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**‘STUDENT LIFE’ DISCOURSE AND THE PERCEPTION OF RISK FOR HIV
INFECTION AMONG UNDERGRADUATE NURSING STUDENTS, AT A
UNIVERSITY, EASTERN CAPE PROVINCE, SOUTH AFRICA.**

by

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DECLARATION

I, Sindiswa Millicent Mnwana, hereby declare that this study is my original work and that all other sources of reference have been acknowledged. This dissertation has not been previously submitted for a degree at this university or at any other university.

Candidate: S.M. Mnwana

Date

DEDICATION

I dedicate this work first and foremost to the **Lord God Almighty** to whom I owe my entire being. You gave me strength and wisdom to complete this dissertation.

To my loving husband: **Sonwabile**. You always supported and believed in me. You kept me focused to pursue the goals I dreamt of reaching.

Finally to my daughters: **Unamandla** and **Osikelelayo** and my niece **Liseko**. You earnestly prayed and supported me in every manner possible.

ABSTRACT

There is evidence that the HIV prevalence rates among South African university students remains low at 3.4 %. However, the vulnerability of young people to HIV/AIDS continues to be a serious concern as the prevalence of sexual risk behaviour among students in South African universities is reported to reach 68% in heterosexual relationships. Some analysts argue that so far little is known about the influence of the university culture (the so called “student life”) in this behaviour.

The purpose of this study was to explore the perceptions of the risk for HIV infection amongst undergraduate nursing students at an institution of higher learning (university) in East London, Eastern Cape. More specifically, the study examined the ways in which the ‘student life’ discourse functions to influence students’ perceptions of the risk to HIV infection at the selected institution of higher learning.

An explorative and descriptive qualitative design was used. The purposive sampling technique was used to select participants. In total, 12 one to one interviews and four focus group discussions (n=35) were conducted. An interview guide was used and a voice recorder to record interviews. Through in-depth interviews and focus group discussions, the research sought to provide insight into the perceptions of risk for HIV infection. The data were analysed using thematic analysis and the themes identified formed the basis for discussion in this study.

Among the key findings, that emerged from this study was that knowledge about potential risks to HIV/AIDS did not seem to influence the general sexual behaviour of students. A majority of the participants, 90% that were interviewed individually perceived themselves to be at “little or no” risk of contracting HIV/AIDS despite the high prevalence of HIV risk indicators among them. One of the main findings was that the students’ values that they bring from home were seriously challenged by the student life when they arrived at the university. Therefore in this regard undergraduate nursing students should be equipped by the university with aspects of sexual behaviour such as sexual negotiation and sexual decision making. This would equip them with the necessary skills to resist peer pressure.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
HEAIDS	Higher Education HIV and AIDS Programme
HESA	Higher Education South Africa
HIV	Human Immunodeficiency Virus
UNAIDS	Joint United Nations Programme on HIV and AIDS
FGD	Focus Group Discussion
SCT	Social Cognitive Theory
WHO	World Health Organisation
SANAC	South African National AIDS Council
EAC/EALP	East African Community/ East African Lake Victoria Partnership

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CHAPTER 1 – STUDY OVERVIEW

1.1 INTRODUCTION AND BACKGROUND

Over the past three decades, various factors such as poverty (South African National AIDS [SANAC], 2010:58) and drug abuse (Pithey & Morojele, 2002: 28) have been aligned with the rapid spread of HIV/AIDS pandemic all over the world, especially in developing countries. In the South African context, debates around such factors have converged on, among other issues, the high rates of sexual risk behaviours in South Africa among tertiary students despite high HIV prevalence in the country (Higher Education HIV and AIDS Programme [HEAIDS] 2010:43). Some analysts argue that so far little is known about the influence of the university culture (the so called “student life”) in this behaviour (Adefuye, Abiona, Balogun & Lukobo-Durrell, 2009:1).

“Student life” can be given various names. For instance Mutinta and Govender (2012:23) call it “campus life” or “gold rush”. Mutinta and Govender (2012:23) refer to this, as a phenomenon where senior students ‘rush’ into relationships with first year students. Senior students either abandon their partners for the ‘gold’ new students or date both concurrently. The ‘rush’ into sexual relationships puts students at risk as both partners know very little about each other’s past lives.

Statistics indicate that the HIV prevalence rates among South Africa’s university students remain low at 3.4 % (HEAIDS, 2010:105). However, studies report that risk is never far off. For example, Anderson, Beutel and Morgan-Brown (2007: 98) conducted a study among young people between ages 15–24 of all races in Cape Town South Africa – selected sample of 3017 participants. From this study, the authors reported that more than half of their respondents had already engaged in sex. Their findings indicated that the youth in this country do not perceive themselves as being in any danger of HIV infection. Anderson et al (2007: 98) reports that “one explanation for this is that youth may underestimate risks in general because of a feeling of invulnerability.”

Against this background, the current study seeks to examine, most importantly, the ways in which this “student life” discourse functions to influence nursing students’ perceptions of risk to HIV infection at the selected institution of higher learning.

1.2 PROBLEM STATEMENT

Burns and Grove (2009:68) define a research problem as an area of concern where there is a gap in the knowledge base needed for nursing practice. Through questioning and a review of literature, a research problem emerges that includes a specific area of concern and the knowledge gap that surrounds this concern. The researcher, who was once an undergraduate student at a tertiary institution for four years, has observed that some students tend to adopt risky lifestyles at the university, for example, frequently taking part in drinking parties during night time and having multiple sex partners. Research indicates that the level of risky sexual behaviour among tertiary students is alarming and has caught much scholarly attention globally (Cross & Morgan 2003:27; Mwaba & Naidoo 2005: 659; HEAIDS, 2009). Risky sexual behaviours in this context include (but are not limited to) having unprotected sex, sex with multiple partners and sex while under influence of drugs or alcohol. The prevalence of sexual risk behaviour among students in South African universities is reported to have reached 68% in heterosexual relationships (HEAIDS 2010:43). The high sexual risk behaviour in heterosexual relationships has also been linked to the rapid spread of HIV infection in South Africa (Mutinta & Govender, 2012:17).

It is against this background of the reported high level of risky sexual behaviour among young people in South African tertiary institutions that the current study aims to examine common HIV perceptions of risk among the tertiary students. Furthermore, little is known about the role of the modern discourse of “student life”. “Student life” in this context refers to the socially shared actions and thoughts among the tertiary students about the ways in which they are supposed to behave and enjoy life while within the university environment – or generally, the university entertainment culture that comes with the ‘independence’ of being away from parental control. Hence, the current study seeks to examine, most importantly, the

manner or the ways in which this “student life” discourse functions to construct students’ perceptions of risk to HIV infection at the selected institution of higher learning.

1.3 PURPOSE OF THE STUDY

The purpose of this study was to explore the perceptions of risk for HIV infection amongst undergraduate nursing students at an institution of higher learning (university) in East London, Eastern Cape. More specifically, the study examined the ways in which the ‘student life’ discourse functions to influence students’ perceptions of risk to HIV infection at the selected institution of higher learning.

1.4 RESEARCH OBJECTIVES

The objectives of the study were to:

- Explore risk perceptions towards HIV infection among undergraduate nursing students.
- Examine the ways in which risk perceptions for HIV infection were socially constructed and influenced by the ‘student life’ discourse among undergraduate nursing students at the study site campus.

1.5 RESEARCH QUESTIONS

The following questions have been formulated in order to guide the data collection process of this research:

- What were the perceptions of risk on HIV infection among undergraduate nursing students at the selected campus?
- In what ways were risk perceptions for HIV infection socially constructed and influenced by ‘student life’ discourse among undergraduate nursing students at the selected tertiary institution?

1.6 SIGNIFICANCE OF THE STUDY

The study has both practical and theoretical significance. At a practical level, the study may be of great benefit to the students and the institutions of higher learning by producing information that may provide guidance and support to the targeted HIV prevention intervention programmes. The findings and recommendations of this project may, in turn, benefit the nation as a whole as well as society by hopefully reducing the number of new HIV infections among the students. It is also hoped that the findings of this study may be useful to policy makers at national and provincial levels (particularly the Departments of Health and Higher Education and Training) as they design and implement HIV/AIDS-related policies and interventions in the sphere of higher education in South Africa.

At a theoretical and research level, the study could make a significant contribution to the literature of HIV/AIDS infection among the youth at tertiary education level by providing the latest available literature on the less-examined interface between HIV/AIDS risk perceptions and the student life discourse. In addition, at a theoretical level, the study may make a contribution to Social Cognitive Theory (SCT) and how socially constructed meanings of “student life discourse” can inform a new understanding of the risk to HIV infection among students.

1.7 THEORETICAL FOUNDATION OF THE STUDY

Theoretical framework is a logical grouping of related concepts, usually created to draw several different aspects together that are relevant to a complex situation (Chinn & Kramer, 2008:304). Application of an existing framework within which ideas are organised allowed the researcher to be able to show that the proposed study is a logical extension of current knowledge (Brink 2009:24). The theoretical framework of this study is guided by Social Cognitive Theory (SCT). The theoretical framework is discussed further in Chapter 2.

1.8 DEFINITION OF TERMS

For this study the following terms need to be defined:

Student life – “Student life” can be given various names. For instance, (Mutinta & Govender, 2012:23) calls it “campus life” or “gold rush”. Mutinta and Govender (2012:23) refer to this as a phenomenon where senior students ‘rush’ into relationships with first year students. Senior students either abandon their partners for the ‘gold’ new students or date both concurrently. The ‘rush’ into sexual relationships puts students at risk as both partners know very little about each other’s past lives.” In this study student life refers to the socially shared (constructed) actions and thoughts among the tertiary students about the ways in which they are supposed to behave and enjoy life (have fun) while within the university environment – or generally, the university entertainment culture (“fun life”) that comes with the ‘independence’ of being away from parental control. This is the life that undergraduate students get exposed to once they get enrolled at a university campus in East London, South Africa.

Discourse – refers to ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations. Discourses are more than ways of thinking and producing meaning. They constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern (Weedom, 1987:108). In this study discourse refers to communication of thought by words, talk or conversation by nursing students at the East London campus.

Perception of risk - Risk perception is the subjective assessment of the probability of a specified type of accident happening and how concerned we are with the consequences. To perceive risk includes evaluations of the probability as well as the consequences of a negative outcome. It may also be argued that as affects related to the activity is an element of risk perception. Perception of risk goes beyond the individual, and it is a social and cultural construct reflecting values, symbols, history, and ideology (Sjöberg, Moen & Rundmo, 2004:7). In this study

perception of risk refers to student judgment about the chance of being infected by HIV based on his/her own sexual behaviour and related factors.

HIV infection – refers to human immunodeficiency virus that causes acquired immunodeficiency syndrome (AIDS), (Abdool Karim & Abdool Karim, 2008, 33). In this study HIV infection adopts the above meaning and is in relation to student life and its association with HIV infection.

Undergraduate Students – are students at an institution in a tertiary level who are enrolled in a course leading a first-level degree programme of study. In this study undergraduate students are students studying at university who are enrolled for their first year to fourth year of study.

1.9 THE STRUCTURE OF THE DISSERTATION

The dissertation is divided into five chapters:

Chapter One - Study Overview

Chapter Two - Literature Review

Chapter Three - Research Methods

Chapter Four - Results

Chapter Five- Discussions, Limitations, Implications, Summary and Recommendation.

1.10 SUMMARY

This chapter introduced and gave an overview of the study. Background information on HIV/AIDS prevalence and sexual behaviours globally and in the South African context was discussed. The problem statement, significance, purpose, research objectives and research questions of the study were provided. Conceptual and operational definitions of concepts were presented. The foundation of the study based on the Social Cognitive Theory was introduced. An outline of the structure of the chapters of the dissertation was presented.

CHAPTER 2 – LITERATURE REVIEW

2.1 INTRODUCTION

The literature review is an organised written presentation of what has been published on a topic of study by scholars. It is conducted to generate a picture of what is known about a particular situation and the knowledge gaps that exist and help to determine whether the topic is worth studying (Creswell, 2009: 23). Through literature review, the researcher is able to clarify which problems have been investigated, require further investigation or replication or have not been investigated at all (Burns & Grove 2009:36, 92). This chapter examines the pertinent literature as it relates to the prevalence of HIV infection among youth in general and among university students in particular. The literature that was reviewed for the study focused on the vulnerability of young people to HIV/AIDS, risky sexual behaviours among university students, knowledge and general behaviour of youth and socio-environmental risk factors for HIV infection. Theoretical considerations are explored in the context of Social cognitive theory (SCT).

2.2 PREVALENCE OF HIV INFECTION AMONG YOUTH

The HIV/AIDS pandemic remains one of the most serious challenges to global public health. Almost a quarter of people living with HIV are under the age of 25 years. Young people ages 15-24 represent 39% of all new HIV infections (UNAIDS 2013:9). Throughout the world, almost 3,500 youth aged 15 to 24 are infected with HIV each day. Globally young women are more vulnerable to the HIV epidemic than are men, with young women comprising 52 % of all young people with HIV, and in the hardest-hit region, Sub-Saharan Africa, young women comprise 57% percent of cases among young people (UNAIDS, 2013:16).

The estimated HIV prevalence in Namibia is 10.3% among 15 to 24-year-old females, and 3.4% among 15 to 24-year-old males (de Beer, Gelderblom,

Schellekens, Gaeb, vanRooy, Mc Nally, Wit, de Wit & Tobias, 2012: 1). In 2008, it was estimated that 204,000 Namibians live with HIV, with an estimated 39 new infections occurring every day, 44% of which are young people between the ages of 15 and 24 years (Ministry of Health and Social Services, Namibia, 2009: 26).

South African national HIV prevalence for adults aged 15–49 years is estimated at 16.9%. (Shishana, Rehle, Simbayi, Zuma, Jooste, Pillay-van-Wyk, Mbelle, Van Zyl, Parker & Zungu, 2008: 63) The main route of HIV transmission in South Africa is through heterosexual sex. HIV prevalence in young women is much higher than in young men, especially in the 20–24 year age group. In 2008, HIV prevalence was more than four times higher in women aged 20–24 years (21.1 % HIV prevalence) compared with men of the same age (5.1 % HIV prevalence), (Shishana et al., 2008:63). According to UNAIDS (2012: 17), the decrease in risk behaviour is not statistically significant among youth that have sex before the age of 15 years and among youth with 15-24-year-olds.

