

**PERCEPTIONS OF RISK FOR HIV AMONGST SOUTH AFRICAN UNIVERSITY
STUDENTS: THE IMPACT OF THE MTV FILM “SHUGA”**

BY

HALIMA LILA



**MINI-THESIS SUBMITTED TO THE INSTITUTE FOR SOCIAL DEVELOPMENT,
FACULTY OF ARTS AT THE UNIVERSITY OF THE WESTERN CAPE, IN PARTIAL
FULFILMENT OF THE REQUIREMENT FOR THE MASTER OF ARTS (MA) DEGREE
IN DEVELOPMENT STUDIES**

SUPERVISOR: DR. JAMES LEES

NOVEMBER 2012

ABSTRACT

The Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) epidemic continue to endanger the lives of many people in the world, particularly in developing countries like South Africa (UNAIDS, 2010). South Africa has the largest percentage of people living with HIV & AIDS in the world, with AIDS continuing to be the leading cause of death (UNAIDS, 2010). Yet, as Svenson *et al.*, (1997), Cain, (2005), Shisana *et al.*, (2009) and Kalichman *et al.*, (2005) argue, in spite of the HIV epidemic, risky sexual behaviour has increased among young people. Problematically, youth in university environments are reported to be uninterested in hearing about HIV, claiming to be tired and bored with the subject (HEAIDS, 2010). They think they have sufficient knowledge on HIV transmission and prevention. Regardless of this claim, a high rate of new infections of HIV among youth continues (The South African Department of Basic Education Report, 2010). The main purpose of this study was to assess UWC students' knowledge about HIV and their attitudes towards it, while investigating the impact of the MTV-produced Shuga film on the students' self-perception of risk and their attitudes toward HIV. The study assesses the value of a follow-up conversation on the film after it is viewed by students.

In order to identify respondents' perceptions, the study used a qualitative approach using in-depth interviews and focus group discussions as main instruments and a quantitative approach using questionnaires as a main instrument. The study used a gender-balanced convenience sample of 40 undergraduate and post-graduate students selected from University of Western Cape campus. These respondents were later divided into four focus group discussions guided by semi-structured interviews. The study findings established that although students' knowledge levels were very high for modes of transmission and prevention of HIV, they still had a poor perception of their own risk – a factor noted as a key need in HIV prevention by Douglas Kirby (2011).

This study found that, prior to watching the MTV Shuga film, the level of students' awareness of HIV issues as related to their own risk and health was at best inconsistent. While some held accurate knowledge of HIV and understood their own vulnerability, others saw it as someone else's problem and had yet to personalise the disease in a manner that would increase their own awareness of risk. After viewing the MTV Shuga film, study data indicated a reasonable level of positive change in attitudes and risk perception among the 40 students. However, the data clearly indicated that the follow-up discussion sessions provoked more change in the students' attitudes and perceptions of risk than the film on its own. The study therefore suggests the importance of discussion sessions that follow up on edutainment media pieces attempting to promote positive

behavioural change vis-à-vis HIV. While the study did not focus in depth on why the follow-up discussion sessions had a higher impact than film-viewing alone, the discussion sessions allowed students to personalise the content of the Shuga film, sharing with each other how they identified with various characters, situations and behaviours. Shuga became ‘real’ through the personal discussions between students, and the film’s intent to prompt positive change was further supported.



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KEY WORDS

AIDS

Attitudes Change

Beliefs

Behaviour

Denial

Discrimination

Edutainment

Health

HIV

Knowledge

Prevalence

Risk Perception

Self-perception

Stigma

Youth



DECLARATION

I, **Halima Lila**, declare that the work: “Perceptions of risk for HIV amongst South African University students: The impact of the MTV film Shuga” is my own work, that it has not been submitted for any degree or examination in any other university, and that all the sources I have used or quoted have been indicated and acknowledged by complete references.

Halima Lila

-----November, 2012

Signed-----



ACKNOWLEDGEMENT

It is been an exciting road in finally reaching this goal. The writing of this thesis has brought with it an immense lesson. In addition to the academic knowledge that I have acquired I have glimpsed human nature at its worst and at its best. Despite the difficulties encounters, this experience has enriched my life immensely and anchored my belief in my creator. The completion of this due to those individuals, who have assisted, inspired and believed in me. I wish to extend my sincere appreciation to the following individuals who I have been blessed to have in my life.

First and foremost, I would like to thank and praise the Almighty GOD who is my provider and the cornerstone of all the success in my life.

I wish to express my gratitude to Dr. James Lees for the supervision of this thesis. His advice and guidance have been valuable to the completion of this work. Without his advice, support, critics, motivation, encouragement and believing in me, I would have not been able to achieve this study. May he accept my heartiest, most earnest, deepest and humblest appreciation.

Special acknowledgements are addressed to Godefroid Katalayi who assisted me in the development of the proposal of this study. His advice laid the foundation to this thesis.

This study would have not been possible without the sacrifice and support of my friends and family. Special acknowledgments are addressed to my Aunt Aisha Adam Udindo for her love, advice, encouragement and support. She believed in me from the beginning that I can achieve anything I want if I work hard no matter what circumstances I may face.

I am highly indebted to my mom, Anna Newton Mwakibinga; my Dad, Hamadi Lila Mwinyikondo; my brother, Abdul Hamadi Lila, Alex Mwakibinga, Matwenya Hamadi Lila, Mohamedi Bwamkuu and my sister Rehema Bwamkuu you all have always been supportive, caring, loving and understanding. You have endured not only the separation, but also the social and economic hardship throughout the course of studies. Without their constant moral, financial and spiritual, and continuous inspiration, it would not have been possible to complete this thesis.

To my friends; Elmansia Lukwaro, Tunu Mwinjihija, Neema Abdallah , Lillian Kazula and Emmy killo, thank you all for being there for me. I Thank GOD to have you both in my life, I do not know what I was going to do without your support, motivation, encouragement and believe you have towards me.

I also thank Priscilla Kippie, Letitia Lekay, Barbro Engdahl, and Nathalie Seymour for the constant support, love, motivation and encouragement. You are like my family when I am here in South Africa (my second home).

I also need to thank Nelisiwe Maleka and her husband, Peane for their assistance and guidance with statistical analysis and for their readiness to assist.

I am sincerely grateful to all those who, in one way or another, contributed to the completion of this work. I would like to mention particularly Felix Lombe, Fred Bidandi, Adedapo Wasiu Awatidebe, Phillip Kapulula and Kelvin Manbwe for their true friendship, assistance to force me to finish my thesis; encouragement, moral support and motivation towards this difficult journey.

This work would not have been possible without financial support from the Andrew W. Mellon Foundation and South African National Zakah Fund (SANZAF).

Sincere appreciation goes to UWC and fellow students for their positive criticism and support through this journey.



LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
DOE	Department of Education
E-E	Entertainment-Education
HBM	Health Belief Model
HEAIDS	Higher Education HIV and AIDS Programme
HIV	Human immunodeficiency Virus
NGOs	Non-Governmental Organisation
RSB	Risky Sexual Behaviours
SPB	Social Psychological Behavioural Theory
SPSS	Statistical Package for Social Science
STD	Sexually Transmitted Diseases
STI	Sexually Transmitted Infections
StatsSA	Statistics South Africa
TL	Transformative Learning
UNAIDS	Joint United Nations programme on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
UWC	University of the Western Cape
WHO	World Health Organization

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CHAPTER ONE: INTRODUCTION AND BACKGROUND

The prevention of HIV & AIDS is still a problem in Africa and the world as a whole. The Media and stakeholders (government, institutions of higher learning and NGOs) have both been working towards the prevention of HIV & AIDS but despite their tireless efforts, HIV is still spreading. This is especially the case among the youth, particularly university students. The Media is playing a big role in educating, informing and communicating to people on HIV & AIDS in order to reduce and prevent its spread among people. This study will show how the film “Shuga” can educate, reduce and prevent the spread of HIV among the students of the University of the Western Cape. The impact this film has on the UWC students appears to be far much greater than expected in terms of the values it is promoting on them.

1.1 CHAPTER OVERVIEW

In this chapter, the researcher provides a general background to the present study by surveying the state of HIV & AIDS in Sub-Saharan Africa in general and in South African universities in particular. This chapter also provides an overview of the background to the research and case study area, motivation of the study, statement of the research problem and research question. Presented thereafter are aims of the study, objectives of the study, significance of the study and basic concepts and definitions within the study. The chapter ends with a brief outline of the different chapters that make up the whole thesis and chapter summary.

1.2 BACKGROUND TO THE STUDY

The Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) epidemic continues to endanger the lives of many people in the world, particularly in developing countries like South Africa (UNAIDS, 2010; The South Africa Department of Basic Education Report 2010; HEAIDS, 2010). The pervasiveness of the epidemic in South Africa is often attributed to a lack of awareness and little or no knowledge about the epidemic among the youth between the ages of 15 to 24 (UNAIDS, 2010; Shisana *et al.*, 2009). According to Adekeye and Adeusi (2011); HEAIDS (2010), many young people have been infected and continue to be infected with HIV as a result of a lack of exposure to information and because of the developmental stage of adolescence. Different reports (Vandemoortele and Delamonica, 2002; The South African Department of Basic Education Report, 2010; HEAIDS, 2010), state that effective education is the best tool that can provide information to the general public, including youth, about the prevalence and dangers of HIV & AIDS.

It is worth mentioning at this junction that HIV education campaigns have typically been carried out in the following different forms: radio, print media, television, pamphlets, word of mouth, drama, film, plays, movies and soapies. It is generally agreed that if these tools are effectively used, they can contribute to the reduction of the spread of the epidemic. According to The Kaiser Family Foundation and the South African Broadcasting Corporation (2007), the media continue to play an essential role in reducing the spread and impact of HIV in society. Many media organizations have for some years been rising to the challenge of the epidemic by promoting useful knowledge and awareness about HIV, as well as educating listeners and viewers on the effects of the epidemic and how to prevent it (UNAIDS, 2004; Kaiser Family Foundation and South African Broadcasting Corporation, 2007). The MTV film *Shuga*, for example, shows how the entertainment industry encourages and challenges young people to give a second thought to their beliefs and actions related to HIV, and to reconsider what might be typified as their passive approach regards different matters related to HIV & AIDS.

Recent studies indicate that the manner in which HIV education has been approached has at times resulted in many young people having little interest in listening to, knowing, discussing and even reading about the prevalence and dynamics of the epidemic and risk (Demmer, 2010; Bankole *et al.*, 2007; HEAIDS, 2010 and UNAIDS, 2010). These reports indicate that such attitudes are common among university students who complain of being tired and bored of HIV & AIDS messages. Further, the students claim they have enough information, knowledge and education about the virus and disease (HEAIDS, 2010). Yet, the epidemic has never spared university students (Adekeye and Adeusi, 2011; HEAIDS, 2010; Kalichman *et al.*, 2005; Svenson *et al.*, 1997). It stands to reason for this study, therefore, that we have to question whether the information that these youngsters claim to possess on matters relating to HIV & AIDS is sufficient and accurate enough for them to adopt responsible sexual behaviours.

Drawing from the work of the HIV and AIDS and STI strategic plan Report for South Africa, (2007-2011), UNAIDS (2010) and UNAIDS (2006a), new HIV infections among youth between the age group of 15 to 24 years indicate a deficit in both knowledge levels and ability to apply existing knowledge to behavioural change. Taken as a whole, the aforementioned studies acknowledge that there is a great need to rethink the sensitization, awareness and prevention campaigns that have been adopted thus far, and to create new approaches to HIV & AIDS education among youth. In this regard, it is important for this study to understand the knowledge levels and attitudes toward HIV and perceptions of their own risk among the University of the

Western Cape (UWC) students. Thus, this mini- thesis is an opportunity for the researcher to assess the UWC students' knowledge, attitudes and perceptions of risk by investigating the impact of the MTV-produced "Shuga" film on the students' self-perception of risk and their attitudes toward HIV.

1.3 CONTEXTUAL OVERVIEW

1.3.1 Sub-Saharan Africa

In this section, the researcher wishes to outline the situation of HIV & AIDS in sub-Saharan Africa before she presents the situation of HIV & AIDS in South Africa in general and at the University of the Western Cape, in particular. But first the section will sketch the nature of HIV globally. From the outset, it is worth mentioning that the Human Immunodeficiency Virus (HIV) & Acquired Immune Deficiency Syndrome (AIDS) epidemic remains one of the most serious challenges to global public health, development and progress in the world (Hogue and Ghuman, 2011).

At the end of 2010, an estimated 34 million people (31.6 million to 35.2 million) were living with HIV worldwide, up 17 per cent from 2001 (UNAIDS, 2011; WHO *et al.*, 2011). This reflects the continued large number of new HIV infections even when people know that it is risk to have unprotected sex (WHO *et al.*, 2011). The proportion of women living with HIV has remained stable at 50 per cent globally, although women are more affected in Sub-Saharan Africa (59 per cent of all people living with HIV) and the Caribbean (53 per cent) (UNAIDS, 2011; WHO *et al.*, 2011; Hogue and Ghuman, 2011). There were 2.7 million (2.4 million to 2.9 million) new HIV infections in 2010, including an estimated 390 000 (340 000 to 450 000) among children (UNAIDS, 2011). This was 15 per cent less than in 2001, and 21 per cent below the number of new infections at the peak of the epidemic in 1997 (UNAIDS, 2011). While the overall number of people becoming newly infected with HIV is continuing to fall globally, it does so more rapidly in some countries than in others (UNAIDS, 2011 and WHO *et al.*, 2011).

Different reports indicate that Sub-Saharan Africa remains the region most heavily affected by HIV (UNAIDS, 2011; Hogue and Ghuman, 2011; WHO *et al.*, 2011). Reports for 2010 indicate that about 68 per cent of all people living with HIV resided in Sub-Saharan Africa, a region with only 12 per cent of the global population (UNAIDS, 2011; Hogue and Ghuman, 2011; WHO *et al.*, 2011). The same sources identify that Sub-Saharan Africa also accounted for 70 per cent of new HIV infections in 2010, although there was a notable decline in the regional rate of new infections.

Of particular importance is the fact that the epidemic continues to be most severe in southern Africa, with South Africa having more people living with HIV (an estimated 5.6 million) than any other country in the world (UNAIDS, 2011; Hogue and Ghuman, 2011). Reports have also indicated that almost half of the deaths from AIDS-related illnesses in 2010 occurred in Southern Africa (UNAIDS, 2011; WHO *et al.*, 2011).

As a consequence, AIDS has claimed at least one million lives annually in Sub-Saharan Africa since 1998 (UNAIDS, 2011; Hogue and Ghuman, 2011). With the expanded availability of ARV medications, however, AIDS-related deaths have steadily decreased (UNAIDS, 2011; WHO *et al.*, 2011). In the context of South Africa, the annual HIV incidence, though still high, dropped by a third between 2001 and 2009, from 2.4 per cent (2.1 per cent–2.6 per cent) to 1.5 per cent (1.3 per cent–1.8 per cent) (WHO *et al.*, 2011; UNAIDS, 2011). It is worth mentioning that Sub-Saharan Africa still contains almost two thirds of all young people living with HIV & AIDS (6.2 million), with 76 per cent of them being female (WHO *et al.*, 2011; UNAIDS 2011; Shisana *et al.*, 2008; Hogue and Ghuman, 2011).

1.3.2 South Africa

South Africa is one of the countries that is most severely affected by the HIV epidemic, with the largest number of HIV infections in the world (UNAIDS, 2010). UNAIDS estimated that in 2009, the total number of persons living with HIV in South Africa was 5.7 million (UNAIDS, 2010). South Africa's generalized HIV epidemic is defined as being hyper-endemic due to the high prevalence rate of HIV and the modes and drivers of HIV transmission (UNAIDS, 2010; Demmer, 2010; UNAIDS, 2009; Shisana *et al.*, 2009). As the case in many other Sub-Saharan African countries, South Africa's HIV prevalence rate remains disproportionately high for females compared to males (UNAIDS, 2010). According to UNAIDS (2010), in South Africa the overall prevalence of HIV is highest among women between 25 to 29 years of age, and that one in every three women is HIV positive.

It is worth mentioning that HIV & AIDS is one of the major challenges facing South Africa today (HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011; UNAIDS, 2010; HEAIDS, 2010). Since the first incidence was recorded over two decades ago, the epidemiological situation is still characterized by a very large number of people living with HIV & AIDS (HIV & AIDS and STI Strategic Plan for South Africa, 2007-2011; Statistics South Africa report, 2010). In 2011, Statistics South Africa (2011) estimated the mid-year population of South Africa as 50.59 million and the total number of people living with HIV as increased from an estimated 5.24 million in 2010

to 5.38 million by 2011. For adults aged 15-49 years, an estimated 16.6 per cent of the population is HIV positive (2011: 2-8). The same source indicates a total number of new HIV infections for 2011 estimated at 316 900, of these an estimated 63 600 of new HIV infections will be among children aged 0-14 years (2011: 2-8).

The South African government has implemented a number of policy frameworks in response to HIV & AIDS. For example, the Government has implemented an HIV & AIDS and STI Strategic Plan for South Africa (2000-2005) emphasising on the reduction of the number of new HIV infections and the impact on individuals, families and communities (Galloway, 2005). The policies endorsed in the strategic plan include the promotion of general HIV prevention methods (including an emphasis on vaccine research) and the palliative care of infected individuals (Galloway, 2005). In line with these efforts, the government commenced a national roll-out of antiretroviral drugs in 2004 (Galloway, 2005). The result of this plan was that people were and are still encouraged to have voluntary HIV counselling and testing so that they can know their HIV status in order to protect themselves and protect others.

According to the HIV & AIDS and STIs and TB Strategic Plan for South Africa (2007-2011) of April 2010, South Africa launched a national HIV Counselling and Testing (HCT) campaign with the goal of promoting HIV counselling and testing and urging all South Africans to know their HIV status. The strategic plan targeted the testing of 15 million people by June 2011. This was the largest testing campaign ever undertaken in the country. By June 2011, an estimated 14.8 million counselling sessions, and 13 million tests for HIV were conducted (All Africa News, 2009). Further, President Jacob Zuma, in addressing the main 2009 World AIDS Day event in Pretoria, stated that the government was “committed and serious”, calling on the nation to stop the spread of HIV and reduce the rate of new infections (All Africa News, 2009).

It is important to mention that the University of the Western Cape has given great importance to HIV since the current Vice Chancellor and Rector, Professor Brian O’Connell, assumed his position within the university in 2001. According to the UWC AIDS Policy document, the university recognises that the disease has a significant impact on the University community and is therefore committed to the following:

1. To create a caring, supportive and non-discriminatory environment for members of the University community infected or affected by HIV and AIDS;
2. To treat HIV and AIDS in all respects like other life-threatening conditions; and,

3. To create an environment conducive to people with HIV and AIDS revealing their status and seeking appropriate support and counselling.

According to a report by Shefer (2009) conducted at University of the Western Cape, students, despite the effort from the University HIV & AIDS programme, continue to practice unsafe sex. The report also identified that, “although students seem to be aware of the existence of HIV & AIDS [yet] there is much evidence that they do not regard themselves personally as being seriously at risk of HIV” (2009: 2-3). The report continues to show that “a wide range of research on (hetero) sexuality in South Africa has shown how in spite of risks of HIV & AIDS and relative knowledge about protective mechanisms, many young people continue to practice unsafe sex” (2009: 2-3).

1.4 MOTIVATION OF THE STUDY

Youth and university students are at risk for HIV throughout Sub-Saharan Africa. However, while most university students claim that they know enough about the virus, they remain at risk of getting the virus because of unsafe sexual practices.

The researcher is motivated by the Shefer study quoted above. This study attempts to show how students who believe they have necessary knowledge on HIV & AIDS are still vulnerable and fail to use their knowledge to avoid risky sexual behaviours primarily because they misjudge their own position of risk. The study moves forward with the work of Douglas Kirby who states that, “even though knowledge may provide a foundation, greater knowledge may not necessarily assure responsible behaviour” (2011:33), as it learns more about how UWC students construct their own perceptions of self-risk for HIV and how these perceptions can change with the use of edutainment.

1.5 STATEMENT OF THE RESEARCH PROBLEM

A recent research report by Demmer (2010) has demonstrated that South Africa continues to have the fastest growing HIV epidemic of any country in the world and that AIDS continues to be the leading cause of death in South Africa. Simbayi (2005), Svenson *et al.*, (1997), Shisana *et al.*, (2009) and Kalichman *et al.*, (2005) argue that in spite of the HIV epidemic, risky sexual behaviour has increased among the youth and the university students. Yet, youth and university students in university environments seem to be no longer interested to hear about HIV & AIDS as they claim to be tired and bored about HIV & AIDS education (HEAIDS, 2010). They think that they have sufficient knowledge on HIV transmission and protection, yet there is an unacceptable rate of new infections among them (The South Africa Department of Basic Education Report, 2010). Shefer’s

2009 report clearly identifies that despite the University HIV & AIDS awareness programmes on Campus, students are still practicing unsafe sex.

1.6 RESEARCH QUESTION

This research revolves around the notion of perceptions and how university students perceive their personal risks to HIV. The study's main question is: Can viewing MTV's Shuga film on its own and with a follow-up discussion change the self-perception of personal risk for HIV among UWC students, concomitantly changing their behavioural intent? To answer this question, the following specific questions have been asked:

1. What are the UWC students' perceptions of risk for HIV?
2. Does viewing Shuga on its own change self-perception of personal risk?
3. Do follow-up group conversations affect self-perception of risk?
4. If Shuga and/or the follow-up conversations change risk perceptions, what are the intended behavioural changes inspired by Shuga?

1.7 AIMS OF THE STUDY

The study aims at assessing UWC student's perceptions of risk for HIV while investigating the impact of the MTV-produced Shuga film and follow-up conversations on students' self-perceptions of risk. Included in the study is an assessment of the intended behavioural changes that students state at the end of the film and discussion sessions. The specific objectives of the study are stated below:

1.8 SPECIFIC OBJECTIVES OF THE STUDY

The objectives of this study are:

1. To assess UWC students' knowledge, and attitudes towards HIV and their perceptions of risk before watching the Shuga film;
2. To assess UWC students' knowledge, attitudes and perceptions of risk for HIV after watching the Shuga film;
3. To assess UWC students' knowledge, attitudes and perceptions of risk for HIV after a one-hour conversation following the Shuga film viewing;
4. To investigate the students intended behavioural changes after the film and conversations.

1.9 SIGNIFICANCE OF THE STUDY

1. This study will help stakeholders (government, higher institutions, and NGOs) to increase the effectiveness of HIV education and awareness programmes involving youth and university students.
2. The study will contribute toward the understanding of the perception of risk for HIV among university students and the relationship between risk perception and behavioural intent.
3. Since the MTV film Shuga involves the lives of youth and university students, the present study explores how we can encourage students to express their own view after watching the film on what motivates their sexual risk-taking behaviours and what can and should be done to reduce the risks.
4. The study contributes to the understanding of media (in this case film) for HIV prevention and the value of follow-up conversations that the study finds personalises the film messages and concomitantly alters both risk perception and behavioural intent.

1.10 BASIC CONCEPTS AND DEFINITIONS WITHIN THE STUDY

The following section clarifies key concepts and definitions that make up the framework of this study. Understanding these concepts and definitions aims to provide the readers with the conceptual framework of this study. These concepts include: AIDS, attitudes change, discrimination, edutainment, HIV, media and HIV, prevalence, risk perceptions and stigma.

- **AIDS**

AIDS stands for Acquired Immune Deficiency Syndrome. AIDS is an epidemiological definition based on clinical signs and symptoms (UNAIDS Terminology Guidelines, 2011). AIDS is the final stage of the disease caused by infection with a type of virus called HIV. HIV destroys the body's ability to fight off infection and disease, which can ultimately lead to death (UNAIDS Terminology Guidelines, 2011:6).

- **Attitudes change**

Attitudes are positive or negative evaluations that people have toward other people, objects, activities, concepts and many other phenomena (Bem, 1972). Attitude change is when people are motivated to reduce dissonance which can be achieved through changing their attitudes, beliefs, or behaviours (action). Fazio and Cooper (1990) have also added that attitude change does not arise from any simple thought inconsistency, but rather results from freely chosen behaviour that may

bring about negative consequences. Therefore attitude change is usually defined as the adoption and maintenance of healthy attitudes.

- **Discrimination**

Discrimination refers to any form of arbitrary distinction, exclusion, or restriction affecting a person, usually but not always by virtue of an inherent personal characteristic or perceived belonging to a particular group (UNAIDS Terminology Guidelines, 2011:27). In the case of AIDS, discrimination is based on a person's confirmed or suspected HIV-positive status-irrespective of whether or not there is any justification for these measures (UNAIDS Terminology Guidelines, 2011:27).

- **Edutainment**

Edutainment refers to the act of learning through a medium that both educates and entertains (UNAIDS, 2004). There also exists content that is primarily educational but has incidental entertainment value. Finally, there is content that is mostly entertaining but can be seen to have some educational value (Singhal & Rogers, 2002). The term edutainment was first coined and used as early as 1948 by The Walt Disney Company (Bruce, 2010:1). In its initial usage it was purported to portray the "True Life Adventures series" (Bruce, 2010:1). Edutainment was later employed by Robert Heyman in 1973 while producing documentaries for the National Geographic Society, and two years later in 1975, it was utilized by Dr. Chris Daniels when referring to the theme of his Millennium Project (Bruce, 2010:1). The concept has gained popularity for efficiently managing to convey essential information to many people in an amusing way.

- **HIV**

HIV stands for Human Immunodeficiency Virus. HIV is the virus that weakens the immune system, ultimately leading to AIDS. Since HIV means human immunodeficiency virus, it is redundant to refer to the 'HIV virus' (UNAIDS Terminology Guidelines, 2011:16).

- **Media and HIV**

Media is defined as the large-scale technological organisation, which uses one or more of these technologies to communicate with large numbers of people (Marshall, 1998). The Media attempts to prevent HIV by increasing knowledge, improving risk perception, changing sexual behaviours, and questioning potentially harmful social norms. Campaigns may utilize radio, television, and

other outlets and ideally operate as part of multi-level efforts, in which mutually reinforcing messages are offered through interpersonal, community, and national channels. Mass media interventions are a critical part of an effective prevention approach (UNAIDS, 2011).

- **Prevalence**

Usually given as a percentage, HIV prevalence quantifies the proportion of individuals in a population who are living with HIV at a specific point in time (UNAIDS Terminology Guidelines, 2011). ‘Prevalence’ is sufficient to provide a snapshot of the magnitude of the problem in an area, for example, “the Caribbean region, with estimated adult HIV prevalence of 2.3 per cent in 2003, is an area to focus on in the future” (UNAIDS Terminology Guidelines, 2011:23). HIV prevalence can also refer to the number of people living with HIV, as in “by December 2009 an estimated 33.4 million people were living with HIV worldwide” (UNAIDS Terminology Guidelines, 2011:23).

- **Risk Perceptions**

Risk perception is the subjective judgment that people make about the characteristics and severity of a risk (UNAIDS Terminology Guidelines, 2011). The phrase is most commonly used in reference to natural hazards and threats to the environment or health, such as nuclear power. Risk perception for example can be judgement of people who are HIV positive or the likelihood that a person may become infected with HIV (UNAIDS Terminology Guidelines, 2011).\

- **Stigma**

‘Stigma’ is derived from the Greek meaning a mark or a stain. Stigma can be described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others (UNAIDS Terminology Guidelines, 2011). Within particular cultures or settings, certain attributes are seized upon and defined by others as discreditable or unworthy. When stigma is acted upon, the result is discrimination that may take the form of actions or omissions (UNAIDS Terminology Guidelines, 2011:27)

1.11 CHAPTER OUTLINE

This study is divided into five main Chapters.

Chapter 1: Introduction and Background

This chapter introduced the study by providing its background and explaining the study by overviewing the concepts of HIV & AIDS in globally, Sub-Saharan Africa and South Africa, in particular. This chapter also outlined the motivation of the study, statement of the research problem and research question. It presented aims of the study, objectives of the study, significance of the study, basic concepts and definitions within the study and chapter outline.

Chapter 2: Theoretical Framework and Literature Review

This chapter presents the theoretical framework that informs the present study. It also provides a review of existing literature on youth and university student's risky sexual behaviour related to HIV and the role and uses of edutainment in HIV prevention and behaviour change.

