

**HIV/AIDS RISK BEHAVIOURS OF FIRST YEAR STUDENTS AT  
TECHNICAL AND VOCATIONAL AND EDUCATION AND TRAINING  
COLLEGES**

by

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Date.....

# DECLARATION

I, Olivia Zanokuhle Lindiwe Ntombela, declare that **HIV/AIDS RISK BEHAVIOURS OF FIRST YEAR STUDENTS AT TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING COLLEGES** is my own work and that all the sources that I have incorporated in my study and all the quotes that I have used have been indicated and acknowledged through referencing.

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O.Z.L. NTOMBELA

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DATE

I hereby declare that this dissertation has been submitted for examination with my approval.

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DOCTOR R. TABANE (PhD)

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DATE

## **DEDICATION**

This dissertation is dedicated in memory of my late mother Sibongile Ngobese, uMagembe. I will always love her.

## **ACKNOWLEDGEMENTS**

I am humbled and give all praise and glory to God the Almighty for he has been with me throughout my journey of this study.

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My dad, my siblings and my sisters-in-law: "You were always interested in my studies and always ready to listen to me and give me support and that made my journey much lighter."

Lastly my family and my husband: "Fika I would not be where I am, if it was not for you. Your love, trust, support and a shoulder to cry on . You are my pillar of strength. My children, Siphokuhle, Cebolenkosi, Sithabile and Zombuso, I am so blessed to have you in my life. I will always love you."

Lastly, the Principal of the college, two campus managers and the students who were participants. Thank you!

## ABSTRACT

Technical and Vocational Education and Training (TVET) colleges have become institutions of choice in the Department of Higher Education and Training (DHET) attracting youth between 15 and 24 years of age. College campuses are an opportune space for mixing of students with Grade 10 equivalence up to students with post-matriculation level. Students who enrol at TVET colleges for the first time are vulnerable to Human Immunodeficiency Virus (HIV) and Acquired Immuno Deficiency Syndrome (AIDS) since they mingle with students of different ages and diverse experiences. Sometimes they can be taken advantage of as the environment is inviting for transactional sex practices, casual and multi-partner sexual relationships with benefactors / “blessers”, promising them the world as angel babies, sugar pups and tuition babies in the sugar bowl of dating scene, hence risky sexual behaviours make college first year students vulnerable to HIV and AIDS.

A qualitative research approach was followed underpinned by constructivism as a research paradigm. The theoretical framework followed in this study was the Social Cognitive Theory (SCT). A purposive sampling technique was used and six students who had enrolled in a TVET college as first year students for National Certificate Vocational (NCV) level 2 and were sexually active and willing to talk about the risky sexual behaviours they engaged in, participated during focus group interviews. Three students selected from the six were interviewed individually. The thematic analysis approach was used to identify patterns and themes which were considered for major findings.

Findings of the study revealed that TVET college students who are enrolled as first year students in the NCV programme engage themselves in risky sexual behaviours such as transactional sex, casual and multi-partner sexual relationships, not using condoms, putting themselves at risk of contracting HIV. Among factors that were found to be contributing to risky behaviours were that students are away from the supervision of parents, peer pressure, partying, poverty, sugar daddy and sugar mummy (cougar) / Ben 10 with dating life style.

**KEY WORDS:** TVET colleges, NCV programme, first year students, HIV and AIDS, risk behaviours

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# ACRONYMS

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immune Deficiency Syndrome
SCT	Social Cognitive Theory
TPB	Theory of Planned Behaviour
TVET	Technical and Vocational Education and Training
FET	Further Education and Training
NCV	National Certificate Vocational
HEAIDS	Higher Education and AIDS Programme
DHET	Department of Higher Education and Training
HE	Higher Education
TB	Tuberculosis
ARV	Antiretroviral
STI	Sexually Transmitted Infections
LO	Life Orientation
SSS	Student Support Services
HSRC	Human Sciences Research Council
UNAIDS	Joint United Nations Programme on HIV/AIDS
NSFAS	National Student Financial Scheme
SETA	Sectoral Education Training Authority

# **CHAPTER 1: OVERVIEW OF THE STUDY**

## **1.1 Introduction**

The HIV and AIDS pandemic is continuing to impact the world and its devastating results have significantly affected people from all sectors of the society, that is, young and old, men and women, rich and poor. According to the Joint United Nations Programme on HIV/AIDS [UNAIDS] (2013b), in 2012 it was estimated that 32,2 - 38,8 million people were living with HIV with sub-Saharan Africa being the most affected region. The impact in the region accounted for 72% of all new HIV infections and the reduction of new infections is rated only at 25% worldwide (UNAIDS, 2012).

## **1.2 Motivation for the study**

South Africa is bearing the brunt of the epidemic due to a number of factors favouring the spread of the disease. The geographical and political landscapes of the country support the spread of HIV and AIDS. Poverty and unavailability of job opportunities are among the determinants of the spread of HIV and AIDS since people are forced to migrate in pursuit of job opportunities. Migration in turn has become a serious enemy to healthy living conditions thereby supporting the spread of the disease. According to Piot, Bartos, Ghys, Walker and Schwartlander (2001) there is a strong correlation between poverty and AIDS with poverty being a harsh reality encouraging new HIV infections.

According to Santelli, Lowry, Brener and Robin (2000) socio-economic status remains the most critical factor impacting the lives of impoverished people who are the most susceptible to contracting HIV and AIDS. Other disparities such residential location (as in deep rural, semi-rural and urban) compound the challenges around HIV and AIDS with people living in rural areas most severely affected and/or infected by the disease.

The Joint United Nations Programme on HIV/AIDS report (2013b) reveals that there is an increase in risky sexual behaviours by young people in several countries,

including South Africa. This is further alluded to by Ndabarora (2009) who contends that youth at school and out of school are involved in risky behaviours including substance misuse, abuse and unprotected sex which favours the spread of the disease. The lack of youth preventive support services as well as ignorance and myths around HIV and AIDS issues also contribute significantly to this phenomenon. All these pose a serious challenge and threat to the youth population which are at school and tertiary institutions or are out of the education system.

Post-apartheid South Africa (post-1994) has seen much change in the countries' political landscape and education system with the establishment of the Department of Higher Education and Training (DHET) resulting in the opening of Technical and Vocational Education and Training (TVET) colleges. According to Department of Higher Education and Training (2014) in the White Paper for Post-School Education and Training, the vision of DHET through the expansion and strengthening of the TVET institutions, is to build a large vibrant sector which will tackle youth employment challenges through training, skilling and creating entrepreneurs. Technical and Vocational Education and Training colleges as a sector has seen students numbers projected to increase to 2.5 million by 2030 as compared to 650 000 that was counted in 2013 (HEAIDS, 2013 cited in HEAIDS, 2015).

The majority of students who choose to enroll in TVET colleges come from disadvantaged communities as the geographical position of college campuses includes deep rural areas. Universities and TVET colleges are under the auspices of Higher Education (HE) but universities in most cases are located in urban and semi-urban areas. Accessibility to universities is always a challenge for the majority of students since accommodation in most cases is scarce and expensive for parents thus unaffordable. On the other hand, TVET colleges have easy accessibility through the provisioning of residences in rural communities where TVET college campuses are located.

According to Crewe (2012) students in colleges find themselves in an environment which is sometimes exciting especially in residences but also marked with challenges because students sometimes experiment with risky behaviours such sex and substance misuse and abuse. Such behaviours contribute to students' vulnerability to HIV infection which support the spread of AIDS. Results of the survey

published by AfroAIDSinfo (n.d.) on a study conducted on young people and their sexual risk behaviours revealed that 67% of the sexually active young people interviewed, 2% of males and 10% of females reported having been coerced to have sex. This suggests that sometimes youth find themselves in situations which involve engaging in risky sexual behaviours without their consent and therefore being vulnerable to HIV infections.

Technical and Vocational Education and Training colleges are fairly new institutions attracting youth which mostly fall between 15-24 years of age (Field, Musset & Alvarez-Galvan, 2014). According to the Human Sciences Research Council (HSRC) (2014a) South African national prevalence, incidence and behaviour report, 139 000 new HIV infections occurred in this age group in 2012. Students' attrition rate in colleges has a serious negative impact on the certification rate which is based on the student through-put and out-put rate. The sector being new, very little research has been carried out regarding the factors that might be contributing to low student out-put rate, of which HIV and AIDS may be one.

Technical and Vocational Education and Training colleges have become institutions of students' choice and this is due to the fact that communities including rural can access them easily. The student intake at TVET colleges includes students who do not fully belong to HE since they are at high school equivalence through National Certificate Vocational (NCV) programme offerings. The minimum admission requirement for NCV students is a Grade 9 qualification. In campuses the enrolment of students extends from Grade 10 equivalence which is NCV level 2 to post matriculation with those students who are enrolled for Report 191 (Nated) courses which translate to a post matriculation qualification.

For this reason, TVET colleges are an opportune ground for mixing of the youth with Grade 10 equivalence with older youth of post matriculation. This mingling of students with diverse ages and experiences is a rich ground for youth to be exploited sexually as the environment is inviting for transactional sex practices and multi-partner sexual relationships. This leaves college NCV first year students vulnerable to contracting HIV.

The DHET has introduced a programme called Higher Education and AIDS (HEAIDS) which is an initiative targeting students who are at tertiary institutions at

both colleges and universities on HIV and AIDS related issues. This is a three pillar programme focusing on students in terms of their knowledge, attitudes and practices around HIV and AIDS. Higher Education and AIDS (2012) has established a Policy and Strategic Framework document on HIV and AIDS for Higher Education which serves as a platform for lobbying and aggressively responding to HIV infection challenges among tertiary students. The programme is intended to offer different projects like “First Things First” (know your status by getting tested), TB screening and male circumcision.

According to HEAIDS (2015) there is a huge drive to extend the scope for HEAIDS programmes to improve their service of the sector by designing and integrating HIV and AIDS educational provisions in colleges with curriculum based interventions. In support of HIV and AIDS intervention programmes there are initiatives in colleges such as peer education where peer educators are trained to disseminate knowledge and information to other college students on HIV and AIDS as well as other health related information.

Ntombela (2009) argues that students learn best from their peers therefore peer education inculcates both knowledge and skills which are specific to healthy living. These skills include critical thinking, communication, assertiveness, decision making, positive self-talk and health advocacy. Peer education in colleges is established to vigorously sensitize college students on the dangers of risky sexual behaviours and their vulnerability to HIV infection.

According to HEAIDS (2015) the curriculum in general for TVET colleges neglects the health and social well-being of students. Life Orientation (LO) is the only subject where first year NCV students get exposed to some information around HIV and AIDS, environmental awareness, and cultural and religious diversity. This leaves some gaps in the holistic development of TVET college students. In an attempt to respond to these gaps there has been an establishment of the Curriculum-in-the-Making teacher educator resource book and according to HEAIDS (2010a: 1), the resource book has been designed based on the premise that,

“one set of learning materials cannot fully address the complexities of HIV and AIDS .... and it comes out of the recognition of the dynamic nature of HIV and AIDS and the need for teacher educator in South Africa to stay current.”

The TVET college management is dealing with a number of challenges including student financial support in the form of National Student Financial Aid Scheme (NSFAS) bursary administration and this has become the centre of attention as students often are on strike due to insufficient bursary funding. According to (HEAIDS, 2015) student bursaries are vital since a great majority of students come from families of no or low income group. Management's focus is also on robust marketing strategies to meet target numbers of student enrollments as there is a serious push from the DHET that every space is turned into a training space (Field *et al.*, 2014). Little attention is given to college first year students' wellness to positively affect the through-put and out-put rate.

Academic support has become one of management's prerogatives with the focus on academic intervention strategies aimed at assisting students who are underperforming to improve their academic performance and positively influencing the college certification rate. According to Field *et al.* (2014) the completion rate is very low with an estimation that out of 73 000 students who enrolled for NCV in 2012, only 6 000 students passed the NCV level 4 which was the exit class in 2014.

According to HEAIDS (2015) there is an already established Student Support Services (SSS) framework, a document which talks to the student population about student support services and the collaborative effort to respond to overall student needs as well as the holistic development of students. The TVET college first year students who are doing NCV programme have a longer duration of stay in colleges and the college sector is investing in them. Part of the investment should be to create competency which will make them fit to enter the world of work well and healthy. According to HEAIDS (2010b) university first year students were found to be at risk of getting infected by HIV and AIDS. It is against this background that this study sought to explore sexual behaviours that might put college first year students at risk of getting infected by HIV and AIDS.



### **1.3 Statement of the problem**

The nature of TVET colleges as new institutions has limited preventive and awareness programmes compared to universities which have campus health clinics and properly coordinated HIV and AIDS programmes. These institutions migrated to the Department of Higher Education and Training on the first of April 2015 and among the challenges they currently present is the unavailability of the resources and the lack of access to HIV preventative services (HEAIDS, 2015). This may contribute to inadequate knowledge amongst students regarding the risks of HIV infection.

Technical and Vocational Educational and Training colleges enrol NCV first year students who would have passed grade 9 as a minimum entry requirement for NCV programmes and those who would have matriculated for programmes such as Report 191. This results in the mingling of students with diverse experiences, practices and knowledge about HIV and AIDS.

According to HEAIDS (2013: 7) risk factors at universities have been acknowledged and it is maintained that first year university students are at increased risk of getting HIV due to sexual risky behaviours since “they enter a new environment and experiences freedom to experiment with sex, drugs and alcohol.”

First year students in TVET colleges come from all walks of life and the college being a new environment poses a threat as first year students get exposed to different behaviours modelled learnt from their peers placing them at risk of getting infected by HIV.

#### **1.3.1 The research questions for this study**

(a) What are HIV and AIDS risk behaviours of first year students at Technical and Vocational Education and Training colleges?

(b) What are students’ experiences of engaging in sexual activities that put them at risk of getting HIV?

#### **1.4 Aims of the study**

- (a) To establish what are HIV and AIDS risk behaviours of first year students at Technical and Vocational Education and Training colleges.
- (b) To explore students' experiences regarding their engagement in sexual activities that put them at risk of getting HIV.

#### **1.5 Research design and methodology**

This was a qualitative study as the researcher wanted to establish meaning and experiences, descriptions and interpretations of college first year NVC students regarding the sexual behaviours that put them at risk of getting infected by HIV and AIDS.

##### **1.5.1 Target population**

National Certificate Vocational first year students residing in residences because first year students are most at risk of being sexually exploited, and residences make it easier for sex to happen compared to if students were living at home.

##### **1.5.2 Sampling procedure**

Purposive sampling was utilized to obtain 39 participants. Notices were placed in residences and the first 39 volunteers who met the inclusion criteria (over 18, sexually active, prepared to talk about HIV and AIDS) were included.

##### **1.5.3 Data collection method**

Data was collected through focus group and individual interview schedules. Six students were selected to participate in the focus group interview from a group of students who had attended a presentation on HIV and AIDS. Three students from the focus group interview were further invited to participate in follow up individual interviews.

#### **1.5.4 Data analysis**

Content analysis was used to identify themes as they were emerging from responses. Data was organized as themes, recurring ideas and patterns. The researcher then used phrases to represent themes and patterns.

### **1.6 Operational definition of terms**

#### **1.6.1 HIV**

HIV means Human Immunodeficiency Virus, a virus causing Autoimmune Disease Syndrome.

#### **1.6.2 AIDS**

According to the South African Pocket Oxford Dictionary (2002), AIDS is the disease caused by the HIV virus transmitted in the body fluids which breaks down the sufferer's natural defenses against infection.

#### **1.6.3 Risky behaviours**

These are acts or behaviours with the possibility of an unpleasant outcome.

#### **1.6.4 HIV and AIDS risky sexual behaviour**

This is risky behaviour involving engaging in unsafe sexual activity and sexual intercourse with a person whose HIV and Aids status you might know or not know.

This study acknowledges that there are other means of contracting HIV besides sexual, however the focus of this study was on sexual behaviours.

#### **1.6.5 Technical and Vocational Education and Training (TVET) colleges**

This is a new name for Further Education and Training (FET) colleges. Technical and Vocational Education and Training colleges offer NCV programmes with technical subject groupings of 19 occupationally oriented tracks (Field *et al.*, 2014). TVET colleges also offer Report 191 programmes which translate to diploma qualifications. They are also collaborating with Sectoral Education Training

Authorities (SETAs) and industries to offer learnership and apprenticeship programmes.

### **1.6.6 First year students**

In this study first year students refer to those students who are enrolled for NCV Level 2 programme in TVET colleges which is the entry level equivalent to grade 10. Students admitted for this programme have three years to spend in a college for the exit certification at NCV Level 4.

## **1.7 The research programme**

### *Chapter 1: Overview of the study*

This chapter covers the introduction, the motivation of the study, the problem statement, research questions of the study as well as the aims of the study. The research methodology, research design and summary are covered in brief.

### *Chapter 2: Literature review*

Literature related to the topic of the study is discussed. The theoretical framework for the study is discussed and findings from other studies relating to this study are discussed. The researcher discusses possible gaps regarding the research in relation to what has been discovered previously.

### *Chapter 3: Research design and methodology*

The paradigm followed by the researcher is discussed. The research approach and the research design that is used in this study is presented. The sampling techniques, data collection methods and data analysis are discussed.

### *Chapter 4: Data analysis and discussion of findings*

In this chapter data collected from the participants is analyzed. The findings of the results are discussed.

### *Chapter 5: Interpretation, recommendations and limitations*

The researcher in this chapter discusses the interpretations, recommendations and limitations of the study.

## **1.8 Summary**

The present chapter looked at the motivation of the researcher to conduct a study on HIV and AIDS and risky behaviours of first year students in TVET colleges. Students enter the college with a certain degree of freedom to make decisions in the absence of parents and guardians. Amongst other things, they are perceived to be exposed to experiences of alcohol, drugs and sexual behaviours including multiple-partner sexual relationships which make them vulnerable to HIV infection. HIV and AIDS intervention programmes designed and implemented should assist in students' behavioural change counteracting the new HIV infections. The following chapter focuses on the literature review.