2.3 PREVALENCE OF HIV INFECTION AMONG UNIVERSITY STUDENTS

According to the report of the study that was conducted amongst the selected Higher Education Institutions in Tanzania, overall HIV prevalence in universities was 0.56% ranging from 0 to 2.03% (East African Community/ East African Lake Victoria Partnership [EAC/EALP]), 2010: 134). HIV prevalence was relatively higher among female students than male students and was evenly distributed among age groups except for age group 30-34 years (EAC/EALP, 2010:134).

The Knowledge, Attitudes, Behaviours and Perception (KABP) findings from a recent survey show that the risk of HIV/AIDS infection was on the increase at tertiary educational institutions in Botswana. Evidence indicates that youth is equipped with knowledge and resources they need to curb the spread of the virus, but the survey findings show that they are doing little to protect themselves. The study identified the various factors contributing to the student's carelessness in protecting themselves which include increased personal freedom and peer pressure. A total of 4312 students took part in the audit and from the findings 73%

are in relationships, 82.5% had engaged in sexual intercourse and 45% had engaged in unprotected sexual intercourse (Seloilwe, Jack, Letshabo, Bainame, Vesko, Mokoto, Kobue, & Muzila, 2001:209).

The Higher Education HIV and AIDS Programme (HEAIDS) (2009) conducted a comprehensive HIV prevalence and knowledge, attitude, behavior and practice (KABP) study in the tertiary education sector of South Africa in order to enable the higher education sector understand the threat posed by the epidemic to its core mandate. A total of 23 605 (79.1 %) out of 29, 856 participants completed the questionnaires and also provided specimens for HIV testing. The study found that the mean HIV prevalence for students was 3.4 percent. The province with the highest HIV prevalence at 6.4 percent was Eastern Cape (EC) while Western Cape (WC) was lowest at 1.1 percent. The findings of the study indicated that HIV prevalence among students increases sharply with age – as they progress from their late teens to early 20s, and even more so after the 25 year mark. Evidence suggests that HIV prevalence in females increases rapidly after their 20th birthday. This is generally the age at the exit point of university whereby the student graduate enters the ‘working world’. This phenomenon could largely be attributed to high risk of HIV infection during the time these young people are in tertiary institutions.

The study also revealed that the behaviour that puts students at risk of HIV infection is quite common and it occurs at all institutions. Universities are at the forefront and best placed to mobilise social response against the epidemic. Dr Blade Nzimande indicated that no institution can afford to relax its efforts to prevent the spread of HIV and to offer care, support and treatment to students and staff living with HIV. He made an address at the Higher Education HIV & AIDS (HEAIDS) Conference in March 2010, after the release of the findings of the study that was conducted by the HEAIDS in 2008.

2.4 RISKY SEXUAL BEHAVIOURS AMONG UNIVERSITY STUDENTS

Elements of risky sexual behaviour include multiple sexual partners, unprotected sexual intercourse, untreated sexually transmitted infections, having sexual intercourse while under influence of drugs or alcohol and exchanging sex for money (Adafuye et al. 2009:2). In Nigeria, Oshi, Ezugwu, Oshi, Dimkpa, Korie, and Okperi, (2007:196) highlight that studies conducted among Nigerian youth indicate that there has not been significant behavioural change in sexual behavior despite the apparently commendable awareness of HIV/AIDS. Moreover, Oshi et.al,(2007:196) reported a 100 percent HIV/ AIDS awareness rate among undergraduates in a Nigerian University, yet only five percent of their respondents reported using condoms during casual sexual intercourse with persons they were meeting for the first time.

According to Adefuye et al (2009:2), in their timely study which focused on risk perceptions of African American urban university students in the Midwest, the college environment offers an ideal opportunity for students to experience sex with multiple partners. These writers go on to report that the majority of students in their study sample of 360 students engaged in manifold HIV high risk behaviours, such as sex with multiple partners, low use of condoms, especially when under influence of alcohol and drugs while they neglected the potential risks of being HIV infected (Adefuye, et al 2009:1).

Generally, university students are sexually very active. The data shows that more than 50% of the students have had penetrative sex and they start this activity while they were quite young. Also, consensual sex at first sexual intercourse was quite high EAC/EALP, 2010:15). Kalina, Geckova, Jarcuska, Orosova, van Dijk and Reijneveld (2009:1) conducted a study among students of Slovak university in Europe with the aim of assessing the sexual risk behaviour. Their findings showed that more than 60% of university students had already had sex when they entered university and 20% of them reported having had sexual intercourse before the age of 17. While 57% of students said that they had used a condom at coital debut,

less than one third of them reported consistent current condom use. A considerable number of students reported having sex under alcohol or drug influence, particularly boys.

The prevalence of sexual risk behaviour is high on campuses at South African universities, putting many students at risk of HIV infection (Mutinta, Govender, Gow & Goerge, 2012:353). These authors conducted a qualitative study that explores individual influences on students' sexual risk-taking behaviour at the University of KwaZulu-Natal. Sexual risk behaviour was found to be influenced by a range of individual factors, such as personal beliefs about long-term relationships, attitudes towards sex for variety, a drive for material wealth, a lack of satisfaction in relationships, pursuit of the long-term goal of marriage and HIV denial. As young adults, university students lack experience in assessing influences on their risk-taking behaviour that put them at risk of acquiring HIV infection. Studies indicate that sexual behaviours and attitudes towards safer sex of students have revealed that young people engage in their most extensive identity exploration during adulthood rather than early adolescence (EAC/EALP, 2010: 111). This developmental stage is a process for college-going students because they arrive at university campuses that no longer provide personnel acting in place of parents. As such, most societies have experienced disappointments with young people who go for further studies and only come back pregnant and or ill with sexually transmitted illnesses such as HIV/AIDS (Gordon & Mwale 2006: 68).

The literature indicates that high sexual risk behaviour among youths is predominantly determined by social factors such as 'ever-pregnant' or 'ever made pregnant', 'ever given something for sex', age of sexual partner, currently in school, pressured by friends to have sex, peer influence on safe sex and education level for males (Zambuko, 2005: 569). According to Mutinta and Govender, (2012:27) in their study participants' views suggested that in wanting to look 'up-to-date' or 'cool', students engaged in risky sexual relationships in search for financial support to keep up appearances.

Awareness can no longer be sufficient as an intervention. Moreover, studies indicate that there is high level of risky sexual behaviour despite equally high levels of knowledge about HIV/AIDS and easy access to condoms on campuses, but a range of factors influence the students' capacity to apply this knowledge to safer-sex practices (Shefer, Strebel & Jacobs 2012:118; Kopele & Shumba 2011:257; Nqojane, Tebele, Nel & Vezi, 2012:6).

2.5 KNOWLEDGE OF HIV/AIDS AND GENERAL BEHAVIOUR AMONG YOUTH

The awareness often fails to translate into meaningful behaviour change among young people, as evident from previous studies indicating that substantial numbers of young people continue to participate in unprotected sexual activity (Kopele & Shumba, 2011:263). Studies indicate that many of the young people are aware of the consequences of certain risky activities, but that knowledge does not always seem to change behaviour (Fraser-Hurt, Zuma, Njuho, Chikwava & Slaymaker, and 2011:119). Some studies also argued that knowledge alone is not sufficient to facilitate behaviour change or as an important determinant of HIV preventive behaviour (DiClemente & Peterson, 1994:43). However UNAIDS (1997:12) find that, when young people are provided with accurate information on sex and HIV/AIDS, they are more likely to delay their sexual activity and use condoms when they finally do have sex.

2.6 THE VULNERABILITY OF YOUNG PEOPLE TO HIV/AIDS

Risk is a part of daily life for young people growing up in South Africa, and the environments they live in undoubtedly impact their risk-taking perceptions and behaviour. The vulnerability of young people to HIV/AIDS continues to be a serious concern. In South Africa the number of young people that consider themselves to be at small risk of acquiring HIV has increased (Beutel & Anderson, 2013: 1). A review of various studies shows that individuals are more likely to underestimate than to overestimate their risk for HIV infection, regardless of the nature of their sexual behaviour (Akwara, 2001:388).

Recently, a research study was conducted that has used a representative sample of South African youth from Cape Town to examine whether individual Human Immunodeficiency Virus (HIV) risk perceptions change over time and, if they do, what factors are associated with change. Using data from the Cape Area Panel Study, a multi-racial, longitudinal study of youth and their households, this study examined whether youth change their HIV risk perceptions over a four-year period and whether sexual behaviours, knowing someone with HIV, gender and race are associated with any change. Overall, changes in HIV risk perceptions tend to be small at 31 percent (Beutel & Anderson, 2013: 1). HIV transmission largely occurs through heterosexual intercourse in South Africa and portions of the youth population continue to engage in sexual behaviours that place them at risk of HIV infection (Shisana, Rehle, Simbayi, Zuma, Jooste, 2009:1).

2.7 SOCIO-ENVIRONMENTAL FACTORS FOR RISK OF HIV INFECTION

Jessor (1991: 604) explain that socio-environmental risk factors include young people's educational background, community environments, sexual beliefs, social status, school environments and family processes. According to Mutinta and Govender (2012:21), the socio-environmental factors were found to be instigators of high sexual risk behaviour. In their study conducted at University of KwaZulu-Natal, South African students' responses suggested that they engage in sexual risk behaviour such as multiple sexual partners and unsafe sex as a result of being influenced by socio-environmental factors. Students indicated that campus life introduces them into life where sexual moral behaviour is defined differently from what they know in rural areas. These authors report that when students join the university they are suddenly hit by a culture that extols sexual risk behaviour and eventually risky sexual practices become normal behaviour to them (Mutinta & Govender, 2012:26).

2.8 THEORETICAL FOUNDATION

2.8.1 Cognitive Perspective

The cognitive perspective includes theories such as the health belief model (HBM), social-cognitive theory (SCT), the theories of reasoned action (TRA) and planned behaviour (TPB) and the protection motivation theory (PMT). These theories focus on cognitive variables as part of behaviour change, and share the assumption that attitudes and beliefs as well as expectations of future events and outcomes are major determinants of health related behaviour (Stroebe, 2000). These theories share many constructs and in many cases differ primarily in their operationalisation of the constructs and the hypothesized relationships between them. In the face of various alternatives, these theories propose that individuals will choose the action that will lead most likely to positive outcomes.

2.8.2 The Social Cognitive Theory (SCT)

A theoretical framework or model suggested as a basis for this study is the Social Cognitive Theory (SCT). This theory evolved from social learning theory and was developed by Bandura (1986) with the aim to analyse and to motivate change in human behaviour taking into account both individual and social factors. Bandura (2004:143) stressed that health promotion needs to have both an individual and structural approach.

SCT assumes that behaviour is the result of reciprocal interactions among behavioural, personal, and environment factors (Bandura, 1986). It posits a multifaceted causal structure in the regulation of human motivation, action and well-being (Bandura, 2001:2). Bandura (2004:145) described the relationship between the three causal factors as mutually acting in a bidirectional manner, namely, personal determinants, which include cognitions and emotions; behavioural determinants and environmental determinants influence each other as well as health behaviour decisions. In this model, individuals respond to risks as “self-organizing, proactive, self-reflecting, and self-regulating, not just reactive

organisms shaped and shepherded by environmental events or inner forces” (Bandura, 2001:15).

There is an interaction between thought, affect and action. Expectations, beliefs, self- perceptions, goals and intentions produce shape and direction to behaviour. What people think, believe, and feel, affects how they behave (Bandura, 1986). Furthermore there is an interactive relation between personal characteristics and environmental influences. Human expectations, beliefs, emotional bents and cognitive competencies are developed and modified by social influences that convey information and activate emotional reactions through modelling, instruction and social persuasion (Kanekar & Sharma, 2009: 53.). In the transactions of everyday life people create as well as select environment through their actions. Thus, behaviour determines which of the many potential environmental influences will come into play and what forms they will take (Bandura, 2004:143). Environmental influences, in turn, partly determine which forms of behaviour are developed and activated. The SCT theory does not focus on behaviour in isolation, but on the individual in his or her environmental situation, which makes it a natural fit for the topic at hand.

2.8.3 The Conceptual Framework

With reference to the concepts introduced about SCT, perception of risk for HIV infection can be analysed considering both individual and social factors. SCT provides a framework that specifies the following as a set of core determinants: knowledge of health risks and benefits of different health practices, perceived self-efficacy that one can exercise control over ones health habits, outcome expectations about the expected costs and benefits of different health habits, the health goals that people set for themselves, the concrete plans and strategies for realising them, perceived facilitators, social and structural impediments to the changes they seek (Bandura, 2004:144). This study focuses only on the concepts that can be analysed in perceptions of risks for HIV infection (see figure1).

The suggestion from SCT is that people learn how to behave in social situations by paying attention to the environment around them and reacting or responding to the environment and its stimuli. This assumption implies that behaviours, including sexual, can be taught. There is evidence that adolescents are largely influenced by their peers and parents on their knowledge, values, and attitudes about sex (de Gaston, Jensen, & Weed, 1995:465). However, other groups such as work units, schools, churches and community organizations also can serve as primary socialization assemblies. The influence, or learning, from these people or groups comes about by communication and by modelling. To achieve self-directed change, people need to be given not only reasons to alter risky habits but also the means and resources to do so (Bandura, 1989:128). Knowledge of health risks and benefits only creates a precondition for behaviour change but knowledge in itself is not sufficient to overcome the impediments to adapting and maintaining new behaviour/practices (Bandura, 2004: 144).

