduates completed the questionnaire.

Instrument: A self-administered two part questionnaire based on one previously used by Nel (2003) and updated by Nqojane (2009) was used in the survey research. The questionnaire was restructured by changing or adding appropriate questions formulated from data collected from a focus group. A judgmental sample was used to select participants for the focus group. The sample, for the focus group, comprised of students studying Honours in Psychology, who were judged appropriate for the task by the researcher. The questionnaire had two sections, the first section comprised of demographic questions, and the second had questions relating to attitudes and knowledge about HIV and AIDS. The focus group participants were advised that their participation was confidential and that they could withdraw from the study at any time. De-briefing was conducted after focus group session.

Data Collection: After the questionnaire was piloted, permission was gained from relevant course co-ordinators for the survey to be handed out to first, second and third year undergraduates in different faculties. It was distributed and answered during lecture periods. In terms of confidentiality and ethics, clearance to conduct the research was obtained through the appropriate university structures and a letter was attached to the survey explaining the objectives of the study and ensuring respondents of their anonymity (as no names or student numbers were required). Students were also informed that they could choose if they wanted to participate

in the survey or not. They were then asked to return either the completed or non-completed survey after the lecture period. In total five hundred questionnaires were returned. The final sample was four hundred, as one hundred were discarded as they were either not completed or improperly completed.

Data Analysis

Quantitative Data: After the integrity of the data set was established, the Statistica programme was used to calculate descriptive statistics. The data was presented using frequency tables and histograms. Cross-tabulations were also used. The Chi-square test was used to investigate appropriate variables relating to themes concerning perceptions of VCT, risk and risk-taking behaviour and stigmatization.

Qualitative Data: Thematic Content analysis was used to analyse the material produced by the focus group. This involved sifting through the data which led to the reporting of a number of distinct themes from which appropriate questions were formulated in order to up-date the questionnaire.

RESULTS AND DISCUSSION

The research focused on students' perceptions towards HIV and AIDS, condom use, VCT and stigmatisation. Gender, age, social year and academic year, are the demographic indicators that were used in the study. Respondents ranged between eighteen and thirty years of age. Ninety-five percent (95%) of respondents were Black, one percent (1%) White, three percent (3%) Indian or Asian and one percent (1%) Coloured. The focus group results are presented first followed by the survey results. The survey results are underpinned by themes generated from the HBM and the PMT namely, risk taking and protective behaviour and stigmatisation and VCT.

Focus Group: Participants in the focus group stated that many Black people felt that nothing would stop them getting infected with HIV and AIDS. One of the comments from a group member was, "We still, get shock when we see thin people no matter how educated we are." Another comment was, "I would not like it being thin if I found out that I am HIV positive. I would not feel happy to bring stress to my family." Group

members then discussed stigmatisation as a result of known HIV infection. Interestingly, someone who is known to be HIV positive is accepted while still healthy but when they become sick they are socially ostracized. As getting thinner is often an indication of AIDS related illness, the group indicated a preference for being heavier, even though this may add to other health related problems such as high blood pressure or diabetes. An attitude of blame was also noted. Group members felt that Black people in general and students in particular did not take responsibility for their actions. One comment was, "I am angry because we tend not to listen to HIV and AIDS education and look for excuses. It is always someone else's fault." Although there have been many campaigns educating people about HIV and AIDS the group still felt they needed more information and knowledge about the pandemic. This could indicate that ongoing HIV and AIDS education campaigns might not address basic knowledge needs. A comment from the group was, "People need to be educated and it seems like some need more information about the virus." This infers that there is still a big task ahead in educating people about HIV and AIDS. The focus group participants were vocal about what they perceive as high sexual risk behaviour at the institution which was inferred because of the observed high rate of pregnancy. It was also noted that substance abuse was likely to add to high risk sexual behaviours. The group showed a general concern in terms of VCT. They felt that the way counsellors' talk to students make the students "feel bad." The group also stated that they felt uncomfortable discussing any personal issues with them. They also stated that going for VCT counselling should be voluntary and that nobody should ever be forced into it as some students are afraid of being stigmatised. Although VCT is supposed to be voluntary many group members felt that student advisors and clinic staff tried to force them to attend counselling, "For their own good." They could not see any benefits for VCT as they felt sessions were boring and unlikely to be confidential. They felt that the way counsellors' approached students' who went for VCT was generally negative.

