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## BRIEF REPORT

### HIV/AIDS prevention support resourcing with family and peers: University student perspectives

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This study explored how students construct family and peers as resources for their HIV prevention. The participants were 20 education students from a South African technology education university (female = 60%, black = 85%; age range = 18 to 24). They completed a semi-structured interview on their access to family and peers talking about HIV/AIDS prevention in the context of perceived cultural influences. The data was thematically analysed using open-coding. Findings suggest that students shared information about HIV/AIDS prevention with peers, and less so with family. They perceived cultural taboos around sex talk to be a barrier to open discussion of HIV/ADS. Students may need to acquire strategies to negotiate HIV/AIDS prevention approaches with family in the context of culture.

**Keywords:** negotiating, HIV/AIDS, culture sharing, information, safe sex education, prevention

#### Introduction

The higher education sector in South Africa has been identified as a key focus area for HIV/AIDS-related interventions as it plays a critical role in developing the knowledge and skills based in the country. It also serves a large number of students in the age group most vulnerable to HIV infection (Sharma, 2006). Global and national statistics indicate that HIV is taking a toll, particularly on young people (Kapungwe, 2009).

Family and peers are resources for health and well-being; including HIV/AIDS prevention (Prequegnat & Bell, 2012). This is because family and peers have an important role to play in promoting a healthy life-style and well-being of students (Aggleton, Dennison, & Warwick, 2010, Wiseman & Glover, 2012). Yet, students' level of comfort seeking HIV prevention support may be different with family as compared to peers. This study sought to explore the relative ease with which South African university students' access HIV prevention support from family and peers.

On the one hand, the family may hold conservative views prescribing conversations about sexuality with children even as the offspring may be young adults. This would be likely in traditionalist-patriarchal communities as in most of South Africa (Mswela, 2009). On the other hand, peers may be more accessible but also subservient to health compromising peer pressure to engage in sexual risk behaviour (Sloboda & Petras, 2014). It is unclear what types of access university students have to engage family and peers in dialogues which prevent them from contracting HIV. For instance, some females with traditionalist gender roles may be exposed to unprotected sex from their inability to negotiate safer sex with partners (Mugweni, Omar, & Pearson, 2014). If married, they may experience pressure from in-laws and society to have children (Solomon & Soloman, 2011) and engage in

unprotected sex with unsafe partners. Males may dominate in the intimate relationship, which exposes their partners to sexual risk from the gender imbalance of power in the relationship (Lobato, 2014). Sexual partnerships are relatively common among young adults (Pequegnat & Bell 2012), which increases their risk for HIV. This study was guided by the following question: What supports do South African university students have from family and peers to reduce their risk of contracting HIV?

#### Method

The study utilised a phenomenological qualitative inquiry (Ary, Jacobs, Razavieh, & Sorensen (2009) to get an in-depth understanding of family and peer support access students have in preventing themselves from contracting HIV. The phenomenological approach is appropriate for studies with the goal to explore people's actual social experiences; in this case family and peer supports access in negotiating HIV/AIDS prevention.

#### Participants and setting

Participants were a convenience sample of 20, University students (female = 60%, black = 85%) in the Free State Province of South Africa (see Table 1). The participants were mainly black, and some of them are from rural communities in South Africa and speak Setswana, Sesotho, Afrikaans, and isiXhosa as the mother tongue. The majority of the students are Christians.

#### Data collection and procedure

The participating students completed a semi-structured individual interview on their family and peer support access for HIV prevention. Approval to conduct research was granted by the ethical committees of Central University of Technology in the Free State Province, South Africa. Participants provided written consent. Data

**Table 1.** Demographic characteristics of the respondents

	Frequency	%	Age			Years of study		
			18-19 years	21-22 years	23-24 years	First years	Second years	Third years
Male	8	40%						
Female	12	60%						
Age			5	6	9			
Year of study						5	8	7

were collected during normal class hours by the researcher at Central University of Technology. The names of respondents were not identified for ethical reasons.