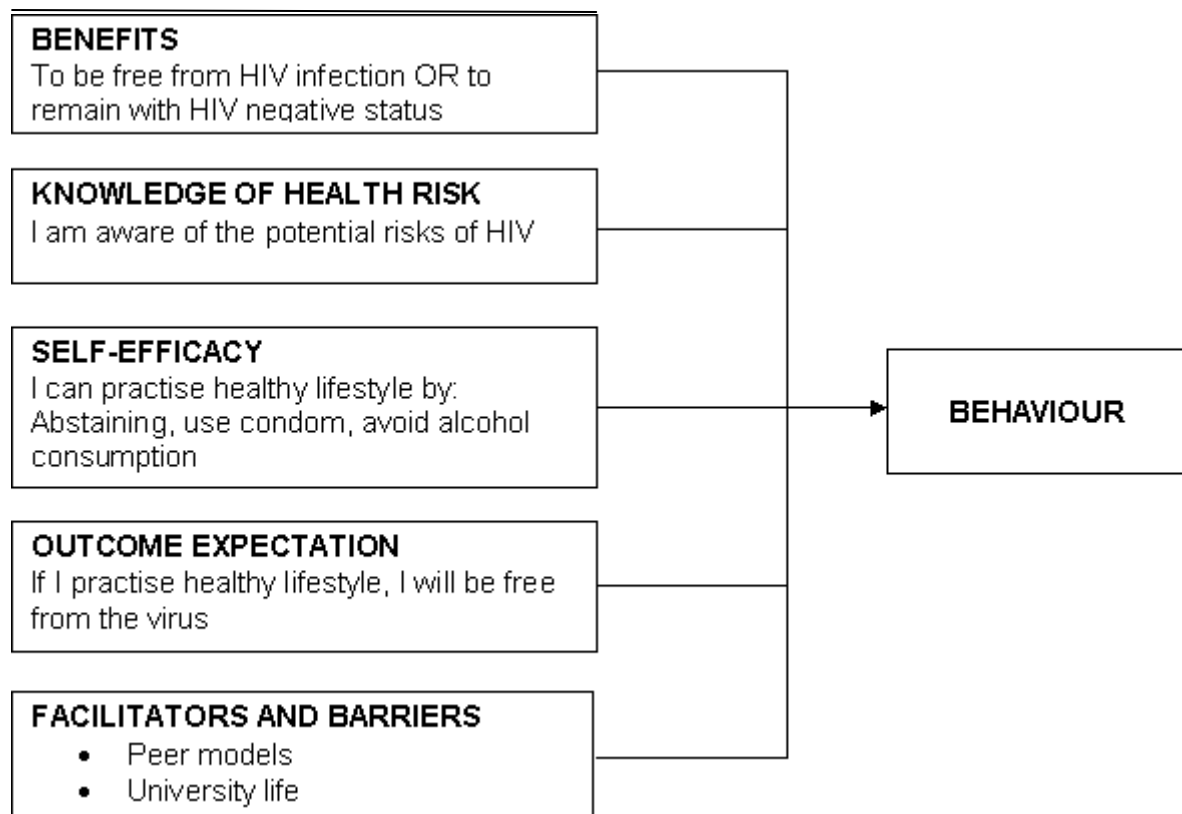


Figure 1: Social Cognitive Theory, adapted from Munro, Lewin, Swart & Volmink, (2007: 104)

The SCT concept which is self-efficacy is much more predictive for HIV risk reduction behaviour. Self-efficacy is an individual's confidence and sense of control to overcome barriers to perform behaviour (Bandura, 1994: 28). Individuals' belief that they can motivate themselves and regulate their behaviour determines whether they will even attempt to alter their behaviour (Bandura, 1994: 29). The theory maintains that self-efficacy is the most important prerequisite for behaviour change because it affects how much effort is invested in the behaviour and what level of performance is attained (Bandura, 1998: 627).

Bandura suggests that there are four sources or modes that influence self-efficacy: performance accomplishment, vicarious learning, social/verbal persuasion, and emotional/physiological arousal (Bandura, 1994:37). These four influential sources of self-efficacy will be applied to explore risk perceptions towards HIV infection and examine the ways in which they were socially constructed and influenced by the 'student life' discourse among undergraduate nursing students. Performance accomplishment, or role mastery, would mean that as a student practices less risky sexual lifestyle with that act, the student builds his/her confidence in his/her ability to leave less risky lifestyle. Vicarious experience is developed by creating a social comparison between others' successful completion of behaviour and self (Bandura, 1977: 191). Vicarious experience, or learning from others, requires that a student observe others as they model this lifestyle. Verbal persuasion is through receiving suggestions from others. Social or verbal persuasion from a credible source such as a senior student who can act as a mentor and can help increase a student's confidence in her ability to leave non-risky lifestyle could help a great deal.

Outcome Expectations reflect individuals' beliefs about what consequences are most likely to ensue if particular behaviours are performed. These beliefs are formed inactively through students' own past experiences and vicariously through the observation of others. Students' may inhibit their engagement in behaviour if they observe a model suffer consequences they would prefer to avoid. For instance, if a student who practices sexually risky behaviour becomes ill other

students may suppress this behaviour to avoid a similar outcome. In a related fashion, students may dis-inhibit or engage in behaviour they had initially suppressed when they fail to see any negative consequences accrue to a model. Outcome expectations are important in SCT because they shape the decisions people make about what actions to take and which behaviours to suppress (Reynolds, Magidson, Bornova, Gwadz, Ewart, Daughters & Lejuez, 2010,317). The frequency of behaviour should increase when the outcomes expected are valued, whereas behaviours associated with unfavourable or irrelevant outcomes will be avoided.

2.9 SUMMARY

This chapter explored existing literature on student perceptions to HIV infection as it relates to the prevalence of HIV infection among youth in general and among university students, the vulnerability of young people to HIV/AIDS, Knowledge and general behaviour of youth risky sexual behaviours among university students and socio-environmental risk factors for HIV infection. The theoretical framework was explored in the context of Social cognitive theory (SCT). The next chapter presents the research methods applied in this study.

CHAPTER 3 - RESEARCH METHODS

3.1 INTRODUCTION

The current chapter details the research plan adopted to obtain answers to the research questions and objectives being studied. The focus of the study was to explore the perceptions of risk for HIV infection among undergraduate nursing students at the University in East London, Eastern Cape and the ways in which these perceptions are socially constructed influenced by 'student life' discourse. The discussion includes the research design and the research methodology on aspects such as the study setting where the research was conducted. Furthermore, sampling arrangement utilised to generate participants for the study, and subsequently, the methods of data collection and data analysis are also given attention. Lastly, issues of research trustworthiness were examined, and the ethical considerations that were employed to protect the rights of the participants.

3.2 RESEARCH DESIGN

Polit and Beck (2008:66) define research design as the overall plan for addressing a research question, including specifications for enhancing the study's integrity. Creswell (2009:5) refer to the research design as a plan to conduct research that includes the strategies of inquiry, intersection of philosophy and data collection methods. The strategies of inquiry used for this study were explorative and descriptive design, the intersection philosophy was the Social Constructivist worldview, and the data collection methods were interviews and focus group discussions which will be discussed later in this chapter.

3.2.1 Exploratory design

According to Babbie and Mouton (2001:79), a research is exploratory when the researcher examines a new area of interest or topic, especially when a phenomenon under study is persistent. Polit and Beck (2008: 20) add that an exploratory study is useful if the researcher wishes to assess and understand a phenomenon in a new light, asks questions and search for new insights. This study sought to explore the perceptions of risk for HIV infection among undergraduate nursing students at the University in East London, and the ways in which the perceptions are socially constructed influenced by 'student life' discourses.

3.2.2 Descriptive design

Descriptive research is described by Burns and Grove (2005:239) as a research design that provides an accurate portrayal or account of characteristics of a particular individual, situation, or group. It is a way of describing what exists, discovering new meaning, determining the frequency with which something occurs and categorizing information. The purpose of descriptive studies is to observe, describe, and document aspects of a situation as it naturally occurs and sometimes to serve as a starting point for hypothesis generation or theory development (Burns & Grove 2005:26; Polit & Beck 2008:274). This study sought to describe the perceptions of risk for HIV infection among undergraduate nursing students at the university in East London, and sought to describe the ways in which the perceptions are socially constructed and influenced by 'student life' discourse.

3.2.3 The Social Constructivist Worldview

According to Guba (1990: 17), cited in Creswell (2009: 8), the worldview means a basic set of beliefs that guide action. This study was guided by a social constructivist worldview, aiming to explore risk perceptions towards HIV infection among undergraduate nursing students. Taking a social constructivists perspective, the study attempted to understand the ways in which risk perceptions for HIV infection were socially constructed and influenced by the 'student life' discourse. The social constructivists hold the assumption that reality is being socially created (Creswell, 2009:8). Bury (1986: 141) emphasised drawing on language to explore pre-existing realities formed through narratives and social interactions. These interpretations imply that risk perceptions towards HIV infection are subjective and context-bound, applicable to the community and time of investigation.

The basic condition in this school of thought is that meaning is created through social interaction. It is through social interaction that people learn how to see the world (Taylor and Bogdan, 1984:9). In this process they internalise established meanings, which, in turn, become confirmed as social reality. Meaning then, is constructed by human beings as they engage with the world they are interpreting in a given social context (Creswell, 2009:8). Different people say and do different things because people have had different experiences and have learned different social meanings (Taylor and Bogdan, 1984:10). In this line of thought every human phenomenon is socially and culturally constructed.

The point of departure then was that the student's risk perceptions for HIV infection cannot be understood without examining the ways in which they were socially constructed and influenced by the 'student life' discourse among undergraduate nursing students at the study site. Hence, the basic notion guiding this study is that relevant policy guidelines and interventions cannot be developed without a comprehension of local knowledge and meanings attached to a particular phenomenon, in other words, of the ways in which local reality is constructed. Thus, the social constructionist perspectives enabled the researcher to gain

insights into how participants made sense of their lives and in which risk perceptions for HIV infection were socially constructed.

3.3 RESEARCH STUDY SITE

A tertiary institution (a university) in East London, in the Eastern Cape Province, South Africa has been selected as the study site. The selected institution has three campuses. The study took place in one of these campuses - the East London Campus. East London campus enrolment ranges between 4000 and 5000 students (undergraduate and postgraduate) per year. The institution enrolls students from diverse, racial and cultural background, including international students.

East London Campus comprises of different faculties which include Social Sciences and Humanities, Law, Education, Commerce and Agriculture and Science. The current study was conducted in the Department of Nursing Science under the auspices of the Faculty of Agriculture and Science. This campus was not only chosen because it was easily accessible to the researcher in terms of travelling distance but also because it was an ideal site for this study. For one reason, this is a city campus where most students enrolled are from rural areas and townships of the Eastern Cape. Most of them experience, for the first time, the city environment and 'autonomy' associated with 'student life'.

The students' residences are located in a suburb area. This suburb is situated close to the beach and also less than 5km to the city. This suburb is well known for its entertaining atmosphere, and is surrounded by hotels, brothels, night clubs and many more other places of entertainment. Both male and female students stay in the same residences but occupy different rooms.

3.4 STUDY POPULATION

The research population was all undergraduate nursing students of the selected institution from first-year to fourth-year, from various races, sexes, socioeconomic classes and cultures. The Department of Nursing Science enrolls more than 300 students per year.

3.5 SAMPLE AND SAMPLING PROCEDURE.

Purposive and convenient sampling techniques were used to select the participants. Selecting participants purposefully implied choosing those who could contribute towards the study purpose. Participants were selected based on their availability and willingness to participate. The sample for this study was predetermined by data saturation which means that data was collected until no new information was obtained. Data saturation was reached when participant number 11 was interviewed and after four focus groups were conducted. Therefore predetermination of the number of participants for a given study was impossible (Speziale & Carpenter, 2007:95).

Inclusion criteria: The inclusion criteria of the study were undergraduates nursing students of the selected campus between the ages of 17-30 years of range.

Exclusion criteria: The exclusion criteria of the study were married undergraduate nursing students of the selected campus.

3.6 PILOT STUDY

Pilot study helps to identify potential problems with the design, which can thus be rectified before the actual study is carried out and enhance cost effectiveness (Terre Blanche & Durrheim, 2004:70). The purpose of a pilot study was to investigate the feasibility of the proposed study and to detect possible flaws in the data-collection, such as ambiguous instructions in wording and inadequate time

limits. A pilot study was carried out with participants from one of the tertiary institution in the Eastern Cape.

The researcher used an interview guide that was developed by the researcher and checked by the supervisor to collect data from the participants. The interview guide had two sections: Demographic information (section A) and open ended questions (section B). The probing questions depended on the participants' responses. The participants for the pilot study did not participate in the actual study. The researcher followed all the steps of the research process up to the findings. The pilot study assisted the researcher in mastering interviewing skills.

3.7 DATA COLLECTION

The data of the study was collected mainly through in-depth interviews and focus group discussion (FGDs). A tape recorder was used to record during the interviews and discussions. Since a tape recorder cannot record non-verbal cues, the researcher assistant wrote notes as interviews and FGDs were progressing (Kelly 2006:307). The researcher recruited students by meeting them on the university corridors, after attending lectures and requested them to participate voluntarily in the study. The researcher then arranged an appointment with the interested candidates.

3.7.1 Interviews

Interviews allowed the researcher to explore greater depth of meaning concerning phenomenon in question (Burns & Grove, 2009:16). The data were collected through semi-structured interviews. This technique allowed the researcher to obtain the information required and gave the participants the freedom to respond in their own words and provide as much details as they wished (Polit and Beck, 2008: 394).

Interviews were conducted in friendly way in order to develop rapport. Each interview commenced with collecting demographic information and brief background about a participant. Some of the participants were obviously tense at

the beginning of the interview as it was evident by the way they sat in a chair, however, after some time they looked more relaxed. Supported by participants, interviews were conducted in a quiet room on campus. An interview guide was used during each interview to probe the ideas of the participants about the phenomenon in question. All interviews were recorded with the consent of the participants. These were face-to-face interviews with each lasting approximately 60 minutes in length. The data became saturated after 11 interviews were conducted. The researcher then transcribed the recorded interviews and transcripts were used for discussion and analysis.

3.7.2 Focus group discussions (FGDs)

The FGD allowed the researcher to interview several participants within a group and also “individually and systematically” (Babbie, 2007:308). Higgs (2001: 6) emphasizes the use of focus groups to unpack the social construction of sensitive issues and reveal layers of discourse. The FGDs provided the participants with freedom to express thoughts and feelings about the phenomena in question (Burns & Grove, 2009: 513).

