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Sexual Behaviours and Attitudes towards Safer Sex of Psychology Students at a South African University Campus

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ABSTRACT This study sought to investigate the following research questions: (i) What are the sexual behaviours of Second Year Psychology students towards safer sex? (ii) What knowledge is held by students towards safer sex? (iii) What is the attitude of students towards safer sex?, and (iv) Which preventive measures do students use to protect themselves from sexual infections and diseases? A sample of 27 participants (9 male, 18 female) was used in this study. Data were collected using a questionnaire and interviews. Data were analysed using percentages, tables, pie-charts and graphs. The study found that the majority of (67 percent of male and 33 percent female) participants have had more than 2 sexual partners in their lives; and 68 percent of male participants had engaged in risky sexual behaviours under the influence of drugs or alcohol. Despite the availability of condoms, some university students have not changed their sexual behaviours and attitudes towards safer sex.

INTRODUCTION

The issue of sexual behaviours of college or university students has generated a lot of interest among researchers (Cross and Morgan 2003; Davis et al. 2008; Higher Education HIV and AIDS Programme (HEAIDS) 2009; Mwaba and Naidoo 2005). For example, the Higher Education HIV and AIDS Programme (HEAIDS) (2009) conducted a comprehensive HIV prevalence and knowledge, attitude, behavior and practice (KABP) study in the tertiary education sector of South Africa in order to enable the higher education sector understand the threat posed by the epidemic to its core mandate. A total of 23 605 (79.1 percent) out of 29, 856 participants completed the questionnaires and also provided specimens for HIV testing. The study found that the mean HIV prevalence for students was 3.4 percent. The province with the highest HIV prevalence at 6.4 percent was Eastern Cape (EC) while Western Cape (WC) was lowest at 1.1 percent. Females had an HIV prevalence of 4.7 percent and they were more than three times as likely to be HIV positive compared to males. This pattern was consistent across the provinces. Among those aged 18–19 years, HIV prevalence was lower at 0.7 percent in comparison to those aged 20–25 years (2.3 percent) and those over 25 years (8.3 percent). The highest prevalence of HIV was among Africans – 5.6 percent with one case of HIV among the 3, 112 White students. Only 0.8 percent of Coloureds and 0.3 percent of Indians were found to be HIV positive (HEAIDS 2009). HIV was significantly more common among women (12.1 percent) and men (6.5 percent). HIV and AIDS in the Higher Education Sector reported symptoms of STI (Sexually Transmitted Infections) in the last year compared to men (2.5 percent) and women (6.0 percent) who did not report STI (HEAIDS 2009). Men tended to report more sexual partners (19 percent) than women did (6 percent). A similar proportion of men (6 percent) and women (7 percent) reported having sexual partners who were 10 years older than them. The majority of students who had sex in the past year (60 percent) reported using condoms at last sex. Overall, knowledge of HIV among students was high, but was inadequate for knowledge of HIV transmission through breastfeeding, and the availability of post-exposure prophylaxis in the case of rape.

The data was analysed to explore the differences in HIV risk behaviours and vulnerability to HIV between race groups. Some of the differences between African males and males in other race groups combined show African males were more likely to ever have had sex (3.1 percent); have had more than one sexual partner in the past year (2.6 percent); have had more than one sexual partner in the past month (5.0 percent);

report sores on genitals (4.8 percent); report unusual discharge from genitals (4.6 percent). In the case of African females, the following differences were noted in comparison to other race groups combined: African females were more likely to ever have had sex (2.2 percent); have had more than one sexual partner in the past month (2.3 percent); have had a partner 10 or more years older (3.0 percent); report sores on genitals (4.2 percent); report unusual discharge from genitals (2.2 percent).

