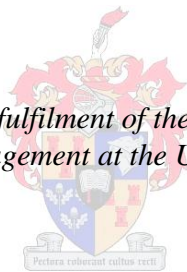


Condoms on Campus: Risky Sexual Behaviour of Students

by
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Declaration

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Words cannot express my gratitude to my family for their endurance and love. My children Joy and Victoria are a constant source of my inspiration. My soul mate, Bibiche, "thank you" is not enough.

May God bless you all.

Dedication

Dedicate it to those who died of HIV/AIDS pandemic around the world may your souls rest in peace.

Keys concepts

These are the key concepts which were used during this study because of their importance:

- Condom
- Campus
- Risky sexual behaviour
- Students

Summary

This study explores the availability of condoms on Stellenbosch University campus and their risk on the sexual behaviour of students with the aim to establishing the student's perception of the condom use program and their attitude and practices regarding condom use and risky behaviours in order to provide guidelines or feedback to the condoms distribution program stakeholders.

The study was motivated by the fact that HIV pandemic in sub-Saharan Africa has highlighted the need for accurate identification of specific sub-groups of the population who place themselves at risk due to their sexual behaviour. Research has indicated that exposure to risk from infections during sexual relations in both men and women are closely related to a number of demographic, socio-economic and socio-cultural factors. Condom usage during sexual intercourse within marriage and within casual relationships has also been seen to be related to a number of different variables. However, research into the factors influencing risky sexual behaviour and condom use has usually targeted specific sub-groups within the population and not a nation as a whole. Furthermore, the spatial variation between groups of individuals within a country has rarely been taken account of in models developed to investigate risky behaviour and condom use.

The present study investigated students' perception of the condom distribution programme does influence their attitude and practices regarding the use of condoms and risky behaviour.

To confirm or reject our assumptions relating to condom availability on campus risky sexual behaviour of students of Stellenbosch University main campus, 60 first and second year, male and female students were selected by means of census sampling. They were asked some questions pertaining to condom perception on campus and the perception and sexual behaviour of students under the influence of alcohol.

The study findings indicate that the majority of students have adequate knowledge on condoms and HIV/AIDS in general. However, when there are drunk it is very difficult for them to make a right sexual decision. The majority of students do not have control over their sexual needs when

under the influence of alcohol. The question is whether they are protecting themselves while having sex.

The findings also revealed that condom availability on campus does increase sexuality among students. Having a conducted some discussions with participants during the study regarding this issue, most of them indicated that they cannot have need of having sex with their partners but if they know that they can get condoms around the corner then they can not hesitate doing so. Sometimes the students do not engage in sex due to the fear that they may contract HIV/AIDS or create unplanned pregnancies.

The study also shows that many student leaders do not have enough information about HIV prevention mode. Most of them cannot talk openly to their peers on how to abstain or talk about condoms in general because they found themselves not in a good position to approach that topic.

Opsomming

Hierdie studie ondersoek die invloed en gepaardgaande risiko wat die beskikbaarheid van kondome op die kampus van die Universiteit van Stellenbosch vir studente mag inhou. Die studie poog om die persepsie van studente teenoor die kondoomgebruikprogram van die Universiteit te bepaal ten einde beter riglyne vir kondoomverspreiding te bepaal.

Die doel van die studie was om te bepaal of die verspreiding van kondome op kampus 'n invloed uitoefen op studente se persepsie van kondoomgebruik en seksuele risikogedrag.

'n Steekproef van 60 eerste -en tweedejaar manlike en vroulike studente is ewekansig getrek en die voorafontwikkelde vraelys is by die steekproef afgeneem.

Die studie het bevind dat die meerderheid studente voldoende kennis van kondoomgebruik en MIV/Vigs het. Die studie toon ook aan dat dit die geredlike beskikbaarheid van kondome wel seksuele gedrag by studente kan aanwakker in die sin dat hulle weet dat hulle veilig aan seksuele aktiwiteite kan deelneem wanneer kondome vrylik beskikbaar is.

Sekere aanbeveling vir die verbetering van die kondoomverskaffingsprogram van die Universiteit van Stellenbosch word gemaak.

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Abbreviations

A	Agree
D	Disagree
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency
OIHC	Office for Institutional HIV co- Coordination
SA	Strongly Agree
SADC	Southern African Development Community
SD	Strongly Disagree
STD	Sexual Transmission Disease
STI	Sexual Transmission Infection
	Syndrome
UNAIDS	United Nations Programme on HIV/AIDS

Chapter 1: Introduction

An estimated 33.3 million are living with HIV and AIDS in the world. In South Africa alone 5.6 million people were diagnosed with the disease in 2009, more than in any other country, (SADC report, 2008) It is believed that in 2009, approximate 310,000 South Africans died of AIDS (Davis, 2001) Prevalence is 17.8 percent among those aged 15-49, with some age groups being particularly affected (DDSS report, 2000). Almost one in three women aged 25-29, and over a quarter of men aged 30-40, are living with HIV (Earle, 1986). HIV prevalence among those aged twenty and older also varies by province with the western Cape(3.8%) and Northern Cape (5.9%) being least affected, and Mpumalanga (15.4%) and Kwazulu-Natal(15.8%) at the upper of the scale. (Shisana, 2008)

1.1. Statement of the problem

The campus environment offers opportunity for HIV high-risk behaviours, including unsafe sex and multiple partners which means a student can have a partner on campus as well as at home where he/she is coming from. Condom availability becomes the most prevalent way of sexual motivation instead of HIV infection on campus. Students choose to engage in sexual activity by using condoms rather than choosing abstinence. Condom distribution campaign on campus is functioning.

While the overall incidence of HIV infection is seen to be very low on South African campuses according to the new Government prevalence result, rates of HIV infection among young adults have not seen a proportionate decline in general (Higher Education Sector Study, 2008-2009). As in the general population, young adults have been disproportionately affected by the HIV/AIDS epidemic.

This study did examine the sexual risk behaviours perception of HIV risk and the usage of condoms of students in a predominantly white university in South Africa.

