

# Student Nurses' Perceptions About "Safe Sex"

## Sumario

A prática de relações sexuais "seguras" presuppõe que cada pessoa deve ser fiel a um só companheiro e que preservativos (condoms) sejam utilizados numa base regular. Como um resultado accidental de entrevistas conduzidas entre estudantes de enfermagem na Northern Province em 1999, foi constatado que estes estudantes de enfermagem consideravam que tinham relações sexuais seguras em virtude de 95,7% terem um só companheiro e que, portanto, estavam assim protegidos contra HIV/AIDS porque não eram promíscuos. Contudo, pelo menos 69,9% sabia que os seus companheiros ou eram casados ou tinham relações sexuais com outras mulheres também. Apesar deste conhecimento, a maioria dos estudantes de enfermagem considerava-se segura em relação a contrair HIV/AIDS porque eram "fieis" a um único companheiro sexual, não obstante a promiscuidade conhecida dos seus companheiros masculinos. Ainda por cima, os estudantes de enfermagem não utilizavam condoms porque não eram promíscuas e, também, porque o uso de condoms era visto como sendo inaceitável do ponto de vista cultural. Com base nos resultados da investigação levada a cabo na Northern Province, o sucesso da campanha de educação de saúde sobre HIV/AIDS nesta área tem de ser seriamente reavaliado e replaneado. O facto de não se utilizar um condom em cada uma das ocasiões em que haja contacto sexual pode resultar no passar de uma sentença de morte em si própria e no seu companheiro ou companheiros.

## Abstract

Practising "safe sex" implies that each person should be faithful to one single sexual partner and that condoms should be used regularly. Accidental findings of interviews conducted among student nurses of the Northern Province during 1999, revealed that these student nurses regarded themselves to practising safe sex because 95,7% of them had single sex partners, and were thus protected from contracting HIV/AIDS because they were not promiscuous, according to their perceptions. However, at least 69,9% knew that their sexual partners were either married or had sexual relations with other women as well. Despite this knowledge the majority of student nurses regarded themselves as being safe from contracting HIV/AIDS because they were "faithful" to single sex partners, irrespective of their male partners' known promiscuities. Furthermore, the student nurses did not request their male sex partners to use condoms, because they were not promiscuous (according to their perceptions) and because the use of condoms was reportedly culturally unacceptable. On the basis of the research findings obtained from conducting interviews with 93 student nurses in the Northern Province, the success of the HIV/AIDS health education efforts in this area needs to be seriously re-evaluated and redesigned. Failure to use a condom at each occasion could mean executing a death sentence on oneself and/or on one's sex partner(s).

Mrs ML Netshikweta, Honors BA Cu

Lecturer: Department of Nursing, University of Venda

Dr VJ Ehlers, D Litt et Ph

Senior Lecturer: Department of Advanced Nursing Sciences, Unisa

## Introduction And Background Information About The Survey

During 1999 a survey was conducted in the Northern Province of the Republic of South Africa to identify problems which pregnant student nurses encountered. Structured interviews were conducted with 93 student nurses in the NP who were pregnant or who had delivered babies prior to or during 1999 (Thus  $n = 93$  for the purposes of this article, and percentages refer to  $n = 93$ , unless otherwise indicated). The primary purpose of this survey was to identify problems which student nurses encountered during and after their pregnancies with the aim of providing enhanced reproductive health care services for this group of students.

Many unexpected findings were obtained when the results of this survey were analyzed, but probably the most significant findings related to student nurses' perceptions about "safe sex", which formed a mere incidental part of the structured interview schedule. Although these perceptions could be further explored by means of qualitative research methods, such as utilizing in depth interviews or focus group sessions, these explorations fell beyond the scope of the survey conducted in the Northern Province during 1999. Consequently, this article merely strives to report the perceptions of the participating student nurses in the Northern Province regarding "safe sex". Although it is possible that student nurses and adolescents in other parts of Africa do not foster similar perceptions, health care professionals should be alerted to the possibility that similar and/or other misconceptions about "safe sex" might prevail in the communities they serve.