A study conducted by Cross and Morgan (2003) found that college students appear to have different sexual attitudes and behaviours than previous generations. Cross and Morgan (2003) also blamed the media for the changing sexual attitudes and behaviours of students. Students nowadays receive more sex education through Life Orientation, peer education and through media, for example, TV programmes such as Soul Buddies, Soul City, and so on. Cross and Morgan (2003) argue that sexual attitudes and behaviours of college students have not changed throughout the recent history through sex education. This has resulted in a generation who engages in sexual experimentation earlier than ever before, dangerously mixes alcohol and sex, and can access sex or sex information 24 hours a day with just the click of a mouse (Cross and Morgan 2003). Consequently, sex educators are forced to find new ways to reach this population of students. Inundating students with information during their required classes, utilizing multimedia approaches, and increasing cultural competency among health educators are all innovative ways that educators are successfully bringing sex education to the college campus (Cross and Morgan 2003). However, the risky sexual behaviors that college students engage in are not likely to go away overnight; educators must continue to be diligent and creative in their efforts to educate young adults. Several colleges and universities are trying innovative approaches to sex education to meet the changing needs of college students.

Other studies show that sexual behaviours and attitudes towards safer sex of students have revealed that young people engage in their most extensive identity exploration during adulthood rather than early adolescence (Davis et al. 2008). This developmental stage is a process for college-going students because they arrive on university campuses that no longer provide personnel acting in place of parents. As such, most societies have experienced disappointments with young people who go for further studies and only come back pregnant and or ill with sexually transmitted illnesses such as HIV/AIDS (Gordon and Mwale 2006). The above studies show that some young people in colleges do not use condoms when having sex and hence, they put themselves at risk.

In their study, Chireshe et al. (2007) found that there were no differences in the perceived male-female roles in intimate relationships between either parties of students from two universities in Zimbabwe. Chireshe et al. (2007) found that the majority of respondents viewed men as initiators of sexual encounters who take control and responsibility over sexual encounters. This situation puts women at greater risk of contracting HIV. As such, there is a need to empower women about safe sex with their sexual partners.

Similarly, in their study to determine sexual practices and attitudes toward premarital sex and condom use among a sample of South African university students, Mwaba and Naidoo (2005) found that half of the participants reported having sex within 12 months of their arrival on campus and 8 percent indicated that they had been coerced into having sex by their partners. Although two-thirds of the participants reported that between 18 and 21 years was a good age to have sex; 43 percent approved of sex before marriage; and over 80 percent of the participants reported that they would refuse to have sex if their partner was unwilling to use a condom. However, the same study found that the majority of participants practice safe sex and are aware of the consequences of having unsafe sex. It is clear from the above study findings that some university students engage in premarital sex.

In a similar vein, Cong et al. (2006) conducted a study to determine sexual behaviours and attitude towards safe of 22 493 undergraduate students in two universities in Ningbo, China. Cong et al. (2006) found that condoms were never/rarely used by 35 percent of sexually active students in both genders. Pregnancy and induced abortion were each experienced by about 10 percent of sexually active female students and the female partners of male students. The same study found that about 1.5 percent of sexually active students of both genders were diagnosed with an STI. The researchers concluded that

sexual behaviours of Chinese university students are poorly protected and lacked information on consequences of engaging in sexual activities.

In their study of 1304 out-of-school youth on sexual attitudes, patterns of communication on sexual matters, and premarital sexual behavior in China, Kamali et al. (2007) found that the majority (60 percent) of out-of-school youth held favourable attitudes towards premarital sex. Males were more likely to have favorable attitudes compared with females. Male youth generally did not communicate with either parent about sex, while one-third of female youth talked to their mothers about sexual matters. The study also found that both males and females choose their friends as the person with whom they were most likely to talk about sexual matters. About 18 percent of the youth reported having engaged in sexual intercourse. One-fifth of sexually active youth always used a contraceptive method, and one-quarter became pregnant (or had impregnated a partner). There were no gender differences in rate of premarital sex or frequency of contraceptive use. Multivariate analysis revealed that age, education, family structure, parent's discipline; attitudes towards premarital sex, pattern of communication and dating were significantly associated with youth premarital sex. This study indicates that a large proportion of out-of-school youth engage in risky sexual behaviours (Kamali et al. 2007).