Condoms offer the best protection against unintended pregnancies and sexually transmitted infections. Little research has been conducted to determine the prevalence of HIV and the factors influencing condom use and sexual behaviour among students.

The Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome (AIDS) are serious public health problems, which have personal, socio economic, and human rights implications.

It is recognized that the HIV and Aids epidemic may affect the University with regards to student and staff illness, absenteeism, and death impacting on enrolment productivity and morale that may have a negative effect on academic standards at the University (Stellenbosch HIV/AIDS policy for student, 2008).

1.2 Motivation of the study

The HIV pandemic in sub-Saharan Africa has highlighted the need for accurate identification of specific sub-groups of the population who place themselves at risk due to their sexual behaviour. Research has indicated that exposure to risk from infections during sexual relations in both men and women are closely related to a number of demographic, socio-economic and socio-cultural factors. Condom usage during sexual intercourse within marriage and within casual relationships has also been seen to be related to a number of different variables. However, research into the factors influencing risky sexual behaviour and condom use has usually targeted specific sub-groups within the population and not a nation as a whole. Furthermore, the spatial variation between groups of individuals within a country has rarely been taken account of in models developed to investigate risky behaviour and condom use. The definition of the behaviour which constitutes risky sexual intercourse has varied between studies, with the obvious result of difficulty in comparisons between investigations. A number of definitions of higher risk sexual intercourse are overly harsh in applying the classification, with all sexual intercourse outside of a cohabiting relationship being classified as higher risk. Other definitions are more prescriptive in that unmarried partners in an exclusive relationship are not classified as risky. Risky sexual intercourse also needs to be defined to take account of infidelity by one partner, who then exposes the faithful partner to sexually transmitted infections (STI) that have been transmitted from other partners. Passive exposure is therefore important to include when modelling those who have engaged in risky sexual behaviour.

Condom usage is highlighted as one of the best methods of HIV and STI transmission prevention. Consistent use of condoms is vital for prevention and it is seen that consistency of use decreases as a relationship progresses. Due to problems with measurement, however, data

relating to condom use at last sexual intercourse is usually collected. Condom use in sub-Saharan Africa remains low. Explanations for this include a lack of knowledge about condoms and their benefits, problems with obtaining condoms, religion and a perception that condoms reduce sexual enjoyment and may be dangerous. Due to widespread gender inequality women are not usually in a position to negotiate condom use in a relationship, even if the woman knows that the partner has other partners. The problem is much more remarkable in youths as there are sexually active. Students being part of youths and enjoying a degree of certain autonomy in their life are more at risk and there is need for more attention and information regarding HIV / AIDS and its prevention. That is why I choose to work on this topic. The result of my investigations will help students to have more knowledge on prevention against HIV and how they will make use of condoms readily available on campus. (Channon & Madise, 2004)

1.2. Research question

The research question was posed as follows:

What are the student's perception of the condom program and their attitude and practices regarding the use of condoms and risky behaviour?

1.3. Significance of the research

This study will help students and the management of the university to understand the effect of condom availability on students' on sexual behaviour as well as how alcohol and drug use impact on students' sexual behaviour. This will give the condom distribution program stakeholders guideline to increase program efficiency on campus.

Condom availability is not associated with greater sexual activity among students but it is associated with greater condom use among those who are already sexually active Grow (Desmond 2002). Studies show that condom distribution does increase condom use among sexually active students, and that it neither hastens initiation of sexual activity nor results in greater frequency of intercourse among students (Mathews, 2005).

We believe that the findings of this study will enable the University management to have an idea regarding student's behaviour towards condom availability on campus and could help them to upgrade the HIV policy which has been in use for more than 5 years now.

1.4. Aim:

The aim of this study was to establish the student's perception of the condom use program and their attitude and practices regarding condom use and risky behaviours in order to provide guidelines or feedback to the condoms distribution program stakeholders.

1.5. Objectives:

This study had three objectives:

1. To identify the perception of students to condoms distribution program
2. To identify the student's condom use practices
3. To document students' attitude to condoms

1.6. Definition of important terms

1.6.1. Condom

A flexible sheath (usually made of thin latex or polyurethane) designed to cover the penis (male condom) or vulva/vagina (female condom) during sexual intercourse for contraceptive purposes or as a means of preventing STIs. (Wikipedia, the free encyclopedia)

1.6.2. Campus

A campus is traditionally the land on which a college or university and related institutional buildings are situated. Usually a campus includes libraries, lecture halls, residence halls and park-like settings. The definition currently describes a collection of buildings that belong to a given institution, either academic or non-academic. (Wikipedia, the free encyclopedia)

1.6.3. Risky sexual behaviour

There are a number of theories which try to encapsulate the concept of risk and risk behaviour. Generally, risk behaviour can be divided into two forms, namely (1) risk exposure and (2) risk

seeking. Risk exposure concerns the situational variables associated with risk, often, but not always, not under the direct control of the individual. Risk seeking encompasses all behaviours where there is some active planning or behaviour to seek out risk. However, it may also include an absence of behaviour, which may result in risk. So for example the non-use of contraception may be seen as a risky behaviour, where inactivity or the failure to behave is the core risk determinant. At the same time seeking unprotected sex with a casual partner may be a more active risk-seeking behaviour, where the action (rather than the inaction) is at the core of the risk exposure.

There is also a difference between risk seeking and risk exposure. Many acts may be potentially risky, but the actual risk is unknown. For example unprotected sex may result in a pregnancy, but it may not. (Sherr royal 2007)

1.6.4. Students

A student is a learner, or someone who attends an educational institution. In some nations, the English term (or its cognate in another language) is reserved for those who attend university, while a schoolchild under the age of eighteen is called a pupil in English (or an equivalent in other languages). In its widest use, *student* is used for anyone who is learning. (Wikipedia, the free encyclopedia)

1.7. Delimitation of the study

Given the nature of the topic it was difficult to obtain reliable information about the participants' sexuality as they regarded their sexuality as private and sensitive and hence prefer to keep it confidential. Furthermore, since the University of Stellenbosch enrolls a very large number of students, our limited number of participants could not cover the general opinion on the behaviour of students regarding condom availability on campus.