# **CHAPTER 2: LITERATURE REVIEW**

## **2.1 Introduction**

The sub-Saharan region accounts for 46% of people who still cannot access treatment for HIV and AIDS, therefore the pandemic is continuing to ravage countries (UNAIDS, 2013b). Issues around HIV and AIDS are a serious concern and warrant joint efforts by all countries to fight the epidemic. A number of agencies globally are seriously engaged and committed to intensify their efforts to mitigate the impact of the pandemic. According to UNAIDS (2013a), a United Political Declaration on HIV and AIDS by countries has been established to serve as a platform for reporting progress made by countries in mitigating the impact of the disease. Rigorous efforts still remain critical in strengthening, deepening and expanding various sectorial responses to HIV and AIDS challenges.

## **2.2 Theoretical framework**

According to Carroll and Swatman (2000) a theory can be understood as a collection of interconnected ideas around which knowledge can be condensed or organised in an attempt to expand or revise understanding. Such collection of ideas helps to explain why events occur in a particular way.

This study adopts the Social Cognitive Theory (SCT). According to Slavin (2012) the SCT as developed by Bandura looks at the significance of observational and self-regulated learning of behaviour with the emphasis on the four phases that inform behaviour modelling, namely, attention, retention, reproduction and motivation. The importance of cognitive processes for the behaviour to be imitated as well as the powerful effect of the model is emphasised.

Zimmerman (1989) identifies the three pronged reciprocal nature of the SCT with the causal effect relationship among the tripartite factors influencing processes entailed in this theory, namely the person, the environment and the behaviour. Meyer, Moore and Viljoen (1997) observe that Bandura takes into account the interaction between the environment, thinking processes and individual's expectation concerning the

results of his/her behaviour in an attempt to explain human behaviour in a social setting.

The assumption behind SCT theory is that an individual's personal processes are influenced by environmental processes as well as behavioural patterns or events in a reciprocal manner. The theory highlights the role of observational learning with a reciprocal effect between learning and performance of behaviour. Bussey and Bandura (1999: 13) maintain that "some behaviours are more easily learnable since sometimes properties of the events facilitate acquisitional processes through attentional, representational, productional and motivational means."

According to Crain (2014) for any behaviour to be imitated the first phase is for the model to grab a person's attention and in some instances the behaviour is modelled even when time has lapsed long after the observed behaviour. It becomes paramount for a person that he/she "attends to or recognises the essential features of the modelled behaviour and makes association preferences" regarding the observed behaviour (Bandura 1971: 6). As a result, some behaviours are given more attention compared to others with the functional value of the behaviour and the characteristics of a model playing a significant role.

Retention is the second phase in SCT and Crain (2014) explains it as a cognitive process which entails one's ability to code in memory sequential images of the modelled behaviour and it is as a result of the symbolic processes associated with stimuli that an individual is able to remember the behaviour that was modelled. According to Bussey and Bandura (1999) the retention phase involves memory codes which serve as a guide that eventually lead to reproduction of action and important information or knowledge that is gained may be retained through the assistance of two tools namely, memorising and rehearsal of the sequence of events, actions or behaviour.

The third phase that informs behaviour modelling is reproduction which entails performing the action that was visually or verbally memorised as behaviour. An individual's assessment of the aspired outcome of the behaviour plays an important role. Any replication by an individual with positive feedback results in behaviour copied and a negative feedback will result in behaviour less likely to continue. It is in this phase where behaviour can be repeated or modified based on the mental

schema of an individual and there is likelihood that the behaviour will be reproduced if cognitively it matches the behaviour of a model (Slavin, 2012).

Motivation is the fourth phase of SCT and it leads to the acquisition and the performance of the behaviour that was observed from the model. Bandura (1988) argues that the success of a person to perform modelled behaviour does not only rely on skills and motivational variables but also on an individual's self-efficacy beliefs and this contributes towards the choice a person makes and the effort that person will put into accomplishing a desired goal. There is a link between an observer, a model, reinforcement, motivation and a modelled behaviour. According to Bandura (1971: 6):

“...in order for imitative learning to occur observers must be motivated to act, they must be provided with an example of the desired behaviour, they must perform responses that match the example and their imitative behaviour must be positively reinforced.”

This study explores TVET college first year students and sexual risky behaviour they engage in which might make them vulnerable to HIV and AIDS. The SCT underpins this research as the theory gives an explanation on the causal relationship between people, behaviour and the environment as people regulate their behaviour through control and reinforcement in order to achieve certain behaviours (Bandura, 1989). The study explores dynamism and reciprocal causal interaction between students as individuals, risky behaviours they acquire or maintain by observing other people or peers as models with the social context playing an influential role to learnt or practised behaviours.

HIV and AIDS risky behaviours are observed as students interact in their social setting and during interaction behaviours are modelled and copied resulting in learnt behaviours which land them at risk of acquiring HIV infection. According to de Wit and Dickinson (2009) behaviours are motivated by desired consequences and people will tend to choose actions on the basis of the expected outcomes. Sexually risky behaviours can get reinforced because at face value the results of behaviours look lucrative since students sometimes get spoilt with gifts and entertainment. That motivates students to engage in these practices. Funk, Salathe and Jansen (2010)



maintain that these behavioural traits are responsible for disease transmission between youth as they pursue gifts even though this compromises a healthy lifestyle.

Bandura (2001) argues that people regulate their behaviour through control and reinforcement to achieve goal directed action and there are five constructs underpinning the SCT theory namely, determinism, observational learning, reinforcements, expectations and self-efficacy. The above mentioned variables play a significant role in students' learnt behaviours. For example, students may be determined to engage in risky sexual behaviour because of their expectations of a certain positive outcome such as a gift. Thus any reinforcement agency like gifts results in the behaviour being repeated.

Taking this illustration further, students who receive gifts in relationships have their behaviour reinforced and that increases the likelihood that they will be determined to repeat the behaviour even if it puts them to HIV risk infection. Students are motivated to behave in a particular manner as a result of outcomes that will make them feel good. Rodgers and Brawley (1991) refer to Bandura's SCT and maintain that motives to carry out that behaviour are linked to the predictions regarding behavioural intention; hence, students' intention and the prediction about the outcome of their behaviour remain critical regarding whether they repeat or do not repeat the modelled behaviour.

Van Gog and Rummel (2010) stress the role of constructive and motivational processes as sub-functions to guide the decision for a performance by an individual. The influence by a credible model plays a critical role for the behaviour to be learnt. Turner and Shepherd (1999) comment on the attributes of the observer, the perceived consequences of adopting behaviour and the significant role these play for the behaviour to be repeated. Students are likely to repeat behaviours modelled by people they aspire to follow. This works either way as good behaviour can be emulated and bad behaviour also emulated owing to a multitude of factors including the characteristic of a model.

### **2.3 HIV and AIDS and biopsychosocial factors**

Challenges around HIV infections and its spread can never be interrogated exclusive of biological, psychological and social factors as these are intertwined if one talks

about an individual's behaviour. According to Dogar (2007: 11), "the biopsychosocial model is a new, broader and integrated approach to human behaviour and disease".

In the context of HIV and AIDS, biological factors entail physical health, genetic and biological vulnerabilities of individuals to HIV infection. For example, women are more susceptible to getting infected and are more susceptible to spread HIV compared to males who by virtue of their biologically body design are less susceptible to contracting and spreading the disease. Myer, Denny, Telerant, de Souza, Wright and Kuhn (2005) highlight the presence of Bacterial Vaginosis (BV) vaginal flora imbalances) which have the potential biologically to increase women's susceptibility to HIV infection.

The social is one of the elements of the biopsychosocial model and has to do with the environment or surrounding of the individual including family circumstances, peer pressure and societal behaviours. For example, a social setting where drugs are being used places youth in a vulnerable state regarding taking drugs themselves because of the behaviour being modelled in that setting. The biopsychosocial approach looks at the interrelatedness of psychosocial aspects linking the effective prevention of the disease to the individual, the family and the community alongside with the biological determinants and the effect one aspect has on the other (Dogar, 2007). In reference to this study the issue is about sexual practices of students in relation to HIV risk behaviours as informed by factors including their attitudes, family, societal beliefs and the way they see themselves threatened by the diseases.

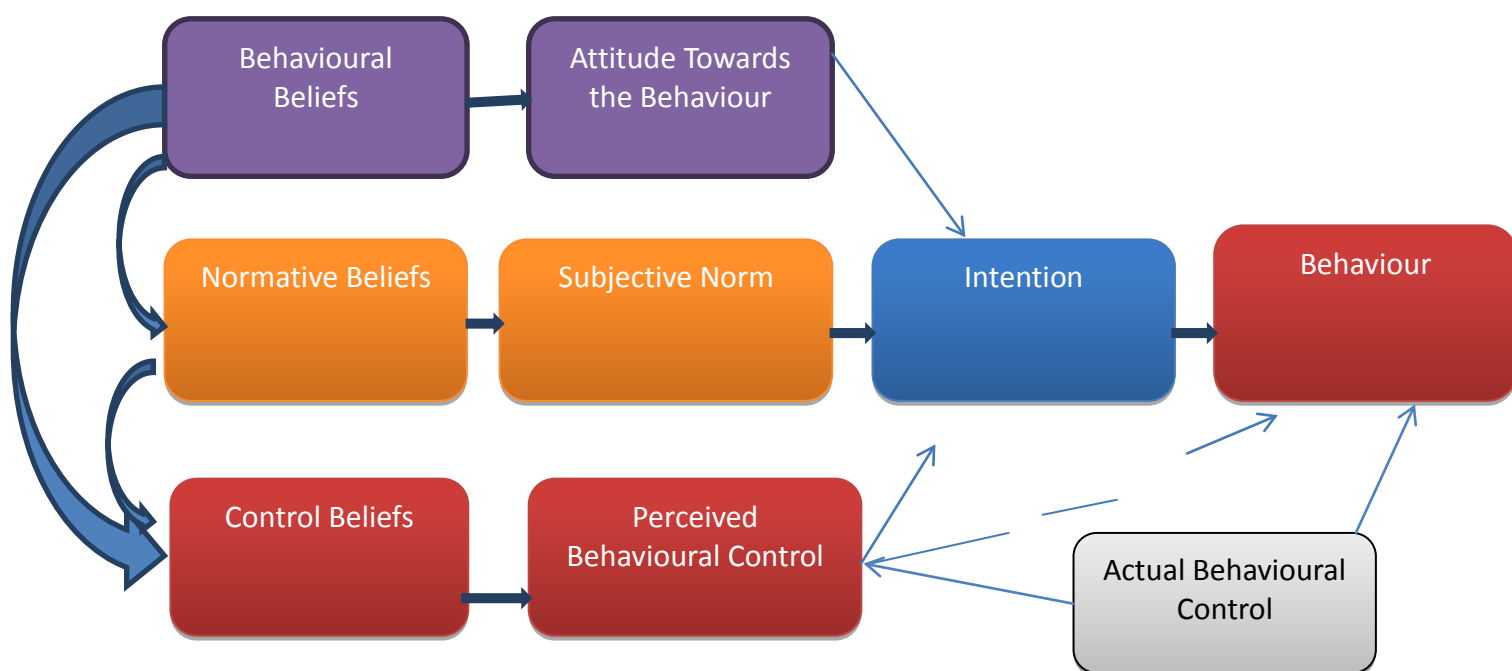
According to Parry (2003), young people sometimes find it hard to escape the challenges inherent in sexual encounters resulting in high rates of new HIV infections due to conditions beyond their control which include among other things cultural and societal norms, poverty and peer pressure. It is further contended that the behavioural style that youth portrays is dependent on the degree to which they perceive themselves to be at risk of getting infected by HIV and their willingness to take part in high HIV risk practices including sexual behaviours such as being promiscuous and engaging in unprotected sex.

This study intends to look at TVET colleges first year students in pursuit of exploring risk behaviours they engage in which makes them vulnerable to HIV. There are critical factors causing students' failure to take any risk avoidance measures towards

HIV infection in spite of the knowledge they have about HIV and AIDS. Among them is the lack of assertiveness, also lack of negotiating skills and self-efficacy and a belief that one is able to control his/her practice of a particular behaviour (Alleyne & Wadarski, 2009).

According to Tung, Hu, Davis, Tung and Lin (2008) the Health Belief Model (HBM) links a person's attitudinal change, healthy behaviour and a person's healthy practices. Motivation towards a particular behaviour depends on the degree a person perceives him or herself at risk of getting infected by the disease. Gibbons (2010) argues that knowledge has never been enough to predict that students will practice safer sex; in the study he conducted students were found to be engaging in high levels of sexually risky behaviours in spite of high levels of knowledge.

Reddy and Frantz (2011) in their analysis of behaviour, look into elements such as attitude and the belief system which are perpetuated by contextual and cultural practices. Students have been found to be at risk of getting infected by HIV since their behavioural intention emanates from attitudes they have towards actions in relation to their subjective norms. This is best explained by the Theory of Planned Behaviour (TPB) as illustrated in the figure below:



**Figure 2.1: Theory of Planned Behaviour**

Adapted from: Ajzen, 2006

The Theory of Planned Behaviour highlights the motivation for the behaviour and the qualifying critical elements which are the determinants of the behaviour. They comprise beliefs, attitudes, norms and intentions leading to behaviour control or behaviour execution. Attitudes of college first year students are determined by personal factors. This means the degree to which each student gives a favourable or unfavourable evaluation of the intended behaviour, for example, their attitude towards risky sexual behaviours. The subjective norm on the other hand refers to the social pressure from the immediate surroundings to behave or not to behave in a particular manner. This could be the pressure from peers or situational pressure as posed by the campus environment or their families. According to Ajzen and Madden (1986) there is a belief that both attitude and subjective norms yield to behavioural intentions.

Students have the drive to perform risky behaviours putting them at risk of contracting HIV but they also have the capacity to exercise control over those behaviours with necessary resources at their disposal like knowledge, skills and the support. According to Ajzen and Madden (1986: 457),

“...the more resources and opportunities individuals think they possess, and the fewer obstacles or impediments they anticipate, the greater should be their perceived control over their behaviour.”

Research conducted by Tung *et al.*, (2008) showed that 90% of young people being students at tertiary institutions have information or knowledge about HIV and AIDS. However, Moodley and Phillips (2011) point out that research indicates that the knowledge students have rarely results in behavioural change and therefore sexual decision making is critical to influence the resultant behaviour. The degree in which students perceive themselves susceptible to HIV plays an important role as to whether to engage or not to engage in risky behaviours.

The intended behaviour versus the behavioural control is dependent on a number of factors including the individuals' daily experiences shaping their attitudes and beliefs. It also depends on what individuals see as benefits or barriers as a result of the interaction of biopsychosocial factors. The results of the study bring to light factors which come into play influencing students to perceive themselves as susceptible or not to contracting HIV.

The biopsychosocial approach looks at an individual's experience regarding actions he/she has to undertake in relation to the mutual influence of that person's mind and body. The more favourable the person's attitude is towards that action, the more subjective the norm and the greater the perceived control is and the stronger the person's will to perform a particular action or behaviour will be (Borrel-Carrio, Suchman & Epstein, 2004).

## **2.4 HIV and AIDS**

According to UNAIDS (2013b) the patterns of the HIV and AIDS epidemic seem to vary between countries and regions with trends on new HIV infections in countries like Botswana and Zambia showing a decline between 2001 and 2012. The report further revealed that there was a 34% decline in new HIV infections in sub-Saharan Africa between 2001 and 2012.

The focus of this study is on TVET college youth therefore a closer look at patterns resulting in new infections specifically around young people is necessary. According to UNAIDS (2012: 29),

“Young people account for 40% of all new adult HIV infections. Each day, more than 2400 young people become infected with HIV ... and some 5 million of young people are living with HIV.”

This statistic is alarming and warrants a drastic behavioural change. The results of a study conducted in TVET colleges which by then were still called Further Education and Training (FET) colleges on HIV and AIDS-related knowledge and behaviour of college students revealed that 55% of students were not using condoms and 43% indicated that they had two or more sexual partners in the period prior to the study (Moodley & Phillips, 2011).

The HSRC (2014b) study on HIV and AIDS related knowledge, attitudes and behaviours of students and staff at South African TVET colleges, highlighted behaviours putting students at risk of HIV infection. Of the students in sexual relationships 10.8% said that sometimes they use condoms and 5.9% of students said they never used condoms. Substance abuse and multiple sexual partners were also highlighted as risky behaviours putting TVET college students in a vulnerable situation for infection with HIV. This suggests that HIV and AIDS is prevalent in colleges with very little information regarding the impact of the disease as the sector is fairly new.

The United Nations has made funding available to support the implementation of intervention programmes that seek to reduce transmissions of HIV among people like safe drugs injection practices and stop sexual violence between intimate partners (UNAIDS, 2013b). Government and non-governmental organisations at various levels of societies are seriously engaging a combination of interventions and prevention programmes and projects, namely, knowledge dissemination programmes, condom provisioning, male circumcision, dual protection for young girls to prevent infection and unplanned pregnancies as well as the prevention of mother-to-child transmission and the list not limited to these examples (Soul City, 2013).

South Africa has begun acknowledging that youth especially in schools cannot realise their dreams if the impact of HIV and AIDS is not taken seriously. This has resulted in a change in schools' curriculum which has introduced Life Orientation (LO) as a compulsory subject from the primary school to high school aiming to familiarise and educate students regarding HIV and AIDS amongst other things (Department of Basic Education, 2011).

HEAIDS (2010a) recommends that there should be robust engagement with teachers and learners about taking the threat of HIV and AIDS seriously and being more informed. Education should also deal with the many social, political, economic health, gender and cultural factors which are relevant around this issue.