Four FGDs were conducted guided by a written topic guide (Polit & Beck 2008: 394). The number of participants in each discussion ranged between six and eight and the groups were of mixed-gender type (male and female students) (Speziale & Carpenter, 2007:39). The characteristics of the participants in each group were similar in terms of level of study, age and experience, which allowed them to feel more at ease in expressing their views. FGDs were conducted in a quiet room with each session lasting one hour and twenty minutes to one and half hour. Data was transcribed few hours after collection when the researcher’s memory was still fresh. These FGDs, through interaction between moderator and participants generated data that has gauged the convergence and divergence of perceptions of risk to HIV infection.

The researcher employed focus group discussions for several reasons. As suggested by Crabtree and Miller (1999), the dynamic nature of interaction enables

the generation of insights which provides comprehension of how people view a situation. Higgs (2001: 6) emphasize the use of focus groups to unpack the social construction of sensitive issues, unearth layers of discourse and group unmentionables or taboos, and the routine silencing of certain views and experiences. An additional advantage mentioned by Denzin and Lincoln (2000:16) and relevant to the objective, is that focus group discussions afford the researcher privileged access to in-group conversations which often include every-day language and home-grown terms, uncovering variety group dynamics, and stimulating conversations and reactions.

3.8 RIGOUR IN QUALITATIVE RESEARCH

Rigour in qualitative research depends on the openness, the relevance and the thoroughness of the researcher during the data collection and the data analysis stages (Corbin & Strauss, 2008; Leininger, 1991; Lincoln & Guba, 1985; Miles & Huberman, 1994, cited in Brink, et al., 2012:126). According to Streubert and Carpenter (2011:48), the reason for rigour in qualitative research is to represent the study experiences. There are other ways of describing the processes. Guba (1981) and Guba & Lincoln (1994, cited in Streubert & Carpenter, 2011:48) identified the four criteria that researchers should apply to ensure that the qualitative research process is followed and that emerging findings are trustworthy.

3.9 TRUSTWORTHINESS

According to Lincoln and Guba, (1985) cited in Shenton, (2004:63), the aim of trustworthiness in a study is to support the argument that the study's findings are worth paying attention to. In this study, four criteria of trustworthiness were considered, namely, credibility, transferability, dependability and confirmability of the study.

3.9.1 Credibility

In order to support the argument that the findings of this study are worth paying attention to, credibility was addressed considering the following subheadings:

Method triangulation: In addressing credibility the researcher ensured that the adoption of research methods was well established (Shenton, 2004: 64). To ensure triangulation, different methods were used, namely, FGDs and interviews. These methods formed the major data collection strategies for this study. The purpose of triangulation was to provide a more holistic and improved understanding of the phenomenon under study (Speziale & Carpenter, 2007:386). The use of different methods in concert compensates for their individual limitations and exploits their respective benefits (Shenton, 2004: 65)

Member checks: In addition Speziale and Carpenter (2007:49) suggest that another way to confirm credibility of findings is to see whether the participants recognise the findings of the study to be true to their experiences. The aim is to assess the intentionality of the respondents, to correct obvious errors and to provide additional volunteer information. It also creates an opportunity to summarise what the first step of the data analyses should be and to assess the overall adequacy of the data. In this study, the researcher returned to the participants to confirm whether the interpretation of the analysed transcript was the true reflection of what they meant. Participants were asked to read transcripts of dialogues in which they have participated. The emphasis was whether the participants consider that their words match what they actually intended, since a tape recorder has been used, the articulations themselves have at least been accurately captured.

Peer scrutiny of the research study: Opportunities for scrutiny of the study by colleagues and academics were employed. For instance, the researcher had monthly meeting with the supervisor to discuss the study and monitor progress. That allowed the supervisor to challenge some assumptions made by the researcher. Questions and observations from the supervisor and other individuals enabled the researcher to refine her methods, develop a greater explanation of the

research design and strengthen her arguments in the light of the comments made (Shenton, 2004: 67).

3.9.2 Transferability

Speziale and Carpenter (2007: 89) explain that transferability means that the study findings have meaning to others in similar situations. Bassey (1981: 74) is of the same view that, if researchers believe their situations to be similar to that described in the study, they may relate the findings to their own positions. In addressing transferability of this study the researcher provided sufficient contextual information about the fieldwork sites to enable the reader to make a transfer (Shenton, 2004: 69). However, the expectations for determining whether the findings fit or are transferable, rests with potential users of the findings and not with the researcher (Green, 1990; Lincoln & Guba, 1985; Sandelowski, 1986, cited in Speziale & Carpenter, 2007: 50).

3.9.3 Dependability

Lincoln and Guba stress the close ties between credibility and dependability. Dependability was achieved through the use of “overlapping methods”, the focus group and individual interview. In order to address the dependability issue more directly, the processes within the study were reported in detail, thereby enabling a future researcher to repeat the work, if not necessarily, to gain the same results.

3.9.4 Confirmability

The concept of confirmability is concerned with objectivity of the study. Steps were taken to ensure as far as possible that the study findings were the result of the experiences and ideas of the participants, rather than the characteristics and preferences of the researcher. The triangulation was applied to promote confirmability, in this context to reduce the effect of researcher's bias. Matthew, Miles and Huberman, (1994) consider that a key criterion for confirmability is the extent to which the researcher admits his or her own predispositions. In addition,

an independent coder was engaged and the consensus discussions between the researcher and the independent coder were held.

3.10 DATA ANALYSIS

The steps suggested by Terre Blanche, Durrheim and Kelly (2006:322) were adopted as a guide in analysing the data and generating the findings. Analysis of data was ongoing throughout data collection and transcription. The researcher was kept immersed and up-to-date with the data as they were collected, processed and evaluated. The first step of analysis was to read the raw data over and over in order to be familiarised with central issues. This enabled the researcher to gain a thorough understanding of the overall raw data as well as the kinds of interpretations that could be generated from it.

The second step was introducing themes. Terre Blanche et.al, (2006:323) label the process of introducing themes through a constructivist paradigm as a “bottom-up approach”. This qualitative approach of analysis allows a researcher to generate themes by looking carefully for meanings that underlie the data itself. This is opposed to the traditional ‘top-down’ approach where one would use a set of pre-coded themes and simply search for matching categories. This bottom-up approach of generating themes assisted the researcher to gain an even closer and more detailed understanding of the data at hand. While the themes were developed, codes also emerged which is the third step of data analysis. Codes are sentences, concepts, or phrases (Terre Blanche et.al, 2006:323) which were found to be relevant to or to support the different themes. The codes that fall under particular themes were carefully compared to find detailed and subtle meanings.

The fourth step was elaboration. The researcher took a closer look at the themes and codes that were developed in the previous steps and tried to establish if there were any further sub-codes to be developed from the coded data. The fifth step, which is the last step, was the interpretation and checking stage (Terre Blanche et.al, 2006:323). This was the most ‘refined’ stage of analysis whereby the researcher had to write a detailed account of the study phenomenon. The themes

that emerged during analysis were at this stage used as topics with evidence and theory-based discussion below them to support the current study.

3.11 ETHICAL CONSIDERATIONS

To conduct research ethically, the researcher must carry out the research completely, rigorously and methodologically soundly and manage resources with respect and integrity (Brink, 2009: 32). The ethical clearance was granted by the Institutional Ethical Research Committee of the University of Fort Hare (see Appendix B). Permission to conduct the research was obtained from the University of Fort Hare registrar (see Appendix C) and Head of Department of Nursing Science (see Appendix D).

Informed consent: Before the participant signed the consent form (see appendix), the researcher explained the following crucial aspects, the name of the researcher, purpose of the study, potential benefit, time commitment and explanation of procedures to be performed (in this case focus group discussion and interviews being recorded). Written informed consent was obtained from the participants.

Anonymity and Confidentiality: The process of ensuring anonymity refers to the researcher's act of keeping the participants' identities a secret with regard to their participation in the research study (Brink, 2006:35). The researcher provided participants with code names that were used when discussing data, thereby, ensuring the anonymity. Confidentiality was maintained throughout the study. All data gathered during the study was not divulged or made available to any unauthorised person. Data gathered was kept in a secure place under lock and key. The electronic data was accessed by use of password which was only known to the researcher. Participants were informed that in cases where the information may need to be published for the benefit of other researchers, the researcher will protect their anonymity.

Participants were informed of their right to decide whether or not to participate and

their right to withdraw at any given moment of the study. The questions on the guide were carefully structured to avoid harming participant and monitoring any signs of distress during interviews and focus group discussions, thereby, supporting the principle of respect for persons.

3.12 SUMMARY

This chapter has discussed in full the research plan adopted to obtain responses to the research questions and objectives of the study. The research design and the research methodology on aspects of the study setting where the research was conducted were discussed. Furthermore, the chapter has discussed the sampling arrangement utilised to generate participants for the study, and subsequently, the methods of data collection and data analysis. The issues of research trustworthiness were examined as well as the ethical considerations that were employed to protect the rights of the participants. The next chapter presents in detail the results of this study.

CHAPTER 4 – RESULTS

4.1 INTRODUCTION

This chapter presents the findings of the study according to the themes that emerged during the analysis. However the demographic data of the participants were presented first in order to provide an overview of the study sample. This study was guided by two main research objectives. The first objective sought to investigate risk perceptions towards HIV infection among undergraduate nursing students. The second objective set out to examine the ways in which risk perceptions for HIV infection were socially constructed and influenced by the ‘student life’ discourse among undergraduate nursing students at the study site campus. The findings presented in this chapter are covered under the three themes that emerged from these objectives:

- Knowledge of HIV/AIDS
- ‘Student life’ and risk of infection
- Inadequate interventions by University authorities

A detailed breakdown of these themes is presented in table 2 below.

4.2 PARTICIPANTS’ DEMOGRAPHIC DATA

The demographic data of the participants are presented in table 1 to provide an overview of the study sample.

Table 1: Participant demographics

Characteristics	Participants
Gender	19 Males 19 Females
Level of study	L1 (n=10); L2 (n= 9); L3 (n= 11); L4 (n = 8)
Home language	1 Coloured; 1 Shona; 1 Sotho; 32 Xhosa; 2 Zulu; 1 did not disclose
Age range	18-25 (n=31); 26-30 (n= 7)

4.3 THEMES THAT EMERGED FROM THE DATA ANALYSIS

Table 2: Summary of themes, categories and subcategories

Themes	Categories	Sub-categories
Knowledge of HIV/AIDS	<p>Nursing students are aware of HIV infection risks</p> <p>Risk reduction measures and compliance</p>	<ul style="list-style-type: none"> • Nursing curriculum has generally enhanced knowledge and awareness of infection risks. • Awareness of risk of infection mainly assists as far as ensuring the keeping of condoms, not necessarily their actual use by students. • Condom-use regarded as the main risk reduction measure • The pursuit of sexual pleasure often supersedes the inclination to use protection measures during

	Awareness can enhance denial of risk status	<p>intercourse</p> <ul style="list-style-type: none"> • Exposure to night parties and the influence of alcohol reduces students' consciousness to use condoms during sex • Condoms are less frequently used in older relationships • Diagnosis by outward observation • Denial of being at risk despite fear of testing
'Student life' and risk of infection	The newly acquired 'freedom' of being a student	<ul style="list-style-type: none"> • Being free from parental control • Liberty of living on your own and making own choices • University 'a bastion of experimentation?' • Exploring and

	<p>'Student life' and challenge of personal values</p>	<p>tasting the 'forbidden fruits'</p> <ul style="list-style-type: none"> • Abusing freedom of being away from parental guidance and control. • Feeling and expression of independence • Peer pressure: Selecting friends and keeping up to their standard of living • Dating multiple partners and engaging in reckless sex to gain recognition and status. • Financial pressures and 'sugar daddys' • Power: female students have less power to negotiate protected sex - they owe those who pay for their 'varsity' entertainment.
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Inadequate interventions by University authorities	Lack of HIV awareness campaigns absent	<ul style="list-style-type: none"> • Nursing students feel less involved in educating fellow students about HIV infection • University not prioritising HIV/AIDS education • Students generally ill-equipped to deal with the new pressures that come with 'student life'
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4.3.1 Knowledge of HIV/AIDS

One of the key findings in this study was that all the participants had adequate knowledge about HIV/AIDS. The Nursing curriculum offered at the university had generally enhanced knowledge and awareness of HIV infection risks.

4.3.1.1 Awareness of HIV infection risks

Participants confirmed that they had acquired knowledge about HIV even before they enrol for tertiary education. They indicated that HIV/AIDS forms part of their curriculum and they seemed to have a clear understanding about the HIV risks. A third year student explained:

We are aware of HIV risks because we are learning about HIV in class (P7, 24/09/2013: East London.

A first year student attested to this by saying:

Nursing students are aware of HIV/AIDS because they are taught by the lecturers on how to keep themselves away from this disease and if you are already infected, how to prevent the virus from spreading (P10, 01/11/2013: East London).

Undergraduate nursing students reported that they are not only taught in class but they also nurse patients who are HIV infected as early as soon as they enrol for the nursing degree. One student explained as follows:

Nursing students are aware of the risks of HIV because most of us we started getting information about HIV from high school and even in our curriculum from first year up to fourth year we are taught. We go out to clinical area to teach our clients about the risks and prevention measures and we also nurse client who are infected with HIV, therefore I think we are fully aware of the risks (P6, 23/09/2013: East London).

Students explained how HIV is transmitted, prevented, managed and the implications of the virus. A female first year student described as the follows:

I understand that HIV is a virus that causes AIDS and is transmitted through having sexual intercourse with someone who is HIV positive when not using any protection (P2, 13/09/2013: East London).

A third year female student explained as follows:

HIV is transmitted through sharing needles with infected person and from mother to child transmission during pregnancy, birth or breastfeeding. HIV is also transmitted through body fluids like blood, for instance if you have a cut and then you are helping someone who is HIV positive and touching his/her blood, you can get HIV virus. (P4, 17/09/2013: East London).

