

**Perceptions and attitudes on condom use among male and female students of
the University of Zululand**

BALISIYE EUNICE MASHEGO

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of Master of Arts (Clinical Psychology) in the Department of Psychology
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SUPERVISOR: PROF N. V. MAKUNGA

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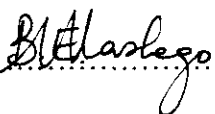
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DECLARATION

I declare that the dissertation hereby submitted to the University of Zululand for the degree of Master of Arts in Clinical Psychology has not previously been submitted by me for a degree at any other University, and that it is my own work in design and execution.

Signature: .....

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ABSTRACT

The present research investigated the attitudes and perceptions on condom use among male and female students of the University of Zululand (main campus). The sample (N=100) consisted of male (N=68) and female (N=32) students, whose ages ranged from 17 to 44 years. The sample consisted of English, Sotho, Tsonga, Swazi, Ndebele, and mainly Zulu speaking students (74%). Although a significant difference was found in perceptions of male and female students on condom use on some items on sexual satisfaction, no significant differences were found in their perceptions on condom use in relation to health hazards and sexual interest.

CHAPTER 1

INTRODUCTION

1.1 *Introduction*

In recent years, the incidence of one of the sexually transmitted diseases (STD's) called HIV/ AIDS has been increasing at a dramatic pace. Indeed, HIV/AIDS continues at an alarming rate. A question arising at this point is: how can sexually active individuals, both infected and not infected by HIV, protect themselves from this health risk?

Prevention of HIV/AIDS is paramount to those who want to stay healthy, even those already infected with HIV. The need for protection does not cease after one becomes HIV infected. Reinfection through unprotected sexual encounters makes treatment of existing HIV disease all the more difficult. In addition, becoming infected with other STD's such as syphilis or gonorrhea is detrimental to the health of anyone, especially those living with HIV.

No one should take the risk of exposure to sexually transmitted diseases, HIV in particular. One way individuals can stay safe from contracting HIV through sexual encounter is by the use of condoms. Latex condoms, when used correctly, provide the most effective means of preventing HIV and other STD's transmitted through sexual encounters.

1.2 Statement of the problem

In public health, condom use as a preventative measure promoting safe sex, has historically been largely neglected. Evidence from literature (Ratele & Shefer, 2000) shows that it was only until the local and international emergence of HIV/AIDS, that condoms were regarded as a preventative measure to use against sexually transmitted infections.

It seems that, despite the recent upsurge of sexual education, there continues to be widespread resistance, lack of understanding or misconceptions regarding condoms as a preventative measure to use against sexually transmitted infections. According to Kies and Israel (1999), most young people think of condoms as a contraceptive and not as a protector. This often causes them not to use condoms because they may be on contraceptives (Hancock, Hancock & Davis, 1998). Females with one sexual partner are more likely to have never used condoms or prefer not to use condoms than those with more than one sexual partner (Ford & Wirawan, 1995).

Research findings (Nieto-Andrade & Izazola-Licea, 1999) show that although being afraid of contracting HIV/AIDS positively associated with using a condom, lack of trust in condoms is negatively associated with using a condom. Peltzer (2000) explains that the most common mistake of young adults is ignorance in the use of condoms. Men and

women believe that condoms interfere with sexual pleasure, deter arousal by reducing sensitivity and curtailing spontaneity (Hankins & Gendron, 1992; Bertrand, Kayembe & Lusamba, 1996). Some sex workers mentioned that the appearance of the female condom would reduce the acceptability to the male client (Chandeying, Uahgowitchai, Skov & Sinpisut, 1998). Although some adolescents perceive condoms positively (as safe, clean, not ridiculous, indicating trust and respect) and efficient against AIDS, STD's and pregnancies, however, they indicated that they posed some practical problems such as being embarrassing to buy, and difficult to propose to a partner (Job-Spira, Lert & Spencer, 1991; Rey, Mer & Deniaud, 1992).

A study to examine and describe information about STD/AIDS perceptions, condom use and partner relationships among STD clients found that men had used condoms once, and some did not use condoms during sex in the last 30 days. Common reasons for not using condoms were given as decreased sexual pleasure, knowing the partner, and feeling healthy (Samayoa-Herrera, Hearst, Marin, Hassing, Desalar & Arathoon, 1998). Most women mentioned that some men thought it is a good idea to use a condom with a new partner and men agreed with this statement. Most men said using a condom shows respect for their partners. Men and women differ in their perceptions of condom use. Women believed men are less willing to use condoms than men. As women may be confident

enough to negotiate condom usage with their sex partners, men should be encouraged to express their willingness to use condoms with their sex partners (Wettrich, Walsh & Campbell, 1991).

1.3 Motivation for the study

Although younger people have grown up during the age of AIDS, many feel they are not at risk for the disease. Yet, even if your partner is young and healthy looking, he or she may be infected with HIV. Thus, as you begin to understand and explore your sexuality, you must also learn about safe sex.

Again, misconceptions about the use of condoms in sexually active individuals tend to lead to unprotected sex. These misconceptions need to be addressed. Thus perceptions on condom use should be known and improved where necessary, hence the present study is entitled: **“Perceptions of condom use in a sample of students at the University of Zululand main campus”**. Reasons for the differences in condom use between sexual partners are needed most, so as to come up with educational programs, prevention and intervention strategies, to stop further transmission of HIV/AIDS and other sexually transmitted diseases.

1.4 Aims of the study

The aims of the study are:

- To determine the perceptions about the level of sexual satisfaction when using a condom
- To determine the perceptions about health hazards linked to condoms
- To determine the perceptions about lack of sexual interest when condoms are used

1.5 Significance of the study

Finding reasons for differences in perceptions on condom use, or myths about condom use among university students, will help in the development of educational programmes and intervention strategies that will address health problems linked to condom use, and these may help to reduce further transmission of HIV/AIDS.

