PERCEPTIONS OF ILLICIT DRUG USE AND RISKY SEXUAL BEHAVIOUR AMONG FIRST YEAR PSYCHOLOGY STUDENTS AT THE UNIVERSITY OF THE WESTERN CAPE

SONIA FICK

Student number: 2930715

SUPERVISOR: Professor Kelvin Mwaba

A mini-thesis proposal submitted in partial fulfillment of the requirements for the degree of M.Psych degree in the Department of Psychology at the University of the Western Cape, Bellville

Keywords: Risk perception; Illicit drug-use; unprotected sex; casual sex; transactional sex; multiple partners, first year psychology students; Information Motivation Behavioural Skills Model; quantitative research; survey design.
ABSTRACT

HIV poses considerable social and health challenges in South Africa, particularly among young people aged 15-24. Research indicates a strong link between risky sexual behaviour and alcohol and illicit drugs. In the Western Cape drug-related behaviours is a growing concern among young people because of relatively high prevalence rates of drug abuse, particularly methamphetamine. Previous South African studies have tended to focused on the link between substance use and risky sexual behaviour among commercial sex workers. The theoretical approach of this study is the information motivation behavioural skills model. Participants were selected using non-probability sampling of 279 first year students registered for Psychology I at the University of the Western Cape. This study employed a quantitative research approach using a survey design. Results: Forty-six percent of students do not believe that the use of illicit drugs has an impact on a person’s sexual behavior. However, the findings also showed that only 45% of students believed that there was a difference between illicit drug users correctly using condoms when compared to non-users. Data was analysed using descriptive and inferential statistics. Conclusion: Prevention is our best and most effective means of decreasing risk-taking behaviours associated with HIV infection. Information is the first line of intervention that is necessary to reduce risk-taking behaviours; however prevention strategies and interventions of risk-taking behaviours should aim to increase motivation and help young people integrate information in a way that it is personally relatable. This is vital to address the inconsistencies between perceptions of risk and the realities of risk-taking behaviour.
DECLARATION

I declare that *perceptions of illicit drug use and risky sexual behaviour among first-year psychology students at the University of the Western Cape* is my own work, that it has not been submitted for any other degree or examination in any other university, and that all sources that I have used or quoted have been acknowledged by complete references.

Full name ______________________________  Date _______________________________

Signed _______________________________________________________________________

UNIVERSITY of the WESTERN CAPE
ACKNOWLEDGEMENTS

To my supervisor, Prof. Mwaba thank you for your guidance and encouragement throughout this research process.

I would like to thank the Lord for giving me the strength to persevere. To all who supported me, especially my parents, my sister Samantha Fick and the love of my life, Nathan Raynardt- thank you for standing by me through this very trying time.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>ii</td>
</tr>
<tr>
<td>DECLARATION</td>
<td>iii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iv</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td>v</td>
</tr>
<tr>
<td>ABBREVIATIONS</td>
<td>vii</td>
</tr>
</tbody>
</table>

## CHAPTER ONE: INTRODUCTION

1. Introduction                               | 1    |
1.1 Rationale                                 | 3    |
1.2 The aim and objectives of the study       | 4    |
1.3 Hypotheses                                | 4    |
1.4 Research question                         | 5    |

## CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction                              | 6    |
2.2 The HIV/AIDS Epidemic                     | 6    |
2.3 Risk Behaviours                           | 8    |
2.4 The relationship between illicit drug use and risky sexual behaviour | 10   |
Appendices (attached at the back)

ABBREVIATIONS

AIDS  Acquired Immunodeficiency Syndrome
HIV  Human Immunodeficiency Virus
IDUs  Injecting Drug Users
IMB MODEL  Information Motivation Behavioural Skills Model
MARP  Most-at-risk-population
NSP  National Strategic Plan
SA  South Africa
SACENDU  South African Community Epidemiology Network on Drug Use
STD  Sexually Transmitted Diseases
US  United States of America
UWC  University of the Western Cape
VCT  Voluntary counselling and testing

LIST OF FIGURES AND TABLES

Chart 1  Gender distribution of the final sample  27
CHAPTER 1

INTRODUCTION

1.1 BACKGROUND TO THE STUDY

HIV continues to pose a considerable social and health challenge in South Africa (Visser & Routledge, 2007). The country has a share of approximately 35% of the global HIV infection rates, with approximately 5.2 million people living with the virus in 2008 (Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-van-Wyk, Mbelle, Van Zyl, Parker, Zungu, Pezi, & the SABSSM III Implementation Team, 2009). The main mode of HIV transmission in South Africa is through heterosexual intercourse (Peltzer, Simbayi, Kalichman, Jooste, Cloete, & Mbelle, 2009; Shisana et al., 2009; Ward, Mertens, Flisher, Bresick, Steling, Distiller, & Weisner, 2005). The most-at-risk population (MARP) for HIV infection is young individuals aged 15-24 years, with a particular emphasis on females. This vulnerable group makes up 45% of new infections, worldwide (Shisana et al., 2009).

Most undergraduate students fall within the age category of 15-24 year olds, a group considered to be most vulnerable to both HIV infection and drug-use (Pettifor, Rees, Steffenson, Hlongwa-Madikizela, MacPhail, Vermaak, & Kleinschmidt, 2004). Transitioning to University often marks a phase of balancing increased social peer pressure with academic demands, and the ability to rely on one’s capacity to make independent decisions. This is the period in which students are confronted with personal decisions around their sexual behaviours and drug-use. It is also a period of greater experimentation, frequent partner changes and additional risk-taking than in their later years (Kabiru & Ezeh, 2007; Trepka, Kim, Pekovic, Zamor, Velez & Gabaroni,
2008; Turner, Ku, Rogers, Lindberg, Pleck, & Sonenstein, 1998). It has become increasingly clear that most young people do not possess the skills to incorporate their knowledge of risky behaviours, into healthy practices. Risky sexual behaviour is strongly linked to the use of alcohol and illicit drugs (Mwaba, Simbayi & Kalichman, 2006; Needle, Kroeger, Belani, & Hegle, 2006; Parry, Carney, Peterson, & Dewing, 2007; Peltzer et al., 2009; Shisana et al., 2009). Furthermore, it increases the risk for contracting HIV (Shisana et al., 2009). The behaviours include sex without a condom, inconsistent condom use, history of sexually transmitted diseases, multiple sex partners, sex with casual partners, early sexual debut and transactional sex (Kabiru & Ezeh, 2007; Peltzer et al., 2009; Galvez-Buccollini, Paz-Soldan, Herrera, DeLea, Gilman, & Anthony, 2008).

In the Western Cape, drug-related behaviours among young people are a growing concern. The concern is linked to the relatively high prevalence rates of drug abuse, particularly methamphetamine (“tik”), in the past 15 years (Breytenbach, 2005; Greydanus & Patel, 2005; Marrian, 2006; Plüddermann, Dada, Parry, Bhana, Parreira, Carelsen, Kitleli, Geber, Roslee., & Fourie, 2008a).

Initially research on AIDS focused on the association between intravenous drug-use and the increased risk for HIV. Sharing needles when injecting drugs puts both the drug-users and their sexual partners at risk for HIV infection. The understanding of the transmission of HIV has shifted, as HIV risk has become increasingly associated with heterosexual drug-use, and is not exclusively restricted to the sharing of needles when injecting drugs (Needle et al., 2006; Van Dyk, 2005).
Literature review indicates the importance of having an understanding of the effects that drug-use has on the increased probability of engaging in risky sexual behaviour. Drug-use affects an individual’s sound judgment, lowers inhibition and influences the ability to make informed decisions about safe sexual practices (Brodbeck, Matter & Moggi, 2006; Parry, Carney, Petersen & Dewing, 2007; Pettifor et al., 2004; Shisana et al., 2009; Van Dyk, 2005). Studies indicate that the use of alcohol, marijuana, cocaine and heroin before sexual experiences are largely connected to inconsistent or no condom use, expressed physical aggression toward sexual partners, and multiple partners (Peltzer et al., 2009; Van Dyk, 2005).