Chapter 3: Research Methodology

This chapter describes the research design and methods used in the study. It explains the research instruments that are used as well as the motivation for their selection. The methods section includes participants in the study, description of the research design, data collection methods and tool, data analysis, reliability, validity and generalizability of study, ethical considerations and reflexivity.

Chapter 4: Presentation of Research Findings

This chapter presents and analyses the data, provides research findings, and discusses the findings.

Chapter 5: Conclusion and Recommendations

The chapter gives a summary of the study findings and makes recommendations on the study. This summary also relates the findings to previous relevant studies that have been conducted on risky sexual behaviour. It suggests possible measures that should be taken by the policy makers and all stakeholders as well as recommendations for further research on reducing the high risk of sexual behaviour among the youth. In addition, possible further potential research areas are suggested. The chapter also outlines limitations of the study, as well as recommendations for further study.

1.12 CHAPTER SUMMARY

This chapter has introduced the research topic and discussed the motivation for this study. The next chapter will present the theoretical frameworks and literature review which are relevant to the research topic.



CHAPTER TWO: THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1 CHAPTER OVERVIEW

This chapter is presented in two main sections. The first section, entitled “Theoretical Framework”, briefly reviews some of the most common behaviour change theories used to understand HIV & AIDS perceptions, knowledge, attitudes, behaviour and prevention that relevant to this study. The theories inform the present study and help describe various factors that are likely to influence youth ‘Risky Sexual Behaviours’ (RSB). The second section, entitled “Literature Review” presents relevant literature on the factors that influence RSB and HIV among the university students and youths worldwide, with special emphasis on Sub-Saharan Africa.

This study has adopted some of the contents outlined in Douglas Kirby’s book “Reducing Adolescent Sexual Risk; A Theoretical Guide for Developing and Adapting Curriculum-Based Programs”. Kirby’s book is showing the different themes which helped the researcher in the presentation and analysis of the data in chapter four.

2.2 THEORETICAL FRAMEWORK

To better understand how university students perceive their knowledge and attitude towards HIV, the present study employs four theories. These theories are: the Health Belief Model (HBM), Social Psychological Behaviour theory (SPB), Transformative Learning theory (TL) and Entertainment-Education theory (E-E). The health belief model and the social psychological behaviour theory provide the researcher with insights that help to understand people’s attitudes, behaviour and perceptions towards the way they behave and understand reality. These two theories also explain that a person’s behaviour is caused by certain factors that make the person act the way she/he is acting. Transformative learning and the entertainment-education theories are also relevant to this study as they explain the learning process of constructing and appropriating new and revised interpretations of the meaning of an experience in the world in order to guide future action. In addition, these two theories posit that, after gaining a different view on a certain matter, a person may rethink on her/his behaviour on that relating matter and this can lead to a positive behaviour change. The following sections provide substantial details on each of these theories.

2.2.1 The Health Belief Model (HBM)

The first theory that is found to inform the present study is the Health Belief Model (HBM). This model is by far the most commonly used theory in health education and health promotion (Turner *et al.*, 2004). The HBM is a psychological model that attempts to explain and predict health behaviours by focusing on the attitudes, perceptions and beliefs of individuals. This theory was developed in the 1950s as part of an effort by social psychologists in the United States Public Health Service to explain the lack of public participation in health screening and prevention programs (example, a free and conveniently located tuberculosis screening project) (Rosenstock *et al.*, 1994). Since then, the HBM has been adapted to explore a variety of long- and short-term health behaviours, including sexual risk behaviours and the transmission of HIV & AIDS (Rosenstock *et al.*, 1994).

The underlying concept of the original HBM is that health behaviour is determined by personal beliefs, attitudes or perceptions about a disease and the strategies available to decrease its occurrence (Rosenstock *et al.*, 1994). In addition, personal perception is influenced by the whole range of interpersonal factors affecting health behaviour (Turner *et al.*, 2004).

It is important to note at this junction that HBM is viewed as a psychological model (Rosenstock *et al.*, 1994). HBM is based on the premise that a person will take a health related action if she/he feels that a negative health condition such as HIV can be avoided. If there is a positive expectation by taking a recommended action, she/he will avoid a negative health condition by, for example, using condom, as this will be effective in preventing HIV. Therefore, such person will believe that she/he can successfully take a recommended health action such as using condoms comfortably and with confidence (Rosenstock *et al.*, 1994). Readiness to act is posited to be a function of the individual's perception of her/his personal susceptibility to the health threat, the perceived benefit of the recommendation health action and the barriers the individual foreseen in taking action (Rosenstock *et al.*, 1994).

The perceived benefit, which is one of the six key variables of the HBM, deals with one's opinion of the efficacy of the advised action to reduce risk or seriousness of impact or the believed effectiveness of strategies designed to reduce the threat of illness (Turner *et al.*, 2004). Perceived benefits thus may help youth and university students to understand that the recommended action would benefit them (Rosenstock *et al.*, 1994; Turner *et al.*, 2004).

The HBM provides useful insights UWC students and their attitudes and perception of HIV. The model posits that the people cannot make the decision to undertake preventive action aimed at avoiding HIV & AIDS unless they are psychologically ready to act (Turner *et al.*, 2004). Their readiness to act will depend on their individual perceptions of vulnerability to HIV & AIDS, perceived seriousness of HIV & AIDS, and the perceived benefits of recommended preventive action such as condom use (Turner *et al.*, 2004). At this junction, it is worth outlining that the decision for taking action is likely to occur when the perceived threat of HIV is high and the benefit of the proposed preventive action outweighs the negative impact of the barriers.

In regards to this study, the theory supports that it is important to find out the extent to which youth and university students believe that HIV & AIDS is a serious threat to their lives. Bandura (1989) suggests that an individual's perceived ability to successfully carry out a "health" action (self-efficacy), such as using a condom consistently, greatly influences her/ his decision and ability to enact and sustain a changed behaviour.

The Health Belief Model is not without criticism. The most important criticism is that the theory does not incorporate the influence of social norms and peer influences on people's decisions regarding their health behaviours (a point to consider especially when working with youth and university students on HIV & AIDS issues). Also, the theory as a social psychological model, is criticised for not taking into consideration other factors, such as environmental and economic factors, that may influence health behaviours.

The following section outlines the main assumptions of the second theory, the social psychological behaviour theory.

2.2.2 Social Psychological Behavioural Theory (SPB)

The other theory of relevance to the present study is the Social Psychological Behaviour Theory (SPB). This theory recognizes the importance of social and environmental factors as determinants of sexual behaviour that can be reflected among youth and university students especially as regards to HIV & AIDS (Turbin *et al.*, 2006). The theory establishes that social context such as parents and peers plays a major role in determining knowledge, attitude, perceptions and behaviour among the university youth (Wight *et al.*, 2006; Donenberg *et al.*, 2006; Diblasio & Benda, 1990).

A recent study on adolescent health-enhancing behaviour based on protective and risk factors has found that the social context of protective and risk factors measures were important, accounting uniquely for more variance than did the individual-level protective and risk factors (Turbin *et al.*,

2006). SPB places emphasis on the importance of addressing social context in university youth interventions that promote behaviour change.

It is important to note at this junction that the SPB is primarily interested in understanding the different factors and conditions that shape the social behaviour and thought of individuals. Mainly, the theory seeks to show how individuals form ideas relating to the actions, feelings, beliefs, memories and inferences concerning other persons and themselves (Baron & Bryne, 2006). This suggests that SPB attempts to understand how people influence as well as get influenced by other people (Baron & Bryne, 2006). In this perspective, the theory is generally seen as a systematic body of knowledge focusing on social thinking, social influence and social relations. That is why a fundamental theme of social psychological behaviour theory is concerned with discovering how a social situation leads very different people to act very similarly as well as how very similar people act very differently (Baron & Bryne, 2006; Turbin *et al.*, 2006).

On the basis of the preceding assumptions, it stands to reason that the importance of SPB theory is that it is deeply committed to understanding the nature of social behaviour and social thought of human beings by identifying the factors that shape human feelings, behaviours and thoughts in social situations (Baron & Bryne, 2006).

The Social Psychological Behaviour Theory conceptualizes behaviour change while recognizing the influence of social and environmental factors and hence has received empirical support and appears to offer much promise for understanding youth risky sexual behaviour (Turbin *et al.*, 2006). However, it is reasonable to suggest that determinants of youth risky sexual behaviours are a complex interplay of social, cultural, psychological and economic forces which could only be explained through a combination of behaviour change theory and models (Baron & Bryne, 2006 and Turbil *et al.*, 2006).

The relevance of SPB theory to this study is that through its theoretical agency, addressing social interventions which promote behaviour changes could be important in shaping attitudes and perceptions related to HIV & AIDS, especially among youth and university students.

This theory is also not without criticism. The theory is criticised on the ground that it does not recognise that perceptions, beliefs and attitudes of an individual can be observed and learned from other people. For example, it has been generally observed that university students sometimes practice risky sexual behaviours (unsafe sex, alcohol and drug abuse, multiple partnering) simply because of pressure from their peers.

The following section describes the third theory that is used to inform this study: the transformative learning theory.

2.2.3 Transformative Learning Theory (TL)

Transformative learning (TL) is the expansion of consciousness through the transformation of basic worldview and specific capacities of the self (Taylor, 2008; Taylor, 1998). According to this theory, learning is facilitated through consciously directed processes such as “appreciatively accessing and receiving the symbolic contents of the unconscious and critically analysing underlying premises” (Taylor, n.d: 175). This involves learning “how to negotiate and act upon our own purposes, values, feelings and meanings rather than those we have uncritically assimilated from others” (Baumgartner, n.d:16). It is the transformative learning theory that explains this learning process of constructing and appropriating new and revised interpretations of the meaning of an experience in the world (Baumgartner, n.d; Mezirow, 1997; Taylor, 2008).

Transformational learning is ‘unsettling’ in that it leads to questioning of accepted assumptions and views and to new ways of knowing and understanding (Baumgartner, n.d). Developing more reliable beliefs, exploring and validating their fidelity, and making informed decisions are fundamental to the adult learning process (Taylor, 2008). Transformative learning theory explains this learning process as constructing and appropriating new and revised interpretations of the meaning of an experience in the world (Baumgartner, n.d; Taylor, 1998).

Following the above considerations of transformative learning theory, it is important to note that most human behaviours are acquired or learned from information, patterns of social behaviours and the attitudes of other persons (Mezirow, 1997; Taylor, 2008). Related to this claim is the concept of social learning behaviour. This concept assumes that when people interact with others or when they observe or watch the behaviours expressed by other people around them, these people learn that particular style of behaving in such a situation (Baron & Byrne, 2006).

As a word of caution, however, it is important to mention that the theory of transformative learning is considered uniquely adult, that is, grounded in human communication, where “learning is understood as the process of using a prior interpretation to construct a new or revised interpretation of the meaning of one’s experience in order to guide future action” (Taylor, n.d: 178). The concept of adult here must be understood as any person beyond puberty, the students in this study therefore included in this category. The transformative process is formed and circumscribed by a frame of

reference and the meanings that learners attach to their experience that may be subjected to critical scrutiny (Baumgartner, n.d; Taylor, 1998).

Transformative learning theory will help the researcher in this study to gain insights into the structural shift in the basic premises of thought, feelings, and actions of youths, and to understand their beliefs, perceptions and behavioural changes in their lifestyles.

The following section describes the last theory that informs the present study: the Entertainment-Education theory.

2.2.4 Entertainment-Education Theory (E-E)

The Entertainment-Education (EE) is defined as the “process of purposely designing and implementing a particular media message to both entertain and educate in order to increase knowledge about an issue, thus creating favourable attitudes, perceptions and change overt behaviour” (Singhal & Rogers, 2002:127). In this perspective, the theory can be “viewed as intentionally placing educational content in entertainment messages to change the behaviour of the audience with regards to the educational issue” (Singhal & Rogers, 2002:128). Therefore, E-E is the process of providing education, knowledge and entertainment to the audience with the intention to make the audience have a different view on that matter (Singhal & Rogers, 2002; Keller & Brown, 2002).

E-E is not a theory of communication, but rather a strategy used to spread the ideas in order to bring about behaviour and social change in societies (Singhal & Rogers, 2002; Vaughan & Rogers, 2000; The Kaiser Family Foundation and South Africa Broadcasting Corporation, 2007). Entertainment-education, especially soap opera television programmes, have played a big role in influencing audience behaviour change by providing positive and negative role models to the audience (Singhal & Rogers, 2002; Vaughan & Rogers, 2000). For example, the *Twende na wakati* radio programme in Tanzania played a big role in influencing people’s behaviour on how they perceived people with HIV & AIDS, the use of family planning and sexual risk behaviours (Vaughan & Rogers, 2000).

In South Africa a soap opera called Soul City has played a big role in changing people’s behaviours towards HIV & AIDS (Singhal & Rogers, 2002). When E-E is given enough emphasis, entertainment can and does make a difference with regards to the problem of HIV & AIDS. The film *Shuga* itself is an E-E piece designed particularly for university-age students.

E-E in this study will help the researcher to gain insights on the effectiveness of Shuga in changing perceptions of risk for HIV among UWC students.

The preceding section has described the different theories that provide guidance to the present study; the next section will make an overview of existing literature relevant to the study.

2.3 LITERATURE REVIEW

On the basis of the study research questions and objectives, and from insights provided by the four theories that inform the present study, the literature review is presented within three major themes: (1) Youth and HIV & AIDS, (2) University Students and HIV & AIDS, and (3) The Role of Education in Behaviour change.

2.3.1 Youth and HIV & AIDS

There is extensive literature on the relation between youth and HIV & AIDS. Most of these studies and reports acknowledge that youth are vulnerable to the epidemic and that they constitute a group that is at elevated risk of HIV infection.

A report by UNAIDS (2011), and a study by Adekeye and Adeusi (2011) acknowledge that more than half of those newly infected with HIV today are between 15 and 24 years old. Further, it has been reported that an estimated 11.8 million young people aged 15 to 24 are living with HIV & AIDS (UNAIDS, 2011). The same report outlines that, each day, nearly 6,000 young people between the ages of 15 and 24 become infected with HIV. Yet only a fraction of them know they are infected (UNAIDS & UNICEF, 2001). An earlier report by UNAIDS (2009) estimated that, by the end of 2008, over 33.4 million people were living with HIV, and that about more than 10 million of them were young people aged 15 to 24 years. This finding is corroborated in different studies and reports as they indicate that half of the 4.2 million new infections in adults in 2005 occurred in the age group between 15 and 24 (UNAIDS, 2009; Hogue & Ghuman, 2011; Shisana *et al.*, 2008; UNAIDS, 2011). Recent global statistics further indicate the same trend; that about 2.7 million people were newly infected in 2008 alone (UNAIDS, 2011).

Among the studies and reports that acknowledge that the youths are vulnerable to the epidemic and that they constitute the group that is most at risk to HIV & AIDS, some studies and reports note that female young people are more infected than male young people. UNAIDS (2011), Advocates for Youth (2008), Mturi (2005) and Shisana *et al.*, (2009) argue that, young women are more vulnerable to the HIV epidemic than are men, that young women comprise 57 per cent of all young

people with HIV, and that in the hardest-hit region, Sub-Saharan Africa, and young women comprise 76 per cent of cases among young people. The same view was reported when it has been indicated that young people make up a segment of the population that is particularly vulnerable to HIV (UNAIDS, 2011; Zambuko & Mturi, 2005) and that altogether, 50 per cent of HIV transmission takes place among those aged 15 to 24, and 5000 to 6000 young people become infected every day in the world (WHO, 2006; UNAIDS, 2011). WHO (2006), UNAIDS (2011), Adekeye and Adesina (2011), Shisana *et al.*, (2008) argue that, the need for a clear understanding of the situation of young people and their needs is required so as to design and successfully implement interventions to stem the tide of infections among young people in our societies.

Researchers have been also interested to find reasons that account for high HIV prevalence in young people. Uwalaka and Matsuo (2002) reported that the second decade of life is a period of experimentation and risk, and that many factors increase young people vulnerability to HIV during these years of rapid physical and psychosocial development. These factors include a lack of knowledge about HIV & AIDS, lack of education and life skills, poor access to health services and commodities, early sexual debut, early marriage, alcohol and drug abuse, peer pressure, sexual coercion and violence, trafficking and growing up without parents or other forms of protection from exploitation and abuse. Most of these reasons were also articulated in WHO report (2006) and in studies by Uwalaka and Matsuo (2002), Visser (2004), Turbin *et al.*, (2006) and Hogue and Ghuman (2011).

Still, other studies and reports have been interested to identify means that can be used to prevent young people from the epidemic. Hogue and Ghuman (2011), Advocate for Youth (2008), Shefer (2009), Owolabi *et al.*, (2005) identify the following factors: educating young people about HIV, and teaching them negotiation skills, conflict resolution, critical thinking, decision-making and communication, and argue that these factors improve youth's self-confidence and ability to make informed choices, such as postponing sex until they are mature enough to protect themselves from HIV and other STIs and unwanted pregnancies. They believe that these factors can help much in the reduction of the risk factors for HIV among youths and university students. The same sources claim that, if the above mentioned factors can be used effectively in our societies there is high chance that, the risk factors towards HIV among the youth will be reduced or prevented early before it is too late for the youth.

Some studies and reports have focused on effective awareness as a means to address the issues of HIV & AIDS. WHO (2006), Tamire and Enquesslassie (2007), UNAIDS (2004) and Owolabi *et al.*,

(2005) report that effective awareness information is very crucial to the youth towards HIV prevention and the governments must strategically target their resources to interventions that respond to the specific situation in each individual in a particular country. Further, this information also allows governments to measure how well they are moving towards reaching the goals that have been agreed as being necessary to slow the epidemic as defined in the Millennium Development Goals (WHO, 2006; Kaller & Brown, 2002).

WHO (2006), Kaller and Brown (2002), Anderson and Beutel (2007) postulate that, interventions can change behaviours which put young people at risk for HIV-related sexual and drug-use behaviours. Behavioural change interventions seek to delay the set of sexual intercourse, reduce the number of sexual partners. Some sources acknowledge that a person has to reduce the incidence of unprotected sex by increasing effective education which influence youth on delaying sex or usage of condoms (UNAIDS, 2006; Cain, 2005; Turbin *et al.*, 2006).

Following the same view, Cain (2005), WHO (2006) and Cok *et al.*, (2001) believe that behavioural change interventions should also target drug use and seek to reduce or eliminate the incidence of drug injecting and the incidence of sharing needles, syringes and other drug-use equipment's. Therefore, true reductions in such behavioural risks would reduce the transmission and acquisition of HIV infection among the youth (Wight *et al.*, 2006; HEAIDS, 2010; Visser *et al.*, 2004; WHO, 2006).

There has been an interest to look at intervention workshops as a crucial technique in the reduction of the risk of HIV among the youth by involving community leader's opinion and using social networks to target youth in a particular community (Shisana *et al.*, 2005). Intervention workshops often use social marketing, communications and mass media campaigns, as noted in some reports and studies (UNAIDS, 2004; Visser *et al.*, 2004; WHO, 2006). To be effective, says Shisana and others, HIV interventions should be based on psychological and social science theories that emphasize the importance of knowing about the risks of HIV transmission, testing, instilling motivation to protect oneself and others, changing expectations of outcomes, developing skills for engaging in protective behaviours and the ability to maintain protective behaviours, and providing social support for protective actions (Shisana *et al.*, (2009); Youth Advocates, (2006); WHO, 2006; Shisana *et al.*, 2005). Behavioural change interventions can also be practiced in a range of social settings, including health-care systems, HIV & AIDS service organizations, schools, churches, community centres, commercial establishments, workplaces, correctional facilities, the military and

in homes so as can make youth to be free and comfortable to talk about HIV risk behaviours in their familiarized place (UNAIDS, 2004; HEAIDS, 2010).

The South African Department of Basic Education Report (2010); Vandemoortele & Delamonica, (2002); UNAIDS (2004); and Shisana *et al.*,(2005) argue that, behaviour interventions might be aimed at changing behaviours by focusing on counselling individuals, couples and small groups (and these interventions sometimes include HIV testing) and running workshops and other programmes that provide information and skills (including, for example, sex education, instructions on how to use condoms and other harm reduction strategies). The researcher agreed on what these authors discussed about the above factors which can reduced or prevent HIV among youth. The researcher stresses, however, that gender roles, tradition and culture should also be emphasized on the issues concerned HIV and AIDS among students and youth.

2.3.2 University Students and HIV & AIDS

The prevalence of HIV & AIDS among the youth in general and university students in particular has been a concern of researchers. Reports from UNAIDS (2010) and UNAIDS (2011) and a study by Shisana *et al.*,(2009) reported that HIV & AIDS have caused a global crisis and pose a serious challenge to the social development and progress in the world. These reports note that many of the world poorest countries are among the most affected in terms of absolute numbers, rates, and the impact of this epidemic (USAID, 2009; UNAIDS, 2010; UNAIDS, 2011). The youths in general and the youth at university in particular have been found to be variously affected by the epidemic. Yet, many studies acknowledge that in spite of the HIV epidemic, their risky sexual behaviours have increased (Simbayi *et al.*, 2005; Svenson, 1997: Shisana *et al.*, 2009; Eaton *et al.*, 2003; Hoque & Ghuman 2011; Adekeye, & Adeusi, 2011; Kalichman *et al.*, 2005).

Studies that investigate the prevalence of HIV & AIDS in university students generally explain the reasons why this population category is most exposed to the epidemics. Simbayi *et al.*, (2005), Chao *et al.*, (2010), Bello-Morhason *et al.*, (2008) and Zambuko & Mturi (2005) observe that sexual risk behaviour among most of university students is predominantly determined by social factors such as poverty, peer pressure, drug and alcohol abuse as well as university life pleasures. Yet, those students hardly perceive that they are at risks as regards to their sexual behaviours. In a report by The Kaiser Family Foundation and South Africa Broadcasting Corporation (2007), Shisana *et al.*, (2005), Shefer (2009), HEAIDS (2010) and insights from a study conducted by Anderson and Beutel (2007), university students in South Africa often perceive their risk for HIV

to be lower even if they are engaged in the HIV risk behaviours, live in areas with high HIV prevalence rates or are knowledgeable about HIV & AIDS.

In a related study conducted by Cok *et al.*, (2001) it was also reported that students in Turkey were surveyed to determine their knowledge, attitude and perceptions about risk for HIV, although the report shows that there was a moderate level of knowledge about the transmission, symptomology and prevention of the disease. This report reveals that many university students still have significant misconceptions regarding HIV & AIDS and perceive their personal risk to be low when it comes to HIV. Furthermore, youths tend to underestimate their risks behaviour because of what their society, friends or family will think about them when they explain their sexual life (Kalichman *et al.*, 2005; Maughan-Brown, 2006).

The quest for pleasure among university students partially explains inconstancy and laxity among youth in the use of condoms for prevention. In a study conducted in the United States by Hoff *et al.*,(2003), one in six university students said that sex without a condom once in a while was not a “big deal”, and one in five said that they have had unprotected sex after drinking or taking drugs. At secondary and high school level, similar attitudes also appear to be common. While one would presume that those studying at university have the knowledge on how to protect themselves against HIV & AIDS, the irony, as reported by HEAIDS (2010), UNAIDS (2010), Shefer (2009), Harding *et al.*, (1999) and Adekeye and Adeusi, (2011) is that, at present, university students fail to protect themselves and are as affected by HIV & AIDS as any other population group despite being knowledgeable enough about the epidemic and the importance of safe sexual behaviours.

In general, studies that target university students’ sexual behaviours and knowledge about HIV & AIDS (Svenson & Varnhagen, 1990; Shefer, 2009; HEAIDS, 2010; Hoff *et al.*, 2003; Hogue & Ghuman, 2011; Caetano *et al.*, 2010 and Green *et al.*, 1991; for example) indicate that students have a relatively high level of knowledge, including general knowledge, knowledge about HIV & AIDS transmission and prevention. Most of these studies, however, report some caveats in knowledge which lead to significant misconceptions and risky behaviours. In one of these studies, for example some people were aware that people with HIV & AIDS do not necessary look sick (Greenlee & Ridley, 1993; Hoff *et al.*, 2003; Adekeye, & Adeusi, 2011; Svenson *et al.*, 1997). However, most of the reported HIV cases among university students have resulted from sexual behaviours (Adekeye, & Adeusi, 2011 ; Moser *et al.*, 2007; Bankole *et al.*, 2007; Ladebo & Tanimowo, 2002 and Cok *et al.*, 2001).

The high level of general knowledge about AIDS-related risky behaviours, including knowledge about the effectiveness of condom use, as well as concerns about being at risk for HIV infection, are often reported not to be translated fully into safe sexual behaviours (Zambuko & Mturi, 2005; Moser, 2007; Svenson *et al.*, 1997; Hoff *et al.*, 2003). These findings among university students are similar to those reported about adolescents and adults (Bello-Morhason *et al.*, 2008; DiBlasio & Brenda, 1990; Hoque & Ghuman, 2011). Shisana *et al.*,(2009) argue that, university students are among the most at risks population group who engage themselves in sexual risky behaviour compared to the general population in South Africa. Despite the knowledge and education about HIV & AIDS, university students still practice unsafe sex (Demmer, 2010; Shefer, 2009; UNAIDS, 2010; Varga, 1997 and Oster, 2007, for example). Therefore, knowledge itself is not enough for youth. For example, according to Kirby (2011: 33) youths may know that drinking alcohol increases their chances of engaging in unintended sexual activity, but still, they may drink alcohol whenever they are at a party and are with their friends who also drink.

There has also been some interest to understand the sexual behaviour of students who have just started university studies. A study conducted by Higher Education HIV & AIDS Programme in South Africa (2010) and Shefer (2009) identify that students who reside at outside home find it very challenging to be away and adapt to University life for the first few months. This is because they are unable to manage the sudden freedom that they previously did not have. Following this claim, it was reported that the University environment provides greater opportunities to be sexually active and in particular, to drink alcohol and use drugs without any restrictions from the parents (HEAIDS, 2010; Adekeye & Adeusi, 2011; Shefer, 2009).

In this perspective, it was found that during this period, first year students lack the experience to make good decisions especially regarding sexual behaviour and alcohol use. Therefore, as stated by Anderson and Beutel (2007), Chisana *et al.*,(2004) and Oster (2007), these behaviours put them at a greater risk of being infected with the virus because there is no one to guide them in the decision making process. Campebell & MacPhail (2002) and Visser *et al.*, (2004) believe that HIV risk behaviour among South Africa's university students is often influenced by interpersonal processes such as peer group norms and a lack of positive adult role models. As a consequence, university students are at risk of Sexually Transmitted Infection (STIs), HIV infection and unwanted pregnancies due to their higher levels of sexual experimentation and unsafe sexual practices (Moser *et al.*, 2007; Greenlee & Ridley, 1993; Williams, 2003)

Working with university students, Varga (1997:49) found a general absence of sexual communication between partners and misconceptions about the motivations of one's sex partner. This led to confusion and lack of preparation for sexual situations. Gender and degree of intimacy in a relationship were important factors in assessment of self-risk for HIV infection (Shefer, 2009; Williams, 2003). Condom use was most likely in casual sexual relationships or those in which trust had not been established and was stopped if the relationship became long-term (Tamire & Enqueselassie, 2007; Shefer, 2009; Varga, 1997). Owolabi *et al.*, (2005) and Visser (2007) work among secondary and high school students revealed similar results.

2.3.3 The Role of Edutainment in Behaviour change

As was discussed in chapter one, the term edutainment "was used as early as 1948 by The Walt Disney Company to describe the "True Life Adventures series" (Bruce, 2010:1). It was later utilized by Robert Heyman in 1973 to explain the functional nature of the National Geographic Society documentary materials (Bruce, 2010:1). Furthermore, in 1975 it was used again by Dr. Chris Daniels when he was preparing to launch his Millennium Project, which has changed its name later to The Elysian World Project (Bruce, 2010:1; Walldén and Soronen, 2008). In 1983 edutainment was employed to provide a description of the games package for the Oric 1 and Spectrum Microcomputers in the UK. "Arcade edutainment" is a term employed to advertise this package which has been available in "Your Computer" magazine since 1983 (Walldén and Soronen, 2008). Electronic Arts and Seven Cities of Gold computer games are other examples that were described as edutainment products during 1984. It is also the name of a popular radio show in Knoxville TN, "The Edutainment Hip Hop Show" (Walldén and Soronen, 2008).