## Student Nurses' Reported Perceptions About "Safe Sex"

Health promotion campaigns throughout many African countries emphasize the practice of "safe sex" and the ABC of HIV/AIDS prevention referring to:

- "abstinence" from sexual intercourse because that is the best way of not getting infected with the HIV/AIDS virus from sexual partners
- "be faithful" implying that each person should only have one sex partner and that sexual promiscuity must be avoided in order to reduce the risk of contracting HIV/AIDS
- "condomise" because the regular use of condoms is deemed to be the most effective way of limiting the risk of contracting HIV/AIDS simply because the presence of the condom avoids the mixture of vaginal and seminal fluids and thereby prevents each partner from coming into direct contact

## Résumé

Pratiquer des relations sexuelles responsables veut dire que chaque personne devrait être fidèle à un partenaire sexuel et que des préservatifs doivent être utilisés régulièrement.

Les résultats accidentels d'interview conduits parmi les élèves infirmières dans la Province du Nord au cours de 1999 révèlent que les élèves infirmières considèrent qu'elles observent des pratiques sexuelles responsables parce que 95,7% d'entre elles n'avaient qu'un seul partenaire sexuel et qu'elles étaient donc à l'abri de contracter le VIH/SIDA parce qu'elles ne mènent pas une vie libre. Cependant au moins 69,9% d'entre elles savaient que leur partenaire était marié ou avait des relations sexuelles avec d'autres femmes aussi. Malgré cela la majorité des élèves se considéraient à l'abri de l'infection par le VIH/SIDA parce qu'elles étaient fidèles à un partenaire sexuel, sans tenir compte du fait qu'elles étaient au courant de la vie libre de leurs partenaires. En plus les étudiantes infirmières n'employant pas de préservatif parce qu'elles ne considéraient pas comme ayant des morales libres et aussi parce que ce n'est pas acceptable culturellement.

Bases sur les résultats de cette recherche, qui comprenait des interview avec 93 élèves infirmières dans la province du Nord, le succès de la campagne d'éducation au sujet du VIH/SIDA doit être sérieusement réévaluée et re-conçue. Ne pas employer un préservatif à chaque rapport sexuel pourrait être l'exécution de la peine de mort pour soi ou pour son/ses partenaires sexuels.

tact with the other person's body secretions (possibly carrying the HIV/AIDS virus).

The population of student nurses interviewed for this research did not practise part "A" of the above health education drive, "abstinence" from sexual intercourse because all of them were pregnant or had delivered babies. Therefore none of these respondents adhered to the "A" part of this prevalent health education message.

When the research data were analyzed, the initial impression was created that the "B" ("*be faithful*") part of the HIV/AIDS prevention drive, was indeed accepted and adhered to by the majority of the respondents. The vast majority (95,7%) indicated that they had only one sex partner and that they were faithful to this one partner. However, 36,6% of the student nurses reported that their sexual partners were married. In addition to this finding another 33,3% of the student nurses revealed that they knew that their male partners were not faithful to them because they had other "*girl friends*" as well. Thus at least 69,9% of the student nurses indicated that they knew that their sexual partners were not faithful to them. Notwithstanding their knowledge about their male partners' promiscuities, the majority of student nurse respondents indicated that they practised "*safe sex*" and would not contract HIV/AIDS because 95,7% of these students reportedly had single sex partners (Netshikweta 1999:96). Apparently the students judged the criteria to be faithful, as being based only on their own behaviours, disregarding their male sexual partners' known promiscuities. If student nurses portrayed this perception regarding their own personal behaviours, then they could be expected to perpetuate this message during their health education efforts to their communities. The misconception that only the women need to be faithful, whilst the men could be promiscuous, in order to practise