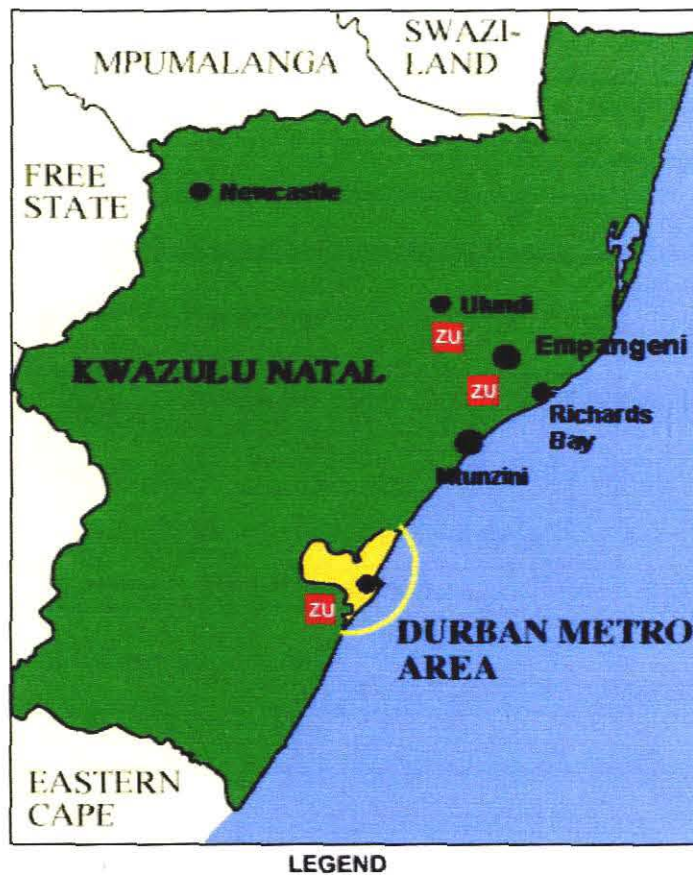
1.6 Scope and limitations of the study

The sample size might influence the study because only those students who consented to participate in the study were given questionnaires, a factor which made it difficult for the researcher to have an equal number of males and females. The number of male students was (68) twice larger than the number of female students (32).

1.7 Definition of terms

- Attitudes - are complex mental orientations involving beliefs and feelings, and values and dispositions to act in certain ways (WordNet, 1997). Statt (1993) defines attitudes as stable, long-lasting, learned predispositions to respond to certain things in certain ways.
- Perceptions - are the conscious mental registration of sensory stimuli (American Heritage Dictionary, 2000). Statt (1993) defines a perception as a process by which the brain receives the flow of information about the environment from the sense organs and uses this raw material to help an organism make sense of that environment.
- A condom - is a thin membrane tube, which covers the penis and prevents sperms from entering the vagina during sexual intercourse (Hubley, 1990).
- A student - refers to one who is enrolled and attends classes at a school, college, or university (American Heritage Dictionary, 2000).
- The University of Zululand (Main Campus) - is an institution of higher learning and it specializes in teaching, research, and community service. The University of Zululand is located in the province of KwaZulu Natal, south Africa, 20km South of Empangeni

- and 160km north of Durban (see Figure 1. below).



ZU University of Zululand (Cecil Renaud, KwaDlangezwa & Ulundi campuses)

Figure 1. Map: Location of the University of Zululand

- HIV - stands for Human Immunodeficiency Virus. HIV is a virus that attacks various cells of the immune system

which enables the body to fight infections against diseases
(Aids, 1994).

- AIDS - stands for Acquired Immunodeficiency Syndrome.
AIDS is a fatal transmissible disease of the immune system, that is caused by Human Immunodeficiency Virus (Aids, 1994). AIDS is a failure of the immune system that leads to vulnerability to a variety of diseases (Kunene, Nene & Kunene, 2000).

CHAPTER : 2

LITERATURE REVIEW

2.1 Introduction

Literature (Green, 1994) has shown that the death rate is increasing day after day due to AIDS related diseases. AIDS is now considered as playing a significant role in the cause of mortality particularly, among young people (Mehmet & Hakan, 2003). Thus, understanding and knowing about measures that combat the spread of HIV/AIDS in South Africa is of utmost importance to everyone, especially the youth. The fast growing rate of HIV infection is a challenge for planning programs and having in place effective intervention programmes (Uys, Martin, Ichharam & Alexander, 2001). In the past safer sex meant contraception or prevention of unwanted pregnancies, but in recent times safer sex is about the prevention of sexually transmitted diseases, more especially HIV/AIDS (Kunene, Nene & Kunene, 2000).

2.2 What exactly is HIV?

HIV is the Human Immunodeficiency Virus and it forms part of the lentivirus family which means it is slow moving. This virus attacks the body immune system, attaching itself particularly to CD4. Once in the blood, a viral load becomes present. If the viral load exceeds the CD4

count in the body, HIV becomes AIDS. It has been shown under an electromicroscope that HIV progresses to AIDS (Life Magazine, 2003/4).

HIV is able to modify, replicate and change itself at a rapid pace, hence it has been difficult to find a cure or a vaccine for it. The most common form of the virus found in South Africa is HIV1. In South Africa, HIV2 is very rare and is mainly found in West Africa (Life Magazine, 2003/4).

It is evident from literature (Life Magazine, 2003/4) that there are 11 known subgroups of HIV, known as HIV A to K and also U, which scientists have not yet been able to isolate, HIV C is most prevalent in South Africa. As seen in literature (Life magazine, 2003/4), HIV goes through four stages. Initial infection is not normally diagnosed because symptoms are much like flu. This can be followed by an asymptomatic period which can last for several years. It then starts attacking the immune system, causing moderate immune deficiency. The person will be prone to illnesses like tuberculosis, which can be treated. This is a good time to start using anti-retrovirals and other medications. The final stage is AIDS, when the person suffers a severe immune deficiency. Normally opportunistic infections like tuberculosis, pneumonia and cancer occur at this stage.