Statement of the Problem

There is a growing trend amongst female students that most of them are becoming pregnant and this implies that students are not using condoms when having sex (Mapfumo et al. 2007). Research also shows that male students are engaging in risky sexual behavior (Cong et al. 2006; Kamali et al. 2007). This issue has become a societal problem, because some students might not be able to carry on with their studies due to ill-health and pregnancy. The University of Fort Hare provides a good setting to undertake such a study because students all over the world are a sexually active group. It is against this background that this study sought to investigate the following research questions: (i) What are the sexual behaviours of second year Psychology students towards safe sex? (ii) What knowledge is held by second year Psychology students towards safe sex? (iii) What is the attitude of second year Psychology students towards safe sex? and (iv) Which preventive measures do second year Psychology students use to protect themselves from sexual infections and diseases?

METHOD

The study used both qualitative and quantitative research approaches (Creswell 2005). As such, the post positivist paradigm guided this study.

Sample

The study was conducted at the Alice Campus of the University of Fort Hare using a target population of 362 second year Psychology students. In this study, a purposive sample of 30 students (10 male, 20 female; aged 17 – 30 years) was selected from the population. However, 3 (10 percent) participants decided to pull out of the study at the last minute. As such, the research report was based on a total of 27 participants. The final sample comprised of 9 (33.3 percent) male and 18 (66.7 percent) female participants.

Instruments

Both questionnaires and interviews were used to collect data in this study. Interviews were used in order to complement the questionnaires. Part of the questionnaire was adopted from the Ingledew and Ferguson (2007) questionnaire used on a similar study they conducted on personality and risky sexual behaviour. The questionnaire consisted of structured questions in English. The first part of the questionnaire comprised of demographic characteristics of the sample such as age, gender, ethnicity, and whether they reside in the university residence. The second part included questions on sexual behaviour, attitudes towards safe sex. The questionnaire was pilot studied using 10 first year Psychology students (5 male, 5 female in order to check if the questions were clear to all the participants. The majority of participants indicated that the instrument was clear.

Procedure

Participants were put in one room and the purpose of the study was explained to them before completing the questionnaire. All the 27 sec-

ond year Psychology students who participated in the study completed the questionnaires. Participants were interviewed individually in a quiet and safe room in the Department of Psychology during their own scheduled times. Only five participants were interviewed during scheduled specified times in a safe, quiet and private closed room to ensure confidentiality.

Data Analysis

Quantitative data from the questionnaire were analyzed using SPSS version 7. Data collected using interviews were analyzed using themes.

Ethical Considerations

The following research ethical principles were observed in this study:

Voluntary Participation: Participants were not forced to participate in this study and were free to withdraw from the study at any time. All the participants were fully informed about the purpose of the study.

Informed Consent: Participants were fully informed about the procedures and risks involved in this research. Each participant was asked to complete a Consent Form before participating in the study.

Risk of Harm: Ethical standards also require that researchers do not put participants in a situation where they might be at risk as a result of their participation. Researchers made sure that the setting in which the interviews were conducted was a safe and secure environment. Any participant in need of psychological help would be referred to a trained psychologist for counseling.

Confidentiality: All participants were assured that data collected will not be made available to anyone and that it will only be used for the purpose of this study.

Anonymity: Participants were asked not to write their names on the questionnaires.

RESULTS

The study findings were presented under the following sections: (a) questionnaire, (b) interviews, and (c) the statistics from the Health Care Centre and the SCU based on the number of pregnancies, HIV-related student deaths statistics from 2007–2009.

Questionnaire Results

Table 1 shows the statistical findings of the sexual behaviours and attitudes of participants.

