

**Investigating the risky sexual behavioural patterns that put students at the risk of HIV Infection at Hifikepunye Pohamba Campus (HPC) of the University of Namibia (UNAM).**

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## **Declaration**

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**Signed: Moses Chirimbana**

**January 2012**

## **Abstract**

This study sought to determine the risky sexual behavioral patterns that increase the vulnerability of Hifikepunye Pohamba (HP) students to the risk of infection by HIV/AIDS at HP Campus of the University of Namibia (UNAM). The study intended to make an assessment of the HIV/AIDS support structures for students at HP campus, their relevance and adequacy, and the extent to which these structures and facilities are helping students to cope with HIV/AIDS effects. The study focused on students at Hifikepunye Pohamba Campus of UNAM only. Students are affected by HIV/AIDS at HP campus. Therefore, it is important to find out what the risky sexual behavior patterns of these students are in order to implement evidence-based prevention programs for HIV/AIDS at HP campus. The research also assessed and determined the suitability of the HIV/AIDS student-support structures for these students to cope with HIV/AIDS effects. More so, this study also sought to establish reasons behind students' risky sexual behaviors. In view of these factors the study intended to find out the level of HIV/AIDS knowledge which these HP students have.

The study used triangulation in the data collection process through the use of questionnaires and a one-hour focus group discussion. Quantitative data was analyzed using SPSS version 19 and the findings from the focus group were analyzed using topological themes and coding.

Findings from the study revealed that students at HP campus are involved in various risky sexual behaviors which include: indulging in sex while they are under the influence of alcohol, having concurrent multiple sexual partners, having unprotected sex, and also involved in transactional sex. The study also revealed that the level of knowledge about HIV/AIDS among the students is not adequate to protect them from getting infected with HIV. In addition to that, it was also revealed that the student HIV/AIDS support-structures at HP campus are not adequate to meet the needs of the students and there is more that still needs to be done to improve the status of the support systems.

## Opsomming

Die doel van hierdie studie is om te bepaal of die Universiteit van Namibië (UNAM) studente by die Hifikepunye Pohamba (HP) kampus riskante seks patrone toon wat kan lei tot die vatbaarheid van MIV/VIGS. Tweedens beoog die navorsing om te bepaal of die HP kampus MIV/VIGS ondersteuningstrukture het, wat relevant en toereikend is. Daar word ook gekyk in watter mate die strukture en fasiliteite die studente help om die MIV/VIGS effekte te hanteer. Die studie het alleenlik op die studente van die HP kampus van UNAM gefokus.

Studente van HP kampus word deur MIV/VIGS geraak en dit is dus belangrik om te bepaal watter riskante seksuele patrone deur studente geopenbaar word, sodat bewys/getuienis-gebaseerde MIV/VIGS voorkomingsprogramme vir HP student geïmplementeer kan word. Die MIV/VIGS ondersteuningstrukture vir HP kampus studente, om die effek van MIV/VIGS te hanteer, word beoordeel en hulle gepastheid en toereikendheid word ook bepaal. Hierdie studie het ook ten doel om die redes vir riskante seksuele gedrag onder HP kampus student te bepaal. Teen hierdie agtergrond is die doel van die studie ook om die vlak van die HP studente se kennis rondom MIV/VIGS te bepaal.

Hierdie navorsing het 'n triangulasie vir die data insameling gebruik deur die aanwending van vraelyste en 'n een-uur fokus-groep onderhoud. Kwantitatiewe data is met behulp van SPSS weergawe 19 geanaliseer en bevindinge van die fokusgroep is met behulp van topologiese temas en kodering verkry.

Die bevindinge van die studie het aangetoon dat HP kampus studente riskante seksuele gedrag openbaar wat die volgende insluit: instemming tot seks wanneer studente onder die invloed van alkohol is, om meer as een seksmaat te hê, onbeskermd seks, en ook onderhandeling-seks. Die navorsing het ook getoon dat die studente se kennis van MIV/VIGS nie voldoende is om hulself teen die infektering daarvan te beskerm nie. Eweneens is bevind dat die MIV/VIGS ondersteuningsisteme op HP kampus onvoldoende is om die behoeftes van die studente te bevredig en daar moet nog baie meer gedoen word om die status van die sisteme te verbeter.

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## CHAPTER 1: Introduction

### 1. Introduction

The fight against HIV/AIDS is practically inevitable if program implementers, NGOs, Governments, churches and other partners have no understanding of the patterns of sexual behaviors of the people among which the programs are being implemented. Although there have been significant advances in prevention and treatment since HIV was first discovered, the virus continues to spread unabated in many parts of the world. Strategies to prevent new infections must match both the complexity and the multifaceted nature of the epidemic Krenn and Limaye (2003). Program implementers need to know their cultures, norms, behaviors, beliefs, perceptions and attitudes of the community where the HIV/AIDS program has to be implemented. This study seeks to investigate the risky sexual behavior patterns that HP students are involved, in that increase their vulnerability to the infection of HIV/AIDS. There is need to understand these patterns in order to make evidence-based interventions at HP campus to reduce students' risks of getting infected with HIV.

#### 1.1 Problem statement

Statistics show that HIV/AIDS remains the major cause of death in Namibia and is highly affecting the productive age group 19-49 years UNAIDS (2009). HIV/AIDS continue to erode many years of economic gain in many ministries in Namibia. The impacts of HIV/AIDS have been felt in the ministry of fisheries and wildlife, Tourism, Agriculture, Mining, and Education just to mention a few Likukela (2008).

Risky sexual behaviors continue to be the leading cause of HIV infection in many age groups in Namibia. Sexual behaviors are supposed to be monitored if the fight against HIV/AIDS is to be successful Gong (2010). There are noticeable risky sexual behavior patterns which students are seen indulging into at Hifikepunye Pohamba Campus (HPC) of the University of Namibia which increase their risk to HIV infection. Most of the HPC students are in their late teens to early twenties and they are in those developmental stages where their sexual activity needs close supervision. Namibia is a developing country whose demand for teachers is still unmet, and as such these students are training to become teachers who will impart their academic knowledge including HIV/AIDS information to the illiterate Namibian community. Kasanda et al (2011) argued that HIV/AIDS programmes which are being offered to these students don't seem to be making any impact since there seems to be no noticeable change in the level of knowledge and reduction of risky sexual behaviors at HP campus.

Teachers are the light bearers in a world so dark, in a country where 60% population of the Namibian population is illiterate Mlambo (2003). The vision and mission of the Ministry of education tallies with the Namibia's National Goals and vision, one of which is to have an HIV/AIDS free generation by the year 2030 as outlined in the National goals for Vision 2030 (2009). One wonders and ponders whether this National Vision will be realized if trainee teachers who are supposed to be light bearers are displaying such despicable risky sexual behaviors.

HPC students are staying in University accommodation and they have to manage their own sexual lives. They are offered accommodation and food by the University and there is no control on visiting hours for the opposite sex, such that their chances of indulging in risky sexual activities are very high.

These students go out of the University campus to the nearby bar - Bush Bar, where they drink till late. In some incidences cases of class abscondances have been reported by lecturers as students suffer from the after-effects of drinking binges. About 75% of the Namibian population lives in rural areas and only 25% of the entire population lives in towns Ministry of Health and Social Services (2008). Most of these students are from poor, remote rural backgrounds where the only sponsorship they can get from their parents/guardians are bus fares, and they have to look after themselves for other basic needs. In this era where competition for life's needs is taking a positive gradient, these students will be forced by circumstances to indulge in transactional sex and they are at the mercy of sugar daddies/mummies that can provide for their basic needs, hence increase their chances of getting infected with HIV and die young before they even benefit from the labor of their brains.

The trends of the predicament above have reached intolerable magnitude and the trends don't seem to show signs of stabilizing, some female university students continue to get pregnant and are often seen in university corridors and in lectures. The 2011 university students' records show that in the year 2009 only 14 students went on maternity leave and in 2010, 22 went on maternity leave and this year 2011 23 students went on maternity leave. When these girls are on leave they have to miss classes and they keep lagging behind with their academic work. Some end up withdrawing or repeating since they would have missed so many assessment tasks. When they deliver their babies the delivery process exposes them girls to early signs of and symptoms of HIV/AIDS since they would have lost a lot of blood. After delivery they have to find a place to stay out of the University campus as they take care of the

delivered baby who has to be taken for routine medical check-ups together with the mother. They have to pay rentals and transport to and from school every day. This is an extra burden they are adding to an already overstrained social life. There is not much information available on HIV/AIDS linked support systems available for students to help them cope with personal effects of HIV/AIDS at HP campus. There are no professional counselors at HP campus who are mandated to do students counseling and giving education to students on avoiding risky sexual behaviors and practice safer sex. Condoms are accumulating dust in the Student Teachers Aids Counselors Organization (STACIO) office- an office that should distribute condoms to the students.

There is no support at HPC from local clinics or other NGO partners working in the HIV/AIDS field and there is nothing being done to try and address these risky sexual behavior patterns. If the condoms are to be distributed there is no one to educate HPC students on how to use them. The students are caught up in this predicament and they do not seem to have a solution to what they can do to cope with HIV/AIDS effects. There has not been any research on this predicament probably because the people are not aware of the risk students are exposed to, or probably because people lack the technical knowhow of undertaking such a sensitive research study at a highly reputable institution of higher learning in Namibia (UNAM).

The purpose of this study is to identify the HP students' risky sexual behavioral patterns that increase their vulnerability to HIV infection. When these patterns are identified and listed, the University management will collaborate with the Ministry of Health and Social Services (MoHSS) so as to workout mitigation strategies to reduce students' vulnerability to HIV infection at HP campus. Students at HP campus are studying on government loans and grants such that if their lives are saved, the government of Namibia would have made a big investment since the death of any student due to any ailment or a students' failure to complete their various degrees will cost the Namibian Government a lot of money.

Based on the sentiments above, it is of paramount importance to investigate what these risky sexual behavior patterns are, that HP students involved in, that increase their vulnerability to the infection of HIV/AIDS and also how relevant and suitable are the student support structures for HIV/AIDS at HP campus, and how can they be improved so that these students benefit from them and reduce their vulnerability to the infection and the effects of HIV/AIDS within the university campus. The **research problem** of the study will be stated as:

**What are the risky sexual behavior patterns that UNAM HPC are involved in, that increase their risk to HIV infection?**

There are no University medical facilities at HP campus and both students and lecturers rely on public clinics/hospitals which are more than 10km away, or have to go to private doctors for their medical services and these costs them a lot of money. There is no social welfare department at HPC where those who are having social problems can go for counseling. Based on the above stated research problem and, the **Null hypothesis  $H_0$**  for this problem will be stated as follows:

**There are certain risky sexual behavior patterns (independent variable) that increase a student's risk (dependent variable) to HIV infection at HPC Campus of the University of Namibia (UNAM).**

The above null hypothesis suggests that the students' risk to the infection of HIV depends on that particular student' sexual behavior patterns. If the students' sexual behavior patterns are not risky this also implies that their risk/chances of getting infected with HIV are also low. For those students whose sexual behaviors are risky e.g. those who still practice unprotected sex, their chances of getting infected with HIV are also high.

The problem will be addressed by pursuing the following **objectives**:

1. To identify the risky sexual behavioural patterns among HPC students.
2. To establish the driving factors behind the students' risky sexual behavioural patterns at HPC.
3. To identify weaknesses in the current student social support service structures for HIV/AIDS at HPC.
4. To make recommendations for student support services that reduces students' risky sexual behavioural patterns at HP Campus.

## **1.2. Method of research**

An extensive review of literature on risky sexual behaviors and HIV/AIDS in Namibia was carried out. The review tried to explore what literature says about several risky sexual behaviors among the youth and also tried to establish the relationship between peer influence and indulging in risky sexual behaviors. More so, literature review also tried to explore types of families that have the greatest risk of their children indulging in risky sexual behaviors. In addition to that, it also tried to explore the suitability of the available HIV/AIDS support services for students at HP campus in helping students to cope with HIV/AIDS effects.

A questionnaire was drawn and administered to students and this was trying to measure the different risky sexual behaviors which HP students are involved in, and it also tried to make an assessment of the available (if any) student support services for HIV/AIDS at HP campus and the extent to which students are utilizing these facilities to cope with HIV/AIDS at HP campus.

A focus group discussion was also administered to HP students and their leaders. The focus group with students and their leaders was used to gain more insights into the risky sexual behaviors of the students but under the guidance of the four objectives above stated above.

### **1.3. Structure of the study**

This Chapter (Chapter 1) identifies the problem that will be addressed in this study and also provides a rationale for the study. This Chapter also made outlines on the purpose, aims and objectives and also provided brief outline of the procedures.

Chapter 2 provides a critical review of the relevant literatures on the variables. The prevailing HIV/AIDS situation in Africa, SADC, Namibia and Namibian tertiary educations will also be explored in this Chapter. Furthermore, this chapter will look at the various definitions of risky sexual behaviors from various academic scholars. The researcher acknowledges that there has not been a similar study on risky sexual behavior patterns in HP campus but similar studies in other countries are given. This chapter will try to explore the various risky sexual behavior patterns and their link to HIV/AIDS. It will also try to find possible reasons why students indulge in risky sexual behaviors making use of the relevant literature.

Chapter 3 will give details of the research methods used in this study with specific reference to procedures, instruments and subjects. The two data collection instruments used in this study will be discussed in detail in this chapter, and then the last part will give an outline of the analysis of data.

Chapter 4 is primarily devoted to the presentation and discussion of the research findings with the purpose of answering the objectives posed in Chapter 1. This chapter will also interpret the research findings in light of previous researches.

Chapter 5 contains the conclusions on the findings, outlines and recommendations together with details of the limitations of this study as well as possible areas of further research which emanated from this research study.

## **CHAPTER 2: Critical literature Review**

### **2.1. Introduction**

The HIV/AIDS pandemic has greatly affected Namibia as well as other countries in Southern Africa in the past two decades UNAIDS(2009). Lebeau and Yoder (2009) observed that if the Ministry of Health and Social services (MoHSS) and collaborating partners like (USAIDS, UNAID, Donors and line ministries) seek to reduce HIV infection rates in Namibia, a better understanding of the factors driving the pandemic such as risky sexual behavior patterns, will lead to programmatic efforts to prevent the spread of HIV.

This research study seeks to explore the risky sexual behavior patterns which students are involved in, which increase their vulnerability to HIV infection at The University of Namibia (UNAM) Hifikepunye Pohamba (HP) Campus. It is important to shade some light on the prevalence of HIV/AIDS in the sub-Saharan Africa including Namibia, in order to see how the prevalence of HIV/AIDS is, within the Sub-Saharan Africa and special focus will be made to Namibia. The impact of HIV/AIDS in African academic institutions will also be presented in this chapter followed by the definitions of risky sexual behaviors from various academic scholars. More so, this chapter will also present the findings from literature about peer influence and risky sexual behavior, followed a presentation of the relationship between knowledge and risky sexual behavior basing on literature findings. Thereafter, this chapter will give various risky sexual behavior patterns and their relationship to HIV/AIDS infection. The risky sexual behavioral patterns which will be reviewed in this chapter are, non-use of condoms during sex, indulging in sexual activity while under the influence of alcohol or any intoxicating drugs, concurrent sexual partners, previous diagnosis of STIs and short term partners and transactional sex. Finally this chapter will also give an overview of the student HIV/AIDS support systems available at HP Campus.