1.2 RATIONALE FOR THE STUDY

Few studies in South Africa have focused on the possible association between general drug-use and risky sexual behaviour, and “most have not linked these two burdens in a meaningful way” (Parry et al., 2007, p. 1). Most South African studies have focused almost exclusively on the link between alcoholism and risky behaviours (Mwaba, Simbayi & Kalichman, 2006). The Western Cape has a high rate of illicit drug-use, particularly methamphetamine among young people aged 15-24 years and the increased prevalence rates could significantly influence the probability of HIV transmission (Needle et al., 2006). Most studies have also focused on the relationship between drug-use and risky behaviours among commercial sex workers, looking specifically at their risk for contracting and transmission of HIV (Parry et al., 2007).

The current study will focus on illicit drug-use in general, and the relationship to HIV risk-taking behaviours among young South Africans.
The National Strategic Plan (NSP) of South Africa intends to decrease national HIV prevalence rates by 50% by 2011. The plan states the importance of focussing interventions on “young people aged 15-24 years, especially for behaviour change based prevention” (NSP, 2007, p. 63). The purpose of this study was to focus on how undergraduate students perceive drug-use as a risk factor for HIV infection. The outcome of the study could also inform about possible interventions for reducing HIV infection, by targeting a reduction of substance abuse.

1.3 THE AIM AND OBJECTIVES OF THE STUDY

The aim of this study was to determine students perception of illicit drug use in relation to sexual behaviour and the risk involved for sexually transmitted infections, including HIV. This study determined first year students perception of illicit drug users and whether they were more likely to engage in risky sexual behaviour than non-drug users.

1.4 HYPOTHESIS

This study was designed to test students perceptions of any relationship between illicit drug use and risky sexual behaviour. The main hypothesis of the study was that most students perceive illicit drug users as more likely to engage in risky sexual behaviour than non-illicit drug users.

Indicators of risky sexual behaviour were as follows:

- Inconsistent condom use during sex.
- No condom use during sex.
- Sex with multiple partners.
• Sex with casual partners.

• Transactional sex.

1.5 RESEARCH QUESTION

What are the perceptions of illicit drug-use and risky sexual behaviour among first year psychology students at the University of the Western Cape?
CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter highlights the pertinent local and international literature associated with risk-taking behaviours, primarily substance use and risky sexual behaviour. It explores the connection between these two constructs; the implied indirect association illicit drug use has to the HIV/AIDS epidemic, as well as the perception of risk-taking behaviours among young people. The study is located within the Information Motivation Behavioural Skills (IMB) theoretical framework.

2.2 THE HIV/AIDS EPIDEMIC

The spread of HIV/AIDS has had devastating effects worldwide (Shisana et al., 2008). It does not discriminate between the different cultures, races and communities of the world. It was estimated that 33 million people were living with the HI virus in 2007 (Akande, 2001; Shisana et al., 2009). Infection constitutes a major challenge in South Africa, which has one of the highest HIV prevalence rates (Mwaba & Naidoo, 2005b; Peltzer et al., 2009; Shisana et al., 2009; Ward et al., 2005). It is home to 21.2 per 100 000 AIDS-related cases, of which the leading mode of HIV transmission is attributed to heterosexual contact (Akande, 2001).
2.2.1 The vulnerable group

The youth of South Africa, aged 15 to 24 years, are not excluded from the devastating impact of HIV/AIDS and sexually transmitted diseases. It is of great concern that half of all new HIV incidents are occurring within this vulnerable group (Allen, 2004). The findings of a National South African Study indicate that the HIV prevalence is 2.7 times higher in young females’ aged 15 to 19 years, and 21.1% for the age group 20 to 24 years old. African-females, aged 20-34 years old was considered the ‘most-at-risk population’, with an HIV prevalence of 32.7% in 2008 (Shisana et al., 2009). The highest incidence rates for both gonorrhoea and Chlamydia, falls within the 20 to 24 year old age group (Trepka et al., 2008).

2.2.2 Sexual behaviours among young people

HIV/AIDS transmission is directly and most commonly associated with sexual behaviours (Graves & Leigh, 1995). According to a National South African Survey, more than half of young males and females aged 15-24 years old are sexually active. Forty-eight percent of 15-19 year olds and eighty-nine percent of 20-24 year olds have had penetrative sexual intercourse. The average age for most young peoples’ first experience of sexual intercourse is at the age of 17 years (Eaton, Flisher & Aaron, 2003; Mwaba & Naidoo, 2005b; Pettifor et al., 2004).

The findings of a study by Graves and Leigh focused on a sample of young adults, aged 18 to 30 (Graves & Leigh, 1995). The results indicated that, the majority of the participants had been sexually active in the past 12 months, and they had sex on a weekly basis, whereas 10% of the participants had sex on a daily basis (Graves & Leigh, 1995). A National American study investigated the sexual behaviour among college students and found that the majority of undergraduate students were sexually active (Trepka et. al., 2008).
At the University of the Western Cape (UWC), 42% of students in 2004 had reported being sexually active over the past 12 months, and 12% reported that they had engaged in multiple sexual relationships (Rich, 2004).

2.3 RISK BEHAVIOURS

2.3.1 Risky Sexual behaviours

The risk for HIV infection, as well as a number of negative reproductive health outcomes is associated with risky sexual behaviours. Risky sexual behaviours include unprotected sex, inconsistent condom use during sex, multiple sexual or casual partners, earlier sexual debut (younger than 15), a history of sexually transmitted diseases and transactional sex (Kabiru & Ezeh, 2007; Peltzer, 2009; Galvez-Buccollini, Paz-Soldan, Herrera, DeLea, Gilman & Anthony, 2008). These risky behaviours put youth at risk for sexually transmitted diseases (STD) including HIV/AIDS (Akande, 2001). A diagnosis of a sexually transmitted disease could possibly have an overwhelming impact on student well-being, including implications such as infertility and impeding their academic performance (Trepka et al., 2008).

2.3.2 Substance use behaviours

South African youth are also vulnerable to the impact of substance use. A significant number of young people use drugs in order to attain a conscious positive state of euphoria and heightened states of attention. The use of illicit drugs is often used as an excuse for socially undesirable behaviours and blame is therefore externalised and self-responsibility avoided (Morojele, Brook & Kachieng, 2006).
The use of illicit drugs can be attributed to some of the following factors, “negative reinforcing effects, peer pressure, the modelling of parental or peer behaviour, the accessibility of drugs, and the fact that Xhosa and Afrikaans-speakers blamed community tolerance for widespread drug selling and the use in their neighbourhoods” (Morojele, Brook & Kachieng, 2006, p. 217).

Since 2007, almost half of all patients admitted to South African substance rehabilitation centres were young people, aged 15 to 24 years (Plüddermann, Dada, Parry, Bhana, Parreira, Nel, Mncwabe, Abogya, Geber, & Fourie, 2010). This gives an indication of the severity of the substance use problem amongst South African youth. The majority of these illicit drug-users prefer methamphetamine as their primary substance of abuse (Plüddermann et al., 2010). Parry et al. (2007) explains how “the largest and fastest increase in the number of patients presenting with a particular drug, ever noted by the SACENDU project”, is related to methamphetamine use (p. 11). The study by Zapata, Hillis, Marchbanks, Curtis and Lowry (2008), showed that one out of every 13 students reported that they have used methamphetamine within their lifetime. In 2003, the results of a nationwide study revealed that 1 million (7.6%) students reported ever using methamphetamine.

