

Sexual Practices of Female Students at South African Universities: Literature Review

S.H. Magqamfana* and J. G. Kheswa**

*Department of Psychology, University of Fort Hare (Alice Campus), Private Bag X 1314,
Alice, 5700, South Africa*
E-mail: *smagqamfana@gmail.com, **jkheswa@ufh.ac.za

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ABSTRACT Majority of university female students' fall within the sexually active group and are prone to sexually transmitted infections because of high level of freedom, parties and multiple sexual partners. Grounded in Health Belief Model (HBM) which is based on the notion that the female students will take health related actions to avoid adverse consequences such as substance abuse, literature documented that female student's lack the capacity to negotiate safe sex and often become susceptible to unwanted pregnancies. This study employed systematic review as the methodology to determine the sexual practices of students at tertiary institutions in South Africa. This research study found that lesbian students are susceptible to discrimination owing to homophobia and religious principles held by heterosexuals while peer pressure and poor socio-economic status propel many female students to promiscuity. Based on the literature findings, workshops on sex education should be conducted to inculcate sexual behaviour change among female students.

INTRODUCTION

Most South Africans female students go to varsity without having been to parties and bashes and this reality makes them adapt to these cultures, which, in turn, impact adversely on their sexual behaviour. Emotional adjustment and sexual identity of female students have become a great concern for developmental psychologists as most tend to display low self-control and impulsivity (Schultz and Schultz 2013). According to Bokana and Tewari (2014), a shift from secondary school to tertiary is a culture shock involving important social and psychological re-learning in the face of encounters with new ideas, different values and beliefs and unlimited freedom, which, according to Masten (1994) are called separation, transition and incorporation. Although previous studies investigated that university students have acquired knowledge, skills on effective use of condoms and Voluntary Counselling and Testing (VCT) related to HIV/AIDS, Nqojane (2009) established that at the University of KwaZulu-Natal, such knowledge does not always translate into actual behaviours as females are being victims of sexually transmitted infections. At the University of Limpopo (Medunsa Campus in Pretoria, Gauteng Province), Maponyane (2014) found that despite

the knowledge of female students on the importance of using a male or female condom to prevent STIs, 66.7 percent reported permissive attitude towards condoms and indicated that they would feel uncomfortable buying them relative to 33.3 percent who indicated that they would feel comfortable buying the condoms.

RESEARCH METHODOLOGY

In determining the sexual behaviour of female students attending South African universities, this paper employed systematic literature review as a research method technique with the aim to demonstrate where knowledge lacks in the specific topic and to guide future research as suggested by Mallett et al. (2012). To achieve this, data was collected by critically analyzing the literature and findings from internet, dissertation, journal publications and secondary books which focused on sexual behaviour of female students studying at the universities in South Africa.

Theoretical Perspective

This paper is underpinned by Health Belief Model (HBM) pioneered by Hochbaum et al. in the 1950s (Swartz et al. 2011). The Health Belief

Model posits that female students will take health related actions (for example, condom-use) to avoid adverse consequences such as HIV/AIDS or unwanted pregnancy (Nqojane 2009; Swartz et al. 2011). The constructs of HBM emphasize that female students will: (i) not attempt behaviour change that endanger their lives (that is, perceived susceptibility), (ii) discourage the acceptance of positive sexual behaviour such as the myth that condom-use limits sexual pleasure, (iii) uphold their ability to carry out a particular action (that is, self-efficacy), (iv) in avoiding the consequences of becoming infected when not using a condom (that is, perceived). However, Batidzirai et al. (2014) found that mass-media, poverty and pornography viewing tend to trigger the female students' internal locus of control or deceive them as invincible. Based on these premises, this paper attempts to answer the following questions: (i) Which related factors contribute to risk sexual behaviour among South African university female students? (ii) What are the consequences of the risk sexual behaviour among South African university female students?

OBSERVATIONS

Factors Contributing Towards Female Students' Risky Sexual Behaviour at the South African Universities

Peer Pressure

Peer pressure is described as the influence from the people of approximately the same age, status and interests (Swartz et al. 2011) and very often it is likely to influence vulnerable students to search topics on the Internet about sexual interests or "cybersex" (Cooper et al. 2000). The concept *locus of control* pioneered by Julian Rotter in social learning theory, is based on the notion that female students who experience challenges such as control cognitions (for example, self-efficacy), control motivation and sexual behaviour, often find themselves in a situation of being agreeable to avoid rejection (Roddenbury and Renk 2010). Cherry (2014) argued that being at the university is very difficult because of conformity and Jewkes et al. (2012) found that the use of substances becomes common for acceptance and approval by peers. In social gatherings, majority of vulnerable female students

seemed to lose their virginity and get infected with STIs and HIV/AIDS based on the fact that good looking and well-built males are far from living with the virus (Mutinta et al. 2015). Because they are often no longer under direct parental supervision and occupy their own residence, in order to cope with academic pressures, they apply avoidant coping mechanism by attending social gatherings where alcohol seems normative (Gilchrist et al. 2012).