According to HEAIDS (2010a) both schools and colleges sectors have coupled classroom education with peer education training to further empower students and learners to participate and lead their fellow students in engaging in topics such as:

- Pressure from friends;
- Wanting to belong and wanting to be popular;
- Alcohol and drugs abuse and
- Sexual Transmitted Infections (STIs) and HIV protection.

## **2.5 Youth in general and HIV and AIDS risk behaviours**

The presumption is that South African youth aged between 15 and 24 are either in high schools or post-school institutions but there is a growing realization that there is a high number of young people who are **Neither in Employment, nor in Education or Training** and they are called NEET (Field *et al.*, 2014). According to the HSRC (2014b) there is global economic crisis and Statistics South Africa (2014a cited in HSRC, 2014c) reports that the country has 3,4 million people who are classified as NEET and one third from this category is the youth between the ages mentioned above.

According to Reddy and Frantz (2011), this is the age group with the highest prevalence of new HIV infections. The country has systemic challenges which hinder

progress towards the reduction of new HIV infections and the AIDS pandemic including impoverished socio and economic circumstances.

The NEET youth are loitering in the communities with alcohol always easily available even if there is no money to spend on alcohol as services to render in shebeens are enough for the youth to access it. Youth have little for entertainment. Youth attending school faces the same predicament because after school hours boredom sets in due to the absence of the infrastructure required for entertainment and sports, hence youth are in a vulnerable state of engaging in sexual activities to kill boredom so are at risk for HIV infection.

Adefuye, Abiona, Balogun, Amosun, Frantz and Yakut (2011) refer to the following HIV related risky behaviours young people engage themselves in to while away boredom: involvement in multiple-partner sexual relationships, unprotected sex, alcohol and drug abuse.

According to Mutinta (2012) a number of factors are at play in shaping young people's attitudes towards HIV and AIDS risk behaviours and this is to be understood from a multi-systemic framework as both individual and social factors. A young person's beliefs, peers and family influences as well as the community setting play a significant role in shaping a young person's attitude towards sexual risk behaviours leading to HIV infection.

Mutinta (2012) cites as an example a religious young person who believes that sex outside and or before marriage is not acceptable, therefore considers it wrong, does not engage in sexual activities and hence he/she is considered safe from getting HIV infection. Similarly, some young girls who believe in virginity testing and the Reed Dance (Umkhosi Womhlanga), the ceremony coordinated by the Zulu Monarchy on virginity preservation by young girls, remain committed to abstaining from sex outside marriage. This has become their belief system inculcated in their life style and attitude towards sexual practices.

The role of peer pressure cannot be underestimated in the development of young people as they do almost all their talking in platforms where they feel important and believed by their peers. According to Santor, Messervey and Kusumakar (1999) an individual experiences peer pressure from a group of age mates when he/she feels



persuaded and urged to do something or act in a particular way or think in a particular way in order to conform and get accepted by age mates. A peer group plays a major role in the development of an individual as the relationship with significant others shapes a person's self-concept, self-image and self-esteem.

Peers create an enabling environment for members to talk about developmental challenges which in some instances they find difficult to discuss with their parents, siblings and adults. Makhaza and Ige (2014: 500) state that parents find it difficult to talk to their children about sex as they "construe sex talk as an indication that children are ready for sex". Consequently, youth believe the information they get from their peers even if it means they commit to behaviours they do not necessarily approve or like.

A study on susceptibility of adolescents to peer pressure reveals that there is a correlation between peer conformity and a prediction of behaviour by adolescents (Dielman, Campanelli, Shope & Butchart, 1987). For a member to be recognised and belong to the group, there should be a willingness sometimes to take risk-aware decisions which may include skipping classes, going to clubs, substance abuse, delinquency and other related activities like partying and unprotected sex even it means being in trouble with adults. Santor *et al.*, (1999: 178) also concluded that "peer pressure and peer conformity were strong predictors of risk behaviours."

Leclerc-Madlala (2004) highlights the challenges facing young women and men including the pressure to conform to the modern life style even if it comes with a price. She further alludes to the issue of older men called 'sugar daddies' (benefactors) who are able lure young women into transactional sex in exchange for basic needs such as food and clothing as well as for pampering activities like expensive gifts and outings to expensive hotels. According to Jewkes, Dunkle, Nduna, Levin, Jama, Khuzwayo, Koss, Puren and Duvvry (2006) this kind of sexual involvement leaves men in controlling positions and young women with less power and therefore with negative repercussion as they cannot insist on condom usage and so are vulnerable to HIV infection.

School and tertiary male students also have been found to be involved with older women (cougars) who have the financial muscle for sexual gains at their convenience (Kuate-Defo, 2004). Young men in these relationships are called Ben

10s, where 10 symbolically signifying the age difference between their ages, though age gap might not necessarily be 10. There is also a trend where young men get involved with older women for money and their assets as the 'sugar mummy' or 'cougar' is expected to cater for the gifts and a promise of good life, entertainment and keeping up with luxurious lifestyle which may include driving that particular woman's car.

This is a concerning situation since both young men and women become vulnerable to the spread of HIV. This is even more so as sometimes the trend is that they become involved concurrently with their age mates (main partner) as well as older men and women who are sometimes married and/or in other concurrent sexual relationships. Young people who are involved in such concurrent sexual relationships distinguish clearly between main partners and those who are being kept as secret partners known as "omakhwapheni".

Kuate-Defo (2004) critiques the role played by parents or family/households as sometimes allowing the sugar mummy and sugar daddy dating scenarios if they are also receiving some level of benefit which alleviates their own economic hardships, psychosocial or behavioural problems.

## **2.6 Tertiary students and their attitudes towards HIV and AIDS risk behaviours**

The results of a study conducted by Ngcobo (2003) highlights the fact that students whether seniors and/or in leadership positions and those who are first years in tertiary institutions do not take HIV and AIDS seriously and the author warns against the assumption that it is the first entry students in tertiary institutions who are most vulnerable to the HIV pandemic.

The HEAIDS (2010b) study painted a picture of first year students being the most vulnerable population as they are in the process of acclimatising themselves with the university environment and they are seen to be wanting to explore everything. That study found that first year female students in tertiary institutions were being lured into intergenerational sex, that is, females under the age of 25 years, where the age difference with their partners was 10 years or more. Evidence to this, cars were

parked outside students' residences in most institutions on week-ends (HEAIDS, 2010b). The study conducted by Jewkes et al., (2006) highlights the fact that there is a correlation between the impact of the age difference between young women and sexual partners and vulnerability to HIV and concludes that young women's HIV risk is worse the greater the age difference of the male partner.

Male and female students in tertiary institutions are adversely affected and vulnerable to HIV as there are dynamics escalated by substance abuse, promiscuity and their beliefs system. Svenson, Carmel and Varnhagen (1997) found that in tertiary institutions sexual intercourse is considered intimate, spontaneous and situational-prompted with one action leading to another and during which communication about sex and related behaviours is seen as sometimes embarrassing to the youth.

A number of programmes are already in place to drive sense about behavioural change of youth in school and out of school. These programmes emphasise the significance of knowledge about HIV and AIDS and preventive strategies of new HIV infections. Care and support of people infected and/or affected by the disease is also central to the knowledge disseminated with strong emphasis on healthy style of living and the HIV and ABC slogan, that is, **A**bstain, **B**e faithful and **C**ondomise (HEAIDS, 2010a).

Various countries have adopted intervention programmes to drive the message of HIV and AIDS prevention. For example, Uganda a Straight Talk Foundation, South Africa Soul Buddyz: a Multimedia Edutainment Project and Mozambique with Youth-Friendly Health Clinic (Bundy and Valerio, 2004 cited in Ntombela, 2009). Countries brag about their stories of success and they have taken upon themselves to campaign not only for AIDS free institutions and communities but also lobbying for health literacy as well which is perceived as bringing about critical awareness regarding the suitability of information relevant to their own context and the ability of youth becoming resilient and contributing meaningful to their environment.

According to Federal HAPCO (2012), countries like Ethiopia have named such programmes "Behavioural Change Communication". Likewise, South Africa uses social gatherings, mass media, posters and billboards, leaflets and brochures, television, teachers and peer education to disseminate information on behavioural

changes with regard to HIV and AIDS risk behaviours by students. Turhan, Senol, Baykul, Saba and Yalcin (2010) also agree that educational programmes in the form of written and visual media remain good sources of information dissemination about the HIV and AIDS pandemic.

Myths around HIV and AIDS issues still exist, for example, there is a belief that if a man sleeps with a virgin girl, that will cure AIDS. Flagship programmes as an effort in disseminating accurate information about the causes, the spread, prevention and treatment of HIV and AIDS will always remain critical to get people to their senses and have accurate facts about the disease reaching masses. Most students have cell phones which are predominantly used for chatting; the very same technology could be used for empowering students with accurate information regarding risk behaviours putting them at a vulnerable position of getting HIV infection.

The research results by Raijmakers and Pretorius (2006) contends the importance of accurate and well mediated knowledge about HIV and AIDS as having a far reaching positive implication. According to the results of the study they conducted on South African university students on attitudes and perceptions of HIV and AIDS, 82% of students responded that they had enough factual information to protect themselves from getting infected with HIV. The authors emphasized the importance of a person's experiences in shaping decision making with regard to behaviour as well attitudes regarding HIV and AIDS as a disease. Tung *et al.* (2008) argue that the degree of perceived susceptibility and perceived severity of a disease by an individual are important factors reducing risk health behaviours and increasing the perceived benefit of preventive activities.

According to Oyefara and Bisiriyu (2007) attitudes, perceptions and beliefs are essential factors that determine the behaviour regarding HIV risk behaviours. The belief system of a young person plays a role in the manner in which they perceive issues relating to condom use. Campbell and Mzaidume (2002) cite cases where young women who carried condoms were believed to have loose morals and young men who carried condoms were ridiculed by peers and considered less manly. Thus, in spite of high levels of knowledge tertiary students have about the dangers of HIV, such comments will sometimes have an influence resulting in them engaging to risky sexual behaviours like unprotected sex.

Van Wyk (2006) argues that students are knowledgeable about HIV and AIDS and its mode of transmission but perceptions and attitudes they have as individuals regarding life in general plays a role on the decision around HIV risk behaviours. According to Adefuye *et al.*, (2011) the results of the study they conducted on the perception of HIV and risk behaviours amongst students revealed that most HIV infections among youth occur through sexual intercourse. This includes multiple partners, hetero-sexual and same-sex partnerships, unprotected sex and inconsistent condom usage.

Gibbons (2010) emphasises the principle of the self which allows an individual to assess the appropriateness of behaviour and conduct, where students' self-esteem, attitude and education influence sexual behaviour. He contends that students with high self-esteem generally have a positive attitude towards life and education. They remain focused on their education and in turn develop positive health practises which make them less prone to HIV risk behaviours.

## **2.7 TVET college students in residences and their perceptions regarding HIV and AIDS behaviours**

The establishment of TVET colleges was a government response to the challenges of young people outside the labour market with a vision to see the intake of this sector expanded to 2,5 million by 2030 (Field *et al.*, 2014). The TVET colleges attract older adolescents aged 15-19 and young adults aged 20-24, for most of them life is marked by significant physiological, psychological and emotional challenges. They are in the transitional phase from adolescent stage to adulthood as they journey through the college system. The surroundings they find themselves in will have an impact in their holistic development.

Students are enrolled in TVET institutions while they are still developing their sense of self and the fact that they are away from parents and being exposed to different practices which seem appealing, place them at risk of getting HIV. According to Fennie and Laas (2014), first year students in universities and colleges sometimes down play their vulnerability to HIV because they do not want to be associated with a stigmatised group.

Van Horn (1997) argues that sometimes younger students possess feelings of invincibility and desire immediate gratification with common spontaneous sexual experimentation thinking that bad things like getting infected by HIV will not happen to them only to other people. According to the HSRC (2014b) Survey on National Youth Risk Behaviour around HIV and AIDS, 62% of young people infected with HIV said that they thought that they were at little or no risk of contracting HIV in spite of the risky behaviours they were engaging themselves in. This could be seen confirming that young people sometimes underestimate their personal risk of getting infected by HIV.

The role of parents and family can never be underestimated. Kuate-Defo (2004) contends that a positive family upbringing of a child sometimes deters or delays sexual engagement or assists a student to practice safe sex thus becoming less vulnerable to HIV infection. Mcutshenge (2012) takes this further and recommends that parents should be close to their children for children to be free to ask questions for correct information about HIV and AIDS and related topics and by so doing close the gap which will otherwise be filled by peers with inaccurate information.

A comparative study conducted by Basen-Engquist, Masse, Coyle, Kirby, Parcel, Banspach and Nodora (1999) revealed that the attitude of students who were old and had been in an institution for some time were less supportive of condom usage than students who were new and young in a tertiary institution. The study also suggested that students who never had sex before had a more supportive attitude towards not having sex than students who were already sexually active. The results of the study on condom usage during the last sex act showed an increase from 22% to 79% suggesting that generalizing about students and sexual risk behaviours should be guarded against (Kelly & Parker, 2000).

According to Svenson (2002) HIV-STI programmes are well established for college going age students in Sweden and they are complementing already well-established and sustained students-owned prevention programmes. They have received the overwhelming support from all structures which are involved in the fight against HIV and AIDS and youth were found to generally have a positive attitude to all such intervention programmes.

Botha and Durden (2004) believe that interventions of this nature has yielded positive results in South Africa as well and provide the example of DramAidE project which uses drama to engage students on HIV and AIDS related topics. Two universities in KwaZulu-Natal (KZN) namely, the University of Zululand (UNIZUL) and the University of KwaZulu-Natal (UKZN) are in this programme and through music and drama they communicate effectively with students on issues relating to sexuality and HIV and AIDS.

Technical and Vocational Education and Training colleges being in their infancy after the merger of technical schools which took place in 2003, were operating with no clear guidelines regarding what needed to happen to support and empower students to fight the HIV and AIDS pandemic (Field *et al.*, 2014).

According to HRSC (2014b) in a study recently conducted on HIV and AIDS related knowledge, attitudes and behaviours of students and staff at TVET colleges, more or less same issues highlighted in study have been found being contributory factors pushing students to engage in risky sexual behaviours. Risky behaviours of first year students were explored to obtain baseline information on their knowledge, attitudes and behaviours pertaining to HIV and related risk factors.

The recent intervention of HEAIDS programme mandated by DHET in 2014 prompted colleges to come on board and initialise programmes which are responsive to the hardships negatively impacting TVET colleges because of HIV and AIDS. This is further supported by O'Donnell, Stueve, Doval, Duran, Haber, Atnafou, Johnson, Grant, Murrat, Juhn, Tang and Piessens (1999) who emphasise the potential benefit from HIV risk reduction programmes as they are seen serving to encourage abstinence and or encourage the use of protection. This has a direct proportional impact contributing towards academically and emotionally achievements and generally the social wellbeing of students. HEAIDS intervention is seen as a vehicle to interrogate and tackle students' challenges that derail the sector from achieving its goal of improving students' completion rate (Field *et al.*, 2014).

The DHET has made its own efforts and also involved HEAIDS to bring HIV and AIDS intervention programmes to colleges and raise the profile of student wellness programmes because of the benefit of a healthy mind in a healthy body. These

challenged colleges to start thinking broadly about strategies of empowering students to gain increased control over their general well-being in college.

There is a need for a clear planning by college management to sustain HEAIDS projects when their life span comes to an end as all projects do. In support of Postma's view (2004) the power of HEAIDS' programmes are due to them being committed to the acquisition and dissemination of relevant information regarding the whole range of student needs. These include physical, intellectual, emotional and vocational. This should come apart from the major role HEAIDS programmes play in behavioural change of students towards HIV risk behaviours. HEAIDS has aligned itself with National Strategic Plan 2012- 2016 for HIV, TB and STIs for South African National AIDS Council which has aims at a 50% reduction of new HIV and TB infections using a combination approach and also targeting at least a 50% reduction of stigma and discrimination relating to HIV and TB (South African National AIDS Council [SANAC], 2014).

## **2.8 Summary**

This chapter was a literature review relevant to the study of HIV and AIDS risk behaviours of first year students in colleges. The Social Cognitive Theory as the theoretical framework for the study was discussed. Biopsychosocial factors and their influence on the individual's perception of being susceptible to HIV and AIDS were discussed. The general picture on HIV prevalence and AIDS-related responses were looked into. The attitudes and risk behaviours of students in schools, tertiary institutions as in universities and TVET colleges were discussed.



## **CHAPTER 3 : RESEARCH DESIGN AND METHODOLOGY**

### **3.1 Introduction**

This study sought to explore the risky behaviours of first year Technical and Vocational Education and Training (TVET) college students that make them vulnerable to HIV and AIDS. College first year students who are studying towards a National Certificate Vocational (NCV) programme spend three years acquiring this qualification. When they are enrolled for the first time at the college, they come at a period when they are at a stage between adolescence and adulthood, which is a time where they are in the process of acquiring their physiological, social and psychological developmental needs.

### **3.2 Paradigm**

According to Neuman (2012: 46) “a paradigm is an integrated set of assumptions, models of doing good research, techniques for gathering and analyzing data and it helps with the formulation of concepts, theoretical frameworks and research methods.” The concept of a paradigm entails a pattern or a model of a particular assumption about the research and it also depicts the design and the plan for interpreting data.

Creswell (2003) argues that qualitative research is interpretive by nature as it basically entails working with descriptive data of participants, analyzing it to come up with themes, patterns and categories. The researcher makes interpretations and then draws conclusions about individuals’ meaning of a particular phenomenon under investigation. Subjectivity plays a role as the approach entails personal interpretation of the reality.

The paradigm underpinning this research is constructivism. Tracy (2013) maintains that the constructivist approach assumes that reality and knowledge are constructed and produced through communication, interaction and practice by human beings.

This approach focuses on the construction of the reality and the way in which reality is tested and reinforced within a societal framework.