1.8. Value of the study

This study established the students' knowledge of the condom use program, their attitudes and practices regarding condom use and risky behaviours and provides guidelines and feedback to

the condoms distribution program stakeholders under the office for institutional HIV co-ordination (OIHC).

Chapter 2: Literature review

2.1. Introduction

For students to avoid contracting HIV consistent use of condom is required. However, under the influence of alcohol and/or drugs this may be difficult. It could also mean the difference between contracting a serious disease or not. In addition to insufficient sexual responsibility and the prominence of alcohol, the dating habits of young students increase the risk of HIV infection (Koch, 1999).

This chapter will discuss the literature review that was undertaken and which comprises some of the existing literature on this topic.

2.2. Existing Knowledge and Findings

Little is known about Condom and Risky sexual behaviour of students on campuses particularly on Stellenbosch campus and all South African campuses in general. My focus in this literature review is therefore on the risky sexual behaviour of students on some African and American campuses.

According to a study in Madagascar University, students represented respectively 0% and 2% of the people living with HIV in Madagascar (National Laboratory of Reference on HIV/AIDS in Madagascar, 2001). On a national level, among the 15 to 24 year-old population, about 17% indicated at least one casual sexual encounter in the year prior to the survey, but only 1.3% reported condom use during their last casual sexual intercourse (Directorate of Demography and Social Statistics, 2000). Given the assumption that the majority of university students are between 18 and 24 years of age, this community might be vulnerable to HIV infection through sexual risk-taking.

Researchers have reported risky sexual behaviour in African youths. For example, Nigerian university students indicated an average of 3.5 sexual partners at the time they were surveyed (Harding, Anadu, Gray, & Champeau, 1999). Approximately 63% of Togolese university

students had more than one sexual partner at the time of the survey, and some 38% reported regular condom use (Sallah *et al.*, 1999).

Among Malagasy women, more than one-third had premarital sex, but only 3% reported condom use during their last premarital sexual intercourse (Directorate of Demography and Social Statistics, 1997). None of these results can be transferred directly to the student population because of underlying socio-cultural and environmental diversities. In fact, changes in Malagasy sexual behaviour rates were observed amongst various cultures and regions (Directorate of Demography and Social Statistics, 2000).

Perceptions of condoms have been investigated in order to understand why people practice unprotected sex. The most frequently reported reasons for failure to use condoms were: trust in partners, wanting to have a child, loss of pleasure, sex under the influence of alcohol and being involved in a monogamous relationship (Eaton, Flisher, & Aaro, 2003; Hawken *et al.*, 2002; Prince & Bernard, 1998).

The results support the hypothesis that gender is associated with condom use. In Madagascar, rates of using condoms were found to be lower among women than men (Directorate of Demography and Social Statistics, 2000).

According to the article focuses on college American student sex-risk behaviours related to HIV-related knowledge, communication with sex partners, self-efficacy, and behavioural skills, indicate that the majority of students continue to have multiple sex partners, use condoms inconsistently during intercourse, and have a tendency to combine alcohol and/or other drugs with their sexual experiences. They remain very knowledgeable about the virus and routes of basic transmission, but that does not impact on condom use. Communication among partners about safer sex continues to be limited (John, Lewis, Maria – Jose, – Burbaro, and Robert 1997).

An Action Guide on HIV and AIDS for Higher Education Institutions in the SADC Region report says: The most accurate way of determining HIV, prevalence at your university is to go out and measure it. This is really only worthwhile where you suspect that your institution is

likely to be different from the surrounding community, or where national or regional HIV prevalence is between 1% and 5%, which makes your response difficult without a clear picture of your situation. HIV prevalence surveys should not be undertaken in low prevalence environments, unless students and staff are coming from high HIV prevalence environments in significant numbers (SADC report, 2008).

The *American Journal of Public Health* released a study that analysed the effect of condom availability programs in public high schools in Massachusetts. (Hickman, 2009)

Researchers compared students in schools with condom availability programs to students in schools without condom availability programs. They assessed participants' levels of sexual activity and condom use to determine how condom availability programs affected participants' sexual behaviour. Researchers also wanted to know if condom availability programs affected participants' use of other contraceptive methods (Blake, 2003).

The researchers point out that because pre-program and post-program data were not obtained in schools that had condom availability programs, they could not determine whether the existence or lack of condom availability programs affected participants' sexual behaviour. Yet, they found that sexually active participants in schools with condom availability programs were more likely to use contraception at last intercourse than sexually active participants in schools without condom availability programs.

Additionally, the researchers determined that participants in schools with condom availability programs received a greater range of HIV/AIDS and condom instruction education than participants in schools without condom availability programs. The data revealed a significant, positive association with condom instruction education and participants who reported using condoms during sexual intercourse.

The researchers believe that skills-based prevention programs enhance the benefits of implementing condom availability programs by encouraging young people to use condoms consistently and correctly. They recommended implementing such complementary programs in

order to delay the onset of sexual activity, and reduce the rates of unintended pregnancy and the spread of HIV/AIDS and STDs.

Participating in risky activity poses risks to an individual's physical and emotional health. The earlier a person begins engaging in sexual activity, the longer they are at risk. Early exposure to sexual intercourse creates other problems as well. Sexual activity during the adolescent years is often unplanned, and rarely protected (Turner, 1998; Lowenstein 1991; Kassirer, 1997; Santelli, 1998; Gutierrez, 2000).

Research has also shown that youths who engage in early sexual activity also participate in risky sexual behaviour later in life. Such behaviour includes multiple sex partners and frequent unprotected sexual experiences (Koyle, 1989; Santelli, 1998; Gutierrez, 2000; Whitaker, 2000; Davis 2000).

Once an adolescent has made the decision to become sexually active, an important issue is contraception. Sexual intercourse without contraceptives places individuals at risk for both STD transmission and unwanted pregnancy. Condoms and birth control pills are the most common forms of contraception used by sexually active adolescents.