2.3 How is HIV transmitted?

HIV is transmitted via body fluids: blood, semen and vaginal fluids. Evidence from literature (Green, 1994) has shown that HIV can be passed on by having anal, vaginal, or oral sex with someone who is infected; by sharing needles and syringes with an infected person; by needle-prick injuries, blood transfusion and by transfer of the virus from mother to infant before or during birth.

HIV/AIDS is a concern for those with multiple partners, and sexually active people who engage in high risk sexual behaviors, like engaging in unprotected sexual intercourse (Kunene, Nene & Kunene, 2000). HIV/AIDS is a behavior bound disease, spread primarily by high-risk behaviors (Green, 1994). In support of this notion, Shernoff (1999) expresses a need to educate people about high risk behaviors to help them practice the ability to avoid risk.

2.4 Some interventions to prevent sexual transmission of HIV/AIDS

Although there are different ways in which HIV/AIDS can be transmitted, transmission is mainly through sexual intercourse (Shernoff, 1999). As pointed out by Macklin (1989), behavioral strategies designed to prevent sexual transmission of HIV include abstinence, monogamy, reducing the number of sexual partners, and safer sex (that is, anal/vaginal/oral sex using a condom).

2.4.1 Abstinence

A literature survey (Macklin, 1989; Hubley, 1995) indicated that abstinence offers 100% protection from sexual transmission, although the high rate of unplanned pregnancy among adolescents may indicate that telling them to abstain from sex is not effective. The adolescent stage is a period when individuals tend to explore sexuality and the developing body. Some adults also choose sexual abstinence as a preventive strategy.

2.4.2 Monogamy

Monogamy with an absolutely trustworthy partner has been found to prevent HIV transmission. This is effective if both partners have not been exposed to HIV. Most married populations have extra-marital sexual relationships and one outside sexual experience can introduce HIV into a relationship, so relying on another's monogamy as a protective measure against HIV is said to be risky (Macklin, 1989). Monogamy can cause offence and be seen as challenging traditional values in societies where polygamy (a man having more than one wife) is practiced (Hubley, 1990).

2.4.3 Reducing the number of sexual partners

Reducing the number of sexual partners tends to be misleading. Behavior is overlooked, instead focus is on the number. For example, engaging in mutual masturbation with large numbers of individuals is less

risky than engaging in unprotected anal/vaginal intercourse with one person who is HIV positive. The number is far less important, but behavior is (Macklin, 1989).

2.4.4 Safer sex

If someone is not in a monogamous relationship or has concerns about whether their partners are faithful to them, it is advisable to use a condom with each and every sexual contact to prevent transmission (Life Magazine, 2003/4).

With safer sex, there is no exchange of body fluids. Anal/vaginal intercourse using a condom or with a correct use of an intact condom can reduce the risk of HIV transmission. Safer-sex has become the preferred or recommended prevention strategy for most people (Macklin, 1989; Berer & Ray, 1993). Lachman (1989) supports the use of condoms as a preventive measure against HIV/AIDS transmission. As shown in literature (Life Magazine, 2003/4), if a condom is used properly and there is no risk of it slipping off or breaking, the risk of becoming HIV positive is almost nil.

2.5 Preventing HIV infection

Apart from sexual abstinence or a stable mutually faithful relationship with an uninfected partner, condom use is considered the best

way to protect oneself from sexually transmitted diseases, including HIV/AIDS (Williams, Norris & Bedor, 2003). Early in the course of the AIDS epidemic, condoms were recognized, and are still regarded as, an effective means of preventing or reducing HIV infection if condoms remain intact, and if consistently and properly used (Hubert, Bajos & Sandfort, 1998; Kelly & Lawrence, 1988).

Although condoms have been found to block the sexual transmission of HIV, however, due to their breakage or improper use, condoms have been shown to reduce but not eliminate HIV transmission through sexual intercourse (Kelly & Lawrence, 1988; Macklin, 1989). Thus proper use must be taught and adhered to strictly (Gorma, 1996; Macklin, 1989). The degree to which condom use can assist in reducing the probability of transmission depends on the quality of the condom, and correct use of the condom (Cross & Whiteside, 1993). However, increasing condom use seems to be difficult in the South African context as the discussion following illustrates.

2.5.1 Difficulties encountered with condom use

Although consistent condom use has been found to be the most effective way to reduce exposure to HIV and other STD's among sexually active individuals, many individuals who are at risk for sexually transmitted diseases (STD's) do not use condoms on a consistent basis. It

is evident from literature is that reasons for the low use of condoms among sexually active individuals include embarrassment, low self-efficacy, dislike of condoms, and concerns about the meaning that a partner might attach to a request for condom use. Another cause of inconsistent condom use is lack of motivation to engage in protective sexual behavior (Thompson, Kyle, Swan, Thomas & Vrungos, 2002). Temoshok and Baum (1990) supported this notion and further included the unavailability of condoms as also a reason for not using condoms. A research study by Civic (2000) showed that subjective assessments of partner safety and the belief that sufficient measures were taken to avoid pregnancy were important reasons for condom non-use.

Using a condom with every partner and every act of intercourse is, in practice, not easy to achieve. Many people, in fact, tend to use condoms sometime but not always, or with some partners. Many men and women are more willing to use condoms with casual partners than with their spouses or regular partners (Berer & Ray, 1993).

Poor and jobless persons are found to be likely to engage in sexual activities with sexual partners who are resistant to condom use, and/or substance abusing. According to them, one can make more money by having sex without a condom than with one (Shernoff, 1999).