Because the Internet affords them with an opportunity to remain anonymous to engage in these types of risk sexual behaviours, without "getting caught", majority of female students have become victims of serial-killers. O'Keeffe and Clarke-Pearson (2011) contended that the tremendous influence of the social media on modern students' sexual values, attitudes and behaviours continues to impair their academic performance since they spend a lot time visiting X-rated websites. Interestingly, there are still university female students who preserve their virginity despite the enormous pressure they encounter from peer pressure. For example, at the University of North- West, Mahikeng Campus, North West Province, Mturi and Gaearwe (2014) found that 18.7 percent of female youth who reported to be virgins cited that they had not engaged in sexual practices because they were not ready and wanted to remain pure until they are married. Similarly, at the University of Venda, Limpopo Province, Anyanwu et al. (2013) established that eighteen percent of female students who reported to be virgins attributed that to their emotionally supportive family members, interpersonal factors (for example, high self-esteem) and quality friends.

Sexual Values and Attitudes

Values are ideas that an individual chooses to believe after they have assessed other options and consequences of those beliefs. They could be treasured, adopted and repeatedly acted upon in one's life (Kipkoech 2015). The reasons that might contribute to the development of these positive values and attitudes towards healthy sexual behaviour are better explained by resilience theory. By resilience, it means an adaptive behaviour in the face of adversity (Theron et al. 2012) or the capacity of an individual, organization, community or region to strive, resist, engage, respond to, adjust to, and pull through a disturbance (Carlson et al. 2012).

Poverty

Owing to poverty especially among black students in South Africa, Holborn and Eddy (2011) established that prostitution, intimate partner violence and substance abuse among young females (aged 15-24) contribute to HIV/AIDS transmission. These phenomena are best illuminated by social exchange theory, which according to Cook et al. (2013) postulates that in an exchange of activity noticeable or immaterial and less or more gratifying or costly, at least between two people or parties, the one with less financial freedom tend to suffer. Lynch (2013) suggests that this kind of exchange may lead to sexual assault and physical abuse of the female students especially who lack residence within the campus. Quite often, sexual harassment takes place in these relationships and impact on the academic performance of the victims. Kheswa (2014) argued that female students may also engage themselves in risky sexual behaviour by dating older men 'sugar daddies' in exchange of money and gift. Furthermore, by virtue of respecting and admiring lecturers, they often consider forming sexual relationships with the lecturers with view to gain entry to the examination or score good grades.

Promiscuity

Naghavi et al. (2012) noted that dealing with the sexual culture on university campuses could be a challenge. Female students often engage in concurrent sexual activities with a number of sexual partners including "sugar daddies" who visit them to find sexual pleasure (Morrel et al. 2012). Casual sex is the act of having sexual intercourse but without having commitment or obligations to your sexual partner and it is a large part of the sexual culture at the universities. At the University of the Western Cape, Morrel et al. (2012) found that promiscuity emanates from a number of contextual factors, including lack of money for photocopies, food and books especially for students who come from provinces such as KwaZulu-Natal and Eastern Cape.

In the process of sexual promiscuity, Protogerou et al. (2014) revealed that the students fail to use condoms consistently because they believe that they should carry a number of condoms if they engage in many rounds of sex. Also,

they cited fear of condoms breaking or slipping while enjoying sex, lack of pleasure and awkwardness in purchasing condoms from the shops around campuses because of stigma associated with condoms. To date, Jemmott et al. (2010) found that there is no theoretical model that has been carefully substantiated to educate youth about the risk of sexual behaviour in South Africa.

Sexual Identity

According to Barry (2014), a quite number of first year students realize their sexual orientation (for example, bisexual, homosexual or heterosexual) owing to the human rights which are engraved in the Constitution of the Republic of South Africa, Act 108 of 1996. In a recent study conducted by Ncanana and Ige (2014) at the University of Zululand, KwaZulu-Natal Province, an increasing number of lesbians on the campus was found to be tolerated by heterosexuals. Furthermore, Pillay and Ngcobo (2010) found a trend among first-year students, especially lesbians who have been in the closet, accepting their sexual preferences and belonging to organizations or forums which reinforce their sexual orientation. However, at the University of Limpopo, Letsoalo (2016) found that lesbians reported to be living in fears because of hate-crime and stigma. Furthermore, they reported that even the police officials tend to discriminate against them when lodging complaints of sexual harassment. While expecting people who value divinity to embrace diversity as far as sexual orientation is concerned, Spengen (2013) found that university students who are Muslims showed prejudice towards lesbians as compared to Orthodox Christians, Catholics and Protestants. In contrast, these homophobic and heterosexual cultural bias leave lesbians languishing in terms of developing romantic relationships and demonstrating emotional connectedness towards their loved ones (Gerhards 2010; Gibson and MacLeod 2012). Such homophobic attitudes tend to take a form of corrective rape and hate speech, and contribute psychological trauma among lesbian students (Johnson et al. 2014). One can draw inferences that due to these homophobic attitudes from heterosexual students, the academic performance of lesbians might be affected negatively and some might even commit egoistic suicide.

