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Benefits of Sexuality and HIV/AIDS Curricula for Psychology Foundation Students at One South African University

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ABSTRACT The aim of this study was to determine how the inclusion of sexuality and HIV/AIDS curricula in a Psychology module benefited the psychological well-being of second- year students in Foundation Program at the University of Fort Hare (Alice Campus), South Africa. Drawing from Health Belief Model, the development of safe sexual practices among university students is essential to build their personal resources against the risk factors such as unsafe sex and substance abuse. The researcher followed a qualitative approach and sought permission from the Ethical Committee to conduct focus group interviews. Twelve isiXhosa- speaking participants, aged 18 to 24 were conveniently sampled and assured of confidentiality. The findings indicated that the students acquired skills with respect to contraceptive methods, antiretroviral treatment and emotional support towards homosexuals. This study recommended interdisciplinary learning to reach all university students as the prevalence of HIV/AIDS continues to escalate.

INTRODUCTION

Several studies have demonstrated that teaching and learning of sexuality and HIV/AIDS curricula is vital to prevent sexually transmitted diseases (STDs), promote health and moral healthy habits (Francis 2013; De Lange 2014; Wood and Pillay 2016) as opposed to an increase of dropout rates because of unwanted pregnancies experienced by female students at institutions of higher learning (Kheswa and Hoho 2017; Mulwo and Chemai 2015). Because majority of students are younger than thirty years and regarded as the age group vulnerable to HIV/AIDS pandemic (Human Sciences Research Council 2005), there is a concern that a large number of students at South African universities die(d) of HIV/AIDS related illness and some live with the virus although there are no proper records on AIDS mortality and morbidity (Fourie and Meyer 2016). Considering that there are two millions of students pursuing tertiary education in South Africa and 3.4 percent is HIV positive (Heywood 2011), Wood (2012) proposed that an integration of sexuality and HIV/AIDS into various modules can prevent and reduce stigmatizing attitudes and focus on behavioural change of students as common models such as AIDS Risk Reduction Model (Fisher and Fisher 2000), Stages of Change Model (Munro et al. 2007) that underlie such change have been supported to be effective.

Mulwo and Chemai (2015) found that there are less than fifty percent of tertiary institutions in South Africa which integrated HIV/AIDS curricula into their management and planning framework. Although the Higher Education HIV/AIDS Programs (HEAIDS) are structures within the universities that promote healthy lifestyle among the students and expecting lecturers and management to take responsibility in teaching HIV/AIDS (Wood and Pillay 2016), Tanga et al. (2014) found that the reason for certain universities to struggle with the integration of the HIV/AIDS curriculum is largely due to lack of qualified academics to design and teach HIV- related modules, overloaded curriculum and lack of resistance from the academics. At the Cape Peninsula University of Technology (CPUT) in the Western Cape, Meda and Luwes (2017) found that lecturers in the Electrical Departments perceived the introduction of HIV/AIDS curricula into their modules as a barrier since they thought they should be experts.

From the pedagogical point of view, another exacerbating factor has been found to be with academics whose methods are teacher-centered. Findings from three universities in KwaZulu-

Natal Province, namely; University of KwaZulu-Natal (UKZN), University of Zululand (UNIZULU) and Durban University of Technology (DUT), suggest that students cited that HIV/AIDS is also attributable to lecturers' top-down teaching methods which deprive them of participation to personalize the risk of HIV/AIDS because in such classes they become passive recipients of information (Mulwo and Chemai 2015). In this regard, the need for collaboration and student participation in sexuality and HIV/AIDS curricula cannot be overemphasized because in a classroom situation, students may provide insight into how HIV/AIDS and fueling factors can be tackled through sharing their own life-experiences. With sex- education, students may consider responsible sexual conduct: non-coital sex, abstinence or coitus with a condom (Kirby and Laris (2009). Furthermore, lecturers' motivation, enthusiasm and organizational planning may equip students with basic skills in dealing with relative stressors such as poor communication leading an individual to engage in risk taking behaviour (Jong et al. 2014). Furthermore, upon graduation, as majority will be professional educators, social workers and nurses, they will contribute by being agents of change in advocating against social ills (that is, discrimination on the ground of sexual orientation and health status (Wood and Pillay 2016).