The term edutainment is a compound word from the terms "education" and "entertainment". Edutainment adapt multimedia interaction methods to produce educational learning materials in some kind of entertaining forms (Walldén and Soronen, 2008) and bring natural emotion into education (Basori *et al.*, 2008). However as edutainment is a combination of entertainment and education, this integration is mainly to create a motivating and successful environment for learning (Walldén and Soronen, 2008; Okan, 2003). As a new medium, edutainment has many definitions. One of the edutainment comprehensive definitions is described by Savidis *et al.*, (2007) as "pleasure or positive experiences that a learner hopefully desires. The pleasure can result not only from the entertaining and interesting content itself, but also from the satisfaction of getting problems solved.

Edutainment is a very powerful tool in the formation of opinion in any society and in the world at large (UNAIDS, 2004; Singhal & Rogers, 2002). According to UNAIDS (2004) and Irimu and Schwatz (undated), edutainment has an enormous potential to influence in educating and empowering individuals to avoid contracting HIV. Edutainment, such as film, television, magazines, movies, newspapers and pamphlets rather than family members, friends or medical personnel, are the major sources of information about HIV & AIDS-related issues for adolescents and young adults (Svenson *et al.*, 1990). Relatively high percentages of adolescents (20 per cent to 45 per cent) report that they do not receive information from parents or medical professionals (Svenson *et al.*, 1997).

Adekeye and Adeusi, (2011) and Ladebo and Tanimowo (2002) acknowledge the importance of a clear understanding of the challenges and the obstacles to widespread and effective HIV preventions education campaigns. Several studies have shown that individual behaviour change is the most effective means of preventing further spread of HIV virus; and people should be provided with accurate knowledge and information in order to bring about behaviour change (Ladebo & Tanimowo, 2002; Uwalaka & Matsuo, 2002; Oster, 2007 and Shisana *et al.*, 2005). Since there is no cure for HIV & AIDS available yet, the only way to prevent HIV infection is to avoid behaviours that put a person at risk of contracting the virus (Adekeye & Adeusi, 2011 and Cok *et al.*, 2001). According to Singhal and Rogers (2002); UNAIDS (2004); Keller and Brown (2002), The Kaiser Family Foundation and The South African Broadcasting Corporation (2007), edutainment has a crucial role to convey ideas that bring about sustained behavioural and social changes in societies through awareness education based programmes, therefore having a potentially pivotal role to play in the response reduce and prevent HIV & AIDS in the community.

According to Kaiser Family Foundation and South Africa Broadcasting Corporation (2007), edutainment plays a big role in the lives of most youths in South Africa, for example, 83percent of South African youths think that national HIV & AIDS prevention and education campaigns through edutainment are very effective in teaching the university students and youth about HIV & AIDS. Clearly, movies, soapies and films have an enormous influence in educating and empowering individuals to avoid contracting HIV (UNAIDS 2004). Doing so with maximum efficiency, however, requires a clear understanding of the challenges and the obstacles to widespread and effective HIV-prevention education among university students (Cok *et al.*, 2001). This means that if edutainment is to be used effectively, it has a potential of influencing the perception of the sexual risk behaviours for HIV among university students (UNAIDS, 2004).

As for Singhal and Rogers (2002), UNAIDS (2004), Keller and Brown (2002) and UNAIDS, (2004) in countries worldwide, young people comprise a key audience for messages about preventing HIV & AIDS. Unless a young, person acquires HIV in utero or as an infant, almost all young people enter adolescence HIV-negative (Hoff et al., 2003). Yet the very nature of adolescence, characterized by experimentation, risk taking and a sense of immortality make youths particularly vulnerable to HIV (Bello-Morhason *et al.*, 2008; UNAIDS, 2011; DiBlasio & Brenda, 1990). Annually, 50 per cent of all new HIV infections occur among young people aged 15–24 years (UNAIDS, 2011; UNAIDS, 2004).

Given the sheer number of young people and the critical importance of alerting them to the threat of HIV & AIDS, most governments have turned to the mass media as a means of informing their population, shaping social norms and influencing behaviour associated with the transmission of HIV & AIDS (UNAIDS, 2004; Singhai & Rogers, 2002; The Kaiser Family Foundation, 2007). Given that adolescents are so attuned to mass media for information and cues about how to behave, the media have tremendous potential for reaching them with messages about HIV & AIDS (UNAIDS, 2004 ; The Kaiser Family Foundation, 2007).

Different reports and studies believe that mass media campaigns may complement other programmes (for example, the training of personnel or the distribution of condoms, testing, reducing the number of multiple partners) designed to stop/reduce the spread of HIV (The Kaiser Family Foundation, 2007; UNAIDS, 2004). Because the epidemic has continued to spread in many countries, it has been suggested that more effort is needed to have the effective awareness interventions through mass media on prevention towards HIV & AIDS (The Kaiser Family Foundation, 2007; UNAIDS, 2004).

The evidence in the published literature on the effectiveness of communication programmes is sparse but there have been several rigorous studies that identified reported changes in HIV & AIDS related behaviours, such as avoiding unprotected sex or the use of condoms, after the effective use of mass media (UNAIDS, 2004; Singhai & Rogers, 2002; The Kaiser Family Foundation, 2007). A difficulty in arriving at an assessment of the potential effectiveness of communication programmes is that relatively few countries have mounted full-scale, coordinated, comprehensive communication programmes aimed at combating the spread of HIV (Singhai & Rogers, 2002).

Mass media are increasingly an important component of intervention programmes when they are scaled-up such as community or interpersonal components (UNAIDS, 2004; Singhai & Rogers,

2002; The Kaiser Family Foundation, 2007). Therefore, mass media interventions are any programmes or other planned, time-limited efforts that have the explicit goal of changing perceptions of the risk for HIV behaviours that are related to preventing the transmission of HIV and that disseminate messages among an intended population through channels that reach a broad audience (UNAIDS, 2004; Singhai & Rogers, 2002; The Kaiser Family Foundation, 2007). Mass media, as mentioned above, include radio, television, video, print media and the internet. The mass media programmes may take a variety of forms, including variety shows, songs, advertisements or public service announcements, soap operas, music videos, films, drums, poetry pamphlets, billboards, posters and interactive web sites (UNAIDS, 2004; The Kaiser Family Foundation, 2007).

2.4 CHAPTER SUMMARY

This chapter has discussed the theories that are relevant to the study. The chapter has outlined four theories that provide insights to understand how youth in general, and university students in particular, perceive their risks for HIV. These theories are the Health Belief Model (HBM), the Social Psychological Behaviour theory (SPB), the Transformative Learning theory (TL) and the Entertainment-Education theory (E-E). The chapter also has reviewed the relevant literature to the present study. This literature has focused on three themes: (1) Youth and HIV & AIDS, (2) University Students and HIV & AIDS, and (3) the Role of Edutainment in Behaviour change. The next chapter will present the research design and methods relevant to the study.

CHAPTER THREE: RESEARCH DESIGN AND METHODS

3.1 CHAPTER OVERVIEW

This chapter describes the methodological procedures the researcher used to collect and analyse data. The chapter starts with the socio-demographic characteristics of the respondents before it presents the research design and describes the research methods. Further, the chapter presents the data collection tools, clarifies methods of data analysis and highlights the validity, reliability and generalizability issues. Finally, the chapter presents the different research procedures and provides the ethical statement before concluding with a summary.



3.2. RESEARCH PARTICIPANTS: SOCIO-DEMOGRAPHIC CHARACTERISTICS

Table 1 (NUMBER OF PARTICIPANTS: 40)

Variables		Number	Percentage (%)
Gender	Male	19	47.5
	Female	21	52.5
Age	20 years or less	3	7.5
	21-25 years	18	45
	26-30 years	15	37.5
	31-40 years	4	10
Language	Afrikaans	5	12.5
	Xhosa	9	22.5
	Zulu	2	5
	Setswana	3	7.5
	English	10	25
	Swati	2	5
	Ndebele	1	2.5
	Tswana	2	5
	Other (International students local languages)	6	15
Level of study	1 st year undergraduate	10	25
	2 nd year undergraduate	10	25
	3 rd year undergraduate	8	20
	4 th year undergraduate	6	15
	Honours or equivalent	2	5
	Masters	4	10
Faculty	Arts	16	40
	Community and Health Sciences	4	10
	Science	4	10
	Dentistry	2	5
	Economic and Management Sciences	6	15
	Law	6	15
	Education	2	5
Area of residence	On campus residence	20	50
	Off campus residence: Parental home Rented/own home	6	15
		14	35

The demographic characteristics of the sample show that (52.5 per cent) were female and (47.5 per cent) were male. Age of the respondents in years was as follows; 20 years or less (7.5 per cent); 21-25 (42.5 per cent); 26-30 (37.5 per cent); 30-40 (10 per cent); and 40 above (2.5 per cent). The majority of the respondents were staying in campus residence (49.5 per cent) followed by (35 per cent) of the respondents were off campus: rented/own home and, (15.5 per cent) of the respondents

were staying off campus: parental home. The most common home languages of the respondents were English (27 per cent), Xhosa (22.5 per cent), Afrikaans (12.5 per cent), Setswana (7.5 per cent), Zulu (5 per cent), Swati (5 per cent), Ndebele (2.5 per cent), Tswana (2.5 per cent), and Other, (this includes different local languages of international students respondents) (15.5 per cent). Most of the Respondents were registered in the Arts faculty (40 per cent) followed by the Economic and Management Sciences (EMS) faculty (15 per cent), the Law faculty (14.5 per cent), the Community and Health Sciences (CHS) faculty (10.5 per cent), the Science faculty (7.5 per cent), the education faculty (7.5 per cent), and the Dentistry faculty (5 per cent). The respondents current year level of studying at UWC is as follows 1st year of undergraduate is (27.5 per cent), 2nd year of undergraduate is (21 per cent), 3rd year of undergraduate is (18.5 per cent), 4th year of undergraduate is (18 per cent), honours year or equivalent is (5.5 per cent), masters level is (4.5 per cent) and Doctoral is (5 per cent).

3.3 RESEARCH DESIGN

According to De vos *et al.*, (2011:307), research designs “are all the decisions a researcher makes in planning the study”. A research design is a plan or blueprint of how a researcher intends to conduct the research (Babbie & Mouton, 2001:74). Creswell *et al.*, (2007:70) clarifies the concept of research design when he defines it as “a plan or strategy which moves from the underlying philosophical assumptions to specifying the selection of respondents, the data gathering techniques to be used and the data analysis to be done”. In addition, the research designs “from which a researcher may select one that is congruent with her or his philosophical assumptions and most appropriate for generalizing the kind of data required to answer the research questions posed” (Creswell *et al.*, 2007:70). On the basis of the aforementioned definitions of the concept “research design”, the researcher of the present study defines it as the overall plan of connecting the conceptual research problems to the pertinent (and achievable) empirical research.

The approach used in this study was a case study approach in which respondents were students taken from University of the Western Cape as an institution. Case study is defined as the method which takes “multiple perspectives into account and attempts to understand the influences of multi-level social systems on subject’s perspectives and behaviour” (Welman *et al.*, 2005:193). In the same lines of thought, Creswell *et al.*, (2007:75) defines, the case study research “as an empirical inquiry that investigates a contemporary phenomenon within its real-life context when the boundaries between phenomenon and context are not clearly evident and in which multiple sources of evidence are used”. Thus according to Creswell *et al.*, (2007:75), case studies offer “a multi-

perspective analysis in which the researcher considers not just the voice and perspective of one or two participants in a situation, but also the views of other relevant groups of actors and the interaction between them. It opens the possibility of giving a voice to the powerless and voiceless, like children or marginalised groups”.

This study adopts a qualitative and quantitative approach or mixed design. The term “mixed design” is used in this study to refer to all procedures of collecting and analysing both qualitative and quantitative data in the context of a single study (Driscoll *et al.*, 2007). As clarified by Creswell *et al.*, (2007), a true mixed method research involves a concurrent and sequential use of not only research methods and data, but also the whole design process of analysing data as well as reporting results.

I concur with Patton (1990), Banfield & Cayago-Gicain (2006), and Marsland *et al.*,(2001) that although quantitative and qualitative research do not share the same theoretical assumptions, they do not need to be considered as mutually exclusive in practice; as each method involves different strengths and weaknesses, both quantitative and qualitative methods constitute alternative strategies for research, and quantitative as well as qualitative data can be collected in the same study.

3.3.1 Qualitative Research

Qualitative research “involves the studied use and collection of a variety of empirical materials- case study, personal experience, introspection, life story, interview, artifacts, and cultural texts and productions, along with observational, historical, interactional, and visual texts-that describe routine and problematic moments and meanings in individuals’ lives” (Denzin & Lincoln, 2011:3-4). Babbie and Mouton (2001:278) define qualitative research designs “as the study which emphasises on studying human action in its natural setting and through the eyes of the actors themselves, together with an emphasis on detailed description and understanding phenomena within the appropriate context, already suggest what type of designs will be methodologically acceptable”.

Brynards and Hanekom (1997:29) define qualitative research in terms of description of research data. They argue that qualitative research “refers to research which produces descriptive data, generally people’s own written or spoken words. Usually no numbers or counts are assigned to observations”.

It is worth mentioning that the qualitative method is designed to provide empirical findings in which the phenomenon under investigation is linked to the social context in which it occurs, and in

which these links are made explicit as participants of the data analysis process. The choice of a qualitative design in the present study was appropriate it aimed at appreciating the perceptions and opinions of respondents in their natural setting.

3.3.2 Quantitative Research

According to Creswell *et al.*, (2007:145), quantitative research design is “a process that is systematic and objective in its ways of using numerical data from only a selected subgroup of a universe (or population) to generalize the findings to the universe that is being studied”.

Babbie and Mouton (2001:49) believe that, “the best or only, way of measuring the properties of phenomena (example. the attitudes of individuals towards certain topics) is through quantitative measurement, that is, assigning numbers to the perceived qualities things”. Thus quantitative research design is the systematic scientific investigation of quantitative properties and phenomena and their relationships. Using quantitative methods, it is possible to give precise and testable expression to qualitative ideas (Cohen *et al.*, 2004). The researcher’s choice of a quantitative design in the present study is motivated by the method’s ability to measure different phenomena investigated in this study, such as the strength of views, feelings, beliefs and experiences of the respondents.

In this study the qualitative data was collected from the focus-group discussions (after watching the film) with the participants. Quantitative data was collected before and after participants viewed the film and after the focus-group discussions.

3.4 RESEARCH METHODS

According to Brynards and Hanekom (1997:29), a research method is the “reflection on the planning, structuring and execution of the research in order to comply with the demands of truth, objectivity and validity. Therefore, research methods focus on the process of research and the decisions which the researcher has to take execute the research project”.

3.4.1 Sampling

Sampling is the “process of data collection for generating theory whereby the analyst jointly collects, codes and analyses his data and decides what data to collect next and where to find them, in order to develop his theory as it emerges” (Babbie & Mouton, 2001:287). The researcher used convenience method because the selected participants are at the University of the Western Cape which was a convenience place for the researcher. Snowball sampling “is often employed in field research, whereby each person interviewed may be asked to suggest additional people for

interviewing” (Babbie, 2008: 205). In the context of the present study, the researcher, applying snowball sampling, approached the students directly and inquired if they wanted to be part of the study.

In the scope of the present study, the researcher actually asked the selected students if it was possible to refer her some other potential informants (for example their friends who are registered at UWC who stay in or outside university residence). In many cases, the students offered to help to get more participants. The researcher also approached students while she was walking through the University campus, or in the computer laboratories. She also approached students who lived in the residences, or were sitting in the Student Centre or outside main library. In all these instances, the researcher introduced herself and briefly informed the students about the purpose of the study as well as the duration of each session. When the student could agree to participate, the researcher asked them to provide their names, phone numbers, their course and year of study, and she consequently arranged the time and place for the sessions.

3.4.2 Data collection tools

This study used questionnaires and focus groups as instruments to collect data.

3.4.2.1 Questionnaires

According to Davies (2007:82), a questionnaire is “intended to facilitate communication, usually brief, but always driven by the researchers own agenda”. Further (Babbie, 2008:272) defined questionnaire as a “document containing questions and other types of items designed to solicit information appropriate for analysis. Questionnaires are used primarily in survey research but also in experiments”

This study used closed-ended questionnaires. A closed-ended questionnaire is the “survey questions in which the respondent is asked to select and answer from among a list provided by the researcher.” A closed-ended questionnaire is “popular in survey research because it provides greater uniformity of responses and is more easily processed than open-ended questions” (Babbie, 2008:272). The researcher decided to choose closed-ended questionnaires because they provide a set of responses from which the respondent has to choose one or sometimes more than one response (Creswell *et al.*, 2007). Further, the data obtained from the administration of closed questions are “easier to analyse than data obtained from open-ended questionnaires” Creswell *et al.*, (2007:169).

In the scope of this study, the questionnaire includes questions related to respondents' perceptions to HIV risk, respondents' perception as reflected in the Shuga film and the behaviour that the Shuga film is likely to inspire.

As a research instrument for gathering data, the researcher constructed the questionnaires in such a way that they had to reflect the relationships and constructs developed in this study. That is the reason why before developing these research questionnaires, the researcher addressed the following questions: What are the objectives of the questionnaires? Who is to be surveyed? What information does the researcher need to get from her/him? Is the information to be provided sufficient? These questions served as a blueprint to designing the content of the questionnaire. It should be noted here that, only relevant and valid questions were included. By relevant questions the researcher understands those questions that could elicit information which was reliable; and by valid questions the researcher alludes to the kind of questions that could be easily answered by respondents.

For questionnaire development, the researcher considered the following features: the determination of the aims of each questionnaire, the selection of an appropriate question styles, the design, the piloting and the revision of questionnaires, and finally the administration of questionnaires.

In this process of pretesting, the researcher referred to Faux (2010) by considering four main issues of design: the questionnaire content, the questionnaire form, the instrument and procedures and the process. The researcher provided space to respondents to indicate which questions presented content problems with regard to clarity, specificity, appropriate language, simplicity and relevance. The researcher conducted this second step during piloting. This was the time for the researcher to detect errors and flows made in the construction of the questionnaires and make revision to construct the final version that the researcher submitted to the respondents.

3.4.2.2 Focus Group

According to Blanche *et al.*, (2006:304), a focus group is “typically a group of people who share a similar type of experience, but a group that is not naturally constituted as an existing social group”. Hardon *et al.*, (2001:209), point out that focus group research “involves organised discussions with a selected group of individuals to gain insight on their views, feelings, beliefs and experiences regarding a certain topic”. In comparison with an individual interview they claim that, the advantage is that some ideas, experience, and feelings are more likely to be revealed in the interaction within a group (Ibid: 209). In addition, Creswell *et al.*, (2007:338) defines focus group

as “a group of subjects interviewed together, prompting a discussion”. Thus focus groups intend to gather people together in order to know their point of view on a certain subject.

In this study, focus group discussions allowed the researcher to elicit information that could not be provided by the questionnaire; on the one hand, and to get deeper information related to respondents’ perception to HIV risk, their perception as reflected in the Shuga film and the behaviour that the Shuga film is likely to inspire, on the other hand.

3.4.3 Data analysis

Ely *et al.*, (1991:140) explain that, “to analyse is to find some way or ways to tease out what we consider to be essential meaning in the raw data; to reduce and reorganise and combine so that the readers share the researchers findings in the most economic, interest fashion. The product of the analysis is a creation that speaks to the heart of what was learnt”. The phase of data analyses was an on-going process throughout the research procedures.

Qualitative data analysis is “usually based on an interpretative philosophy that is aimed at examining meaningful and symbolic content of qualitative data” (Creswell *et al.*, 2007: 99). Thus qualitative data analysis “tends to be on going and iterative (non-linear) process, implying that data collection, processing, analysis and reporting are intertwined, and not merely a number of successive steps” (ibid, 100). This study used themes in analysing qualitative data and to draw conclusions. A theme is, according to Welman *et al.*, (2005), an umbrella set of constructs which are usually identified by the researcher before, after and during the data collection. Themes which the researcher was looking for in this study clustered around the assessment of UWC students’ knowledge about HIV and their attitudes towards it, while investigating the impact of the MTV-produced Shuga film on the students’ self-perception of risk and their attitudes toward HIV. The study also assessed the value of follow-up focus group discussions on the film after it is viewed by students.

Quantitative data analysis is the “numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena that those observations reflect” (Babbie, 2008:443). In quantitative data analysis, the data were pre-coded in Statistical Package for Social Sciences (SPSS) version 20 for window data view spread sheet. Data from all 40 baselines, post-baseline and post- focus group discussions film questionnaires were entered. The coding was used for all categorical variables (for example sex, age and variable names were defined).

For simple categorical questions of Yes and No type, the codes 1=Yes, 2=No, 0= no response were assigned. Other items in this section were assessed by asking UWC students to respond to 1=strongly agree, 2= agree, 4=disagree, 5=strongly disagree and 3=undecided statements. For simple numerical information such as age of respondents, the actual number was used as a code and the variable name defined. Data error was checked by running an initial check on data quality using SPSS descriptive analysis which identified the dirty data. An initial check using SPSS descriptive analysis was also used to provide calculation on average values for numerical variables and if in case the mean values were deviating significantly from average values, data error was suspected, possible problems were identified and incorrect values were traced and changed in the SPSS Data editor.

Quantitative data analysis was carried out using SPSS and the results were presented in simple percentages. The variables on UWC students' knowledge, attitude and socio-demographic data were stratified by sexual experience in order to determine their association to Students' sexual behaviour.

3.4.4 Reliability, validity and generalizability of the study

This section outlines some of the criteria the researcher used to make sure that the collection and analysis of data could yield results that are credible. These criteria are reliability, validity, and generalizability.

3.4.4.1 Reliability

Reliability means dependability or consistency. It suggests that “the same thing is repeated or recurs under the identical or very similar conditions” (Neuman, 2000:164). Reliability of collected data on this study was addressed through cross-checking the reliability of the answer. Further, Creswell *et al.*, (2007:215) defines reliability as “the extent to which a measuring instrument is repeatable and consistent”. Thus reliability helps to identify the reliability of the instrument in the research. The reliability of the research questionnaire was tested through the examination of the Cronbach Alpha reliability Index. The coefficient of 0.78 that resulted from the analyses indicates a high consistency between the different parts of the questionnaires. Also, the index of 0.81 that resulted from analyses indicates that the individual questions spoke to the same construct.

3.4.4.2 Validity

According to Neuman (2000:164) validity “suggests truthful and refers to the match between a construct, or the way a researcher conceptualizes the idea in a conceptual definition, and a

measure”. The above source continues to say that validity refers to how well an idea about reality fits with actual reality. Creswell *et al.*, (2007:216) defines validity as “the extent to which it measures what it is supposed to measure. In the human sciences this is particularly problematic since instruments need to measure human emotions like anger and motivation”.

This study involves issues regarding sexual behaviours and HIV so it was a sensitive research as we know many people are not confident to speak openly about sexuality and HIV & AIDS. In addition to that, the privacy of the questionnaires and focus group discussions was confidential. Any information obtained from them was assured through the use of self-administered anonymous questionnaires. Furthermore, sexual behaviour questions were asked further in the questionnaire after respondents had become more familiar with and trusting of the interviewer. Recall bias was reduced by ensuring that participants had enough time to reflect before answering the questions.

3.4.4.3 Generalizability of study

The result of this study could only apply to South African University students. Since the study sample takes only UWC Students, the study findings might not represent the overall population of youth, in general and university students in particular. However, it is anticipated that the study findings have relevance to all University students in similar setting in South Africa and Africa as a whole since the sample of this study was representative of the youth and university students in the study area.

3.5 RESEARCH PROCEDURE

The researcher began with a literature review and from this, composed questions to use with initial participants that addressed pertinent issues related to HIV and HIV reduction. The researcher pre-tested the questionnaires with few people and then administered them for the first round with students identified as part of the study. The researcher administered baseline questionnaires before and after viewing the film and immediately conducted follow-up focus group discussions. The data was captured and analysed using SPSS.

3.6 ETHICAL STATEMENT

In general, the research process started after the University of the Western Cape Senate and Institute for Social Development approved the research proposal. Permission to undertake the research was also requested from the University of the Western Cape Research committee. At the beginning of the research process in order to treat all the information gathered sensitively and confidentially, the researcher reached a common agreement with the University of the Western

Cape student. This study was conducted only after the proposal was submitted and approved by the Post Graduate Board of Studies and the Senate Higher Degree Committee of the University of the Western Cape (UWC).

The researcher adhered to the following ethical rules: Participation in the research study is voluntary, with no form of coercion used against participants and a participation agreement form was provided. Confidentiality was guaranteed, and the participants had the right to withdraw from the research at any stage and for whatever reason. The researcher took the responsibility in ensuring that all the information gathered be treated sensitively and confidentially as well as protecting the identities and interests of all participants. The researcher pledged to meet all the other legal and ethical requirements of the University of the Western Cape throughout the course of the study.

3.7 CHAPTER SUMMARY

This present chapter has outlined the methodology used by the researcher to collect and analyse data. The chapter has shown that, it uses the mixed research design, using a case study approach. It has also shown that data were collected using questionnaires and focus group discussions. Qualitative data were analysed using thematically analysis and quantitative data were analysed using Statistical Package for Social Sciences version 20 (SPSS). The study population was University Students who resided on campus (in residences) and outside campus. The next chapter will present research findings using the methods presented on this chapter.

CHAPTER FOUR: DATA PRESENTATION AND ANALYSIS

4.1 INTRODUCTION

This chapter presents and analyses collected data. It then provides detailed descriptions and analyses of the different responses obtained from the respondents in the three questionnaires that include baseline, post-baseline and post-focus group discussions. Results are presented according to the key discussion areas that were identified during the study design and used to inform the data collection process. In addition, the researcher has adopted some of the contents outlined in Douglas Kirby's book "Reducing Adolescent Sexual Risk; A Theoretical Guide for Developing and Adapting Curriculum-Based Programs" to interpret the collected data. Kirby's book utilises different themes such as, perception of risk, knowledge, peers norms, attitudes towards HIV and future intents, which the researcher has found useful for this study. This study goes further than Kirby by considering issues related to emotions, finance, social norms, culture, gender inequality, family/ friends and other complicating factors. Finally, the chapter provides a summary. The analysis of the collected data in the present chapter is an attempt to answer the following research questions:

1. What are the UWC students' perceptions of risk for HIV?
2. Does viewing Shuga change self-perception of personal risk?
3. Do follow-up group conversations affect self-perception of risk?
4. If Shuga changes risk perceptions, what are the intended behavioural changes inspired by Shuga?

4.2 SUMMARY OF THE MOST SIGNIFICANT RESULTS

This section will highlight the most significant results of each question based on the responses received from the participants.

The data below will be represented by going through question by question with the questions grouped into themes. The researcher will combine presentation of statistical change with results from focus group discussions. The follow up group conversations were largely student-driven. The researcher facilitated the conversations and tried not to bring the content and agendas of her own that might bias the study results.

4.2.1 Perception of risk

Three questions from the questionnaire targeted this theme. In each of these questions, the respondent was asked to select the number from one to three that corresponds to the statement that best reflects her/his perception of risk to HIV & AIDS. These results were then entered into SPSS for analysis.