### **2.2. Impact of HIV/AIDS on the African school education school systems including Namibia**

Many individuals who are part of the older generation who did not receive AIDS education in their younger years are highly susceptible to the infection of HIV/AIDS in Namibia Lebeau and Yoder (2009). According to the report from the president of the Namibian Teachers Union (NANTU), one study found out that 33 % of female teachers and about 25% of male teachers were HIV positive as of August 2003 Fendon et al (2001).Table 1 below shows an illustration of the impact of HIV/AIDS and the African school system.

Country	Number of primary school children who have lost a teacher due to the AIDS epidemic in 1999	Total of enrolment in primary school
South Africa	100,000	8,000,000
Kenya	95,000	5,600,000
Zimbabwe	86,000	2,400,000
Zambia	56,000	1,700,000
Malawi	52,000	2,800,000
Ethiopia	51,000	4,300,000
Cote d'Ivoire	23,000	1,700,000
Botswana	14,000	350,000
Namibia	9,500	350,000
Burkina Faso	7,400	700,000
Lesotho	6,200	360,000
Congo	3,900	450,000
Swaziland	3,600	210,000

**Table 1 : Impact of HIV/AIDS in the African school system**

The results above are reflecting that South Africa has the greatest number of teachers who died of HIV and for Namibia 9500 teachers including lecturers who have died of AIDS means a great loss to the nation since most of these teachers and lecturers were contributing to the development of the nation. Doctor Richard Kamwi the minister of Health Namibia in his speech to the University of Namibia main campus students stated that,

“HIV/AIDS does not discriminate; it affects people irrespective of race, age, gender and education “The Namibian Newspaper (2011,p6).”

He further emphasized on the need for the Namibian youth to be self-controlled and he encouraged them to shun risky sexual behaviors that increase their vulnerability to HIV/AIDS since they are the leaders of tomorrow.

### 2.3. State of HIV/AIDS in Namibia and the globe

Statistics have shown that the number of people living with HIV/AIDS worldwide continues to grow, and in 2008 it was estimated to be 33.4 million, which was 20% higher than the 2007 estimate UNAIDS (2008). The Ministry of Health and Social Services in their Annual Report (2008) noted that in Namibia by the end of 2008, at least 160,000 estimated people were living with AIDS and 15.3% estimate of these were adults (ages 15-49), it further revealed that, 61% estimate of these HIV cases occurred amongst women (ages 15-49) and that an estimate of 16,000 children (ages 0-15) were living with HIV/AIDS by the end of 2008 and within the same year 5,100 estimate numbers of deaths were due to AIDS.

Namibia has an HIV prevalence of 13.1% and is ranked at the fifth position in the entire SADC region AIDS prevalence scale UNAIDS (2009). HIV/AIDS continue to affect the Namibian population, according to the speech by the Minister of Health and Social Services Namibia, 20% of all death in 2005 was a result of HIV/AIDS, The Namibia Newspaper (2011). He further asserted that in the year 2008-2009, 5800 new HIV infections were recorded of which 2400 school was going age.

Previous studies by de la Torre (2008), LeBeau (2008) about Namibia suggested the following as possible drivers of the epidemic in Namibia; STI treatment patterns, migration, intergenerational sex, alcohol use and concurrent sexual partners. Table 2 below, shows the summary of the HIV/AIDS statistics for Namibia according to UNAIDS (2009).

<b>Population ,2009</b>	<b>2.200.000</b>
<b>People Living with HIV/AIDS,2009</b>	<b>180.000</b>
<b>Women(aged 15+) with HIV/AIDS,2009</b>	<b>95.000</b>
<b>Children with HIV/AIDS,2009</b>	<b>16.000</b>
<b>Adult HIV prevalence(%),2009</b>	<b>13.1%</b>
<b>AIDS death ,2009</b>	<b>6.700</b>

**Table 2: HIV/AIDS Statistics in Namibia**

Studies by Perzer (2003) revealed that the tertiary institutions of Namibia are highly affected by the death of lecturers and students due to HIV/AIDS. This was corroborated by the studies carried out by Castro, Duthilleul and Caillods (2007) on Caprivi and Kavango schools on teacher absenteeism, which revealed that HIV/AIDS is affecting the school community and as a result, care and support must be given to both the affected and the infected. Furthermore, studies by Kinghorn et al (2002) on school principals in Northern Namibia reported absentees of both students and teachers due to illness or funeral attendances to be on the increase. The



afore-mentioned researches clearly show that Namibia need to take an action in HIV/AIDS a matter of urgent if the HIV/AIDS manifested school system and colleges are to recuperate. On this note, the governor of Oshana Regional Governor in his speech at the official opening of the Yetu Complex shopping centre stated that the youth of today need to take an active and participatory role in the prevention of HIV/AIDS by not displaying sexual behaviors that are risky to the contraction of HIV the Namibian Newspaper (2005).

#### **2.4. Definitions of risky sexual behaviors**

Many academic scholars define risky sexual behaviors in different ways. Chinsebu et al (2008) define risky sexual behavior according to the behavior itself: having unprotected vaginal, oral, or anal intercourse. He further assets that another way to define risky sexual behavior is by referring to the nature of the partner: HIV-positive individual, intravenous drug user, or nonexclusive partner.

On the other hand, LeBeau and Yoder (2009) identified the various forms of risky sexual behavior as ranging from a large number of sexual partners, or engaging in risky sexual activities, to sexual intercourse under the influence of substances such as alcohol or cocaine. Risky sexual behavior is often identified through the diagnosis of an STI or pregnancy according to Mercer (2010).

In Namibia a clear indication of the involvement of an individual in risky sexual behavior is the multiple treatments for STIs, even after they have been counseled to use protection or to abstain from sexual activity completely Likukela (2009). Studies by Reiter, Katrz, Ferketich, Ruffin and Paskett (2009) on the Namibian adolescence revealed that Namibian adolescent are unmotivated to change their risky sexual behaviors. Reiter et al (2009), identified risky sexual behavior as engaging in sexual intercourse at an age younger than 18 years, having a higher number of sexual partners, having a history of being treated for STIs and having concurrent sexual partners or past sexual partner who has been treated for STIs, inconsistent use of condoms, indulging in unprotected sex, having high risk partners (including drug users and alcoholics), or indulging in survival sex (sex in exchange for money, food, shelter or drugs). On the other hand (Aral and Holmes (2006); Fendon et al., 2001); Fendon et al (2002)) in Mercer (2010) reiterated that the number of sexual partners a person has had is one of the best measures of risk and predictors of adverse health outcomes.

#### **2.5. Patterns of risky sexual behaviors in Namibia and their relationship to HIV/AIDS**

Adolescence involvement in risky sexual activities is an important public health concern, as it increases their risk of contracting HIV and other sexually transmitted infections Chinsebu

et al., (2008). Studies by Kasanda et al., (2011) on the Namibian adolescence in Northern Namibia revealed that most of the HIV infections are a result of young and old people indulging in risky sexual behaviors, having multiple concurrent partners, and not practicing safer sex. The involvement in risky sexual activity among the youth may also result in unplanned and unwanted pregnancies, and may jeopardize their chances to complete their education successfully Maswanya et al., (2009). According to Mufune, Kaundjua, Indongo and Mchombu (2004) cited in Chinsembu et al (2008), teenage pregnancy is still a problem in Namibia. They further assets that the involvement of young people in risky sexual activity increases their chances of contracting HIV, and indulging in other unhealthy behaviors such as illicit drug use, alcohol and smoking. On this note, Siziya, Muula, Kazambe and Rudatsira (2008) on their study on Zambian adolescence, noted that adolescence that uses alcohol and/or other drugs are more likely to involved in sexual activities and have greater chances of contracting HIV than those who do not use drugs. A comparative study between the Namibian and Kenyan adolescence by Kasanda et al (2011) on risky sexual behaviors among adolescence revealed that the Namibian risky behavior estimates were several times higher than what was found in Kenya. On this note, Chinsembu et al (2008) concluded that there is a predominance of young people in potentially unhealthy sexual behaviors in Namibia and are more likely to contract HIV.

## **2.6. Non use of condoms as a risky sexual behavior**

According to WHO(2004) in their ethnographic studies on commercial sex workers, they found out that drinking of excessive amounts of alcohol leads to risky sexual behavior such as unprotected sex while drunk. This was corroborated by studies by LeBeau (1999) who revealed that both men and women in Northern Namibia were engaging in unprotected sex under the influence of alcohol and the informants further explained that a person “sleeps around a lot” when drunk and “forgets to use condoms”. Half of the male participants aged 20-29 in LeBeaus’ that admitted that they had had unprotected sex while drunk. These findings corroborated with the findings of Kasanda et al on the Namibian youth, who observed that, men who pay for sex sometimes do not want to use condoms because they feel that they have paid for the right to have unprotected sex, especially with a sex worker. These findings further concurred with the findings of Chinsembu et al (2008), Kasanda et al (2011) on the Namibian High school kids which revealed that as adolescence experiment with their sexuality were not using condoms during sex.

In addition to that, studies by Fendon et al (2001) revealed that some cultures and religious beliefs are still standing as impediments to the use of the condoms in Namibia especially

among the Himba Community. On this note, Kasanda (2011) encouraged that education programmes on the use of condoms should also target the churches, and such resistive cultures if the fight against HIV/AIDS is to be won in Namibia. Conclusively, as long as people are not using condoms during sex, they increase their vulnerability to contract HIV/AIDS.

### **2.7. Support systems available for students at HP Campus**

Namibia's response to the epidemic has benefited from increasingly committed political leadership at the highest and other levels Chenzira (2008). Political will is recognized as a distinguishing feature of all successful, sustainable efforts to combat the HIV/AIDS epidemic in Namibia. The initial focus of responsibility and activities around HIV/AIDS in the health sector is now replaced by promotion of a multi-sectorial response MoHSS (2009). Both the Ministry of Higher and Basic Education developed a ground breaking strategic and operational plan on HIV/AIDS in 2001 and its implementation has been initiated. The Namibian Government adopted a National Policy on HIV/AIDS for the Education Sector in 2003 Chinsebu et al (2008). This Policy aims at providing a framework for prevention, care and support for both learners and employees in the education sector, as well as mitigation of the impacts of HIV/AIDS on the learners and employees Olusheyi and Kanthula (2010).

While all the above mentioned plans are meant to benefit the Namibian youth, none of these services are available specifically at HP campus of the University of Namibia. There is no clinic; condoms if available are distributed by the Student Representative Council (SRC). A few students councilors are available though they have limited HIV knowledge since they are not specialists in HIV/AIDS related matters, making HP campus HIV/AIDS facilities not conducive for students' support in HIV/AIDS matters. Students still rely on government services or external medical personnel from the nearby hospital Oshakati which is 10km away.

### **2.8. Relationship between Knowledge and Risky sexual behaviors**

Many studies have revealed that people with higher HIV knowledge are less likely to engage in risky sexual behaviors than those who have no knowledge. A study carried out on the Tanzanian youth by Maswanya, Moji, Horiguchi, Aoyaqi and Takemoto (1999) revealed that students who were engaging in risky sexual behaviors were at the risk of contracting HIV. The study further revealed that though 95% of the collected sample had sufficient knowledge about the danger of HIV, but still they failed to change their behavior and researchers finally concluded that this was the reason for high HIV prevalence among the Tanzanian youth, and they emphasized on the importance of more effective AIDS education among the Tanzanian

youth in order to change the students perceptions about HIV/AIDS. Studies by Mufune, Sharma and Meera (2011) on the Namibian youth revealed that though there were some young people who were knowledgeable about HIV/AIDS but they still chose to engage in unprotected sex, but the majority of the sexually engaged youth applied their knowledge about HIV to protect themselves from risky sexual behaviors and used a condom.

Namibia is trying its level best to fight the HIV/AIDS epidemic. There has been an increase in the knowledge about HIV/AIDS in Namibia after the introduction of “my future is my choice”, an HIV awareness programme which is being offered in 10 levels in all Namibian Primary and Secondary Schools. This programme has increased the HIV/AIDS knowledge levels of the Namibian youth. Table 3 below, shows the summery statistics for UNAIDS HIV knowledge for Namibia in the year 2010.

<b>Indicator</b>	<b>Percentage</b>
Had sex before age of 15(Female, ages 15-24)	7
Had sex before age of 15(male, ages 15-24)	18
Reported higher-risk sex(male, ages15-24)	2
Used a condom the last time they had-sex(Female, ages 15-24)	11
Used a condom the last time they had higher-risk sex(male-15-24)	74
Displayed comprehensive HIV knowledge(Female, ages 15-24)	65
Displayed comprehensive HIV knowledge(Female, ages 15-24)	62

**Table 3: Namibians’ HIV knowledge and behavior survey and their indicators for 2009**

The statistics above shows that very few of the Namibian youth indulged in higher risk sex activities, and the statistics also reflect higher knowledge levels about HIV/AIDS among the Namibian youth.

According to the Namibia Demographic Health Survey (2006) in Olusheyi and Kanthula (2010) found out that, two thirds of the Namibian youth had comprehensive knowledge of HIV/AIDS including knowledge on ways to avoid infection. In spite of the relatively high level of knowledge among the youth, risky sexual behaviors are still quite common among all age groups in Namibia Richer & Caceros (2008). In another study Olusheyi and Kanthula (2010) found out that knowledge about HIV/AIDS is insufficient in preventing HIV transmission as reasons for persistence in high risky behavior occur for a variety of reasons apart from individual knowledge and subject to external influences that need to be understood. On the other hand, studies by Pelzer (2003) on knowledge, opinions and attitudes about AIDS on some rural participants showed a weak link between knowledge about

HIV/AIDS and proper AIDS health behavior. This was consistent with the findings by Richer & Caceros (2008) which unveiled that knowledge was inversely associated with HIV risk behaviors. Basing on the findings above it can be concluded that knowledge about HIV/AIDS does not automatically make a person to stop indulging in risky sexual behaviors. This assertion was further confirmed by the studies done by Augustyn and Tlou (n.d.) in South Africa which also observed that health promotion exercises may improve positive health promoting beliefs in people, but their behavior may remain the same.

## **2.9. Family structure and its influence on sexual behavior.**

Studies by Mufune, Sharma and Meera (2011) on Windhoek youth in Namibia revealed that children from families with two parents are less sexually engaged than children from single parents families. These research findings concur with Curtis and Sutherland (2004) statement that living in a two-parent family household has a positive influence on reducing early sexual activity and minimize the child's chances of engaging in risky sexual behaviors later on. Studies by Likukela (2005) revealed that a child-parent relationship plays a protective role against HIV infection. He further asserted that having a good relationship with the mother is a shielding factor against sexual intercourse and multiple partners or other risky sexual behaviors. Similarly, Curtis and Sutherland (2004) reported that positive family communication and connectedness is probably the most important to adolescent sexual self-care of avoidance of risky sexual behaviors. According to Ciera, Madise, Zulu, (2008), in situations where parents know their children's whereabouts, are aware of what they are doing and spend time with them after school; there is less likelihood that they will engage in risky sexual activities. On this note LeBeau and Yoder (2009) noted in their research on the Namibian population that people who refrain from risky sexual behaviors were usually in steady relationships (married or co-habiting). Mufune, Sharma and Meera (2011) finally concluded that the family bond between children and parents may be an important tool in the fight to control sexually transmitted infections, HIV and teenage pregnancy that has plagued Namibia. Studies by Mercer (2010) in the Namibia revealed that parents who have alcohol or drug addictions are also a burden on their children especially when they are teens and find themselves acting like the parents and looking after one or two parents who are acting more like their children.