A fourth year male student added:

HIV is a virus that once it gets to your body, you cannot get it out. I also understand that HIV virus is not curable. It is manageable using ARV drugs and practising healthy lifestyle. I can say HIV virus is a disease which kills, mostly young people who are practising unprotected sex here in South Africa and worldwide. HIV also weakens the immune system (P1, 11/09/2013: East London).

4.3.1.2 Risk reduction measures and compliance

Condom-use was regarded as the main risk reduction measure. Awareness of risk of infection mainly assists as far as ensuring the keeping of condoms, not necessarily their actual use by students. A first year male student explained as follows:

Yes, we do take the condoms just to have them because of the guilt that 'let me take it...just to have one under a pillow, but at the end of the day you don't use it' (1PP4, 16/11/2013: East London).

The pursuit of sexual pleasure often supersedes the inclination to use protection measures during intercourse. A third year male student described how this played out:

There is a difference between taking and using a condom, taking it does not necessarily mean we use it, we take condoms but we don't use them, there is this thing that, no baby don't worry I am safe, if I'm clean you are clean and there is this that you know what when the emotions and hormones are very high, a guy can have a condom on, but may be during the sexual intercourse may take it off and say no I am not feeling it (some group members laughed in agreement)(3PP6, 17/10/2013: East London).

The above excerpt concurs with the view that was revealed in the data from the focus group discussions, namely, that most students do not favour the brand name of condoms that were distributed in their residences. One student describes their attitude as follows:

No, some students do not use those condoms because of their bad smell and they are not reliable, they often burst, therefore they choose to rather buy condoms or not use condom during sexual intercourse (3PP8, 17/10/2013:East London).

The data from interviews also reveal that in longer-term liaisons and relationships condom use faded with time seemingly in inverse proportion to a growing sense of familiarity and trust between partners. Students tend to stop using condoms after a few weeks of protected sex, and after three months it is rare to find established partners regularly using condoms. This poses a strong risk for HIV infection in relationships where one partner was HIV positive prior to entering the relationship or where there are concurrent relationships. A male student reported as follows:

When you are dating somebody you tend to share everything, especially if you are in the same class, because I study with her we have classes at the same time, when we go out of class we go together to the residences and we spend time together and at night we sleep together, so automatically it happens that we have sex frequently and we cannot use condom every time we have sex, because anyway we grow to trust each other (P5, 17/09/2013: East London).

Trusting partners was the most recurrent theme the students used to justify their perceived health safety:

I do have a boyfriend and sometimes we use condom when I am not up to date with the contraceptives and sometimes we do not use it. We trust each other (P3, 13/09/2013: East London).

Students in focus groups also reported that trust was one of the factors that influence their compliance to HIV prevention measures

I also think that... we tend to trust the other partner and what they are doing outside because the mere fact that I say I am going to use the contraceptives to prevent from falling pregnant, I may be faithful in my relationship but I don't know what the other partner is doing and you can't take that person's word so the aspect of being too trusty in a relationship is a factor that influence us because you don't know the level of faithfulness to other partner (4PP2,04/10/2013: East London).

Mainly, it was female students who reported difficulties in negotiating condom use. There were different factors that were responsible for that. Some students mentioned the issue of trust and sense of betrayal. A second year student gave an example:

I mean it is difficult for me to ask my boyfriend to use condom, though I know about prevention measures and risks because I fear that he may think I have another boyfriend and may think that I do not trust him, cause I mean we started and continued our relationship without using condom - so why only now? (2PP6, 18/10/2013: East London)

The data from the focus group discussion suggested that undergraduate nursing students engaged in unprotected sex and they are not bothered by the fact that they can be infected with HIV. A male fourth year student expanded on this:

What I have picked up from my peers when we are talking around the issue of sex, when people involve themselves in sexual activities their main concern is not the HIV/AIDS, but they are worried about pregnancy that will

be an outcome that will be seen publicly by everybody (4PP5,04/10/2013: East London).

Undergraduate nursing students perceived HIV as a distant threat and a disease for a certain group of people belonging to a particular class and they feel they are not vulnerable to HIV infection. A first year student describes her perception in these words:

Sometimes I am like you know such thing (referring to HIV/AIDS) will never happen to me, like; you see it happening to the poor people and you think ahh such thing will never happen to me or else you think it is disease for older people I am still young (1PP1, 16/11/2013: East London).

4.3.1.3 Awareness can enhance denial of risk status

The data from focus group discussions revealed that undergraduate nursing students deny the risk for HIV infection despite fear of testing for HIV infection. The knowledge they possess about HIV/AIDS seem to promote their state of denial. One female second year student articulated this sentiment in this manner:

As much as we have a lot of information about HIV, I think most people still take HIV for granted. For instance we look at people and we think we can diagnose them just by looking, you will hear some guys saying you know this girl is so cute and healthy, I had had sex with her without using condom (2PP3, 18/10/2013 :East London).

One male student shared a similar view:

The problem is that you look at the girl and see that this girl is very cute looking at the structure and you think... you know there are no symptoms that you can say there is HIV, so I can do without using a condom (the group laughed)(3PP5, 17/10/2013: East London).

The other participant from the same group added:

As nurses we sometimes just look for the signs and symptoms and we decide that no this person is negative so let us not use condom. And sometimes when we speak as guys we say no, no the HIV has no place to sit there, look at that woman she is fine (male students laughed)(3PP6, 17/10/2013: East London).

The above statements suggest that undergraduate nursing students are exposed to the risk of being infected by HIV virus despite their adequate awareness. A female student confirmed their risk as follows:

I think that as nurses we are all aware about HIV risk, to such an extent we do take a state of patient that we are helping lying on a bed to even imagine ourselves as those patients. We are so aware, but the problem is that our awareness does not... or I think as nurses, as we see people that we help and witness a miracle that a bedridden patient get up, and then we are like (throwing out hands) after all you know, even if... I will make it as well, he made it why wouldn't I? (3PP2, 17/10/2013: East London).

Such findings reveal that though nursing students are aware of the potential risks of HIV/AIDS their behaviour left a lot to be desired. All participants were of the same view that, nursing students were ignorant and behaved in the manner that puts them at risk of being infected by HIV. When a fourth year student was asked to explain the extent to which nursing students comply with the HIV prevention measures, this is how she responded:

Nursing students? No I don't think they really comply they just behave like other students from other faculties, although we know that there are prevention measures such as use of condom abstaining and being faithful. Nursing students go to parties like other students, they date, drinks alcohol and got drunk and sometimes they reach a state of being unconscious and will be helped by friends to go home and they do not treat themselves as people who have information about HIV/AIDS (P4, East London, 17/09/2013).

A third year student also attested to this as follows:

Yhoo ha-a (shaking her head and smiling) with what I see at the bashes and functions that I've have attended, mostly the nurses that are getting drunk. I am not saying that you get HIV when you are drunk, but then your reasoning capacity diminishes when you are not in your right senses (P4, 17/09/2013: East London).

Exposure to night parties and the influence of alcohol reduces students' consciousness to use condom during sexual intercourse. There is evidence from the focus group discussions that students drank alcohol either frequently or occasionally. This behaviour was promoted by the bashes (R5 fiesta) that were organised by the student political organisations around the campus. The R5 fiesta is when students buy alcohol for R5 in those bashes. This suggests there is an established pattern of binge drinking. Excessive alcohol consumption is recognised as a risk factor for sexual risk-taking behaviours, and is also related to other risks

such as reckless driving or exposure to violence. One fourth year female student described it as follows:

Usually when there are R5 fiesta bashes or Miss Freshette, we go there we want to have fun you know and you drink alcohol and sometimes a guy may win me, I go out and sleep with that person and I will wake up the next morning in his bed and don't even remember how that came about (4PP1, 04/10/2013: East London).

Findings from both the individual interviews and FGDs showed that students engage in sexual risk behaviour as they try to gain sexual experience and have fun. The most notable risk during this period is casual sexual intercourse without using condoms in the context of alcohol intake. When asked why students engage in sexual risk behaviour, a second year male student explained as follows:

I mean here we are free no one ask you anything and you are free to go to tavern anytime. There you become drunk and you don't even remember what you did last night. The next morning you don't even know whom you were with, you wake up in the morning there is someone next to you, and you don't even remember what happened (2PP4, 18/10/2013: East London).

Data also revealed that when participants were interviewed individually, they perceived themselves to be at little or no risk of being infected by HIV. However, as it will be shown in the discussion below, FGD participants perceived their status of risk differently. When students were asked, during one-on-one interviews, to explain the extent to which they feel they were at risk or not at risk of being infected with the HI virus, they responded as follows:

I think I am not at risk, because I don't engage in sex without a condom and I do not use alcohol and drugs and I am aware on how can I get HIV (P2, 13/09/2013: East London).

I am not at risk, because I do not have boyfriends here in the campus¹ (P3, 13/09/2013: East London).

Personally I think I am not at risk, because I don't go out to parties, I don't have a lot of boyfriends (P6, 23/09/2013: East London).

I don't think I am at risk, because I only have one girlfriend and we do use condom (P11, 01/11/2013).

¹ This participant revealed later during the interview that she did have one boyfriend and the boyfriend was not at the University. They met only during vacations when she was back at home. The boyfriend was from the same village where she came from.

The data from FGDs was inconsistent with the data revealed by one-to-one interviews. The data from FGDs revealed that most participants perceived themselves to be at risk of contracting HIV. Some participants described their risk as follows:

I believe I am at a very greater risk personally, I am so homosexual and there are less protective means when we are having our sexual intercourse, so some of our partners are HIV and they do not disclose their status since they fear that we may judge them (3PP2, 17/10/2013).

I am also at risk, because after a couple of drinks (meaning alcohol), one loose judgement meeting a strange girl and have sexual intercourse without protection (4PP3, 04/10/2013: East London).

I think I am at risk because, I do have a boyfriend and sometimes we use condom and sometimes we do not use it though I know HIV exist (1PP6, 16/11/2013: East London).

Well, personally I am at risk because these days you can never say you are not at risk unless you are abstaining, if you do sexual intercourse you are at risk, cause condoms do burst while having sex, the social things which we attend here in campus increases the risk, cause at times we go to the social gathering whereby we may be taking alcohol, and you wake up the following morning, someone is in your bed not actually recapping when all this happened (2PP7, 18/10/2013: East London).

4.3.2 'Student life' and risk of infection

The period of being in a tertiary institution for most students means to be away from parents and staying on your own, whether at student residence or renting a place. Existing cultures of sexuality and sexual and reproductive health on campus seemed to contribute a lot towards shaping students' approaches to sex and in the management of their sexual and reproductive health. For some students, being away from parental guidance and starting university could mean reaching the bastion of experimentation and reckless behaviour.

4.3.2.1 The newly acquired 'freedom' of being a student

When students arrive at university, they experience new developments in their lives such as being away from family, meeting new boyfriends and girlfriends and attending night parties. Thus, campus life seems to make students find self-discipline difficult such that they engage in sexual risk behaviour. Findings from both the individual interviews and FGDs show that students' independence exposes them to the risk of being infected with HIV. A third year male student explained as follows:

When you are at university things change from being at high school and being at home, here we live on our own, we live in residences whereby both sexes live in the same residences others in opposite rooms . So when you want date the first thing which comes to mind is sexual intercourse, most females go to the clinic for contraceptives like injection and using a condom is not something that is respected, but what is being said is not to get pregnant (P5, 17/09/2013: East London).

A similar view was presented by a third year female student who said:

You come to a university, there is no father or mother for most people, you don't stay with your parents, you got this freedom, some people turn to abuse it and then indulge to all those activities that would make their behaviour more risky, such as; keeping up with the fashion trends, having a latest phone so people can't get there, so they go to an extent of dating older men to get those things (P4, 17/09/2013: East London).

The data from focus group discussions suggest that students who felt that they did not enjoy the freedom to engage in sex due to parental control prior to joining university, indulged in sexual activities during their first year. A third year female student said that engaging in sex for such students symbolically represented freedom from parental control:

I have realised that most of those students that are coming from a very-very strict families are those that like do the wild staff when they come here at varsity, they do wonders and make sure that they do everything that they don't do at home and when they go back (all girls in a group finishes up for the one who was talking saying - ufike usule umlomo (in English is – you will wipe your mouth – which means pretend as if I am innocent, group laughs)(3PP7, 17/10/2013: East London).

The undergraduate nursing students adopt new set of values when they arrive at the university and there lies the overwhelming urge to learn and experience new things. Experiencing and learning new things is often welcomed with a new sense of freedom. A first year male participant made this clear when he said:

We are free from our parents, you know... most or all of us we are from backgrounds that are strict and then we were taught how to do things. So when you get here, you want to explore. You want to learn, and then you want to see what is this and what is that [sic], and then why my mom eh.... was saying don't do this, don't do that you know? When you really get to the university you want to do everything because ... when you were leaving your home you have this thing in you that 'I am free at last so you want to experience everything' (P7, 24/10/2013: East London).

The 3rd year female student attested saying:

In varsity yhaa... here (laughs to herself) here is where you get your sense of self. When you come to varsity, you are like yhep I am an 'ish' you know, I am person, you get that independency and what it means to be you, and where do you see yourself, so right when you are learning about yourself and your extremities that how far can I push myself? People start to push themselves to such an extent that they get other things that they were not aware. And when you get your sense of self you first get to certain stages and events and you explore, you become gay, you become bay (group laughs), and you become everything that you want to be. You are like I want to be a ben-ten (younger partner (male) in a relationship), I want to be a ben-eight you know you are flexible to anything (3PP2, 17/10/2013: East London).

Some students indicated that their freedom and independence had a negative effect on their sexual behaviour. One female participant put it well when she said:

Here we are free, no one is expecting you to come home at a specific time, you come and go as you wish and no one ask you where have you been, so people have that freedom of going to sleep over or stay in their boyfriends place as much as they want (FGDs 1).

4.3.2.2 'Student life' challenges personal values

The effect of what students encounter when they come to the university from different backgrounds disorients their sexual behaviour. At the university students are exposed to cultural differences such that their values are challenged because

they meet people with very different views of sex practices from theirs. A second year male student explained as follows:

The potentials risk is that...we meet different people from different backgrounds you know... We tend to put pressure on each other because I am from ...a strict family whereby I am suppose to follow the rules do what my parents say. Then I meet this person who is free, and I want to be like him and then end up forgetting my morals or what I was taught at home and I end up being exposed to – eh like sexual intercourse and then knowing everything and end up being infected.(P1, 11/09/2013: East London).