Table 1: Sexual behaviours and attitudes of students towards safe sex

	Male n=9	*Female n=18*	*Total % N=27*
1. *Have You Ever had Sexual Intercourse with Your Partner?*			
Yes	9 (100 %)	17 (94 %)	96
No	0.0	1 (6 %)	4
2. Age at Which You had Your First Sexual Encounter?			
A. 10-15	4 (44 %)	3 (17 %)	26
B. 15-20	3 (33 %)	11 (61 %)	52
C. Above 20 years	2 (22 %)	4 (22 %)	22
3. Have You Ever had Unprotected Sex Because You Were Intoxicated?			
Yes	7 (78 %)	4 (22 %)	41
No	2 (22 %)	14 (78 %)	59
4. When Last Did You Have an HIV Test?			
Recently	7 (78 %)	9 (50 %)	59
Never	2 (22 %)	9 (50 %)	41
5. Do You Intend on Using a Condom Next Time You Have Sex? (Behavioural change)			
Yes	8 (89 %)	16 (89 %)	89
No	1 (11 %)	2 (11 %)	11

Table 1 shows that the majority of male (44 percent) and female (61 percent) students started engaging in sexual activities between 10–15 years and 15–20 years of age, respectively. The study also found that 67 percent of male and 33 percent female students have had more than two sexual partners in their lives, respectively. The study also found that 68 percent of male students had engaged in risky sexual behaviours under the influence of drugs or alcohol and 22 percent female students were also more likely to do the same. The study also found that 59 percent of both male and female students had recently taken an HIV test. It was quite disappointing to learn that some students are still holding back on knowing their status. The study found that 41 percent of the participants had never taken an HIV test in their lives but have engaged in sexual activities. Table 3 shows that 96 percent of students were sexually active.

Interview Results: It was noticed that during interviews, male participants were not comfortable to discuss openly about sexual issues. Perhaps this might have been caused by the gender of the female co–researcher who interviewed all participants. Participants interviewed by the female co-researcher might have felt nervous because of the gender difference. When asked if contraceptives were females' responsibility only,

33 percent male participants agreed that it was the case. Participants were asked why most students have never taken an HIV test and the majority of the interviewees (68 percent) claimed that it was a secret to take an initiative into being tested. These students said that because of their track records on sexual relationships they were worried about the unknown. The study found that the majority of female students still think that males have control over practicing safe sex. It is clear from the above that female students do not seem to bother about making use of female condoms introduced in public clinics.

Table 2 shows the relationship between personality traits and the help seeking behaviour of students in relation to sexual issues. This is based on the relationship between their personality traits and the more likely chance to go for Voluntary Counselling and Testing (VCT).

Table 2: Students' personality traits (extrovert or introvert) and their willingness to test for HIV

	Extroverts	*Introverts*	*Total*
1. When Did You Last Have an HIV Test?			
A. 2 weeks ago	0	0	0
B. 3 – 6 months ago	9 (33 %)	7 (26 %)	16 (59 %)
C. Never	4 (15 %)	7 (26 %)	11 (41 %)

Table 2 shows that students who are extroverts in personality are more likely to take an HIV test in order to know their status. These findings suggest that students who are shy or introvert are less likely to go for an HIV test. This could be caused by lack social skills or it could be due to the fear of the unknown. It is also likely that students who have been involved in multiple sexual relationships are scared to take an HIV test because of their sexual behaviours.

The study also found that all the students who took part in the study knew about the risks of unsafe sex, however, this did not stop them from engaging in unsafe sexual behaviors (see Table 2). This implies that although students have all the knowledge about high risks of unsafe sex, they do not seem to care about it. Although most students indicated that they were sexually active, it seems that they do not care about their sexual well–being.

Statistics from the Health Care Centre and the Student Centre Unit (SCU)

This study sought to determine the number of students who had fallen pregnant or died of HIV/AIDS related causes because of unsafe sex. Data on student pregnancy and deaths was collected by contacting Units that are responsible for the students' well being on the University Campus, the Dean of Students' office and the Clinic. The Dean of Students' office has control over the operation of all Health Care Centres on two of the 3 campuses. This office handles students' affairs. Data collected from these Centres included the frequency of deaths, number of pregnancies, and the number of STI cases over a period of 3 years. Table 3 shows data collected from the Health Care Centre (Clinic).