In order to address premature sexual activity among teenagers effectively, comprehensive community strategies are needed to address the myriad of issues involved and the diversity in social and community contexts Needle and Ashely (2005). The fight against HIV/AIDS in Namibia requires a comprehensive partnership in the implementation of youth HIV

preventive interventions Braithwaite et al (2008). These partnerships distribute the responsibility for sexuality education across the family, community, and school. Conclusively, these findings suggest that parents have a crucial role to play if they are to reduce their children's risk to HIV infection.

### **2.10. Excessive consumption of alcohol as a risky to HIV infection.**

The exchange of alcohol for sex is a well-known reciprocal relationship in Namibia LeBeau and Yoder (2009). The Namibian national policy on HIV/AIDS recognizes the relationship between alcohol use and concurrent sexual partners, and the transmission of HIV in Namibia MoHSS (2009). Many research findings have revealed that both youth and adults do indulge in sexual intercourse while they are under the influence of alcohol. Studies carried out by VSO Namibia (2007) on the Namibian youth revealed that people who are drunk have a greater desire for sex than those who are not drunk, and their risks of getting infected with HIV are high since when they are drunk the chances that they may use protection during sex are very slim. As a result, the indulgent in sex when one is under the influence of alcohol or any intoxicating drug is such a great risky sexual behavior since it increases one's chances of getting infected with HIV. Several studies by Fendon et al (2001); Fendon et al (2002) cited in Mercer (2010) revealed that individuals who drank alcohol were more at risk than those who were non-drinkers.

Observations made by LeBeau and Yoder (2009) in Namibian bars revealed that many people began drinking (particularly *tombo* home-brewed beer made from yeast, sugar and maize flour) when they were young and have developed an addiction for alcohol. They further discovered that alcoholics are impoverished and are unconcerned about the effects of alcohol on their bodies and the risk of contracting HIV and they have a fatalistic attitude about life. Of particular concern, LeBeau and Yoder (2009) noted that some girls 14-18 years old, would go to the bars with other schoolgirls and let older men buy them drinks, a behavior which puts the girls in risky situations such as being left alone with men they don't know and later have sex with them. They further noted that the availability of alcohol and private parties in Katutura and Oshakati in Namibia makes it easy for people to get drunk and participate in risky sexual activities. On this note, de la Torre et al (2008) stated that most Namibians do not know the difference between abstention and responsible drinking. More so, (Bryant (2006), Braithwaite et al (2008)), covered many aspects of alcohol consumption and HIV risk behavior, which includes among others, physiological effects, HIV-risk taking and interference with the antiretroviral (ARV) drug adherence. Furthermore, a report on the PEPFAR (U.S. President's Emergency plan for AIDS Relief) conference in Dar Salaam in

2005 summarizes many studies of alcohol consumption and sexual relations in many African countries as cited by Needle and Ashley (2005).

Studies by Simbayi et al., (2005) of alcohol consumption and sexual risks among STI clients in Cape Town, South Africa, showed a strong relationship between alcohol consumption and risky sexual behavior in bars in Southern Africa. This concurred with the findings of the epidemiology and ethnographic section of PERFAR conference and WHO (2004) which found out some substantial evidence links between alcohol consumption and increased risks of STI and HIV infection. On the same note, studies by de la Torre et al (2008) on males and females “drinkers” with their sexual partners were of the view that alcohol consumption and sexual risk behavior are strongly related, alcohol was believed to increase levels of sexual arousal and desire particularly where casual sexual partners or sex workers were involved. These study findings agreed very well with the findings of Fritz et al (2002) on alcohol consumption and sexual relations among the Zimbabwean 15-21 year olds in Harare. The study revealed that 42% of young men and 32 % of young women at the drinking establishment had sex after drinking the three months preceding the survey, while 7% of the women said they were drunk the last time they had sex. These findings corroborated a cycle of HIV transmission that involves older men and younger women, and ultimately the steady partners for both Mataure et al., (2002). In another study on risk-taking in Northern Namibia, LeBeau et al (2008) reported that participants said that alcohol reduces the fear of STD infection and that, while under the influence of alcohol, people often have sex without considering the risk of HIV infection. The male participants in the study reported that while drunk, they find it difficult to control their sexual desire, making it more likely that they become sexually involved with anyone within their proximity. Fritz et al (2002) also noted many people expressed a belief in the direct link between HIV risk-taking behavior and alcohol, with some going as far as saying that “alcohol causes AIDS”. In another survey by Mlambo (2007) on men and women, 76% of the men indicated that they become “sexually aggressive” when they are drunk and 66% of the respondents indicated that alcohol consumption has in one way affected their sexual behavior. Surprisingly, on the contrary, Cook and Clark (2005) still question the link between excessive alcohol consumption and rates of STIs.

### **2.11. The role of peer pressure and risky sexual behavior.**

Research has shown that most of the young people who engage in risky sexual behaviors do so as a result of peer influence. Studies by Mufune, Sharma and Meera (2011) revealed that close friends of the young people who are sexually active had organized a sexual partner for them and threatened to throw them out of the group if they refused to have sexual intercourse with the person. This was corroborated by the studies which were carried out by Chimbanga, Lewis and Mwanyisa (2009) among the Namibian students which revealed that among the young people who are sexually active, 31% felt strong peer pressure to comply with peer influence as compared to 9% who chose to abstain. On this note, it is smart to claim that peer influence among young people is a factor that influences young people to indulge in risky sexual activity. In addition to that, Strydom (1999) found out that adolescents want to fit in the group and may feel pressured if other members of the group drink and they do not.

### **2.12. Concurrent sexual partners as a risky factor to HIV infection**

The risk of transmission of HIV through sexual relations depends on the nature of the relationship. Studies by LeBeau and Yoder (2009) on the Namibian population in (Windhoek and Oshakati) revealed that individuals who are married or living with a partner have a low risk of getting infected with HIV if each of them is faithful to the other, while individuals who are sexually active with a number sexual partners in a short period of time, with or without a partner, are at the greatest risk of HIV infection. These findings concurred with the findings of Mercer (2010) who discovered that concurrent sexual partnering and greater risky sexual behavior are also enhanced by individuals who are sexually active without a main partner because they have a number of partners in a short time. He further stated that the spread of HIV in Namibia is also a result of the social acceptance of men having multiple concurrency sexual partners. On the other hand, studies by LeBeau and Yoder (2009) revealed that some Namibian youth refrained from one-night stands and other short-term relationships because of fear of the disease or moral conviction (including religion). In another study on farm workers in Namibia Chimbanga, Lewis and Mwanyisa (2009) discovered that 58% of the respondents had multiple sexual relationships with individuals outside their reported regular partners. In another study on College students in Namibia Likukela (2009) discovered that college girls were 75% more likely to indulge in transactional sex i.e.( sex in exchange for money or other material rewards) than their male counterparts. The study further revealed that college girls were involved in sexual relations with taxi drivers so that they can get a free hike to and from town a syndrome Zimba (2010) identified as “the taxi driver” syndrome.



Previously, early mathematical models by Watts and May (1992) revealed that transmission is more rapid institutions of concurrent partnerships than other type partners. While Mufune, Sharma and Meera (2011) proposed for a more complex model to address different types or partners, Cook and Clark (2005) after applying their model to the data from Uganda, they concluded that increases in levels of concurrency would have more of an effect on HIV transmission than increases in the number of partners. All in all, it is clear that the greater the number of sexual partners which one has, the greater his/her chances are to contract HIV/AIDS.

### **2.13. Previous diagnosis of STIs as risky sexual behavior.**

Studying the patterns of STIs gives indication of the occurrence risky sexual behavioral patterns. It is important to note that risky sexual behaviors increase the likelihood of contracting a sexually transmitted infection (STI) and so are the chances of contracting HIV. In the United States, for example, approximately 15 million new STIs occur annually, and many of these new infections are among adolescents Fritz et al (2002). Chenzira(2008) stated that non-fatal STIs, such as chlamydia, are associated with adverse outcomes including ectopic pregnancies and infertility. Human papilloma virus, the virus that causes genital warts, has been associated with the development of cervical cancer. The mere presence of an STI directly increases the likelihood of transmission of HIV in an individual. Studies by Mufune, Sharma and Meera (2011) in Namibia revealed that the rate of syphilis among 15 to 19 year olds is 0.6 and 6.4 per 100,000, respectively. More recent surveillance data suggest that there has been a rise in the rate of syphilis in this age group. In this same age group, studies by Fritz et al (2002) revealed that, gonorrhea rates are 59.4 and 571.8 per 100,000 for Zambia and Zimbabwe, respectively; chlamydia rates are 563.3 and 1131.6 per 100,000, respectively.

In addition to the risk of STIs, the risk of unplanned pregnancy increases with frequency of unprotected sexual intercourse Fritz et al (2002). Estimates have suggested that approximately 40% of adolescent Namibian women (aged 15 to 19 years) become pregnant before age 20 years, and most of these pregnancies are unintended Kasanda et al (2011). Although more recent estimates suggest that rates have dropped to 35%, the rates of teen pregnancy are still substantially higher in the Sub-Saharan Africa than in other Western industrialized countries like France, Germany, and Sweden.

To reduce risky sexual behaviors and related health problems among youth, schools and other youth-serving organizations can help young people adopt lifelong attitudes and behaviors that

support their health and well-being—including behaviors that reduce their risk for HIV, other STDs, and unintended pregnancy.

It is clear that sexual activity (including sexual intercourse) is common among adolescents, and many of the behaviors that they engage in put them at risk for contracting STIs, experiencing unwanted pregnancy and increase their chances the chances of contracting HIV.

#### **2.14. Conclusion**

Certain programs and interventions can be recommended for development and implementation within a framework of empowering young people to make informed decisions about their sexual health if Governments, Policy makers, Authority figures, Civic society and organizations are to win the fight against HIV Olusheyi and Kanthula (2010). One possible alternative is to allow young people to perceive the impact that certain risky sexual behaviors and negative attitudes have on their vulnerability to HIV and STI infection Chenzira(2008). This will enable them to make informed decisions about their sexual behaviors. Abstinence from vaginal, anal, and oral intercourse is the only 100% effective way to prevent HIV, other STDs, and pregnancy de la Torre et al (2008). The fight against HIV/AIDS is not sustainable if there is no innovative education on risky sexual behavior change among the youth. These behavior change education strategies must not only be between individuals but also across large risky groups Reiter et al (2009).

The purpose of this research study is to identify the risky sexual behavior patterns among the students at HP campus of the University of Namibia, with the intention of finding mitigation strategies to reduce the student's vulnerability to the infection of HIV. This chapter shaded some light on the prevalence of HIV/AIDS in the Sub-Saharan Africa including Namibia, in order to see how the prevalence of HIV/AIDS is, within the Sub-Saharan Africa and special focus was made to Namibia. The impact of HIV/AIDS in African academic institutions was also presented in this chapter followed by an overview of the student HIV/AIDS support systems available at HP Campus and the definitions of risky sexual behaviors from various academic scholars. This chapter further presented the findings from literature about peer influence and risky sexual behaviors followed by the relationship between knowledge and risky sexual behavior basing on literature findings. Thereafter, this chapter then gave various risky sexual behavior patterns and their relationship to HIV/AIDS in the Sub Saran Africa but the epicenter of the discussion was Namibia. There are many risky sexual behavioral patterns that exist, but this chapter only discussed, non-use of condoms during sex, indulging in

sexual activity while under the influence of alcohol or any intoxicating drugs, concurrent sexual partners, previous diagnosis of STIs and short term partners.

## **CHAPTER 3: Methodology**

### **3.1 Introduction**

This chapter clearly describes the research designs and methods used in this research study. The study adopted both a quantitative and a qualitative approach because of the nature of the topic and the designed research questions. The data was collected from students using questionnaires and a one hour focus group discussion. The collected quantitative data was analyzed using the Statistical Packages for Social Sciences (SPSS) and the focus group discussions findings were transcribed and analyzed using topological themes. The choice of the research designs and data collection methods was primarily based on the research objectives.

### **3.2 Research design**

Christensen et al (2010) describes a research design as an overall plan for obtaining answers to the questions being studied and a way of handling some difficulties faced during the entire research process.

#### **3.2.1. Qualitative research**

The researcher intended to gain insight into risky sexual behavioral patterns that increase the student's vulnerability to the infection of HIV at Hifikepunye Pohamba Campus of the University of Namibia. The researcher also wanted to make an assessment of the HIV/AIDS student support structures, their qualities and availability; and the extent to which students utilize these structures to minimize their vulnerability to HIV infection. The availability and quality of these support structures and the extent to which student utilize them has an impact on their level of infection to HIV. Since the qualitative approach describes and allows for more understanding into situations these situations, the researcher chose it for part of research Johnson and Johnson (2008).

Christensen (2010) define a qualitative research as a research relying primarily on collection of qualitative data (non-numerical data, such a words and pictures). This definition concurs with Zimba (2010), who described a qualitative research as a systematic, interactive, subject based approach used to describe life experiences and give them meaning. The researcher used the qualitative approach in this study based on Zimba (2010) and Christensen's (2010) definition, and the major characteristics of the qualitative research identified by Polit and Hungler (1999). These characteristics are (1) Personal contact and insight, (2) Naturalistic enquiry, (3) holistic perspective, (4) empathetic neutrality and finally (5) qualitative data.

### **3.2.2. Personal conduct and insight**

The researcher collected the data personally and analyzed it. The researcher had a direct contact with the respondents during the focus group discussion. The researcher was the discussion leader and as such this process gave him a well-informed insight into the problem and this made it easier to manage the data during the analysis.

### **3.2.3. Naturalistic enquiry.**

Naturalistic enquiry is a concept that is based on the ability of human beings to shape and create their own everyday experiences, and the idea that the truth is a composite of realities. Students at HP campus described their own experiences with regards to the patterns of risky sexual behaviors, what they see every day on campus and how they perceive their own risk to the infection of HIV basing on their individual experiences. They talked about their own experiences in relation to what is available to support them in order for them to cope with the changes brought on by HIV/AIDS at HP Campus. They also deliberated on what they think should be done in order to improve on the available support services.

The data was collected in a naturalistic setting of the students' environment and as such this facilitated sound platform communication and dialogue. The focus group discussion was done in one of the lecture rooms and was done in a friendly manner to allow systematic flow of information under the guidance of the researcher. The researcher recorded the entire discussion and also noted the respondents' verbal and non-verbal communications later the data was transcribed and topological themes were created for analysis.