One of the key findings that emerged from the students' narratives during in-depth interviews is that exposure to the university tends to challenge the values that undergraduate nursing students bring when they come to university for the first time. To most respondents, these were the values that they have learnt while growing up. They regarded them as 'good values' that promote socially accepted behavioural patterns. They felt that these values are challenged and affected by the 'student culture'. A third year male student explained as follows:

Some students came here in the university as virgins but as time goes on and because of the peer pressure they are unable to maintain the responsibility which the person had when the person was at home of saying no I am a virgin. Because this is a city it is not the townships which we come from, whereby the virgins are given the dignity. When we come here we tend to forget all of those things and our fellow classmates give us the pressure that just do like this and this so we tend to want to do everything which others do (P5, 17/09/2013: East London).

Several factors are responsible for this shift in students' personal values and sexual behavioural patterns. Among these factors is the one of individuals identifying and adopting new group allegiances and subsequently being influenced by these new allegiances (called 'friendships') to adopt new sets of values that are often contrary to the values that students embraced before they were exposed to the university. A fourth year female student explained as follows:

Your friends go out for a party and because you also want to fit in you also go out with them. Then when you are there, you also do things they do because you want to fit in to the peer group...then you end up not complying with the HIV prevention measures because you will do things that would not do if you didn't go to the party. Things like drinking alcohol and engaging to sexual practises (P6, 23/09/2013: East London).

There is particular pressure experienced by new female students who are not yet feeling part of the institution. Another student described the social pressure to have a sexual partner as follows:

You know when I arrived here in campus different guys came to me to propose a love relationship. My friends said, "take him my friend otherwise he is going to leave you and go to others, just try it" (1PP5, 16/11/2013).

At the root of the abandonment of home values and adopting a new set of values therein lies the exposure to risky behaviours. The data from focus group discussions suggest that material support is the part of some sexual relationships and in some respects the commitment of resources to a relationship secures the relationship and creates obligations within it. In most cases the material provision is from men seeking sex, whereas the motivation for women is not usually sex but rather the acquisition of opportunity or material gain. One female student explained how:

When you are a girl you want to look good neeh and may be your parents do not afford, then you end up having sugar daddy who is going to give you money for the hair, money for the clothes, minister of transport (group laughs) and minister of finance, so you end up doing things with them in order to benefit money so in that way you are exposed to HIV because you end up sleeping with them (3PP4, 18/10/2013: East London).

The opportunities and material gains come at the risk of HIV infection with the 'provided for' or 'taken care of' partner having little power to negotiate safe sexual behaviours in either casual or committed relationships. A male student described this challenge:

When I spend to a girl I make her to feel that she owes me something, I then put pressure to that girl and start counting that I have bought you clothes, I have paid for your nails I have done this and this and do you still want to keep it up to me to use a condom? No let's put condom aside, why I can't you do what I want? (3PP5, 18/10/2013: East London).

Another student added saying:

That is where we you get those phrases that say "you eat my money, I will eat you too" (the group laughs out loud) (3PP2, 18/10/2013: East London).

The general finding was that dating multiple partners and engaging in reckless sex to gain recognition and status was more acceptable among males. They change partners just for popularity. A male student describes the popularity as follows:

As guys when we go for party, we go for two reasons, for gents and ladies that's it. When I am leaving my room if I am going alone, I tell myself that if I

come back alone today I am an idiot (group laughs out loud, especially guys), once you get enough alcohol in your system you feel brave enough, you walk up to any girl in that place, the first one to say yes to you, you want to find the closest area so that you can have sex, the room is too far (group laughs) if there is car you use the back seat and you will be holding on the boot (group laughs). That is one thing as guys when we go partying its one of those things that when you wake up in the next morning you must have a story to tell that I was in this party and I had a beautiful girl and took her home, so that you want to brag and have another notch on the belt. Another thing is that as guys we praise each other for every sexual contact we have, that I have won again it is number six this week. We often forget that there is HIV/AIDS and you only realise it after you have done it and just think what a hell I have done (3PP6, 18/10/2013: East London).

4.3.3 Inadequate interventions by University authorities

Students indicated that the university is not prioritising HIV/AIDS education. The students felt that there should be more HIV and AIDS campaigns on campus and in student residences in order to curb the rate of HIV infection among student. One of the students explained as follows:

I think the university management should organise campaigns and invite some motivational speakers to address students and make them to be aware about the risks and prevention measures. For instance I have been here for four years but I don't remember an awareness campaign on HIV/AIDS around the university, except for the voluntary counselling testing, once in a year (P6, 23/09/2013: East London).

A second year student was also on the same view that:

Maybe if the university management may invite motivational speaker who is living with HIV/ AIDS just to elaborate and give us what we might be heading for you know...If we get more HIV awareness or programmes are done more often we might get a picture that, live like this (P1, 11/09/2013: East London).

A third year male student member blamed the way HIV prevention messages are presented

At times you need to speak to people constantly to make them understand, rather than just putting something there (referring to condoms) and say you were told so you will see for yourself (P5, 17/09/2013: East London).

The peer education programme was positively regarded in the focus groups. Nursing students felt that they were less involved in educating fellow students about HIV infection. A second year student explained as follows:

I think students in general like to obtain information from peers rather than from elderly people, so I think as nurses we should educate others and share the information we have and equip them to deal with HIV infection (2PP5, 18/10/2013: East London).

Focus group participants felt that prevention messages would be more effective if they were presented in an engaging manner, such as through thoughtful discussions that would help people internalise the message. One student describe as follows

this discussion needs to be done in a class situation where we will be exchanging how we feel about HIV/AIDS and everyone will be talking and in that way we will be able to really understand the situation and when one go back will think, eish that question really kicked me or made me to think (4PP6, 4/10/2013: East London)

Undergraduate nursing students suggest that the university management should involve them in the HIV/AIDS awareness campaigns, claiming that they are reliable sources of information about the HIV /AIDS. One student explained as follows:

I think the university management should give nursing students platform to be active, visible and be able to avail themselves and volunteer to be involved in the HIV awareness programmes, so that they can correct even the myth that other students may be having(4PP3, 04/10/2013: East London).

4.4 SUMMARY

This chapter outlined the demographic data of the participants that provided an overview of the study sample. The findings of the study according to the themes that emerged during the analysis guided by the research objectives were presented in full. The findings were discussed under the three themes, namely, Knowledge of HIV/AIDS, 'Student life' and risk of infection and inadequate interventions by the University authorities. The discussion of the findings in relation to previous studies, study limitations, study implications as well as recommendations of the study is presented in chapter 5.

CHAPTER 5 - DISCUSSION, LIMITATIONS, IMPLICATIONS, SUMMARY AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter offers a discussion of the findings that are presented in Chapter 4. The discussion in this chapter is driven by the secondary literature which covers both conceptual and empirical debates around the problem highlighted in this study (mainly drawn from earlier studies).

This study sought to explore the perceptions of risk for HIV infection amongst undergraduate nursing students at an institution of higher learning (university) in East London, Eastern Cape. More specifically, the study examined the ways in which the 'student life' discourse functions to influence students' perceptions of risk to HIV infection at the selected institution of higher learning.

The limitations of the study, implication, summary and recommendations are also covered in this chapter.

5.2 DISCUSSION IN RELATION TO EARLIER STUDIES

The prevalence of HIV/AIDS has had the most devastating impact worldwide and sub-Saharan Africa, in particular, (Shisana et al., 2009:1). With a feasible vaccine still years away the most efficient means of fighting this pandemic, amongst other strategies, is the focus on behavioural changes such as reductions in risk behaviour remains one of key measures to curb the epidemic (Van den Berg, 2004). Despite the widespread knowledge of the consequences of HIV/AIDS and of preventive measures to avoid infection, risky sexual practices remain rampant among the youth in South Africa. It was therefore worthwhile to examine the perceptions of risk to HIV infection among undergraduate students. It is hoped that, a study of this nature will, at least, assist in tracking the trends in knowledge, perceptions and the dominant behaviour among undergraduate university students and also to help prevent the further spreading of new HIV/AIDS infections in tertiary institutions of learning and other similar environments.

5.2.1 Knowledge of HIV/AIDS

Among the key findings that emerged from this study was that the knowledge about potential risks to HIV/AIDS did not seem to influence the general sexual behaviour of students. All participants demonstrated adequate understanding of potential risks of HIV/AIDS infection. The high level of knowledge of HIV/AIDS among students suggested that the students were aware of the implications of risky sexual habits. However, with all the knowledge they possess, their behaviour left a lot to be desired. Such a finding resonates with other studies that found, among other things, that many people are aware of the consequences of certain risky activities, but that knowledge does not always seem to change behaviour (Fraser-Hurt et al., 2011:119). This finding also concurs with the findings presented in Castora's (2005: 28) study which found that knowledge about sexual issues and HIV/AIDS does not necessarily predict sexual behaviour.

The study also revealed that some of the knowledge about HIV/AIDS that the undergraduate nursing students acquired paradoxically put them at risk of contracting HIV instead of reducing this risk. For example the dominant misconception among students that one can diagnose HIV status of an individual by looking at his/her physical appearance was quite revealing. As such, students ironically used the same knowledge to argue their 'safe' status or to deny their risk of being infected.

Condoms are highly effective in preventing the spread of STIs, HIV and unintended pregnancies. When used consistently and correctly, male condoms can provide as much as 94% reduction in the risk of HIV contraction (UNAIDS, 2013: 19). The findings of this study revealed that although condom-use was regarded as the main risk reduction measure by participants, their responses indicated serious challenges when it comes to implementation of this principle. These findings are in agreement with the findings discussed in the work of Adefuye, et al (2009:1) who reported that the majority of students in their study were engaged in manifold HIV high risk behaviours, such as sex with multiple partners, low use of condoms

especially when under influence of alcohol and drugs while they neglected the potential risks of being HIV infected.

The majority of the participants interviewed individually perceived themselves to be at “little or no” risk of contracting HIV/AIDS despite a high prevalence of HIV risk indicators among them. AIDS was seen as a distant rather than an immediate threat and most participants were only concerned about preventing pregnancy. Furthermore, a greater proportion perceived themselves to be at lesser risk of infection compared with their peers. Several studies have found that South African youth often perceive their risk of HIV infection to be low, even if they engage in sexual risk behaviours which may reflect youthful optimism and feelings of invulnerability (Anderson et al., 2007: 98; Fraser-Hurt et al., 2011: 109). As such, the number of young people that consider themselves to be at small risk of acquiring the HIV has increased in South Africa (Beutel & Anderson, 2013: 1).

5.2.2 ‘Student life’ and risk of infection

Another finding was that student’s migration from their homes to the University campus residences offered a greater sense of freedom, less adult supervision, increased self-focus and autonomy, and more opportunity to explore new personal values (while abandoning old values), beliefs, and attitudes. As the findings of this study have shown, students were inclined to feel free to do whatever they wanted and whenever they wanted to do it when they were on campus. As demonstrated by some of the responses, this period of intense exploration and change could make individuals particularly susceptible to engaging in high-risk behaviours and expose them to a risk of being infected with HIV. The nursing students at the study site were experiencing a lifestyle that was less constricting than their home environment where they lived under parental care and the influence of their family members. Freedom from parental control is one of the factors that encourage students’ sexual risk behaviour. This confirms Jessor’s (1991:597) finding that, both “perceived and experienced freedom” from parental or guardian control influences young people to engage in risky behaviour. The findings from the previous studies also indicate that there are various factors contributing to the

students' carelessness in protecting themselves which include increased personal freedom, alcohol consumption and peer pressure (Zambuko, 2005: 569).

While at university, students have to learn to manage their time on their own. This point would seem to suggest that it is not that students are merely irresponsible; instead campus lifestyles and the change in surroundings and culture tend to be a challenge to students when the need to adapt to the university environment arises. This study has shown that students are ill-equipped to deal with the new pressures that come with 'student life'. Students' personal values were challenged by the life at the university or the so called 'student life' (varsity life). The values that students bring from their homes were confronted and affected by the 'campus culture' that they came across when they reached university. This view is supported by Mutinta and Govender (2012:26) who states that, campus life introduces students into life where sexual moral behaviour is defined differently from what they knew before they arrived at the university. These authors further report that when students join the university they are suddenly hit by a culture that extols risky behaviour and eventually risky sexual practices become a normal mode of conduct to students (Mutinta & Govender, 2012:26). Moreover, studies have also shown that a large number of students were likely to have sex for the first time during the period they were at university (HEAIDS, 2008: 8). Therefore, it was not a surprise that this study found that one of the key values that were challenged by 'student life' was students' moral value of sexual purity.

Finally, the majority of students who took part in this study did not know of any institutional HIV/AIDS awareness programme that the University had put in place. Therefore, nursing students obtained information about HIV/AIDS from their curriculum and their clinical practice and from media rather than from the internal university campaigns and initiatives.

5.3 DISCUSSION IN RELATION TO SOCIAL COGNITIVE THEORY (SCT)

Social cognitive theory was used in this study to examine the ways in which the 'student life' discourse functions to influence students' perceptions of risk to HIV infection at the selected institution of higher learning. Social cognitive theory was a useful framework because it does not only consider internal factors involved in individual decision making, but it also considers interactions between individuals and their environment (Bandura, 2001: 15). The surrounding where the nursing students were residing had lots of entertainment facilities which influenced the students to change their behaviour. The results from this study are therefore in line with the concepts found in SCT that what people think, believe and feel affects how they behave (Bandura, 1994:74).

Students had easy access to pornographic material, nightclubs and parties that were exposing them to risky behaviours. Environmental influences, in turn, partly determine which forms of behaviour are developed and activated. Moreover, the living arrangements and the surrounding environment played an important role in change of behaviour. The study revealed that the mixing of male and female students in the same residence encouraged students' risky sexual practices as some of the students end up cohabitating. The cohabitating processes in turn decrease condom use as students in sexual relationships develop trust for each other.