This study adopted the qualitative approach which acknowledges the dynamism of the socially constructed reality resulting in changing beliefs, assumptions and perceptions of individuals as these elements are linked to people's daily rituals, traditions, habits, practices and procedures (Neuman, 2012). The constructivist approach is also considered suitable for a qualitative study since the approach focuses on gathering knowledge and understanding about peoples' way of life, the places where they live or work and the manner through which they construct meaning based on their subjective experiences and interpretation of their situations (Creswell, 2014).

Wilson and MacLean (2011) argue that qualitative research is open to interpretation and also maintain that the subjective elements in this approach are embraced in an attempt to understand the phenomenon being studied. Using language as the medium, the researcher is engaged in describing the events being observed and the participants actively are describing their own experiences of behaviour within a particular context. Therefore, meaning is actively created by participants as the details and facts are constructively unfolding and added to regarding the phenomenon being investigated (Silverman, 2011a). According to Cohen, Manion and Morrison (2009) human behaviour can be understood on the basis of the fact that people are deliberate and creative in their actions and they intentionally construct their meaning which is reflected through the activities they engage themselves in.

Huberman and Miles (2002) emphasize the significant role of the researcher during the construction of reality as being as central as the role of the participant. The participant who tells the story or personal experience is at the centre and the researcher who listens has to come to an understanding about the stories told and the meaning constructed out of those experiences.

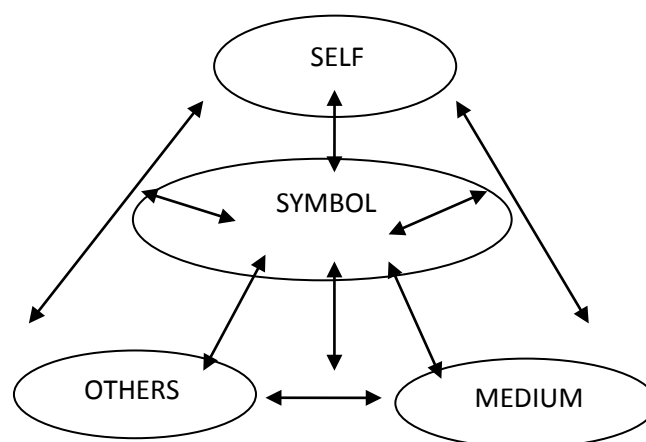
The phenomenon under investigation was the risky sexual behaviours of TVET colleges' first year students in their social setting, that is, in campus residences. The researcher was exploring the behaviours students engage themselves in which makes them vulnerable to HIV infection. This study was interested in understanding

the behaviour of students in residences rather than understanding the causes of the behaviour hence students' perceptions and their own definitions and meanings of their situation were critical to the study (Cohen *et al.*, 2009).

Slavin (2012) argues that constructivism as a theory of learning and knowing describes a process whereby individuals actively discover and transform complex information to make it understandable to themselves. This theory is relevant to the study since students as individuals acquire risky behaviours within a particular culture representing shared meanings and experiences among themselves. They are in their small community which in this study is campus residences.

During focus group and individual interviews students shared their experiences, constructed and contributed their own meaning of their reality, revealing their "the taken-as-shared meanings" as individuals Fosnot (1996: 27). Students as the members of a particular small community were in the process of constructing their new meaning emanating from their behaviours. In this study, the college constituted the milieu with all elements and factors interplaying in meaning construction. Students' understanding of meaning about learnt risky behaviours was interfacing within their social setting (campuses) in pursuit of their new experiences, perceptions and new insights about sexual risk behaviours.

According to constructivism, the self, the significant others and the medium plays as important role Fosnot (1996). This is summarised in a dialectical tripartite illustrated in Figure 3.1.



**Figure 3.1: An illustration of a constructivists learning model**

Source: adapted from Fosnot 1996

Students' residences are students' milieu where there is close proximal social interaction within a particular discourse around behaviours. The environment has great power to shape students' construction of knowledge relating to risky behaviours making them vulnerable to HIV and AIDS. Donald, Lazarus and Lolwana (2014) cite Vygotsky who maintains that knowledge is constructed and passed on through continuous processes of social interaction where the nature of discourse has a significant power in the meaning, experiencing and the learning of new behaviours.

According to Walsham (2001) the constructive method of research adopts a position that acknowledges that reality is socially constructed by human actors. Students are active agents constructing their meaning of life as they interact amongst themselves, significant others and their environment replicating the cultural and thought patterns of a wider community where they belong and by so doing replicating risky sexual behaviours.

### **3.3 Research approach**

Creswell (2003) highlights three approaches to research, namely, a qualitative approach with a constructivist or advocacy or participatory knowledge focus, a quantitative approach with a post-positive knowledge focus and the mixed methods approach with a pragmatic knowledge focus. Pound (2011) makes a distinction between the qualitative and quantitative approach stating that in the quantitative approach, the researcher remains objective as he/she is interested in generalization for the whole population rather than a particular group, therefore structured measurements result in reliable data that can be validated. The qualitative approach has less generalization; instead, the research is conducted to generate theory from the data collected.

According to Lichtman (2014) the qualitative approach emphasizes observational data in natural setting of participants with the researcher taking a reflective stand while with the quantitative approach the researcher is interested in numerical data obtainable in a laboratory involving experiments or surveys of larger groups of participants. The mixed research approach integrates elements of both qualitative

and quantitative approaches with the results culminating in data analysis and interpretation.

Braun and Clarke (2013) argue that the qualitative approach seeks to understand the natural setting of subjects with the researcher aiming to understand the patterns or local meanings of the phenomenon under investigation. The purpose of qualitative research is to describe, understand and interpret human phenomenon, human interaction or human experiences and the researcher's understanding of culture, language and already established meaning influencing the data collected hence the researcher's subjectivity comes into play (Pound, 2011).

The researcher used the qualitative approach and this choice was informed by the fact that the researcher was interested in the lived experiences of participants "in their own natural setting in an attempt to make sense of the phenomenon in terms of meanings participants bring to them" (Denzin & Lincoln, 2013: 7). For example, the phenomenon under investigation was the risky sexual behaviours of students. This study explored this phenomenon by conducting interviews with a group of selected students and individuals on campuses with the intention that they were to tell their stories about their experiences and meaning with regard to their risky sexual practices.

### **3.4 Research design**

A case study research design was employed for this study. A case study entails the exploration and the description of the case through detailed, in-depth data collection methods which may include interviews, observations documents or archival records (Fouche, 2002). A case study was chosen because there was a clear demarcation of the setting for the case to be studied, that is, the researcher intended to explore the risky behaviours of first year NCV programme students who are residing in college residences. These students are young with age ranging between 14 – 18 and with the minimum qualification which is Grade 9. The case study research design enables flexibility and adaptability to a range of contexts in trying to describe specific people, the events thereof, as well as their setting and any other factors which may arise within a particular setting (Leedy & Ormrod, 2005).

### 3.5 Sampling technique

According to Wilson and MacLean (2011) through selecting an appropriate sampling technique the researcher is interested in a particular population but will only be able to get data about that population by doing sampling. Therefore, the process of selecting the participants for the study from a population is called sampling and entities that are selected constitute the sample of a population.

The focus of this study was on students who are doing the first year NCV programme as they have a longer duration of stay which is three years in the college before completing their study programme. Students who were targeted were those who stay in the campus residences as the researcher was interested in getting to understand risk behaviours students engage themselves in, which make them vulnerable to HIV and AIDS especially during their spare time. Time of focus was when students are not in classes, that is, in the evenings, week-ends and during holidays in their residences.

A purposive sampling technique was used in this study since the purpose was to get a sample of participants who met a particular predefined criteria and context (Wilson & MacLean, 2011). The researcher was targeting students who were first-time students enrolled for NCV, sexually active and willing to talk about HIV and AIDS risk behaviours. Cohen *et al.* (2009) maintain that this sampling technique is aimed at participants who possess a particular characteristic that is being sought or participants with knowledge and information about the issue under investigation.

Out of six campuses of the college, only two campuses met the criteria since the college has only two campuses with residences. Students who stay in residences in those two college campuses were invited to attend a 30 minutes presentation on HIV and AIDS and risky behaviours. A written invitation on the notice board clearly indicated that it was only first year students doing NCV programme who were invited to attend. Students signed a letter of consent before a presentation was made to them (See Appendix C).

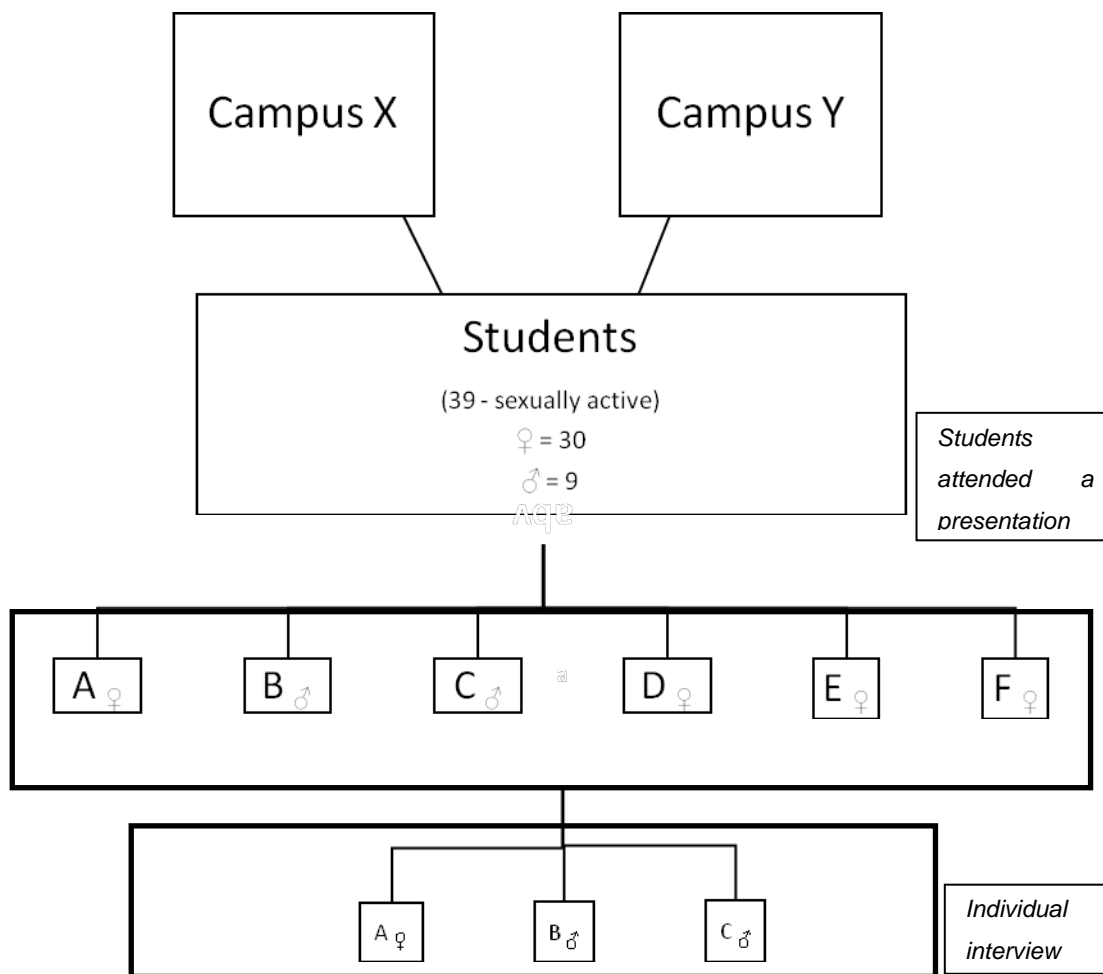
Students who attended a presentation and were willing to be selected to participate in focus group interviews were requested to complete a questionnaire. Those who completed a questionnaire were promised to be contacted to further participate

during interviews if they met the selection criteria, that is, having knowledge about HIV and AIDS and being sexually active.

According to Braun and Clarke (2013) there is no stipulation in terms of the sample size in qualitative research but there are certain factors which are taken into consideration by the researcher in deciding on the size of the sample. This also covers for example, the purpose of the study or what the researcher will be able to do, taking into consideration the nature of the topic of the study. The time he/she has at his/ her disposal to bring about the creditability in the results also remains critical.

Between the two campuses 39 students attended a presentation, 30 females and nine males. Based on students' responses to the questionnaire, the researcher selected six students who best fitted the criteria of being the informants on issues around HIV and AIDS and risky sexual behaviours to participate in the focus group interview. Out of six students selected, two were males and four were females. For the individual interviews three students were selected, two males and one female.

Figure 3.2 is a flow diagram illustrating campuses and students who were purposively sampled for the study. Letters A to F represent students. Symbols ♂ and ♀ represent males and females respectively.



**Figure 3.2: A flow diagram illustrating campuses and students who were purposively sampled for the study**

### 3.6 Data collection

Hannabus (1996) maintains that there are critical factors to be taken into consideration regarding the choice of data collection techniques the researcher intends using including cost, researcher's skill and how far the participants are willing to co-operate. The researcher made a choice of data collection techniques that was going to be followed as outlined below after a thorough consideration of the factors mentioned. Good co-operation by students during presentations minimized costs relating to time and resources.

According to Cohen et al. (2009) the data that emerges from qualitative research is as a result of engaging participants in discussions through interviews in order to find



meaning they attached to situations and getting a clear understanding of what participants are saying, hence the researcher's target was on rich in-depth data to be collected from students who were likely to give information about sexual risky behaviours.

a) Yes	<input type="checkbox"/>	b) No	<input type="checkbox"/>	c) I do not know	<input type="checkbox"/>
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**Figure 3.3: Sample question from the questionnaire**

Open-ended questions in the questionnaire enabled students to elaborate on information. They would describe their own perceptions, experiences and attitudes regarding their involvement in risky sexual behaviours making them vulnerable to HIV and AIDS. For example, they were expected to respond to a question, "Have you had sex when you were drunk? (YES/NO). If your answer is yes, what happened?" (See Appendix D). Students were encouraged to respond as honestly as they possible could.

Responses from the questionnaire were used as a tool to help select purposefully six students (three from each campus) who were then invited to attend a focus group interview in one campus that was chosen by the researcher due to convenience as the two campuses were 200 kilometers apart. Braun and Clarke (2013) argue that for qualitative research a sample may be as small as a single subject since there is no prescription regarding the number of subjects, hence the researcher chose to work with a focus group of six students.

The researcher's decision on the size of the sample was based on factors such as the amount of data she/he wanted to gather, time he/she had as well as the fact that, six as the chosen number of participants would serve the purpose of inquiry at the same time improving the creditability of the results. This idea is supported by Marshall and Rossman (2011) who maintain that focus groups can be as small as four participants and big as twelve participants as long as the participants selected share common characteristics relevant to contribute to the findings of study.

For the six students who participated in the focus group interview, there were thirteen open-ended questions to respond to. These open-ended questions were

used carefully with no clues given to participants as this could have been regarded as putting words in the minds of respondents. For example, “What are your views on multiple partner sexual relationships?” (See Appendix E). Probing questions were used by the researcher to give students the opportunity to elaborate and express their views. The rationale behind using open-ended questions as suggested by Cohen *et al.* (2009) is that they allow for flexibility at the same time affording participants the opportunity to go deeper regarding the matter under investigation.

Three students who had participated in focus group interviews were further selected to participate in the individual interviewing sessions. These unstructured interviews were conducted as a follow up to afford the researcher the opportunity to interact with students on a one-to-one basis in pursuit of in-depth information specifically relating to individual circumstances around risky behaviours. According to Greeff (2002: 298) such interviews allow the researcher to explore the issue at hand in order to “understand the individual’s perceptions, experience, opinions, facts and forecasts and the reactions to initial findings.”

The three students who participated in the individual interviews ended up being from one of the campuses only because students were on strike over bursary allocations and the researcher could not access the other campus. The following is an example of a question the individual participant was asked: “Explain how you would establish the HIV status of your partner before you engage in sexual intercourse.” (See Appendix F)

The researcher was able to build a rapport which made participants comfortable to tell their stories. From both interviews a wealth of information was generated in the language participants were comfortable to use. Participants seemed comfortable with the topic which seemed interesting to them. All of them were students who were sexually active and were ready to share their experiences and perceptions around HIV and AIDS risky sexual behaviours in a group as well as individually.

### **3.7 Analysis of data**

According to Tracy (2013) the analysis process of data begins when the researcher engages with the transcripts, reading and re-reading the data, recording analytical

reflections and reviewing the transcriptions of interviews. The researcher has to organize and prepare the data for it to be user friendly.

Silverman (2011b) cautions researchers to ensure that attention is paid to small chunks of the data which are to be carefully interrogated and analyzed extensively with a focus on sequencing data from interviews, written answers or data from other interactions. The intention is to test findings against the purpose of the study.

Creswell (2014: 184) uses a metaphor of “peeling layers of an onion” to highlight and emphasize how critical the data analysis phase is, with the explanation that this stage of research includes putting data into segments and three important questions are considered, namely:

- Has the researcher coded data?
- Have the codes been developed to form a description and/or to identify themes?
- Are the themes interrelated to show a higher level of analysis and abstraction?

The researcher is to make sense out of the bulk of information collected during the interrogation stage of questions and this is equated to imaging data. The process involves chunking valuable information into a small number of themes with some data out of scope of focus not considered thus disregarded (Silverman, 2011b).

The researcher used the thematic analysis approach for qualitative data that was collected as “this approach entails looking and identifying patterns and themes across whole sets of data that are collected” (Wilson & MacLean, 2011: 551). The initial stage for the researcher was data transcription and once completed, themes were generated across data collected from the responses of focus group interviews and individual interviews.

The researcher organized and categorized data into codes. The coding process included identifying data as belonging to a particular theme, belief or concept. In the process the researcher wanted to get ideas, recurring ideas, patterns and the tone of the ideas from participants. Descriptive keywords were consolidated into categories from the data collected. Categories and patterns were further consolidated into themes which were considered as major findings of the study (Tracy, 2013).