2.5.2 Condom usage amongst students ✓

A research study undertaken to understand high school students' risk behaviors to help reduce the HIV/AIDS epidemic in KwaZulu Natal (South Africa) indicated that one third of male respondents, from the randomly selected sample of rural learners, have always used condoms. Smoking and drinking among learners were reported to have increased the likelihood of sexual activity, thus increasing the risk of HIV/AIDS transmission among learners (Taylor, Dlamini, Kagoro, Jinabhai & De Vries, 2003).

In a study using the National Institute of Mental Health's (NIMH) Multi-site Condom Use Self-efficacy Scale which was developed to measure the degree of confidence in condom use among a geographically diverse population of students who visited the Student Health Centre, it was found that students with a higher degree of self-efficacy were more likely to use condoms consistently. Consistent condom use has been shown to be effective in decreasing the risk of having sexually transmitted diseases. However, many young people do not use condoms consistently. One indicator of the lack of condom use is that 18% of all reported AIDS cases are of the ages 20-29. One reason for inconsistent condom use is lack of personal efficacy. Self-efficacy refers to a person's belief that he/she can perform the behavior in question (Peterson & Gabany, 2001).

College students are likely to be at risk of contracting sexually transmitted diseases (STD's) because of their patterns of sexual behavior, including sex with multiple partners and inconsistent use of condoms. Because condoms remain the most effective means of preventing STD infections, the low percentage of consistent condom use among a sample of African American women indicates that they are at continuing risk for acquiring an STD. Findings suggest that this group of college women do not perceive condom use as a normative behavior among their female friends. It was also found that an increased awareness of condom use among peers is associated with higher levels of condom use. These data are consistent with other research studies indicating that delaying first sexual intercourse and having fewer sexual partners may give protection against acquiring an STD (Lewis & Succop, 2000).

2.5.3 Prevalence of condom usage

Condom use was found to be more prevalent among individuals with multiple partners and they expressed a generally positive attitude toward condoms and did not experience them as inconvenient (Ichharam & Martin, 2002). A research study of the prevalence of HIV infection among RAU University students found that categories of students regarded as being at higher risk of infection were more knowledgeable about HIV/AIDS, possibly contributing to safer sexual practices and to the fairly low RAU prevalence. A very low rate of HIV infection has been

found to be associated with a very high rate of condom usage which was found among RAU students (Ichharam & Martin, 2002).

2.5.4 Education, and knowledge about HIV/AIDS and condoms *

In an early research study by Moore, Rosenthal and Mitchell (1996), a key assumption was that unsafe sexual behavior stemmed from a lack of knowledge about the transmission of HIV. This implies that if young people knew the consequences of unsafe sexual behavior, they would not engage in such behaviors.

Most of the studies on HIV/AIDS undertaken at tertiary institutions in South Africa indicate that students are generally knowledgeable about the causes and modes of transmission of HIV/AIDS, and they also specify the activities that constitute high-risk behavior as well as the best ways to protect themselves from HIV infection, but their awareness and knowledge of HIV/AIDS does not always correspond with their sexual behavior. There seems to be a generally negative attitude towards condom use. Students tend to be worried about falling pregnant more than about becoming infected with HIV (Uys, Martin, Ichharam & Alexander, 2001; Peltzer, 2000a).

In contrast to previous research findings, RAU students were found to differ in the prevalence rate (low) and they have a generally

positive attitude towards condom use. RAU students further differ in that their knowledge and awareness of HIV/AIDS correspond with safer sexual practices (Uys, Martin, Ichharam & Alexander, 2001). It was therefore concluded that education brings greater knowledge of HIV/AIDS, and there was some indication that schools are making a valuable contribution to AIDS awareness. The level of education was seen to have played an important role in RAU students since educated youths can expect materially better and more fulfilling lives. The low rate of HIV infections may indicate that RAU students are cautious. A research study undertaken on the RAU campus between 15-19 October 2001 revealed a much lower than expected rate of HIV infections in comparison with previous research results from studies in some of the South African universities and some parts of the Gauteng province (Ichharam & Martin, 2002). This clearly demonstrates that levels of HIV infection can be reduced. This shows a considerable level of awareness among RAU students and their informed ways of minimizing the risk of HIV infections. A high proportion of students reported that they are not yet sexually active and extensive use of condoms was reported among those who are sexually active (Uys, Martin, Ichharam & Alexander, 2001).

Although the role of blood in the transmission of HIV appears to be consistently understood, a substantial minority of young people are

unaware that HIV could be transmitted through vaginal fluids, and many do not distinguish between disease prevention and contraception, believing that condoms are unnecessary if other methods of contraception are being used (Moore, Rosenthal & Mitchell, 1996).

Talking about condoms in general with one's sexual partner, may directly increase the perception of the pressure to use condoms even if it does not increase the confidence in the correctness of that perception. When partners talk to each other about condoms, it is likely that at least one of the two has a positive attitude, which should increase the pressure on the other partner to agree to use a condom. Discussion of condom use with one's partner could cause both to perform relevant behaviors, like using a condom with each and every sexual encounter (Trafimow, 2001). A better understanding of factors associated with safer sex communication was believed to be helpful in developing HIV and STD prevention programmes for college students. The association between safer sex communication and condom use was found to be weak (Dilorio, Dudley, Lehr & Soet, 2000).

Unprotected sex occurs when two people agree to have intercourse without a condom. Helping individuals to learn to effectively communicate their health interest, their commitment to risk avoidance, or their refusal to engage in high-risk activities is a critical skill for

successful implementation of behavior change. Distribution and promotion of free condoms would be useless or ineffective if one or both partners are inassertive in the use of condoms or in initiating condom use (Kelly, 1995).