Risk Taking and Protective Behaviour:

Gender and risk-taking behaviour was considered to be an important cross-tabulation as literature shows that research indicates that males and females have different attitudes towards HIV and

AIDS (Abraham 2006). The results of this study confirm this. For instance, sixty six percent (66%) of female respondents felt that they were at high risk of contracting HIV and AIDS as opposed to thirty four percent (34%) of the male sample. This indicates that female students think they are more vulnerable to contracting HIV and AIDS than male students. Participants' were asked to rank various behaviours in terms of risk and the overwhelming majority (86%) indicated that unprotected sex is extremely risky in terms of becoming HIV infected. However, fourteen percent (14%) of the sample indicated that unprotected sex was either no risk at all or very little risk in terms of contracting HIV. This, in real terms, equates to fifty- six (56) respondents.

Findings indicate that more females than males have the intention of using condoms. Seventy- nine percent (79%) of male respondents and eighty- four percent (84%) of female participants' report that they intend to use condoms. It must be noted, with concern, that sixteen percent (16%) of females and twenty- one percent (21%) of males have little or no intention of wearing condoms, which is thirty- seven percent (37%) of the overall sample or one hundred and forty- seven (147) respondents. If these individuals are sexually active, the risk of HIV and other STI's is high (as well as the possibility of unwanted pregnancies). It must also be stated that intention to use a condom is not always converted into actual practice.

Only fifty-two percent (52%) of the total sample indicated that it was very likely that condoms prevent infection with HIV. These participants' lack of knowledge is a barrier to HIV and AIDS prevention. As there has been much media and educational information given to communities about the ability of condoms to prevent HIV infection, this is a disturbing statistic. It may be due to the way knowledge is communicated or the conservative nature of South African communities where open discussions about sex are not encouraged. However, the majority of participants (80%) who viewed themselves as belonging to a high risk group for infection believed that using a condom can prevent HIV infection.

Nel et al. (2008) asserted that South African students usually have a negative attitude towards condom use. The results of this study generally contradict this view. The majority of participants felt that they could insist that a

condom be used when engaging in sexual activity. Seventy percent (70%) of the sample noted that they are likely to use a condom if sexually active. This suggests that students feel empowered in being able to make decisions whether or not to wear a condom. It is evident that the majority of the sample regards wearing condoms in a positive manner. It is, however, uncertain if this positive attitude translates into more consistent condom use. However, it can be stated that twenty-six percent (26%) of the respondents think that they are likely to contract HIV even if they insist on condom use. These respondents have a negative attitude towards condom use which in other studies has been linked to inconsistent or no condom use (Chen et al. 2010).

Weston (2006) uses the HBM and PMT to clarify the concept of fear. According to these models, when a health threat exists, people either control their fear about the danger or they control the danger. Research thus far suggests that moderate levels of fear appear to initiate the most responsible behaviour and contain risk taking behaviour(s). Forty-five percent (45%) of the present sample chose paralyzing fear when rating the extent of the reaction they would feel if they found that they were HIV positive and forty percent (40%) reported fear that was more moderate. Only fifteen percent (15%) indicated little or no fear. Over a third of the sample felt that kissing is extremely to moderately risky which is an indication that an over-riding anxiety exists pertaining to HIV infection. As moderate fear is reportedly a motivator for preventative behaviours it may be that paralyzing fear prevents constructive action with regard to positive sexual behaviour(s). This statistic might underpin the increasing HIV prevalence in KwaZulu-Natal. This inference is supported by Foster (2010) who states that fear is likely to prevent some people from attending VCT.