### **3.8 Trustworthiness of the study**

Bowen (2005) argues that a qualitative researcher who opts to use the constructivist approach will probably be looking at the trustworthiness of the study which entails credibility, transferability, dependability and confirmability.

#### **3.8.1 Creditability**

According to Tracy (2013: 235), “credibility of the data refers to the dependability, trustworthiness and expression of a reality that is plausible or seems true.” It is about the confidence one can have in the truth about the findings that can be established when various methods are used. Using the focus group interviews followed by individual interviews the researcher wanted to have data from key informants and audio recorded it for analysis purposes. Therefore, the researcher ensured that participants’ views were accurate as portrayed by them. The creditability of the study was ensured by an audit trail so that findings can be traced back to data collected and analyzed to confirm the authenticity of the study.

#### **3.8.2 Transferability**

The researcher should be able to consider the applicability of the research findings to other settings, or has to determine the resonance of the study such that other researchers can make connections between the findings of the study and those of their own (Tracy, 2013). The researcher presented rich information of the phenomenon being studied. This was achieved through carefully selected participants who were key informants on HIV and AIDS, risky sexual behaviours and being sexually active. Transferability in this study relies on the opinion of the readers which can be attained when readers relate the findings of this study to their own experiences, situations or circumstances.

According to Braun and Clarke (2013: 282) transferability goes with the term flexible generalization and they maintain that,

“the key to enhancing transferability of a study is to describe the specific contexts, participants, settings and circumstances of the study in detail, so

that the reader can evaluate the potential for applying the results to other contexts or participants.”

In this study the researcher was able to make such descriptions clearly with the intention that other readers could relate to them and be in a position to apply contextual factors and study findings to similar situations or cases.

### **3.8.3 Dependability**

According to Denzin and Lincoln 1994 cited in Bowen (2005: 216) dependability “refers to the stability of findings over time and conformability to the internal coherence of the data”. This has to do with the fact that the same results would be arrived at if the study was repeated in a similar context. The researcher needs to provide various research steps and justifications of the proceedings followed to ensure the dependability and trustworthiness of the study. Dependability in this study was ensured by including appropriate research questions, research aims and research design as well as developing an audit trail which could be traced (Marshall and Rossman, 2011).

### **3.8.4 Confirmability**

Confirmability “refers to the degree to which results could be confirmed or corroborated by others” (Lichtman, 2014: 387). This has its claim on the fact that results can be supported by the readers or participants. The researcher ensured confirmability by conducting a final interview with six students who were the participants in the study giving them an opportunity to listen to the presentation of findings of the study and they had an opportunity to make comments.

### **3.8.5 Research ethics**

Ethics are essential moral principles of research to safeguard the rights of the participants. Marshall and Rossman (2011) highlight these principles as including respect for participants taking into consideration their right to privacy, confidentiality and anonymity and their right to participate and withdraw from the study anytime if they feel uncomfortable. The ethic of beneficence states that participants may not be harmed by being involved in the research hence informed consent becomes an issue of paramount importance.

The researcher made an application to UNISA CEDU seeking permission to conduct the study and all ethical considerations were looked into by the committee and permission was granted that such a study may be conducted. The reference number on the approval certificate is 2015/04/..../15/MC (see Appendix G).

### **3.8.6 Informed consent**

This affords the researcher the opportunity to explain the nature, the purpose and the procedures of the study and expectations of participants (Litchman, 2014). The researcher obtained the consent of students and they were informed that their participation was voluntarily and that they could withdraw from participating in the study at any time if they were no longer comfortable to proceed as participants. Participants were above 18 years of age. Issues of confidentiality were also discussed and pseudonyms were used to protect their identity as the study involved interviewing them on a sensitive topic. Students agreed to sign consent letters (See Appendix C). During interviews permission was requested from participants to use audio tape so that all the details of the interviews were captured for later use during data analysis and students agreed.

Creswell (2003) warns researchers about other stakeholders who may be part of the audience and repercussions of involving other stakeholders in the study, for example, campus managers who oversee the management of student residences. A letter requesting permission to conduct a research in the two campuses with students' residences was sent to campus managers and they gave permission (see Appendix B). In this study other stakeholders were the college management. The

researcher was very much aware of that fact hence ethical considerations were extended to the management. Colleges operate under the auspices of the Department of Higher Education and Training but with college Principals given the custody to manage colleges which have campuses. A letter requesting permission was written to the college Principal and he gave informed consent that the study could be carried in his college (see Appendix A).

### **3.9 Summary**

In this chapter constructivism as a paradigm informing the study was discussed. The research designs, approach and methodology relevant followed in this study were presented. The sampling technique, data collection and data analysis were explored. The chapter was concluded by a discussion on the trustworthiness of the study, ethics and informed consent. In the next chapter data analysis and discussion of findings is presented.

# **CHAPTER 4 : DATA ANALYSIS AND DISCUSSION OF FINDINGS**

## **4.1 Introduction**

The main focus of this chapter is on the analysis of data that was generated during interviews. It also provides the discussion of the main findings from the data collected. The aim of the study was to explore HIV and AIDS risk behaviours of first year students at Technical and Vocational Education and Training colleges. It is the results from data analysis that outlines the achievement of aims of the study.

## **4.2 Data analysis**

Data analysis entails the techniques of interrogating data collected, organizing, restructuring and ordering it to useful information. Punch (2014) outlines processes involved during data analysis as reduction of the bulk of information, organizing it into themes for display, interpreting as well as verification of findings. During data analysis the researcher takes cognizance of the purpose of the research, that is, what he/ she intended to achieve by conducting the study. According to David and Sutton (2004) data analysis includes data reduction and it becomes paramount for the researcher to revisit the objectives so that the study does not lose direction.

In qualitative research details of information is gathered through focus groups, individual interviews as well as observations and coding is used during the analysis of data. According to David and Sutton (2004: 195) "coding involves the identification of common themes (words, phrases, meanings) within the data being analyzed." Qualitative research answers the questions of the 'how' and "why of peoples' behaviours in their social setting, therefore data analyzed should elucidate the answers to these questions.

According to Creswell (2003) data analysis begins when the researcher starts engaging transcripts of data collected, reading and re-reading to make sense of information collected including formulating descriptive words for topics. Topics are



coded and data belonging together is categorized as preliminary analysis. Sarantakos (2013) emphasis the spiral nature of data analysis as the researcher is in the process of reducing, refining, confirming and interpreting data and going back to data collection until data saturation is finally arrived at.

### **4.3 Findings and discussions**

According to Harding (2013) for the data analysis, the researcher draws conceptual themes from different sections of the transcripts of data collected. This is achieved when the researcher using the qualitative approach revisits, re-reads and re-analyses the script. From the data analysis in this study the following themes emerged:

- Freedom of being away from home;
- Peer pressure;
- Casual sexual relationships;
- Multiple-partner sexual relationships;
- Transactional sex;
- Knowledge and attitudes towards condom usage and
- Knowing the status of the sexual partner.

In most cases one theme had a causal effect on another. In the analysis and discussion of findings that follow, incognito names are used when quoting what participants had to say. The following names appear during the discussion of the findings: Sizwe (♂), Mzamo (♂), Amahle (♀), Zanele (♀), Mabongi (♀) and Khumbu (♀).

#### **4.3.1 Freedom of being away from home**

All participants who were interviewed during the focus group interview and individual interviews agreed that admission to the college and being allocated a room in the residence was exciting for them as students and it gave them a sense of freedom as parents were no longer there to watch and reprimand them.

According to Makhaza and Ige (2014: 500) life in tertiary institutions comes with a sense of freedom and excitement for students and in most cases “parental advices

are quickly forgotten” as peer pressure kicks in, the moment they meet new friends who talk the language that is inviting, emancipating and that students can identify with.

During the interviews, Mabongi (♀) attested to this and said:

*As first year students in the college that is where we feel free, free from being at home, from the control of our parents, free away from someone you know, free to do whatever you like.*

Amahle (♀) agreed with Mabongi (♀) that they celebrate the freedom of not staying at home and said:

*I come from a very strict home and my parents want nothing else except talking about going to church.*

In some instances, this freedom is coupled with ignorance as sometimes parents find it difficult to talk to their children on sexuality and other related topics like HIV and AIDS, STIs, pregnancy and contraceptives (Mcutshenge, 2012). It is this freedom that one of the interviewee believes results in risky behaviours like engaging to sexual intercourse. Zanele (♀) had this to say,

*So again you meet some new friends. Most of us we go partying a lot and then uhm. It's where you see a guy, just remember it's the first time that you went out and one thing leads to another and at that point you are drunk.*

Over protection by parents can be a problem, especially children raised in traditional families where children are not allowed to have boyfriends and girlfriends. Children are deprived the opportunity of learning how to be risk takers and then learn from those risks (Ungar, 2009). When an opportunity for engaging in dating and other activities relating to dating avails itself, children grab it and in some cases are not able to calculate the risks involved thus putting themselves at higher risk of contracting HIV and AIDS.

According to Amahle (♀), she could not wait to experience the freedom of leaving home and the college afforded her with exactly that opportunity. She declared that:

*I was always looking forward to be away from home and live my life as I want. When I first arrived at the college I was prepared to have a boyfriend. I go partying and sometimes as girls we have sex with people we meet for the first time. We do things according to their terms and conditions as they buy us alcohol, even if it means unprotected sex.*

For some students, home is a dire situation and being away from home presents a sense of freedom for students while at the same time they do not know how to take responsibility for it. According to Ijadunola, Abiona, Odu and Ijadunola (2007) cited in Reddy and Frantz (2011) to some students, freedom comes with an optimistic bias and with the invincible attitude that they may not contract the disease with this leading to more patterns of sexual risk taking.

#### **4.3.2 Peer pressure**

According to Ajzen and Madden (1986) the theory of reasoned action seeks to explain behaviour in terms of intention. One of the predictors of intention, according to the authors, is perceived social pressure to perform or not to perform a behaviour. Santor *et al.* (1999) look at behaviour resulting from peer pressure as age mates are persuaded and actively urged to think and act in a particular way for conformity sometimes leading to misconduct and antisocial behaviour.

In this study the impact of peer pressure when parental guidance and protection is no longer present was highlighted by all participants as the problem students are experiencing causing a seriously negative impact especially when they are new in the college. It also came out that some students are bullied and ridiculed for not being involved in relationships. Eventually they succumb to the pressure in order to prove to peers that they also have what it takes to have a date.

Participants cited cases such as ending up engaged in multiple-partner sexual relationships without planning, with unprotected sex, because they want to prove to

friends that they are not different from them. As a result of absence of supervision and emotional support from adults, they listen to and believe their friends when they are in the college. Those friends will sometimes give advice such as that it is cool to have more than one girlfriend or boyfriend at a time.

Zanele (♀) sharing her personal experience during an individual interview said:

*Peer pressure is the most powerful thing that pushes us to do things sometimes we don't even like. I ended up in the college having a boyfriend which I did not love because I had pressure with my roommate who had things I did not have. I got involved with him sexually and he did not want us to use a condom but because I needed money and have things like my roommate, I couldn't refuse.*

Sizwe (♂) had this to say:

*I have sometimes proposed a girl to prove to my friends that she will fall for me. Especially when we are out for an excursion and we meet for the first time. I would do this to prove that nami ngiyakwazi ukuba nedate (I can also have a date) and this sometimes lead to having sex even without protection.*

Mzamo (♂) added that friends sometimes team up against a student who does not want to get involved in relationships and will have comments like “*you think you are clever and we will show you.*”

Behaviours amounting to bullying have been raised as a concern with serious consequences for the community at large as it is experienced also in communities by youth, adults and children. According to Espelage (2014) bullying and peer victimization in schools and institutions of higher learning comes in different forms including physical contacts, for example when a student is kicked or hit. Raineri, Frear and Edmonds (2011) portray bullying as a demeaning behaviour prevailing within academic institutions resulting sometimes in character assassination.

Utterances of bullying as attested to by Mzamo (♂) above are typical examples of such incidences where repetitive nasty and unpleasant comments and threats are verbalized with negative consequences which have short or long term impact. The results in this study show that verbal bullying is sometimes affecting college first year students as they find themselves pushed to engage in unplanned risky sexual behaviours in fear of demeaning, belittling and humiliating utterances.

Peer pressure places students in a vulnerable position of getting involved in unplanned relationships in efforts to solicit approval and acceptance, in turn that puts them in a vulnerability state of contracting HIV. Santor *et al.* (2000) ascertained that peer pressure and peer conformity measures were found to be stronger predictors of risk behaviours such as substance abuse, dating attitudes and sexual behaviours in the study that was conducted among adolescent boys and girls.

According to Dielman *et al.* (1987) peer pressure is cited as an important factor during the development and acquisition of knowledge by young people. Slavin (2012) maps modeling and observational learning as critical motivators for learning and reproduction of behaviour hence the role of peers can never be underestimated in the acquisition of behaviours placing students in a vulnerable state of contracting HIV and AIDS.

Two concepts are eminent with peers and have a bearing on the behaviour of students, that is, conformity and modeling. According to Lashbrook (2001) peers serve as a normative group setting behavioural norms and values that are modeled within a particular community and they also set standards for benchmarking against which students would compare themselves with an urge to conform. Such norms and standards set amount to direct and indirect mechanisms which result in students engaging in risky behaviours placing them at risk of acquiring HIV.

#### **4.3.3 Casual sexual relationships**

People hold different views regarding casual sexual relationships versus steady sexual relationships. Serovich and Mosack (2003) explain a casual sexual relationship as being engaging sexually with a partner for that moment on one day or

a one night stand with no strings attached regarding that sexual relationship. This study focused on casual sexual relationships, that is, sexual engagement between college first year students and/or significant others who cannot be regarded as steady girlfriends and boyfriends or main partners.

Out of six participants who participated during focus group interview, only one participant declared to be in a steady relationship. The rest of students cited mobility as they left home, now in the college and sometimes on holidays visiting places as the reasons for them ending up in casual and or unexpected sex and in multiple-partner sexual relationships. The person they date at home is for the period when a student is back home on holidays. In the college they find new partners. If they attend parties, they get casual sexual partners. When they visit places over holidays they also find sexual partners with no serious strings attached.

For example Sizwe (♂) said:

*I like to take trips and visit places. For example my brother is working at North West Province. I was there visiting him during holidays. I got a partner, I ended up sleeping with her. I am at the college I do have a partner and also at home I do have a partner. So, for me not staying in one place, lead me to have casual sexual partners. But I am not proud of that because I know it is wrong and it can make me to be infected by HIV.*

A number of reasons were cited by participants to justify for casual sexual encounters. For example Amahle (♀) said:

*For now I am in a casual relationship because things did not work out with my previous boyfriend. I decided to have casual relationships because I don't want to get attached to someone as I am avoiding being disappointed again.*

In the study conducted by Wentland and Reissing (2011), 64% of university students were engaging in risky behaviour and they termed it a booty call since it is a short-term communication resulting in a relationship with the intention of having sexual intercourse only. Khumbu (♀) had this to say regarding getting involved in a casual

sexual relationship, *“if someone cheats on me I don’t care. I go for another one, the one that comforts me”*

Students cited that they get involved in casual sexual activities to conform with friends especially when they are partying. To attest to this Mabongi (♀) said:

*When we go out to parties as friends it happens that other girls have partners. You are there you did not bring a partner. You cannot be alone when the other friends are with their partners. You end up forcing yourself to a person you don’t like and sometimes you end up having sex with him.*

Van Empelen and Kok (2006) confirm what the above participants have said, that casual sex is a sexual encounter which presents itself unexpectedly for example when a person is on holiday or at a party. This is seriously risky sexual behaviour which makes students vulnerable to HIV infection.

Participants mentioned that campus residences do not have entertainment facilities and as a result, students sometimes get involved in casual sexual relationships to kill boredom. For example, Amahle (♀) said:

*As students when classes have ceased in a day we get bored in residences. There is nothing interesting like we are doing, there are no sports and entertainment. Yah, boredom really kills us. I had to find myself engaged in these things. I have been engaged sexually to some guys I don’t really love.*

Students in campuses are already isolated from a bigger community and are in their own cosmic space where they construct and share their own meaning and understanding relating to their behaviours. As college students explore, they create their own social norms which sometimes lead them to vulnerability and learning of risky behaviours.

#### 4.3.4 Multiple-partner sexual relationships

According to Carter, Kraft, Koppenhaver, Galavotti, Roels, Kilmarx and Fidzani (2007) multiple-partner sexual relationships as a practice involve the engagement sexually by a person with more than one sex partner and such relationships will be happening one after the other or at the same time. Such relationships are also known as concurrent sexual partnerships and they are regarded as one of the main avenues for the spread of HIV.

Different people would provide different reasons for this kind of behaviour, including sexual dissatisfaction and engagement for transactional purposes (Mah & Maughan-Brown, 2013). Unlike casual relationships which are marked as hour(s), one day or one night flings, multiple sexual relationships are steady and one or both partners engaged may or may not be aware that in that relationship there are also other side track sexual partners (omakhwapheni).

MacPhail, Williams and Campbell (2002) posit that there is a correlation between the number of sexual partners, reckless sexual behaviour, levels of condom usage and peoples' vulnerability to getting Sexual Transmitted Infections (STIs) and HIV infection. Those who have more sexual partners are being more vulnerable to STIs and HIV infections.

In this study the reason for college first year students being involved in multiple-partner sexual relationships came out strongly interlinked to the fact that students were in a college environment away from partners they left at home. Students articulated that multiple-partner sexual involvement was not a good thing though they were practicing it.