We can empower young people to protect themselves from HIV is one of UNAIDS slogan (Outlook UNAIDS report, 2010). To do this we have to be smart in our approaches they add. In generalized and hyper endemic epidemics, programs for young people must promote comprehensive services that include knowledge about HIV, sexuality education and discussion on harmful sexual norms and practices. In other scenarios, programmes must focus on young people at higher risk as a priority, instead of homogenizing programmes for all young people. Yes, all young people are precious, but let's provide them with programmes that are meaningful to their life contexts (UNAIDS report 2010).

Chapter 3: Research design methods

3.1. Target group

The target group was sexually active students of the Stellenbosch University main campus selected in the range of 18 – 24 age groups. A questionnaire to ascertain whether participants engaged in a sexual relationship was used. Sixty students were chosen, among them twenty were in relationship and not using regularly condom, twenty others were systematically using condom and twenty others who were in relationship practicing abstinence. The proportion of students per year group was twenty first year, twenty second year and ten third year students plus ten residents' leaders and ten students' leaders. The management of condom distribution programme under the office for institutional HIV co- coordination (OIHC) was also one of my targets.

Participants were identified through word of mouth and personal contact.

3.2. Measuring instrument

To be able to get data on my research question I used only a survey questionnaire on which I asked about students' perception regarding the condom distribution programme on campus. Therefore, I used the quantitative research methods as I only administered questionnaires to students and student leaders.

3.3. Data collection

Data were collected by means of a self-administered questionnaire using the Likert scale method in order to get hold of significant information.

Self-administered questionnaire are one of the most frequently used methods for collecting data for research studies. Furthermore, self-administered questionnaires appear in many areas of our lives. Think for example, of the testing strategies used in most classroom tests are a type of self-administered questionnaire. Similarly, we fill out forms or questionnaires to obtain everything from a driver's licence to a death certificate. (Schuman, & Presser, 1996)

Likert scale is a method of ascribing quantitative value to qualitative data, to make it amenable to statistical analysis. A numerical value is assigned to each potential choice and a mean figure for all the responses is computed at the end of the evaluation or survey.

Used mainly in training course evaluations and market surveys, Likert scales usually have five potential choices (strongly agree, agree, neutral, disagree, strongly disagree) but sometimes go up to ten or more. The final average score represents all levels of accomplishment or attitude toward the subject matter named after its inventor the US organizational-behaviour psychologist (Dr. Rensis Likert 1903-81).

The questionnaire contained three parts:

The first Part is based on biographical information (race, age, and gender).

The second part comprised the practice of the Likert scale method measuring the participant's knowledge on HIV/AIDS transmission, basic knowledge on condom practices, and basic knowledge on condom perception. Finally, the third part consists of measuring the attitude of students after abusing alcohol and their sexual behaviour.

3.4. Data analysis

Data were analysed by means of the SPSS and descriptive statistics such as frequencies and means, as well as percentages were calculated and conclusions were drawn.

3.5. Assumption of the study

This study was based on two assumptions:

- Condom availability on campus and residences may increase sexuality among students.
- Condom availability on campus and residences may decrease the risk of HIV infection among students.

3.6. Limitations of the study

The only limitation of this study is that; given its nature and the size of the sample (due to the limited number and categories of students in the campus), its findings may not be globalised, nor be generally available to other students categories.

3.7. Ethical considerations

The researcher did put in consideration all the ethical issues during this study such as:

The right of informed consent: The participants in the study were entirely informed about the aim of the study and its exploration; they were told correctly what was involved, and what would

occur to the data collected from them. The researcher did not go into complete details on any of these points, but he had to make certain that the reasons and the nature of the involvement to be made by each individual were clearly understood. The agreement to participate was made after all the ethical considerations were understood and confirmed.

Permission: The permission to conduct the study was given to the researcher from the Research Ethical committee of the University of Stellenbosch which gave him a letter granting the researcher some permission to collect data from the participants.

Voluntary participation and the right to withdraw at any time from the research: The researcher informed the participants that participation in the study was voluntary and should anything happen during the administration of the questionnaire, they could withdraw from the study at any time without stating motives, withdrawing any data that they had given should they want to do so.

The participants were aware of this right before the administration of the questionnaire started, and they were also informed that should they experience any physical or psychological discomfort or distress, they had the right to stop their participation.

Confidentiality: The researcher has informed and assured the respondents that all the information they provided during the course of the study project will be treated in the extreme confidence; it will therefore not be divulged to anyone, or published, unless the identity of the source has been hidden. This means that only numbers have been used on the questionnaire they were asked to complete and all the data gathered will be kept in a safe place by the researcher; a place only the researcher has access to.

Responsibility to seek advice: The main advisor for the researcher during this study was his study leader Professor at the Africa Centre for HIV/AIDS Management and from others knowledgeable expert in the field of HIV/AIDS Management.

Avoidance of harm to participants: The researcher has made a considerable energy to prevent and avoid placing all his participants at any kind of risk physical, emotional, social, political or psychological during the period of the study. And the researcher did not experience any kind of risk during his study.

Chapter 4: The study results

4.1. Introduction

The purpose of the present chapter is to present the results of the statistical analyses performed on the data to answer the research objectives of the study. A descriptive statistical analysis was performed to discern the trends of the sample characteristics. A t-test was also conducted to ascertain whether significant differences exist in terms of the gender of the sample.

4.2. Demographic Characteristics of the respondents

Table 4.1: Distribution of samples in terms of different variables which formed demographic information.

Variable		Frequencies	Percentage
Race:	White	42	71.2
	Black	7	11.9
	Coloured	8	13.6
	Indian	2	3.4
	Missing	1	100.0
	Total	59	
Age:	15-18	2	3.4
	19-24	56	94.9
	25-29	1	1.7
	Total	60	100.0
Gender:	Male	14	23.7
	Female	45	76.3
	Missing		

Total	1	100.0
	59	

Table 4.1 indicates the following:

- 71.2% of the respondents are white 13.6% are coloured, 11.9% are black and 3.4% are Indian. This testifies that the majority of students at Stellenbosch University are white
- The majority (94.9%) of the respondent were between the age group of 19 and 24, 3.4% are between 15 and 18 age group and only 1.7 is between 25 and 29 age group. This implies that the majority of 1st year and second year students are between the 19 - 24 age groups.
- The majority (76.3%) of the respondents are female and (23.7%) are male.