The Effects of the Risky Sexual Behaviour among South African University Female Students

Substance Abuse

Regardless of sexual orientation, there is a general consensus that university students with a history of physical, emotional and sexual abuse tend to engage in risky sexual practices, such as inconsistent condom-use, having concurrent sexual partners, being sexually involved with violent partners and experiment with substance abuse (Sweet and Welles 2012). It is for this reason McGowan and Kagee (2013) noted that post-traumatic stress disorder contributes towards hypersexual behaviour among female students at South African universities. According to Sue et al. (2015) traumatized female youth in response to depression and stressful life events may be compulsive and cover their sense of worthlessness by engaging in concurrent sexual relationships. The underlying factor could be due to the eagerness to experiment new things and excessive freedom. Furthermore, recent research conducted with university students in South Africa found that 22 to 80 percent used alcohol, between 6 to 43 percent engaged in binge drinking in one month and 17.1 to 58 percent abused drugs in two months (Peltzer and Ramlagan 2009). To support this, Madu (2004) found that undergraduates from the University of Limpopo reported various forms of abuse. About 8.7 percent of students reported that someone had ever had oral, anal or vaginal intercourse with them.

Sexual Transmitted Infections and HIV/AIDS

Peltzer et al. (2004) investigated attitudes of university students towards HIV-testing from three countries, namely; India, South Africa and United States. 22.5 percent of students from South Africa were reported lacking the motivation to go to the clinic to get their HIV-test results for fear of being stigmatized and rejected by community members. In assessing female students' how knowledgeable they are on leading a healthy lifestyle from the University of Fort Hare (Eastern Cape Province) and University of KwaZulu-Natal, Batidzirai et al. (2014) during the focus groups, students expressed a concern that their partners overpower and that makes them

to remain subservient. The extract below, illustrates their submissiveness towards negotiating safe sex;

"We do not always have the power over men to discuss condom use in the relationship" and "men come up with all sorts of excuses" like, "it's too tight", "it doesn't feel good", and "I don't feel anything", and "it gives me a rash."

Back as in the year 2001, Peltzer investigated the knowledge and sexual practices among 206 first-year students (with the mean age of 20.9 years) at the University of Limpopo (former University of the North) with reference to correct use of condoms. An alarming fifty-six percent of participants indicated that they were ill-informed about the correct moment to safely put on a condom and reported that their reason for not practicing safe sex was that their HIV status was negative.

Unwanted Pregnancy and Abortions

Borrowing from previous research, when female students have low self-esteem as a result of a lack of parental support, they feel marginalized and expose themselves to risky sexual behaviours (Heeren et al. 2014). Swartz et al. (2011) posit that first year students abuse alcohol and drugs since they are no longer under the control of their parents and this behavior of abusing substances leads to unprotected sex, unplanned pregnancy, high rate of drop outs and poor academic performance. In KwaZulu-Natal, Hoque and Ghuma (2012) found that owing to non-use of contraceptives, 51.5 percent of Mangosuthu University of Technology female students had unwanted pregnancies while 22.2 percent had induced abortions. For example, at the University of Fort Hare (Alice Campus, Eastern Cape Province), Kheswa and Takatshana (2014) found that female students who performed abortions had been in sexual relationships characterized by age-gap, which made it difficult to negotiate safe sex. At another campus (that is, University of Johannesburg), Van Breda (2011) found that more than twenty percent had had an abortion. The best way to deal with this problem is to educate and communicate with students about sexual risks and safe sexual behaviors.

DISCUSSION

Alcohol abuse and peer pressure emerged as the causal factors leading majority of female

students to engage in risk sexual behaviour in the study. The results revealed that even the students who grew up in families marked by warmth, trust and unconditional love, when they are at tertiary institutions, their behaviour change. Owing to conformity and freedom in the dormitories, they interact with deviant roommates, who hook them up with men, who, in turn, introduce them to drugs. Considering that during the social gatherings such as Welcome Bashes, Mr. Personality, Miss University, Indoor games and/or Inter Varsity games organized by student organizations are often celebrated within the campuses, the beverages are sold at a relatively cheap price, majority of students begin to experiment with drugs and alcohol. Such students may be classified as having weak internal locus of control, thus, they end up smoking marijuana and develop dependence on drugs. Drawing from alcohol myopia theory, which posits that intoxication impairs the logical reasoning, memory and the ability to make well-informed decision (Scott-Sheldon et al. 2016) female students become vulnerable to rape and one-night stands since they may be euphoric and disregarding the danger of dancing with strangers.