The majority of males who have sought treatment in South African rehabilitation centres prefer using marijuana, mandrax, heroin and methamphetamine. Most females, on the other hand prefer to use over-the-counter or prescription medication, crack, cocaine, khat and alcohol (Plüddermann et al., 2010). Heroin is reported to be the substance mostly used on a daily basis (92%), compared to 51% of daily methamphetamine use (Plüddermann et al., 2010). South Africa has been described as having one of the highest prevalence rates for the use of heroin, when compared to the neighbouring African countries (Parry et al., 2007).
2.4 THE RELATIONSHIP BETWEEN ILLICIT DRUG USE AND RISKY SEXUAL BEHAVIOUR

Risky sexual behaviour and drug use are two immense and different social challenges faced by young people. As a collective, many young adults have disclosed high levels of sexual activity, as well as substance use or experimentation (Graves & Leigh, 1995). However, over the years many studies have illustrated the positive association and relationship between these risk behaviours (Graves & Leigh, 1995; Pettifor et al., 2004; Plant & Plant, 1992; Stall & Leigh, 1994; Turner, et al., 1998).

The relationship between injecting drug-use and HIV risk is a longstanding one. In the period before 1981, the pre-AIDS period, most of the literature focused on the behaviour of injecting drug users (IDUs), specifically using participants incarcerated for illegal activities, and the specific injecting drugs they used. There was a shift after 1981, the post-AIDS period, where most studies focused on the connection of HIV to intravenous drug use, particularly the sharing of needles, as well as the sexual behaviours of IDUs (Goldstein, Friedman, Neaigus, Jose, Ildefonso, & Curtis, 1995).

However, the use of non-injecting drugs also contributes considerably to the risk for HIV infection. Non-injecting drugs, such as amphetamines, cocaine, heroine, ecstasy and marijuana are a few of the illicit drugs associated with HIV risk for infection (Needle et al., 2006; Parry et al., 2007). Illicit substances have the ability to inhibit sound decision making, influence judgment and increase the possibility of engaging in risk-taking behaviours such as: unprotected sex, casual sex and the trading of sex as payment for drugs (Graves & Leigh, 1995; Morojele, Brook & Kachieng, 2006; Needle et al., 2006).
Illicit substance users were shown to be more likely to have been sexually active; have had multiple sexual partners; engage in risky sexual behaviour; and are less likely to use condoms (Graves & Leigh, 1995). This was similarly described by Pettifor et al. (2004), in which they state that there is an increased probability that young people will engage in risk-taking behaviours when under the influence of alcohol and illicit drug use.

A study conducted by Kabiru and Ezeh (2007) has concluded that a vital predictor of an individual’s sexual status is dependent on both alcohol and drug use, with most sexually inexperienced individuals reporting that they were least likely to use substances. Alcohol, marijuana, ecstasy, methamphetamine, heroin and other illicit drugs are said to be connected to the initiation of sexual activities. Individuals using these illicit drugs have been identified as having more than 4 lifetime sexual partners and is also known for not using any form of contraception during their last sexual experience (Zapata, Hillis, Marchbanks, Curtis & Lowry, 2008). When commercial sex workers were interviewed, the findings suggested that illicit drugs were used both before and during sex, and it “increased the likelihood of high-risk sex, including anal sex, unprotected sex, and group sex” (Needle et al., 2006, p. 87).

A study by Parry et al. (2007) provides a good indication of some of the side-effects of illicit drug use and how it relates to increased levels of sexual desire and arousal. The researchers found that cocaine was associated with the ability to boost energy levels, as well as confidence. Crystal methamphetamine, which is popular in the Cape Town area, was used to prolong sexual intercourse; despite being associated with increased aggressive and paranoid emotions. Mandrax is considered an aphrodisiac which stimulates an erection. Ecstasy is known as the ‘love drug’ and marijuana has been experienced to help with improving sexual intercourse.
Marijuana was reported to be amongst the most popular illicit drugs of choice for students (Graves & Leigh, 1995). Focusing on the association between marijuana-use and risky sexual behaviour, Peltzer et al. (2009), reported increased numbers of sexual partners for marijuana-users when compared to non-drug users. The probability of engaging with multiple partners was twice as high for marijuana users when compared to non-users (Graves & Leigh, 1995). One in every five marijuana users smoked before they had sexual intercourse (Peltzer et al., 2009). Brodbeck, Matter and Moggi (2006), also concluded that the use of marijuana was linked to risky sexual behaviours and it was also found to be connected with an earlier sexual debut (younger than 15 years old).

A significant portion of the literature reviewed indicated the popularity of methamphetamine use among young adults. Methamphetamine is known to enhance sexual urges; it is associated with sexual activity and significantly increases the risk for contracting HIV/AIDS (Plüddermann, Flisher, Mathews, Carnet, & Lombard, 2008b). In a study which primarily looked at 4605 adolescent grade 9 learners; it was found that an equal amount of males and females used methamphetamine. Methamphetamine users were more likely to engage in sexual behaviours, to have an unplanned pregnancy or be diagnosed with a STD (Plüddermann et al., 2008b). Springer, Peters, Shegog, White and Kelder (2007) illustrated a strong association between early sexual debut (younger than age 13), teenage pregnancy, inconsistent condom usage and multiple sexual partners while using methamphetamine. These findings were congruent to the findings of an American study conducted by Zapata, Hillis, Marchbanks, Curtis and Lowry (2008) which found that a third of methamphetamine users had more than one sexual partner. The likelihood of engaging in risky sexual behaviour, as well as the likelihood of getting someone pregnant almost doubled with youth that used methamphetamine.
Studies related to cocaine, ecstasy and heroin have shown that it is related to inconsistent condom use, the trading of drugs for sex and multiple sexual partners (Needle et al., 2006; Peltzer et al., 2009). These illicit drugs are also associated with the increased probability of engaging in “high-risk sex, including anal sex, unprotected sex and group sex” (Needle et al., 2006, p. 87).

The use of ecstasy, better known as the ‘love drug’, is increasing in several parts of the world, especially among young adults. It appears that individuals find ecstasy enticing as it gives the drug-user a sense of euphoria; increases self-confidence, feelings of empathy, well-being and energy (Topp, Hando, & Dillon, 1999).

Buffum and Moser (1986) found an alarming high rate of 70% of ecstasy users which were involved with sexual activity while intoxicated. They had claimed it increased the sensuality of sexual intercourse (Buffum & Moser, 1986). Similarly high findings were reported in a study conducted in Sydney Australia, which looked at the sexual behaviour of ecstasy users (Topp, Hando, & Dillon, 1999). The results indicated an alarming increased risk in engaging in risky sexual behaviours while intoxicated, as over a half of the 213 ecstasy users in the study had more than 1 sexual partner. It was found that while intoxicated a third of women and almost half of men were more open and receptive to sexual activity. The participants reported that over the past 6 months, half of them had had sex while intoxicated and that ecstasy users were less likely to use condoms when compared to non drug-users (Topp, Hando, & Dillon, 1999).

The majority of ecstasy users described how ecstasy enhances sexual intercourse by delaying orgasm, prolonging both an erection and sexual activity, as well as lowering an individual’s inhibitions. Other results of the study showed that when ecstasy users engaged in sexual activity,
there was a higher probability that they would engage in behaviours that they would not normally consider as part of their sexual repertoire, such as anal sex, group sex and homosexual activities (Topp, Hando, & Dillon, 1999).

It should be noted that some studies did not find a clear link between the use of drugs and the practice of inconsistent condom usage; but instead found that condom use in general was considered low and that an individual either preferred to be a condom-user or not (Graves & Leigh, 1995; Moore & Rosenthal, 1991b).