4.3. Perceptions of students on condom availability on campus and residences

Table 4.2: Distribution of sample in terms of perception of students on condom availability on campus and residences

	SA (%)	A (%)	D (%)	SD (%)
1. HIV can be contracted even when condom is used	1.7	40.7	54.2	3.4
2. People feel safe while doing sex only with condoms	13.3	26.7	56.7	3.3
3. Mostly condoms are used in campus as water-or-birthday balloons	18.3	53.3	28.3	0

4. Open condoms are usually lying on the residence floor after being used	16.7	63.3	20	0
5. Students choose abstinence in order to be protected against HIV	31.7	51.7	16.7	0
6. Students feel that condoms are boring	31.7	35	33.3	0
7. Condoms are not 100% safe to protect HIV infection	16.7	23.3	41.7	18.3
8. Students usually stop the use of condoms after the first intercourse	8.3	65	13.3	13.3
9. Students usually stop the use of condoms after one week of relationship	5	65	20	10
10. Students usually stop the use of condoms after one month of relationship	20	58.3	18.3	3.3
11. Students usually stop the use of condoms after realising that partner is not involved in a concurrent relationship	30	18	30	21
12. Female students are most likely to use condoms with a casual partner	8.3	31.7	26.7	33.3
13. Female students are most likely to use condoms when not sure of her period (for contraception purpose):	25	25	38.3	11.7
14. Female students are most likely to use condoms if	21.7	38.3	20	20

partner HIV status is still unknown				
15. What do you think will happen among student couples when they want to have sex in the middle of the night and there is no condom around?				
They just leave it (sex):	21.7	46.7	30	1.7
They wait until morning to get condoms	30	40	26.7	3.3
They ask neighbours if he or she got some condoms	6.7	33.3	43.3	16.7
19. Keeping question 15 in mind if they approach you as a leader what are you going to do	18.3	31.7	33.3	16.7
20. You show them a nearby place where they can get some	13.3	45	26.7	13.3
21. You advise them to abstain and stay safe	26.7	21.7	35	15
22. You do nothing	21.7	31.7	46.7	0
23. What reason (s) will students have for not using condoms during sex (male or female?)Unavailability	30	40	15	15
24. Partner trust	11.7	20	48.3	20

25. Partner's disagreement about condoms	23.3	38.3	23.3	15
26. Condom availability on campus and residences does increase sexuality among students	33.3	38.3	18.3	10

Table 4.2 indicates the following:

- 54.2% of the respondents disagree, 40% agree 1.7% strongly agree and 3.4% strongly disagree when asked if HIV can be contracted even when condom is used.
- 56.7% agree, 3.3% strongly agree, 26.7% disagree and 13.3% strongly disagree that people feel safe while doing sex with condoms.
- 28.3% agree, while 53.3% disagree and 18.3% strongly disagree that condoms are used in campus as water-or-birthday balloons.
- 63.3% disagree, 16.7% strongly disagree, 20% agree that open condoms are usually lying on the residence floor after being used as water-or-birthday balloons.
- 51.7% disagree, 31.7% strongly disagree and 16.7% agree that students choose abstinence in order to be protected against HIV.
- 31.7% strongly disagree, 35% disagree and 33.3% agree that agree that student feel that condoms are boring.
- 41.7% agree 18.3 strongly agree, 23.3% disagree and 16.7% strongly disagree that condoms are not 100% safe to protect HIV infection.
- 65% disagree 8.3% strongly disagree, 13.3% agree and 13.3% strongly agree that students usually stop the use of condoms after the first intercourse.
- 65% disagree, 5% strongly disagree, 20% agree and 10% strongly agree that students usually stop the use of condoms after one week of relationship.
- 58.3% disagree, 20% strongly disagree% 18.3% agree and 3.3% strongly agree that students usually stop the use of condoms after one month of relationship.
- 30% agree, 21.7% strongly agree, 18.3% disagree and 30% strongly disagree that students usually stop the use of condoms after realising that partner is not involved in a concurrent relationship.

- 31.7% disagree, 8.3% strongly disagree, 26.7% agree and 33.3% strongly agree that female students are most likely to use condoms with a casual partner.
- 38.3% agree, 11.7% strongly agree, 25% disagree and 25% strongly disagree that female are most likely to use condoms when not sure about her period (for contraception purpose).
- 38.3% disagree, 21.7% strongly disagree while 20% agree and 20% strongly agree that female students are most likely to use condoms if partner HIV status is still unknown.
- While asked what participants think will happen among student couples when they want to have sex in the middle of the night and there is no condom around.
46.7% disagree, 21.7% strongly disagree, 30% agree and 1.7% strongly agrees that they will just leave it (sex).
- 40% disagree, 30% strongly disagree that they will wait until the morning to get condoms while 26.7% agree and 3.3% strongly agree that they will wait.
- 43.3% agree, 16.7% strongly agree that they will ask neighbours if they got some condoms while 33.3% disagree and 6.7% strongly disagree.
- When asked as leader what they will do 33.3% agree and 16.7% strongly agree that they will give them some if they got while 31.7% disagree and 18.3% strongly disagree.
- 45% disagree, 13.3% strongly disagree that they will show them a nearby place where they can get them and 13.3% agree and 1.3 strongly agree to show them a nearby place of condoms collection.
- 35% agree, 15% strongly agree that they will advise them to abstain and stay safe while 21.7 disagree and 26.7 strongly disagree to do so.
- 46.7% agree that they will do nothing and 31.7% disagree and 21.7 strongly disagree.
- What reason (s) will students have for not using condoms during sex (male or female?)
40% agree and 30% strongly agree that it is because of unavailability while 15% disagree and 15% strongly disagree.
48.3% agree, 20% disagree that it is because of partner trust while 20% strongly agree and 11.7% strongly disagree.
38.3% disagree and 23.3% strongly disagree that it is because of partner's disagreement about condoms while 23.3% agree and 15% strongly agree that.