Amahle (♀) had this to say:

*It is not okay to be involved in a multiple-partner sexual relationship because even if I use a protection which is a condom with my partners but I am not 100% guaranteed that I am protected. But what pushed me to this was finding out that my boyfriend was cheating on me and now I don't care, I go for*



*another one who knows we are cheating, the one I cry on his shoulder and comfort me ... this is very true.*

Zanele (♀) added on what Amahle (♀) said and had this to say:

*Many guys are lying a lot and always say you are the only one and they are not sleeping with anybody but with you only. Once you discover that he has been cheating on you, you also get involved in another relationship and that's how I also started cheating.*

Peer pressure also came out strongly as the reason pushing students to engage in this kind of relationship. Mzamo (♂) said that he has many girlfriends because he had to prove to friends that he can also have them just like them. He had this to say,

*You see your friends may be having two or three girlfriends and that causes a competition between me and them. I engage to multiple-partner sexual relationships to prove that I can also have many girlfriends just like them.*

Multiple-partner sexual relationships were also linked to transactional sex as sometimes students get involved with sugar daddies and sugar mummies (blessers or benefactors) because of poverty, for things and/or monetary gain whilst they continue to have sexual relationships with their age mates.

From the participants Khumbu (♀) said:

*I have my partner who is my age and my sugar daddy at the same time. To be honest I don't love this sugar daddy, I don't love him at all. But because of the things he buys me. He treats me like a queen. Ya, it is exchange in a respected way. I am to him with no strings attached because I always ask myself where are the women of his age.*

Multiple-partner sexual relationships exist with a socio-economic dimension playing a contributory role to the practice. Amongst students, different views around multiple-partner relationships were aired. This practice was common to both male and female

students with reasons such as peer pressure, competitions and monetary gains being cited. According to Mah and Maughan-Brown (2012) the practice seems to dominate in certain sub-populations in South Africa and this is concerning as the country faces high rates of HIV and AIDS infected people.

#### 4.3.5 Transactional sex

The findings in this study regarding transactional sex had pointers towards benefactors as a practice common with college first year students. According to The Ultimate Sugar Dating Terminology A-Z (n.d.), the practice of sugar daddies and sugar mummies who are benefactors or “blessers” is quite common today as the whole concept of sexual encounter comes with a budget to spoil in the sugar lifestyle scene. Two participants who were male students and who were at some point involved with cougars pointed out that Ben 10s or sugar mummies stories were common in the college. They mentioned that unlike girls with their sugar daddies, it is sometimes hard for them as males to approach an older lady as you would be afraid of being disappointed if she is not into “blesser” practice.

For example, Mzamo (♂) said:

*I dated a woman who was older because I wanted someone who was going to give me money, like when I needed some money or to buy me an expensive phone and buy me brand clothes. But the relation lasted only two years because we encountered problems due to distance in our relationship when she moved to work in another place and we hardly found time to be together, that's what led us to end our relationship.*

Sizwe (♂) had to say:

*Yes, I've been a Ben 10 once in my life. An old lady used to say to me, come and visit me in my house. She was staying alone. When I visited her, we used to have fun and had sex and I would sleep in her house. She used to buy me clothes and she used to give me money. When I was sick and tired of being her Ben 10 because she did not want me to date another woman. I said to*

*her, can we stop now. She said yes but bring everything I had bought you. I forced myself to be with her. Eventually I decided to leave the area and ignored her when she was phoning me.*

Most of the female participants also agreed that they are involved with sugar daddies whilst at the same time they are dating their age boyfriends.

According to Zanele (♀):

*I do have a sugar daddy - it is very nice having him because he is more matured. He treats me well like a princess. I get whatever I want, whenever I want. He is the person who loves having fun like taking me to the beach. I am getting clothes, even though my parents provide. I always want more. So it is nice having a sugar daddy. But in my home village, I have my boyfriend who is the same age as I.*

Mabongi (♀) also had this story to share:

*I got involved in a relationship with this sugar daddy because I wanted money. When he approached me, I could see that, hayi (no), I don't love this guy, he was not even my type, not my type at all, but he had all the money, any one could ask for. I told myself I will pretend that I love him, but inside me I knew it was not a relationship but exchange for his money.*

Another reason for having a sugar daddy cited by Amahle (♀) was:

*We girls siyayithanda icompetition kakhulu (we like competition), unlike boys that is why we involve ourselves with sugar daddies, but the problem, things are done on their terms. For example, you cannot insist on using a condom if he does not want it, that is a problem. Therefore, ndiyanyamezela (I endure) my sugar daddy though ndindamthandi (I do not love him). It is only for the things he buys for me.*

Transactional sex is not only monetary, that is exchange of hard cash as indicated above by participants. It can include buying of clothes, accessories like cellphones, air-time, to as far as alcohol. It came out from interviews that students have sex during week-ends in exchange for alcohol. When they are drinking alcohol they get intoxicated and tend to have sex without commitment.

The students cited hunger due to inability to afford to buy food as another reason some students indulge in transactional sex.

Khumbu (♀) shared that:

*Girls who stay in college residences sometimes get involved sexually with male students they don't necessarily love. This happens in most cases mid-month when food is finished and we girls don't have money to buy it. But it's a private thing, when they do it normally and the agreement is, you don't ever tell someone about this.*

In the study by HSRC (2014b), socio-economic status of students in TVET colleges was in the spot light as the financial situation in households was unpacked. The results highlighted the most important factor is that a substantial number of students in campuses could not afford buying themselves food and clothes. Therefore, their involvement in risky sexual behaviours emanates from the fact that they are struggling to keep up with human basic needs due to challenges escalated by poverty.

Poverty and financial distress of tertiary students is among the Government's priorities of education. It is against this background that the Minister of Higher Education and Training, Dr Blade Nzimande, pledged to strengthen efforts alleviating poverty of college students through NSFAS and Sectoral Education and Training Authority (SETA)s engagements on bursary provisioning (Nzimande, 2014).

According to Leclerc-Madlala (2004), the issue of transactional sex can be understood and illustrated by a continuum where rewards can be generally

understood as wants towards one pole of the continuum and also needs towards the other pole of the continuum.

#### **4.3.6 Knowledge and attitudes towards condom usage**

According to Peltzer, Oladimeji and Morakinyo (2003) condom usage is becoming popular and there has been a dramatic increase in usage and they remain an important deterrent for STIs and HIV infection. At the same time condom usage will always be linked with a person's belief system and attitude. According to Mahat and Eller (2009) factors like knowledge relating to HIV and AIDS, cultural norms relating to sexual practices, people's beliefs influence a particular attitude a person adopts and in turn results in a particular behavioural pattern.

Ocansey (2006) contends that high levels of knowledge about HIV and AIDS and its transmission has not yet led to a conclusive opinion regarding attitude and behavioural change and its impact on vulnerability towards HIV and AIDS infection. Hingson, Strunin, Berlin and Heeren (1990) maintain that people who are believed to be more susceptible to HIV infection are more prone not to see barriers to condom use and hence become consistent in its use.

All participants in this study had a negative attitude towards condom usage. The same sentiments of negativity about condom usage were found in the summary report on research that was conducted on HIV and AIDS related knowledge, attitudes and behaviour of students and staff in TVET colleges (HSRC, 2014c). When the attitudes of the college students were explored, 50% of male students revealed a negative attitude towards using condoms and they felt that sex with a condom was unnatural and it changed the drive to reach orgasm.

According to HSRC (2014b), 30% of students who participated in the TVET colleges and risk behaviours had a negative attitude towards condoms usage and remarked that condoms changed the sensation of reaching the sexual climax and they were of the opinion that condoms should be used if one is having sex with a person who is not a straight partner, just a casual sex partner. This could be perceived as the risk behaviour encouraging the spread of HIV and AIDS.

In this study participants shared different views on the use of condoms. Mabongi (♀) shared her opinion regarding her attitude and reasons why she uses a condom:

*What I am telling you, the reason that makes me wanna use condom, it's just because of the risk of getting HIV, otherwise if there was no risk .... There is a lot of things involved and have a negative impact.*

It came out that college participants do not necessarily like to be involved in unprotected sex because they knew that this puts them at risk of getting STIs and HIV infections, but surprisingly, out of six participants in the focus group interview, only one came out and said that it was only once where he did not use the condom and that was on his first sexual encounter, otherwise he does not take chances and have unprotected sex. The rest of participants admitted that they sometimes have sexual intercourse without the condom.

Mzamo (♂) was the only participant who insisted that he has used a condom consistently. He shared his feelings about using a condom and said:

*Yoh on my side using a condom, I don't like it but it's a must, yoh considering the outcome of not using it ... If there were no negative consequences, I wouldn't be using it at all.*

Amahle (♀) said:

*In my experience, honestly I don't like to use a condom, you can't chew the bubble gum in its paper ... like, because there is no taste. Yah, we want the real taste of the bubble gum. Which means I do it without having protection and it is known fact that I am at risk of getting HIV.*

Khumbu (♀) linked her risk behaviour of not using a condom with alcohol consumption and she said:

*I sometimes drink alcohol and you know alcohol puts you in a place where sometimes you cannot remember your name and it also makes you hot. I sometimes only realise after having sex because you can feel as a woman if you had sex and feel bad that I can't give the details of what happened.*

Zanele (♀) supported the previous participant that alcohol has an influence on them engaging in unprotected sex and she said:

*We are bored in the college therefore sometimes visit the taverns, especially during weekends. A guy will offer to buy me alcohol in exchange of sex, this happens without necessarily him proposing. He will buy alcohol we drink and .... Because he bought you alcohol he refuses to use a condom.*

Different writers report on different reasons people use or do not use a condom. Kumarasamy (2004) argues that it is seldom for people to use condoms when they are in long-term steady relationship because sometimes a sense of commitment and trust has been established. Condoms' availability is sometimes a challenge especially in rural areas. Participants in this study jointly voiced their serious concern around the fact that even if they wanted to use condoms, condoms are not provided within college premises and they can only access them through clinic visits.

Kelly and Parker (2000) concluded from their research that the duration of a relationship has an influence on condom usage that is, the longer people are in relationships, the more likely they are to stop using condoms. This is attested to by the findings of the study conducted by Mixer (2011) where participants indicated that with increased length of time in a dating partnership, trust developed and that informs a decision regarding use or insist on the use of a condom when engaging in sexual activities. Therefore, the longer the duration of a relationship, the slimmer were the chances of using a condom.

#### **4.3.7 Knowing the status of the sexual partner**

In this study, participants were asked to respond to whether they talk about their HIV status with their partners before they become intimate and have sexual intercourse. The timing of this study, and this question in particular, was interesting because it was soon after the launch on their campuses of the tertiary students' project called "First Things First" (Know Your Status), a programme initiated by HEAIDS for TVET colleges and universities encouraging students to go for HIV testing to know their HIV status. For this reason, the response could be considered as an evaluation of the knowledge they acquired through that programme and their actual practice. The results of this study indicate that participants were engaging sexually without using a

condom which was putting them at risk of getting infected by sexually transmitted diseases, such as, STIs and HIV. At the same time, they all had never discussed the issue of HIV status with their partners before sexual intercourse.

The most important reason cited for non-disclosure by participants was that they were afraid to talk about their HIV status. They were sceptical that should partners find out that they are HIV positive they may be subjected to ridicule, discrimination and non-acceptance. This still occurs today in some communities and families, as people who are HIV positive are sometimes not supported but rather isolated instead. Out of six participants, only two participants indicated they knew about their status. This is what participants had to say regarding their status.

Mabongi (♀):

*I don't know about my HIV status, the reason being that I am scared to find out. If I go and find out, oh my gosh, and know that I got HIV, I know I cannot cope with that at all.*

Sizwe (♂) concurred with Mabongi (♀) and added that he does not know his status and further added that, he wouldn't mind going for HIV testing but was worried that where he would access ARVs if he found out that he is HIV positive because the college does not have a health facility. More than half of participants agreed that sometimes the attitude of health professionals in clinics was not welcoming and motivating to them as students to visit community clinics.

Amahle (♀) shared with the group what she has observed:

*At the clinic next to the college, I have noticed that the attitude of some nurses is bad. I had an experience where a nurse was shouting, sikhathela abantwana basecollege (we are tired of college students) who come for STIs treatment. I felt so bad and asked myself if they were to find out that I am HIV positive then what would she be saying.*

Khumbu (♀) added and said:

*Some nurses from izilalini (villages) who know you, still talk and spread news that so and so is positive. Sometimes there is no confidentiality about the results of patients.*



She further alluded to the fact that as the college does not have a clinic facility, they are not comfortable to stand in queues at public health clinics that would make it obvious that they were coming to access ARVs and therefore they would rather not know their status. Participants in this study felt disclosure when one finds out that he/she is positive was not possible since they don't trust one another as students.

For example, Zanele (♀) said:

*I won't tell anyone because I don't trust people. I am afraid that here on campus, some students will be pointing at me, saying look at her, she is HIV positive.*

Participants also mentioned that talking about HIV status is problematic especially in relationships where they are sugar pups and sugar angels because they are overpowered by their benefactors. One female participant said that she once tried to find out about the status of her sugar daddy and unfortunately he turned and scolded her angrily and shouted that it meant she did not trust him and that terrified her and she had to apologise. Therefore, the question of power comes into play when such issues are to be discussed and the age gap makes girls or boys feel inferior and unable to take a stand and challenge the old partner.

Participants also indicated that from their experience, it is difficult to get the truth if you ask your partner, as there is no honesty. A person will say "I am negative" knowing very well that he or she is positive. As students they have no means of pushing partners for testing so as to be sure of the partners' HIV status.

From participants' deliberations regarding disclosure of HIV status, it is clear that the prior issue is willingness of a person to be tested for the virus. The whole notion of disclosure raises a question around the importance of education regarding the mental preparedness for a person who wants to disclose including capacity building to assist that person to deal with the negative impact should the consequences be contrary to one's expectations. This matter also becomes a societal issue as community empowerment remains paramount in dealing with issues of stigma and acceptance, care and support to people who disclosed once they are tested and find out that they are HIV positive.

Paxton (2002) conducted a study regarding disclosing of HIV status. Participants reported that it was a frightening exercise which required serious motivation and strength as the fear was that when others found out about their status they would be discriminated against. Hence she advocated the importance of training, counselling and support as necessary conditions around disclosure.

In the study by Serovich and Mosack (2003: 73) participants were asked whether after testing positive they told someone about their HIV status. They found that 23% of respondents indicated that they told no one about their status and 40% told some people but not their partners. The reasons provided by those who did not disclose at all, was that they felt ashamed about being positive. This study pointed out that disclosure implies that participants have to tell their partners about everything regarding their current and previous sexual behavioural patterns including casual sex.

According Serovich (2001) disclosing HIV status comes with costs relating to negative social and emotional consequences which become stressors. Stressors include experiences such as being looked down on, discrimination, isolation, rejection by their loved ones. If there were no such negative consequences, individuals who are HIV positive would be more willing to disclose as doing so could pose very little risk and would not harm them.

Regarding HIV status Zanele (♀) had this to say:

*It's like when someone is proposing love, it is not easy to ask, what is your status, I have never done it before. HIV status normally comes last. 'Cause firstly you start by dating, yah then, you engage yourself sexually, may be after that when you did not protect yourself, thinking of what you have done and feeling guilty, you will then ask like "what's your status" and the response I always got was "I am negative, don't you trust me" and my response was like, "yah I trust you".*

Whilst Mzamo (♂) had to say:

*I find it very hard to talk to my girlfriend about our HIV status and even cannot suggest that we go and do HIV testing. What if I test positive, I am afraid that*

*she's gonna dump me and may be she's gonna go around telling people about my status, so it's quite difficult for me to talk about it.*

From the findings of this study it has come out clearly that students are not ready to disclose their status. Writers like Simoni and Pantalone (2004) are in favour of people talking about their HIV status openly, because then it could be easier to encourage adherence to safer sexual practices and this could be linked to consistent condom usage.

#### **4.4 Summary**

In this chapter the analysis of data and the discussion of findings were presented. The findings were discussed under seven themes, namely, freedom of being away from home, peer pressure, casual sexual relationships, multiple-partner sexual relationships, transactional sex, knowledge and attitude towards condom usage and knowing the status of the sexual partner. From the findings of this study first year college students seem to be on their own grappling with the challenges of HIV and AIDS. They have knowledge about the disease but there are no interventions to support them so an AIDS free generation in this community remains elusive as students seem to continue with risky behaviours which make them vulnerable to HIV and AIDS and are scared to test and talk about it with their partners.

# **CHAPTER 5 : INTERPRETATION, RECOMMENDATIONS AND LIMITATIONS**

## **5.1 Introduction**

The concept of technical colleges has been around for sometimes but Technical and Vocational Education and Training (TVET) colleges are fairly new with their programme offerings which accommodate high school equivalence such as National Certificate Vocational and post-matriculation programmes such as Report 191, skills and learnerships. The knowledge obtained from this research study should assist with filling gaps that exist in previous research conducted around issues of HIV and AIDS and students in TVET colleges.

The aims of the study were:

- (a) To establish what are HIV and AIDS risk behaviours of first year students at Technical and Vocational Education and Training colleges.
- (b) To explore students' experiences regarding their engagement in sexual activities that put them at risk of getting HIV.

## **5.2 Interpretation**

### **5.2.1 Freedom of being away from home**

Different responses from students who were participants revealed that being enrolled at a tertiary institution brings with it a sense of emancipation from parents' supervision as they commence with their studies in institutions of higher learning. Most participants indicated that they couldn't wait for the moment they left their parents to be on their own and be able to make their own decisions. Parental supervision and parenting styles seem to have had a significant impact on the way children presented themselves in tertiary institutions away from parents.