2.5 PERCEPTIONS OF RISKY BEHAVIOURS

Risk perceptions and behaviour are connected in a multifaceted way, as the one affects the other and vice versa (Lagerberg, 2004). Van Dyk (2005) argues that individual perceptions about sexual behaviours are to a large degree connected to an individual’s attitudes and beliefs about the specific behaviours (for instance condom use). Young individuals’ are at a greater risk for HIV infection if they perceive themselves as having low risk for infection, when their behaviours suggest otherwise (Lagerberg, 2004).

Research findings show that although most young people perceive condoms to be freely available, they claimed that if they were using illicit drugs before or during sex, most would not be able to say with confidence that they could use a condom effectively (Peltzer et al., 2009; Pettifor et al., 2004). They also indicated that when their own risk-taking behaviours increased, which generally increased with drug-use, there was no an increased perceived risk for contracting HIV (Peltzer et al., 2009).
Further findings had indicated that more than half of the target group did not use protection during their last intercourse, yet the majority of young individuals believed that it would be impossible to get HIV (Peltzer et al., 2009). Peltzer et al. (2009), suggests that individuals who perceive their HIV risk as low, despite the reality of their behaviour, could be a contributing factor to inconsistent condom use and unprotected sex. Some young people rationalise their risky sexual behaviour, as they are assured that their relationship will be long lasting and that they are in an exclusive sexual relationship (Akande, 2001).

Macintyre, Rutenberg, Brown and Karim (2004) concluded that understanding risk perception is vital for adopting safe sexual behaviours. HIV risk perception is “an indication of perceived susceptibility to infection, a measure of one’s understanding of AIDS transmission, as well as willingness to consider behaviour changes” (Macintyre et al., 2004, p. 237). The participants of the study were aged 14-22 and it was found that their reported perceptions of their risk for HIV/AIDS were found to be inconsistent to their behaviour. The ‘highly vulnerable’ individuals made up approximately 20% of the sample; however, these individuals perceived their risk as low-to-none. Macintyre et al. (2004) explains the reason for this inconsistency and states that it is “because their denial and lack of recognition of their risk means they likely perceive current program messages about HIV and behaviour change as personally irrelevant” (p. 243). The opposite was also found to exist, as individuals with no or low risk behaviours believed they were at a high risk for contracting HIV. This ‘worried well’ of individuals could have an overly inflated concern because of the “generalised HIV/AIDS epidemic in South Africa, or they perceive their immediate environment as risky” (Macintyre, 2004, p.243).

The findings of Parry et al. (2007) indicated perceptions that participants had of illicit drug-use and risk-taking behaviours. Having sex while on drugs was perceived to increase pleasure and is
described as being more ‘fun’. Marijuana was not perceived as a drug and heroin was perceived as a ‘dirty drug’, one used by homeless individuals. Ecstasy and methamphetamine were the two drugs most commonly associated as ‘high sex drugs’ and methamphetamine is perceived as a drug for ‘young people’ because of its accessibility and cheap price. A limitation of this study is that it focused on commercial sex workers (Parry et al., 2007).

Adefuye, Abiana, Balogun and Lukobo-Durrell (2009), has focused on HIV sexual risk behaviours and perception of risk among college students. They found that in a sample of 390 students, of which 87% were sexually active, males who had been using illicit drugs were more likely to report multiple partners. This study also found the link between marijuana use and inconsistent condom use. Most individuals below the age of 29 generally had poor HIV risk perception and did not see themselves as vulnerable to HIV, regardless of their risk-taking behaviours. Those participants who used drugs in the last 30 days had used condoms inconsistently or had multiple partners; however still perceived their risk for HIV as moderate-to-good (Adefuye et al., 2009).

A study conducted by Shisana et al. (2009) found that among the most-at-risk populations, 26% of African females and 28% of African males had sufficient knowledge about HIV. In the Western Cape, only 53% of individuals could accurately differentiate myths and misconceptions of HIV from facts, in the same study. These findings are an indication of a considerable possible deficit in accurate information of HIV, which has implications for influencing perceptions on HIV risk and healthy sexual behaviours (Shisana et al., 2009).

Engaging in risky sexual behaviour has certain perceived benefits (Morojele et al., 2006). Some young people feel that they don’t want to use condoms, as it takes away from the sensuality of
the sexual experience, as well as diminishing some of the enjoyment. Young people are aware of the effects certain substances have when having sexual intercourse. It heightens their sexual arousal, for example craving sex, bodily contact and closeness when using ecstasy. The use of substances is perceived to ease some of the tension and anxiety associated with sex; it appears to help young people be less aware of their environment, as well as be less self-conscious about their bodies (Morojele et al., 2006). For example, here is a quote from a young individual:

“When you’ve used drugs, maybe a boyfriend you have can say he wants to sleep with you and then you’d just do that thing because you’re not in your normal state of being sober and not high. You feel flexible when you’re high. When you’re sober you feel tense” (Morojele et al., 2006, p. 217).

The use of alcohol and illicit substances at clubs, parties or social events increases the risk for risky sexual behaviours. At these events many young people get taken advantage of because they are intoxicated. At these events often young people, especially females become targeted and their drinks are ‘spiked’ with drugs (Morojele et al., 2006). Drugs are often used “voluntarily by young people and they become willing partners in ensuing sexual encounters” (Morojele et al., 2006, p. 217). For example a young female reported the following:

“The girls, they are not supposed to be with boys when they use Eve (ecstasy). They will first take off their panties and say ‘come have sex with me’, and they are so drunk . . .” (Morojele et al., 2006, p. 217).
2.6 THEORETICAL FRAMEWORK

The theoretical model of this study is the Information Motivation Behavioural skills model (IMB) (Hawa, Munro & Doherty-Poirier, 1998). “The IMB theoretical framework was developed by Fisher and colleagues and has been validated extensively in over a decade of correlational and experimental research concerning HIV-related behaviours” (Barzargan, Stein, Barzargan-Hejazi & Hindman, 2010, p. 288). The model seeks to understand effective HIV behaviour change in terms of three components.

The first component needed for effective preventative behaviour is, having accurate information. An information-base is necessary as this is the initial step to ensure effective behaviour change (Barzargan et al., 2010; Hawa et al., 1998). Information about the different ways of HIV transmission; preventative measures such as practicing safe sex by using a condom consistently; and accessing voluntary counselling and testing (VCT), will contribute to risk reduction (Hawa et al., 1998). Akande (2001) revealed that young people were unaware of certain important facts, for example, the majority of males perceived females to cause STDs and some young people believed STDs were caused by condom use. They were unaware of the different types of STDs, and how it is manifested. A limitation of this study was that participants would more likely give socially desirable answers, which would not necessarily reflect their beliefs or behaviours. Other studies indicated that the majority of South African students are knowledgeable about the origins and transmission of sexually transmitted diseases (Akande, 2001; Lagerberg, 2004; Trepka et al., 2008).

Despite a fair amount of knowledge, young people continue to engage in dangerous high-risk sexual behaviours (Akande, 2001; Barzargan et al., 2010; Trepka et al., 2004). Information about
safe sexual practices is, however, not sufficient to reduce risk-taking behaviours; the individual must also be motivated to act on the knowledge they have (Barzargan et al., 2010).

The second component is the motivation to initiate and maintain healthy behaviours are connected to individual’s attitudes toward and perceptions of prevention strategies. An individual who has sufficient knowledge about HIV or risk-taking behaviours could either be highly motivated to, for example abstain from risky behaviours, or not be motivated at all (Barzargan et al., 2010). The individual’s level of motivation is influenced by both their perceptions, as well as social norms- which are connected to HIV preventative techniques. Drug-use is known to affect judgment and lower inhibitions, therefore influencing motivation levels and affecting an individual’s ability to act on their knowledge base. Information together with high levels of motivation, both affect the effective use of behavioural skills, as well as impacts on the effectiveness of prevention strategies (Barzargan et al., 2010).