- 38.3% of respondents disagree and 33.3% strongly disagree that Condom availability on campus and residences does increase sexuality among students while 18.3% agree and 10% strongly agree that it does increase sexuality among students.

Table 4.3: question about condoms availability on campus

What have you heard about condom availability in the residences:	Frequency	Percentage
Condoms are available	21	35
Condoms are always unavailable	4	6.7
I have not heard anything	5	8.3
Condoms availability drive students into sex	21	35
Condoms on campus are too small to fit all sizes	5	8.3
Condoms help a lot	4	6.7
Total	60	100
How can the use of condoms be improved among students?	Frequency	Percentage
More campaigns and education on the benefits of using condoms	27	45
Increase availability in accessible areas	9	15
Through testimonies from people living with HIV/AIDS	8	13.3
More training on condom use	3	5.0
Nothing can be done	13	21.7
Total	60	100

Table 4.3 indicates the following:

- 45% want more campaigns and education on the benefits of using condoms to be done
- 15% want the availability in accessible areas be increased
- 13.3% respondents that through testimonies from people living with HIV/AIDS
- 5% have said that more training on condom use must be done
- 21.7% have said nothing can be done.

Table 4.4: Knowledge regarding the use of condoms by students

Have you ever used condoms	Yes (%)	No (%)
	58.3	41.7

Table 4.4 indicates the following:

- 58.3% of the respondents already used condoms and 41.7% never used condoms before

Table 4.5: reason of using or not using condoms

Please explain why?	Frequency	Percentage
Never had sex	13	21.7
I trust my partner	24	40.0
I just don't like it	3	5.0
Practising abstinence	7	11.7
I won't have sex until I am married	2	3.3
Not sexual active	11	18.3
Total	60	100.0

Table 4.5 indicates the following:

- 21.7% Never had sex
- 40% I trust my partner
- 5% I just don't like it
- 11.7% Practising abstinence
- 3.3% I won't have sex until I am married
- 18.3% Not sexual active

Table 4.6: Knowledge about condoms brands

Which brand of condoms do you know and which do you like to use and why?	Yes (%)	No (%)
Trust	28.3	71.7
Playboy	28	71.7
Casanova	35	65
Choice	33.3	66.7
Endurance	30	70
Smart	21.7	78.3

Ruff rider	25	75
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Table 4.6 indicates the following:

- 71.7% don't know trust brand and 28.3 does know it
- 71.7% don't know Play boy and 28.3% does know it
- 65 % don't know Casanova and 35% does
- 66.7% don't know the brand choice while 33,3 does
- 70% don't know the brand endurance and 21.7 does
- 78.3 don't know the brand smart and 21.7% does
- 75% don't know the brand Ruff rider and 25% does

Table 4.7: Condoms effectiveness

Which one do you like to use	Percentage
Ruff rider	30
Trust	50
Cassanova	5
Choice	1.7
Never had sex	11.7
None of these	1.7

Table 4.7 indicates the following:

- 30% want to use Ruff rider
- 50% want trust
- 5% like Casanova
- 11.7% like choice
- 11.7% they don't like anything because they never had sex
- 1.7% have said none of these

Table 4.8: Describing the experience of using male or female condoms

Describe your experience of using male or female condoms	Yes (%)	No (%)
It reduces pleasure	26.7	58.3
They fall off	31.7	53.3
Female condoms are difficult to use	23.3	61.7
Sometimes it hurts if not wet enough	23.3	61.7

They are good	21.7	61.7
Small sizes break easily	26.7	58.3
They are bad	25	60

Table 4.8 indicates the following:

- 26,7% have said yes condoms does reduces pleasure and 58.3% said no it does not reduces anything
- 31.7% have said yes they fall off and 53.3% said no
- 23.3% respondents that females condoms are difficult to use 61.7% said no it is not difficult to use
- 23.3% have said that yes sometimes it hurts if not wet enough and 61.7% said no it does not hurts at all
- 21.7% respondents that small sizes of condoms breaks easily and 58.3% said no
- 25% said condoms are bad and 60% said no

Table 4.9: Point of condoms collection

Where do you get your condoms from	Percentage
Supermarket	23.3
University	68.3
I never had sex	1.7
I never used one	6.7
Total	100.0

Table 4.9 indicates the following:

- 23.3% respondents that they got their condoms from the supermarket
- 68.3% have said from the University
- 1.7% have reported that they never had sex
- 6.7% have said they never used condoms

When asked why they choose to collect their condoms at those particular points

- 48.3% respondent that supermarket they have nice quality
- 35% have said it is convenient and
- 8.3% respondents they give them to everyone as part of an HIV/AIDS campaign at the University

4.4. Perceptions on students binge drinking on campus

Table 4.10: Perceptions on students binge drinking on campus

Have you been involved or do you know any of your colleagues who were involved in these activities after binge drinking?	Yes (%)	No (%)
Be hurt or wounded	58.3	36.7
Drive a car after drinking alcohol	65	35
Get in problem with USBD or local police	66.7	33.3
Engage in unprotected sex	76.7	23.3
Engage in unplanned sexual activity	83.3	16.7
Damage or lost property	75	25
Fall behind in class work	75	25
Miss class	81.4	18.6

Table 4.10 indicates the following:

- 58.3% of respondents have said that they were hurt or wounded or they know colleagues who were involved in these activities. 65% have said yes they drove a car after drinking alcohol or they know someone who did so.
- 66.7% have said yes they were in trouble with the USBD or police after drinking and or they know colleagues who were in trouble with the USBD or police after binge drunk.
- 76.7% respondent's yes they were engaged in unprotected sex or they know some colleagues who did so after binge drinking. 83.3% have reported being engaged in unplanned sexual activity while drunk or knows colleagues who did that.
- 75% have said they damaged or lost a property or know someone who did it on campus.
- 75% of the respondents indicated that they failed in class or they know colleagues who failed because of alcohol. 81.4% have said they missed class or know someone who missed class after binge drinking.