Question 1. I am not at risk of HIV

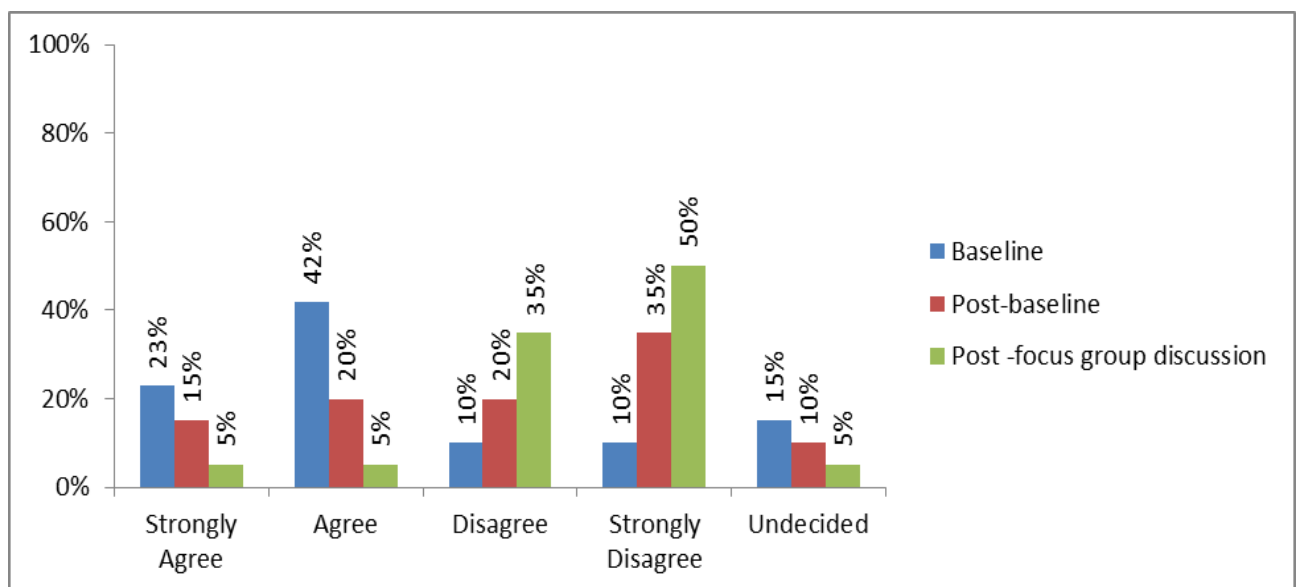
Question 2. I do not need to worry about HIV

Question 3. I can handle or successfully navigate situations with the risk of HIV being present

Question 1: I am not at risk of HIV.

Figure 1 below indicates the comparison of responses to the question “I am not at risk of HIV” for baseline, post-baseline and post-focus discussion groups.

Baseline relates to the questionnaire asked to respondents before they view the film, post-baseline relates to the same questionnaire asked to respondents after they have seen the film and focus group discussion is the discussion conducted with groups of respondents after they have seen the film and responded to the two questionnaires.



Source: Field Survey (2012)

The first theme investigated is the extent to which university students perceive the risk of their sexual behaviours.

The analysis of the data indicates that for the baseline, the majority of respondents (23 per cent of the respondents strongly agreed and 42 per cent agreed, thus a total of 65 per cent) reported that they are not at risk for HIV. These results may be interpreted as an indication of lack of awareness from South Africa youth regards the risky sexual behaviour. However, the results also indicate that 15 per cent of the respondents were undecided to tell whether they are at risk for HIV or not. One important issue is therefore implied through this general trend: if someone is not aware of the risk she/he takes through unsafe sex, it is likely difficult to design appropriate strategies that are likely to help reduce the HIV prevalence. This assumption finds support when Turner *et al.*, (2004) points out that one's opinion reflects the action to reduce risk or seriousness of the impact of strategies designed to reduce the threat of HIV & AIDS. Only 10 per cent of respondents disagreed and 10 per cent strongly disagreed that they might be at risk for HIV & AIDS.

For post-baseline, the figure indicates that 15 per cent of respondents strongly agreed and 20 per cent agree that they are not at risk for HIV. This is an indication that after the film was viewed by respondents, many respondents could realise the effects of HIV & AIDS. Hence this made them aware of the potential risks. Further, 10 per cent of respondents were not sure whether they were at risk for HIV or not. From the data that indicate that 35 per cent of respondents strongly disagree and 20 per cent disagree they are at risk for HIV & AIDS, I can conclude that the film influenced the respondent's behaviour change based on the reality it contained. For instance the film depicts the young girl who compromised her life for a job promised by a sugar daddy. The impact of film on behaviour change for HIV has been also identified by UNAIDS (2004) that edutainment such as film if used effectively in the communities has a potential of influencing the perception of the sexual risk behaviours for HIV & AIDS among university students and youth.

Results after the focus group discussions indicate that the majority of respondents (50 per cent and 35 per cent of the respondents) interviewed either disagree or strongly disagree that they are not at risk for HIV & AIDS. In this case the effect of the film and the discussions had provided important information respondents were never aware of. For instance, during the discussions majority of respondents were aware about risks associated with HIV & AIDS but still:

“Some of the UWC students know that the virus exists, other students do not care about that and still others say that if HIV kills then what about cancer and others diseases? We also need to think

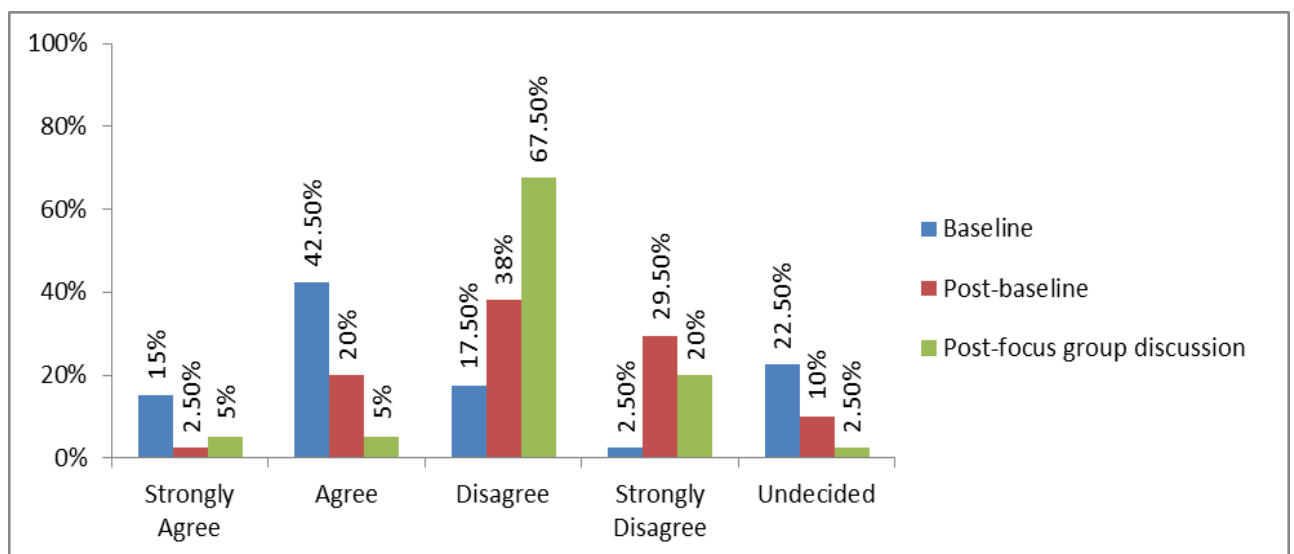
about other diseases than just HIV? I think students have the awareness of how they can protect themselves from getting the virus but because they sometimes ignore and say why should I stop drinking? I can't stop enjoying my life because I am afraid of contracting HIV. By the way life is too short; we should live like we are dying tomorrow” (A Female Participant from Group 1).

Only 5 per cent of the respondents were not sure whether they were at risk or not for HIV & AIDS. This is an indication that the effective awareness programmes are paramount in terms of intervention. There is still 5 per cent of respondents who agree and the 5 per cent of other respondents who strongly agree that they are not at HIV risk even after the discussions. I consider this as a very small percentage. I can find the answer through the health belief model, when it posits that individuals perceived susceptibility to a disease or health problem and their perceived severity of that disease or health problem affect their efforts to avoid (Rosenstock *et al.*, 1994). For example, if people believe that particular behaviours increase their likelihood of contracting HIV they will try to avoid that behaviour.

In summary, the film and discussion group both had significant impacts on participants' perception of HIV risk. At baseline, 65 per cent indicated they were not at risk of contracting HIV. After the film, 55 per cent reported they were at risk of getting HIV. After the focus group discussions, 85 per cent perceived that they were at risk of getting HIV.

Question 2: I do not need to worry about HIV.

Figure 2 below indicates the comparison of responses to the question “I do not need to worry about HIV” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

In a report by The Kaiser Family Foundation and South Africa Broadcasting Corporation (2007), Shisana *et al.*, (2005), Shefer (2009), HEAIDS (2010) and insights from a study conducted by Anderson and Beutel (2007), university students in South Africa often perceive their risk of HIV & AIDS to be lower even if they are engaged in the HIV & AIDS risk behaviours.

Responses from baseline indicate that almost half of respondents (42.5 per cent) strongly agreed and (15 per cent) agree that they do not need to worry about HIV. This means that majority of respondents believe that they do not need to worry about HIV. 22.5 per cent of the respondents were undecided if they need or do not need to worry about HIV. 17.5 per cent of respondents disagree and 2.5 per cent strongly disagree with the statement that they do need to worry about HIV.

For post-baseline only 2.5 per cent strongly agree and 20 per cent agree that they do not need to worry about HIV. After viewing the film respondents became aware that they do need to worry about HIV. 38 per cent of respondents disagreed and 29.5 per cent strongly disagreed that they do need to worry about HIV because they might get it. The film influenced the respondents' behaviour change based on the veracity it contained. For example the film depicts the young girls/boys who put their life at risk for HIV after drinking excessive alcohol and later end up getting it. 10 per cent of the respondents were not sure if they need or not to worry about HIV.

Results after the focus group discussions indicate that 5 per cent and 5 per cent of the respondents interviewed strongly agree and agree that they do not need to worry about HIV. In this case, the effect of the film and the discussions provided important information to respondents regarding HIV & AIDS risks. For instance, after the film and during the discussions majority of respondents were aware about the risks which can lead to the HIV infection but still:

Majority of the respondents agreed with a Male Participant from Group 2 who said that: *"I do not need to worry too much about HIV because if you only have sex without condom with your long term partner there will be no problem. The problem comes when you cannot trust your partner and yourself, this is when the risks are very high hey"*.

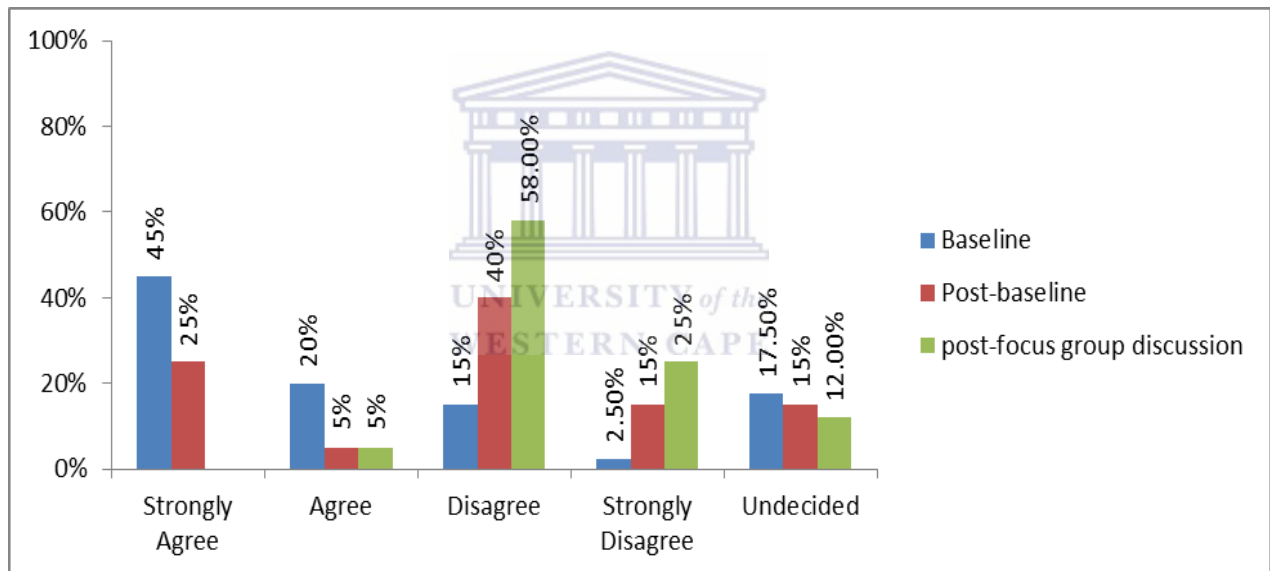
67.5 per cent and 20 per cent of the respondents disagreed and strongly disagreed that they do need to worry about HIV. The majority respondents realized that it is true that HIV among the university students is high and they do need to worry about it. This is an indication that effective awareness programmes are vital in terms of intervention. 2.5 per cent of the respondents were not sure if they need or not to worry about HIV.

They were more increase of the percentage of respondents that they need to worry about HIV for post film and post focus group discussions. This means that the change occurred in perception of risk for respondents were after the combination of post film and post discussion.

In summary, the film and discussion group both had significant impacts on participants’ belief that HIV is something for them to worry about. At baseline, 57.5 per cent indicated they do not need to worry about HIV. After the film, 67.5 per cent reported HIV is something to personally worry about. After the focus group discussions, 87.7 per cent believed that they must worry about HIV.

Question 3: I can handle or successfully navigate situations with the risk of HIV being present

Figure 3 below indicates the comparison of responses to the question “I can handle or successfully navigate situations with the risk of HIV being present” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

The value of considering perception of risk is confirmed as a very important theme in this study. Most of the respondents were sure that they can handle or successfully navigate situations with the risk of HIV being present.

Responses from baseline indicate that, 55 per cent strongly agreed and 20 per cent agreed that they can handle situations with the risk of HIV being present. This is because most of the respondents trusted themselves that they can manage to handle themselves in the matter concerning HIV risks. 17.5 per cent of the respondents indicated that they were not sure whether they can handle or not situations with the risk of HIV being present. 15 per cent disagreed and 2.5 per cent of respondents

strongly disagreed that they cannot handle or successfully navigate situations with the risk of HIV being present. These respondents were sure that, there are human beings and sometimes they might not be able to handle the risk of HIV being present.

For post-baseline 25 per cent of respondents strongly agreed and 5 per cent agreed that they could handle situations with the risk of HIV being present. 40 per cent disagreed and 15 per cent strongly disagreed that they could not handle or successfully navigate situations with the risk of HIV being present. This is due to the film they watched as they could realize that they are more at risk of HIV and it is not easy to navigate it. The film influenced the respondent's behaviour change based on the truth it contained. For example the film depicts the young girl who thought that she will handle the HIV risks but she could not and later she put herself and others at risk for HIV. 15 per cent of the respondents were not sure if they can or not handle or successfully navigate situations with the risk of HIV being present.

Results after the focus group discussions indicate that only 5 per cent of the respondents agree that they can handle or successfully navigate situations with the risk of HIV being present. In this case, the effect of the film and the discussions provided important information to respondents regarding HIV risks that changed their self-perception of risk. For instance, after the film and during the discussions, a majority of respondents were aware about the risks of HIV which are present but still:

Some of the respondents agreed with a female participant from Group 4 who said that: *"I can navigate through some of the risks which put me and others at risk for HIV. Though it is very difficult but I can navigate the risk and be safe"*.

58.5 per cent disagree and 25 per cent strongly disagreed that they might not handle or successfully navigate situations with the risk of HIV being present. This is an indication that effective education media programmes are vital in terms of intervention. 12.5 per cent of the respondents were not sure if they can or not handle or successfully navigate situations with the risk of HIV being present.

In summary, the film and discussion group have both exerted a huge influence on participants' conviction that they cannot handle or successfully navigate situations with the risk of HIV being present. At baseline, 65 per cent indicated they can handle or successfully navigate situations with the risk of HIV being present. After the film, 55 per cent indicated they cannot handle or successfully navigate situations with the risk of HIV being present. After the focus group discussions, 83 per cent confessed they cannot handle or successfully navigate situations with the

risk of HIV being present. This is an extraordinary change in students' perception of their own vulnerability.

4.2.2 Knowledge

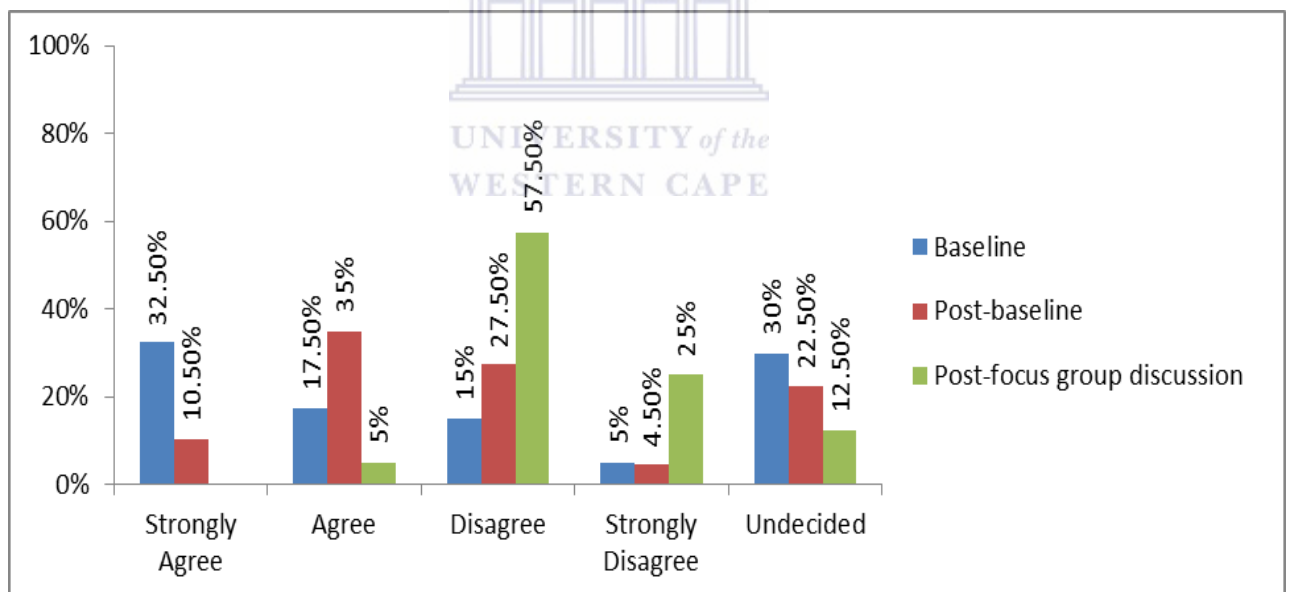
Two questions from the questionnaire targeted knowledge. These are questions 4 and 5. In each of these questions, the respondents was asked to select the number that correspond to the statement that best reflects her/his knowledge towards HIV & AIDS.

Question 4. I know enough about HIV and do not need to know more

Question 5. I personally think that having sex without condoms once in a while is a “big deal”

Question 4: I know enough about HIV and do not need to know more

Figure 4 below indicates the comparison of responses to the question “I know enough about HIV and do not need to know more” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

Knowledge can provide a foundation for human action. What people know affects what they do and what people do not know might affect what they do. According to HEAIDS (2010), UNAIDS (2010); Shefer (2009); Harding *et al.*, (1999) and Adekeye, & Adeusi (2011), one would presume that those studying at university have the knowledge on how to protect themselves against HIV &

AIDS. It seems that some have the knowledge about HIV & AIDS but it may not be easy for them to practice safe sex.

The results for baseline show that, 32.5 per cent and 17.5 per cent of the respondents strongly agree and agree that they know enough of HIV and do not need to know more. Respondents here claim to know most of the things about HIV. Further, 30 per cent of the respondents were undecided as to whether or not they knew enough about HIV & AIDS and do not need to know more about it. 5 per cent and 15 per cent of the respondents strongly disagree and disagree that they are knowledgeable enough about HIV and need to know more which means more awareness campaign is critical in this regard.

For post-baseline 35 per cent and 1.5 per cent of the respondents either agreed or strongly agreed that they know enough about HIV and do not need to know more. It is an indication that after the film respondents realised that they might not be knowledgeable enough about HIV & AIDS and they need to know more. 27.5 per cent and 4.5 percent of the respondents disagree and strongly disagree that they do not know enough of HIV and they need to know more about it. Consequently, the film influenced the respondent's behaviour change based on the truth it contained. For example, the film shows how the youth and university students involved themselves in the risks sexual behaviours towards HIV & AIDS while they have the knowledge to prevent themselves from the virus.

According to Singhal and Rogers (2002); Vaughan and Rogers (2000); The Kaiser Family Foundation and South Africa Broadcasting Corporation (2007) education entertainment such as film is among the strategy used to spread the ideas in order to bring about behaviour and social change in societies. For example the film depicts the young students who endanger their lives for fun. 22.5 per cent of the respondents were not sure if they know or do not know enough about HIV and do not need to know more.

Results after the focus group discussions indicate that 57.5 per cent and 25 per cent of the respondents disagree and strongly disagreed that they do not know enough of HIV and they need to know more. In this case, the effect of the film and the discussion had provided important information respondents were never aware of. For instance, during the discussions, the majority of respondents were aware about the lack of knowledge they have associated with HIV & AIDS but still:

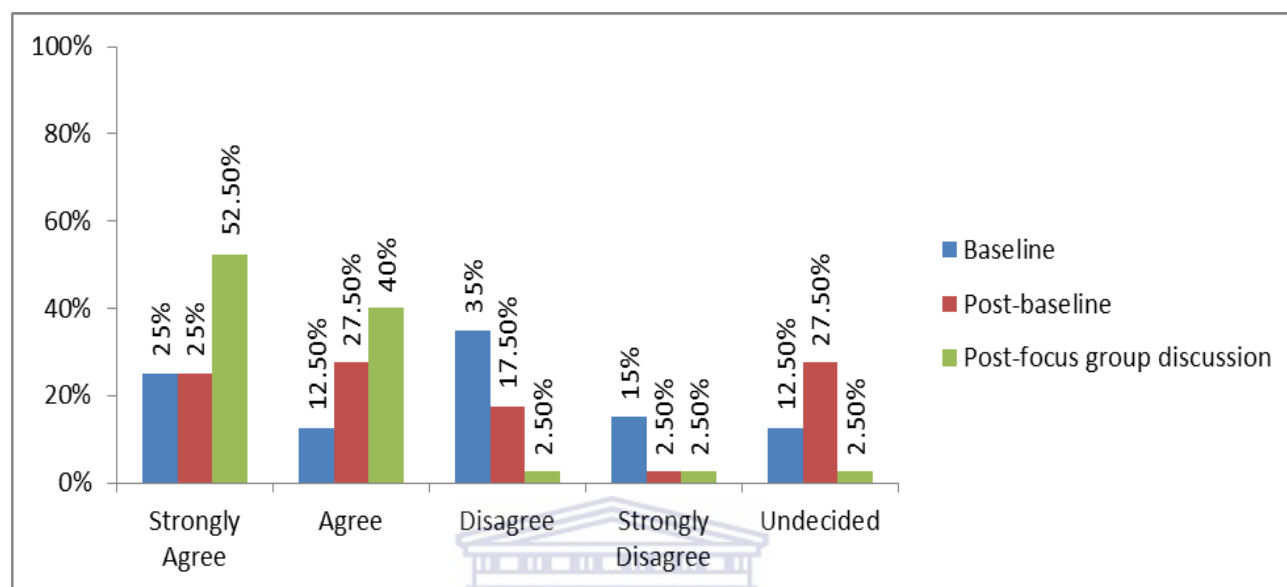
“Students here on campus still believe that, university students are not at risk of HIV because they have some knowledge about HIV, but some respondents said despite having the knowledge they might still engage in what they are not supposed to do to protect themselves against HIV. Some students at UWC are still not sure whether they can also be infected with the virus and it’s shocking when they say they are not a risk while we are the most infected and risky group” (A male Participant from Group 3).

However, it is worth noting that only 12.5 per cent of the respondents were not sure whether they know enough about HIV and do not need to know more. This is an indication that awareness programmes that speak to intervention measures are necessary. 5 per cent of the respondents interviewed agreed that they know enough about HIV and do not need to know more of it, even after the discussions but this is a very small percentage. This shows that the film and discussions had a huge impact to how the respondent’s response to the questions asked. According to Kirby (2011) even though knowledge may provide a foundation, greater knowledge may not necessary assure responsible behaviours. For example, youth may know that drinking alcohol increases their chances of engaging in unintended sexual activity, but may drink alcohol anyway if they are at the party and all their friends are drinking. Knowledge provides a foundation for human action, but knowledge alone is not sufficient.

In summary, the film and discussion group both continued to demonstrate a significant impact on participants’ earlier claims that they knew enough about HIV and that they did not need to know more. At baseline, 50 per cent indicated they know enough about HIV and do not need to know more. After the film, 32 per cent indicated they do not know enough about HIV and they need to know more. After the focus group discussions, 82.5 per cent showed they do not know enough about HIV and they need to know more.

Question 5: I personally think that having sex without condoms once in a while is a “big deal”

Figure 5 below indicates the comparison of responses to the question “I personally think that having sex without condoms once in a while is a big deal” for baseline, post-baseline and post-focus group discussions.



Source: Field Survey (2012)

The quest for university student’s pleasures also explains inconstancy and laxity among them regarding the use of condom for prevention. Hoff *et al.*, (2003) reported that, one in six university students said that sex without a condom once in a while was not a “big deal”, and one in five said that they have had unprotected sex after drinking alcohol or taking drugs. At secondary and high school level, similar attitudes are appears to be common.

For baseline, 25 per cent and 12.5 per cent of the respondents strongly agreed and agreed that they personally think that having sex without condom once in a while is a “big deal”. This shows that very few respondents think consistent condom use is important. The data show that 12.5 per cent of the respondents were not certain about having sex without condom once in a while is a “big deal or not”. 35 per cent and 15 per cent of the respondents disagreed and strongly disagreed that they personally think that having sex without condom once in a while is not a “big deal”. Majority of the respondents think that having sex without condom once in a while is not an issue.

For post-baseline, 25 per cent and 27.5 per cent of the respondents strongly agreed and agreed that they personally think that having sex without condoms once in a while is a “big deal”. This shows that after the film respondents realised that it is not safe to have sex without condom. Hence, this

made them aware of the potential risks for HIV & AIDS. 27.5 per cent and 15 per cent of the respondents disagree and strongly disagree that they personally think that having sex without condom once in a while is not a “big deal”. 12.5 per cent of the respondents were not sure if they personally think that having sex without condom once in a while is a “big deal” or not.

The film influenced the respondent’s behaviour change based on the veracity it contained. For example, the film depicts the young girls/boys who have sex without condom after excessive drinking this put them and other people at risks for HIV. In addition to that UNAIDS (2004) and Kaiser Family Foundation and South African Broadcasting Corporation (2007) many media organizations are rising to the challenge of the epidemic by promoting knowledge and awareness about HIV as well as educating listeners and viewers on the facts of the epidemic and how to eradicate it.

Results after the focus group discussions indicate that the majority of respondents, that is, 52.5 per cent and 40 per cent of the respondents strongly agreed and agreed that they personally think that having sex without condom once in a while is a “big deal”. In this case the effect of the film and the discussions provides important information on knowledge to the respondents which they were not aware of. For instance, during the discussions a majority of respondents were aware about knowledge towards HIV risks and condom use but still:

“Some of the students do not care about using ARVs, they are saying they are so tired of the HIV & AIDS education; we need to have something different. Are we going to have this education all the time? If students do not want to know about something maybe a different way of showing them should be formed. Because here at UWC condoms are everywhere, anywhere but are the people using them? We are not sure, as we know from our friends they do not enjoy wearing condoms so what should be done? Something about condom education should be emphasized here on campus”
(A Male Participant from Group 2).

In addition, a female Participant from Group 4 explained that *“Most of my friends here on campus say that, they use condoms for maybe one or two weeks and then after they forget about condoms because they trust their partners. For girls it is very difficult to convince your boyfriend to use condom all the time because he might tell you, do you have other men or are you cheating on me? And you will feel bad and you will say okay baby I trust you and you start having it (sex) without protection”*.

Condom use was most likely in casual sexual relationships or those in which trust had not been established and was stopped if the relationship became long-term.

2.5 per cent of the respondents were not sure if they personally think that having sex without condom once in a while is a “big deal or not”. After the focus group discussions the respondents had to rethink about the important of the condom use and the risk involved if you are not using protection during sex intercourse. This means that respondents were more knowledgeable about consistent condom use in order to protect themselves from the risks of HIV & AIDS.

In summary, the film and discussion group both had vital impacts on participants’ previous understanding that they personally thought having sex without condoms once in a while was a “big deal”. At baseline, 37.5 per cent indicated they personally thought that having sex without condoms once in a while is a “big deal”. After the film, 52.5 per cent reported they personally think that having sex without condoms once in a while is a “big deal” and they need to change their attitudes. After the focus group discussions, 92.5 per cent showed they personally think that having sex without condoms once in a while is a “big deal”. Again a large change in belief and perception of risk of behaviour. This particular behaviour is of greater risk of HIV transmission within high HIV prevalence contexts.