Thirdly, certain behavioural skills need to be acquired to ensure a reduction in risk behaviours. It cannot be assumed that young people have the ability to use a condom effectively, or have the ability to say ‘no’ to risk taking behaviour. Behavioural skills such as the ability to speak about condom use, previous sexual relationships, previous risk-taking behaviours, as well as fears related to HIV/AIDS, is vital for practicing healthy behaviours (Akande, 2001). Drug use could negatively influence the communication process between sexual partners and their ability to negotiate safe sex (Hawa et al., 1998).

The three factors are interwoven with all points of the triangle reliant on each other. The three components cannot be separated and each is important in how it contributes to HIV risk reducing
behaviours. It is important for young people to reduce their HIV risk for infection by practicing safe sexual behaviours, to reduce the HIV incidence rates (Akande, 2001).

It is clear that knowledge is the foundation from which motivation to act stems and it can only be put into practice if the individual possess the necessary skills to implement preventative behaviours. The triangular IMB model’s outcome is reduced risk for HIV infection. However, this process could significantly be compromised if drug-use is considered as an additional risk factor (Hawa et al., 1998).

2.7 CONCLUSION

This chapter highlighted the literature associated with risk-taking behaviours, namely substance use and risky sexual behaviour. The literature illustrated the positive link between these two constructs, as well as the perception of risk-taking behaviours among young people. The study was located within the Information Motivation Behavioural Skills (IMB) theoretical framework.
CHAPTER 3:

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter highlights the methodology used in this study. It highlights the hypotheses of the study and the research design. This is followed by a description of the sampling procedure, as well as an explanation of the data collection instrument. Furthermore, it outlines the data analysis and the ethical procedures followed.

3.2 HYPOTHESES

This study was designed to test students perceptions of the link between illicit drug use and risky sexual behaviour. The main hypothesis of the study was that most students perceive illicit drug users as more likely to engage in risky sexual behaviour than non-illicit drug users.

The following indicators of risky sexual behaviour were tested:

1. Inconsistent condom use during sex.

2. No condom use during sex.

3. Sex with multiple partners.

4. Sex with casual partners.

5. Transactional sex.
3.3 RESEARCH DESIGN

This study employed a quantitative approach which used a descriptive survey questionnaire (Trochim, 2008). The survey was focused on perceptions of illicit drug use in relation to risky sexual behaviour, as well as the comparable differences in perceptions when the participants’ demographic factors were taken into consideration (Babbie & Mouton, 2001; Colman, 2006). The design was used because it offered an objective and systematic process which used data from a survey questionnaire highlighting participants’ perceptions of illicit drug use and risky sexual behaviour (Babbie & Mouton, 2001; Cormack, 1971).

3.4 SAMPLE

3.4.1 Sampling procedure

Firstly, permission to conduct the study was sought from the University of the Western Cape’s Senate Research Committee. The study was approved and the participants were selected using non-probability sampling, based on their availability (Colman, 2006). The questionnaires were administered to students at a time that was convenient, in terms of lecture commitments in the department of psychology. Appendix A, an information sheet invited students to participate in the study which was administered to students before they gave their consent or filled out the standardised questionnaire. The information sheet explained the purpose of the study, as well as the possible risks and benefits of research participation.
Consent forms were administered to participants who volunteered to be a part of the study and students who decided not to participate were further encouraged by informing them that they could withdraw at any point in the data collection process (see attached Appendix B). Participation was voluntary and anonymous. The invigilators were available to answer questions from students during the data collection process. To ensure anonymity consent forms did not use names, but instead were numbered. When consent forms were collected, it was put into a box and immediately sealed. The survey took 20 minutes to complete. Once the students had completed their surveys and the data was collected, the questionnaires were counted onsite and stored in a safe box, to which only the researcher and supervisor had access.

3.5 DATA COLLECTION INSTRUMENT

The data collection instrument consisted of a self-administered questionnaire which was designed to assess perceptions about illicit drug use and risky sexual behaviour. Statements about risky sexual behaviour were based on literature regarding sexual behaviour that puts an individual at risk of contracting sexually transmitted infections, namely: sex without a condom; inconsistent condom use; sex with casual or multiple partners; transactional sex and early sexual debut (HSRC, 2005). The questionnaire used was a semantic differential scale and students had to indicate whether they ‘agreed’, ‘disagreed’ to the statements made, or if they were ‘not sure’. Examples of statements included in the instrument are the following: Illicit drug users are more likely than non-drug users to use condoms consistently; there is no difference between illicit drug users and non-drug users with regard to correctly using condoms. The research tool was adapted
from previous questionnaires measuring risky sexual behaviour (Mwaba & Naidoo, 2005; HSRC, 2005).

The questionnaire was piloted on a sample of 7 students registered for an introductory psychology module at UWC and no modifications were necessary before the study was carried out. The pilot test was administered and close-ended questions, in simple English were used to help minimise ambiguity. No changes were made from the pilot testing.

3.6 DATA ANALYSIS

The data was captured and analyzed using the Statistical Package for the Social Sciences, version 18 (SPSS-18). Descriptive statistics was used to analyse the demographic variables, focusing mainly on gender as a variable. All students surveyed were to answer questions related to the 5 indicators of risky sexual behaviour and drug-use. The frequencies and percentages were recorded. Cross tabulation and the chi square test was used in terms of the 5 indicators of risky sexual behaviour.

Inferential statistics was used to ascertain any differences in perceptions among participants with regard to perceptions about illicit drug use and risky sexual behaviour (Babbie & Mouton, 2001).

3.7 ETHICAL CONSIDERATIONS

Ethical clearance was sought from the Senate Research Grants Committee of the University of the Western Cape. Participation in this study was voluntary. The information sheets, consent forms and survey questionnaires were administered by the researcher approximately 20 minutes
before Psychology I lectures in their usual lecture halls. Permission was obtained from the Psychology lecturers in advance to minimise any disruption of the students usual learning schedules.

The researcher explained to all students that they had the option of withdrawing from the study at any point without any consequences, which was highlighted in the information sheet. The researcher of the current study explained the study to the participants using an information sheet before the administration of the questionnaires. There were no identified risks to participation in the study. A potential benefit of participation in this study was highlighted to the participants, namely that students were receiving experience from participating in the research process. Thereafter students were requested to give signed informed consent before the survey questionnaire was to be filled out. This was administered and collected by the researcher. Anonymity was assured since no identifying information was sought.

The researcher gave information about relevant HIV/AIDS services available on campus to all participants. Referral information of student support services were also given to the research participants’.
CHAPTER 4

RESULTS

4.1 INTRODUCTION

This chapter highlights the findings of the study. It provides an outline of the demographic data of the participants and perceptions of illicit drug-use and risky sexual behaviour.

The results are presented under the different headings focusing on the various indicators for risky sexual behaviour. These indicators of risky sexual behaviour, as described in chapter one, are as follows:

1. Inconsistent condom use during sex.
2. No condom use during sex.
3. Sex with multiple partners.
4. Sex with casual partners.
5. Transactional sex.

To understand the relationships between the variables (such as: gender), and the perceptions of risky sexual behaviour and drug-use, cross-tabulations and chi-square tests were used.
4.2 DEMOGRAPHIC VARIABLES OF THE PARTICIPANTS

Participants in the study were a convenience sample of male and female students registered for an Introductory Psychology course at the University of the Western Cape.