From these encounters, it should be borne in mind that sexual violence has the propensity to impair the female students' psychological well-being and might lead to depression if counseling is not sought. Sexual violence can manifest in different forms of unwanted sexual contact and involve anal or vaginal penetration (Bureau of Justice Statistics 2016). Symptoms of depression (for example, loss of appetite, difficulty concentration, lack of sleep, suicidal ideation, low self-esteem, irritability, sleep terror, lack of interest in social activities and poor academic performance) will be inevitable because the trauma has not been dealt with (Bernstein 2016). Because sexual violence very often it is a by-product of *alcohol-fueled nightlife* as viewed by Becker and Tinkler (2015) that is why an alarming proportion of victims of sexual assaults do not go to the police. Their victim-blaming mindset becomes a constant reminder that they had taken alcohol and it might be difficult to be favoured in court if the perpetrators mention that sex was consensual and substantiated by exchange of buying of alcohol. Consequently, this cohort is likely to get pregnant and/or infected with STIs such as human papillomavirus (HPV)

or Hepatitis B, a viral infection which affects the liver (Omeje et al 2017). This problem of unsafe sex is not unique to the developing world only as 15-24 age group accounts for 65 percent of all cases of Chlamydia, 50 percent of all cases of genital warts and 50 percent of all cases of gonorrhea infections diagnosed in STI clinics across the United Kingdom (Carvic 2011).

Because intergenerational sex is perpetuated by poor socio economic status in many universities and leave female students with unwanted pregnancies since they have no financial power, abortion becomes a solution for many. In most cases, pregnant students who are reared in Christian families feel pressurized to abort to protect their parents who might be deacons, bishops or priests. In this regard, they experience depression due to lack of support from their sexual partners, which, in turn, may affect the fetus. In extreme cases, they may be ignorant or naïve when they should attend the clinics for check-ups and guidance. The importance of being monitored by professional nurses during antenatal period, helps in giving birth to health babies and early detection of STIs, which may adversely impact an overall development of the fetus.

By impaired psychological well-being, as researched by Ryan and Deci (2017), Keyes and Annas (2009) female students who experienced sexual assaults may condemn themselves such that they do not accept themselves (that is, impaired self-acceptance), lack the determination to pursue academic goals (that is, impaired sense of personal growth) and begin to view life pessimistically (that is, impaired sense of purpose in life). Furthermore, such conflicted young females may demonstrate inability to make well-informed decisions about their lives (that is, impaired sense of autonomy) and lose the capacity to contribute meaningfully in their society (that is, impaired environmental mastery). It becomes worse for the lesbian students at the universities which do not tolerate homosexuality because they become victims of corrective rape. Owing to heteronormativity (that is, the perception that sexual intimacy should be between male and female and it is only socially acceptable sexual orientation), university management may lack resources to deal with homophobia. It therefore means, majority of them (lesbian students) may even feel despondent to seek medical help as research revealed even the health workers

seemed to be prejudiced and not render professional help to lesbians especially in culturally embedded clinics, where the expectations from the nurses are that women should wear weaves, make-up and skirts.

CONCLUSION

It is clear from these literature findings that university female students could be classified as the most sexually active group and high HIV risk group. For this reason, it is imperative that bi-directional communication, accepting attitude, consistent condom use and social responsibility be encouraged as sex-education is minimal at the institutions of higher learning. Furthermore, female students must be empowered with skills pertaining to HIV/AIDS reduction methods and behaviour-change, since according to the estimates by HEAIDS (2010), the HIV prevalence rate in the Eastern Cape region is the highest at 6.4 percent among four institutions of Higher Learning, namely; Nelson Mandela University, Rhodes University, Fort Hare University and Walter Sisulu University. Female students showed a higher HIV prevalence of 4.7 percent as compared to male counterparts who showed a lower prevalence at 1.5 percent. The 18 to 19 year old group showed a lower HIV prevalence rate of 0.8 percent as compared to 20 to 25 year olds who were at 2.3 percent.

RECOMMENDATIONS

In particular, the first year students from disadvantaged backgrounds tend to be reserved, socially aloof and regard themselves as inferior, thereby allowing others to take decisions for them. This paper contends that for students to cope, there could be protective factors for first-year students either from family, Faith Organizations or Department of Student –Affairs (that is within the university) in the form of guidance or mentoring.

Life skills programmes must be intensified in universities to assist student to learn the sense of autonomy and decision making. Moreover, the universities must market their counselling services to students since research indicated that the Wellness Centres are underutilized. In conclusion, parents, guardians and relatives must play their supportive role to curb that element of older sexual partners taking advantage

of female students and encourage them to practice safe sex.

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