Human beings should be empowered to take the initiative of self-protection (through condom use) from HIV infection as well as protecting others. It is always the responsibility of the person who knows more about AIDS and safer sex to educate and protect the person who knows less, even if that person is drunk, indifferent, or does not seem to care about his/her health. The display of concern for another's welfare by insisting on safer sex shows affection in the same way as proclaiming one's love (Shernoff, 1999).

2.5.4.1 Youth education

Young people must be educated by parents, teachers, and physicians, about the distinction between safer sex and contraception and how to prevent both STD's and pregnancy as teenagers are exposed to potentially conflicting sexual health messages (one emphasizing the prevention of STD's and the other stressing pregnancy prevention). Teenagers need to be protected from both STD's and unwanted pregnancies (Lindsay, Smith & Rosenthal, 1999). Teenagers need to be helped in persuading partners to use condoms (De Bro, Campbell &

Peplau, 1994). The purpose of school health education about HIV/AIDS is to prevent and control the spread of HIV/AIDS, and to raise the level of understanding about associated problems (World Health Organization, 1992).

Television was reported as the major source of information about AIDS. In a research study to determine the Turkish university students' knowledge, sexual risk behavior, and attitudes towards AIDS, students declared they knew much about AIDS. Almost all the students suggested that there should be a course on AIDS in their curriculum. Therefore, schools have to integrate new courses on AIDS and sexual health in their curricula (Mehmet & Hakan, 2003).

The continuously increasing rate of HIV infection indicates that the current AIDS educational programmes are, in some way, failing to successfully inform people. In order to successfully effect behavior change, it was suggested that AIDS information brochures should be able to raise anxiety levels high enough to promote behavior change, but the anxiety levels should not be high enough to trigger denial (Nene, 1994). The most successful education campaigns are those which can be integrated with existing community mores and meanings (Kippax, Connell, Dowsett & Crawford, 1993).

The nation was advised by the Health Secretary to use condoms. Only a public education campaign to increase awareness of HIV and AIDS was believed would change people's behavior (Berridge & Strong, 1993).

2.5.5 Gender differences, HIV/AIDS infection, and condom use

Women are reported to be at greater risk of HIV/AIDS infection more than men because of "socially sanctioned disempowerment", they can find it more difficult than men to insist on the use of a condom during intercourse (Ichharam & Martin, 2002). Men were seen as seducers, especially when avoiding the use of a condom, and women as limit setters who are willing to withhold sex unless certain conditions are met. Even though both men and women knew they should use condoms, men overcome women's resistance by using seduction (De Bro, Campbell & Peplau, 1994). In contrast to previous research findings, RAU University female students were found to be more knowledgeable about HIV/AIDS than male students at RAU (Ichharam & Martin, 2002).

In a study to identify gender differences related to negotiation styles associated with condom use, it was indicated that women play a more active role in negotiation of condom use, while men play a more reactive role (Carter, McNair, Corbin & Williams, 1999). Few experienced and satisfied condom users have been asked why they use

and like condoms. Their responses included that many women don't like it when semen seeps out of the vagina for hours after sex, wets the bed and leaves a bad vaginal odour. Men may maintain longer erections with condoms and condoms can be used as sex toys (Berer & Ray, 1993).

2.5.6 Alcohol consumption/drug ingestion and condom use

Unplanned sexual intercourse under the influence of alcohol and other drugs is a strong risk factor for having had multiple sexual partners as well as a risk factor for inconsistent condom use, among males and females (Poulin & Graham, 2001). Some sexuality educators express concern that safer-sex education will not affect behavior, "sexual arousal is much like alcohol intoxication - judgment is of importance or needed". People may neglect, when aroused, to use condoms or to use them correctly or to engage in safer sex practices. Alcohol ingestion and drugs may reduce the ability to remain within risk-reduction guidelines (Macklin, 1989). There seems to be a high correlation between alcohol use and peer pressure, and casual sex combined with absence of safer sex practices among university students of South Africa (Uys, Martin, Ichharam & Alexander, 2001). Therefore, AIDS prevention education should include education about the effects of drugs and alcohol on behavior and urge persons to reduce substance use prior to sexual activities. The message needs to be broadly communicated that anyone can get AIDS and AIDS is 100% preventable (Macklin, 1989).

2.5.7 Perceptions and attitudes about condom use

There is a lot of ignorance and misinformation about proper use of condoms, their side effects, and related topics. A Liberian study of condom perceptions and attitudes found that there are obstacles to condom acceptance: aversion to and the high cost of condoms. Individuals need to understand the role of condoms for preventing AIDS. Condom image needs to be improved. Perception of condom breakage can be addressed by educating individuals about storage and handling of condoms in ways that minimize product deterioration. Condoms must be promoted as a preventive measure against diseases/AIDS not against pregnancy. A condom is also associated with prostitutes and diseases. Condom use is believed to be a way of escaping the health negative consequences of unsafe sex/extramarital sex (Green, 1994). Young people's perceptions are linked with specific personal beliefs. Women may fear being labeled as "easy" or "a slut" if carrying condoms (Moore, Rosenthal & Mitchell, 1996).

There have been suggestions that condom use may be increased by making condoms available through the installation of condom vending machines. For others the issue may not be the availability of condoms, but rather having the negotiating skills required to convince sexual partners to agree to using condoms. To others, insisting on using condoms or insisting that a partner use a condom may be seen as implying

that the partner has an STD. One way of encouraging discussions on safe sex issues and negotiating condom use is by normalizing the use of condoms among sexually active individuals (Moore, Rosenthal & Mitchell, 1996).