The student population at the University of the Western Cape is diverse with regard to culture, religious background and socio-economic status. Students in Psychology I are young adults aged 18-24 years old and are drawn from different faculties of the university.

The final group of students who voluntarily participated in the study and completed the survey questionnaire was 279. As illustrated in Chart 1, the final sample consisted of 74 males (27%) and 205 females (73%). This sample reflects the population of students on campus in terms of gender.

![Chart 1: The Gender Distribution of the Participants](chart1.png)
In the questionnaire, individuals were given the option to fill in one of the racial groups they associated themselves with. The racial distribution of the total sample, as outlined in Table 1, included 45% Black (n = 125); 3% White (n = 9); 47% Coloured (n = 130); 4% Indian (n = 11); and 1% of individuals who indicated the ‘Other’ racial groups.

**TABLE 1: THE RACIAL DISTRIBUTION OF THE PARTICIPANTS**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>125</td>
<td>45</td>
</tr>
<tr>
<td>White</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>Coloured</td>
<td>130</td>
<td>47</td>
</tr>
<tr>
<td>Indian</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>279</td>
<td>100</td>
</tr>
</tbody>
</table>

The mean age of the participants in the study was 19 yrs. Eighty-nine percent of the sample was between the ages of 18 and 25, and a further 5% were above the age of 25 years. The total sample was made up of 22% of 18 year olds, 29% of 19 year olds, 20% of 20 year olds, 8% of 21 year olds, 5% of 22 year olds, 2% of 23 year olds, 1% of 24 year olds and 3% of 25 year olds, as shown in Table 2.
TABLE: 2 AGE DISTRIBUTION OF THE PARTICIPANTS

<table>
<thead>
<tr>
<th>Age</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>61</td>
<td>22</td>
</tr>
<tr>
<td>19</td>
<td>80</td>
<td>29</td>
</tr>
<tr>
<td>20</td>
<td>55</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>23</td>
<td>8</td>
</tr>
<tr>
<td>22</td>
<td>13</td>
<td>5</td>
</tr>
<tr>
<td>23</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>24</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>25</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>26 and above</td>
<td>14</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>264</td>
<td>95</td>
</tr>
<tr>
<td>Missing</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>279</td>
<td>100</td>
</tr>
</tbody>
</table>

4.3 INDICATORS OF RISKY SEXUAL BEHAVIOUR

The results from the standardised questionnaire had indicated that 46% of students at UWC believe that illicit drug use has no bearing on a person’s sexual behaviour. Only 21% of students were certain that illicit drug use does have an impact on an individual’s sexual behaviour. There was no significant differences between male and female perceptions ($\chi^2 = 0.626, p<0.32$).
TABLE 3: DRUG USE AND ITS BEARING ON SEXUAL BEHAVIOUR

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>59</td>
<td>21</td>
</tr>
<tr>
<td>Not sure</td>
<td>91</td>
<td>33</td>
</tr>
<tr>
<td>Disagree</td>
<td>129</td>
<td>46</td>
</tr>
<tr>
<td>Total</td>
<td>279</td>
<td>100</td>
</tr>
</tbody>
</table>

4.3.1 Inconsistent condom use during sex

As shown in Table 4, most of the students (64%) did not believe that illicit drug-users are more likely to use condoms consistently. Only 7% of students believe that illicit drug-users are more likely to use condoms consistently. There was no significant difference between males and females beliefs ($\chi^2 = 0.836, p< 0.1$).

TABLE 4: Illicit drug users are more likely than non-drug users to use condoms consistently

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>20</td>
<td>7</td>
</tr>
<tr>
<td>Not sure</td>
<td>80</td>
<td>28</td>
</tr>
<tr>
<td>Disagree</td>
<td>179</td>
<td>64</td>
</tr>
<tr>
<td>Total</td>
<td>279</td>
<td>100</td>
</tr>
</tbody>
</table>
The findings showed that with regard to correctly using condoms, less than half (45%) of all students believe that there is a difference between illicit drug-users and non-drug users. However, 27% of students felt that there is no difference between drug-users and non-users with regard to correctly using condoms and the remainder of students were uncertain. The chi square test was $\chi^2 = 0.0836$, $p < 0.375$, which therefore indicates that there is no significant difference between males and females perceptions with regard to correctly using condoms.

**TABLE 5: There is no difference between illicit drug users and non-drug users with regard to correctly using condoms.**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>75</td>
<td>27</td>
</tr>
<tr>
<td>Not sure</td>
<td>79</td>
<td>28</td>
</tr>
<tr>
<td>Disagree</td>
<td>125</td>
<td>45</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>279</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

### 4.3.2 No condom use during sex

The majority of students believe that illicit drug-users are less likely to use condoms during sex. There is no significant difference between males and females beliefs that drug-users are less likely to use condoms during sex ($\chi^2 = 1.518$, $p < 0.373$). Twenty-one percent of students were uncertain whether illicit drug-users were more or less likely to use condoms during sex and only 16% of students felt that illicit drug users were not less likely than non-drug users to use condoms during sex.
TABLE 6: Illicit drug users are less likely to use condoms than non-drug users.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>176</td>
<td>63</td>
</tr>
<tr>
<td>Not sure</td>
<td>58</td>
<td>21</td>
</tr>
<tr>
<td>Disagree</td>
<td>45</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>279</td>
<td>100</td>
</tr>
</tbody>
</table>

The outcome of the findings indicated that 45% of students believed that there is a difference between illicit drug users and non-drug users with regard to the likelihood of engaging in unprotected sex. Twenty-eight percent were uncertain whether a difference existed, and 27% of students believe that there is no difference in the likelihood of engaging in unprotected sex between illicit drug-users and non-users.

TABLE 7: There is no difference between illicit drug users and non-drug users with regard to the likelihood of engaging in unprotected sex

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>75</td>
<td>27</td>
</tr>
<tr>
<td>Not Sure</td>
<td>78</td>
<td>28</td>
</tr>
<tr>
<td>Disagree</td>
<td>126</td>
<td>45</td>
</tr>
<tr>
<td>Total</td>
<td>279</td>
<td>100</td>
</tr>
</tbody>
</table>
4.3.3 Sex with multiple partners

Approximately 53% of the student participants were either uncertain or believed that drug-users were less likely to have sex with multiple partners, compared to non drug-users. The rest of the participants (47%) perceived that drug-users were not less likely to have as many sex partners when compared to non-users. Generally, males and females were consistent in their beliefs and no significant differences were found between these two variables ($\chi^2 = 0.656, p< 0.39$).

**TABLE 8: Illicit drug users are less likely to have as many sex partners as non-drug users**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>83</td>
<td>30</td>
</tr>
<tr>
<td>Not sure</td>
<td>66</td>
<td>23</td>
</tr>
<tr>
<td>Disagree</td>
<td>130</td>
<td>47</td>
</tr>
<tr>
<td>Total</td>
<td>279</td>
<td>100</td>
</tr>
</tbody>
</table>

4.3.4 Sex with casual partners

The results indicated that the majority of students (63%) were either uncertain or believed that non drug-users compared to illicit drug-users were not less likely to have sex with casual partners. Whereas, 38% of students believed that non drug-users were less likely to engage in casual sex. The perceptions of males and females show consistent beliefs and no significant differences were found ($\chi^2 = 0.2939, p< 0.5$).
TABLE 9: People who do not use illicit drugs are less likely than illicit drug users to have sex with a casual partner(s)

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>105</td>
<td>38</td>
</tr>
<tr>
<td>Not sure</td>
<td>91</td>
<td>32</td>
</tr>
<tr>
<td>Disagree</td>
<td>83</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>279</td>
<td>100</td>
</tr>
</tbody>
</table>

4.3.5 Transactional sex

The results indicated that 39% of students felt that illicit drug users were unlikely to pay for sex, whereas 34% of participants were uncertain and only 27% of students believe that illicit drug-users are less likely to pay for sex. However, it was found that most of the students (67%) believed that illicit drug-users were more likely to accept money for sex. Eighteen percent of students were unsure and only 15% of students felt that illicit drug-users were more likely to accept money for sex.