### **3.2.4. Empathetic /neutrality**

By sharing experiences and perception, the qualitative approach was very effective in handling the emotional responses from the students and their leaders during the focus group discussion. The researchers' personal experiences in small HIV/AIDS work related projects and empathetic insight into the subject facilitated understanding of the discussion. The qualitative research approach is subjective as a result of the active participation of the researcher. This insight concurs with the sentiments of Simbayi et al (2004) who observed that the qualitative approach need to adopt an element subjectivity in order to understand human experiences. On this note therefore, the researcher was actively involved throughout the entire research process.

### **3.2.5. Holistic perspective**

The holistic perspective is complex because it looks at different dimensions where students who are part of the STACIO committee who are supposed to help other students to cope with HIV/AIDS prevention matters are also affected. The data which was collected from the

students the STACIO members and their SRC gave a meaning to the entire study. The merging of triangulation of the two data collection procedures (focus group discussion and questionnaires) from different departments and academic levels and various ethnic tribes was done to understand and make a meaning out of the objectives of the study from different perspectives. Hence a holistic approach was essential for this study to give satisfactory answers to the research questions.

### **3.2.6. Qualitative data**

The data collection process using a focus group discussion was very flexible and was done in a manner that allowed free discussion and idea sharing. The direct quotations of the research participants captured their personal experiences. During the focus group discussion the researcher asked questions that allowed him to probing for more information in order to get clarity during the data collection process. It was not easy to create a meaning out of the data which was collected from the focus group discussion. In order to organize the data, the researcher had to read through the findings from created topological themes closely in order to become familiar with the data. The researcher had to use his creativity skill to analyze the data and this was done through code identification and relating these codes to the research objectives of the study.

### **3.2.7. Quantitative data.**

According to Christensen et al (2010) a quantitative research seeks to answer questions of how much and how many and is mainly concerned with establishing the extent to which variables relate to each other. It takes the form of an experiment, quasi- experiment or non-experimental design. The non-experimental research design includes descriptive research that seeks to investigate situations, and relationships among variables without manipulation of the independent variables Polit and Beck (2004). It usually seeks to establish the extent of causal relationships between two or more variables, the strength of which can be tested using statistical methods Christensen (2010).

The researcher used some questionnaires which were measuring the various risky sexual behaviors which HP students are involved in. The questionnaire was also used to assess the HIV/AIDS student support services available at HP campus and the extent to which student are utilizing these facilities. It also tried to establish the reasons behind students' involvement in risky sexual behaviors at HP campus.

The triangulation of these two data collection instrument was meant to scaffold and minimise the weakness of each data collection method. This study combined the two approaches in order to gain a more holistic and complete picture of the risky sexual behavior patterns of the students at HP campus. According to Christensen et al (2010), qualitative research complements the quantitative methodology by providing more detailed information on what risky sexual activities the students are involved in. On the other hand, Polit and Beck (2004) noted that while quantitative methods are suited to identifying ‘how’ individuals behave, the qualitative methods are better equipped and more relevant in answering the questions ‘why’.

With regards to the use of the two data collection methods Firestone (1987) stated that findings are more robust and one can fully be convinced that the findings are not affected by methodology. Chapter 4 of this research study gives a clear representation of all the findings from the research study, together with the risky sexual behavioral patterns and there varieties.

### **3.3. Research population**

The researcher was clearly guided by the research objectives in Chapter 1 to target the students at Hifikepunye Pohamba campus in order to give answers to the topic and the research questions at large. In this regard, the population for the purpose of this study was defined as “any 2011 registered student at Hifikepunye Pohamba campus of the University of Namibia’.

### **3.4. Sampling criteria for the students.**

The participants had to be a registered student who has been at HP Campus for more than three months. The respondents for the questionnaires had to be able to self- administer the instrument and return it to the researcher at their convenient time. The participants for the focus group discussion also had to satisfy the same criteria of being a student at HP Campus.

#### **3.4.1. Sampling frame.**

According to Burns and Grove (2001) for each person in the target population to have an opportunity to be selected for the sample, there is need for identifying each person in the population. The numbers of students in each department were established and the different tribes represented at HP campus were also identified prior to sampling. Names of the students were not recorded since both participants for the focus group discussion and the questionnaires were to be anonymous and collecting the participants’ names was going to affect the response rate. There are 199 First year students, 164 Second years and 132 Third years, and the represented tribes are Oshiwambo, Caprivians, Damaras, Hereros. 80

questionnaires were distributed according to year levels in equal numbers and only 75 questionnaires managed to be returned and 5 were not returned.

### **3.4.2. Sampling plan**

Stratified random sampling coupled with simple random sampling was used to select participants who filled in the questionnaires. Participants were stratified by tribe and by academic year level, gender and by department then after the stratification the questionnaires were distributed using simple random sampling was used to select the stratified participants. Christensen et al (2010) defines stratification as a process of dividing the population under study into homogenous subgroups before sampling. This has the advantage that all the elements of the population will fairly be represented. Proportionate allocation of questionnaires was done using sampling fractions in each of the strata identified above. 20 people in mixed tribes and academic year levels and in different academic departments were invited to participate in the focus group discussion.

### **3.5. Data collection process**

Burns and Grove (2001) define data collection as a systematic process of selecting and gathering data from the respondents.

#### **3.5.1. Pilot study**

A pilot study is a smaller version of a proposed study that aims at refining methodology Burns and Grove (2001). For this study a pilot study was conducted in July 2011 with students from HP campus who were randomly selected from various academic departments and draft data collection tools were administered to them during the pilot study. The prime aim of the pilot study was to determine the risky sexual behavioral patterns that HP students are involved in that increase their vulnerability to HIV infection. The feasibility of using the questionnaires and focus discussion as data collection was also determined in turn.

The pilot study allowed the researcher to rephrase some questions which were not clear in the questionnaires and their sequencing and arrangement was also reviewed in order to measure the right attributes.

#### **3.5.2. Data collection methods**

This study adopted two data collection methods in the form of questionnaires and focus group discussions. Both methods were used to collect the required data from students at HP campus.

##### **3.5.2.1. Focus group discussion.**

Christensen et al (2010) describe the focus group discussion as a data collection tool in which the researcher or a professional interviewer leads the discussion in small groups in order to



get the details of how the group members think and feel about the subject /topic. One focus group discussion session was held with 20 students at HP campus and their student leaders for one hour.

The researcher noted that to collect in-depth and valuable information about the risky sexual behavior patterns of students, there was great need for him to keep good interpersonal skills as well as knowledge to facilitate the group discussion. The researcher made sure that the participants were comfortable and that the environment was friendly and non-threatening. The researcher used one lecture theatre halls at HP campus which the participants normally use for their lectures. Comfortable chairs were arranged nicely in a circular pattern in order to allow direct eye conduct with the research participants. The lecture room was conducive for quality audio tape recording of the focus group discussion proceedings.

### **3.5.2.2. Focus group discussion proceedings.**

The researcher welcomed all the participants and thanked them for the time they had committed to the fruitful discussion. The main aim and purpose of the discussion was clarified to the participants and the researcher requested the participants' permission to tape record them during the discussion forum. The permission for recording was granted by the participants.

The researcher explained to the participants all the information needed for the study for them to be aware and further explained to them to withdraw should they wish to do so at any time and the participants were given the choice for informed consent. Informed consent formed was signed by all research participants. Rules for the discussion forum were clarified to them, the rules included among others, respect for each other, talking loudly for the enhancement of note taking and for audio- tape recording, allowing each participant to speak through the chairperson, seeking for clarification if the asked question is not clear and acknowledging that peoples view points, perceptions and experiences do vary, but were important to be shared.

Participants were given opportunities to express their view points with regards to what risky behaviors are, the risky behaviors that students are involved in at HP Campus that increase their vulnerability to the infection of HIV. The forum also included issues on the student support services at HP Campus how relevant they are and whether or not students are utilizing them to improve their sexual lives and minimize their infection to HIV. The platform was friendly and people their personal experiences, and knowledge about risky sexual behaviors at HP campus. The discussion ended up with the issue of what should be

done to improve and mitigate on students vulnerability to HIV infection at HP campus together with possible changes to the implementation of the possible mitigation strategies.

The researcher distributed some sweets to the participants during the discussion and some refreshments were served at the end of the discussion forum. Participating students were happy to take with them small notebooks and pens at the end of the discussion forum.

### **3.5.2.3. Reasons for choosing the focus group discussion**

Christensen et al (2011) describe a focus group discussion as discussion that is focuses on a particular aspect and the moderator keeps in the group discussion focused on one main theme under discussion. The focus group discussion explored issues on the risky sexual behavior patterns that students are involved in and some reason why students are involved in risky sexual behaviors were also explored. This was done within an hour and was meant to collect in depth information and viewpoints of the participants in the discussion forum. The number of group participants involved was 20 and this was cost effective and manageable in terms of time and was easy to maintain group discipline.

McMillan and Schumacher (1993) stated that a focus group discussion is a socially oriented procedure, for this reason participants for this study were therefor studied in their natural environment/atmosphere and were at ease about the subject under discussion. More so, enriching qualitative data was collected in the actual words of the participants, capturing both the emotional and the physical aspects of the topic.

This strategy was important and beneficial because it allowed in depth exploration of the risky sexual behavior patterns, their effects on students learning and also the possible mitigation strategies. In some social settings, discussions on HIV/AIDS or sexual matters are very sensitive, controversial and at times not acceptable, hence the use of a focus group discussion enabled a friendly platform for sharing ideas and pave a way forward in mitigating on students' vulnerability to HIV infection.

### **3.5.2.4. Limitations of the focus group discussion**

Focus group discussion can waste a lot of time if the discussion focus is not well directed. To try and mitigate on this limitation, the researcher tried to have less control over the focus group discussions, which could result in loss of precious time and dead-end or irrelevant issues being discussed. The researcher tried to allow for a deeper discussion of issues, but had to make sure that the focus is on the topic/subject under study. The researcher had to effectively interview the participants and probe for more information for clarity purposes at

the same time the researchers' observational skills were kept active throughout the discussion.

The researcher also kept on asking participants who were quieter to give their views throughout the discussion for them not to be left out in the discussion.

### **3.5.2.5. Questionnaires**

The use of a questionnaire as a data collection tool makes it evitable because it is reliable, flexible and ensures objectivity Leedy (1999). It allows the collection of data that lies deep within the mind or attitudes, feelings of individuals which are beyond the reach of an observer (attitudes motivation and self-concepts) of the subject under investigation.

Questionnaires enable the researcher to collect data in field setting where data can be quantified to produce responses required for analysis Nunan (1992). It is easy and cheap to administer. The questionnaire collected data is more accurate since the questionnaires are administered to participants/subjects at the same time to avoid biases that may affect the reliability and validity of the study Shohamy (1989). In this study questionnaires were administered to students to measure the risky sexual behavior patterns of the students at HP campus and also to make an assessment of the student support structures for HIV/AIDS at HP Campus and also to measure the type of families where the students involved in risky sexual behavior, are coming from.

### **3.5.2.6. Measurement of risky sexual behaviors**

A five point Likert scale was scale was used in the study to measure the student's involvement in five risky sexual behaviors. The Likert scale technique presents a set of statements, according to which subjects are asked to reveal their extent of agreement or disagreements on a five point scale. The dimensions of risky sexual behaviors which were measured were as follows:

- Multiple concurrent sexual partners.
- Short term partners.
- Non-use of condom during sexual intercourse.
- Substance abuse (alcohol, dagga, etc).
- Previous sexually transmission diagnosis.

This study adopted this method because the summing up or averaging across risky behavior statements can be a genuine revelation of the risky sexual behaviors students are involved in. However, by adopting this method the researcher noted that the use of the Likert scales may

bring distortions that may be due to participants avoiding the use of extreme categories (the central tendency bias) and agree with statements as presented (acquiescence response bias) or to try to portray themselves in a more favorable light (social desirability bias) Sydenstricker- Neto (1997).

The completed questionnaires were collected and analyzed according to item responses summated to create a group categorical score for items. These were treated as interval data measuring the variable in discussion. The data from the scales was reduced to nominal level by combining all agree and disagree into 'accept' and 'reject' Christensen et al(2010).

### **3.5.2.7. Validity and reliability of quantitative findings.**

Any measurement tool that is set to perform a task of measuring has to be appropriate for that particular task. Measurement of risk sexual behavior patterns using questionnaires must be valid and reliable. Christensen et al (2010) defines the reliability of an instrument is the extent to which consistent measurements would be obtained if the same study was to be repeated and validity is the extent to which an instrument measures what its meant to measure. There are several indications that show this study had higher levels of reliability.

McMillan and Schumacher (1993) assert that well planned and precise data collection methods and procedures enhance higher levels of reliability. The questionnaires for this study were self-administered and uniform, and all participants were given same amount of time to complete them, all the collected data was coded to enhance data analysis using SPSS.

This study adopted a pilot study prior to the real study in order to check on the feasibility of the real study. It was through the pilot study that some questions which were not clear in the final questionnaires were rephrased for purposes of clarity. It also established that the language was proper and suited the academic and intellectual level of the students. For this study stability and equivalence tests for reliability were not possible.

Shohamy (1989) defines validity as the extent to which a concept, conclusion or measurement is well-founded and corresponds accurately to the real world. According to McMillan and Schumacher (1993) reliability is a necessary condition for validity.

Analysis of the study findings strongly suggests that the results had both high internal and external validity. McMillan and Schumacher (1993) define internal validity as the extent to which extraneous variables that might interfere with the results are controlled. In this study internal validity was enhanced by the use of stratified random sampling, the stratification of

which was done through academic departments, tribes, year levels and ages. This means that the HP campus population was fairly represented in this study.

McMillan and Schumacher (1993) identified several threats to validity which includes among others: maturation, history, statistical regression instrumentation and subject attrition, diffusion and treatment replication. These threats did not apply in this study. Regression analysis was not used, and maturation was taken care of because the data was collected one day and the design used was also suitable to control for history and treatment replication.

#### **3.5.2.8. Internal validity**

Qualitative researchers are usually concerned with the internal validity of their findings. McMillan and Schumacher (1993) define internal validity as the accuracy and value of the interpretations. Several criteria for internal validity which were met in this study includes among others; the use of both quantitative and qualitative data collection methods (data source triangulation). Sources of bias and error got from using one method were offset by using application of other source method. Through triangulation, the researcher was able to create meaningful links between the research question, questions, raw data and findings, and constructed reality credibly and authentically Wanegardner (undated).

The main threat to internal validity in this study was openness of individuals to disclose sexual matters on questionnaires. In order to mitigate on this shortfall the researcher assured all participants of confidentiality and anonymity and as such participants gave the best of true answers as they could. The questions were short precise and to the point and as such participants did not just answer for the sack of finishing but they took their time to read through every question this also improved on the level of internal validity.

McMillan and Schumacher (1993) define external validity as the extent to which the findings can be generalized in other settings. This research study included all the Namibian ethnic groups and whatever the findings are is generalizable to the entire Namibian population since HP campus is made up of small ethnic groups of the Namibian population. More so, the return rate for the questionnaires was very high 75 out of 80 i.e. 93.8% which is a very high percentage which enhances high external validity. However, generalization of findings also needs to consider precisely detailed descriptions of participants selected, settings and contexts. The findings from this research study need to be contrasted with prior research McMillan and Schumacher (1993). Chapter 5 of this research study will be contrasted with those similar researches. It should therefore be possible for other researchers to make transferability judgments based on these findings.