### Data analysis

Data was thematically analysed using open-coding procedures (Hesse-Biber & Leavy, 2010). These involved systematically organising, categorising, and summarising data, and describing it in meaningful themes. Themes were assigned codes in an attempt to condense the data into categories.

### Findings and discussion

The thematic analysis resulted in the following aspects of HIV prevention in which students perceived to have access: sharing and communication of HIV prevention information, safer sex practices, and peer-support oriented university programmes and activities. Table 2 provides a summary of quotes that informed the themes which emerged within these broad categories.

#### Sharing and communication of HIV prevention information

##### Sharing of information

About 95% of the students reported that they find it difficult to talk about sex and HIV/AIDS to their parents because they feel too embarrassed to talk about sex:

*My big challenge is at home; my parents are not prepared to share information with me about HIV/AIDS (Respondent 11, female, 21 years).*

*It is very difficult to start the discussion about sex and HIV/AIDS at home with my parents (Respondent 13, female, 19 years).*

*My culture does not allow me to share the information about HIV/AIDS, since I am from the rural area (Respondent 13, male, 19 years).*

*Where I am staying people are traditional therefore it is difficult to talk freely about sex and HIV/AIDS (Respondent 5, female, 19 years).*

*Only 5% of the students have reported to be discussing sex and HIV/AIDS freely with their family:*

*Yes I am free to talk to my parents about HIV/AIDS because I am close to them (Respondent 6, female, 20 years).*

*My culture does not restrict me to talk about sex and HIV/AIDS, we discuss it freely at home with*

*my parents and siblings (Respondent 18, male, 19 years).*

*My parents started to talk about sex when I was 13 years and it is our culture (Respondent 13, male, 19 years).*

*My parents are educated therefore I am free to talk to them about HIV/AIDS because I am close to them and free (Respondent 9, female, 20 years).*

Wiseman and Glover (2012) are of the opinion that some parents do not feel comfortable to talk about sex to their children even as their offspring mature and attend post-secondary education. This may be true in a cultural background in which sex-talk is taboo (Selesho & Moidise, 2012). However, it was unclear from this study why some parents are open and forthcoming to discuss sex and HIV with their young adult children while others were not. Future research should investigate the circumstances in which families are open to share knowledge in HIV prevention with their children as this will be important for family based interventions to prevent young adults from contracting HIV.

Nearly all the students reported that they share and communicate information about HIV/AIDS and sexually transmitted diseases with peers, rather than adults:

*Yes I am free to talk to my friends and classmates about HIV/AIDS because I am close to them (Respondent 9, female, 20 years).*

*At University it is easy because I discuss it freely with my classmates, who are the same age, rather than discuss it at home... I am restricted to talk about sex (Respondent 7, female, 19 years).*

*I am free to discuss sex at home and even at University (Respondent 8, female, 19 years).*

*Since technology has advanced we do share the information on HIV/AIDS through social networks (Respondent 1, female, 19 years).*

##### Safer sex discourse

As with sharing and communicating information on HIV, about 95% of the students have reported that it is difficult to discuss the use of condoms with family:

*I, joo, I am afraid to talk to my parents about the use of condoms and sex (Respondent 2, female, 19 years).*

*I must be careful when I talk about sex and the use of condoms to my parents because it is not allowed but at University I feel free to talk about it (Respondent 17, male, 18 years).*

**Table 2.** Emergent themes from interviews with students

Theme	Subheading	Illustration
		Successes
Sharing of information	(a).Communication with Parents (b) Peer support about HIV/AIDS information (c) Cultural barrier	
Safe sex	(a) Use of condoms  (b) ABC model (c) Trust	<p><i>"I practice safe sex since I have received education at the university about sex education and safe sex"</i> (Respondent # 12, females - 19 years).</p> <p><i>"The condoms are also available in the toilets and other places for students to protect themselves"</i> (Respondent # 5, female - 19 years).</p> <p><i>"My boyfriend agreed to use a condom when we started but after a few months we did not use it because we trust each other"</i> (Respondent # 10, female - 19 years).</p> <p><i>"At the beginning we used condoms but after a waiting period if nothing happened we did not use a condom"</i> (Respondent # 1, female - 19 years).</p> <p><i>"If my girlfriend is negative then I know that my status is negative also"</i> (Respondent # 15, male - 19 years).  <i>"Eish our big challenge is that we listen to the male a lot and if he is saying we do not use a condom, eish you obey the rules"</i> (Respondent # 11, female - 19 years).</p>
Universities responding to HIV/AIDS	(a) Information outlets (b) Facilitation (c) Care and support	