Males and females were in agreement with regard to their beliefs about the likelihood for paying for sex ($\chi^2 = 0.016, p< 0.4$), as well as the perceptions of whether illicit drug-users would accept money for sex ($\chi^2 = 0.807, p< 0.8$). There was no significant difference between the two groups.
TABLE 10: Illicit drug users are more likely than non-drug users to accept money for sex

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agree</td>
<td>187</td>
<td>67</td>
</tr>
<tr>
<td>Not sure</td>
<td>51</td>
<td>18</td>
</tr>
<tr>
<td>Disagree</td>
<td>41</td>
<td>15</td>
</tr>
<tr>
<td>Total</td>
<td>279</td>
<td>100</td>
</tr>
</tbody>
</table>
CHAPTER 5

DISCUSSION

5.1 INTRODUCTION

This chapter discusses first year Psychology students perceptions of illicit drug use and risky sexual behaviour and will provide discussions for the reasons these perceptions exists’. Furthermore, the chapter will highlight the limitations of this study, as well as the implications for future interventions.

The literature indicates the difficulty to determine whether drug-use causes risky sexual behaviour or vice versa (Leigh & Stall, 1993). However, findings has shown that a strong positive connection between illicit drug use and risky sexual behaviour is present (Graves & Leigh, 1995; Needle et al., 2006; Parry et al., 2007; Pettifor et al., 2004; Plant & Plant, 1992; Stall & Leigh, 1994; Turner, et al., 1998). The nature of the relationship between risky sexual behaviour and drug use is complex and dynamic (Leigh & Stall, 1993). In an attempt to develop prevention strategies and interventions to reduce HIV risk, it is evident that when working with young adults one cannot simply focus on sexual health exclusively, without taking into consideration the impact of multiple factors, including drug-use.

The findings were explored in terms of the indicators of risky sexual behaviour. The main hypothesis of the study was that most students would perceive illicit drug-users as more likely to engage in risky sexual behaviour than non-illicit drug-users. The findings however indicated that
only 45% of students believed that there is a difference between illicit drug users and non-users with regard to the likelihood of engaging in unprotected sex. A possible explanation for these results could be tied to the findings of Topp et al. (1999). In this study no clear link was found between: the use of illicit substances and engaging in risky sexual behaviour. Instead it explained inconsistent or non-condom use as related to the personal preferences of the individual and that a person was either a condom user or not (Topp et al., 1999). This finding is concerning and could have significant implications for interventions designed for the reduction of risk-taking behaviours, as well as the risk for HIV/AIDS. The current study also found no significant differences between males and females with regards to their risk perceptions.

As was hypothesised, the findings of the current study revealed that 64% of students did not believe that illicit drug users would more likely use condoms consistently when compared to non-users. However, the findings also showed that only 45% of students believed that there was a difference between illicit drug users correctly using condoms when compared to non-users. The perceptions in the current study are different from what was reported in the literature. The literature claimed that most young people believed that if they were using illicit drugs before, during or after sex, most would not be able to confidently say that they could use a condom effectively (Peltzer et al., 2009; Pettifor et al., 2004). This inconsistency could be explained by the study of Akande (2001), which highlights that some young people are lacking vital information and behavioural skills, such as how to use a condom correctly. Therefore, young people could perceive not using condoms correctly, as a problem most sexually active young people are faced with, and not necessarily due to the use of illicit substances. However, one must consider that if an adolescent had accurate information, as well as had the skills to use a condom
correctly, if intoxicated the probability of correctly using condoms is compromised and their risk for engaging in risky sex increases (Peltzer et al., 2009; Pettifor et al., 2004).

As was hypothesised the majority of students believed that illicit drug users are less likely to use condoms during sex. An explanation for why students have this perception could be because illicit substances are known to inhibit sound decision making, influence judgment which increases the possibility of engaging in risk-taking behaviours (Graves & Leigh, 1995; Morojele, Brook & Kachieng, 2006; Needle et al., 2006). The hypothesis stated that most students perceived illicit drug users as more likely to engage in sex with multiple partners, than non-drug users. However, only 46% of students believed that illicit drug users were not less likely to have as many sex partners when compared to non-users.

It was found that 37% of students believed that non-drug users were less likely to engage in casual sex. These perceptions are in contrast to the findings of the literature, where it was found that non-drug users were less likely to engage in casual sex (Graves & Leigh, 1995; Morojele, Brook & Kachieng, 2006; Needle et al., 2006). Therefore with regard to casual sex, the hypothesis is rejected. As hypothesised the majority of students (67%) believe that illicit drug users were more likely to accept money for sex. Many drug users were found to engage in behaviours that would resort in them acquiring money to support their drug habit, such as stealing, having sex for money, selling personal items, fraud or criminal activities (Parry et al., 2007).

HIV/AIDS, although a manageable syndrome; it is at present incurable with prevalence rates increasing among young people. Prevention is our best and most effective means of achieving zero new infections. An important consideration for prevention and interventions is that it is
developmentally appropriate for young adults (D’Amico, Ellickson, Wagner, Turrisi, Fromme, Ghosh-Dastidar, Longshore, McCaffrey, Montgomery, Schonlau, & Wright, 2005). Education programs have been an important component thereof, particularly in life orientation taught at schools (Baldwin & Baldwin, 1988). Despite the widespread education programs presented at local schools and institutions, Akande (2001) reports how many young people still lack basic information about HIV/ AIDS and often struggle to differentiate myths and beliefs from facts. Information is the first line of intervention that is necessary to reduce risk-taking behaviours (Barzargan et al., 2010; Hawa et al., 1998). Since the young adults in this study attend UWC and have access to the library and online sources of information, it is therefore assumed that if misconceptions in perceptions exists’ that it was not due to a lack of access to information. It is then important to understand the discrepancy found between the literature and students perceptions. Forty-six percent of students do not believe that the use of illicit drugs has an impact on a person’s sexual behaviour and 33% of students were uncertain whether the connection between illicit drug use and sexual behaviour even existed. Firstly, the literature emphasises that information solely, is not sufficient for behaviour change (Barzargan et al., 2010). It is also important to understand that information solely does not necessarily warrant understanding and it should not be assumed that young people have the capacity to understand it, apply it, or find it personally relevant. Therefore despite young people having the concrete facts, there is a more complicated process affecting their perceptions. According to Baldwin and Baldwin (1988) an important component of HIV/AIDS education is assessing your risk for HIV. However, it was found that some people engaged in risky-taking behaviour knowing that they are at risk and being concerned about it, but that this was not enough to stop them from doing risky behaviour. Therefore it was found that assessing your risk has little effect on your behaviours. The
prevention and interventions of risk-taking behaviours should aim to increase motivation and help young people integrate information in a way that it is personally relatable (Barzargan et al., 2010). Baldwin and Baldwin (1988) expand on their hypothesis and express that a possible explanation for engaging in risk-taking behaviour despite an awareness of the consequences, is the idea that some people have more risk-taking personality traits and naturally, will need a different form of AIDS education which focuses on that (Baldwin & Baldwin, 1988). Other possible explanations for risk-taking behaviours include:

“a number of explanations- causal, correlational, cultural, and coincidental. These various explanations emphasize very different factors, from pharmacological disinhibition, to cognitive decrements, risk-taking or sensation-seeking personality tendencies, "problem behavior syndrome", to expectations about the effects of alcohol, the use of intoxication as an excuse for unacceptable behavior, or the role of situation-specific rituals. A general predisposition to risk-taking, for example, may influence both substance use and risky sex, not only on a gross frequency level, but within specific events: Risk-takers may be more likely to use alcohol or drugs on any given occasion and more likely to engage in unprotected intercourse on any given occasion” (Leigh and Stall, 1993, p. 8).