The positive outcome is that sex education in African context is riddled with socio-cultural complexity as most parents still avoid to engage their children in discussion addressing sexual matters including HIV/AIDS (Wood 2012). As a result of this, Centers for Disease Control and Prevention (CDC) (2013) indicated that university students contract STIs and Kirby and Laris (2009) attribute this infection also to a lack of effective sexual health programs during secondary school years. In Ghana and China, respectively, Tung et al. (2013) and Asante (2013) also found that university students are compelled to seek sex-education from the mass media such as the internet, newspapers and television because it is not being provided by the lecturers and parents. Since supervision rendered by matrons at the residence is minimal, most of the university students find it difficult to be emotionally intelligent (Kalat 2014) and majority tend to be predisposed to alcohol abuse (Fincham et al. 2015). In these instances the general tendency is that majority of university female students in particular hook-up with acquaintances and report feelings of regret after engaging in non-consenting sexual relations while intoxicated (Fisher et al. 2012). In this regard, Desta and Regasa (2011) found that even when the condoms have wrecked or not used, a large number of this group lacks knowledge to reduce the frequencies of unintended pregnancy by drinking the Emergency Contraceptive Pills (ECPs) or so called "morning-after-pill", the next day. Salvatore et al. (2014) found that these tendencies are also common when there is cohabitation and premarital sex among university students. To show that sexuality and HIV/AIDS curricula is of prime importance, at UKZN, female students reported that safe sex is only significant for pregnancy prevention than for STIs (Mantell et al. 2015). Therefore, the Department of Higher Education should act in terms of putting in place effective programs to curb risk sexual behaviour since the International Labour Organization (2001) predicted that by year 2020, the labour force will be ten - twenty-percent percent smaller in countries with higher prevalence of HIV/AIDS.

On the other hand, the Universal Declaration of Human Rights declared by United Nations (1948) and the resolution introduced by South Africa to decriminalize homosexuality in March 2011 and other 84 countries (United Nations Office for the High Commissioner for Human Rights 2011) made progress towards the inclusions of LGBT (Lesbians, Gays, Bisexuals and Transgenders) in basic human rights including sex- education. However, in many instances, research indicates that abstinence – only educational curricula address the heterosexual learners or students to delay sexual intercourse up until marriage without considering students with other sexual orientations (Guttmacher Institute 2015). Therefore, Harbeck (2014) pointed out that whenever an opportunity arises to educate students about the origin of homosexuality and bisexuality, students tend to understand and reduce the homophobic tendencies which might have occurred as a result of prejudice and discrimination. Based on these premises, the current study attempts to address the following questions: (i) How does the inclusion of sexuality and HIV/AIDS curricula in a Psychology module benefit the students at one South African University Campus? (ii) What is the impact of the sexuality and HIV/AIDS curricula on attitude formation by students towards the human

rights of gays and lesbians as well as people living with the pandemic?

Research Objectives

The research objectives of this study were formulated as follows:

(i) To determine how the inclusion of sexuality and HIV/AIDS curricula in a Psychology module benefit the students at one South African University Campus.
(ii) To investigate the impact of the sexuality and HIV/AIDS curricula regarding the attitude formation towards the human rights of gays and lesbians.

Theoretical Framework

This study is guided by Health Belief Model (HBM) which was proposed by Hochbaum et al. (1950) and it intends to describe and predict health behaviours. According to Buldeo and Gilbert (2015) HBM is based on five factors, namely; perceived susceptibility, perceived severity, perceived benefits, perceived barriers and self-efficacy. In perceived susceptibility, university students will, before engaging in sexual intercourse, evaluate the chances of contracting STIs (Bernstein 2016) and its consequences, thus perceived severity (James et al. 2012). Linked to Fisher et al.'s (2003) Information Motivation Behavioural Skills Model (IMB), university students with a sound HIV/AIDS knowledge, are likely to use a condom when engaging in sex to reduce the levels of vulnerability to STIs and HIV/AIDS irrespective of perceived barriers such as cultural beliefs and peer pressure which may prevent them from practicing safe sex.