This suggests that parents and families are not utilising the opportunity to engage in conversation with their young adult offspring on safer sex practices. However, about 5% of them have said that their parents were open to talk about safer sex practices. Respondents agree that their parents educate them about sex and HIV/AIDS.

About 97% reported to share information on safer sex and HIV/AIDS practices. However, this did not translate into safer sex practices as actual sexual contact was hinged on building trust with a partner by engaging in unprotected sex:

*My boyfriend agreed to use a condom when we started but after a few months we did not use it because we trust each other* (Respondent 10, female, 19 years).

*At the beginning we used condoms but after a waiting period if nothing happened we did not use a condom* (Respondent 1, female, 19 years).

*If my girlfriend is negative then I know that my status is negative as well* (Respondent 15, male, 19 years).

*Eish, our big challenge is that we listen to the male a lot and if he says we do not use a condom, eish you obey the rules* (Respondent 11, female, 19 years).

In South Africa, many relationships between the two partners are based on non-use of condoms as a marker of trust (Bangstad, 2007; Van Dyk (2008). The use of condoms declines with the increased time of a relationship (Bangstad, 2007). Van Dyk (2008) reported only 3% of Ugandan men regularly use a condom, and the feigned trust of a sexual partner may be a serious risk factor for HIV.

Education on safe sex empowers students to practice safe sex. The aim of safe sex education is to reduce unprotected sexual contact (Selesho, Twala, & Modise, 2012).

#### **University-based peer education programmes at Universities in South Africa responding to HIV/AIDS**

All the respondents endorsed peer education as important for HIV prevention. The university Wellness Centre was especially commended as a key resource:

*During the HIV/AIDS or wellness week at the University we share the information, ask questions and we test for HIV/AIDS* (Respondent 3, female, 19 years).

*Eish, I am shy to attend the awareness programme on HIV/AIDS. I feel comfortable to consult the office of the wellness centre on my own* (Respondent 6, female, 19 years).

*I need privacy and therefore I don't want to discuss the issues of HIV/AIDS in public, it is better to consult the wellness office or the Psychologist in private* (Respondent 13, female, 19 years).

*I will be happy if HIV/AIDS can be integrated into the curriculum, it will help the students* (Respondent 5, female, 19 years).

*To share information is good, presently I am free to talk about protective measures of HIV/AIDS at University* (Respondent 6, female, 21 years).

*Safe sex education is provided during the wellness day as well as how to use condoms correctly* (Respondent 20, female, 19 years).

Some students may visit the University's wellness centres (HEAIDS, 2010), and usage could be increased by appropriately targeted awareness campaigns.

### Limitations of the study

This study has various limitations. Respondents may have felt uncomfortable sharing their unique experience of HIV/AIDS prevention support with family and peers with the researchers or fieldworkers. If that was the case, then the findings may be true of those students who were more comfortable sharing on their experiences rather than those who might have been less comfortable doing so. Moreover, respondents may have provided accounts of their most recent experiences with family and peer support for HIV/AIDS prevention. Future studies should interview family members and peers of students on HIV/AIDS prevention supports they perceive to provide or to be involved.

### Summary and conclusion

The finding of this study suggests that university students are likely to access peers rather than family for their HIV prevention support needs. Family interaction and communication on HIV/AIDS is a missing link for most students in their HIV prevention support needs. However, the risk of contracting HIV is high among the students who trust their partners to be sexually safe and discontinue use of safer sex aids. University-based wellness centres are well positioned to support students in their HIV prevention efforts.

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