Education must address people's attitudes about condom use. Many men view condoms solely as birth control for adolescents or for low-income persons. Men were found to often respond angrily, and feel rejected when told or when females suggest condom use. Reasons given for not using condoms include the following, condoms interfere with sexual satisfaction and reduce sensitivity, condoms are unnatural, uncomfortable, messy, kill spontaneity. These complaints can be addressed by helping people learn to eroticize condoms and incorporate them into foreplay. Teaching people to incorporate condoms sensuously into foreplay significantly enhanced attitudes toward condom use. Directly confronting negative attitudes toward condom use by education may result in increased usage (Macklin, 1989). Men inexperienced about condoms can be encouraged to purchase a variety of different brands or types and to experiment using them when alone. Practice putting on a variety of condoms and masturbating will increase comfort with condom use and help individuals learn which varieties are preferred (Macklin, 1989).

Research results revealed that women identified perceptions of low risk as the most common reason for not using condoms, while men identified the inconvenience or unavailability of condoms as the most common reason. This indicates that there is a need for greater efforts in the process of increasing condom use (Carter, McNair, Corbin & Williams, 1999). It was argued, in a research study by Herbert, Bernard, De Man & Farrar (2001), that despite the common assumption of gender differences in the attitudes of condom use, gender was not a significant factor. In general, there was a positive attitude toward condom use (Herbert, Bernard, De Man & Farrar, 2001).

A study of male and female attitudes towards condoms revealed the following: condoms can burst and can threaten a woman's life; it is immoral to discharge semen in a container or over oneself; condoms lead to sterility/impotence; condoms are associated with prostitution and promiscuity, in any case they are used only for extramarital sex; condoms are a psychological barrier to intercourse, partly due to interruption of foreplay when putting a condom on; even if a man wants to use a condom, his partner might be insulted by doing so; and men said they were not ready to pay for condoms. Females further indicated that condoms can burst and stay lodged in the vagina (Hubert, Bajos & Sandfort, 1998).

In a research study of the perceptions and attitudes of male sex workers, it was found that those who are knowledgeable about risks associated with AIDS have a positive attitude towards condom use and they tend to be more worried about contracting HIV. Traditionally, knowledge has been described as affecting safer sex behaviors, with lower levels of knowledge being associated with less safer sex practice. Knowledge is viewed as a step towards protecting individuals against HIV infection. Some authors have argued that knowledge alone does not appear to systematically influence condom use as it was found that despite high levels of knowledge some male sex workers continue to have a higher risk exposure to HIV as well other sexually transmitted diseases. Levels of knowledge may also vary from one individual to another, from one location to another. In light of the lack of evidence on the mediating value of knowledge in determining safer sex behaviors, this needs to be further researched (Minichiello, Marino & Browne, 2001).

2.5.7.1 Attitudes and their role in behavior shaping

Minichiello, Marino and Browne (2001) indicated that a negative attitude serves as a barrier to condom usage while a positive attitude facilitates safer sex practices. High condom usage was reported among male sex workers with clients because it serves as a symbolic barrier between sex at work versus sex in private life. Some studies reported that attitudes to condoms among male sex workers is related to condom usage

only when the male sex worker was the receptive partner. Perception of risk has been found to be negatively correlated to condom use in a group of male sex workers, leading to lower use of condoms (Minichiello, Marino & Browne, 2001).

According to Oskamp and Thompson (1996), people intend to use condoms when they have positive attitudes towards condom use. Condom beliefs are said to be highly linked with attitudes towards condom use. Some of the beliefs concerning condom use were found to include whether condom use will prevent STD's and HIV infection in particular. It was found that if people believe a condom cannot prevent HIV infections and STD's, then they will have a negative attitude towards condom use. Another belief involves the effects of condoms on sexual enjoyment. It was also found that if people believe one cannot enjoy sex with a condom, then their attitude towards condom use will be negative. The third belief is about how sexual partners will react to condom use. The fourth belief is about financial costs and concerns about the appropriateness of carrying a condom. Some people think it is inappropriate to carry condoms with you, in your bag. The fifth belief involves availability. This concerns one's confidence that one can have condoms available when needed. The sixth belief involves impulse control/self-control. This concerns one's confidence that he/she can control him/herself and use condoms in the midst of a sexual encounter.

The seventh belief involves negotiation skills which concern one's confidence that he/she can convince a sexual partner to use condoms. The focus is on one's confidence about his/her abilities, not on the actual abilities (Oskamp & Thompson, 1996).

2.5.7.2 Misconceptions about HIV/AIDS and condom use

Misconceptions about the transmission of infections need to be corrected in those who are not concerned about contracting HIV, to maintain high levels of updated knowledge about HIV and promoting a better attitude towards condom usage or to promote a greater commitment to condom usage. Sexual health clinics and sex work organizations can play an important role in promoting the use of condoms in the workplace through peer education and support services. However, it is still unclear whether attitudes are formed before the promotion of specific knowledge, and this needs further investigation (Minichiello, Marino & Browne, 2001). Peer education among young people is, in many instances, misleading as it is an educational programme devised and delivered by young people, who identify with the group, for young people (Moore, Rosenthal & Mitchell, 1996).

In a research study, male sex workers were found to possess an adequate level of knowledge about HIV transmission, with most correctly identifying the risk of transmission associated with various sex acts.

However there were some misconceptions, for example, while almost all participants were aware that AIDS could be transmitted through unprotected anal sex with ejaculation, 14% believed unprotected anal sex without ejaculation was a safer activity. Interestingly, sex workers are less concerned that condoms act as a barrier to the enjoyment of sex, some participants agree by saying sex with condoms is more hygienic. Some findings support this statement by saying, for sex workers "Sex at work" is different to "personal sex". The assumption that all clients are at risk for infection was frequently adopted as a given precaution. Those who disagreed with this concept showed lower rates of condom usage. It was therefore concluded that male sex workers, although aware of the risk of the different factors of HIV transmission, did not always perceive themselves to be at risk of HIV transmission as a result of their work. This is the area that deserves further attention and a rational preventive strategy (Minichiello, Marino & Browne, 2001).