Bandura (2004: 133) states that knowledge of health risks and benefits only creates a precondition for behavioural change but knowledge in itself is not sufficient to overcome the impediments to adapting and maintaining new behaviour / practices. The above statement confirms the findings of the current study that undergraduate nursing students' knowledge about potential risks to HIV/AIDS did not seem to influence their general sexual behaviour. Based upon the highlighted findings, it can be deduced that the study indicates a lack of self-efficacy (one of the fundamental concepts in the SCT theory) among undergrad students.

According to Bandura, (1994:77) outcome expectations reflect individuals' beliefs about what consequences are most likely to ensue if particular behaviours are performed. Outcome expectations are important in SCT because they shape the decisions people make about what actions to take and which behaviours to suppress (Reynolds et al., 2013:317). The frequency of behaviour should increase when the outcomes expected are valued, whereas behaviours associated with unfavourable or irrelevant outcomes will be avoided. Surprisingly, students' responses from this study did not clearly depict the outcome expectation of risky behaviours.

5.4 LIMITATIONS OF THE STUDY

- The results from this study cannot be generalised to other population as it was conducted on undergraduate nursing students.
- Arranging appointments for focus group discussions was a challenge since students were available on different times. Some students could not honour the appointments because they were busy studying for tests. As a result the proposed interview period took longer.
- Each focus group discussion was organised according to level of study due to participants' availability. This may possibly influenced the findings of the study.
- Mostly one racial group participated in the study which could also have influenced the findings of the study.

5.5 IMPLICATIONS OF THE STUDY

It is proposed that after the findings of this study have been shared with the university authorities, the available student support structures should be strengthened. The structures should strive towards providing a nurturing environment that will encourage positive behaviour and self-efficacy in student community.

This study also adds to the existing literature on students' risk perception on HIV infection, particularly university students. The study was explorative in nature and that resulted in new themes being generated, these themes could be of value in planning the used in preventative approaches.

5.6 SUMMARY

This study explored the perceptions of risk for HIV infection and examined the ways in which the 'student life' discourse functioned to influence students' perceptions of risk to HIV infection amongst university undergraduate nursing students. Among the key findings that emerged from this study was that knowledge about potential risks to HIV/AIDS did not seem to influence the general sexual behaviour of students. The majority of the participants interviewed individually perceived themselves to be at "little or no" risk of contracting HIV/AIDS despite a high prevalence of HIV risk indicators among them. One of the main findings was that the students' values that they bring from home were seriously challenged by the student life when they arrived at the university. The study therefore concludes that student life exposed students to a risk of being infected with HIV. University environment did not encourage students to maintain the values that they have internalized from home.

5.7 RECOMMENDATIONS

The recommendations that are based on the findings of the study are as follows:

- Efforts should be made to make full use of peer influence to promote safe practices among undergraduate nursing students so as to curb the spread of HIV as peer influence has both beneficial and harmful effects. Peers should be available not only to disseminate information amongst other young people but also to re-enforce the need to adopt and maintain responsible sexual behaviour amongst them.
- HIV prevention information alone is not sufficient to promote behaviour change. In this regard undergraduate nursing students should be equipped by the university with subtle but effective strategies of sexual behaviour such as sexual negotiation and sexual decision making. This would equip them with the necessary skills to resist peer pressure and the ability to know that affirming one's fidelity and trust in a relationship does not have to amount to placing one's life at a risk.
- Constructive recreational activities should be made available and accessible to students.
- More HIV and AIDS campaigns on campus and in student residences should be conducted in order to curb the rate of HIV infection among students.
- Motivational speakers should be invited to present topics on life orientation.
- Mentoring support and role modelling of positive behavioural roles by senior students should be strengthened.
- Students should be encouraged to practice premarital abstinence, as this is one of the ways to ensure freedom from the risk of HIV infection.

5.8 REFERENCES

Abdool Karim, S. & Abdool Karim, Q., 2008. *HIV/AIDS in South Africa*. Cape Town: Cambridge University Press.

Adefuye, A., Abiona, T.C., Balogun, J.A., Amosun, S.L., Frantz, J., & Yakut, Y., 2011. Perception of risk of HIV and sexual risk behaviours among students in the United States, Turkey and South Africa. *Journal of Social Aspects of HIV/AIDS*, 8(1), pp. 19-26.

Adefuye, S. A., Abiona, T. C., Balogun, J. A. & Lukobo-Durrell, M., 2009. HIV sexual risk behaviors and perception of risk among college students:. *Implications For Planning Interventions*, pp. 1-13.

Akwara, P.A., Madise, N.J. & Andrew, H., 2003. Perception of risk of HIV/AIDS and Sexual Behaviour in Kenya. Cambridge University Press *J. Biosoc. Sci.*, 35, pp. 385–411

Anderson, G. K., Beutel, A. & Morgan-Brown, B., 2007. HIV/AIDS risk perceptions and first sexual intercourse among youth in Cape Town, South Africa. *Centre For Social Science*, 33(3), pp. 98-105.

Babbie, E. & Mouton, J., 2001. *The practice of social research*. 6 ed. USA:Oxford University Press.

Babbie, E., 2007. *The practice of social research*. 11 ed. USA:Wadsworth Cengage learning.

Bandura, A., 1977. Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), pp. 191-215.

Bandura, A., 2001. Social cognitive theory: An Agentic perspectives. *Annual Review Psychology*, 52, pp.1-26

Bandura, A., 1986. *Social foundations of thought and action: A social cognitive theory*. Englewood Cliffs, NJ: Prentice Hall.

Bandura, A., 1989. Perceived self-efficacy in the exercise of control over AIDS infection. In V. M. Mays, G. W. Albee, & S. F. Schneider (Eds.), *Primary prevention of AIDS: Psychological approaches* (pp. 128-141). Newbury Park, CA: Sage

Bandura, A., 1994. Social cognitive theory and exercise of control over HIV infection. In R. J. DiClemente and J. L. Peterson (Eds.), *Preventing AIDS: Theories and methods of behavioral interventions* (pp. 25-60). New York: Plenum Press.55

Bandura, A., 1998. Health promotion from the perspective of Social cognitive theory. *Psychology & Health*, 13:4, pp. 623-649

Bandura, A., 2004. Health promotion by Social cognitive means. *Health Education Behaviour*, Volume 31, pp. 143-164.

Bassey, M., 1981. , *Pedagogic Research: on the Relative Merits of Search for Generalisation and Study of Single Events*.Oxford review of Education.

Beutel, A. M. & Anderson, K. G., 2013. Change over time in the human immunodeficiency. *Journal of Social Sciences*, 9(1), pp. 1-10.

Brink, H., 2009. *Fundamentals of Research Methodology for Health Care Professionals*. 3 ed. Cape Town: Juta & Co.

- Burns, N. & Grove, S. K., 2009. *The Practice of Nursing Research: Appraisal, Synthesis and Generation of Evidence*. 6 ed. St Louis: Saunders.
- Bury M. R., 1986. Social Constructionism and the Development of Medical Sociology. *Sociology of Health & Illness*, 8: 137–169.
- Castora, M., 2005. An Assessment of University Students' Knowledge, Attitudes, and Behaviors toward Sex. *The University of Central Florida Undergraduate Research Journal*, 1, pp 28-37
- Chinn, P. L. & Kramer, M. K., 2008. *Theory and Nursing: Intergrated Theory and Knowledge Development in Nursing*. 6 ed. St Louis: Saunders Elsevier.
- Crabtree, B.F. & Miller, W.L., 1999. *Doing Qualitative Research*. 2ed. London: Sage
- Creswell, J. W., 2009. *Research Design: Qaulitative, Qauntitative and Mixed Methods Approaches*. 3 ed. California: Sage
- de Beer, I. H., Gelderblom, H.C., Schellekens, O., Gaeb, E., vanRooy, G., Mc Nally, A., Wit, F., de Wit, R. & Tobias, F., 2012. University students and HIV in Namibia: an HIVprevalence survey and a knowledge and attitude survey. *Journal of the International AIDS Society*, pp. 1-8.
- de Gaston, J. F., Jensen, L. & Weed, S. 1995. A closer look at adolescent sexual activity. *Journal of Youth and Adolescence*, 24, 465-479.
- Denzin, N. K. & Y. S. Lincoln (2000). Introduction: The discipline and practice of qualitative research. In N. K. Denzin & Y. S. Lincoln (eds.), *Handbook of qualitative research* (2nd ed.). Thousand Oaks, CA: Sage, 1–28.
- DiClemente, R.J., & Peterson, J.L., 1994, *Preventing AIDS: Theories and methods of behavioral interventions* (pp. 25-60). New York: Plenum Press.55
- East African Community and East African Lake Victoria Partnership (EAC/EALP). 2010. HIV Sero-Behavioural Study in Six Universities in Tanzania, Study Report, November 2010

Ebeniro, C. D., 2010. Knowledge and beliefs about hiv/aids among male and female students of Nigerian universities. *Journal of Comparative Research in Anthropology and Sociology*, 1(1), pp. 121-131.

Fawole, A. O., Ogunkan, D. V. & Adegoke, G. S., 2011. Sexual behaviour and perception of HIV/AIDS in Nigerian tertiary institutions: University of Ilorin, a case study. *Global Journal of Human Social Science*, 11(1), pp. 64-72.

Fontana, A. & Frey, J., 2000. *The interview: From Structured Questions to Negotiated Text*. 2 ed. Thousand Oaks: Sage.

Fraser-Hurt, N. Zuma, K., Njuho, P., Chikwava, F. & Slaymaker, E., 2011. The HIV epidemic in South Africa: What do we know and how has it changed?. Cape Town: *HSRC Press*, pp. 1-144.

Gordon, G. & Mwale, V., 2006. Preventing HIV with young people: A case study from Zambia. *Reproductive Health Matters*, 14(28), pp. 68-79

Higgs, J., 2001. *Critical Moments in Qualitative Research*. Oxford: Butterworth-Heinemann.

Higher Education HIV/AIDS Programme (HEAIDS) 2008 .Findings of the study on HIV sero- prevalence and related factors at the University of KwaZulu-Natal :2008. Pretoria: *Higher Education South Africa*

Higher Education HIV/AIDS Programme (HEAIDS) 2010. HIV prevalence and Related factors – Higher Education Sector Study, South Africa, 2008–2009. Pretoria: *Higher Education South Africa*

Jessor, R., 1991. Risk behaviour in adolescence: A psychosocial framework for understanding and action. *Journal of Adolescent Health*, 12(8), 597-605.

Joint United Nations Programme on HIV/AIDS (UNAIDS). 1997. Impact of HIV and sexual health education on the sexual behaviour of young people: a review update. *Geneva, Switzerland*.

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2007. AIDS Epidemic Update. *Geneva, Switzerland*

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2011. "Estimated number of people living with HIV by country." 2008 Report on the Global AIDS Epidemic. *Geneva Switzerland*.

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2011. The state of the AIDS epidemic: World AIDS day report. *Geneva Switzerland*.

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2012. Report on the Global AIDS Epidemic. *Geneva, Switzerland*

Joint United Nations Programme on HIV/AIDS (UNAIDS). 2013. UNAIDS report on the global AIDS epidemic 2013. *Geneva, Switzerland*.

Kalina, O., Geckova, A.M., Jarcuska, P., Orosova, O., van Dijk, P. & Reijneveld, S.A., 2009. Psychological and behavioural factors associated with sexual risk behaviour among Slovak students. *BMC Public Health* 9 (15). pp1-10.

Kanekar, A. & Sharma, M., 2009. Using Social cognitive theory to predict safer sex behaviors in African American college students. *Acta Didactica Napocensia* 2(2), 51-56

Kelly, K., 2006. *From encounter to text: Collecting Data in Qualitative Research*. In: M. Terre Blanche & D. Painter, eds. *Research in Practice: Applied Methods for the Social Sciences*. Cape Town: UCT Press.

Kopele, B. & Shumba, A., 2011. Sexual Behaviours and Attitudes Towards Safer Sex of Psychology Students at a South African University Campus. *Anthropologist*, 13(4), pp. 257-264.

Lesch, E. ,& Bremridge, C. (2006). Safe sex and constructions of young male sexuality in one semi-rural Western Cape community. *South African Review of Sociology*, 37(2), pp.128-142.

Matthew B. Miles, M.B., Huberman, A.M., 1994. *Qualitative Data Analysis: An Expanded Source Book 2ed.* London: Sage

Ministry of Health and Social Services, Namibia, 2009. HIV/AIDs in Namibia: Behavioral and Contextual Factors Driving the Epidemic.

Munro, S., Lewin, S., Swart, T. & Volmink, J., 2007. A review of health behaviour theories: how useful are these for developing interventions to promote long-term medication adherence for TB and HIV/AIDS? *BMC Public Health*, 7:104

Mutinta, G. & Govender, K., 2012. The socio-environmental determinants of students' sexual risk behaviour and HIV prevention at the University of KwaZulu-Natal. *J Hum Ecol*, 38(1), pp. 17-29.

Mutinta, G. , Govender, K. ,Gow, J. & George, G. 2012. An exploratory study of the individual determinants of students' sexual risk behaviour at a South African university. *African Journal of AIDS Research*, 11:4, 353-359

Mwaba, K. & Naidoo, P., 2005. Sexual practices, attitudes toward pre-marital sex and condom use among a sample of South African university students. *Social Behaviour and Personality: An International Journal*, 33(7), pp. 651-656.

Nqojane, V., Tebele, C., Nel, K. & Vezi, M., 2012. Perceptions towards HIV and AIDS, condom use and voluntary counseling and testing (VCT) amongst students at a previously disadvantaged South African tertiary institution. *J Hum Ecol*, 37(1), pp. 1-7.

Oshi, S.N. Ezugwu, F.O., Oshi, D.C., Dimkpa, U., Korie, F.C. & Okperi, B.O. 2007. Does self-perception of risk of HIV infection make the youth to reduce risky behaviour and seek voluntary counselling and testing services? A case study of Nigerian. *J. Soc. Sci*, 14(2), pp. 195-203.

Pithey, A.L., & Morojele, N.K. , 2002. Literature review on alcohol use and sexual risk behaviour in South Africa. Report for WHO project "Alcohol and HIV: Development of a methodology to study determinants of sexual risk behaviour among alcohol users in diverse cultural settings."