### **3.6. Conclusion**

This chapter clearly described the research method and designs which were used in this study. Both qualitative and quantitative research designs were used to gain in-depth and more insight into the risky sexual behavioral patterns that put the HP students to the infection of HIV.

The revelation of the quantitative and qualitative research findings will be discussed in Chapter 4 of this study. An attempt is made to draw the qualitative and quantitative findings together as per study objectives and aims to reveal a coherent relationship between the sexual behavioral patterns, HIV infection and the HIV/AIDS support structures at HP Campus.

## CHAPTER 4: Data Analysis and Findings

### 4. Introduction

The main purpose of analyzing and interpreting research data according to McMillan and Schumacher (1993) is to achieve the research objectives and to provide evidence based solutions to the research questions. For this research study the data which was analyzed came from the students' questionnaires and from the focus group discussion. The research findings are presented based under the four research objectives of the study. This will first present the findings from the questionnaires and then later the findings from the focus group discussion will follow. More so, bar charts, pie charts and summery tables will be used to present the findings from each question on the questionnaire.

#### 4.1. Demographic information according to the distributed questionnaires

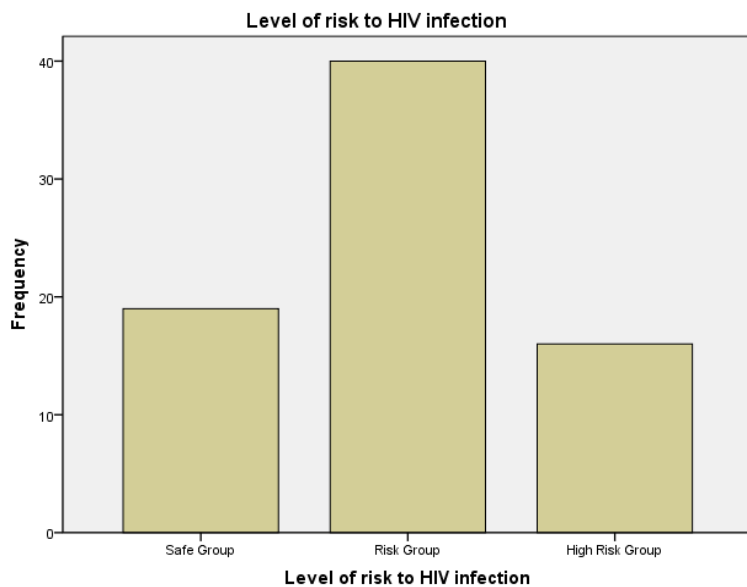
82 questionnaires were distributed to the students at HP campus 28 for each year level for the three year levels. The response rate was 93.8% which is acceptable talking into consideration the fact that these were self-administered questionnaires and this could have made the response rate low. 75 questionnaires were returned and 7 were not returned. The response rate made it possible to continue with the study since the likelihood of producing diverse and more objective results was high McMillan and Schumacher (1993). Of the returned questionnaires 29 (38.8%) were males while 46 (61.3%) were females. The distribution was like this because the researcher used proportional sampling and two thirds of the HP students are females and one third is males.

98% of the research participants were aged 20-35 years and only two percent was in the range 36-45 years this is because the university is taking students who are coming straight from high school and as such, they are either in their early twenties or late twenties if they have been improving on their academic credentials before joining HP campus. The justification of the age group 36-46 lies in the fact that some few students were in other professions, police, and defence force and later they decide to change their profession and decide to train to become teachers. It was of paramount importance to find out how many of the participants had access to HIV/AIDS information on campus. 26% strongly agreed that HP students have sufficient knowledge about HIV/AIDS, while 30.6% strongly disagree that the students have sufficient knowledge about HIV/AIDS. 26% were uncertain about the students' level of knowledge and 12 % disagreed with the assertion that students have sufficient knowledge about HIV, 5.5% strongly agree that students at HP campus have sufficient knowledge about

HIV/AIDS. These results reveal that the greater population of the HP students does not have sufficient knowledge about HIV/AIDS which might justify their involvement in risky sexual behaviors. The fewer students who have knowledge about HIV may still choose to behave carelessly because they may not be taking HIV as a serious issue, making the issue of attitude about HIV and AIDS a serious matter for concern.

**4.2. Number of irregular sexual partners in and outside HP Campus**

The responses for the number of sexual partners a particular student has had over the past six months were analyzed as follows: firstly each response was analyzed separately on a seven point Likert scale which was then reduced to a three point Likert scale by combining the classes. Those who never had sexual partners were classified as being the safe group and those who had had one sexual partner were classified as the risk group and those who had more than one sexual partner were classified as the very High risk group. Summary of the findings are presented in the in Figure 1 below:



**Figure 1: Bar Chart for the number of irregular sexual partners in and outside HP Campus**

The findings from this statement shows that only 20% of the respondents are safe as far as HIV is concerned at HP campus since the other 80% either has one or more sexual partners and that’s increasing their chances of contracting HIV since they are either in the risk group or the High risk group.



#### **4.2.1. Discussion from the findings.**

The findings above concur very well with findings of (Mercer (2010), LeBeau and Yoder (2009)) who also observed the Namibian youth were more likely to be infected with HIV as a result of their involvement in one “night stands”. These findings suggests that the need for more comprehensive programmes to educate the young people on the need to be faithful to one partner if the fight against HIV is to be a success in Namibia. The is need to educate the students in social change strategies such as altering the notion that having multiple concurrent sexual partners is acceptable. The university may also adopt the “zero grazing policy” for reducing multiple concurrent partners like the one which was initiated in Uganda in late 1980s Krenn and Limaye (2003). This policy in Uganda utilized a combination of explicit and repeated pronouncement of faith-based approach that involved the entire country including the military and finally the avoidance of multiple concurrent partners became the norm in Uganda. Such an approach can also be initiated by the university not only at HP campus but can be applied to all campuses.

The university may also adopt The “Take Control” campaign, within the university, this program will focus on promoting “loving and caring relationships over non-committal relationships, exploitative relationships and for material gain”, all these will be focusing on reducing the levels of concurrency and limiting partner turnover. “Take Control” Campaigns can also be used to target those students who are involved in long distance relationships to reduce levels of concurrency with local partners through messages of commitment for their long distance relationships and condom usage within all sexual partnerships.

#### **4.3. Cross tabulation analysis of HP students with multiple sexual partners by gender**

Table 4 below shows the responses of the participants by gender. The results show that 37(48.6%) of the females accepted that HP are involved in multiple sexual partners and 25(33.3%) of the males were also in the affirmative with the posed assertion. These sex distribution results suggest that both male and female respondents have information with regards to the involvement of HP students in multiple sexual partners. This suggests that when HIV/AIDS education is given it should target males and females rather than one sex type.

		HP students have multiple sexual partners				Total
		Strongly Agree	Agree	Uncertain	Disagree	
Male/Female	Male	19	6	3	1	29
	Female	21	16	8	1	46
Total		40	22	11	2	75

**Table 4: Male/female HP students who have multiple sexual partners (Cross Tabulation)**

**4.4. Measuring the risky level as a result of inconsistent condom usage**

The 75 respondents were asked to express their sexual behavior with regards to use of the condom both with their regular and irregular partners. For this question a three point Likert scale was used. For those respondents who regularly used a condom they were labeled as being “consistent” and for those respondents whose condom usage was irregular they were regarded as “inconsistent” condom users and for those respondents who never used a condom at all they regarded as “Not at all”. This research study combined the consistent condom users and those non condom users to form the Risk group and those who consistently used the condom were classified as the safe or Low risk group.

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Consistent	35	46.7	62.5	62.5
	Inconsistent	7	9.3	12.5	75.0
	Not at all	14	18.7	25.0	100.0
	Total	56	74.7	100.0	
Missing	System	19	25.3		
Total		75	100.0		

**Table 5: Extent of condom usage over the past six months**

**4.4.1. Discussions from the findings on condom usage**

The results above reflect that about only 35(46.7% ) of the respondents consistently used the condom during all their sexual in counters over the past three months prior to this research study. About 21(30%) had either not used the condom at all or had used it inconsistently. These results concur with the findings of LeBeau (1999), Kasanda (2011), Chinsebu et al (2008) who earlier on noted that the youth in Namibia who are experimenting with their sexuality are likely not to use a condom during their sexual encounters. These findings

suggests that the Ministry of Health and Child welfare Namibia should collaborate with the University management and work out a mitigation strategies to save the youth at HP campus from the risk they are in. These results further pose a challenge to the university management to find ways to teach HIV/AIDS prevention education to the young people in order save their lives. The university may initiate a campaign like the Nditha campaign in Malawi which is a BRIDGE project with target print materials and community outreaches to increase open communication about HIV/AIDS and reduce personal risk perception Krenn and Limaye (2003).

**4.5. Students indulgent in sexual intercourse under the influence of alcohol**

Another risky sexual behavior which the researcher was looking at was the indulgent of students in sexual intercourse while they are under the influence of alcohol. The researcher wanted to measure the extent to which students are involved in this risky sexual behavior. Out of the 75 respondents who answered this question, 45 (60.0%) stated that they have indulged in sexual intercourse while they were under the influence of alcohol, 14 (18.7%) said that they never indulged in sex while under the influence of alcohol and 16 did not respond to this question probably because they don't drink. Table 6 below has a summary of the results.

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Yes	45	60.0	60.0	60.0
No	14	18.7	18.7	78.7
no response	16	21.3	21.3	100.0
Total	75	100.0	100.0	

**Table 6: Indulging in sex under the influence of alcohol**

**4.5.1. Discussion**

The statistics above are reflecting that 60% of the respondents indulged in sexual activities while under the influence of alcohol. These results suggest that the university management have to work towards HIV/AIDS support programs that can help the students to be responsible for their own sexuality and drink responsibly in order to reduce their vulnerability to the infection of HIV. The programs should target students at all year levels and offer them psychosocial support. Addressing the aspect of HIV/AIDS in the education sector particularly for teachers or trainee teachers is workplaces or colleges will enable the reduction and

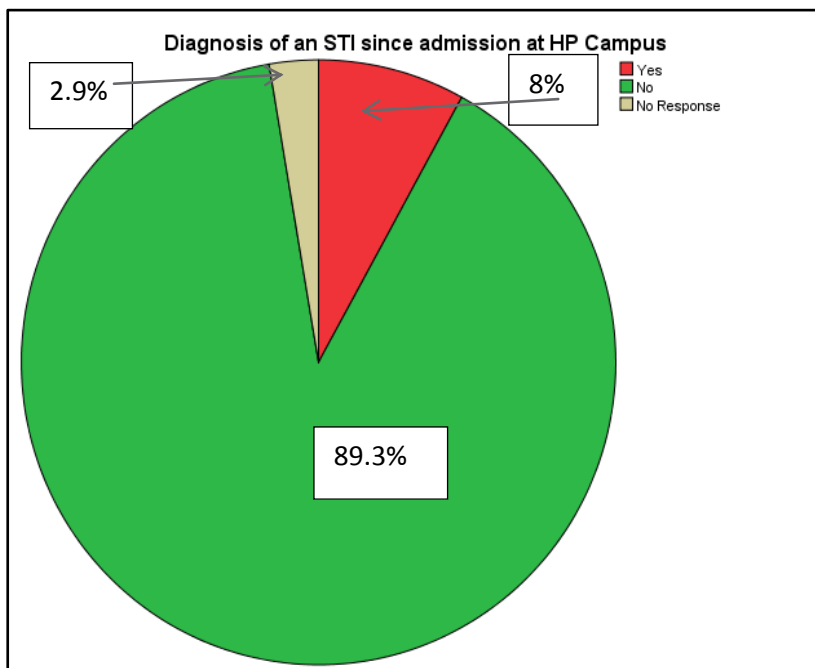
mitigate present impact ILO (1999). The international Labour Organisation is an instrument that maybe adopted in the education sector as it greatly promotes the prevention of the spread of the HIV epidemic in institutions and workplaces. It also helps to mitigate on the impacts of HIV/AIDS among workers, families and provides the basis for social protection to help them cope with the disease. This International Labour Organisation has clear guidelines that help to protect humanity against discrimination, gender equality, and social dialogue, prevention care and support.

These results further suggest that the university management has to adopt best practices from the private sectors' approach of protecting its students from the pandemic. Guideline models for best practices can be learnt from e tDebswana Diamond Company in Botswana. The Debswana Diamond Mine in 1991 created programme coordinators at the mining location and established comprehensive AIDS management workplace policy in 1996 and distributed ARV drugs to the infected employees beginning 2001 UNAIDS(2002(b)).Such an approach can also be adopted by the university in order to help both students and staff cope with the effects of HIV/AIDS at HP campus.

The researcher agrees with the issue of providing HIV/AIDS linked support systems in the university to help students cope with HIV/AIDS personal impacts basing on the findings revealed on their risky sexual behaviors. The university may also adopt programs or interventions on contextual risk education such as the increased risk to people who consume excessive alcohol in bars or girls who allow men to buy them drinks.

#### **4.6. Measurement of the extent to which HP students are diagnosed with STIs.**

One of the major indicators for risk sexual behavior patterns is the diagnosis of STIs among the respondents. In this question the researcher asked if the respondents have been diagnosed of STIs out of the 75 respondents 6 (8%) reported to have been treated of STIs since there they were admitted at HP campus, 67(89.3%) reported not to have been treated for STIs and 2(2.7%) did not respond to this question probably because the never indulged in sex. Figure 2 below show a diagrammatic representation of the collected data.



**Figure 2: Diagnosis of an STI since admission at HP Campus**

The collected data shows a significantly small percentage of students’ treatment in Sexually transmitted infections (STIs). Though the percentage is small, the results are showing that there are students at HP campus who are involved in unprotected sex and as such this is a matter that warrants the attention of the management if they are to be successful in their fight against HIV/AIDS.

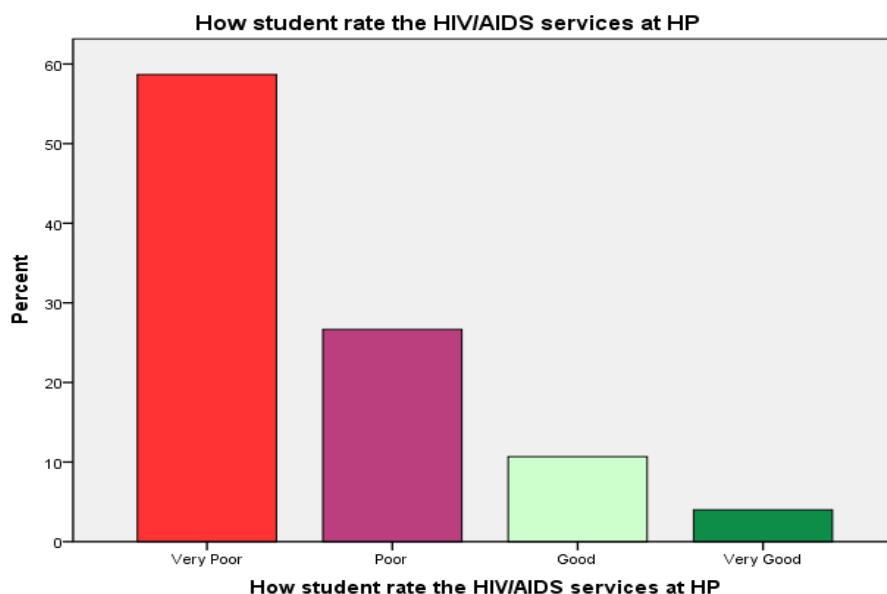
**4.6.1. Discussion**

These findings suggests that the university has make efforts to initiate information, education and communication (IEC) programs aimed at limiting sexual networks by reducing levels of concurrency and limiting partners turnover by increasing students’ knowledge about STIs and how these are linked to HIV. They also need to be encouraged to delay the on sex onset and get an HIV/STI tests after breaking up before they start new relationships also encourage consistency in condom usage throughout all relationships..