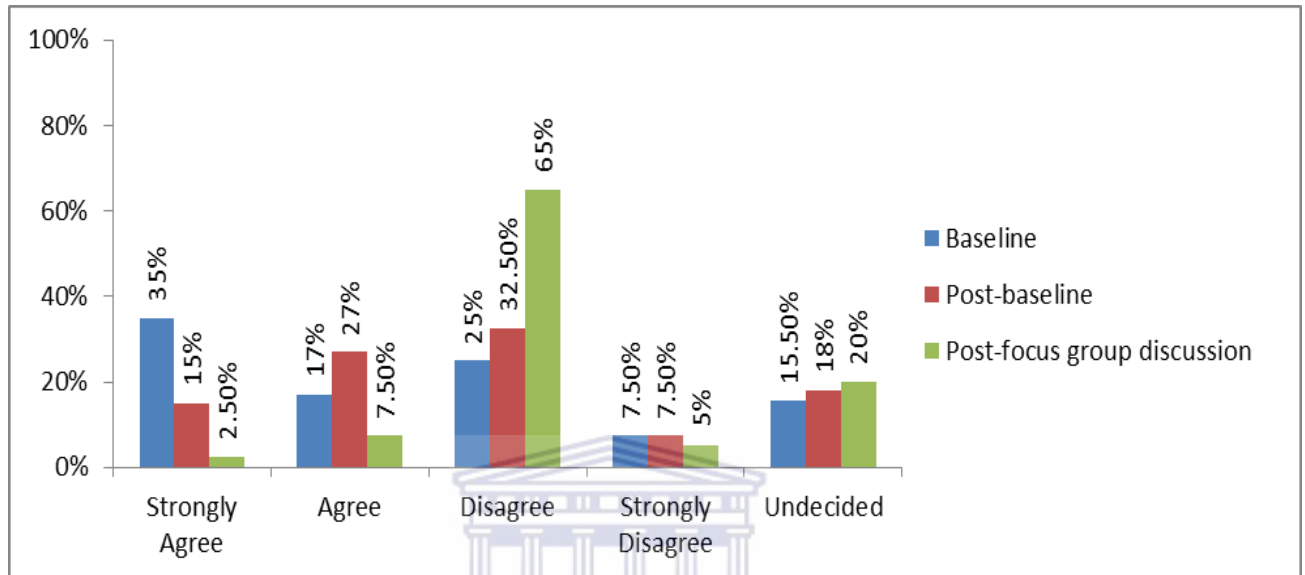
4.2.3 Peer Pressure

Four questions from the questionnaire targeted this theme of peer pressure. These are questions 6, 7, 8 and 9. In each of these questions, the respondent was asked to select the number that corresponds to the statement that best reflects their belief related to peer pressure and risk for HIV & AIDS.

6. I personally think that, peer pressure will not influence me to have risky sexual behaviours.
7. I am not going to have unprotected sex with different women or men as a way to show off to my friends.
8. I trust my sexual partner will tell me if they sleep around
9. I would definitely take the initiative to let my partner know if I am HIV positive

Question 6: I personally think that, peer pressure will not influence me to have risky sexual behaviours

Figure 6 below indicates the comparison of responses to the question “I personally think that, peer pressure will not influence me to have risky sexual behaviours” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

Uwalaka and Matsuo (2002); WHO (2006); Visser (2004); Turbin (2006); Hogue and Ghuman (2011) identify peer pressure as one of the many factors increasing the vulnerability of young people especially university students to vulnerability of being infected with HIV & AIDS. This is due to wanting to experience things which other peers experience and might result in risk for HIV.

However, for baseline, half of the respondents, that is, 35 per cent and 17 per cent of the respondents strongly agreed and agreed that peer pressure will not influence them to have risky sexual behaviours. The majority of the respondents here are sure that peer pressure will not influence them to have risky sexual behaviours. The data indicate that 15.5 per cent of the respondents were not sure if peer pressure will or will not influence them to have risky sexual behaviours. The minority of respondents 25 per cent and 7.5 per cent of the respondents disagreed and strongly disagreed that peer pressure might influence them to have risky sexual behaviours. Few respondents said that peer pressure is among the factors which might influence them to have risky sexual behaviours.

For post-baseline, 15 per cent and 27 per cent of the respondents strongly agree and agreed that peer pressure will not influence them to have risky sexual behaviours. 32.5 per cent and 7.5 per cent disagree and strongly disagreed that peer pressure might influence them to have risky sexual behaviours. As pointed out by Wight *et al.*, (2006); Donenberg *et al.*, (2002) and Diblasio and Benda (1990) peers play a major role in determining knowledge, attitudes, perceptions and behaviour among the university students and youths. 18 per cent of the respondents were not sure whether or not peer pressure could influence them to have risky sexual behaviours. The film influenced the respondent's behaviour change based on the recognised scenarios it contains. For instance the films portrayed how some of the boys in the film sleep around because they are friends are also doing the same.

Results after the focus group discussions indicate that 7.5 per cent and 2.5 per cent of the respondents agree and strongly agree that peer pressure will not influence them to have risky sexual behaviours. However, 5 per cent and 65 per cent of the respondents strongly disagreed and disagreed that peer pressure might influence them to have risky sexual behaviours. 20 per cent of the respondents were not sure whether or not peer pressure would influence them to have risky sexual behaviours. Majority of the respondents admit that there was considerable pressure on them to engage in sexual behaviours in a context where being sexual appears to be considered the norm because of the peer pressure. It is very common on campus for some students to act or do things so as they can show off to their friends for example:

“Other students engage in unsafe sex for pleasure or because they hear someone did that and they also want to do it. Students go for material things and they do not think about the future. They take life for granted; we just take material things without thinking about other people and ourselves. We do not think about the consequences which will follow from our actions or behaviours we have towards ourselves and others” (A Male Participant from Group 1).

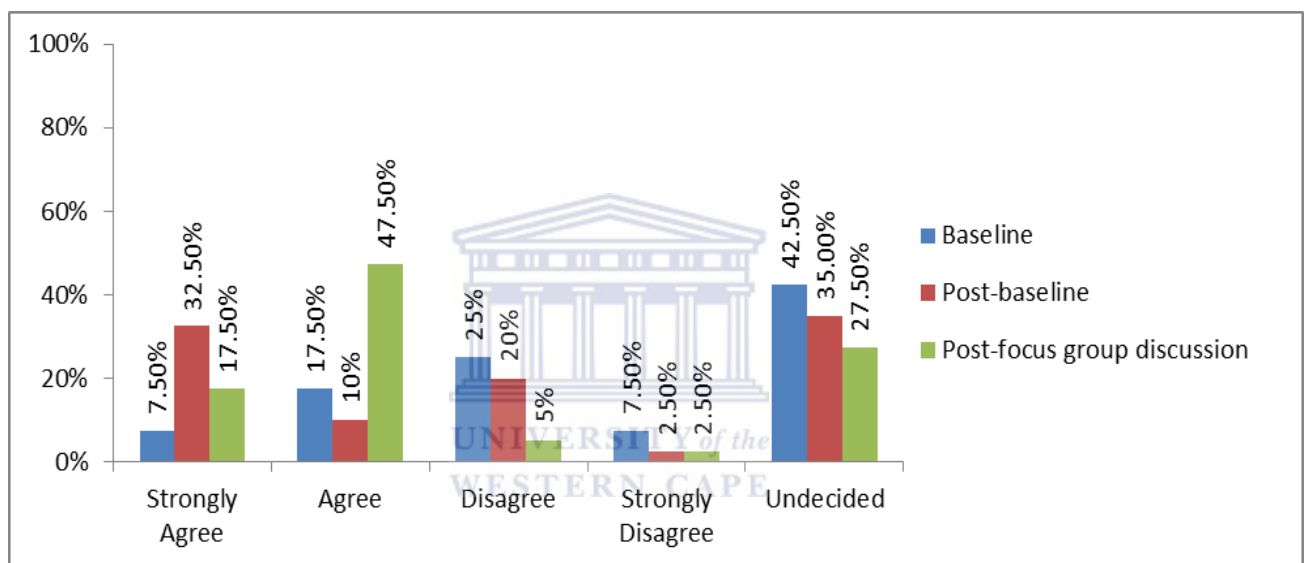
According to Bandura (1989) People learn by observing the actions of others and the consequences that then follow those actions. This means that peers are more likely to engage in sexual activity if their friends are. Further, if their peers are using condom when they have sexual intercourse, they are more likely to use condom but if not they are also not likely to use it.

In summary, the film and discussion group both had crucial impacts on participants' initial personal observation that peer pressure would not influence them to have risky sexual behaviours. At baseline, 52 per cent indicated they personally thought peer pressure would not influence them to

have risky sexual behaviours. After the film, 40 per cent discerned that peer pressure would influence them to have risky sexual behaviours. After the focus group discussions, 70 per cent changed their initial stance and personally thought that peer pressure can influence them to have risky sexual behaviours. The participants see how susceptible to peer pressure they really are.

Question 7: I am not going to have unprotected sex with different women or men as a way to show off to my friends.

Figure 7 below indicates the comparison of responses to the question “I am not going to have unprotected sex with different women or men as a way to show off to my friends” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

According to Campbell and MacPhail (2002) and Visser *et al.*, (2004) HIV risk behaviours such as having unprotected sex with different women or men among South Africa’s university students is often influenced by peers group norms. This means that some of the University students sleep around so as they can show off to their friends and be proud of themselves that they can also do what they are friends do.

However, for baseline 7.5 per cent and 17.5 per cent of the respondents strongly agreed and agreed that they are not going to have unprotected sex with different women or men so as they can show off to their friends. 42.5 per cent of the respondents were not sure whether or not they would have unprotected sex with different women or men so as they can show off to their friends. 25 per cent and 7.5 per cent of the respondents disagreed and strongly disagreed that they might agree to have unprotected sex with different women or men so they can show off to their friends. The results

above shows that majority of the respondents were uncertain about their risks of sexual behaviours towards HIV & AIDS.

For post-baseline 32.5 per cent and 10 per cent of the respondents strongly agreed and agreed that they were not going to have unprotected sex with different women or men so as they can show off to their friends. 20 per cent and 2.5 per cent of the respondents disagreed and strongly disagreed that they might have unprotected sex with different women or men so as they can show off to their friends. 35 per cent of the respondents were not sure whether or not they would have unprotected sex with different women or men so as they can show off to their friends. From these results, I can say that the film influenced the respondent's behaviour change based on the certainty it contained. For example, the film shows how the young people who were having unprotected sex with different partners put themselves and others at risk for HIV & AIDS.

Results after the focus group discussions indicate that 17.5 per cent and 47.5 per cent of the respondents strongly agreed and agreed that they are not going to have unprotected sex with different women or men so as they can show off to their friends. 5 per cent and 2.5 per cent of the respondents disagree and strongly disagree that they might have unprotected sex with different women or men so as they can show off to their friends. 27 per cent of the respondents were unsure if they are going to have unprotected sex with different women or men so as they can show off to their friends. The majority of the respondents were aware and agree that they are not going to have unprotected sex so as they can show off to their friends but still:

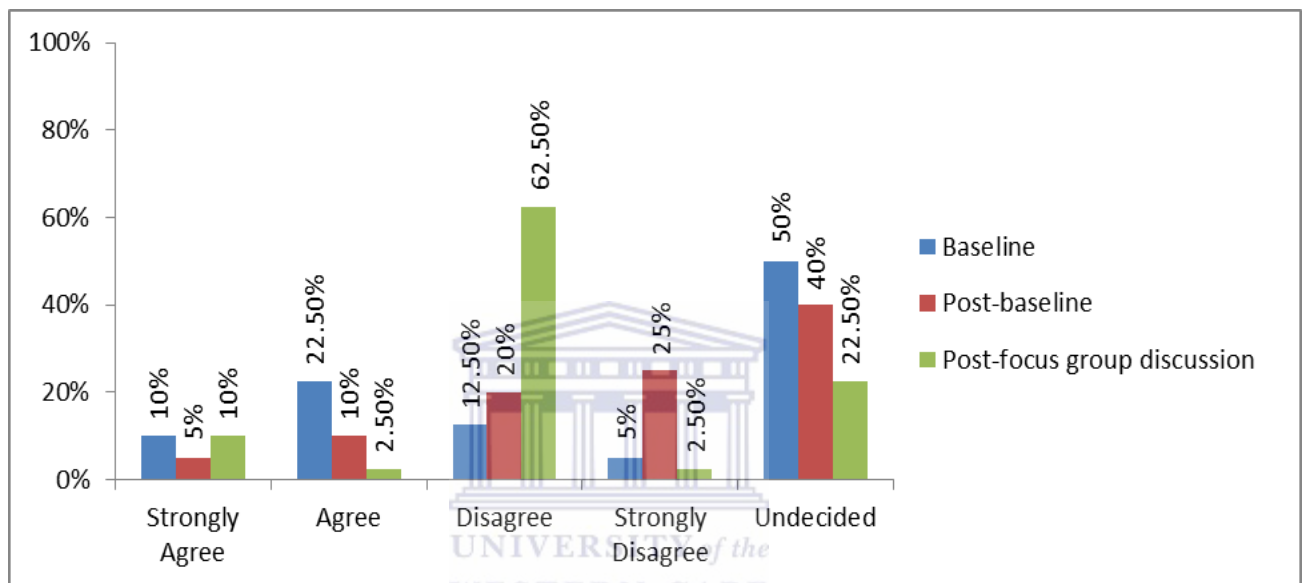
“Students decide to have many boyfriends or girlfriends to show off to their friends that, they can also manage to have many girlfriends and boyfriends. It is like a competition how many women or men you have slept with since you have been at UWC and if it's your first year you realize you also need to catch up with what others have been doing. This is when you also start doing it and have sex with different women/men for fun and if a condom is used we are not sure about it because many students on campus drink and smoke. So after they are drunk they don't remember what they did the day before” (A Female Participant from group 3).

In summary, the film and discussion group both had significant impacts on participants' belief that they are not going to have unprotected sex with different women or men as a way to show off to their friends. At baseline, 25 per cent indicated that they might not have unprotected sex with different women or men as a way to show off to their friends. After the film, 42.5 per cent of the respondents indicated that they would not have unprotected sex with different women or men so as

they can show off to their friends. After the focus group discussions, 65.5 per cent confessed that they were not going to have unprotected sex with different women or men as a way to show off to their friends.

Question 8: I trust my sexual partner will tell me if they sleep around

Figure 8 below indicates the comparison of responses to the question “I trust my sexual partner will tell me if they sleep around” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

According to Baron and Bryne (2006); Turbin *et al.*, (2006) the social psychological behaviour theory identifies that the nature of social behaviour and social thought of human beings are shaped by human feelings, behaviours and thought in a social situation.

For baseline, 10 per cent and 22.5 per cent of the respondents strongly agree and agree that they trust their sexual partners will tell them if they sleep around. 50 per cent of the respondents were not sure if they trusted their sexual partners would tell them if they sleep around or not. 12.5 per cent and 5 per cent of the respondents disagree and strongly disagree that they trust their sexual partners will not tell them if they sleep around. The results above shows that some university students and youth at UWC are not sure about their relationships and this might put them and others at risk for HIV & AIDS.

For post-baseline, 5 per cent and 10.5 per cent of the respondents strongly agree and agree that they trust their sexual partners will tell them if they sleep around. 20 per cent and 25 per cent of the

respondents disagree and strongly disagree that they do not trust their sexual partners will tell them if they sleep around. 40 per cent of the respondents were not sure if they trust their sexual partners will tell them if they sleep around. Again the film influenced the respondent's perception change through the recognisable scenarios is contained. For example, the film shows how the young girl who sleep around with a sugar daddy while she is involved with someone else and puts herself and others at risk for HIV & AIDS.

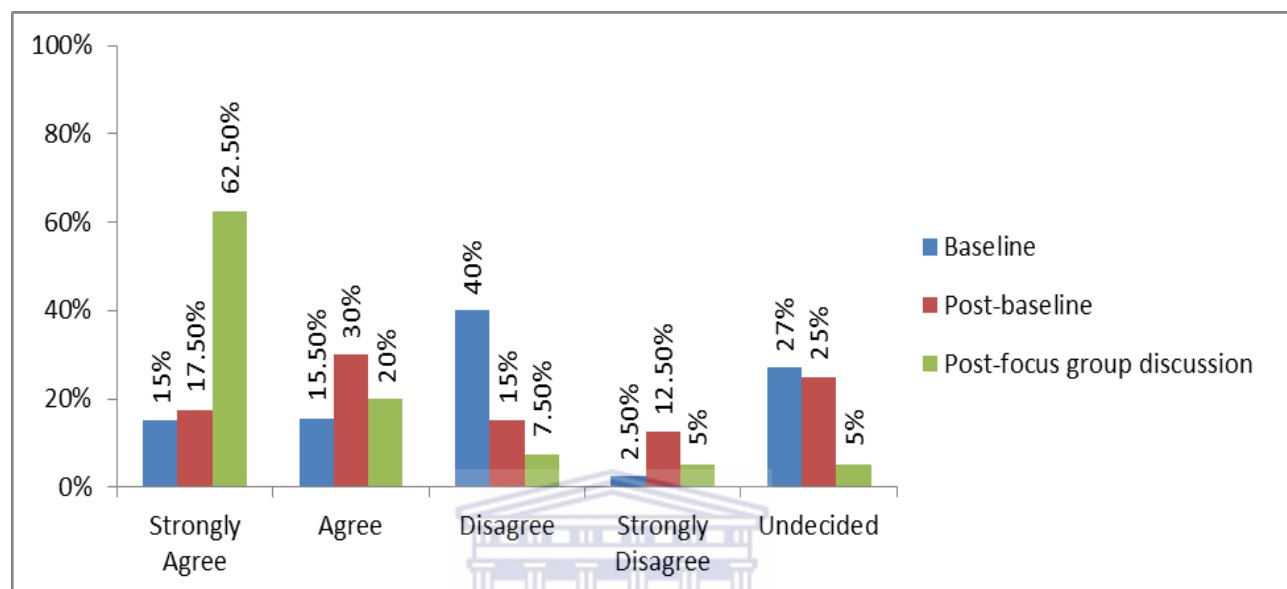
Results after the focus group discussions indicate that 10 per cent and 2.5 per cent of the respondents strongly agree and agree that they trust their sexual partners will tell them if they sleep around. 52.5 per cent and 2.5 per cent of the respondents disagree and strongly disagree that they do not trust their sexual partners will tell them if they sleep around. 22.5 per cent of the respondents were not sure if they trust their sexual partners will tell them if they sleep around. Here is an excerpt from one respondent:

“Most of my friends here on campus will do anything to be in a fashion, like they want to have anything which they see. For example cell phone, clothes and shoes. To get all these things it is not easy especially if you do not have a bursary or scholarship. So part of getting what they want might be to have sex with sugar daddies or sugar mummies so as they can get money to buy what they want. This is scary but this is what is going on, to some people on campus especially foreigners because they are far from home. Nobody sends them money and even if they get money from home sometimes it is not enough. This is because of the peer pressure they get from their friends in the residences. You can imagine, it is a shame but this is what it is. These students have been pressurised to be like their friends and they will do whatever it takes to be like them, so as they can feel they belong to certain group” (A Female Participant from Group 3).

In summary, the film and discussion group both had vital impacts on participants' belief that they trust their sexual partner will not tell them if they sleep around. At baseline, 32.5 per cent indicated that they trust their sexual partner will tell them if they sleep around. After the film, 52.5 per cent reported that they trust their sexual partner will not tell them if they sleep around. After the focus group discussions, 54 per cent believed that their sexual partner would not tell them if they sleep around.

Question 9: I would definitely take the initiative to let my partner know if I am HIV positive.

Figure 9 below indicates the comparison of responses of the question “I would definitely take the initiative to let my partner know if I am HIV positive” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

For baseline 15 per cent and 15.5 per cent of the respondents strongly agree and agree that they would definitely take the initiative to let their partners know if they are HIV positive. 27 per cent of the respondents were unsure if they would or not take the initiative to let their partner know if they are HIV positive. However, some respondents, that is, 40 per cent and 2.5 per cent disagree and strongly disagree that they might not take the initiative to let their partners know if they are HIV positive because they do not know how the society and their partners will react when they know they are HIV positive. The results above show that some youth at UWC are probably not open about their own HIV status when it comes to relationships and this might put them and others at risk for HIV & AIDS.

For post-baseline, almost half of the respondents, that is, 17.5 per cent and 30 per cent of the respondents strongly agree and agree that they would definitely take the initiative to let their partners know if they are HIV positive. 15 per cent and 12.5 per cent of the respondents disagree and strongly disagree that they might not take the initiative to let their partner know if they are HIV positive. 25 per cent of the respondents were not sure if they would or not take the initiative to let their partner know if they are HIV positive. From these results, it appears that the film influenced

the respondent's attitude change. The film show the sugar daddy who is HIV positive having sexual intercourse with a young girl without protection. In addition the film shows how the entertainment industry encourages and challenges young people to give a second thought to their beliefs and actions related to HIV and to reconsider what might be typified as their passive approach where matters related to HIV & AIDS are concerned.

Results after the focus group discussions indicate that the majority of respondents, that is, 62.5 per cent and 20 per cent of the respondents strongly agree and agree that they would definitely take the initiative to let their partners know if they are HIV positive. 7.5 per cent and 5 per cent of the respondents disagree and strongly disagree that they might not take the initiative to let their partner know if they are HIV positive. 5 per cent of the respondents were not sure if they would or not take the initiative to let their partner know if they are HIV positive.

In the discussion, most of the participants agreed with the participant who said that:

“Telling your partner that you are HIV positive might put your relationship with him in jeopardy; so it is better if nobody knows your health situation. It is not fair to do so but how the society and your boyfriend/girlfriend will treat you, it is better to keep secret and live your life as it was” (A Female Participant from Group 2).

In summary, the film and discussion group both had vital impacts on participants' belief that they would definitely take the initiative to let their partner know if they were HIV positive. At baseline, 42.5 per cent indicated that they might not take the initiative to let their partners know if they are HIV positive. After the film, 47.5 per cent reported that they would definitely take the initiative to let their partner know if they are HIV positive. After the focus group discussions, 82.5 per cent said that they would definitely take the initiative to let their partner know if they are HIV positive.

4.2.4 Family/friends support

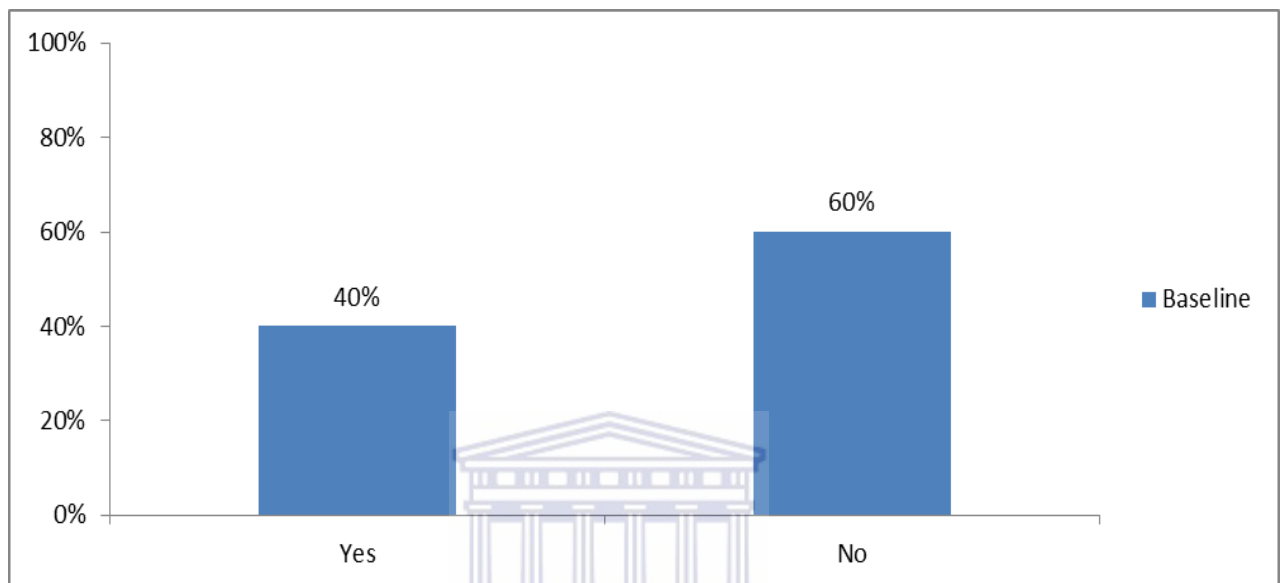
Two questions from the questionnaire targeted this theme. These are questions 10 and 11. In each of these questions, the respondent was asked to select the number that correspond to the statement that family/friends support can reduce/prevent HIV & AIDS risk.

10. I have spoken with my sisters/brothers about how we can support each other's to prevent getting HIV.

11. I have a family member/ a friend who has HIV which I did not reach out and support.

Question 10: I have spoken with my sisters/brothers about how we can support each other to prevent getting HIV.

Figure 10 below indicates the comparison of responses of the question “I have spoken with my sisters/brothers about how we can support each other to prevent getting HIV” for baseline.



Source: Field Survey (2012)

According to (Kirby, 2011) family/friends communication with their friends and family might influence a lot in behaviour change such as testing, condom use, delaying sexual intercourse and speaking with the partners on the risks for HIV.

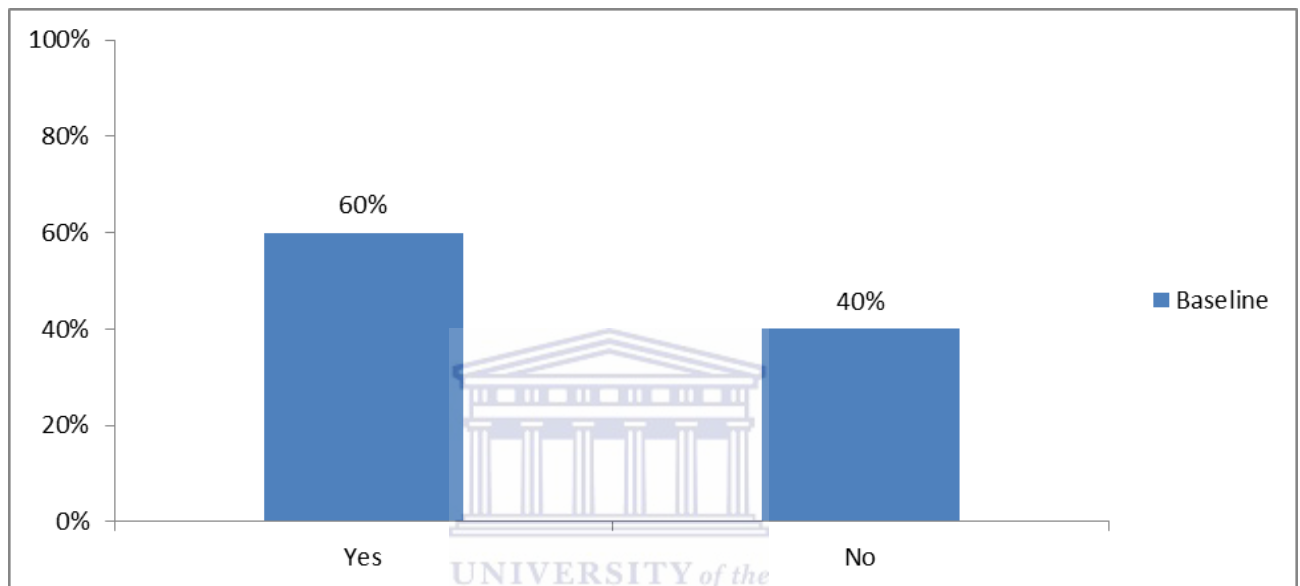
For baseline, 40 per cent of the respondents acknowledged that they could speak with their sisters/brothers about how they can support each other to prevent getting HIV. Very few respondents said yes because of the values and beliefs they have towards HIV & AIDS prevention. 60 per cent of the respondents said that they could not dare speak to their sisters/brothers about how they can support each other to prevent getting HIV. The data indicates that the majority of the respondents could and did not speak to their sisters/brother about HIV because they are not aware if it is important to do so.