METHODOLOGY

Research Design

The study followed qualitative research method and employed the focus group interviews for data collection. Focus group interviews allowed the participants to interact in discussing the importance of HIV/AIDS knowledge gained in psychology course as suggested by Creswell (2013). In the process of the discussion, the researcher gained insight from the participants as they shared how the integration of sexuality and HIV/AIDS into the module became useful for their well-being. Furthermore, the exploratory nature of the study enabled the researcher to probe the participants in clarifying information on subjects such as masturbation and attitudes towards gays and lesbians. The interview schedule was guided by the rich literature from previous articles which addressed the sexual needs of the young people. Following the data collection process, the data was coded by means of selective, open, and axial coding. Thereafter, the themes were identified (Babbie 2010).

Sample and Sampling

Non probability sampling was employed to sample twelve Xhosa-speaking Psychology second year Foundation students, aged 18 to 24. The sample was selected by means of convenience sampling. In convenience sampling, the researcher includes available participants at the time of conducting research and who fit the criteria (Welman et al. 2015). In this study, the participants were equal in number, that is, six males and six females. It should be borne in mind that the study emerged after a series of lectures around sexuality and HIV/AIDS.

Trustworthiness

Four constructs pioneered by Lincoln and Guba (1985) were adopted to establish trustworthiness, namely; credibility, dependability, transferability and confirmability. By credibility, the researcher poses the same questions to the participants and interview them to the point at which there is prolonged engagement (data saturation). To achieve dependability, the researcher employed relevant research methodology to conduct the study and data which was later organized into themes after the verbatim transcriptions and translations, findings and the recommendations have been made. To achieve confirmability, the researcher did audit trial of the verbatim transcriptions and themes (Krefting 1991). Transferability was ensured by a literature control after data collection by comparing common findings from previous studies (De Vos et al. 2011).

Ethical Considerations

To ensure that the ethical guidelines are adhered to, the researcher sought permission from

the Ethical and Research Higher Committee from the University of Fort Hare to conduct the study. The participants consented to have their responses recorded using a recording instrument during focus group interviews. Confidentiality and privacy of the participants were also taken into consideration as they were never coerced into answering questions, which they felt were of embarrassment to them. In maintaining anonymity, the researcher preferred pseudonyms to identify the participants and conducted the focus group interviews in the Psychology Building, where none of their friends would see them.

RESULTS

The analysis that resulted in the development of the key themes, are; decision making skills, contraceptive methods, masturbation by students, emotional support towards individuals living with HIV/AIDS, antiretroviral treatment and respect for human rights.

Decision-making Skills

The first theme that emerged from the respondents was related to decision-making skills. Respondents expressed that the module equipped them in decision-making skills and being assertive since their parents never taught them about HIV/AIDS. For example, Thato, a female student, aged 24, said: *"Most of us never have sexual talks with our parents, so we come to varsity very vulnerable and become easy targets of HIV/AIDS. So, this curriculum sharpens our minds not to fall prey to old men who want to use us."* Cebisa agreed that although she had multiple sexual relationships because of poverty and peer pressure prior to learning about HIV/AIDS, she has realized the need to be decisive as poor socio-economic factor deprives many unmarried women to practice unsafe sex. Funwayo, a male student, aged 24 cited that HIV/AIDS discourse with the lecturer armed him with the ability to make wise choices especially about drugs and alcohol as they fuel HIV transmission. He stated that is important not to mix drugs and alcohol with sexual behaviour because when an individual is under the influence of drugs, one could be at risk of contracting HIV through sharing needles.

Contraceptive Methods

The phenomenon of casual sex has become the global trend and it is widely accepted since majority of students tend to engage in casual sex without condoms. However, the participants in this study mentioned that the module increased their self-efficacy for condom use, influenced them to visit clinics for family planning and voluntary counselling and testing for HIV. For example, Ahmed, a male student, aged 21, stated: *"I was afraid to even buy condoms at the shops because of the reaction I would receive from other customers when paying for them since I am Christian. I will go for HIV test because I have been ignorant, not using condoms and telling myself that I won't masturbate while having girlfriends."*

Ncomekile, a female student, aged 19, expressed that being exposed to the module, taught her about a variety of birth control methods which they were never taught by their parents or educators during high school such as Femdom (a female condom) and Depo-Provera (a birth control implant which is inserted in the woman's uterus to prevent pregnancy for up to three months). However, Cebisa expressed that since she has a brother who is gay, the module enriched her to advice his brother to practice safe sex and accept himself although he is still in the closet.