**4.7. Assessment of the HIV/AIDS support service structures at HP Campus**

The researcher intended to make an assessment of the HIV/AIDS support structures at the University of Namibia and one of the questions on the questionnaires was to ask the respondents to assess the HIV/AIDS support structures/facilities at HP campus. A four point Likert scale was used for this purpose and the available options for measuring the facilities was Very poor, poor, very, Good and Very Good. The raw statistics of the obtained results were as follows: 44 (58.7%) of the respondents indicated that the facilities are very poor, while 20(26.7%) indicated that the facilities are poor, 8(10.7%) indicated that the facilities

are good and finally 3(3%) indicated that the facilities are very good. Below is a diagrammatic representation of the raw assessment data.



**Figure 3: How students rate the HIV/AIDS services at HP Campus**

To get the final measurement of the assessment of the student support structures for HIV/AIDS, the researcher had to combine good and very good so that they form one measurement and this measurement was read as “Good” then the other two which were poor and very poor were also combined to give measurement which was poor. In total 64(85.33%) respondents indicated that the HIV/AIDS support structures/facilities/services are poor and 11(14.67%) indicated that the facilities are good.

#### **4.7.1. Discussion**

The findings that have been revealed so far are indicating that students at HP campus are involved in risky sexual behavior. They indulge in sex while they are under the influence of alcohol; they have been treated of STIs, and have concurrent sexual partners and are also involved in “one stands”. One would expect HP campus to have highly advanced student HIV/AIDS student service structures if the university is to mitigate on students’ vulnerability to HIV infection, but on the contrary the most recent findings are indicating that the HIV/AIDS service support structures are poor as indicated by Figure 4.7. These findings suggest that students at HP campus desperately need to be rescued from the predicament they are caught up in if the institution is to sustain the lives of the students.

There is need for the University management to collaborate with the ministry of health and take an immediate action, implementing programmes that can support students who are victims of HIV/AIDS. There need for intensive HIV education among the students focusing more on behavior change as a way of preventing the spread of HIV/AIDS at HP campus.

#### 4.8. Measuring the involvement of HP students in transactional sex work

The involvement of an individual in commercial sex work is a good indication that one is involved in risk sexual behavior Likukela (2009).The researcher mad an attempt to measure if students at HP are involved in commercial sex work. A five point Likert scale was used to measure this attribute. The respondents had to show the extent to which they agreed with the statement that HP students are involved in transactional sex work by indicating whether they strongly agree, agree, Uncertain Disagree or strongly disagree. The obtained responses for the question were analyzed as follows: first each item was analyzed separately and the summed up according to the variable group to create a combined group score. These were then treated as interval data sets measuring the variable in discussion. The data which was obtained from the scales were then treated as nominal data by making a combination of agree and disagree into two different categories accept and reject and the last two groups were then used to explain the involvement of HP students in transactional sex work. Table 4.8 shows a summary of the findings:

**Are HP students involved in transactional sex**

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid Strongly Agree	32	42.7	42.7	42.7
Agree	16	21.3	21.3	64.0
Uncertain	21	28.0	28.0	92.0
Disagree	4	5.3	5.3	97.3
Strongly disagree	2	2.7	2.7	100.0
Total	75	100.0	100.0	

**Table 7: Involvement of HP students in transactional sex work**

##### 4.8.1. Discussion

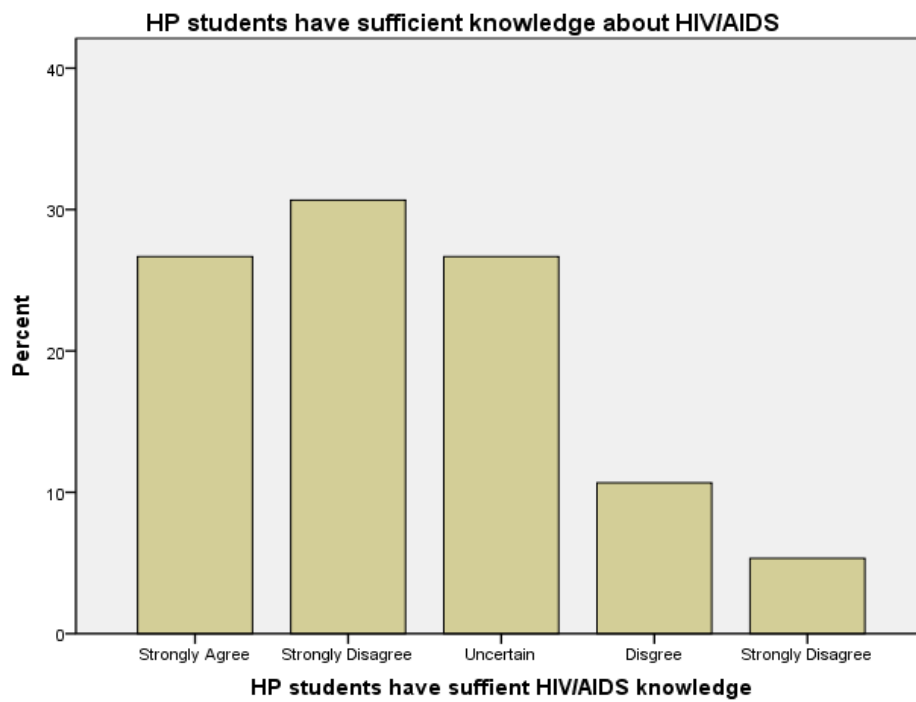
From above the results 6 (8%) rejected the assertion that HP students are involved in transactional sex work, 48(64%) accepted the assertion while 21(28%) were uncertain about

the assertion. The 21(28%) respondents could have said so because they don't want their opinions to be heard and as such they chose to be in the middle (the central tendency bias). These results corroborate with the findings of LeBeau and Yoder (2009) who observed that school kids are likely to indulge in commercial sex work if their personal needs are not well met (the need for ancient of modernity). These results pose a challenge to the university management to supply the students with enough student pay outs for them not to be involved in transactional/commercial sex work if they are to be successful in their fight against HIV/AIDS. These results also challenge the university to educate the students on the need to respect themselves and to have a sense to postpone their gratification rather than indulging in commercial sex work if they have to race with the incessantly changing world of fashion.

Faith based organizations (FBOs) such as churches and choirs may also be utilized by the university by allowing them to operate within the university premises so that they can students can visit them for counseling especially for those students who abuse are addicted to transactional sex work or who are addicted to alcohol. Measurement of the HIV/AIDS knowledge for HP students

The researcher made attempt to measure the level of level of HIV/AIDS knowledge among the HP students. This was done in order to assess the HIV/AIDS knowledge level and make justifications to the students risk sexual behaviors at HP campus. Figure 8 below shows the graph of the findings.





**Table 8: Answers to the statement HP student have sufficient knowledge about HIV**

The researcher had to group the responses agree and strongly agree into “agree” and the grouped strongly disagrees and disagree to “disagree”. The total number of those who agreed with the statement was 12 (16%) and those who did not agree with the statement were 43 (57.4%) and those who were uncertain and opted to be neutral were 20 (26.7%). These results suggest that the HIV knowledge level of the students at HP campus is very low and this justifies their involvement in risk sexual behaviors as exposed earlier own.

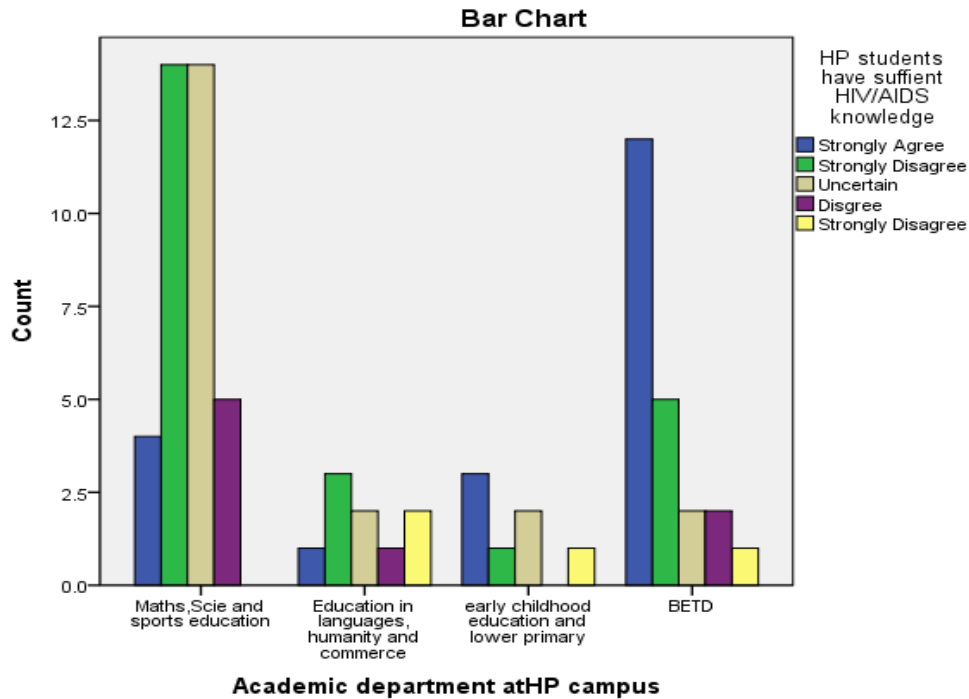
#### **4.8.2. Discussion**

Basing on these findings, the university management has to initiate HIV/AIDS programs that focus on improving the knowledge levels and behavior change so that once the HIV knowledge base has been built, the management of HIV/AIDS becomes evitable within the institution. The university may also adopt programs like “My future My choice” program which is running in the Namibian schools which is known to have made an impact in improving the HIV/AIDS knowledge levels of the students and changed sexual awareness among the Namibian youth. This agree with the findings by Krenn and Limaye (2009) who describe HIV as often characterized by as a disease of intolerant and ignorance, compounded by social and an economic issues such as gender, poverty and lack of political will.

#### 4.9. Cross tabulation of HIV/AIDS knowledge by academic department at HP campus

The researcher made an attempt to cross tabulate the participants' knowledge level by academic department at HP campus. This was done to see which among the five academic departments have the greatest knowledge level about HIV/AIDS. Figure 4 below shows a diagrammatic representation of the findings:

**Figure 4. Cross tabulation of knowledge HIV/AIDS knowledge by department**



**Figure 4: Cross tabulation analysis of HIV/AIDS knowledge and department (cross tabulation)**

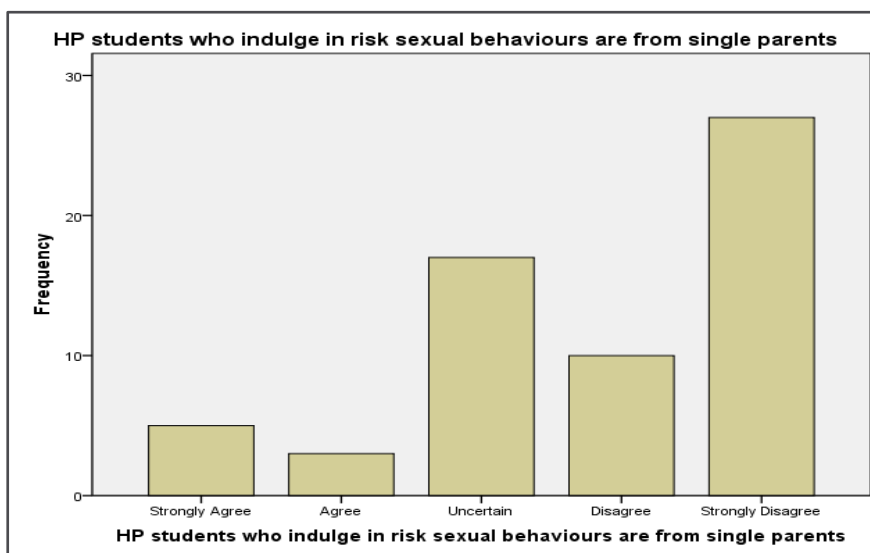
The results above are showing that the numbers of students in the maths, science and sports education who took part in the research study was greater than any other department. This is probably because the maths, science and sports education department has the greatest number of students at HP campus. The respondents were asked is HP students have sufficient knowledge about HIV/AIDS and the answer options were on a 5 point Likert scale with the following options: Strongly agree, Agree, Uncertain, and Disagree and strongly disagree. The results are showing that HP students do not have sufficient knowledge about HIV/AIDS which might be the justification of their involvement in risky sexual behaviors as has been exposed earlier on. Information is necessary but knowledge alone is not sufficient to protect young people against HIV/AIDS. There is need for an interactive process of teaching and

learning that helps help HP students to acquire knowledge, attitudes and skills to enable them to take greater responsibility of their own lives ,resists negative pressures, minimize harmful behaviours and make healthy life choices UNAIDS(2003).

**4.10. Measurement of the type of families from which students who are involved in risk sexual activities are coming from.**

This study also tried to find out what type of families are the students who indulge in risk sexual behavior coming from. The researcher posed a statement “HP students who are involved in risk sexual activities are coming from single parents.” The respondents were asked to show there level agreement or disagreements with the statement which was put on a five point Likert scale and the available options were strongly agree, Agree, Uncertain, Disagree and Strongly Disagree. Figure 4.11. Shows the findings from the respondents:

**Figure 5 HP students who indulge in risky sexual behaviors are from single parent families**



**Figure 5: HP students who indulge in risk sexual behavior are from single parents**

The researcher combined the “strongly disagree” and the “disagree” to form one group “DISAGREE” and the “strongly agree” and “agree” to form one group “AGREE”. The results showed that 8 (10.7%) agreed with the statement while 43(57.3%) disagreed with the statement and 24 (32%) were uncertain about the statement.