This shows that majority of the respondents does not speak to their sisters/brothers about HIV. It is apparent that more work to mobilise family interaction and awareness is needed in this matter. As we are aware, family ties play a big role in influencing one’s attitude and perceptions on their

assessment of self-risks. Education is also important because sometimes people are scared on how their sisters/ brothers will react when they start talking about sexual risky behaviours.

Question 11: I have a family member/ a friend who has HIV which I didn't reach out and support.

Figure 11 below indicates the comparison of responses of the question "I have a family member/ a friend who has HIV which I didn't reach out and support" for baseline.



Source: Field Survey (2012)

Family/friends theme was among the most crucial theme in this study because it is very important to know that your family/friends will always be there no matter what especially when it is HIV & AIDS matters.

For baseline 60 per cent of the respondents accepted that they have a family member/a friend who has HIV, which they did not reach out and support. 40 per cent of the respondents said no that they have a family member/a friend who has HIV, which they did reach out and support. Some of the respondents said they felt like they need to step in and support their family member/ a friend who needed their support.

These results continue to show that more education and encouragement is needed to motivate people on the important of reaching out and supporting their family/friends who have HIV. As a result the infected family members would feel well thought of as their close relations decide to support them when they are in need.

4.2.5 Attitudes of UWC students towards HIV & AIDS

Three questions from the questionnaire targeted this theme. These are questions 12, 13 and 14. In each of these questions, the respondents was asked to select the number that correspond to the statement that best reflects his/her attitudes towards HIV & AIDS.

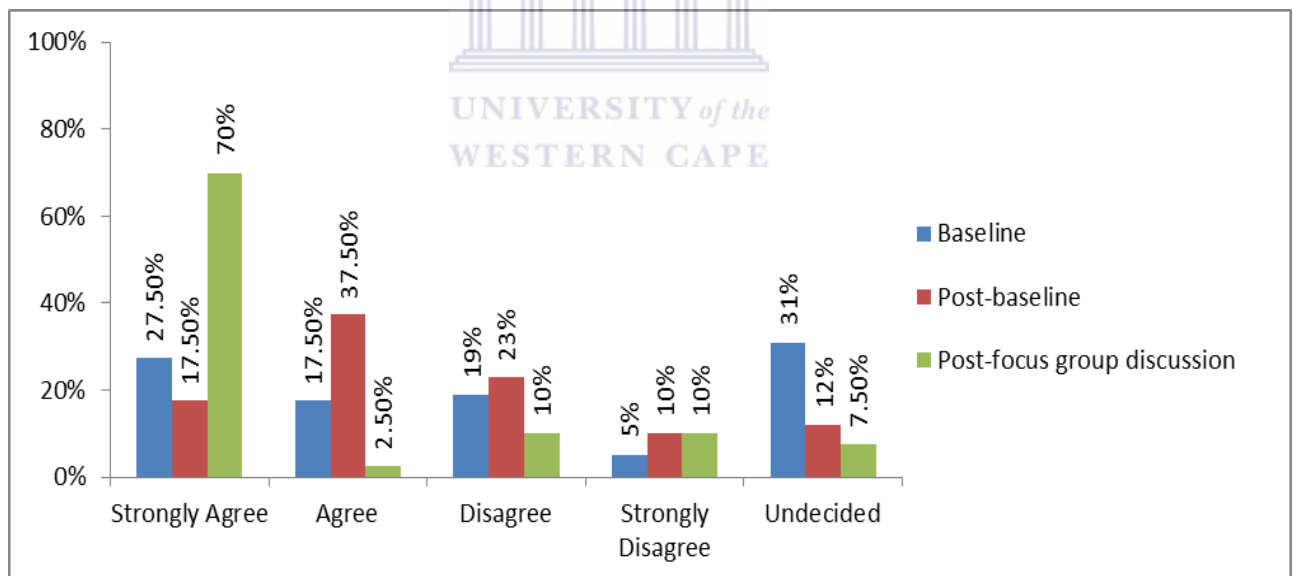
12. I know that I will never have unprotected sex with someone when I know their HIV positive.

13. I have gossiped negatively about people with HIV in the past.

14. People, who get HIV, deserve to get it.

Question 12: I know that I will never have unprotected sex with someone when I know their HIV positive.

Figure 12 below indicates the comparison of responses of the question “I know that I will never have unprotected sex with someone when I know their HIV positive” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

A report from HEAIDS (2010) indicates that some university students complain of being tired and bored of HIV & AID messages. Further, the students claim they have enough information, knowledge and education about the virus and disease. Ironically, the epidemic has not spared university students (Adekeye & Adeusi, 2011 HEAIDS, 2010; Kalichman *et al.*, 2005 and Svenson *et al.*, 1997). To that effect, the concern is whether the information that these youngsters claim to

have on matters relating to HIV & AIDS is sufficient and accurate for them to adapt to responsible sexual behaviours.

For baseline however, 27.5 per cent and 17.5 per cent of the respondents strongly agreed and agreed that they were not going to have unprotected sex with someone without protection while they knew they are HIV positive. 31 per cent of the respondents were unsure whether or not they are going to have unprotected sex with someone without protection while they know they are HIV positive. 19 per cent and 5 per cent of the respondents disagreed and strongly disagreed that they might have unprotected sex with someone without protection while they know they are HIV positive.

For post-baseline 17.5 per cent and 37.5 per cent of the respondents strongly agreed and agreed that they were not going to have unprotected sex with someone without protection while they know they are HIV positive. After the film most of the respondents were more aware of the risks of having sex with someone without protection while they are HIV positive. 23 per cent and 10 per cent of the respondents disagree and strongly disagree that they might have unprotected sex with someone without protection while they know they are HIV positive. 12 per cent of the respondents were not sure if they are going or not have unprotected sex without protection while they know they are HIV positive. The film influenced the respondents' intended behaviour in this regard, in part (according to students) based on the film character organised her life around a career, making decisions that put her and her own friends at risk for HIV.

Results after the focus group discussions indicate that 70 per cent and 2.5 per cent strongly agreed and agreed that they were not going to have unprotected sex with someone without protection while they know they are HIV positive. 10 per cent and 10 per cent of the respondents disagreed and strongly disagreed that they might have unprotected sex with someone without protection while they know they are HIV positive. 7.5 per cent of the respondents were not sure if they are going or not have unprotected sex with someone without protection while they know they are HIV positive. But still students claim that:

“How can someone who is HIV positive sleep with young people because he is rich or how university students can sleep with the sugar daddies because they want money to buy expensive clothes or cell phones. This is inhuman and selfish because you put yourself first and you do not think about other people. This is very common here in Africa, people tend to do things which make them happy without thinking about the consequences and impact to themselves and others. We

have some students here on campus who can sleep with people while they know they are infected just to revenge and punish other people” (A Female and male Participant from Group 4).

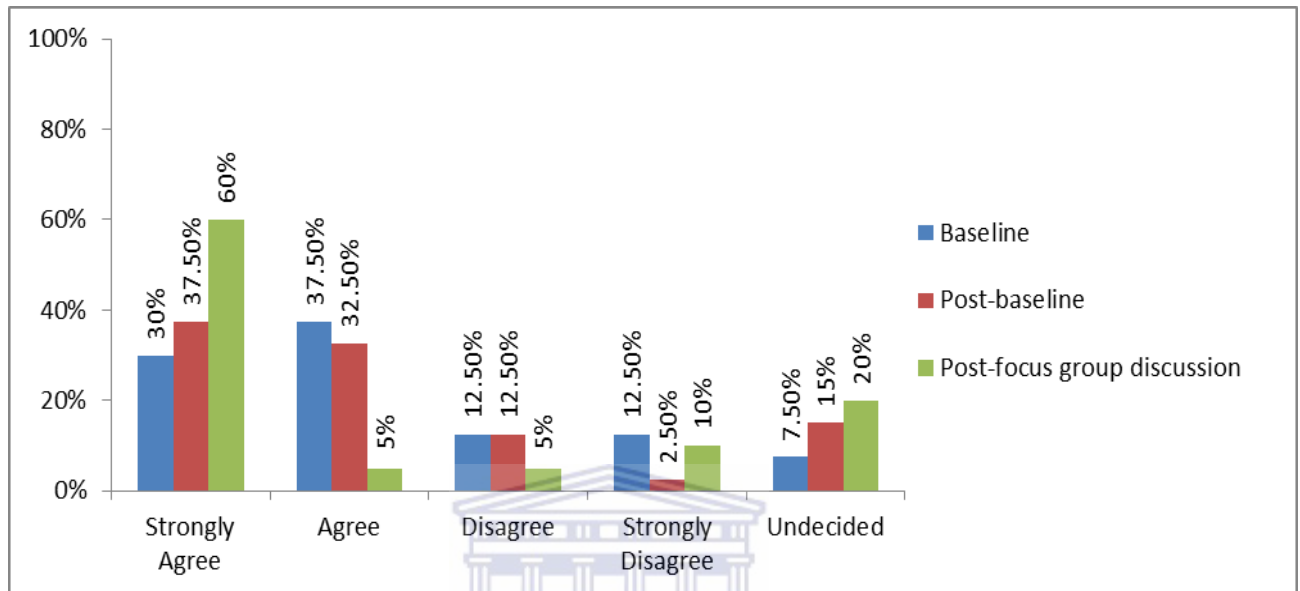
In addition, in this theme the respondents discussed that some people can be selfish and they do not care about other people, saying that this is why they can have unprotected sex while they know their HIV.

“As a woman you are not supposed to sell yourself because you want to wear a nice pair of shoes or clothes on campus so that everybody can see that you’re someone; or as a man you cannot sleep with a lot of women without condom because you want to show off your manhood and put yourself at risk and others. This is what is called selfishness and to me it’s disgusting” (A female Participant from Group 3).

In summary, the film and discussion group both had strong impacts on participants’ attitudes about whether they would ever have unprotected sex with someone when they know their HIV positive or not. At baseline, 45 per cent indicated that they will never have unprotected sex with someone when they know they are HIV positive. After the film, 55 per cent reported that they will never have unprotected sex with someone when they know they are HIV positive. After the focus group discussions, 72.5 per cent said that they will never have unprotected sex with someone when they know they are HIV positive. This is a clear increase in awareness of their own vulnerability.

Question 13: I have gossiped negatively about people with HIV in the past

Figure 13 below indicates the comparison of responses of the question “I have gossiped negatively about people with HIV in the past” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

Kirby (2011:56) demonstrates that attitudes are one of the most important theoretical constructs affecting behaviour. Further, in many psychological models, attitudes affect intentions, which in turn affect behaviour. This indicates that attitudes towards people with HIV might lead people to gossip negative things about them. For baseline, 30 per cent and 37.5 per cent of the respondents strongly agreed and agreed that they have gossiped negatively about people with HIV in the past. 7.5 per cent of the respondents were uncertain whether or not they have gossiped negatively about people with HIV in the past. 12.5 per cent and 12.5 per cent of the respondents disagree and strongly disagree that they did not gossip negatively about people with HIV in the past.

For post-baseline 37.5 per cent and 32.5 per cent of the respondents strongly agreed and agreed that they have gossiped negatively about people with HIV in the past. 12.5 per cent and 2.5 per cent of the respondents disagreed and strongly disagreed that they did not gossip negatively about people with HIV in the past. 15 per cent of the respondents were not sure whether or not they have gossiped negatively about people with HIV in the past. The film influenced the respondents' understanding of their own attitudes and past behaviours.

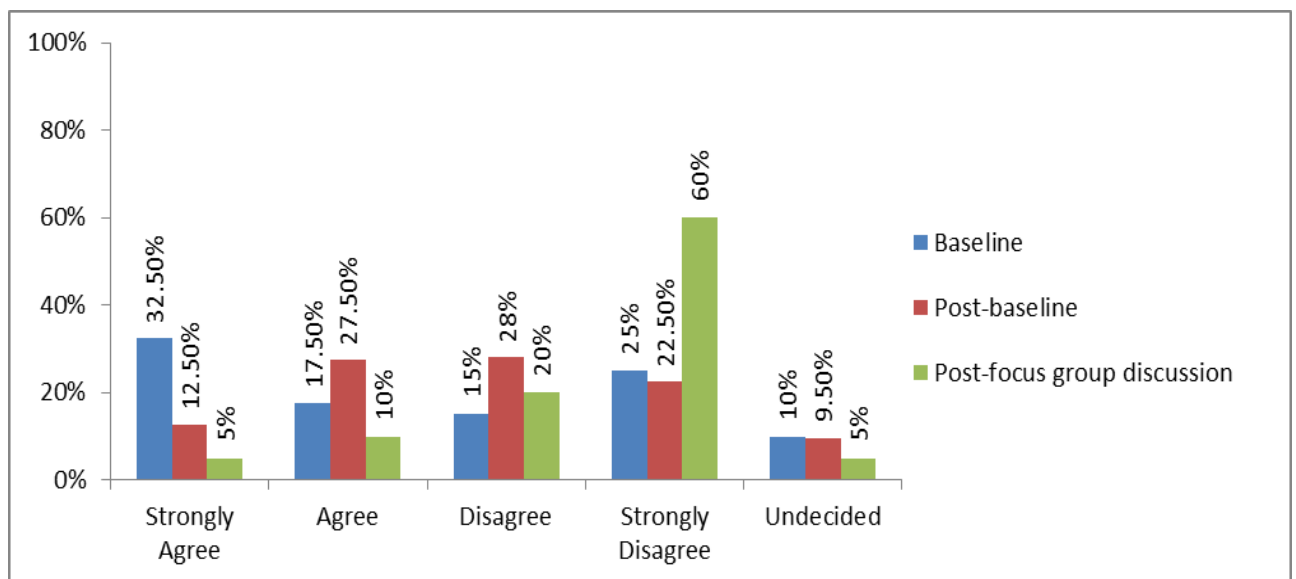
Results after the focus group discussions indicate that 60 per cent and 5 per cent of the respondents strongly agreed and agreed that they have gossiped negatively about people with HIV in the past. 10 per cent and 5 per cent of the respondents strongly disagreed and disagreed that they did not gossip negatively about people with HIV in the past. 20 per cent of the respondents were not sure whether or not they have or not gossiped negatively about people with HIV in the past.

“Sometimes it is fair to gossip/speak negatively about people with HIV because that time it felt like it is their fault they got it because they were not using protection” (Some of the Participants agreed with a male and a female participant from Group1).

In summary, the film and discussion group both had solid impacts on participants’ attitudes that they had gossiped negatively about people with HIV. At baseline, 67.5 per cent indicated that they gossiped negatively about people with HIV. After the film, 70 per cent reported that they would not negatively gossip about people with HIV. After the focus group discussions, 65.5 per cent said that they gossiped negatively about people with HIV. The reduced proportion of the participants who confessed to have negatively gossiped is clearly explained by the increased number of those who were not sure of their past behaviour in this regard which is at 20 per cent.

Question 14: People who get HIV deserve to get it.

Figure 14 below indicates the comparison of responses of the question “People who get HIV deserve to get it” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

Mezirow (1997) and Taylor (2008) also agree that most human behaviours are acquired or learned from the new information, the patterns of behaviours in social situation or the attitudes of other persons.

For baseline 32.5 per cent and 17.5 per cent of the respondents strongly agreed and agreed that people who get HIV deserve to get it. 7.5 per cent of the respondents were uncertain whether or not people who get HIV deserve to get it. 12.5 per cent and 2.5 per cent of the respondents disagreed and strongly disagreed that people who get HIV do not deserve to get it.

For post-baseline 12.5 per cent and 27.5 per cent of the respondents strongly agreed and agreed that People who get HIV deserve to get it. 28.5 per cent and 22.5 per cent of the respondents disagreed and strongly disagreed that People who get HIV do not deserve to get it. 9.5 per cent of the respondents were not sure whether or not People who get HIV deserve to get it. The film influenced the respondents' attitude change.

Results after the focus group discussions indicate that 60 per cent and 2 per cent of the respondents strongly disagreed and disagreed that people who get HIV deserve to get it. 5 per cent and 5 per cent of the respondents strongly agree and agree that People who get HIV deserve to get it. 20 per cent of the respondents were not sure if they think People who get HIV deserve to get it or not.

Most of the respondents agreed with a Male and a female Participant from group 3 who thought that: *“people who get HIV deserve it because when you read or hear it is always that one was drinking or not using condoms that is why they got infected and for that they deserve to get it because they could prevent from getting it but they did not want”*.

In summary, both the film and discussion had vital impacts on participants' perception about the people who get HIV. At baseline, 50 per cent indicated that People who get HIV deserve to get it. After the film, 50.5 per cent reported that People who get HIV do not deserve to get it. After the focus group discussions, 80 per cent said that People who get HIV do not deserve to get it.

4.2.6 Contents (emotions, finance, social norms, culture, gender inequality, family/ friends and other complicating factors)

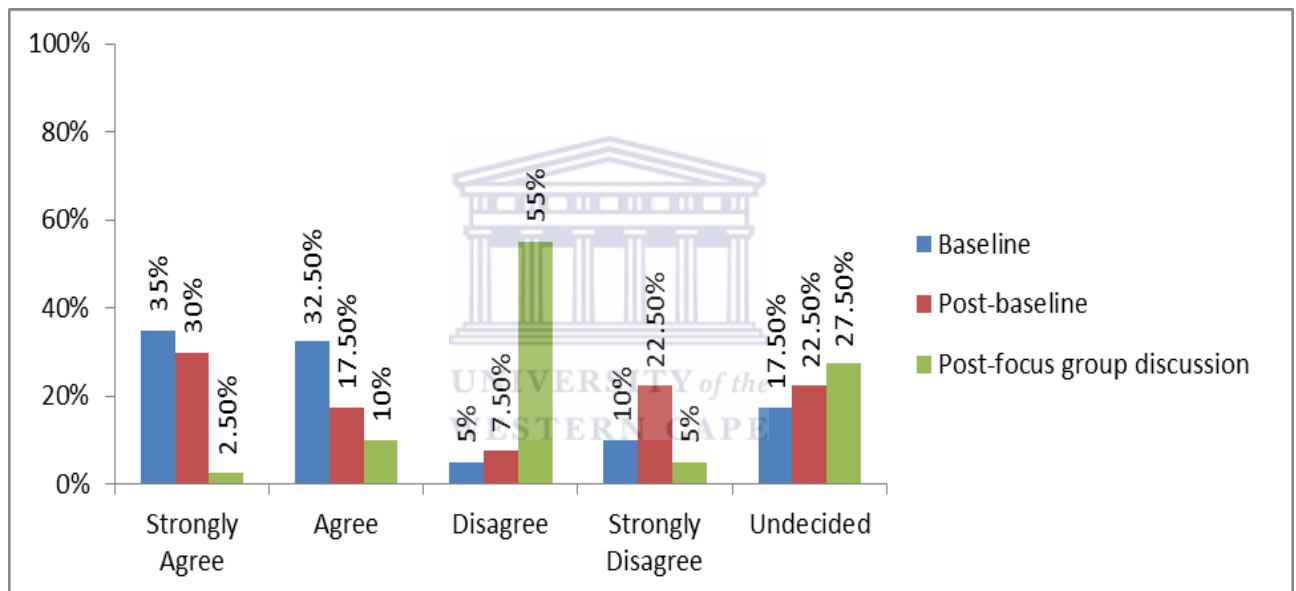
Two questions from the questionnaire targeted this theme. These are questions 15 and 16. In each of these questions, the respondents was asked to select the number that correspond to the statement that best reflects her/his contents factors such as (personal/emotional, finance, social, culture, gender inequality) can have risk towards HIV & AIDS.

15. I know that I will not engage myself in unprotected sex because of my own emotional need or confusion.

16. I know that I will not engage myself in unprotected sex because of the family problems, money, food, job and career I want.

Question 15: I know that I will not engage myself in unprotected sex because of my own emotional need or confusion.

Figure 15 below indicates the comparison of responses of the question “I know that I will not engage myself in unprotected sex because of my own emotional need or confusion” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

The contents theme which involves personal/emotional, finance, social, culture and gender inequality is among the most crucial theme in this study. Most of the respondents identified the contents as to be the major things which push them to be at risk for HIV & AIDS. For example, some traditional gender roles and culture roles played a big role in the confusion of some of the respondents. Traditional gender roles emerged as the important themes in the focus group discussions because respondents referred to this as among the belief which increase more risk for HIV & AIDS in the societies. This is because in our African cultures men play as the ones in decision making in choices including sex choices and condom usage. A notable feature of the talk of focus group discussions respondents was the continued reproduction of traditional expectations of dominant, assertive male sexuality and submissive, passive female sexuality.

For baseline 35 per cent and 32.5 per cent of the respondents strongly agreed and agreed that they would not engage themselves in unprotected sex because of their own emotional need or confusion. 17.5 per cent of the respondents were not certain whether or not they would engage themselves in unprotected sex because of their own emotional need or confusion. 10 per cent and 5 per cent of the respondents strongly disagreed and disagreed that they might engage themselves in unprotected sex because of their own emotional need or confusion. Further, 25 per cent of the respondents were not sure if they might or not engage themselves in unprotected sex because of their own emotional need or confusion.

For post-baseline 30 per cent and 17.5 per cent of the respondents strongly agree and agree that they will not engage themselves in unprotected sex because of their own emotional need or confusion. 22.5 per cent and 7.5 per cent of the respondents strongly disagreed and disagreed that they might engage themselves in unprotected sex because of their own emotional need or confusion. 22.5 per cent were not sure that they will or not engage themselves in unprotected sex because of their own emotional need or confusion. In this regard, the film shows how the young girls have sex with men because of the career, personal/emotional, finance, fun and enjoyment.

Results after the focus group discussions indicate that 2.5 per cent and 10 per cent of the respondents strongly agreed and agreed that they would not engage themselves in unprotected sex because of their own emotional need or confusion. 27.5 per cent of respondents were not sure whether or not they would engage themselves in unprotected sex because of their own emotional need or confusion. Further, 5 per cent and 55 per cent of the respondents strongly disagreed and disagreed that they might engage themselves in unprotected sex because of their own emotional need or confusion. This is because of the film and the discussion they had after. The majority of the respondents were very concerned about what they saw in the film. The film and the focus group discussions influenced the respondents to be more aware of their own vulnerability and to be more aware of the risk for HIV. Although the film and focus group discussions has made students to be more aware of themselves and risks, most of the respondents were still concerned about financial situations which might put them at risk for HIV & AIDS for example;

“Hunger can make people to do things which put them and others at risk of being infected with the HIV” (A male Participant from Group 2).

“Some people do not have a choice and do what they have to do to make a living for themselves and their families because some of the students have been raised by their grandparents or single

mothers and they cannot help them anymore and their fathers are not there to support them and this is very common in most of African countries” (A female Participant from Group 1).

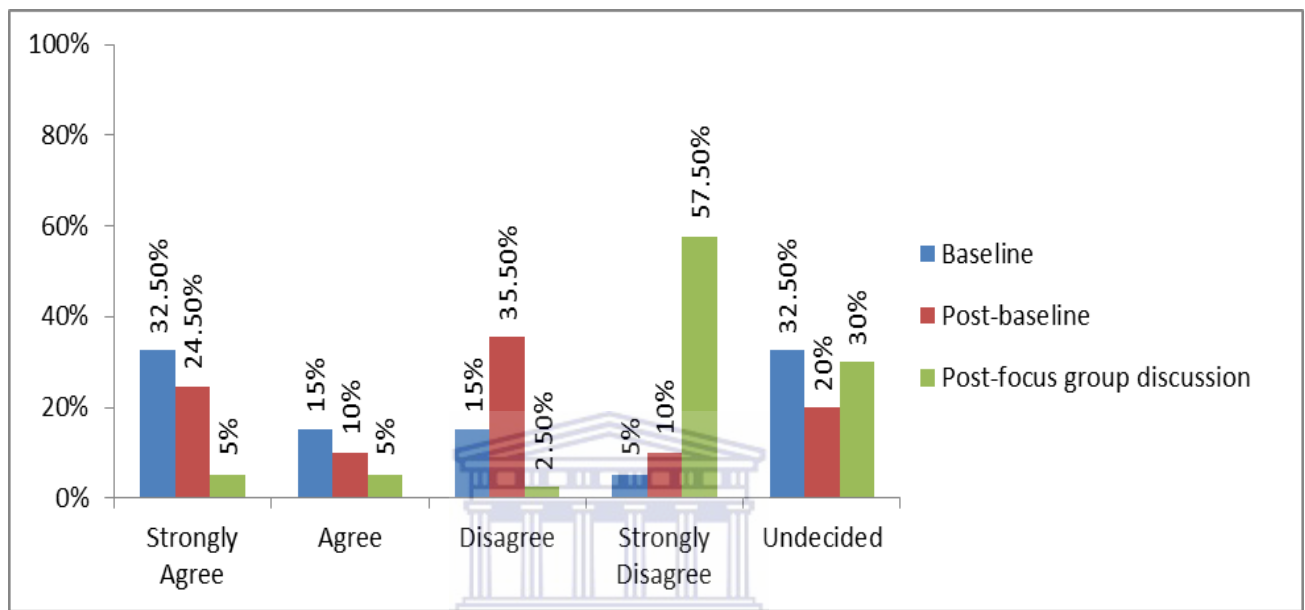
The other contents theme which the respondents talked about was traditional role and culture and this is what they have to say:

“Man has to initiate sex even if a woman doesn’t want to and because some of the first year students on campus are too young, they are scared and inexperienced; they are afraid of losing their partners and therefore they decide to accept anything their partners tell them. So this puts some of the students at a higher risk of HIV because their male partners might want to have sex without condom and they might agree because of fear of losing their partners” (A female Participant from Group 4).

In summary, the film and discussion group both had strong impacts on participants’ attitudes regarding their possibility to engage themselves in unprotected sex because of their own emotional need or confusion. At baseline, 67.5 per cent indicated that they would not engage themselves in unprotected sex because of their own emotional need or confusion. After the film, 30 per cent reported that they would engage themselves in unprotected sex because of their own emotional need or confusion. After the focus group discussions, 60 per cent said that they would engage themselves in unprotected sex because of their own emotional need or confusion. As indicated in the figure above some participants were undecided in this matter.

Question 16: I know that I will not engage myself in unprotected sex because of the family problems, money, food, job and career I want.

Figure 16 below indicates the comparison of responses of the question “I know that I will not engage myself in unprotected sex because of the family problems, money, food, job and career I want” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

Simbayi *et al.*, (2005), Chao *et al.*, (2010), Bello-Morhason *et al.*, (2008) and Zambuko and Mturi (2005) identified that, poverty is among the most predominantly determined the sexual risk behaviours among the most university students.

For baseline 32.5 per cent and 15 per cent of the respondents strongly agreed and agreed that they were not going to have unprotected sex because of the family problems, money, food, job and career they want. 32.5 per cent of the respondents were undecided whether or not they were going to have unprotected sex because of the family problems, money, food, job and career they want. 15 per cent and 5 per cent of the respondents disagreed and strongly disagreed that they might agree to have unprotected sex because of the family problems, money, food, job and career they want.

For post-baseline 24.5 per cent and 10 per cent strongly agreed and agreed that they were not going to have unprotected sex because of the family problems, money, food, job and career they want. 35 per cent and 10 per cent disagreed and strongly disagreed that they might agree to have unprotected sex because of the family problems, money, food, job and career they want. 20 per cent were not

sure if they are going or not have unprotected sex because of the career or job they want. The film influenced the respondents' perceptions of intended behaviour. The film depicted how the young girl decided to sleep with the sugar daddy who is HIV positive because she wanted career, job and money for herself and her family.

Results after the focus group discussions indicated that 5 per cent and 5 per cent of the respondents strongly agreed and agreed that they were not going to have unprotected sex because of the family problems, money, food, job and career they want. 30 per cent of the respondents were not sure if they are going or not have unprotected sex because of the family problems, money, food, job and career they want. Money again is among themes to emerge which appeared in the focus group discussion as a very crucial issue and it was seen as another factor which highly influences youth to be in a high risk for HIV. 57.50 per cent of the respondents strongly disagreed and 2.5 disagreed that they might agree to have unprotected sex because of the family problems, money, food, job and career they want.

Most of the respondents agreed with a female participant from Group 1 who said that: *“Some of the students here on campus do what they have to do to get money, clothes and food on campus. This has a huge impact on them because some of them are inexperienced when it comes to protected sex; so this puts them at risk for HIV”*.