* In a study of the challenge of AIDS for South Africa, it was found that most young people don't like the "white" colour of a condom. A research study carried out in Gauteng indicated that Black teenagers and young adults want different colours and even scented condoms rather than the white coloured condoms. There is also a myth that AIDS is a disease of Black and poor people or White gay men in South Africa. AIDS is spreading through all groups in South Africa. Some people think condom

use is irrelevant when used as a preventive measure for HIV/AIDS (Whiteside & Sunter, 2000).

Negative attributes concerning condom use include the following: condom use implies a lack of trust, is awkward, and interrupts sex, reduces pleasure, decreases sensitivity, does not seem natural, cost too much, some people are not used to condoms, and condoms imply that you are dirty. Negative ideas about condoms are likely to interfere with risk reduction, unless changed or modified. Some partners perceive a condom as dirty or diseased. Negative attributes concerning condoms can be changed by relabeling beliefs. Condom use must be relabeled from a self-protection purpose to a concern for one's partner or show of love. Condom use is the best way of showing someone that you care about him/her (Kelly, 1995).

The objective of changing beliefs about condoms is to encourage the individual to consider benefits of change that may not presently be perceived, rather than arguing with him/her. Safer sex changes should be defined as part of lovemaking, putting on a condom can be made a sensual part of a couple's foreplay and clients can be encouraged to generate and visualize safer sex fantasies that emphasize the erotic qualities of condom use, mutual masturbation or other lower risk activities (Kelly, 1995). Through role playing, women were shown how to problem-solve when

faced with a dilemma when partners don't want to wear condoms (Shernoff, 1999).

A study of attitudes, beliefs, and practices of nursing students concerning HIV/AIDS revealed that nursing students are a group of predominantly young women who may be sexually active but who are well educated and presumably health conscious. It might be expected that they are not a population at risk for sexually acquired HIV infection. Recent studies indicate that they constitute the fastest growing population of persons with AIDS in the United States and Canada. These women are highly knowledgeable about HIV transmission but most of them reported high risk sexual behavior. These indicate that knowledge is not enough to prevent HIV infection among young women and that interventions must be based on an understanding on the social context of women's lives (Zimmer & Thurston, 1998). Both past condom use and future intentions to use condoms were associated with greater worry about sexually transmitted diseases and fewer previous partners (Campbell, Peplau & De Bro, 1992).

The fact that some researchers associate the increasing rate of HIV transmission with lack of knowledge about HIV transmission is questionable. In spite of high levels of knowledge, young people seem not to be applying that knowledge to their sexual behavior (Moore,

Rosenthal & Mitchell, 1996). Highly educated, and knowledgeable health workers like nurses were found to be among the fast and increasing population of HIV infections, and this indicates that knowledge alone is not sufficient to positively change attitudes and behaviors towards HIV infections. Knowledge determines beliefs which underlie attitudes and behavior. Adequate knowledge should at least be the first step in an effective AIDS education programme. The next step should be the change of attitude. For attitudes to change, attention must be paid to the beliefs that underlie the attitudes. Attitudes can be measured and used to predict and understand behavior changes. An effective intervention programme can, therefore, be developed (Dalrymple, 1992). Most people who know they have HIV try to protect others, but there may be conflicting needs that they feel are hard to overcome. Recognizing these limitations and problems, changing attitudes is the first step towards finding ways to reduce risk and prevent infection (Berer & Ray, 1993).

2.5.7.3 Cultural beliefs and condom usage

Culture was found to play a significant role in the perceptions of condoms among traditional African men and women, and as a result leads to resistance to condom usage. According to Van Dyk (2001), the availability of condoms, and knowledge and awareness of HIV/AIDS, have been found not to correlate with condom usage and modified sexual behavior among traditional African men and women. Van Dyk (2001)

pointed out that Rwandans believe that the use of condoms blocks the exchange of fluids between two partners during sexual intercourse, which is regarded as very important in a relationship, in that it is believed to prevent all sorts of illnesses and causes fertility. A majority of Rwandan women were found to view a condom as a blocking device rather than a healthy device. Misconceptions about the use of condoms among traditional African women, for example condoms might remain in the vagina and suffocate them through the body to the throat, were defined as a lack of anatomical knowledge. A majority of people in Africa were found to believe that semen contains important vitamins which play a role in the development of the foetus in the womb (Van Dyk, 2001).

2.5.8 HIV/AIDS, unwanted pregnancy, and condom use

In a research study by Plant (1990), 10-15% of women who used condoms as a method of birth control, were found to be likely to become pregnant. This indicates that condoms are not 100% effective as a method of birth control. Some experts say that as with birth control, condoms have a failure rate when used to prevent the spread of HIV. This means condoms do not give total protection. It was argued that the term "safe sex" should rather be "safer sex", as condoms do not give total protection (Plant, 1990; Bevan, 1988).

2.6 HIV/AIDS and denial

Denial has been cited as a coping mechanism to deal with HIV infection and AIDS and to deal with the threat of HIV infection among uninfected people. Denial responses of sexually active people may come from two sources: (a) AIDS prevention messages remind people of their past risky behaviors, (b) AIDS prevention messages may force them to consider that their future goals, for example, continuing to have unprotected sex with their partners, involve putting them at risk for contracting HIV in the future (Oskamp & Thompson, 1996).

If people convince themselves that they are not at risk, why should they change their behaviors. Although most adults believe AIDS is a serious problem, they have trouble believing it is their problem. Denial was found to be caused by the fear of AIDS coupled with prejudice against using condoms. Young people believe condoms are a nuisance that diminishes the romance and spontaneity of sexual encounters (Aronson, Fried & Stone, 1991).