**4.10.1. Discussion**

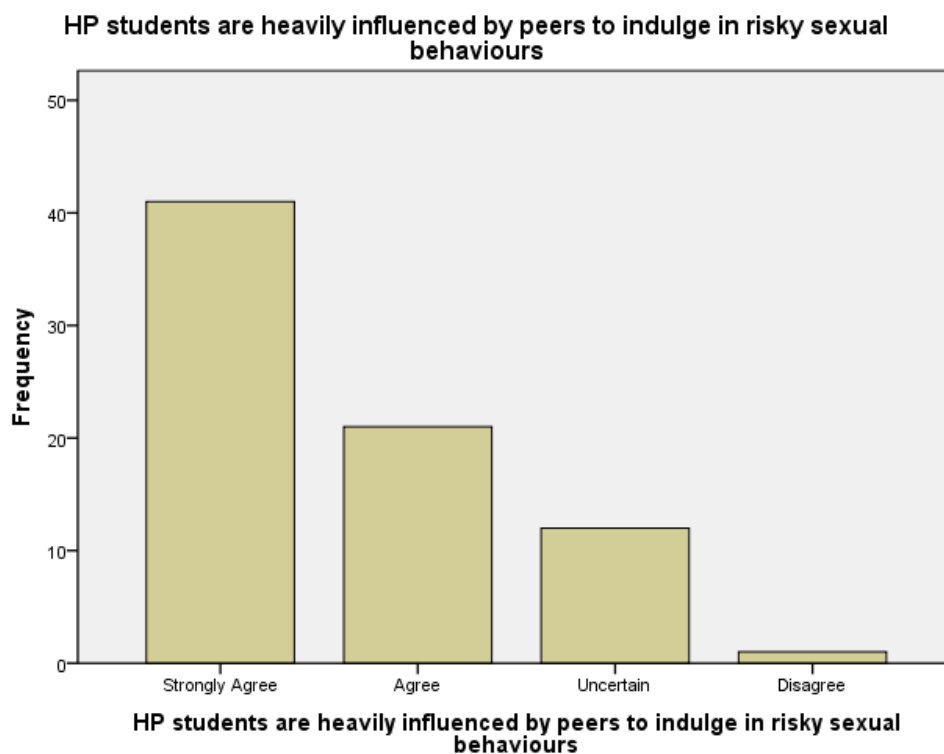
The results above are showing a distinct disagreements with the assertion above, most of the respondents felt that the type of family a student is coming from is not a factor that

determines the students' involvement in risk sexual behaviors. These findings contradict with the findings of Mufune, Sharma and Meera (2011) who observed the greater likelihood to indulge in risky sexual behaviors for children from a single parent family.

**4.11. Measurement of peer group influence as a factor for risky sexual behaviors**

This research also tried to establish the extent to which peer group influence students indulgent in risky sexual behavior. A five point Likert scale was used to perform this measurement. Respondents were required the extent to which they agree with the assertion that HP students are heavily influenced by peers. Figure 6 below has the results of the findings.

**Figure 6 HP students are heavily influenced by peers to indulge in risky sexual behaviors**



**Figure 6: HP students are heavily influenced by peers to indulge in risky sexual behaviors**

**4.11.1. Findings discussion**

The researcher grouped the option “agree” and “Strongly agree” to form one group “AGREE” and the option “Disagree” and “strongly Disagree” formed one group “DISAGREE”. The findings of the study were as follows: 62 (82.2%) of the respondents

agreed with the assertion and 12 (16%) were uncertain about, 1(1.3%) disagreed with the assertion. These results show that there is great peer influence among HP students in indulging in risky sexual behavior. These results corroborate with the findings with the findings of Chinsembu et al (2009), who observed the greater likelihood for young people to indulge in risky sexual behavior as due to peer influence. There is need for intensive peer education for students at HP campus. According to UNAIDS(2003) peer education has

#### **4.12. Findings from the focus group discussion**

The researcher started off by introducing himself and then he had to introduce and lead the discussion. Participants were identified by alphabets A, B, C etc for purposes of confidentiality and anonymity. The researcher went on to find out from the respondents what they understood by sexual behavior and participants gave their various definitions but the common statement from the respondents answers was the fact that sexual behavior has to do with the way an individual walks, dresses, act, talks or carries themselves towards opposite sex.

The researcher further asked respondents to clarify what risky sexual behaviors are and when do we say a particular sexual behavior is risky. Respondents gave their various perceptions about risky sexual behaviors but one of the respondents confused sexual behavior risk and risky sexual behavior and the researcher instantly corrected that anomaly for the sake of progress. Of importance in the different definitions was the fact that risk sexual behaviors are sexual behaviors that have negative effects on a particular individual's life later. One respondent further clarified that risk sexual behaviors also includes the dressing of a female in a mini skirts and sleeping with an individual one does not know "the one night stand attitude". One respondent stated that risky sexual behavior is the involvement of an individual without carefully planning for it. One respondent defined risk sexual behaviors as consequences and repercussions that are negative that come after one has had sex.

The researcher further asked the respondents of what visible risky sexual behavior patterns at HP campus are. One respondent stated that males at HP campus don't take females seriously; they don't stick to one sexual partner, they don't use condoms during sexual intercourse, when they see a beautiful woman they always try to make their way until they get to the bed with her. The respondent further stated that it is a college habit which she described as the 'college thing' and she also complained of the bar which is too close to the university. She further stated that girls go to the nearby bar where they drink with strange man whom she said they invest in them and later want to reap what they invested by sleeping with them. One

respondent stated that the behavior at HP campus is a reflection of ignorant of the reality, students don't treat themselves seriously and further stated that the hearts of the students are far from God and he suggested that people should be more serious with their lives if they risk of getting infected with HIV/AIDS is to be reduced.

Another respondent also stated that student at HP campus exchange partners the syndrome they identified as the "pick and drop syndrome". He further stated that the excessive desire for money on campus is one of the pushing factors that push students to indulge in risk sexual activities. He further added that students at HP campus are worried about short time pleasure they don't think of what will happen tomorrow. Another respondent stated that there is too much freedom on campus and this is the leading cause of these risky sexual behaviors since boys can visit girls hostel anytime of the day vice versa and there are no limitations to opposite sex visiting even during night time.

Another respondent stated that students at HP campus are still immature when it comes to sexual issues. She further asserted that girls lack self-respect and she apologised as she identified males students at HP campus as "dogs" and further stated that it is the responsibility of the girls to say no and respect themselves. Another respondent argued that the female students who are getting pregnant are not being impregnated by other students but are impregnated by outsiders and stated that HP girls are involved in "one night stands" and get pregnant from strange man, a situation that she expressed emotionally as ridiculous.

The researcher then asked if the students whether they are secure and safe in terms of the HIV/AIDS support structures at HP campus considering all the previously stated risky sexual behaviors. The first respondent stated that students at HP campus are not aware of their own statuses and as such they don't even know of any facilities on campus. She stated that there is STACIO whose role on campus is not known to the university students. One respondent clarified that there are some local churches around HP campus which do counselling only to those students who go there. He researcher probed to find out if these churches are on campus but the respondents stated that the churches are more than 6km from HP campus. The other respondent (one of the student's leaders) acknowledged that the students are not informed of the facilities that can help them to cope with HIV/AIDS at HP campus. The student leader further stated that there is an AIDS unit in the university and is based at the main Campus in Windhoek 800km from Oshakati. He stated that that unit has provisions for nutritious food supplements for HIV positive students and further stated that there is need for decentralization of the unit so that the students from HP campus can also benefit from the

AIDS unit facilities. The student leader further stated that there is no need for a student to disclose their statuses or to know about it because he cannot get help around campus. He further clarified that STACIO does not deal directly with AIDS and further stated the involved individuals in STACIO are not knowledgeable in HIV/AIDS but are students who also need help to cope with their own HIV stress and for that reason their ability to help students is very limited.

Another respondent stated that the students are at risk because there is no provision of condoms on campus and if one moves around campus he hardly sees condoms even when he/she is in need of them. Another respondent stated that the normal talks around HP campus are talks on alcohol and sex not HIV/AIDS. She stated that the HP student community might perceive you to have lost your senses if you talk about HIV/AIDS at HP campus. She further stated that there are no counselors around HP campus and further stated that people from the new start visited the campus came to HP campus once a year to test and counsel people and they never came back to support the students and she finally concluded that it is pointless to get tested for HIV because there is no psychosocial support at HP campus and further stated that one will just be inviting stress into life. Another respondent alluded that information circulation on campus about HIV/AIDS is poor she further claimed that for the three years she has been on campus she only got to know about one lecturer two months ago who is a counselor though not appointed. Another respondent stated that there is virtually nothing going on about HIV/AIDS at HP campus. She suggested that condom boxes must be put in the corridors and the toilet so that those who need condoms can access them.

The researcher further asked the respondents of what is needed at HP campus to reduce student's vulnerability to HIV infection once respondent stated that they need a mass meeting every beginning of the year to alert the new students not to mess around. She further stated that there is need for integration of HIV/AIDS when lecturers are teaching. One respondent encouraged the student to be knowledgeable in the word of God for them to apply Christian ethics. He emphasized that with the word of God students will know that their bodies are temples of God. Third fact he suggested was that students need to be reminded from time to time on their purposes of being on campus. He further alliterated that HP campus need professional counsellors who are there specifically employed to help students, advising them on how to behave in a way that does not make them vulnerable to HIV infections. One respondent suggested the need educated the student to wait for the right time to have sex and to have a sense of self respect, living life for a purpose and avoiding getting carried away in peer groups. One respondent stated that there is need for the lecturers who are counsellors to

orientate themselves for them to be known. By student and she further suggested that meetings that are held on campus and in all clubs to have a department which deals with HIV/AIDS matters. She further suggested that there is need for videos to be shown to students on how HIV/AIDS is affecting families so that students can see the reality of AIDS how it affects individuals because students don't seem to take HIV/AIDS seriously. She also suggested that the management need to invite AIDS specialists to come and talk to students about AIDS so that students are well informed about the pandemic. She further suggested that AIDS talk should be part of the campus rather than waiting for the AIDS week. She advised students to think first where they came from and who they are before they take an action.

Another respondent suggested the need for a clinic or a testing and counseling service on campus preferably a New Start centre which will be open for 24 hours a day that give students information every day. She further added that even if students are to reveal their status they need a firm ground to stand on at least 24 hour counselors on campus who will continue encouraging them to cope with the pandemic effects. She emphasized the need for campaigns for students on the prevention of HIV/AIDS.

#### **4.12.1. Discussions on the focus group findings**

The main purpose of the focus group discussion was to find out what risky sexual behavior patterns for HP students are and how relevant are the student support services at HP campus to cushion the students from the effects of HIV/AIDS considering their risky sexual behaviors. The informants were encouraged to describe their own experiences with sexuality, and what they see at HP Campus. The results above are showing that HP students are involved in multiple concurrent partnerships, drinking while they are under the influence of alcohol, indulging in unprotected sex as reflected by higher numbers of girls who are pregnant; they are also involved in "one night stands". Based on these findings it can be concluded that HP campus require intervention programs to mitigate on students vulnerability to HIV infection. Some of such programs which might help are such programs like The Coalition on Responsible Drinking's (CORD) "Alcohol aids HIV" campaign which is specifically designed to raise awareness on the links between alcohol abuse and HIV vulnerability by encouraging responsible drinking patterns among the students LeBeau and Yoder(2009).

IEC programs should also encourage female students who drink at nearby bars to bring their own money or to drink with friends who have money, and educating them to realize that if they accept drinks from men, that these men will expect sex in exchange. These IEC



programs which can be taught through “my future, my choice” should educate students who drink in bars about the risks associated with drinking before they become trapped into reciprocal exchanges of sex for gifts (including alcohol). Males should be educated to respect female students by not expecting sex from them when they have given them some gifts.

This research found out that condoms are not easily accessible to the HP students despite the fact that the Namibian government of Namibia gives free “smile” condoms to everyone through the ministry of health and social services. Some respondents indicated that some bar owners are selling the “smile” condoms which should be given to the public for free. Hence on this note, the university should create a direct link with the MoHSS so that it can get a consistent supply of condoms for students and such condoms should be accessible to all students who need them. They should be in all public places toilet, corridors, main hall and lecture theatres, hostels foyers.

#### **4.13. Conclusion**

The study findings revealed that students at HP campus of the University of Namibia are involved in risky sexual behaviors. These shocking statistics pose a big challenge to the university management to work together with the Ministry of health and implement evidence based programmes and mitigate on the students’ vulnerability to the infection of HIV/AIDS. The results also revealed that the HIV/AIDS student support structures at HP campus needs great improvement. The study further revealed that HIV/AIDS knowledge of the students at HP campus is very low which justifies their involvement in risky sexual behaviors. During the data representation process some possible solutions to the predicament were cited, but detailed recommendations and conclusions to this study will be made in Chapter 5.

## CHAPTER 5: Conclusions and Recommendations

### 5. Conclusions

It can be concluded that there are risk sexual behavior the students at HP campus are involved in that increase their vulnerability to the infection of HIV/AIDS. This study revealed that HP students are involved in the following risky sexual behaviors “one night stands,” transactional sex, multiple concurrent partners, indulgent in sex under the influence of alcohol, non-use of condoms during sex. Based on these research findings, it can be concluded that risky sexual behaviors account for most of the HIV infections in Namibia and as such the warrant serious investment in intervention programs

The University has no HIV/AIDS support facilities as revealed by this study. There is no clinic no HIV/AIDS related services are rendered at HP campus. Students don't even bother themselves to get tested because there are no psychosocial support services rendered on campus.

Students are involved in some risk sexual behaviors like transactional sex because they need money. Hence the university management should consider increasing students pay outs so that they do not think of transactional sex as an alternative for raising money. There is no entertainment for students at HP campus and as such students get bored and go to the nearby bar where they will drink with strange men as highlighted earlier on and later they go and sleep with them. The university need to have students' bars on campus so that they can just drink their beers on campus and thereafter they can go and sleep without exposing them to people with a lot of money when they have nothing to offer except sex. SRC for entertainment need to make sure that the students are well entertained especially Friday's different musical artists should come and perform at HP students so that students are not bored. This study also revealed that there is great peer influence by students to indulge in risky in risky sexual behaviors.

The researcher is fully satisfied and can satisfactorily conclude that the pre-set research objectives for this study were all successfully met.

#### 5.1. Recommendations

There is need for evidenced based intervention programmes at HP campus that incorporate behavior change among students. The focus of these programmes should be on increasing HIV/AIDS knowledge among the students and also programmes that target change in individual perceptions about HIV/AIDS. Students at HP campus are student teachers are

suppose be light bearers and light up the world with knowledge and what they say and do should also be reflected in their day to day behavior. For this reason these students need to carry along proper behavior traits so that they can positively impact the ignorant world. Behavior change strategies need to be incorporated in HIV/AIDS prevention programmes at HP campus so that these students can take the message to the teachers they are going to teach.

The university management needs to work together with the Ministry of health and social services to establish a students' 24 hour clinic that can provide counseling, care and treatment at HP campus which will help the students to cope with HIV/AIDS effects on campus. Provision of these facilities will help students to take HIV/AIDS with utmost seriousness and will make more students come on in the open to discuss about HIV/AIDS or even to disclose their personal statuses because they know they have a shoulder to lean on. STACIO does distribute condoms to the students hostels and corridors but not regularly hence there is need to boost up this condom distribution process, and couple such with education on how to use them to ensure maximum safety of the students. Higher levels of stigma and discrimination on HIV individuals is still a barrier that keep many affected students in the hiding because the environment does not support /sustain people who are HIV positive, hence there is need for interventions that focus on educating the HP community to shun discrimination and to accept those individuals with HIV/AIDS.