An important consideration which should be incorporated in HIV/ AIDS programs is the fact that any intervention cannot solely focus on information, but these education programs need to emphasise the importance “healthy habits, social responsibility, caution” (Leigh & Stall, 1993, p. 2). The literature reflects that in order to promote positive behaviour change, as well as decrease HIV infection rates, it is crucial that a more holistic approach be incorporated that emphasises the positive association between drug use and HIV infection in such a way that young adults can understand it.
It is clear from the literature that using drugs, particularly before, during and after sex has its advantages (Buffum & Moser, 1986; Parry et al., 2007; Topp, Hando, & Dillon, 1999). However it is important to establish the underlying reasons for drug-use (D’Amico et al., 2005). One example of why an individual might use drugs is that it serves a function in that it allows the individual to engage in risk-taking behaviour and rationalising their “lapse in sexual judgement to substance use” (Leigh & Stall, 1993). Individuals therefore never have to take self-responsibility or have to face up to the reality of their decisions, since they were not in their own state of mind to begin with (Leigh & Stall, 1993).

Leigh and Stall (1993) controversially draw the conclusion that sexual risk taking behaviours and substance use behaviours are incredibly complicated and that “the nature of the relationship between them is not simple” (p.10). Despite this, the authors emphasise that “the abuse of alcohol or drugs might be seen as a marker for high-risk sexual activity, even in the absence of any causal relationship of substance use to high-risk sex” (p. 9). However, their article gives vital contribution for the prevention and intervention of HIV risk which can be applied to any study relative to any theory. They emphasise that the focus of prevention and intervention depends on where individuals place “the locus of the problem, whether on the individual, on the drug, or on the environment in which both exist”, and that this “implies the acceptance of different kinds of actions taken to solve it” (Leigh & Stall, 1993, p. 10).
5.3 LIMITATIONS OF THE STUDY

Participants in this study are students registered for an introductory psychology module and accordingly, the findings of the study may not be considered to be representative of all UWC students perceptions of illicit drug use and risky sexual behaviour. The findings therefore may not be generalisable to the broader student population. A second limitation is that self-report surveys are not always considered to be reliable in terms of participant’s true perceptions as there is a tendency to give socially desirable responses. There was not an equal distribution of male and female participants. The sample was made up of 27% males and 73% females, this unequal distribution could have had an impact on why no difference in risk perception was found in the current study. Most of the literature indicates a positive relationship between drug use and risky sexual behaviours; however there is no clarity at what level this exists. Most studies also “permit a causal interpretation of the findings” (Leigh & Stall, 1993, p. 5). Leigh and Stall emphasise that much considerations with regards to “approaches to measurement, population and sampling issues of the literature written on this topic, as well as the possibility of time-bound phenomena, each of which might affect the probability that a study will detect a relationship between intoxication and high-risk sex” (Leigh & Stall, 1993, p. 5).
5.4 CONCLUSIONS

The literature has shown that a strong positive connection between illicit drug use and risky sexual behaviour is present. When working with young adults the impact of multiple factors, including drug-use as well as their perceptions, needs to be taken into consideration. Prevention is our best and most effective means of decreasing risk-taking behaviours associated with HIV. Information is the first line of intervention that is necessary to reduce risk-taking behaviours; however it is not sufficient for behaviour change. The prevention and interventions of risk-taking behaviours should aim to increase motivation and help young people integrate information in a way that it is personally relatable. This study highlights the importance of emphasising the positive association between drug use and risky sexual behaviour in HIV prevention strategies, and presents it in such a way that young adults can understand it. This is vital to address the inconsistencies between perceptions of risk and the realities of risk-taking behaviour. Hence, attempting to promote positive behaviour change as well as decrease risk-taking behaviour, it is crucial that a more holistic approach be incorporated.
REFERENCES


Kalichman, S., Stein, J.R., Malow, R., Averthart, C., De Vieux, J., Jennings, T., Prado, G., & Feaster, D.J. (2002). Predicting protecting sexual behaviour using the informational-


APPENDIX A

LETTER INVITING YOU TO PARTICIPATE IN A STUDY BEING CONDUCTED AT THE UNIVERSITY OF THE WESTERN CAPE AROUND THE PERCEPTIONS OF DRUG-USE AND SEXUAL BEHAVIOUR.

**Researcher:** Sonia Fick – Psychology Masters Programme

**Department:** Psychology

Dear Student,

I am currently doing my clinical psychology masters degree at UWC and am conducting research around the perceptions of drug-use and sexual behaviour. I am seeking to get an understanding of what students like you think about drug use. Your participation in this study is important for my understanding of beliefs about drugs. Participation in this study is voluntary and involves the completion of one questionnaire which asks you about your perceptions about drugs and should take you 20 minutes to complete. You will not be required to put your name on the questionnaire, thus your anonymity will be ensured. You can withdraw from the study at any point, should you wish to do so, without any consequences. You will also have access to the findings once the study is complete.

Your assistance with this research will be greatly appreciated,

Regards,

Sonia Fick

UWC Department of Psychology

(021)959-2283
APPENDIX B: INFORMED CONSENT FORM

PROJECT TITLE: PERCEPTIONS OF ILLICIT DRUG USE AND RISKY SEXUAL BEHAVIOUR AMONG FIRST YEAR STUDENTS AT UWC.

I have been informed by the investigator about the nature, conduct, benefits and risks of the study in a language that I understand. I have reviewed and understood the accompanying Participant Information Sheet regarding the research project.

I am aware that personal details regarding my identity will remain anonymous and will remain so as part of the researcher’s mini-thesis report. The results will not in any way reveal my identity and shall be treated with confidentiality. I may, at any stage, without prejudice, withdraw my consent and participation in this research study.

I have had sufficient opportunity to ask questions and I (of my own free will) volunteer to participate in the research study.

Participant’s signature: ________________________________

Date: ________________________________
APPENDIX C

DO NOT write your name on this questionnaire as we wish to retain your anonymity. Please note that participation is voluntary.

FILL IN THE NUMBER WHICH APPLIES TO YOU, IN THE BOX BESIDE THE QUESTION

Section I: Biographical information

1. Your Sex: 1: Male 2: Female

2. Your Race:
   1: Black 2: White 3: Coloured 4: Indian 5: Other……………..

3. What is your age (in years)?

Section II

In this section, we would like to understand what you think about illicit drugs (i.e. illegal drugs such as tik, marijuana (dagga), mandrax, ecstasy, cocaine, etc.) in relation to sexual behaviour.

Please fill in the appropriate number in the box next to the question. Please read each question carefully. See the key below:


1. Illicit drug users are less likely to use condoms than non-drug users.

2. There is no difference between illicit drug users and non-drug users with regard to the likelihood of engaging in unprotected sex.
3. Illicit drug users are more likely than non-drug users to use condoms consistently.

4. There is no difference between illicit drug users and non-drug users with regard to correctly using condoms.

5. Illicit drug users are more likely than non-drug users to accept money for sex.

6. Illicit drug users are less likely to have as many sex partners as non-drug users.

7. Illicit drug users are more likely than non-drug users to have sex at an earlier age.

8. Illicit drug users are less likely than non-drug users to pay for sex.

9. Illicit drug use has no bearing on a person’s sexual behaviour.

10. People who do not use illicit drugs are less likely than illicit drug users to have sex with a casual partner(s).