Social Cognitive Theory (SCT) speaks to learned behaviour through observation and modelling playing a critical role in the empowering of an individual to figure out what action and direction to take in a new environment (Bandura, 1988). During interviews

it was clear from the participants that students who were raised by good role models were not easily pressured into sexual activities by their peers. The opposite was the case for students who were not well raised therefore involved in sugar daddy or mummy (cougar) and the benefactor or blesser phenomena. Sugar daddies and sugar mummies were found wealthy and had the budget to spoil sugar pups and angel babies (The Ultimate Sugar Daddy Dating Terminology A-Z,n.d.). One of the participants mentioned that his elder brother is a mentor to him who talks to him about the dangers of risky sexual behaviours. Therefore, no matter how friends criticise using a condom, he always ensured that he never engaged in unprotected sex and has always remained with one sexual partner.

In line with SCT is the notion that people learn by observing others. Participants away from home were exposed to different behaviours modelled by fellow students in residences. This implies that as students were exposed to risky sexual behaviours, witnessing such behaviours cognitively and socially had an influence on the behaviours they learnt. The interplay between students' family background and their new environment, that is, campus residence, was critical in influencing a student in their decision regarding what to do and the choice of friends and behaviours.

### **5.2.2 Peer pressure**

Peer pressure to some extent contributed to students' vulnerability to harmful behaviours including substance abuse and risky sexual behaviours. The college environment made students less dependent on adults' advice and more dependent on what peers told them and what they did. One of the constructs of SCT is observation and it is evident from this study that students were observing, witnessing and imitating behaviours of their fellow students.

The TVET college NCV first year students mostly are at an adolescent stage and they are yearning for positive evaluation and acceptance by their peers. According to Novak and Crawford (2007) students may show this by the way they talk, walk, dress and will even be willing to modify behaviour to earn recognition and acceptance from peers. Students highlighted competition and the disposition to desire things even if they themselves could not afford them. They found themselves therefore pushed and

ended up imitating their friends who might have older lovers. This happened even if it meant participating in behaviours that placed them in a state of vulnerability.

In this study participants explained that their social life was strongly influenced by peer pressure as they would watch their peers presenting an appealing life style which was desirable to imitate. This included going out partying thereby getting exposed to alcohol misuse, at times abuse and ultimately unplanned sexual encounters. Students attested that as they are out for partying they get hooked up to the sugar bowl, that is, sugar lifestyle involving sugar daddies and sugar mummies (cougar) dating scenes for transactional purposes (Ultimate Sugar Daddy Dating Terminology A-Z (n.d.). For youngsters these elders are termed “blessers” as they raise bars in ensuring that there is enough budget for pampering and putting plenty on the table.

A student who is at the level of enrolling at college is expected to have gained certain social and cognitive skills to make him/her better able to deal with peer overtures. These are very important skills which assist students to make decisions and choices about their behaviour, including the choice of friends with whom to associate. Conformity could be understood as a push for compliance to peer rules and could also be seen as the driving force for first year students in college to indulge in behaviours placing them in a vulnerable position. This was also found to be the case during the literature review in chapter 2, for example the studies by Kuate-Defo (2004), Mcutshenge (2012) and Mutinta (2012).

Participants in this study indicated that the amount of pressure they experienced from peers could amount to bullying. Espelage (2014) views bullying as being repeatedly exposed to observable and non-observable behaviours with powerful perpetrators who cause pain or hurt to the victim and sometimes it comes as utterances of incitement from peers. The act of bullying was found happening in residences especially with male students and utterances depicting a student being not man enough if one had only one girl friend. Therefore, they found themselves sometimes succumbing to behaviours which were not according to their choice and ending up doing acts that they were not proud of. Conformity to behaviours of peers whether willingly or by push amounts to modelled and learnt behaviours as described by the SCT.

### **5.2.3 Casual sexual relationships**

The debut of first year students in casual sexual relationships sometimes resulted in them engaging to sexual activities unexpectedly and unintentionally. For example, they would go out for partying with friends where there would be alcohol misuse and abuse with one action leading to another finally getting engaged sexually without planning it.

These sexual behaviours were unintended but resulted in unprotected sex most of the times. In most cases participants could not give account of what exactly happened whether condoms were used and felt that this was placing them at a vulnerable state. In agreement with Pulerwitz, Amaro, de Jong, Gortmaker and Rudd (2002) about college first year students, they found that the relationship status, whether it was casual or steady had a significant influence on whether their partners were ready to commit or not. With casual partners, they were even less committed to stress condom use. Participants maintained that alcohol intake encouraged such behaviours.

Participants in this study stated that they would consciously and willingly get involved in casual sexual relationships. They shared cases where they had been disappointed by their partners in steady sexual relationships and therefore were engaging sexually with casual partners planned and intentionally and therefore sometimes would use condoms for protection. Van Empelen and Kok (2006: 168) classified this kind of behaviour as a “reactive response prompted by behavioural willingness rather than a responsive behaviour prompted by the situation.” In some cases, participants were seen as being willing to take the risk of having unprotected sex in these casual relationships irrespective of negative consequences of contracting HIV and STIs.

Female participants mentioned that there were instances where their families could not provide enough basic necessities like groceries to take them through the month. They found themselves persuaded to engage in sexual activities where the terms of the relationships were mostly determined by their partners who had promised to provide them with necessities. Sugar daddies or sugar mummies who were to provide necessities to sugar babies in this sugar bowl context in most cases had things done according to their terms. For example, young college female students were unable to insist on condom use by their sugar daddies even if they wanted to,

since such relationships came with power dominance by the older partner. Similar sentiments were shared by young male students about sugar mummies in that they also found themselves at the mercy of their sugar mummies and could not break from such relationships as they could not afford to take back the gifts.

#### **5.2.4 Multiple-partner sexual relationships and transactional sex**

According to Delius and Glaser (2004) concurrent multi-partner sexual relationships have a history in South Africa within black ethnic groups as it traditionally became a survival stance for females in rural communities when their male partners were away to cities for long periods of time with unpredictable and insufficient family support. In this study the behaviour of students in multi-partner sexual relationships was seen to have individual and socio-cultural roots. Students are away from the protection and supervision of their parents for long periods of time and have to “survive” the conditions and life in the college. For example, female students who were exposed to other young female students who were engaging sexually with a number of male partners for financial or material gain were likely to imitate them.

Multiple-partner sexual relationships are still eminent to some ethnic groups. According to Mah and Maughan-Brown (2013) amaXhosa and amaZulu young men between ages 15-30 years old are involved in multiple-partner sexual relationships as this is accepted as a cultural norm due to polygamy practices in their communities. According to the Theory of Planned Behaviour as discussed in the literature review in chapter 2, behaviours, normative beliefs, attitudes and intentions are considered important elements and have a major influence on intended behaviour.

Youth is exposed to such cultural behaviours and they observe these practices modelled over time in their communities as acceptable behaviours hence they are doing the same. Therefore, participants’ multiple-partner sexual relationships have some traces of culture irrespective of the negative impact this has. This is somewhat worrisome that in this age of high infection of HIV some college first year students in this study did not seem bothered by having affairs with more than one partner and this was, surprisingly, across both genders.



Different reasons were provided during interviews for the multiple-partner sexual relationship practice by students. Male participants attested that to them it proves manhood. Female students voiced that they got involved in multiple-partner relationships to supplement income as they mentioned that they came from poverty stricken families and in some cases they just wanted to have more despite their families providing the basics.

Poverty in general has been found to be one of the main determinants of the spread of HIV. Also in the college sector poverty has had a negative impact with students continuously and seriously affected and being in a vulnerable position of contracting HIV. This has been confirmed by HSRC (2014b) in a study conducted in 50 TVET colleges on HIV and AIDS related knowledge, attitudes and behaviours. There are attempts in colleges to alleviate financial stress to students through the provisioning of NSFAS bursaries, an initiative from the office of the minister of Higher Education and Training, Dr Blade Nzimande, but the support does not seem to be enough and hitting the right spot as students were still mentioning that their involvement in sexual activities was because of hunger.

In this study students mentioned being involved in sugar mummy / daddy affairs, multiple-partners and casual sexual relationships and even transactional sexual relationships to bridge the gap where there was not enough provision of basic needs including food. It is acknowledged that transactional sex where young women and men were involved for gain purposes could be ascribed to a number of reasons which were economic or social. It also became clear that sometimes transactional behaviours were practiced since they were modelled behaviours. In a study that was conducted by Meekers and Calves (1997: 366) the participants attested that exposure to “television, movies, novels, magazines, newspapers and peer pressure” and learning from such observations was a major reason young people would engage sexually as there was financial gain and the practice also appealed to them.

Participants in this study were found to be involved in transactional sexual activities for benefit purposes as they would get cell phones with air-time and also partners would provide financially. Some male partners were even declared sponsors or benefactors and they were extremely wealthy therefore ready to ensure that the standard of sugar baby or sugar pup is raised high (The Ultimate Sugar Daddy

Dating Terminology A-Z, n.d.). Such behaviours were inter and intra modelled, observed, learnt and imitated from media, society as well as from their peers in residences.

Observational and motivational processes are critical for adoption and adaptation to a particular behaviour. It is strongly contended that observations and behaviour modelling are largely influenced by the nature of the models, interactions and associations people already have access to, with chances to adopt such behaviours, provided they see the benefits associated with such behaviour (Bussey & Bandura, 1999). In the same way, participants have been found vulnerable as a result of such modelled and learnt behaviours.

### **5.2.5 Knowledge and attitudes towards condom usage**

Technical and Vocational Education and Training's NCV college students who were participants demonstrated understanding and knowledge that HIV and STIs could be prevented by engaging in protected sex through condom use and they were also quite clear about the implications of engaging in unprotected sex. Though they had knowledge they were still involved in sexual risky behaviours like having sex with more than one partner with no condom consistency. They were also having sex with cougars and sugar daddies who wanted sexual engagement on their own terms as they tended to dominate and young partners felt overpowered by them.

The findings of the study were that participants did not take using a condom for protection seriously. As they were sharing their experiences they verbalised that using a condom was like chewing a sweet with its cover, meaning they did not enjoy sex when they had used a condom. It could also be mentioned that engaging in unprotected sex left them with guilt feelings about what could have been consequences after engagement including STIs and HIV infections and also with the possibilities of unwanted pregnancies.

The attitude towards condom usage by participants was influenced by the nature of the relationship, for example whether it was a steady or a casual sexual relationship. One of the arguments around steady sexual relationships was that there was more likelihood of condom use since there was planning around sexual engagement compared to casual sexual intercourse (Van Empelen & Kok, 2006). Participants

agreed on this and they expressed that going to parties exposed them to scenes where they observed friends with partners and with alcohol consumption one act led to another finally leading to unplanned sexual intercourse and they said that condoms were never part of the equation when that happened.

Bandura (2001) emphasizes the power of social learning and the influence of models from one's immediate social context. Learning takes place intentionally or unintentionally with exposure to modelling and producing an enormous amount of information gained about behaviour. Students' exposure to different programmes which disseminate information about HIV and AIDS has contributed to the vast body of knowledge about the disease we have today, but being exposed to models has direct cognitive and affective implications which influence students' decisions regarding what they want to do with that knowledge.

#### **5.2.6 Knowing the status of the sexual partner**

The findings of this study indicated that participants were knowledgeable about HIV and AIDS though it came out strongly from them that there were not ready to know their HIV status. Various reasons were cited but one of the key ones, was that they felt the health system was betraying them as sometimes nurses were found to have a negative attitude towards college students and had made nasty comments when students visited the nearby clinic for STI treatment.

As discussed in chapter 2, biopsychosocial factors encapsulate the interaction of people, their surrounding and biopsychosocial factors. This involves the way people see themselves impacted biologically and psychologically and the manner they comprehend behaviours in relation to the disease. Students were found risking their health and preferring not to visit the local clinics close by the colleges as they felt nurses were insensitive because they had been exposed to scenes of being ridiculed and made to feel small during clinic visits. They expressed same fears also regarding to going for ARVs should they need to. Therefore, they were reluctant and preferred not to go for HIV testing at all. Though some participants indicated that they had been HIV tested when the college was launching the "First Things First - know your status programme", they were still not willing to make their HIV status known.

The interviews revealed that participants found it difficult to talk about HIV status with their partners. Almost all participants were afraid that their partners would abandon or dump them should they go and test and be found to be HIV positive and then reveal that to their partners. Some of the participants felt that their partners did not want this subject to be discussed at all. For example, one female participant expressed that her sugar daddy looked at her angrily when she was introducing the subject and expected her to explain why she did not trust him and it became clear to her that the topic of HIV status was not welcomed at all.

Among the reasons that were discouraging participants to go for HIV testing was the fact that supportive facilities were not available at their campus premises. One participant pointed out that there was no reason to go for HIV testing as they were afraid of the results in case they would come declaring a positive HIV status. They raised a concern that they would have a problem to access ARVs and they were not prepared to go and collect them from the local clinic as they believed that this would subject them to labelling. This included accessing condoms as well.

According to Serovich and Mosack (2003) people who were found to be involved in multiple-partner sexual relationships were less likely to reveal their HIV status to casual partners but more ready to discuss their status with steady partners. Technical and Vocational Education and Training college first year students are enrolled for a minimum of three years for NCV programmes. Their day to day way of life in residences is influenced by social realities informed by their day to day decisions about their behaviours including sexual risky behaviours. Participants indicated that in villages where they came from, they had steady partners and were not taking college relationships seriously, hence could not bother to discuss their HIV status with those partners they made relationships with whilst they were studying in the TVET college.

It came out that even if students were to know their status they would not be ready to reveal it as they did not trust one another in their residences. One student cited an example that once fellow students know that one is HIV positive; there was likelihood that one would be pointed at and ridiculed. They did not think that peers could be sensitive, supportive and embracing when it came to HIV and AIDS matters. One

participant said: *“other students will be pointing at you should they know your status as positive pronouncing words like, ‘look at that student s/he is HIV positive’.”*

### **5.3 Conclusion**

The study focussed on HIV and AIDS risk behaviours of first year students. It specifically zoomed on the less researched area of first year students in TVET colleges in South Africa. Technical and Vocational Educational and Training colleges are a new sector with at least two routes of access – pre-matric equivalence as with NCV programme students and post-matric with Report 191 programmes and other offerings like skills programmes.

The tone of the sector brings to students a tertiary mood since the college is a training establishment and therefore the general conduct is on the level of tertiary students in a tertiary institution, rather than on the level of students at schools. The NCV programmes attract young students who might be aged between 15-18 years but the environment has assimilated the status of higher institutions in terms of the behaviour of students. This compromises their health as the mixing of older and sexually active students with young newly enrolled students and this results in younger students being exposed to modelled sexual behaviours placing them at risk of copying those behaviours and vulnerable to HIV and AIDS.

One of the gaps identified by HEAIDS (2015) through the Baseline Study regarding understanding HIV and AIDS teaching and learning at TVET colleges, was that 60% of college enrolled students are on programmes which do not include HIV and AIDS education. For NCV students, although there is LO with HIV and AIDS education, lecturers were found to be lacking in qualifications and pedagogical knowledge regarding how to teach LO, specifically HIV and AIDS related education. It is also a gap that colleges do not have health and wellness resources including health professional staff and clinics unlike universities and universities of technology.

This study focused on establishing the risk behaviours of first year students at TVET college residences that make them vulnerable to HIV and AIDS and also explored students' experiences regarding their engagement in sexual activities that put them at risk of getting infected by the disease. Seven themes were identified, namely, freedom of being away from home, peer pressure, casual sexual relationships,

multiple-partner sexual relationships, transactional sex, knowledge and attitude towards condom usage and knowing the status of the sexual partner. These themes speak to the challenges facing TVET colleges. The colleges are a new tertiary sector and a lot still need to be done so that the entire institution and its curriculum correctly addresses the effects of HIV and AIDS and aims to produce leaders that the country can be proud of.

The results of this study contributes to equipping student support services units, college management and the college staff with information regarding the extent of risky sexual behaviours TVET colleges NCV first year students engage in, leading to possible new HIV infections. The study highlighted the vulnerability of these students as they enter the tertiary world. The study can be used to equip TVET college management to strategically plan for intervention programmes which at present moment seem to be at a very small scale unlike in the case of universities and universities of technology where there are already well established and fully functioning wellness units or clinics on campus. The results of the study will be available for use by the Department of Higher Education and Training and HEAIDS to inform the interventions necessary to support and strengthen students' HIV and AIDS intervention and preventive programmes aimed at mitigating the impact of the disease and prevention of new HIV infections.

#### **5.4 Recommendations on the study**

The TVET college first year students who participated in this study did perceive themselves at risk of getting HIV and AIDS as they were engaging in risky sexual behaviours. However, the findings pointed out that there was no dedicated college structure committed to specifically deal with students' social ills and HIV and AIDS related issues. Arising from the findings, the following recommendations are proposed:

- The DHET should consider appointing qualified health personnel to ensure that at campus level students have access to basic health essential services related to HIV and AIDS including TB screening and HIV testing, counselling and condom supply.

- TVET colleges should collaborate with other role players like community leadership structures, governmental and non-governmental organisations like faith-based organisations since HIV and AIDS is a societal issue. Some students are accommodated outside of college campuses, resulting in cross pollination of risky sexual behaviours. Therefore, issues relating to college and HIV and AIDS should be approached holistically involving as many structures and organisations as possible.
- The DHET should provide colleges with a budget to run programmes at campus level in support of already launched HEAIDS programmes such as “First Things First” with close monitoring and evaluation of the impact of such programmes and constant reports on progress.
- There should be a collaboration between lecturers, support staff and students to open robust discussions and debates to demystify HIV and ADS and related diseases in dealing with issues of stigma and discrimination. It is also important that there should a systematic capacity building approach which will ensure that both lecturers and students are exposed to HIV and AIDS education through integrated curriculum design.
- Newly enrolled college students should get exposed to a formal life skills and orientation course on the basics of HIV, health issues and behaviours, including topics such as sexual relationships and alcohol abuse since the colleges enrol young students who are adolescents in programmes like NCV which is high school equivalence.
- The Student Support Services (SSS) unit should assist in ensuring that there is easy access to information through various college communication media including brochures and flyers on basic information regarding HIV and AIDS and other health services in support of a positive and healthy life style for students in colleges.
- Recreational time when students are not attending classes is important. It is recommended that TVET colleges are to prioritise the building of gymnasiums, sports and entertainment facilities on campuses so that students can get occupied in residences especially during afternoons, week-ends and holidays.