HIV/AIDS is being taught at HP campus as an integrated component by willing lectures and is not examinable, there is need to have a separate department at HP campus that looks into HIV/AIDS and make it an examinable subject so as to equip the students with the proper knowledge and practical skills to manage personal HIV/AIDS effects. In this department there must be someone preferably a counselor, psychologist and a nutritionist who will be working together with HIV positive students to give food supplements and to keep checking on their wellbeing.

The researcher recommends that the University of Namibia should develop, initiate and implement an HIV/AIDS that is specific for students in all its campuses. The policy will be having guiding lines as to what is there for the HIV positive students, that way more students once they know that they are being backed up and have management support they will feel free even to discuss HIV/AIDS issues without fear of stigma and discrimination. HIV/AIDS programmes can be implemented in partnership with other tertiary institutions, non-governmental organizations and other strategic organizations. Practical lessons can be drawn from the Caribbean education sector HIV/AIDS policy which was drawn up through the

collaboration and assistance of the International Labour Organisation (ILO), United Nations Education, Scientific and Cultural Organisation (UNESCO) and the Caribbean Education Sector. This policy provide a detailed framework for clearing addressing HIV/AIDS as workplace social problem in the education sector, institutions and services through intensive social dialogue processes in complementation of other national or education policies. This policy addresses sensitive issues such a stigma and discrimination elimination in the workplace/ among students, issues of treatment support for students and teachers infected with, and affected by HIV/AIDS, prevention of HIV, management of the impacts of HIV/AIDS in the education sector; safe, health and non-violent work and study environments ILO and UNESCO (2006).

### **5.2. Need for multi-dimensional risk behavior education focus at HP campus.**

HP campus management should consider a multi-dimension education focus for risk sexual behaviors among the students. Successful programmes are those that combine policy development, health promoting environments, skills-based health education and school/university health services. HP campus can join one widespread programming model is the Focusing Resources of Effective School Health(FRESH) programme which is jointly supported by UNESCO,UNICEF,WHO the World Bank and Education international UNAIDS(2003).

### **5.3. Need for proper training of human capacity**

The quality of a risk reduction education relies on trained and skilled human capacity. Hence HP management needs to consider training of its manpower in HIV/AIDS management issues for them to be able to help the students that they are teaching.

### **5.4. Need for political commitment at highest level**

It should be noted that school-based efforts to prevent HIV infection among students can be controversial for lecturers and the entire university community, however total commitment at highest level ,and most certainly from within ministries of health and education, is vital for success. Community resistance in the implementation process should not be under-estimated. Members of the university community including parents and religious leaders should be informed and their involvement and commitment can make a positive impact UNAIDS (2003).

## **5.5. Possible risk reduction actions for HIV/AIDS for HP Campus**

### **5.5.1. Policy development**

The university should make use of the national policies for HIV/AIDS and draft their own HIV/AIDS policy that will support education HIV/AIDS prevention at HP campus. This policy should be established and should be implemented at the university to make the university an HIV risk-free environment. The implemented programmes should specify the knowledge young people should have access to, the behaviors expected of the students and staff, and the services and resources (including condoms) needed to protect against HIV infection at HP campus.

### **5.5.2. University-based reduction education specifically targeting HIV/AIDS**

The university should make preparation and distribution of scientifically accurate, culturally appropriate, good quality teaching and learning materials on HIV and AIDS, communication and life skills. Efforts should also be made by the university management to encourage learning in a way that maximizes the HIV/AIDS knowledge application, promote positive attitudes, and provide opportunities for individuals to develop skills in decision making, cooperation, coping and stress management and creative thinking among the students body.

### **5.5.3. Promotion of participatory and peer education**

The university should promote peer education among the students, general workers and academic staff members. The entire university community should be involved in HIV/AIDS reduction activities which could be in the form of project work, theatre, dance and debates which are effective ways of conveying HIV/AIDS the messages to the general public.

### **5.5.4. Student education and training**

The university management should consider preparing students and lectures in their HIV/AIDS work through pre- and in-service education and training since they are key to the delivery of risk reducing education for HIV/AIDS prevention. Constant review of programmes must be done so that the university keep in pace with incessantly changing information age in HIV/AIDS.

### **5.5.5. Better linkages with health services**

The university should try as much as possible to create links with government, NGOs, churches and other organizations that work with HIV/AIDS so that they can be offered technical support and for provision of material resources that are needed to send HIV/AIDS messages to the students.

### **5.5.6. Greater involvement of people living with HIV/AIDS.**

The university management should remember that people living with, or affected by, HIV/AIDS in the university have an important role to play in the HIV/AIDS prevention. Ways and means should be found to locate them. These people can assist in the design and implementation of teaching programmes and provide access to perspectives and experiences that can help to reduce HIV infection risk (e.g. through their description of key events and life experiences both on campus and away).

### **5.6. Limitations of the research**

The researcher would have liked to include more campus for the University of Namibia or any other institution for higher learning in order to make a comparison of the risky sexual behaviors across a variety of settings. There were prohibitive costs for travelling to and from HP campus and also for printing and photocopying questionnaires. The views for more students in the focus group from different environmental settings/institutions for higher learning would have provided a variety of information that could be compared. The researcher also acknowledges the diversity of perceptions and environmental settings, it's pretty possible that other communities would have presented different information that is specific to their community/situation.

### **5.7. Areas for further research**

This research study raised quite a number of areas for further research:

- 1) Investigating the possible ways of accommodating students infected and affected by HIV/AIDS to reduce stigma and discrimination in tertiary institutions.
- 2) Investigating the ways to integrate HIV/AIDS education in tertiary education (the practical perspective).
- 3) Investigating ways to change perceptions about HIV/AIDS among students in tertiary institutions.
- 4) Investigating the role of parents in reducing risk sexual behaviours among students in tertiary education.
- 5) Investigating the diversity of risky sexual behaviours across tertiary institutions in different geographical settings.

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## 6. Appendices

### 6.1. Appendix 1-Questionnaires for HP students.

I am Moses Chirimhana a student at Stellenbosch University, South Africa, carrying out a research for my thesis entitled:” **Investigating the risky sexual behavior patterns that increase the students’ vulnerability to HIV infection at The University of Namibia (UNAM) Hifikepunye Pohamba (HP) Campus**”. The focus of the study is on HP students only. Please be assured that the information you are going to provide will be treated with strictest confidentiality and I would like to request you to answer all questions as truthfully as possible. It will not take more than 30 minutes of your time.

## QUESTIONNAIRES



Questionnaires Number			
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## Sexual behavior pattern measurement

Codes for Visits

1. Questionnaires completed
2. House hold respondent refuse to give interview
3. Other , specify

**SECTION A (DEMOGRAPHICS)**

I will begin with some background questions (*Kindly fill up the following with the correct details about yourself*).

**V1 Gender**

Male	1
Female	2

**V2. Ages**

19-25 years	1
26-30 years	2
31-35 years	3
36-60 years	4

**V3. What tribe are you?**

Oshiwambo	1
Oshiherero	2
Damara/ Nama	3
English	4
Silozi	7
Rukwangali	8
Other(specify)	9

**V4. Which departments are to in**

Maths, science and sports Education	1
Curriculum instruction and assessment	2
Educational psychology and special education	3
Education in Languages Humanity and commerce	4
Early childhood development and Lower primary	5
Educational foundations and management	6

BETD	7
Other	8

**V5. How many regular partners do you have in or outside HP CAMPUS?**

One	1
Two	2
Three	3
Four	4
5 and Above	5
None	6

**V6. Have you ever had sexual intercourse with your sexual partner(s)?**

Yes	1
No	2

**V7. Answer this if your answer to V6 above is Yes, otherwise go to V9. How many non-regular sexual partners have you had over the past six months?**

One	1
Two	2
Three	3
Four	4
5 and Above	5
None	6

**V8. During your sexual encounters with your regular or non-regular partner, how consistent do you use a condom?**

Consistent	1
Inconsistent	2
Not at all	3

**V9. Do you drink alcohol or take any intoxicating drugs?**

Yes	1
No	2

**V10. If your answer to V9 is yes, do you normally indulge in sexual intercourse under the influence of drugs or alcohol?**

Yes	1
No	2

**V11. Since you came to HP Campus, have you ever been diagnosed of an STI (Sexually Transmitted Infection?)**

Yes	1
No	2

**V12. How do you rate the student support service structures at HP Campus if any with regards to HIV/AIDS?**

Poor	1
Satisfactory	2
Good	3
Very good	4

**SECTION B: Variety of questions about HP Campus students**

**Instructions:** There are number questions below; state how far you agree or disagree with each statement. There is no correct/wrong answer. For each statement tick in the correct box, whether or not you [1] Strongly agree, [2] Agree, [3] Uncertain, [4] Disagree and [5] Strongly disagree.

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
<b>V13.</b> HP students are involved in transactional sex (sex for money or other commodities).	1	2	3	4	5
<b>V14.</b> HP students are involved in one “night stands, indulging in sexual intercourse with strange people they have just met.	1	2	3	4	5
<b>V15.</b> HP students indulge in unprotected sex					

	<b>Strongly agree</b>	<b>Agree</b>	<b>Uncertain</b>	<b>Disagree</b>	<b>Strongly disagree</b>
	1	2	3	4	5
<b>V16.</b> HP students indulge in sexual intercourse under the influence of alcohol.	1	2	3	4	5
<b>V17.</b> HP students have multiple sexual partners.	1	2	3	4	5
<b>V18.</b> HP students have sufficient HIV knowledge.	1	2	3	4	5
<b>V19.</b> HP students are heavily influenced by their peers to indulge in risk sexual activities.	1	2	3	4	5
<b>V20.</b> HP students who are involved in risky sexual activities are those from single parents	1	2	3	4	5

**THE END-Thank you for your contribution**



**6.2. Appendix 2: Letter to The Deputy Dean of students Hifikepunye Pohamba Campus.**

The University of Namibia Oshakati Campus

Private Bag 2654

Oshakati

Namibia

Email:

Office Number: +265 65 2232289

Mobile: +264 813426211

4 July 2011

**Attention:** The deputy Dean of students

University of Namibia HP Campus

Private Bag X5507

Oshakati

Namibia

**Ref: Request for permission to undertake a research study at your campus**

Dear Sir/Madam

I am an MPhil student (Student Number: 15933822) at the Africa Centre for HIV/AIDS management at Stellenbosch University, South Africa. I am intending to conduct a research study to investigate the risky sexual behavior patterns among the students at your campus. I am a member of the University of Namibia (UNAM) staff who was recently transferred to Oshakati Campus from your Campus to join the foundation programme.

The topic under investigation is as follows:” **Investigating the risky sexual behavior patterns that increase the students’ vulnerability to HIV infection at The University of Namibia (UNAM) Hifikepunye Pohamba (HP) Campus.**”

The target groups will only comprise of HP University students who have been at the university for more than three months. The participants will be randomly selected from different departments of the university campus and will also include all the various tribes in Namibia which are at HP campus. Eligible participants will be provided with a completely anonymous self-administered close-ended questionnaire which will ask 20 behavioral, attitudinal, perception and opinion questions.

The participants will be given 30 minutes to complete the questionnaire. 20 of the participants will be selected to undergo a 1 hour focus group discussion on risky sexual behavior patterns among students at HP campus. This research study is primarily academic but a written summary of the findings of this study will be made available to the senior

university management for HP campus if requested. The data collection is scheduled to run between August 20- September 30 2011

I am therefore kindly requesting for your permission to undertake this study at your institution.

Thank you in advance

A handwritten signature in black ink, appearing to read 'Moses Chirimbana'. The signature is stylized with a large initial 'M' and a long horizontal stroke extending to the right.

Moses Chirimbana

### **6.3. Appendix 3: Focus group discussion guide (60mins)**

#### **Introduction**

I am Moses Chirimbana an Mphil student in HIV/AIDS management at Stellenbosch University. Welcome to this discussion forum where we have to discuss issues related to risky sexual behaviour patterns at HP campus of the University of Namibia.

Whatever we will discuss here is strictly confidential so feel free to say out whatever you feel (2mins).

1. What do you understand by sexual behaviours?(8mins)
2. What do you understand by risky sexual behaviours? (8mins)
3. What are the patterns of sexual behaviours at HP campus? (8mins)
4. Are HP students involved in risky sexual behaviours? How? (8mins)
5. Why are they involved in risky sexual behaviours? (8mins)
6. How are the HIV/AIDS support service structures at HP campus?(8mins)
7. What is needed to improve on the students HIV/AIDS support structures to reduce students' vulnerability to the infection of HIV at HP campus as a result of risky sexual behaviours (8mins).
8. Any comments before we close the discussion. (2mins).

**Thank you for your contribution**

**6.4. Appendix 4 – informed consent to participate in research**

**Investigator: Moses Chirimbana      Contact Tel: +264 813426211**

The purpose of the research is to investigate the risk sexual behavioral patterns that increase the vulnerability of HP students to the infection of HIV/AIDS. The research mainly focuses on HP students.

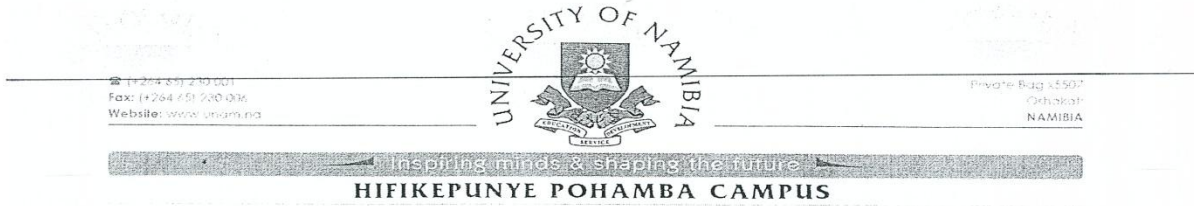
HP students are requested to participate in a focus group discussion to determine the risk sexual behavioral patterns that increase the vulnerability of students to the infection of HIV/AIDS. The participation is entirely voluntary. Should you feel you want to withdraw from the study you are free to do so. The researcher will maintain an anonymous status of participants in the focus group and names of participants will not be used for any reason. Please be assured that all information given to me will be kept confidential and will be used only for the purposes of completing my thesis.

**I ..... being the participant ..... ,  
have read the consent request and understand the purpose of the research. I have had  
the opportunity to ask questions and understand that I can change my mind or I can  
choose to withdraw at any time during the focus group. I agree voluntarily to  
participate in the focus group discussion.**

**Date .....Signature of Participant .....**

**Date .....Signature of Researcher.....**

## 6.5. Appendix 5: Permission Letter from HP campus to undertake the research study.



**OFFICE OF THE DEPUTY DEAN**

(Mrs. Fredrika B Uahengo, MSc)

To: Mr. M. Chirimbana

November 7<sup>th</sup>, 2011

Re: Permission to conduct research

I hereby acknowledging your request to conduct research at our institution. Against this background it's my pleasure to inform you that permission has been granted to conduct the research as per your request.

Wishing you all the best in your research

Thank you

Mrs. Fredrika B. Uahengo

Acting Deputy Dean