4.5. Independent samples t-test

An independent-samples t-test was conducted to compare the different HIV/AIDS questionnaire item scores for males and females. There were no significant differences in the way the male and female students responded to most of the items. However, there were significant differences in scores for males and females in the way they responded to the following items:

- ✓ HIV can be contracted even when a condom is used ($M=2.29$, $SD=0.469$) and females ($M=2.69$, $SD=0.596$; $t(57) = -2.312$, $p=0.24$, two-tailed) The magnitude of the differences in the means (mean difference = .403, 95% Confidence interval -0.752 -0.054) was small (eta squared = .0086).
- ✓ Mostly condoms are used in campus as water-or-birthday balloons ($M=2.57$, $SD=0.646$; $t(57)=3.339$, $p=0.001$, two-tailed). The magnitude of the differences in the means (mean difference=0.638, 95% Confidence interval = 0.255-1.021) was very small (eta squared = 0.003).
- ✓ Female students are most likely to use condoms if partner HIV status is still unknown ($M=2.93$, $SD=0.917$; $t(57) = -2.030$, $p=0.047$, two tailed). The magnitude of the

differences in the means (mean difference=-0.627, 95% Confidence interval = -1.245- (-0.009) was moderate (eta squared = 0.07).

- ✓ What do you think will happen among student couples when they want to have sex in the middle of the night and there is no condom around? You show them a nearby place where they can get some (M=1.93, SD=0.475) and females (M=2.62, 1.007; $t(57)=-2.483$, $p=0.016$, two tailed). The magnitude of the differences in the means (mean difference=-0.694, 95% Confidence interval = -1.253-(-0.134)

4.6. Discussion of the result

The purpose of the present study was to establish the students' perception of the condom use program, their attitude and practices regarding condom use and risky behaviours in order to provide guidelines or feedback to the condoms distribution program stakeholders.

Most of students at Stellenbosch University main campus seem to be knowledgeable about HIV/AIDS and how it is contracted. The majority of students are discontinuing the use of condoms just at the beginning of their relationship. They trust each other and are quick to stop the use of condoms.

Perception regarding condoms availability on campus is very challenging because the majority of students believe that condoms availability does motivate students to engage in sex. This state-of-affairs puts the condoms distribution program in a difficult position as they have a mission to have an infection free campus by year 2012 and are geared towards improving students' safety by providing them with condoms regularly.

The sexual behaviour of students after binge drinking is also alarming as the majority of participants engaged in sex themselves or they know colleagues who were involved in unprotected sex or unplanned sexual activity. However, students who avoid alcohol abuse and are well informed about HIV/AIDS prevention make the right decisions and stay safe most of the time.

With regards to the gender patterns of response to the questionnaire, an independent-samples t-test was conducted to compare the different HIV/AIDS questionnaire item scores for males and

females. There were no significant differences in the way the male and female students responded to most of the items. However, there were significant differences in scores for males and females in the way they responded to the following items:

- ✓ HIV can be contracted even when a condom is used (M=2.29, SD=0.469) and females (M=2.69, SD=0.596; $t(57) = -2.312$, $p=0.24$, two-tailed) The magnitude of the differences in the means (mean difference = .403, 95% Confidence interval -0.752 -0.054) was small (eta squared = .0086).
- ✓ Mostly condoms are used in campus as water-or-birthday balloons (M=2.57, SD=0.646; $t(57)=3.339$, $p=0.001$, two-tailed). The magnitude of the differences in the means (mean difference=0.638, 95% Confidence interval = 0.255-1.021) was very small (eta squared = 0.003).
- ✓ Female students are most likely to use condoms if partner HIV status is still unknown (M=2.93, SD=0.917; $t(57) = -2.030$, $p=0.047$, two tailed). The magnitude of the differences in the means (mean difference=-0.627, 95% Confidence interval = -1.245- (-0.009) was moderate (eta squared = 0.07).
- ✓ What do you think will happen among student couples when they want to have sex in the middle of the night and there is no condom around? You show them a nearby place where they can get some (M=1.93, SD=0.475) and females (M=2.62, 1.007; $t(57)=-2.483$, $p=0.016$, two tailed). The magnitude of the differences in the means (mean difference=-0.694, 95% Confidence interval = -1.253-(-0.134)

Looking at the literature review, this study confirms and rejects some of the findings of certain studies completed by others researchers around the globe.

The findings of this study have confirmed the assumptions that condoms availability on campus: risky sexual behaviour of students.

Chapter 5: Conclusion and recommendations

The findings of the study revealed that the majority of students have an adequate knowledge on condoms and HIV/AIDS in general. But when there are drunk it is very difficult for them to make the right sexual decisions. The majority of students do not have control over their sexual behaviour while under the influence of alcohol. The question is whether they are protecting themselves while having sex.

The findings also highlighted that condom availability on campus does increase sexuality among students. Having conducted some discussions with participants during the study regarding this issue, most of the students indicated that they do not intend to have sex with their partners but if they know that they can get condoms around the corner then they cannot hesitate doing so. However, they do not have sex sometimes not because of they are afraid of contracting HIV/AIDS but mostly because they are afraid of unplanned pregnancies.

As shown in this study, many student leaders do not have enough information about HIV prevention mode. Most of them cannot talk openly to their peers on how to abstain or talk about condoms in general because they feel that they are not in a good position to approach that topic.

Recommendations

- The University must implement a drugs and alcohol abuse policy which will be distributed to students during their orientation. The policy should stipulate that all illegal and/or abusive use of drugs and/or alcohol by students jeopardises the safety of the individual and the campus community, and is contrary to the academic learning process.
- The University must reserve a severe sanction on this regard.
- More education regarding condoms usage and their benefits must be done frequently within the campus and around student residences in collaboration with peers educators and students leaders.
- Student leaders must play a big role on HIV/AIDS response on campus. They must be trained as peer educators and they must be dedicated to their responsibilities.
- All events, education about HIV on campus should be following by drugs and alcohol abuse advice since these three things are destroying the lives of students day by day.