According to Kelly (2001), in small university communities, sexual partners tend to change frequently which is high risk behaviour. The sample for the present study was taken from a typical small-town university in South Africa and the results underpin the aforementioned statement. The majority of the sample reported that having sex with a stranger is a risky activity. However, when results were cross-tabulated in terms of gender and the likelihood of avoiding sex with a stranger, the following results were obtained. Thirty-seven percent (37%) of the male sample reported that they were very unlikely to avoid having sex with a

stranger as opposed to fifteen percent (15%) of the female sample. These findings indicate that females in the sample are much more likely to avoid having sex with a stranger than males which might indicate that females have a higher perception of the risk and severity posed by HIV and AIDS than males.

If students are able to suggest going for HIV testing to their partner, they are effectively engaging in a protective behaviour which could ultimately prevent them from being infected with the retrovirus. Sixty percent (60%) of the sample indicated that they would be able to suggest that they go for testing at the beginning of a sexual relationship. Twenty percent (20%) of the sample selected the "does not apply" option which could mean that they are not in a sexual relationship or that they found that question difficult to answer.

Stigmatisation and Voluntary Counselling and Testing (VCT): According to Foster (2010), willingness to accept VCT is linked to perceived high personal susceptibility. The majority of the sample that is, sixty percent (60%) of female respondents and fifty-five percent (55%) of male respondents reported to having attended VCT. Although female respondents are more likely than male respondents to go for testing and counselling the majority of both genders are engaging in responsible health behaviour by attending VCT. However, over a third of respondents' had not attended VCT which indicates that a significant number of students still resist this type of counselling.

When the participants were asked whether they were put off by the VCT counselling process, forty-eight percent (48%) responded that they were not and a further twenty-four percent (24%) noted to being neutral about the question. Over a quarter of the sample, twenty-eight percent (28%), indicated that they either strongly agreed or agreed that they were put off by the counselling process. Further, fifty-two percent (52%) of the sample indicated that the counselling process was impersonal. These results support the focus group results that VCT is generally perceived in a negative manner and is likely due to fear (of infection) and fear of stigmatisation.

The research considered the respondents' contribution to stigmatising behaviour(s) by assessing their openness and attitude towards people living with HIV and AIDS. When asked if

they would go to a restaurant if they found out that the chef of the restaurant was HIV positive, eighty- four percent (84%) of the sample stated they would go just as often. However, sixteen percent (16%) of the sample stated they would either avoid the restaurant or go less frequently. This means that sixty- three (63) participants are likely to display stigmatising attitudes and behaviour(s) towards those who are HIV infected or have AIDS.

CONCLUSION

Research on the knowledge, behaviour and sexual practices of students attending tertiary institutions in South Africa is ongoing. The dynamic social and economic climate in the country is likely to have an impact on the perceptions of students, particularly the previously disadvantaged groups, thus such research is important. It appears that generally students have good knowledge about HIV and AIDS and know what preventative behaviours are. However, even though much information about the pandemic has been, and still is disseminated, it appears that there are some gaps in individual knowledge which may be due to ineffective or inappropriate communication. In terms of protective behaviour, the majority of respondents stated that they would be able to suggest going for an HIV test at the beginning of a relationship. This indicates that they feel that they are able to take this step in protecting themselves. However, it is unclear if this intention relates to actual behaviour. Results suggest that not all respondents are highly motivated to protect themselves from contracting HIV or other sexually transmitted infections. Overall the findings suggest that students have knowledge about condom use, risky sexual behaviours and VCT but this does not always translate into positive or healthy sexual behaviours. Stigmatisation exists, particularly in regard to VCT. It can be concluded that the HIV epidemic amongst undergraduate students is likely to continue into the next decade as many admit to high risk sexual behaviours in spite of having a high intentionality to practice low risk behaviours.

RECOMMENDATIONS

- The following recommendations were made:
- ♦ research into the experience of VCT counsellors' should be undertaken in tertiary institutions throughout South Africa;

- ♦ further research should focus on barriers to VCT, as this could inform prevention activities;
- ♦ KAPB studies should be carried out every two to three years at tertiary education campuses to see if there is a change in student behaviour trends;
- ♦ more research on how students prefer to receive HIV communication should be undertaken.

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