Masturbation by Students

Although masturbation is often avoided during sex-education, it is evident that male students masturbate themselves instead of contracting STIs and being fathers prematurely. For example, Zolela, male, aged 22 confirmed that masturbation reduces chances of rape and it is safe. Another male participant, Sibonise, aged 21, emphasized that masturbation provides immediate pleasure than to be in trouble for raping women without their informed consent. It was interesting to note that female students support masturbation because it releases tension as Akhona, aged 20, responded as follows when asked if masturbation was important as part of preserving one from contracting STIs, *"Masturbation is essential and healthy especially if the relationship is still new rather than to practice unsafe sex. The enjoyment during oral sex stimulates one's mind."*

Emotional Support towards Individuals Living with HIV/AIDS

Fifty percent of the participants admitted that they have lost their significant others due to

HIV/AIDS and could not provide as much as emotional support as possibly can owing to associating HIV/AIDS with witchcraft. However, Funwayo cited that: *"It was believed that my mother was mutilated and would rely on traditional medicine. But luckily, upon being introduced to the module last year, I encouraged my mother to go for the tests and because of emotional support from the family she is still alive and takes her ARVs."* Aziwa a female student, aged 18, with tears running down her cheeks, said: *"People living with HIV/AIDS deserve to be supported and shown love by their family members as I learnt that my mother passed away while I was 2 years old because she was infected."*

Antiretroviral Treatment

From the responses provided by the participants, it became clear that in the rural areas people experience challenges to access the antiretroviral drugs owing to lack of transport, lack of knowledge, fear of disclosure, gender based violence and poverty. Aziwa mentioned that she wondered why her mother waited until it was late for her to go for test. The socially bold female student expressed the following: *"HIV/AIDS is not a death sentence and to know one's health status early in life just like me enabled me to adhere to my ARVs."* However, Zolela, revealed that majority of the students living with HIV/AIDS fail to take their treatment because at the Wellness Centre, there is no privacy and suggested that the university should improve its facilities to protect the dignity of those living with the virus. Khaliphi, a male student, aged 18, attributed the lack of adherence to the ARVs to hegemonic masculinity as he was quoted as: *"Although the module was informative, but it should address the need for empowering men who do not want to accept that traditional male circumcision does not prevent HIV transmission."*

Respect for Human Rights

The last theme relates to respect for human rights. When asked to explain on their personal experiences about different types of sexual orientation learnt in the module, all participants asserted that discrimination of gays and lesbians increases crime and it should be discouraged. Furthermore, they emphasized that homosexuality is not abnormal behaviour. This is evident in the following extracts:

"My roommate is a lesbian and I don't have any problem with that as much as my older brother is gay" [Cebisa, female, aged 21].

"I used to think that traditional male circumcision cures one from being gay until I learn that homosexuality is not a pathology and I should respect gay guys" [Teboho, male, aged 19].

To respect other people's human rights was echoed by Zolela, male, aged 22, who highlighted that in their village, there is discrimination towards homosexuals, and feminine adolescent males are ill-treated during traditional male circumcision. However, since he learnt about sexuality that has helped him to accept gays and lesbians because they are not harmful to the society. Tyelovuyo, a 20-year old female student mentioned that *"It was hard for me to interact with homosexuals simply because I did not understand why they are doing what they do and why they are doing what is against God's will. As time went by, I slowly accepted them as other human beings with a different sexual orientation to mine."*