Table 3: Health Care Centre statistics on pregnant students from 2006 to 2008

	2006	*2007*	*2008*
No. of pregnancies	22	24	50
	2006	*2007*	*2008*
STI's	444	*Records not available	538

*NB: The number of STI's for 2007 was not included because records could not be found at the time for this study.

Table 3 shows that the number of pregnancies more than doubled in 2008. This implies that more than 50 percent of the students engage in unsafe sex. The study also found that the number of reported STI's cases were on the increase in 2008. These findings suggest that despite the availability of condoms and sex education programmes, students still engage in unsafe sexual activities. The study also took into consideration the fact that some of the pregnant students were legally married but this only comprised a very small number of cases. It is clear from the findings that the increase or decrease in the number of pregnancies and STI's depend on the sexual behaviours and attitudes of students towards safe sex.

Figure 1 clearly shows that the number of pregnant students at the University of Fort Hare has escalated from 2006 to 2008. This implies that most students engage in unsafe sex. In other words, despite the availability of condoms, most students continue to engage in unsafe sex. These findings clearly show a correlation between pregnancies and the number of STI cases that students engage in unprotected sex with their partners.

Figure 2 shows the number of students found with STI's at the Health Care Centre of the University of Fort Hare between 2006 and 2008. It

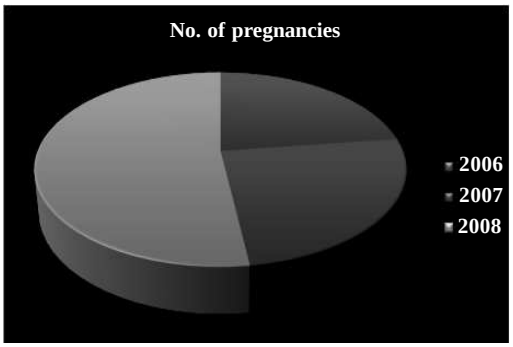

Fig. 1. Student pregnancies at the University of Fort Hare from 2007 to 2008

is clear from Figure 2 that students are not practicing safe sex because most of them were found with STI's.

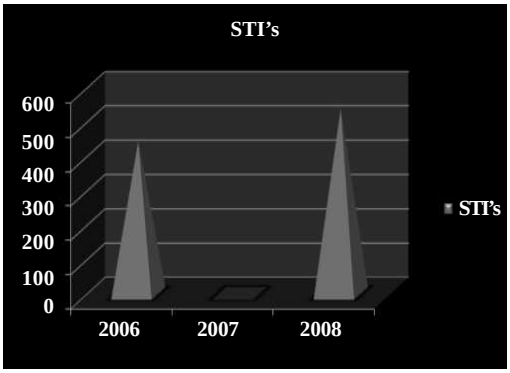

Fig. 2. Students found with STIs from 2006 to 2008

Table 4 shows that the deaths of students escalated from 2007 to 2009. For example, the deaths of students increased by 5 cases between 2007 and 2008; and by 10 cases between 2008 and 2009. These figures are not getting any better and seem to be escalating from year to year. Although most students are dying at the University of Fort Hare of various causes, not all students deaths statistics have been recorded and hence these figures are merely a tip–of–the iceberg.

Table 4: Student deaths statistics due to HIV/AIDS related from 2007 to 2009

Year	*2007*	*2008*	*2009*
Deaths	11	16	26

Source: Data from the Student Affairs Office (2009), University of Fort Hare

Figure 3 represent reported deaths of students at the University of Fort Hare from 2007 to 2009.