- It is recommended that colleges strengthen the already identified educational programme of peer educators. There should be a dedicated and well organised peer educators' unit which is well supported with budget working on a clear mandate in terms of the planning and training in support of their fellow students. Incentives are also recommended to motivate students who are serving as peer educators.

## **5.5 Limitations of the study**

The study was carried out on two campuses that have TVET college student residences although the TVET college has nine main campuses. Students in the other seven campuses are residing in nearby community accommodations and in most cases they are found to be over populated in a one roomed house with health hazards. These students' accommodations are privately run, low cost accommodations and are mushrooming as student accommodation needs rise around campuses due to no available space in college residences. These accommodations are not regulated.

The HIV risk behaviours of students who dwell in such accommodations were not for the focus of this study; however, they play an important role as well in student encounters with HIV and AIDS in TVET colleges. The results of this study focused on those first year students who are in college residences. It is a limitation that students outside college residences were not part of the study hence further investigations should be carried out which may result in an overview picture of risky behaviours of first year students in colleges irrespective of where they are accommodated.

The nature of this study was sensitive as the researcher needed students who were willing to talk in a group session about their risky sexual activities. Therefore, it is a limitation of this study that students who could also have had a significant contribution might have opted not to participate as they would be shy to talk openly during the focus group interview about the risky behaviours they engaged themselves in.



During the data collection phase of the study, there was a college strike and one of the selected campuses, a site for the study for follow up interviews, was affected. Therefore, individualised interviews were only conducted on one campus where data could be collected.

The 50 TVET colleges have 264 campuses which are geographically spaced throughout nine provinces in South Africa including rural, urban and semi-urban areas. The findings of the study were limited to only two campuses used by the researcher. Therefore, there was no representativeness of different geographical positioning of college campuses. This was a limitation in that different results could have had been arrived at if representation of campuses with residences was extended to other provinces as well and also accommodating different geographical locations of campuses.

The study was limited to one population group of participants, that is, Black African students because of the geographical position of these campuses as they are in black dominated residence areas. A more inclusive study with other races possible could have yielded different results. Therefore, further investigations may assist in understanding the risk behaviours of first year college students across different races.

The study focused on college first year students who are doing NCV. This is a limitation as the college has other programmes offerings. The rationale behind using NCV students was the fact that NCV students have a longer duration of stay in a college as compared to students who come for Report 191 and short skills programmes like learnerships. However, this study acknowledges that these students' availability in the TVET college campuses is long enough for them to engage in risk sexual relationships.

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# APPENDIXES

## Appendix A: Permission letter to principal

### PERMISSION LETTER TO THE PRINCIPAL

P.O Box 2363

Port Shepstone

4240

Date: 21/03/2015

**To** : The Principal

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Dear Sir

#### **Study on HIV/AIDS and risk behaviours of the TVET college first year students**

Currently, I am a registered student for Masters of Education: Guidance and Counselling with the University of South Africa. The topic for my dissertation is, **“HIV/AIDS RISK BEHAVIOURS OF FIRST YEAR STUDENTS AT TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING COLLEGES”**.

The purpose of this study is to gather information on HIV and AIDS risk behaviours of the college first year students. I would like to ask for permission to conduct a study at .....TVET College. I am interested in the college campuses that have residences and thus two of your college campuses were identified as meeting this criterion.

The research will involve data collection. I would like to conduct an HIV and AIDS presentation where a questionnaire will be distributed to National Certificate Vocational first year students. Furthermore I will conduct a focus group interview with six students who will have been selected from the group that will be attending a presentation. I will also have a follow up interview with three of the students who would have participated in the focus group interview further selected to participate during individual interviews. Interviews will take place in one of the campuses and they will run for 45 minutes per session.

I have applied for ethical clearance with UNISA and am following a strict confidentiality code of practice for participants and your college. There will be no usage of the college and students' real names in the research thus participants will remain anonymous. Participants will be informed that their participation is voluntary and that they have the right to withdraw or discontinue at any time they want to do so.

The results will be shared with the college management for students support initiatives.

Thanking you in advance.

Kind regards,



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**Olivia Zanokuhle Lindiwe Ntombela**

**Contact details:**

Cell number: 082 200 4775

Email: [zanontombela@gmail.com](mailto:zanontombela@gmail.com)

**Reply slip. Please tick in the appropriate block**

☐

Permission granted

☐

Permission not granted

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Signature: College Principal

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Date



## **Appendix B: Permission letter to the campus managers**

### **PERMISSION LETTER TO THE CAMPUS MANAGERS**

P.O Box 2364

Port Shepstone

4240

Date: 08/06/2015

To : The Campus Manager

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Dear Campus Manager

#### **Study on HIV/AIDS and risk behaviours of the college first year students**

Currently, I am a registered student for Masters of Education: Guidance and Counselling with the University of South Africa. The topic for my dissertation is, **“HIV/AIDS RISK BEHAVIOURS OF FIRST YEAR STUDENTS AT TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING COLLEGES”**.

The purpose of this study is to gather information on HIV and AIDS risk behaviours of the college first year students who reside in residences. I would like to ask for permission to conduct a study at your campus. I am interested in your campus

because it has students' residence and thus it was identified as meeting this criterion.

I would like to conduct a presentation on HIV and AIDS and related issues to a group of NCV Level 2 students who are first years after which a questionnaire will be completed by students attending. The research will involve data collection and six participants who are enrolled for the programme will be selected to participate in a focus group interview. I will also have a follow up individual interviews with three of the participants who would have been selected from the six participants who participated during the focus group interview. Interviews will take place in one of the campuses with students' residences and they will run for 45 minutes per session.

I have applied for ethical clearance with UNISA and am following the strict confidentiality code of practice for participants and your campus. There will be no usage of the campus and students' real names thus participating students will remain anonymous. They will also be informed that their participation is voluntary and that they have the right to withdraw or discontinue at any time they want to do so.

The results will be shared with the college management for students support initiatives.

Thanking you in advance.

Kind regards,

Olivia Zanokuhle Lindiwe Ntombela

Contact details:

Cell number: 082 2002 4775

Email: [zanontombela@gmail.com](mailto:zanontombela@gmail.com)

**Reply slip. Please tick in the appropriate block**

☐

Permission granted

☐

Permission not granted

\_\_\_\_\_  
Signature: Campus Manager

\_\_\_\_\_  
Date

## **Appendix C: Consent letter for participants**

### **THE CONSENT LETTER FOR THE PARTICIPANTS**

P.O 2364  
Port Shepstone  
4240  
Date: 08/06/2015

Dear Student

#### **Study on HIV and AIDS and risk behaviours of the TVET college first year students**

I, **Olivia Zanokuhle Lindiwe Ntombela**, am a registered student for Masters of Education: Guidance and Counselling with the University of South Africa. I am conducting a research study entitled: **“HIV/AIDS RISK BEHAVIOURS OF FIRST YEAR STUDENTS AT TECHNICAL AND VOCATIONAL EDUCATION AND TRAINING COLLEGES”**.

I am interested in conducting research on your campus because the focus of the study will be on students who are staying in residences, who are sexually active and have been exposed to information about HIV and AIDS through the peer education programme and the Higher Education and AIDS (HEAIDS) programme, that is, First Things First, TB screening and male circumcision. It will only be the National Certificate Vocational level 2 first year students who will be the participants of the study.

I am inviting you to attend a presentation on HIV and AIDS and ask for your consent to take 30 minutes of your time and complete a questionnaire after presentation, if you are interested, to be part of a focus group discussion. You will be contacted if selected to be among the six that will be participating in the focus group interview.

Your participation in the study involves answering questions on HIV, AIDS and risk behaviours. You may also be selected to finally be one of three students who will participate in a follow up individual interviews. Both the focus group and the individual interviews will be recorded so that I can later remember what was said. The focus group and the interviews will be conducted in 45 minutes. All the interviews will be in English; however, you are more than welcome to get clarity or give an explanation in the language that you feel comfortable with.

The information shared in the focus group will be kept in confidence and therefore you will be asked to sign a focus group confidentiality form. Your name and the name of the campus will not be used anywhere other than for the purposes of this study. Participation is voluntary and you have the right to withdraw at any time should you wish to do so.

Feel free to contact me at any time with regard to this study.

Thanking you in advance.

Kind regards,

Olivia Zanoluhle Lindiwe Ntombela

Contact details:

Cell number: 082 200 4975

Email: [zanontombela@gmail.com](mailto:zanontombela@gmail.com)

## UNDERTAKING

NB. Wait for instruction for the section to complete.

### Section A

Presentation attendance and completion of a questionnaire

I.....give informed  
consent to participate in this study.

\_\_\_\_\_  
Student: Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher: Signature

\_\_\_\_\_  
Date

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### Section B

#### GROUP TALK AND CONFIDENTIALITY AGREEMENT

I....., grant consent that the  
information I share during the group discussions (focus group interviews) may be  
used by the researcher, Olivia Zanoluhle Lindiwe Ntombela for research purposes  
only. I am aware that group discussions will be digitally recorded and grant consent  
for these recordings provided that my privacy will be protected. I undertake not to  
share any information that is shared in the group discussions to any person outside  
the group in order to maintain confidentiality.

Participant : Name (Please print) -

\_\_\_\_\_  
Participant : Signature

\_\_\_\_\_  
Date

Researcher: Name (Please print) - Olivia Zanoluhle Lindiwe Ntombela

\_\_\_\_\_  
Researcher: Signature

\_\_\_\_\_  
Date

.....  
**Section C**

Interview Consent

I....., give informed consent  
to participate in this study.

\_\_\_\_\_  
Student: Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher: Signature

\_\_\_\_\_  
Date

## Appendix D: Questionnaire

### QUESTIONNAIRE

The purpose of this questionnaire is to explore the knowledge about HIV and AIDS and sexual behaviours of first year students enrolled in the NCV programme and staying in campus residences. This questionnaire includes some general questions relating to knowledge about HIV and AIDS and risky behaviours of students.

### INSTRUCTIONS

1. You are kindly requested to complete this questionnaire as genuinely as possible. Do not write your name.
2. Indicate your answer according to the instructions given.

### SECTION A: BIOGRAPHICAL DATA

Please supply the information required below by placing 'X' in the appropriate box.

1. GENDER:

FEMALE	MALE
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2. AGE:

18 - 20	21 - 23	24 and above
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### 1. SECTION B: CLOSED-ENDED QUESTIONS

The following questions relate to the knowledge students have on HIV and AIDS. Please mark with 'X' in the answer of your choice.

1.1 By looking at the person's body one can tell if a person is infected with the HIV virus.

a) Yes	<input type="checkbox"/>	b) No	<input type="checkbox"/>	c) I do not know	<input type="checkbox"/>
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1.2 Students who have more than one sexual partner can easily get infected with HIV.

a) Yes	<input type="checkbox"/>		b) No	<input type="checkbox"/>		c) I do not know	<input type="checkbox"/>
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1.3 Condoms can protect students 100% from getting infected with HIV.

	<input type="checkbox"/>		b) No	<input type="checkbox"/>		c) I do not know	<input type="checkbox"/>
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1.4 If one is HIV positive, he/she must tell his/her sexual partner.

a) Yes	<input type="checkbox"/>		b) No	<input type="checkbox"/>		c) I do not know	<input type="checkbox"/>
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1.5 Do you find yourself having to engage yourself in unplanned sexual activities?

a) Yes	<input type="checkbox"/>		b) No	<input type="checkbox"/>		c) I do not know	<input type="checkbox"/>
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1.5.1 If your answer is yes above, how often?

Always	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>
Rarely	<input type="checkbox"/>

## 2. SECTION C: OPEN-ENDED QUESTIONS

Answer the following questions to the best of your ability.

2.1 Have you had sex without a condom? (YES/NO). If your answer is yes, what happened?

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2.2 Are you involved in multiple sexual partner relationships? (YES/NO). If your answer is yes, how many partners are you involved with?

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2.3 Have you had sex when you were drunk? (YES/ NO). If your answer is yes, what happened?

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2.3.1 Did you use a condom? (YES/NO). If your answer is no, what happened?

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2.4 Have you had sexual relations for monetary gain (Sugar Daddy, Ben 10; sexual favours to get money) (YES/NO)? Please provide reasons for your answer.

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2.4.1 What is happening in that relationship?

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## **Appendix E: Interviewing schedule for the focus group**

### **INTERVIEWING SCHEDULE FOR THE FOCUS GROUP**

#### **OPENING STATEMENT**

In the previous year, your college had an event where the Higher Education and AIDS (HEAIDS) programme launched the “First Things First” project which encourages students in higher learning institutions to know their status regarding HIV and AIDS. Students of this college were invited to be part of that event. The Deputy Minister from the Department of Higher Education and Training, Mr Mduduzi Manana, visited your college to launch the programme. Part of the agenda was to disseminate information on other HIV and AIDS related matters, for example, “How to prevent the spread of HIV and AIDS amongst youth”. This programme was following a launch in campuses of “Peer Educators” programme which is currently run by fellow students who are trained to disseminate information on HIV and AIDS and healthy style of living to other students.

Following that launch by the Minister, a partnership between the college and the Department of Health has been formed which has resulted in this department opening offices in college campuses to offer their services. The nurses hold periodically talks with students and currently are busy with HIV related programmes which includes male circumcision, TB and HIV screening.

You are invited today to be in a focus group, following a session where I had a presentation to a group of NCV first year students and you showed interest to participate in an interview.

This focus group is about the risk behaviours which put students at risk of getting infected by HIV and AIDS. The information and all that is shared in this room must remain in this room. I will need you all to sign the confidentiality form so that you promise you will not share what is said here. Remember what is discussed here will

not be used elsewhere other than for the purposes of this research. I am requesting to use the audio recorder. Feel free to share your views with me and the group.

### **QUESTIONS FOR THE FOCUS GROUP**

1. What is HIV?
2. What is AIDS?
3. Please explain means and ways that HIV can be treated.
4. Describe the nature of the relationship that you are in, in terms of it being casual or steady.
5. What are your views on multiple-partner sexual relationships?
6. What are behaviours which makes a person to be at risk of getting infected by HIV and AIDS?
7. What is your perception of students' engagement in activities that might make them to be at risk of getting HIV?
8. In your own experience what is students' attitude towards condom usage during sexual intercourse?
9. How can one establish the HIV status of his/her sexual partner before they engage in sexual intercourse?
10. What do you think of Sugar Daddy or Ben 10 sexual relationships?
11. Do you know (DO NOT MENTION NAMES IF ANY) of or do you think students on campuses have Sugar Daddies or are Ben 10s? What makes you say that?
12. What do you think are causes or reasons that make students engage in sexual activities for money or gifts or special favours?
13. Do you know of (DO NOT MENTION NAMES IF ANY) or do you think students on campuses engage in sexual activities for money of gifts or special favours? What makes you say that?

Thank you for your participation.

## **Appendix F: Individual interview schedule**

### **INDIVIDUAL INTERVIEW SCHEDULE**

#### **OPENING STATEMENT**

This is a follow up interview since we had a focus group interview. As this is a one-on-one interview, the purpose is to get more information on the risk behaviours which put students at risk of getting infected by HIV. As was explained for the focus group, it is important to know that information we share will be treated in confidence. That means it will be between you and me. What is discussed here will not be used elsewhere other than for the purposes of this research. I am requesting to use the audio recorder. Feel free to share your views with me.

#### **QUESTIONS FOR THE INTERVIEW**

1. What are sexual risk behaviours you engage yourself in which makes you vulnerable to HIV and AIDS?
2. Describe your views and/or experiences of multiple-partner sexual relationships.
3. What do you think about using a condom during sexual intercourse?
4. Do you know the HIV status of your partner?
5. Explain how you would establish the HIV status of your sexual partner before you engage in sexual intercourse.
6. What are your views on substance abuse and the spread of HIV?
7. How does substance abuse influence / or may influence your decision to engage in sexual intercourse?
8. Do you have a Sugar daddy or are you a Ben 10? If yes, why and if not why not?
9. Have you ever engaged in sexual activity for money or gifts or any favour? If yes, why and if not why not?

Thank you for your participation.

## Appendix G: Ethics clearance approval letter



### COLLEGE OF EDUCATION RESEARCH ETHICS REVIEW COMMITTEE

15 April 2015

Dear Mrs Ntombela,

**Decision: Approved**

#### Researcher

Mrs OZL Ntombela  
P O Box 2364  
Port Shepstone  
4240  
+2782 2024975/+27396840110  
[zanontombela@gmail.com](mailto:zanontombela@gmail.com)

#### Supervisor

Dr R Tabane  
Department of Psychology of Education  
College of Education  
+2712 3524139  
[serotji@unisa.ac.za](mailto:serotji@unisa.ac.za)

**Proposal:** HIV/AIDS risk behaviours of first year students at Technical and Vocational Education and Training Colleges

**Qualification:** M Ed in Guidance and Counselling

Thank you for the application for research ethics clearance by the College of Education Research Ethics Review Committee for the above mentioned research. Final approval is granted for 2 years.

**For full approval:** The application was reviewed in compliance with the Unisa Policy on Research Ethics by the CEDU ERC on 15 April 2015.

The proposed research may now commence with the proviso that:

- 1) The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
- 2) Any adverse circumstance arising in the undertaking of the research project that is



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relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the College of Education Ethics Review Committee.

An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.

- 3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

**Note:**

The reference number [top right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the College of Education RERC.

Kind regards,

  
**Dr M Claassens**  
**CHAIRPERSON: CEDU ERC**

[mcdtc@netactive.co.za](mailto:mcdtc@netactive.co.za)

  
**Prof VI McKay**  
**ACTING EXECUTIVE DEAN**



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