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Addendum A

Self-administered questionnaire



Perceptions – survey

This survey will assess the perceptions of students and student’s leaders on condom availability in residences of the University of Stellenbosch. The results will be useful for the Office for Institutional for HIV Co-ordination of the University of Stellenbosch. You are requested to answer all questions freely and honestly due to sensitivity and personal issue dealing with the survey. Remember your participation is voluntary and you have the right to refuse or to abort the session at any time you desire to.

The highest confidentiality will be maintained; the questionnaire is anonymous and no name or addresses are needed.

Code no...../2011

In order to demarcate and for analysis purposes will you please supply us with the following information about yourself.

Name of the interviewer.....

001. Which race are you belong to? Please cross the appropriate box

White 1

Black 2

Coloured 3

Indian 4

Others 5

Specify _____

002. What is your age group? Please cross the appropriate box

15 – 18 1

19 – 24 2

25 – 29 3

30 – 39 4

40 – 49 5

50 and over 6

003. What is your gender? Please cross the appropriate box

Male 1

Female 2

Perceptions on condom availability on campus and residences

004. HIV can be contracted even when condom is used:

Agree

Strongly agree

Disagree

Strongly disagree

005. People feel safe while doing sex only with condom:

Agree

Strongly agree

Disagree

Strongly disagree

006. Mostly condoms are used in campus as water-or-birthday balloons:

Agree

Strongly agree

Disagree

Strongly disagree

007. Open condoms usually lays on your residence's floor after being used as water-or-birthday balloons

Agree

Strongly agree

Disagree

Strongly disagree

008. Students choose abstinence in order of being protected against HIV

Agree

Strongly agree

Disagree

Strongly disagree

009. Students feel that condoms are boring

Agree

Strongly agree

Disagree

Strongly disagree

0010. Condoms are not 100% safe to protect HIV infection

Agree

Strongly agree

Disagree

Strongly disagree

011. Students usually stop the use of condoms

1. after the first intercourse

Agree

Strongly agree

Disagree

Strongly disagree

2. after one week

Agree

Strongly agree

Disagree

Strongly disagree

3. after one month

Agree

Strongly agree

Disagree

Strongly disagree

4. after realising that her/his partner not involved in a concurrent relationship

Agree

Strongly agree

Disagree

Strongly disagree

012. Females students are most likely to use condoms

1. with a casual partner

Agree

Strongly agree

Disagree

Strongly disagree

2. While not sure about her period (for contraception purpose)

Agree

Strongly agree

Disagree

Strongly disagree

3. If partner HIV status is still unknown

Agree

Strongly agree

Disagree

Strongly disagree

013. What do you think will happen among student couples when they want to have sex in the middle of the night and there is no condom around?

1. They just leave it (sex)

Agree

Strongly agree

Disagree

Strongly disagree

2. They wait until the morning to get condoms

Agree

Strongly agree

Disagree

Strongly disagree

3. They ask neighbour if he/or she got some (condoms)

Agree

Strongly agree

Disagree

Strongly disagree

014. Keeping question 013 in mind if they approach you as a leader what are you going to do

1. You give them if you have some condoms

Agree

Strongly agree

Disagree

Strongly disagree

2. You show them a nearby place where they can get some

Agree

Strongly agree

Disagree

Strongly disagree

3. You advise them to abstain and stay safe

Agree

Strongly agree

Disagree

Strongly disagree

4. You do nothing

Agree

Strongly agree

Disagree

Strongly disagree

015. What reason (s) will students have for not using condoms during sex (male or female?)

1. Unavailability

Agree

Strongly agree

Disagree

Strongly disagree

2. Partner trust

Agree

Strongly agree

Disagree

Strongly disagree

3. Partner's disagreement about condoms

Agree

Strongly agree

Disagree

Strongly disagree

016. In your point of view, condom availability on campus and residences does increase sexuality among students

Agree

Strongly agree

Disagree

Strongly disagree

017. Describe what have you heard from your peers about condom availability in residences? (Good and/or bad)

018. How can the use of condoms be improved among students?

019. Have you ever used a condom?

Yes

No

020. If no please explain why

If yes please proceed with the following questions

021. Which brand of condoms do you know and which do you like to use and why?

Brands do you know 1. _____
2. _____
3. _____

4 _____

Which one do you like to use _____

Why _____

022. Describe your experience of using male or female condom

023. Where do you usually get your condoms from and why?

Where _____

Why _____

Perceptions on students binge drinking on campus

024. Have you been involved or do you know any of your colleagues who were involved in these activities after binge drinking?

	YES	NO
Be hurt or wounded	<input type="checkbox"/>	<input type="checkbox"/>
Drive a car after drinking	<input type="checkbox"/>	<input type="checkbox"/>
Get in problem with USBD or local police	<input type="checkbox"/>	<input type="checkbox"/>
Engage in unprotected sex	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Engage in unplanned sexual activity

Damage property

Fall behind in class work

Miss class

Thank you very much for your time and support

Addendum B : Approval from the Research Ethics Committee:



UNIVERSITEIT • STELLENBOSCH • UNIVERSITY
jou kennisvenoot • your knowledge partner

3 May 2011

Tel.: 021 - 808-9183
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Reference No. 419/2010

Mr JM Malassi
Africa Centre for HIV/Aids Management
University of Stellenbosch
STELLENBOSCH
7602

Mr JM Malassi

LETTER OF ETHICS CLEARANCE

With regards to your application, I would like to inform you that the project, *Condom on campus: risky sexual behaviour of students*, has been approved on condition that:

1. The researcher/s remain within the procedures and protocols indicated in the proposal;
2. The researcher/s stay within the boundaries of applicable national legislation, institutional guidelines, and applicable standards of scientific rigor that are followed within this field of study and that
3. Any substantive changes to this research project should be brought to the attention of the Ethics Committee with a view to obtain ethical clearance for it.

We wish you success with your research activities.

Best regards



Sidney Engelbrecht
MR SF ENGELBRECHT

Secretary: Research Ethics Committee: Human Research (Humanoria)

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