Polit, D. F. & Beck, C. T., 2008. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*. 8 ed. Philadelphia: Lippincott Williams & Wilkins.

Reynolds, E. S., Magidson, J.F., Bornoalova, M.A., Gwadz, M., Ewart, C.K., Daughters, S.B. & Lejuez, C.W., 2010. Application of the Social Action Theory to understand factors associated with risky sexual behavior among individuals in residential substance abuse treatment. *National Institute of Health*, 24(2), pp. 311-321.

Seloilwe, E., Jack, A., Letshabo, K., Bainame, K., Veskov, D., Mokoto, M., Kobue, M. & Muzila, R., 2001. HIV/AIDS at the University of Botswana: behavioural and prevention issues. *Botswana Journal of African Studies* 15 (2), pp 204-210.

Shefer, T., Strebel, A. & Jacobs, J., 2012. AIDS fatigue and university students' talk about HIV risk. *African Journal of AIDS Research*, 11(2), pp. 113-121.

Shenton, A.K., 2004. Strategies for Ensuring Trustworthiness in Qualitative Research Projects. *Education for Information*, pp 63–75

Shisana, O., Rehle T, Simbayi, L. C., Zuma, K., Jooste, S., Pillay-van-Wyk, V., Mbelle, N., Van Zyl J., Parker, W. & Zungu, N.P. 2009. South African national HIV prevalence, HIV incidence, behaviour and communication survey 2008: A turning tide among teenagers, Cape Town: *HSRC Press*.

Sjöberg, Moen & Rundmo, 2004. An evaluation of the psychometric paradigm in risk perception research Norwegian University of Science and Technology, Department of Psychology, Norway, *Rotunde*.

South African National AIDS Council (SANAC). 2010. National Strategic Plan 2007-2011: Mid Term Review 2010. South Africa, Pretoria.

Speziale, H. S. & Carpenter, D. R., 2007. *Qualitative Research in Nursing*. 4 ed. Philadelphia: Lippincott Williams & Wilkins.

Stroebe, W., 2000. *Social Psychology and Health*. 2ed Philadelphia: USA, Open University Press.

Taylor, S. & Bogdan, R., 1984. *Introduction to Qualitative Research Methods*. 2nd ed. New York, John Wiley & Sons.

Terre Blanche, M., Kelly, K. & Durrheim, K., 2006. *Why Qualitative research? Research in Practice: Applied Methods for the social sciences*. 2 ed. South Africa: UCT Press.

Van den Berg, D.N., 2004. Contextual factors affecting adolescents' risk for HIV/AIDS infection: implications for education. Dissertation: University of Pretoria

Weedom, C., 1987. *Feminist practice and Post Structural Theory*. Oxford: Basil Blackwell.

Zambuko, O., 2005. Sexual risk behaviour among the youth in the era of HIV/AIDS in South Africa. *Journal J Biosoc Sci*, 37(5), pp. 569-584.

5.9 APPENDICES

APPENDIX A: LETTER REQUESTING APPROVAL/PERMISSION TO CONDUCT A RESEARCH STUDY

Department of Nursing Science
University of Fort Hare
East London Campus
Date

The Chairperson
Address

Dear Sir/Madam

RE: REQUEST FOR APPROVAL/PERMISSION TO CONDUCT A RESEARCH STUDY

I am currently a student at the University of Fort Hare, registered for Magister Curationis. I hereby request permission to conduct a research study.

The research title is: 'Student life' discourse and the perception of risk for HIV infection among undergraduate nursing students, at a University in the Eastern Cape Province, South Africa.

The purpose of the research is mainly to explore the perceptions of risk for HIV infection amongst undergraduate nursing students at the above mentioned institution. More specifically, the study examines, the ways in which the 'student life' discourse functions to influence students' perceptions of risk to HIV infection at your institution.

The objectives of the study are as follows:

- To explore risk perceptions towards HIV infection among undergraduate nursing students.
- To examine the ways in which risk perceptions for HIV infection are socially constructed and influenced by the 'student life' discourse among undergraduate nursing students at the study site campus.

It is also hoped that the findings of this study may be useful to policy makers at national and provincial levels (particularly the Departments of Health and Higher Education and Training) as they design and implement HIV/AIDS-related policies and interventions in the sphere of higher education in South Africa.

Your cooperation will be appreciated

Yours Faithfully



.....
Mnwana Sindiswa Millicent

APPENDIX B: CERTIFICATE OF CLEARANCE FROM FORTHARE UNIVERSITYETHICSOFFICE



University of Fort Hare
Together in Excellence

ETHICAL CLEARANCE CERTIFICATE

Certificate Reference Number: MAY01 1SMNW01

Project title: **'Student life' discourse and the perception of risk for HIV infection among undergraduate nursing students, at a university in the Eastern Cape Province, South Africa.**

Nature of Project: Masters

Principal Researcher: Sindiswa Millicent Mnwana

Supervisor: Mr B.F. Mayeye

Co-supervisor: Dr B. Nzama

On behalf of the University of Fort Hare's Research Ethics Committee (UREC) I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instrument(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the UREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document

- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

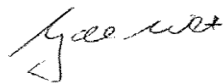
The Principal Research must report to the UREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

The UREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
 - Any unethical principal or practices are revealed or suspected
 - Relevant information has been withheld or misrepresented
 - Regulatory changes of whatsoever nature so require
 - The conditions contained in the Certificate have not been adhered to
- Request access to any information or data at any time during the course or after completion of the project.

The Ethics Committee wished you well in your research.

Yours sincerely



Professor Gideon de Wet
Dean of Research

22 July 2013

APPENDIX C: PERMISSION LETTER FROM THE REGISTRAR OFFICE OF THE UNIVERSITY



University of Fort Hare

OFFICE OF UNIVERSITY REGISTRAR

Alice (main) Campus:

Private Bag X1314, King William's Town Road, Alice, 5700, RSA
Tel: +27 (0) 40 602 - 2501 • Fax: +27 (0) 40 602 - 2577
Email: nmabindisa@ufh.ac.za



August 14, 2013

Ms. S Mswana
Department of Nursing Science
University of Fort Hare
East London Campus

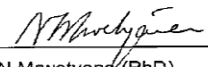
Dear Ms. Mswana

Approval from the Registrar's Office to Conduct Research

Having consulted the Chairperson of the Research Ethics Committee, I hereby grant permission for Ms. S Mswana to conduct research relating to her thesis "Student life: discourse and the perception of risk for HIV infection among undergraduate nursing students, at Universities in the Eastern Cape Province, South Africa".

We look forward to reading the research report.

Kind regards


N Mrwetyang (PhD)
REGISTRAR

Bhisho Campus:

P. O Box 1153, KWT 5600, Independence Avenue, Bhisho, 5600, RSA
Tel: +27 (0) 40 608 - 3407 • Fax: +27 (0) 40 608 - 3408

East London Campus:

Private Bag X9083, EL 5200, 50 Church Street, East London, 5201, RSA
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V/C Dial Up: +27 (0) 43 704 - 7143/ 7144

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APPENDIX D: PERMISSION LETTER FROM THE HEAD OF DEPARTMENT NURSING SCIENCE

SCHOOL OF HEALTH SCIENCES

P.O. Box 1054
East London 5200
Tel: +27 (043) 7047574 | Fax: 0866282007



13th September 2013

Ms S Mnwana
Department of Nursing Science
University of Fort Hare
East London campus

Dear Ms Mnwana

APPROVAL FROM THE HEAD OF THE SCHOOL OF HEALTH SCIENCES OFFICE TO CONDUCT RESEARCH

Having consulted with the Chairperson of the Research Ethics Committee, I hereby grant permission for you to conduct research relating to your theses "Student life: discourse and the perception of risk for HIV infection among undergraduate nursing students, at Universities in the Eastern Cape Province, South Africa.

I wish you every success with your research and look forward to reading the research report.

Best wishes



PROF E SEEKOE
HOD: School of Health Sciences

APPENDIX E– INTERVIEW GUIDE

SECTION A : DEMOGRAPHIC INFORMATION

NAME :.....

SURNAME :.....

DOB :.....

AGE :.....

GENDER :.....

LEVEL OF STUDY :.....

ETHNICITY (e.g. Xhosa, Zulu):.....

BRIEF BACKGROUND

Rural, Urban, Township –

Exposure to City environment –

Financial support–

SECTION B: QUESTIONS

1. What is your understanding of the HI virus?
2. To what extent would you say the undergraduate nursing students in this university are aware of HIV risks? Please explain
3. Please comment on the extent to which you think undergraduate nursing students comply with HIV prevention measures?
4. In what ways, (if any) would you say the life of being a university student can expose one to a risk of being infected by HIV? Identify and explain the potential risks.
5. How do you think the 'freedom' associated with being a student, influences the extent to which students complies with HIV prevention measures? Please explain.
6. The male and female nursing students are staying in the same residences. Would you say that has an effect in the way students tend to behave sexually? Please explain.
7. To what extent would you say the notion of 'being a university student' (free from parental guidance and control) has an influence on the ways students tend to behave sexually? Please explain.
8. Explain when do you think nursing students are at risk of being infected by HIV (exclude the clinical practice/exposure risk)
9. Please explain the extent to which you as students feel you are at risk or not at risk of being infected with the HI virus.
10. What actions do you think university students can take to make sure that they minimise the risk of being infected with this virus? Please explain

11. What do you think can be done (by significant others) to encourage students to live their sexual lives responsibly?
12. Do you have any comments/questions you wish to make in regards to this research?

APPENDIX F - A CONSENT LETTER

Dear participant

My name is Sindiswa Mnwana. I am a Master student at the University of Fort Hare. I work under the supervision of Mrs Mayeye who is a senior lecturer at Nursing Science. I hereby request your participation as an interviewee in my research study. Your involvement in this study is voluntary, so you may choose to participate or not. This sheet will explain to you the study I am undertaking and please feel free to ask questions about the research if you have any.

Purpose of the Research Project

The purpose of my research is mainly to explore the perceptions of risk for HIV infection amongst undergraduate nursing students at your institution. More specifically, the study examines, the ways in which the 'student life' discourse functions to influence students' perceptions of risk to HIV infection at your institution.

What to expect during the interview

I will begin the interview by requesting some general biographical information (age, nationality, ethnicity, gender, level of study etc). This will be followed by an unstructured interview which should take at most one hour. I also ask for your permission to tape-record the interview with you, which will be transcribed later. You will be given the opportunity to review the transcript and make corrections, and the tapes will be erased when the study is complete.

Benefits to participating: You may not personally benefit from participating in this research project. However, the information that you will provide will be vital in bringing about important findings that will be useful to policy makers at national and provincial levels (particularly the Departments of Health and Higher Education and Training) as they design and implement HIV/AIDS-related policies and interventions in the sphere of higher education in South Africa.

Risks or discomforts to participating: You might feel a bit uncomfortable with the use of a tape recorder, however, please be assured that all information obtained from you will be used strictly for academic purposes. Therefore there are very minimal chances of harm on your side as a participant. Should you feel any discomfort or uneasiness with sharing any information with me, ask me to move on to the next question. In my presentation and publications, I will maintain anonymity of all respondents.

Confidentiality of your responses: I also request to use your responses as a research source and may sometimes cite them as direct quotes in my report. In all publications or presentations resulting from this research, your individual privacy will be maintained. I shall maintain the principle of anonymity at all times when using the quotes from your interview, even if I may use other references to your identity such as education level, gender, nationality, etc. I will store the tapes, field notes and transcripts in a locked filing cabinet when not in use. I will then destroy all those that I finished using in such a way that no usable information can be extracted from them.

Voluntary participation & your rights: Your participation in this project is entirely voluntary, and you can choose to stop at any time without any negative consequences. You can also refuse to answer any question(s) for any reason. You can stop the interview at any time, or ask that the tape recorder be turned off for certain answers and then turned back on.

Yours truly

S.M Mnwana

Contact information:

Should you require any information, please do not hesitate to contact the following:

1. Sindiswa Mnwana

Department of Nursing Science, University of Fort Hare
East London Campus

Cell: +27 72 585 7676; Email: 200700411@ufh.ac.za

2. Mrs B.F Mayeye

Supervisor & Mentor

Department of Nursing Science, University of Fort Hare

East London Campus, 50 Church Street

Tel: +27 43 704 7581 (W), +27 82 2204149 (Cell), E-mail:

bmayeye@ufh.ac.za

All of my questions have been answered and I wish to participate in this research study.

Print Name participant

.....

Signature of participant

Date

.....

.....

Name of investigator

Date

.....

.....

APPENDIX G: LIST OF FIELDWORK INTERVIEWEES BY DATE AND GENDER

Interviews

P1– Male L2- 11/09/2013
P2- Female L1- 13/09/2013
P3- Female L1- 13/09/2013
P4- Female L3 -17/09/2013
P5- Male L3 - 17/09/2013
P6- Female L4- 23/09/2013
P7- Male L3- 24/09/2013
P8- Female L2- 16/10/2013
P9-Female L1- 01/11/2013
P10- Male L1-01/11/2013
P11- Male L4- 01/11/2013

B: Focus group discussions (FGDs)

FGD1

Date: 16/11/2013

1PP1 – Female, L1
1PP2 – Male, L1
1PP3 – Male, L1
1PP4 – Male, L1
1PP5 – Female, L1
1PP6 – Female, L1

FGD2

Date: 18/10/2013

2PP1 – Male, L2
2PP2 – Female, L2
2PP3 – Female, L2

2PP4 – Male, L2
2PP5 – Male, L2
2PP6 – Female, L2
2PP7 – Male, L2

FGD3

Date: 17/10/2013

3PP1 – Male, L3
3PP2 – Female, L3
3PP3 – Female, L3
3PP4 – Female, L3
3PP5 – Male, L3
3PP6 – Male, L3
3PP7 – Female, L3
3PP8 – Male, L3

FGD 4

Date-04/10/2013

4PP1-Female, L4
4PP2- Female, L4
4PP3- Male, L4
4PP4- Male, L4
4PP5- Male, L4
4PP6- Female, L4