“Some of the students here on campus like the “upper class life”, so in order to have good clothes from Woolworths, Truworth or Edgar you have to sleep with old guys who have money. In order to get what you want, you need to have sex with them. Not sure if the sex here is safe or unsafe sex but for sure most of them do have unprotected sex and this can put them at risk of the HIV” (A female Participant from Group 3).

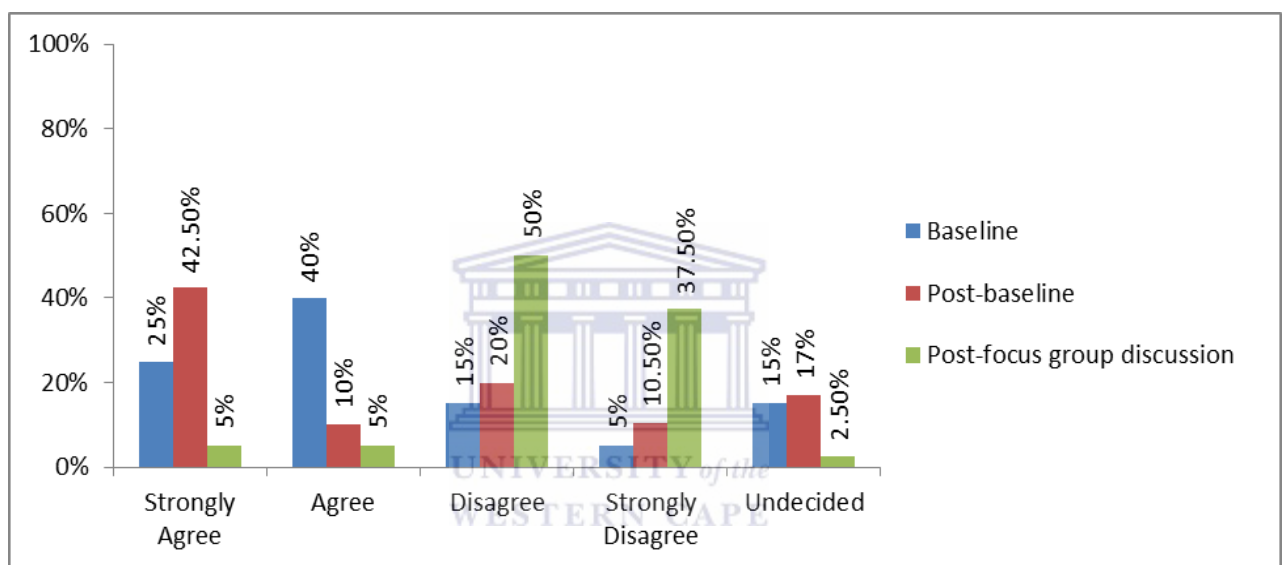
In summary, the film and discussion group both continued to have vital impacts on participants' perception of whether they will engage themselves in unprotected sex because of the family problems, money, food, job and the career they want. At baseline, 47.5 per cent indicated that they will not engage themselves in unprotected sex because of the family problems, money, food, job and career they want. After the film, 45.5 per cent reported that they would engage themselves in unprotected sex because of the family problems, money, food, job and career they want. After the focus group discussions, 60 per cent said that they might have unprotected sex because of the family problems, money, food, job and career they want.

4.2.7 Complicating factors

One question from the questionnaire targeted this theme. In this question (17), the respondent was asked to select the number that correspond to the statement that best reflects as complicated factors can put them at risk for HIV & AIDS.

17. I trust that alcohol and drug use will not influence me to have unprotected sex.

Figure 17 below indicates the comparison of responses of the question “I trust that alcohol and drug use will not influence me to have unprotected sex” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

Uwakala and Matsuo (2002) indicate that alcohol and drug use are among the factors that increase young people vulnerability to HIV during the years of rapid physical and psychosocial development.

The data indicate that for baseline 25 per cent and 40 per cent of the respondents strongly agreed and agreed that alcohol and drug use would not influence them to have unprotected sex. This shows that majority of respondents were sure that alcohol and drug use are not factors that may influence them to have unprotected sex. However, 15 per cent of the respondents were not sure whether or not alcohol and drug use may influence them to have unprotected sex. On the other side, 15 per cent and 5 per cent of the respondents disagreed and strongly disagreed that alcohol and drug use might influence them to have unprotected sex. These 20 per cent of respondents acknowledged the

influence alcohol and drug use may have on them to have irresponsible behaviours which might put them at risk for HIV.

For post-baseline 42.5 per cent and 10 per cent of respondents strongly agreed and agreed that alcohol and drug use would not influence them to have unprotected sex. 20 per cent and 10.5 per cent disagreed and strongly disagreed that alcohol and drug use might influence them to have unprotected sex. However, 17 per cent of the respondents were not sure whether or not alcohol and drug use would influence them to have unprotected sex. The film appears to have influenced the awareness of complicating behaviours among respondents. The film shows how the young girl and boys who drinks excessively put themselves and others at risk for HIV & AIDS.

Results after the focus group discussions indicated that 5 per cent and 5 per cent of the respondents strongly agreed and agreed that alcohol and drug use would not influence them to have unprotected sex. However, the majority of respondents, that is, 50 per cent and 37.5 per cent disagreed and strongly disagreed that alcohol and drug use might influence them to have unprotected sex. Also, 2.5 per cent of the respondents were not sure whether or not alcohol and drug use would influence them to have unprotected sex. In this case the effect of the film and the discussions have provided more important information of the risks involved with alcohol and drug use to the respondents which they were never aware of. For instance, during the discussions majority of respondents were aware about risks associated with alcohol and drugs but still:

“Alcohol and drug use can influence unsafe sex behaviours among university students for example when people have a lot of drinks and drugs in their head they do not think responsibly and they can do anything at that time” (A Male Participant from Group 2).

A Female Participant from Group 2 illustrating that: *“I have a friend here on UWC residence she went to the Barn and she was drunk and she met the guy whom she didn't even know before, but she took that guy in her room and she had sex with him without condom and in the morning she was so upset and felt so guilty because she was not safe; and as a friend I always tell her to be careful when she is drinking alcohol but she doesn't listen. It is sad but it is the truth hey”*.

The respondents regarded the use of substances, particularly alcohol, as closely enmeshed with casual sexual practices. It was regarded as common practice for respondents to use drugs and alcohol and then ‘pick up girls for one night stand’.

“When students drink excessive alcohol or smoke marijuana or whatever we smoke you do not feel or think about anything more than just having fun or some drugs put you in the mood of sex., So many people do not really think about being careful or they do not use protection when they have sex. They just come to realize this when it is too late for them. So they end up saying oh my GOD what have I done and why did I even do this” (A Male Participant from Group 3).

However, there was also a cautionary voice about the risks of alcohol and unsafe sex, and the need for self-discipline among students in this regard, highlighting how not all students support the practices of alcohol use and are concerned about the impact on students.

In summary, the film and discussion group both had crucial impacts on participants’ perception towards the influence of alcohol and drug use on unprotected sex. At baseline, 65 per cent indicated that alcohol and drug use would not influence them to have unprotected sex. After the film, 30.5 per cent reported that alcohol and drug use would influence them to have unprotected sex. After the focus group discussions, 87.5 per cent said that alcohol and drug use would influence them to have unprotected sex.

4.2.8 Future intentions

Four questions from the questionnaire targeted future intentions. These are questions 18a and b, 19, 20 and 21. In each of these questions, the respondent was asked to select the number that corresponds to the statement that best reflects respondent’s future intents towards HIV & AIDS.

18 (a). I have been tested for HIV

18 (b). How many times have you been tested for HIV?

19. I am planning on getting tested for HIV

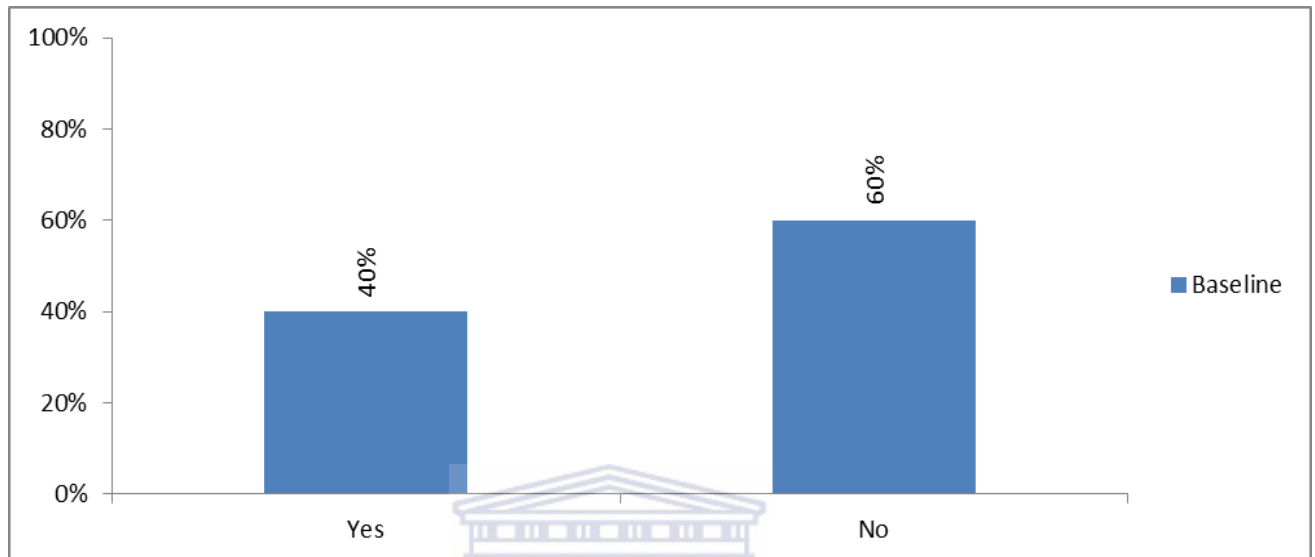
20. I will definitely confront people who gossips negatively about people with HIV.

21. I will definitely speak to my sisters/brothers about how we can work together so as none of us can get HIV.

Question 18: (a) I have been tested for HIV

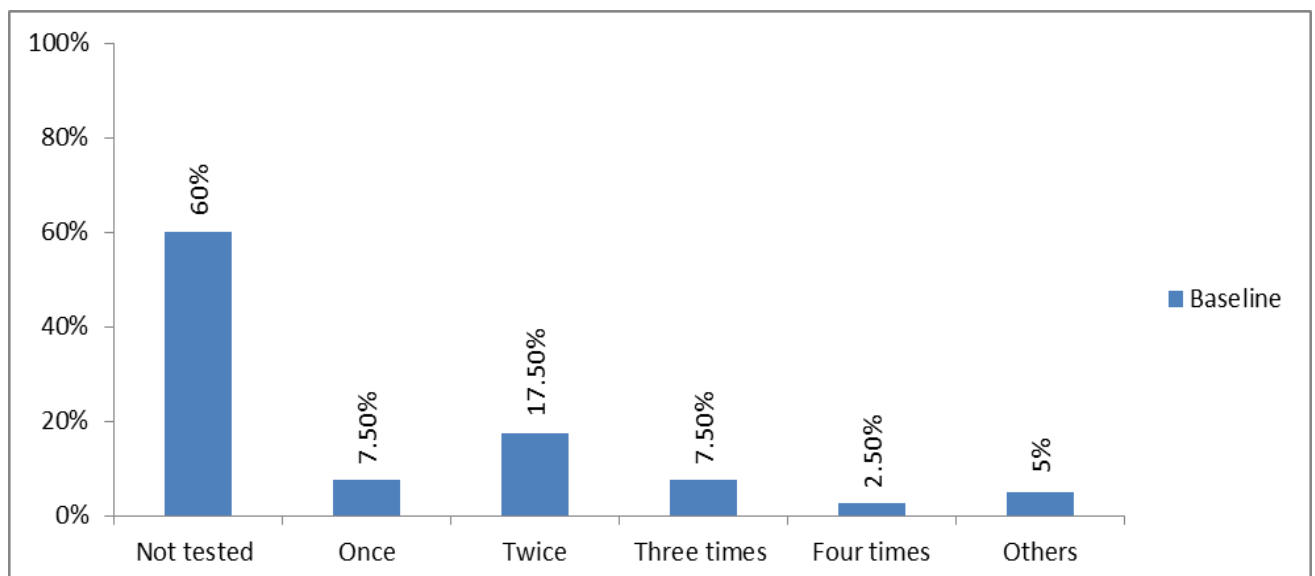
18: (b) How many times have you been tested for HIV?

Figure 18 (a) below indicates the comparison of responses of the question “I have been tested for HIV” for baseline.



Source: Field Survey (2012)

Figure 18 (b) below indicates the comparison of responses of the question “How many times have you been tested for HIV?” for baseline.



Source: Field Survey (2012)

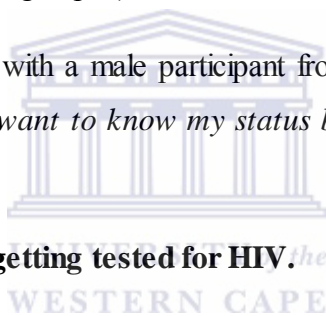
According to Bandura (1989) , an individual’s perceived ability to successfully carry out a health action (self-efficacy) such as a condom consistently or testing for HIV if they know this will greatly influence her/his decision and ability to enact and sustain a changed behaviour.

At baseline, 60 per cent of the respondents reported that they did not test for HIV. Of the 40% who tested, 7.5 per cent had tested once, 17.5 per cent had tested twice, 7.5 per cent tested three times, 2.5 per cent tested four times and 5 per cent more than four times.

The reasons why some of the respondents went to test more than once is they were not sure whether or not their partners were faithfully. Respondents who only went to test once reported that they did this because they knew that they were safe. Respondents who did not go to test for their HIV status reported that they did not go because they did not see the need to do so.

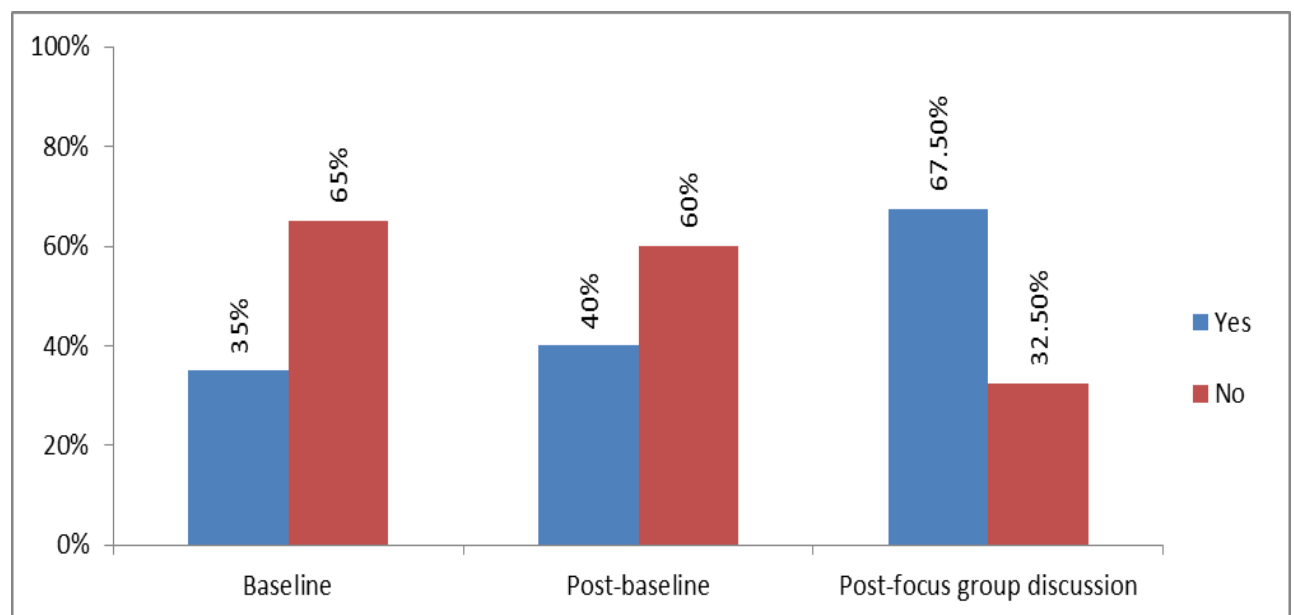
“I went and got tested because I wanted to know my HIV status so as I can protect myself and others” (A female participant from group 4).

Some of the respondents agreed with a male participant from Group 4 who said that: *“I will not go and get tested because I do not want to know my status because I am scared because of my past behaviour”*.



Question 19: I am planning on getting tested for HIV.

Figure 19 below indicates the comparison of responses of the question “I am planning on getting tested for HIV” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

According to the health belief model which is based on the understanding that a person will take a health related action if she/he feels that a negative health condition such as HIV can be avoided (Rosenstock *et al.*, 1994). In this case the respondents were planning on getting test for their future intents.

For baseline 35 per cent of the respondents reported that they were planning on getting tested for HIV soon. 65 per cent of the respondents reported that they had not planned to get tested for HIV soon.

For post-baseline 40 per cent of respondents reported that that they have planned on getting tested for HIV soon while 60 per cent of the respondents reported that they had not planned on getting tested for HIV soon. The film influenced the respondents' to change their intentions to test. The film depicts the young girls/boys going to test for HIV virus with their friends for the support.

Results after the focus group discussions indicate that 67.5 per cent of the respondents reported that they had planned on getting tested for HIV soon while 32.5 per cent of the respondents reported that they had not planned on getting tested for HIV soon.

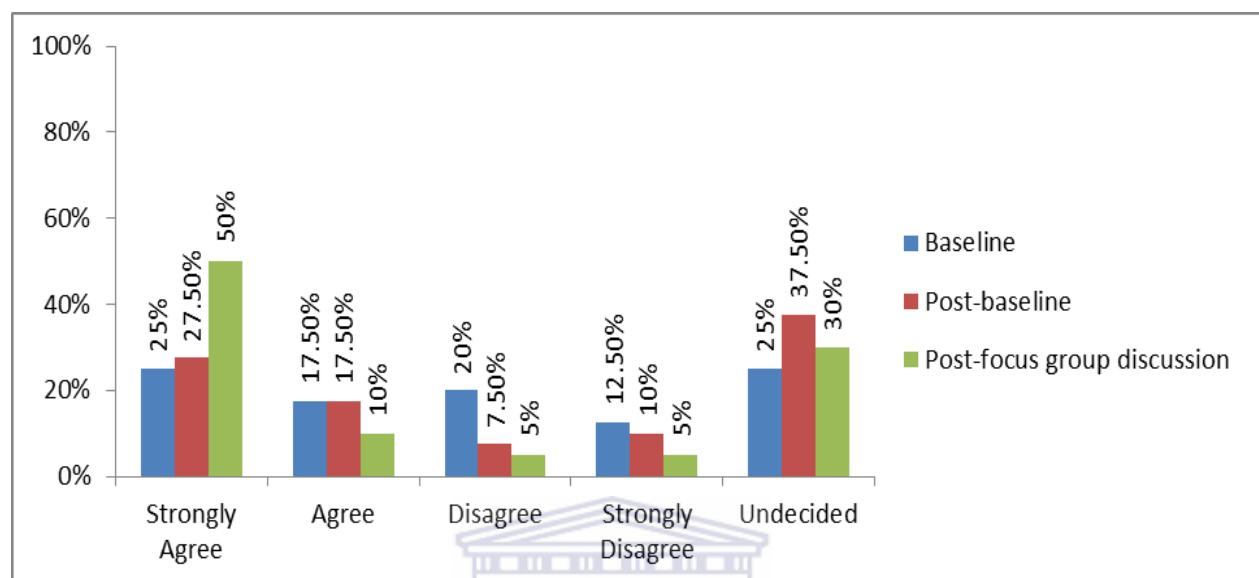
“For me I think it is good to get tested and it is my responsibility so that I can be aware of my status and if I have HIV I can protect myself and others”(A female Participant from Group 1).

Most of the participants agreed with a male participant from Group 2 who said that: *“it is hard to go and get tested because you do not know what the results can be”*.

In summary, the film and discussion group both showed huge impacts on participants' intentions towards getting tested for HIV. At baseline, 35 per cent reported that they were planning on getting tested for HIV. After the film, 40 per cent reported that they had planned on getting tested for HIV. After the focus group discussions, 67.5 per cent reported that they had planned on getting tested for HIV.

Question 20: I will definitely confront people who gossip negatively about people with HIV.

Figure 20 below indicates the comparison of responses of the question “I will definitely confront people who gossip negatively about people with HIV for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

According to Ladebo and Tanimowo (2002), Uwalaka and Matsuo (2002), Oster (2007) and Shisana *et al.*, (2005), individual behaviour change is the most effective means of preventing further spread of HIV virus; and people should be provided with accurate knowledge and information in order to bring about behaviour change.

The data indicate that for baseline 25 per cent and 17.5 per cent of the respondents strongly agreed and agreed that they would definitely confront people who gossip negatively about people with HIV. However, 25 per cent of the respondents were not sure whether or not they would confront people who gossips negatively about people with HIV while 20 per cent and 12.5 per cent of the respondents disagreed and strongly disagreed that they might not confront people who gossips negatively about people with HIV.

For post-baseline, the data indicate that 27.5 per cent and 17.5 per cent of the respondents strongly agreed and agreed that they would definitely confront people who gossip negatively about people with HIV. However, 7.5 per cent and 10 per cent of respondents disagreed and strongly disagreed that they might not confront people who gossip negatively about people with HIV while 37 per cent of the respondents were not sure whether or not they would confront people who gossip negatively

about people with HIV. These results show that the film had influenced the respondents' intent to intervene in gossip. The film shows how the young girls/boys were always supportive to their friends in the matter concerning HIV.

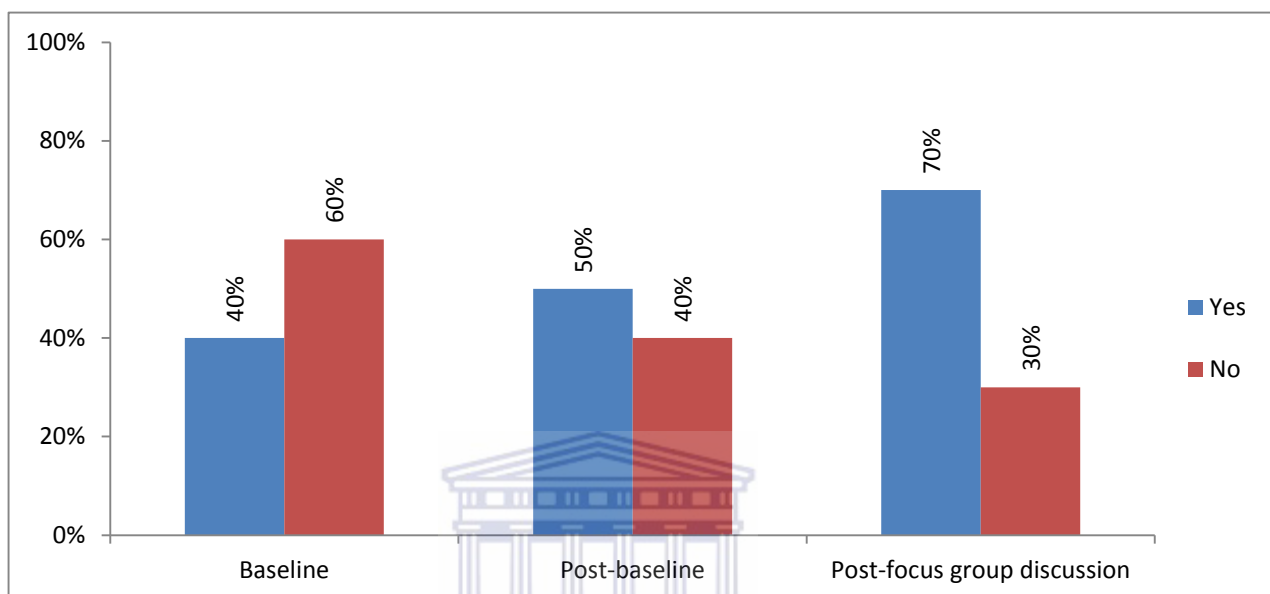
Results after the focus group discussions indicate that 50 per cent and 10 per cent of the respondents strongly agreed and agreed that they would definitely confront people who gossip negatively about people with HIV. 5 per cent and 5 per cent of the respondents strongly disagreed and disagreed that they might not confront people who gossips negatively about people with HIV while 30 per cent of the respondents were not sure whether or not they would definitely confront people who gossip negatively about people with HIV.

“It is good to confront people who gossip negatively about those who are HIV positive because it is not the right thing to do to people with HIV. They do not deserve to be treated like this” (A Female Participant from Group 2).

In summary, the film and discussion group both had essential impacts on participants' plans to confront people who gossip negatively about people with HIV. At baseline, 42.5 per cent indicated they would definitely confront people who gossip negatively about people with HIV. After the film, 45 per cent reported they would definitely confront people who gossip negatively about people with HIV. After the focus group discussions, 60 per cent said they would definitely confront people who gossip negatively about people with HIV.

Question 21: I will definitely speak to my sisters/brothers about how we can work together so as none of us can get HIV.

Figure 21 below indicates the comparison of responses of the question “ I will definitely speak to my sisters/brothers about how we can work together so as none of us can get HIV” for baseline, post-baseline and post-focus discussion groups.



Source: Field Survey (2012)

For baseline 40 per cent of the respondents reported that they would definitely speak to their sisters/ brothers about how they could work together so as none of them can get HIV. On the other hand, 60 per cent of the respondents reported that they would not speak to their sisters/ brothers about how they could work together so as none of them can get HIV.

For post-baseline 50 per cent of the respondents reported that they would definitely speak to their sisters/ brothers about how they can work together so as none of them can get HIV. 40 per cent of the respondents reported that they would not speak to their sisters/ brothers about how they can work together so as none of them can get HIV. These results show that the film influenced the respondents' intention to speak with their brothers and sisters to prevent HIV transmission.

Results after the focus group discussions indicate that the majority of respondents, 70 per cent, reported that they would definitely speak to their sisters/ brothers about how they can work together so as none of them can get HIV. 30 per cent of the respondents reported that they would not speak to their sisters/ brothers about how they can work together so as none of them can get HIV because of the silence of the societies when it comes to HIV and sex.

In summary, the film and discussion group both had powerful impacts on participants' drive to speak to their sisters/brothers about how they can work together so that none of them can get HIV. At baseline, 40 per cent indicated they would definitely speak to their sisters/brothers about how they can work together so as none of them can get HIV. After the film, 50 per cent reported they would definitely speak to their sisters/brothers about how they can work together so as none of them can get HIV. After the focus group discussions, 70 per cent said they would definitely speak to their sisters/brothers about how they can work together so as none of them can get HIV.

4.2 CHAPTER SUMMARY

This chapter has presented the analysis of the collected data and has reported the main findings of the study. These findings were presented according to the key discussed areas that were identified during the study design and used to inform the data collection process. The findings of the administered questionnaires and focus group discussions were interpreted by integrating the information gathered from the theoretical framework and literature reviewed in the study. In addition the chapter adopted some of the contents in Douglas Kirby's book "reducing adolescent sexual risk; a theoretical guide for developing and adapting curriculum-based". The book utilised themes such as, perception of risk, knowledge, peers norms, friends/family, attitudes towards HIV and future intends which the researcher found useful for this study. The study moves beyond Kirby to consider emotional factors, finance, social, culture, gender inequality and other complicating factors. It is very clear from the qualitative and quantitative data that the film and the focus group discussions following the film had significant impact within each of the investigation areas. The final and flowing chapter will discuss this significance and make recommendations for further study.

CHAPTER FIVE: SUMMARY OF RESEARCH FINDINGS, CONCLUSION, RECOMMENDATIONS, LIMITATIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

5.1 INTRODUCTION

This chapter summarizes the study findings, provides a conclusion to the present study, outlines recommendations, sketches some limitations of the present study and suggests some avenues for further research.

Repeated media reports substantiate the belief that HIV & AIDS education remains a matter of serious concern to the governance of education, health and social welfare in South Africa. The results of investigative studies into university youth and sexual risk-taking support the view that HIV & AIDS awareness, knowledge and education programmes are not as effective as we need them to be for youth and university students.

5.2 SUMMARY OF THE RESEARCH FINDINGS AND RESULTS

In this section the researcher summaries the research findings and analyses from the existing study.