DISCUSSION

This research has highlighted the benefits of the integration of the sexuality and HIV/AIDS curricula in Psychology module as the participants were ignorant and exposed to risk sexual behaviour. Some participants indicated that owing to poor communication around sexuality with their parents, they were susceptible to HIV/AIDS owing to multiple sexual partners they have had. It should be borne in mind that young women reared in impoverished communities such as in the Eastern Cape Province, which is characterized by patriarchy and poverty, often tend to remain subservient and lack assertiveness to use birth control methods (Jewkes et al. 2015). Furthermore, one of the male participants (Ahmed) asserted that it becomes a challenge for him to access condoms due to his religion which forbids premarital sex. In contract, the Joint United Nations Program on HIV/AIDS (2015) advocates for culturally appropriate educational messages to teach youth about the importance of accessing condoms than to attach stigma when they visit the clinics. From this finding, it could be speculated that majority of Christian male youth who are sexually active use condoms infrequently for fear of being seen at the public clinics

seeking the condoms, let alone at the shops buying them. The question for such risky sexual behaviour is: Do they know their HIV status when they are practicing unsafe sex with multiple partners? For this reason, the researcher concurs with the proposal made by Mulu et al. (2014) to increase the knowledge of HIV/AIDS and sexuality among university students because there could be inconsistency in condom-use owing to peer pressure, low self- esteem and modelling which is fueled by Bandura's social learning theory.

Reproductive and sexual rights which were officially recognized at the International Conference and Population and Development (ICPD) in Cairo, Egypt, in 1994, to ameliorate gender inequality (Griffin 2006) had profound impact on this study as the participants indicated that they have learnt different forms of birth control methods, which prevent unwanted and unplanned pregnancies. In this regard, it is safe to assume that they changed their sexual behaviour and saw the need to use contraceptives although they have been involved with multiple sexual partners for financial gain. Given the nature of sexual relationships which are governed by social exchange theory, it is most likely that they practiced unsafe sex so that they may receive money to meet their physiological needs or gifts such as jewellery and phone. Another important finding was brought by male participants who elucidated the safety of masturbation when sexually aroused than to rape their girlfriends or women in general. Contrary to the denial and cloak of secrecy held by many African men regarding masturbation, these participants showed confidence which may shed light on others who still regard masturbation as taboo. This finding concurs with the initiative made at the Copperbelt University, Zambia, by Sanjobo et al. (2016) who found that sex-education can potentially reduce new infections among students.

This study also found that the participants expressed respect for and transformation of attitude towards homosexuals, which is what the Constitution of the Republic of Southern Africa Act 108 of 1996 stands for (Republic of South Africa 1996). Male participants in particular cited that they thought that traditional male circumcision cures homosexuality as in their communities they would discriminate against gays. From this articulation by participants, it is important to ensure that the curriculum developers redesign sexuality education modules in such a way that they become comprehensive and entail LGBT health care and demystify the stereotypes about homosexuality as in the United States, Shindel et al. (2016) found the need for curriculum to be enriched to address misconceptions around HIV/AIDS. Finally, through engaging the participants to explain how they practice humanity or the concept of "Ubuntu" towards people living with HIV/AIDS, it was clear that the module instilled empathy, compassion and non-discriminatory behaviour amongst them because through emotional support, some of their loved ones are alive as a result of antiretroviral drugs.

CONCLUSION

In conclusion, this research study sought to highlight the impact that the sexuality and HIV/AIDS curricula may have on the Psychology students in their second year of Foundation Program at one of the South African university campuses. It is clear that there is an need for sexuality and HIV/AIDS curricula at the institutions of Higher Learning in South Africa because students may continue to learn and overcome the following; (i) Frequent use of contraceptives every time they engage in sex, (ii) Destabilize heteronormativity through workshops, (iii) Discrimination towards and embracing LGBTI people, and (iv) HIV-AIDS transmission through encouraging the people living with the pandemic to adhere to antiretroviral treatment.

RECOMMENDATIONS

The findings demonstrated that should the South African Department of Higher Education endorse the curricula at all the universities, heteronormative practices which often condemn homosexuality may subside and women be protected from gender based violence because in transactional relationships, women are forced not to use condoms. Finally, universities have to implement HIV/AIDS policies and train lecturers to disseminate HIV awareness programs to save youth.

LIMITATIONS

While some new findings emerged from this qualitative study, the limitations are that this

study was only comprised of black IsiXhosa-speaking students from an institution which is rural areas. From that perspective, the sample might not be a true representative of all students at the universities, considering that at other universities in other provinces, they do not offer HIV/AIDS curricula in their Psychology module.

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