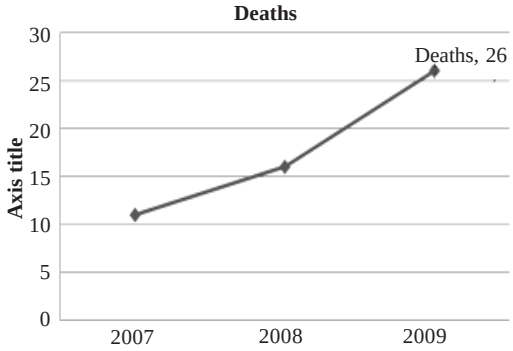

Fig. 3. Graph representing reported deaths of students from 2007 to 2009

Source: Students deaths reported to Dean of Students' Office 2007-2009

Figure 3 shows the reported deaths of students from 2007 to 2009 at the University of Fort Hare. It must be pointed out that the reported student death cases are merely a tip–of–the iceberg because not all cases have been recorded.

DISCUSSION

The results of the study indicated that all the participants had knowledge about HIV/AIDS and Sexually Transmitted Infections (STIs). These findings are similar to those by Castora (2005) who found that knowledge about sexual issues and attitudes toward condom use cannot predict sexual behaviour. Although the findings of this study show that participants had knowledge about HIV and AIDS, and STI's, their behavior left a lot to be desired because the participants did not practice safe sex.

The study also found that 68 percent of male students had engaged in risky sexual behaviors under the influence of drugs or alcohol and 22 percent female students were also more likely to do the same. Similar findings were reported by Sohn and Chun (2007) who found that although men initiated sex, they had more multiple partners than women and both genders were equally likely to engage in inconsistent condom use, even when having sex with a high risk partner. This implies that both partners might have multiple partners and this could result in unsafe sex.

The findings of this study found that 96 percent of the participants had engaged in pre-marital sex with their partners with or without using condoms. Similar findings were reported by Mwaba and Naidoo (2005) who found that South African university students had engaged in premarital sex. Castora (2005) also found that participants were engaged in several common risky sexual behaviours including, sex without a condom due to drugs and/or alcohol, continuance of sexual activity after the breakage of a condom, and ceasing to use a condom the more comfortable respondents became in their relationship. This study found that there is inconsistent use of condoms amongst students as 89 percent of students indicated that they sometimes used condoms when having sex. This implies that having unprotected sex has made students vulnerable to HIV infection. Unprotected sex could lead to the contracting Sexually Transmitted Infections and HIV and AIDS. As such, the inconsistent use of contraceptives can be one of the contributing factors of students' deaths and illnesses.

The study also found that 41 percent of the participants had never taken an HIV test in their lives but have engaged in sexual activities. This is definitely high risk behaviour practiced by such students who seem not to care about their own well being and that of their partners. Surely this kind of care free behaviour is unacceptable in this era and age where people are knowledgeable about HIV/AIDS and the condom use.

CONCLUSION

The findings of this study are an eye–opener on the sexual behaviors and attitudes of students towards safe sex in universities. The findings have revealed that most students engage in unprotected sex and that some students fear taking an HIV test. Since young people are the future leaders, there is need to educate them about the consequences of unprotected sex. Our communities need to stand together and educate the young people about the dangers of having multiple partners and unprotected sex.

RECOMMENDATIONS

Students have all the necessary information about dangers of risky sexual behaviours but continue to endanger themselves by practicing unsafe sex. In order to educate these students, there is need to use to correct such behavior by using therapeutic interventions that would make them unlearn the behavior. The Health Care Unit could work together with the Student Counselling Unit in changing the behaviours of such students. For example, a student who is a regular clinic patient on sexual-related illnesses could be referred to the Student Counselling Unit for therapeutic interventions.

It is very clear from the findings that the sexual behaviours and attitudes of students are a danger to their own lives. Therefore, it is necessary that the Health Care centre with the help of those in authority educate students about the dangers of unprotected sex and safe sex before they contract STI's and HIV/AIDS. Students themselves should be more involved than ever in designing strategies that could help them cope with pressures that they face in institutions of Higher Learning where some students engage in unsafe sex.

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