Most respondents who took part in this study knew that HIV & AIDS exists and that unprotected sex increases their chances of getting HIV. Further, the majority of the respondents were knowledgeable about the fact that unprotected sex increases their chances of being infected with HIV, but still these respondents practice unsafe sex and have inaccurate perception of their own risk for HIV. More effectively behavioural awareness measures are clearly needed. The limited impact of knowledge combined with student's weariness to access more information about HIV can easily fuel risky sexual behaviours and the chance of HIV transmission.

Furthermore, it was found that although respondents believed that one should refrain from sleeping with a partner that might be HIV positive, most of the respondents agreed or were undecided on whether or not they would dislike the idea of having to refrain from being intimate with more than one sexual partner. Education or information media such as television, radio and school all contributed to enhancing the knowledge of youth and university students about HIV & AIDS, and it was found that the majority of respondents claimed that they received the news about HIV & AIDS through media. This shows that if used effectively, different media can reduce/prevent HIV & AIDS among university students and youth.

We have seen in the results that knowledge itself is not enough for youth and university students when it comes to change risky behaviours. This means that other measures such as more education towards reducing risky behaviours, self-perception of risk, alcohol and drug abuse, communication between youth and their parents should be more emphasized in the prevention/reduction of HIV & AIDS among youth and university students.

Media, more specifically television, soaps and films, contributed the most to the students' knowledge and perceptions towards HIV & AIDS. Edutainment, such as film, television, magazines, movies, newspapers and pamphlets, rather than family members, friends or medical personnel, are the major sources of information about HIV & AIDS-related issues for adolescents and young adults (Svenson *et al.*, 1990). Relatively high percentages of adolescents (20 per cent to 45 per cent) report that they did not receive information from parents or medical professionals (Svenson *et al.*, 1997). Adekeye and Adeusi, (2011) and Ladebo & Tanimowo (2002) acknowledge the importance of a clear understanding of the challenges and the obstacles to widespread and effective HIV preventions education campaigns.

5.3 CONCLUSION

This section is explaining the conclusion from the research findings and results from the existing study.

Given the sample size of this study, one must be cautious regarding the generalization of these results. The university students and youth sexual behaviours examined in this study might only be representative of the students at the University of Western Cape or among students at South Africa tertiary education institutions, but this study can successfully raise important dynamics to be considered by all involved in HIV prevention efforts.

The present study aimed at answering the following research questions:

1. What are the UWC students' perceptions of risk for HIV?
2. Does viewing Shuga on its own change self-perception of personal risk?
3. Do follow-up group conversations affect self-perception of risk?
4. If Shuga and/or the follow-up conversations change risk perceptions, what are the intended behavioural changes inspired by Shuga?

5.3.1 RESEARCH QUESTION 1: WHAT ARE THE UWC STUDENTS' PERCEPTIONS OF RISK FOR HIV?

In the baseline phase, the majority of respondents perceived that they are not at risk for HIV, although their actual behaviours engaged in reflected that they are at risk. This is an indication that UWC student's perception of risk towards HIV is lower than the risk behaviours themselves. This is from the results the researcher found during the discussions among UWC students before and after they view the Shuga film. This can also be an indication that there is a lack of effective awareness among UWC students towards their risk and HIV. The results also showed that some of the UWC students were not sure whether or not they are at risk regarding HIV. Generally, the results showed that the University students have adequate knowledge about modes of HIV transmission and prevention strategies of HIV & AIDS. Despite such knowledge, poor behavioural change in sexual activities still puts them at high risk for HIV infection. Furthermore, it is reasonable to assume that university students and youth are facing a real danger of HIV infection and without serious intervention to keep young people safe, HIV prevalence will continue to spread amongst them. The study has met its objectives and confirmed that although students have a sound basic knowledge on HIV risk, they lack more in-depth knowledge needed to prevent infection. Students were still engaged in risky sexual behaviours despite having a basic knowledge of HIV & AIDS.

5.3.2 RESEARCH QUESTION 2: DOES VIEWING SHUGA ON ITS OWN CHANGE SELF-PERCEPTION OF PERSONAL RISK?

To a certain extent it does, but combination of the Shuga film and focus group discussions had a much larger impact on the self-perception of risk among respondents. The majority of respondents had a different view towards their risk when they were watching the Shuga film and then after their discussions. This indicates that the Shuga film combined with a discussion had a potentially large impact on their perception of risk and possible sexual choices. The discussions opened their minds toward themselves through some respondents' narration of their own personal life stories as related to the film Shuga. This sharing of personal stories seemed to have a great impact among the participants. The majority of respondents acknowledged that this follow-up conversation and sharing provided important information they were never aware of and that it successfully personalized the content of the Shuga film. They held the information which they got from the film and the follow-up conversations as valuable and they were ready to share it after the discussions with their friends and families.

5.3.3 RESEARCH QUESTION 3: DO FOLLOW-UP GROUP CONVERSATIONS AFFECT SELF-PERCEPTION OF RISK?

According to the majority of respondents, the follow-up group conversation affected their self-perception of risks towards HIV because the conversation helped them to realize that the risks are real and anybody can be at risk for HIV if one does not take care about her/his sexual behaviours. Furthermore, according to the respondents, the follow-up group conversations showed how it was important for different people to meet and share their self-experience concerning the HIV risks behaviours. This encouraged many respondents to understand their self-perceptions risk of HIV and how they can try to reduce and prevent the risks behaviours which can put them and others at risks for HIV. The majority of respondents said that what they saw in the film was similar to what they sometimes see in their daily life. They reported that when people share in the discussions what happened in their life this is what makes most of them to be aware and see this is something serious and that behaviour change it is a crucial for themselves and the people they care for. This follow-up group conversation helped them to realise that risk behaviour change is intertwined with their need to reconsider their drinking habits and multiple partnering.

5.3.4 RESEARCH QUESTION 4: IF SHUGA AND/OR THE FOLLOW-UP CONVERSATIONS CHANGE RISK PERCEPTIONS, WHAT ARE THE INTENDED BEHAVIOURAL CHANGES INSPIRED BY SHUGA?

After the follow-up conversations the majority of the respondents were impacted by the Shuga film and the discussions conducted and acknowledged that behaviour change is the only one way for them to reduce and prevent their risk for HIV. The following were some of the intended behavioural changes inspired by Shuga and the follow-up conversations;

Using condoms: The majority of respondents said it is wise to use condoms all the time when one has sex with someone so as to reduce and prevent the spread of HIV.

Communication with partners and parents: This is also another important intended behaviour change inspired by Shuga. Most of the respondents said that it was crucial to have communications with their partners concerning risks behaviours towards HIV so as to know how to protect themselves and others. Further, communication with the parents has been seen as the intended behaviours as to HIV concern.

This study has also shown that there is lack of communication between students and their parents when they are not on campus. This implies that risky sexual behaviours could possible change if programs that enhance child-parent sexuality dialogue are established. Conducting behaviour change communication interventions in high schools could be a way of doing this. The implementation of future effective HIV education in high schools should target parents and equip them with positive parenting skills to enable them to become more confident in discussing sexual issues with their adolescent and give accurate knowledge concerning HIV & AIDS. This will allow the youth to be aware of the sexual risky behaviours when they enter University for the first time. As we have seen in the findings majority of the first year students when they come to university, they are not used to being alone without their parents or guardians and too easily adopt behaviours which endanger them to be at risks for HIV & AIDS. Therefore the knowledge which they will have about risky sexual behaviours in high schools from their parents and teachers would help them to be aware of the risks and how they can protect themselves towards them.

Reducing drinking and drug use: drinking and usage of drugs appears to be among the factors which influence HIV risks. After the film Shuga and discussions, the majority of the respondents decided they are going to reduce the use of drugs and alcohol so as they can protect themselves and others towards HIV.

HIV Testing: Before the Shuga film was viewed by respondents, the majority of respondents did not find the need to get tested and see their HIV status. After the film and the discussions the respondents tried to convince each other to have different opinions towards themselves. Further, the film and the follow-up group conversations inspired them to plan to get tested for HIV as soon as possible and this was not only for themselves, it was for their partners, friends and for their families. The conversations they had with their fellow respondents made them aware that it is crucial to get tested because you never know what can happen if you do not get tested.

Reducing Multiple Partners: After the film was viewed, most of the respondents were aware that it was dangerous to have multiple partners. The follow-up conversation after the film helped them to be more clear on how this behaviour can lead to risk.

Increasing knowledge: The study findings indicate that about half of university students had insufficient knowledge regarding general HIV & AIDS issues. Furthermore, the majority of students had insufficient knowledge on how HIV & AIDS is spread. Misconceptions noted in this study could be attributed to insufficient HIV knowledge and other factors such as cultural and

social norms that influence youth and University student's self-perceptions, beliefs and attitude. This result suggests a need of expanding HIV & AIDS and University students and youth sexual reproductive health education in universities to captures more details including prevention of unprotected sex, and issues related to HIV gossips and discrimination.

Further, the respondents were aware that it is important to seek for more knowledge towards their perception of risk towards HIV to learn more on how they can protect themselves and others against HIV. This was an important point emphasizes by participants during the group discussions.

5.4 RECOMMENDATION

On the basis of the study findings, the research makes the following recommendations:

- More programmes should be formulated which involve more youth and university students on and outside campus.
- The programmes should involve more media such as film so students can enjoy and at the same time get education.
- After film viewing, students should be given the opportunity to discuss what they saw and how they feel about it. This will help the students personalize the content of films and become more self-aware of their risk and behaviours.
- University student's especially first year students should be involved in the creation of interventions designed to reduce risk for HIV & AIDS. Further, these programmes on HIV & AIDS should be more participatory in nature.
- An argument can be made for universities to have expanded programmes and curricula which will help students to make better decision when it comes to sexual intercourse when they arrive at university for their first year. This study shows that a majority of the participating students were involved in the sexual risky behaviours because their peers were participating. Presumably, passing through larger programmes in their first year could make a difference to their decision making and understanding of their own risk.
- Empowering youth with the ability to make informed decisions around sex and HIV is one effective way to protect them from contracting the virus. One of the methods to reach the necessary level of empowerment for students is not simply through knowledge about HIV but knowledge about themselves that will more accurately allow them to understand their own perceptions and risks. Most students categorized as having a 'high-risk' of getting

infected with the HIV virus believed that they are not at risk for HIV. This is serious and needs to be addressed. The study has shown female students to be at particular risk because of perpetuating gender norms. There is a clear need to address this as well as self-esteem and self-worth issues.

- Alcohol and drug abuse is a serious topic that needs to be addressed because it is a problem on and outside campus among the majority of the University students and youth.
- Programs on self-knowledge and the need to take responsibility for one's own decisions and actions in life should be introduced at an early stage of self-awareness. With the introduction of innovative school initiatives for implementation at classroom level, HIV & AIDS education stands a chance of being reinvigorated, creating a heightened awareness of responsible sexual behaviour amongst learners.
- Further, because the social circumstances of young students greatly influence their behaviours, more research must be done to understand the social climate of university students and youths.
- The present study suggests that not all students participate in risky sexual behaviours. It also reveals that multiple partners and early sexual debut are the two primary behaviours where more education and intervention is necessary. Furthermore, this study suggests that HIV & AIDS programmes in the universities must assess the effectiveness of their risk behaviour prevention programmes and their efforts. In this regard, I suggest a better integration of multi-media approaches and tools like Shuga, followed by safe and regular conversations in small groups.

5.5 LIMITATIONS OF THE STUDY

The current research study had several limitations related to the generalisation of the findings. In the process of undertaking this study the following major limitations have been observed.

Firstly, the data collected was UWC students only which is not representative of the overall population of youth students in South Africa and therefore could not be generalizable to all youth in the study area especially out of university youth who might be influenced by different risk factors for HIV. However, the use of a representative sample in the study area increases confidence that the data provide a comprehensive picture of HIV & AIDS knowledge, self-perceptions, attitude and risk sexual behaviour amongst UWC students.

I believe that diversity of the sample was an issue. The sample of the present study was comprised of university students with diverse values, experiences, and traditions, which were not addressed. In terms of values and experiences, university students represent a special and privileged group. Many youths in universities have similar educational aspirations and, while no two people have the same life experiences, many students are influenced by the university environment as a whole. In this setting, many students experience living away from their families, making their own decisions, and being exposed to a fairly liberal environment.

Finally, while the method of data collection was useful in many ways, it was also a limiting factor in the study. Because self-report questionnaires were used, it was very difficult to determine how truthful students were in answering the survey items. This is especially an issue when participants, like those in the current study, are asked sensitive questions. Purposeful distortion (deliberately giving false information in a survey) was also possible in this study. People may either exaggerate or minimize their sexual activity. For example, during data analysis, it was found that some participants, who indicated that they did not engage in sexual intercourse, had indicated the number of times they had had sexual intercourse within a specified time frame.

Despite these limitations, the researcher is convinced that the lessons drawn from this study serve as a point of departure for other research on the topic. The findings of this investigation will also give insight to policy makers in their endeavour to formulate policy in terms of how they try to involve more media and youth in the reduction and preventions of the HIV & AIDS in universities, communities and Africa as a whole.

5.6 RECOMMENDATIONS FOR FURTHER RESEARCH

- A more qualitative approach is recommended for this type of study to gain insight into university student's perceptions towards sexual risk behaviour. The involvement of all members of a community in such studies could provide more information about the level of perception, attitudes, behaviours knowledge of HIV & AIDS among older generations.
- HIV & AIDS education has been taught at higher institutions, schools for more than twenty years, so the allegation that parents/guardians, teachers have not been successful in achieving the desired educational outcomes required some investigation.
- Perceptions of university students regarding HIV & AIDS have obvious consequences. The results for this study can be used for further studies to determine how the media such as film

like *Shuga* can play a big role in increasing knowledge, awareness in reducing/preventing HIV & AIDS.

- More research is required in this area to determine why UWC students practice are engaging in risky sexual behaviours despite the knowledge and awareness they have.
- Finally, a repeat of this study could be valuable if the involvement with students began with a conversation, followed by the *Shuga* film and then a second follow-up conversation. In this way, the impact of conversations with and without *Shuga* can be made.



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ANNEXURE 1: INFORMATION SHEET



Title of Research Project: Perceptions of risk for HIV amongst South African University Students: The impact of the MTV film "Shuga".

This research project is looking at the risk factors for University students towards HIV and the film called "Shuga" will be used to see the self-perceptions of the students towards before and after watching the film. The study will be conducted by Halima Lila, a master's student at the Institute for Social Development at University of the Western Cape (UWC). This research will involve pre-base line film survey/questionnaires, post-base line film survey/questionnaires and base line film interview and focus group discussion.

The study aims to assess UWC students on their risk self-perceptions towards HIV and hopes to understand what makes students to have unprotected sex on and outside campus. The following are the key research questions that the research hopes to answer:

- What are the UWC students' perceptions of risk for HIV?
- Does viewing Shuga on its own change self-perception of personal risk?
- Do follow-up group conversations affect self-perception of risk?
- If Shuga and/or the follow-up conversations change risk perceptions, what are the intended behavioural changes inspired by Shuga?

The study will include focus groups (group interviews) in which eight to ten students will hold a discussion on these issues. The group interviews will include only students of the same gender as yourself unless you feel comfortable to be interviewed in a mixed gender group. Group interviews will last about one to one and a half hours and will take place in a quiet and secure room on campus. The groups will be run in English as there may be diverse languages there but it is hoped that the facilitators will be able to translate into the necessary languages if required at any point during the interview and group discussion.

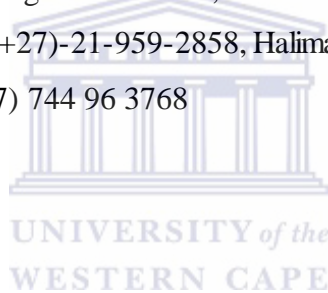
Participation in this study is totally voluntary and you should only do so if you fully understand the aims of the research and would like to participate in this research. You will also have the right to withdraw from the focus group, interview or questionnaires or from the research project at any stage. If any emotional issues emerge in the group, you may be referred to a supportive service such as counselling. We will provide referrals for anyone wishing to speak about painful events that may emerge for them during the research process.

Inevitably there is a risk in focus groups that confidentiality and anonymity may be broken by other participants all participants are asked to commit themselves to confidentiality and will protect you and others in the groups and inform you of your rights as a research participant. Our goal is that you will benefit from hearing what others have to say on these issues, and we endeavour to ensure that no harm is done to any who participate in the research process. We look forward to having you participate in the group if you so decide.

If you have any questions concerning this research, feel free to call: Dr. James Lees (Supervisor);

Email; jlees@uwc.ac.za; phone; (+27)-21-959-2858, Halima Lila (Facilitator/student);

2658808@uwc.ac.za; phone; (+27) 744 96 3768



ANNEXURE 2: SELF-ADMINISTERED BASELINE SURVEY/QUESTIONNAIRE FOR PERCEPTIONS OF RISK FOR HIV AMONGST SOUTH AFRICA UNIVERSITY STUDENTS: THE IMPACT OF THE MTV FILM “SHUGA”.

DEMOGRAPHIC QUESTIONNAIRE

Demographic data sheet: Please place a tick in the box that most applies to you:

1. Your gender: Male Female

2. What is your age in years?

20 years or less 21 to 25 years 26 to 30 years 31 to 40 years

3. What is the main language spoken in your home?

1 Afrikaans 2 Xhosa 3 Zulu 4 Setswana 5 English
6 Swati 7 Ndebele 8 Tswana 9 Other (Specify):

4. What year level are you currently studying at UWC?

1st year undergraduate 2nd year undergraduate 3rd year undergraduate
 4th year undergraduate Honours or equivalent Masters Level

5. Please indicate the faculty that you are registered in:

Arts Community and Health Sciences Science Dentistry
 Economic and Management Sciences Law Education

6. Where do you live currently?

On campus residence Off campus: Parental home Off campus: rented/own home

My code.....

Date.....

I: BASELINE FILM SURVEY/QUESTIONNAIRES

1. I am not at risk of HIV.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

2. I do not need to worry about HIV.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

3. I can handle or successfully navigate situations with the risk of HIV being present.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

4. I know enough about HIV and do not need to know more.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

5. I personally think that having sex without condoms once in a while is a "big deal".

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

6. I personally think that, peer pressure will not influence me to have risky sexual behaviours.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

7. I am not going to have unprotected sex with different women or men as a way to show off to my friends.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

8. I trust my sexual partners will tell me if they sleep around.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

9. I would definitely take the initiative to let my partner know if I am HIV positive.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

10. I have spoken with my sisters/brothers about how we can support each other's to prevent getting HIV.

(a) Yes (b) No

11. I have a family member/a friend who has HIV which I will definitely reach out and offer my support.

(a) Yes (b) No

12. I know that I will never have unprotected sex with someone when I know their HIV positive.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

13. I have gossiped negatively about people with HIV in the past.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

14. People, who get HIV, deserve to get it.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

15. I know that I will not engage myself in unprotected sex because of my own emotional need or confusion.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

16. I know that I will not engage myself in unprotected sex because of family problems, money, food, job and career I want.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

17. I trust that alcohol and drug use will not influence me to have unprotected sex.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

18(a). I have been tested for HIV.

Yes (b) No

18(b). How many times have you been tested for HIV?

(a) Once (b) twice (c) three times (d) four times (e) others (Specify);

19. I am planning on getting tested for HIV soon

(a) Yes (b) No

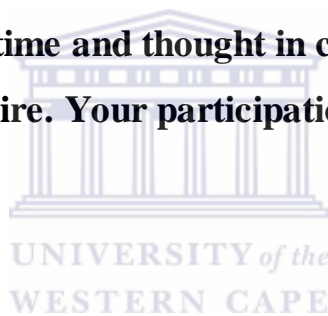
20. I will definitely confront people who gossips negatively about people with HIV.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

21. I will definitely speak to my sisters/ brothers about how we can work together so as none of us can get HIV.

(a) Yes (b) No

**Thank you for your time and thought in completing this film survey
/questionnaire. Your participation is appreciated**



**ANNEXURE 3: SELF- ADMINISTERED POST-BASELINE SURVEY/QUESTIONNAIRE
FOR PERCEPTIONS OF RISK FOR HIV AMONGST SOUTH AFRICA UNIVERSITY
STUDENTS: THE IMPACT OF THE MTV FILM “SHUGA”.**

DEMOGRAPHIC QUESTIONNAIRE

Demographic data sheet: Please place a tick in the box that most applies to you:

1. Your gender: Male Female

2. What is your age in years?

20 years or less 21 to 25 years 26 to 30 years 31 to 40 years

3. What is the main language spoken in your home?

1 Afrikaans 2 Xhosa 3 Zulu 4 Setswana 5 English
6 Swati 7 Ndebele 8 Tswana 9 Other (Specify):

4. What year level are you currently studying at UWC?

1st year undergraduate 2nd year undergraduate 3rd year undergraduate
 4th year undergraduate Honours or equivalent Masters Level

5. Please indicate the faculty that you are registered in:

Arts Community and Health Sciences Science Dentistry
 Economic and Management Sciences Law Education

6. Where do you live currently?

On campus residence Off campus: Parental home Off campus: rented/own home

My code.....

Date.....

II: POST-BASELINE FILM SURVEY/QUESTIONNAIRES

1. I am not at risk of HIV.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

2. I do not need to worry about HIV.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

3. I can handle or successfully navigate situations with the risk of HIV being present.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

4. I know enough about HIV and do not need to know more.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

5. I personally think that having sex without condoms once in a while is a "big deal".

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

6. I personally think that, peer pressure will not influence me to have risky sexual behaviours.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

7. I am not going to have unprotected sex with different women or men as a way to show off to my friends.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

8. I trust my sexual partners will tell me if they sleep around.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

9. I would definitely take the initiative to let my partner know if I am HIV positive.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

10. I know that I will never have unprotected sex with someone when I know their HIV positive.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

11. I have gossiped negatively about people with HIV in the past.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

12. People, who get HIV, deserve to get it.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

13. I know that I will not engage myself in unprotected sex because of my own emotional need or confusion.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

14. 11. I know that I will not engage myself in unprotected sex because of family problems, money, food, job and career I want.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

15. I trust that alcohol and drug use will not influence me to have unprotected sex.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

16. I am planning on getting tested for HIV soon

(a) Yes (b) No

17. I will definitely confront people who gossips negatively about people with HIV.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

18. I will definitely speak to my sisters/ brothers about how we can work together so as none of us can get HIV.

(a) Yes (b) No

**Thank you for your time and thought in completing this film survey
/questionnaire. Your participation is appreciated**

ANNEXURE 4: SELF ADMINISTERED POST-FOCUS GROUP DISCUSSION FILM SURVEY/QUESTIONNAIRE FOR PERCEPTIONS OF RISK FOR HIV AMONGST SOUTH AFRICA UNIVERSITY STUDENTS: THE IMPACT OF THE MTV FILM “SHUGA”.

DEMOGRAPHIC QUESTIONNAIRE

Demographic data sheet: Please place a tick in the box that most applies to you:

1. Your gender: Male Female

2. What is your age in years?

20 years or less 21 to 25 years 26 to 30 years 31 to 40 years

3. What is the main language spoken in your home?

1 Afrikaans 2 Xhosa 3 Zulu 4 Setswana 5 English 6 Swati

7 Ndebele 8 Tswana 9 Other (Specify):

4. What year level are you currently studying at UWC?

1st year undergraduate 2nd year undergraduate 3rd year undergraduate

4th year undergraduate Honours or equivalent Masters Level

5. Please indicate the faculty that you are registered in:

Arts Community and Health Sciences Science Dentistry

Economic and Management Sciences Law Education

6. Where do you live currently?

On campus residence Off campus: Parental home Off campus: rented/own home

My code.....

Date.....

III: POST-FOCUS GROUP DISCUSSION FILM SURVEY/QUESTIONNAIRES

1. I am not at risk of HIV.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

2. I do not need to worry about HIV.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

3. I can handle or successfully navigate situations with the risk of HIV being present.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

4. I know enough about HIV and do not need to know more.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

5. I personally think that having sex without condoms once in a while is a "big deal".

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

6. I personally think that, peer pressure will not influence me to have risky sexual behaviours.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

7. I am not going to have unprotected sex with different women or men as a way to show off to my friends.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

8. I trust my sexual partners will tell me if they sleep around.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

9. I would definitely take the initiative to let my partner know if I am HIV positive.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

10. I know that I will never have unprotected sex with someone when I know their HIV positive.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

11. I have gossiped negatively about people with HIV in the past.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

12. People, who get HIV, deserve to get it.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

13. I know that I will not engage myself in unprotected sex because of my own emotional need or confusion.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

14. I know that I will not engage myself in unprotected sex because of family problems, money, food, job and career I want.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

15. I trust that alcohol and drug use will not influence me to have unprotected sex.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

16. I am planning on getting tested for HIV soon

(a) Yes (b) No

17. I will definitely confront people who gossips negatively about people with HIV.

(a) Strongly agree (b) agree (c) undecided (d) disagree (d) strongly disagree

18. I will definitely speak to my sisters/ brothers about how we can work together so as none of us can get HIV.

(a) Yes (b) No

ANNEXURE 5: RESEARCH CONSENT FORM



Title of Research Project: Perceptions of risk for HIV amongst South African University Students: The impact of the MTV film "Shuga"

I....., have had the opportunity to ask questions related to this study, and received satisfactory answers to my questions, and any additional details I wanted.

- I agree to take part in this research.
- I understand that my participation in this study is voluntary, with no form of coercion used against participants and a participation agreement form will be provided. I am free not to participate and have the right to withdraw from the study at any time, without having to explain myself. The researcher will take responsibility in ensuring that all the information gathered is treated sensitively and confidentially as well as protecting the identities and interests of all participants.
- I am aware that this interview might result in research which may be published, but my name may be/not be used. I understand that if I don't want my name to be used that this will be ensured by the researcher. I may also refuse to answer any questions that I don't want to answer.

Date: Place:

Participant Name: Participant Signature:

Interviewer Name:

If you have any questions concerning this research, feel free to call: Dr. James Lees; Email; jlees@uwc.ac.za; phone; (+27) 21-959-2858, Halima Lila; 2658808@uwc.ac.za; phone; (+27) 744 96 3768

ANNEXURE 6: CONFIDENTIALITY COMMITMENT FORM



Title of Research Project: Perceptions of risk for HIV amongst South African University

Students: The impact of the MTV film "Shuga"

I,hereby give my consent to participate in this research project which is an exploratory study of perceptions of HIV risk amongst South Africa University Students: The impact of the MTV film “Shuga”

- I understand that the project is being conducted under the Institute of Social Development student (Halima Lila) at the University of the Western Cape.
- I have been fully informed of the aims of the project and am participating on a voluntary basis.
- I have not been pressured in any way into participating in this focus group, and understand that I am free to leave the focus group at any stage without any consequences.
- I understand that I am free to withdraw from the research project at any point even after the focus group is completed.
- I understand that any information will be treated with utmost confidentiality and that my identity will be kept anonymous.
- I understand that I should not disclose my HIV status or any other personal information that I would not want disclosed during this focus group discussion, as full confidentiality cannot be guaranteed in a focus group situation.
- I agree that the data collected could be published in reports or publications.
- I understand that the audio-recordings of the focus group will be destroyed after they have been transcribed and that the transcripts will be kept in a locked, secure place where nobody other than the two senior researchers will have access to.

Date: Place:

Participant Name: Participant Signature:

Interviewer Name:

If you have any questions concerning this research, feel free to call: Dr. James Lees; jlees@uwc.ac.za; phone; (+27) 21-959-2858, Halima Lila, 2658808@uwc.ac.za; phone; (+27) 744 96 3768

ANNEXURE 7: ETHICS CLEARANCE FORM

**OFFICE OF THE DEAN
DEPARTMENT OF RESEARCH DEVELOPMENT**



**UNIVERSITY of the
WESTERN CAPE**

12 March 2012

To Whom It May Concern

I hereby certify that the Senate Research Committee of the University of the Western Cape has approved the methodology and ethics of the following research project by: Ms H Lila (Institute for Social Development)

Research Project: Perceptions of risk for HIV amongst South African University students: The impact of the MTV film 'Shuga'

Registration no: 11/10/16



*Ms Patricia Josias
Research Ethics Committee Officer
University of the Western Cape*

Private Bag X17, Bellville 7535, South Africa
T: +27 21 959 2948/2949. F: +27 21 959 3170
E: pjosias@uwc.ac.za
www.uwc.ac.za



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