"safe sex", might endanger the lives of many men and women in the Northern Province, and further afield should this prove to be a generally held misconception. It fell beyond the scope of this survey to identify possible cultural factors contributing to the apparent misconception that only the women's sexual behaviours determined the practice of "*safe sex*". However, possible cultural implications underlying such perceptions would need to be urgently explored during future research endeavours, and exposed if found to exist. This might save many people's lives, at least in the Northern Province. There appears to be a dire need to analyse the meanings of messages transmitted during health education sessions in terms of the lay people's perceptions, NOT in terms of the professional health educators' perceptions. Furthermore, all health educators in the Northern Province, need to emphasize the fact that "*being faithful*" implies that both the man and the woman involved in a sexual relationship should have only each other as exclusive sexual partners, that if either the man or the woman should have another sexual partner, or should have had another sexual partner at an earlier stage of his/her life, "*safe sex*" cannot be practised unless a condom is used at each occasion. Even if a woman (female X) has only had one male sex partner (male Y) in her entire life, she could be exposed to extremely high risks of contracting HIV/AIDS, depending on male Y's sexual partners' behaviours. For example, if male Y had sexual relationships with three other women, she would be exposed to the same risk of contracting HIV/AIDS as a woman who maintained sexual relations with four men. However, if each of these other three women, featuring in male Y's life, had sexual encounters with two other men during their lives, then female X would be exposed to the same risk of contracting HIV/AIDS as a woman engaging in sexual relations with seven men. The risk of contracting HIV/AIDS is determined by all the previous and current sexual contacts of both the man and the woman. The only way of practising safe sex with any partner is to use a condom at each and every occasion.

The 93 student nurses who were interviewed during this survey in the Northern Province during 1999, indicated that they did not use condoms. The major reason for failing to use condoms was that the respondents deemed it to be totally irrelevant to their sexual practices, because they practised safe sex as 95,7% were not promiscuous, but faithful to single sex partners. Even though 69,9% of the student nurses knew that their male partners engaged in sexual relations with at least one other woman, they did not use condoms because they met the requirement of practising "*safe sex*" according to their perception that only the woman needs to be faithful in a sexual relationship to avoid contracting HIV/AIDS and that the man's promiscuity was apparently irrelevant to this possibility. This perception of "*being faithful*" might hold grave dangers for the women of the Northern Province to contract HIV/AIDS, because the respondents in this survey were not lay women, but student nurses. This implies that the future professional nurses, and health educators, of the Northern Province might continue to spread incorrect information about "*being faithful*" to prevent the spread of HIV/AIDS, potentially exposing unknown numbers of persons to death sentences whilst believing that they were adhering to "*safe sex*" practices.

## Conclusion

None of the student nurses interviewed during this survey in the Northern Province abstained from sexual relationships, none indicated that they used condoms on a regular basis and 95,7% perceived themselves to meet the criteria of "*being faithful*" because they had single sex partners although at least 69,9% knew that their male partners had sexual rela-

tionships with other women. Based on these findings, health education efforts should emphasize more emphatically that:

- both men and women need to be faithful sexual partners to avoid contracting HIV/AIDS
- the risk of contracting HIV/AIDS is compounded by each additional sexual partner in the lives of both men and women involved in sexual relationships
- each person has the right to live, and each person has the right to safe sex but safe sex involves using a condom on each occasion
- having sex without a condom might amount to executing a death sentence on oneself and/or on one's sexual partner(s).

While there is no known cure for and no known vaccination against HIV/AIDS, effective health education remains the only way for people to safe guard their health and their lives by using condoms and by both men and women being faithful in exclusive sexual relationships. Much effort and money spent on HIV/AIDS education apparently did not enable the student nurses participating in this study to foster accurate perceptions about the ABC of HIV/AIDS prevention, nor to implement preventive actions in their personal lives. Health educators might appear to be facing a formidable task, but should keep in mind:

You have brains in your head,  
You have feet in your shoes.  
You can steer yourself  
any direction you choose (Dr Seuss).

## Reference

Netshikweta, ML. 1999. *The problems associated with pregnancy amongst student nurses in the Northern Province*. Unpublished MA Cur dissertation. Pretoria: University of South Africa.

## YOU'RE A REGISTERED NURSE, WITH A DIPLOMA. WHY BE A CASUALTY OF YOUR OWN PROFESSION?



Being a registered nurse is one thing.

Having a degree behind your name is

entirely another. In fact, it's of great

importance. Especially if you're intent on progressing your career

elsewhere. Through the University of Southern Queensland, you

can upgrade from a diploma to a Bachelor of Nursing

(Past Registration) degree by doing eight semester courses

over a period of eighteen months, qualifying in

your choice of four specialisations. A Master

of Nursing (Past Registration) and Master of

Health (Rural and Remote) are further options.



Tel: (011) 678 1960 / (011) 476 7489.

Fax: (011) 476 2430. E-mail: jwb@mweb.co.za

Other faculties available:

arts, business, commerce, education, science, engineering and surveying.