People who do not feel personally at risk of AIDS infection may not be motivated to use safer sex techniques. Knowing someone has died from AIDS, or currently has AIDS, makes one worried that he/she may contract the virus (Macklin, 1989). This is in agreement with a research study in which university students were generally found not to consider

themselves at risk of contracting HIV/AIDS. Drug users, male homosexuals, uneducated people, rural people, black people, or residence students constitute the population of people who are more likely to be infected (Uys, Martin, Ichharam & Alexander, 2001).

2.7 HIV transmission from a mosquito bite

According to Golightly (2004), there is no scientific evidence that HIV can be transmitted by mosquitoes or other bloodsucking insects. When a mosquito bites you, it does not inject you with its own blood or the blood of an animal or human it has previously bitten. Instead, it injects saliva-or spit- which acts as a lubricant so that it can feed more effectively. Yellow fever and malaria can be transmitted through this saliva, but HIV does not reproduce in insects, so the virus does not survive in the mosquito long enough to infect the saliva. Also mosquitoes do not normally travel from one person to another after sucking up blood. Blood is the insect's food and it needs time to digest the "meal" before moving on.

CHAPTER 3

RESEARCH METHODOLOGY

The present chapter discusses the method through which the scientific inquiry was undertaken. Mouton and Marais (1985) point out that a researcher must select an appropriate method which indicates what the researcher will do, that is, methods used to gather and analyze data.

3.1 The study

3.1.1 Aims of the study

The aims of the study are:

- To determine the perceptions about the level of sexual satisfaction when using a condom
- To determine the perceptions about health hazards linked to condoms
- To determine the perceptions about lack of sexual interest when condoms are used

3.1.2 Hypotheses

3.1.2.1 Research hypothesis 1

There is no significant difference in the perceptions about the level of sexual satisfaction when using a condom, between the University of Zululand male and female students.

3.1.2.2 Research hypothesis 2

There is no significant difference in the perceptions about health hazards linked to condoms, between the University of Zululand male and female students.

3.1.2.3 Research hypothesis 3

There is no significant difference in the perceptions about the lack of sexual interest when condoms are used, between the University of Zululand male and female students.

3.2 Method

3.2.1 Research technique

A comparative study was undertaken. The scores obtained on the perceptions on condom use by male students were compared to the scores on the perceptions on condom use by female students of the University of Zululand (Main Campus).

3.2.2 Sample

The sample was drawn from first year students, using purposive sampling because the researcher picked only those subjects who best met the purpose of the study, using her own judgement about which respondents to choose. The advantage in this sampling method is that the researcher can use his/her research skills to choose respondents (Bailey,

1987). The sample included students who were willing to participate in the research and their ages ranged from 17 to 44 years.

The sample consisted of 68 males (N=68), and 32 females (N=32) drawn from different language groups (English, Zulu, Swazi, Sotho, Ndebele, and Tsonga). A total sample size of 100 (N=100) was used (see Table 1).

Table 1. Distribution of subjects for the study sample.

Gender	N	%
Males	68	68
Females	32	32
Total Sample	100	100

There was a higher proportion of males than females in the sample with almost two-thirds males. The respondents were mainly speaking African languages. Thus, it can be assumed that the sample reflects to a large extent perceptions on condom usage typically held by individuals of the “black” African language speaking population.

3.2.3 Confidentiality

In research, subjects should be reassured that their welfare is being protected. In the present study, subjects were informed that their responses would remain confidential.

3.2.4 Research instrument

The scale developed by Sunmola in Nigeria in 2001, for measuring the barriers to condom use, was used. This scale consists of 22 items, worded in short statements under the following three headings:

- condom sexual satisfaction
- condom health hazard
- condom sexual interest

(see Appendix A)

Respondents had to indicate the response that best describes his/her experience with condom use by encircling the number corresponding to the following categories: "All the time", "Often", "Occasionally", "Not at all". Individuals were required to place a mark on any response option that best described their experience during the two-month period immediately preceeding the time of the enquiry.

3.2.5 Procedure

The researcher explained the purpose of the study to the respondents and what it hoped to achieve. The topic of condom use was introduced to the respondents. Questionnaires were issued individually to every respondent once he/she consented to participate in the research study. Instructions were given as to how to fill in the questionnaire. The instructions were given to every respondent in the respondent's language

of choice. After completing a questionnaire, each respondent was thanked and informed to feel free to contact the researcher to discuss any issues raised by the survey.

3.2.6 Scoring

Data collected was scored and coded by the researcher. Information on scored data is reported on chapter 4.

3.2.7 Data analysis

To make sense out of the data collected, data was analyzed using the SPSS statistical program. Findings of the present study were also tabulated in frequencies and percentages of responses for the total sample. Results were also presented in tables and graphs. The t-test for independent samples was used to see if there are differences in the perceptions on condom use between male and female students at the University of Zululand (Main Campus). Information on analyzed data is reported in Chapter 4.

CHAPTER 4

RESULTS AND DISCUSSION

4.1 Introduction

The aim of the present investigation was: to determine whether there are any significant differences in perceptions on condom use between the University of Zululand male and female students based on the level of sexual satisfaction, health hazards linked to condoms, and lack of sexual interest when condoms are used. To obtain answers to this research question, in this Chapter data collected are presented, with comments about findings.

Table 2 The demographic characteristics of the sample

	Subject groups			
Language groups	Male	Female	Sample size (N)	Percentage (%)
English	1	1	2	2
Zulu	50	24	74	74
Swazi	11	5	16	16
Sotho	4	1	5	5
Ndebele	2	0	2	2
Tsonga	0	1	1	1
Total	68	32	100	100

According to Table 2, seventy four students spoke Zulu, sixteen Swazi, five Sotho, two English, two Ndebele and one Tsonga. As seen in Table 1, most respondents (n=74 which is percentage 74%) spoke Zulu.

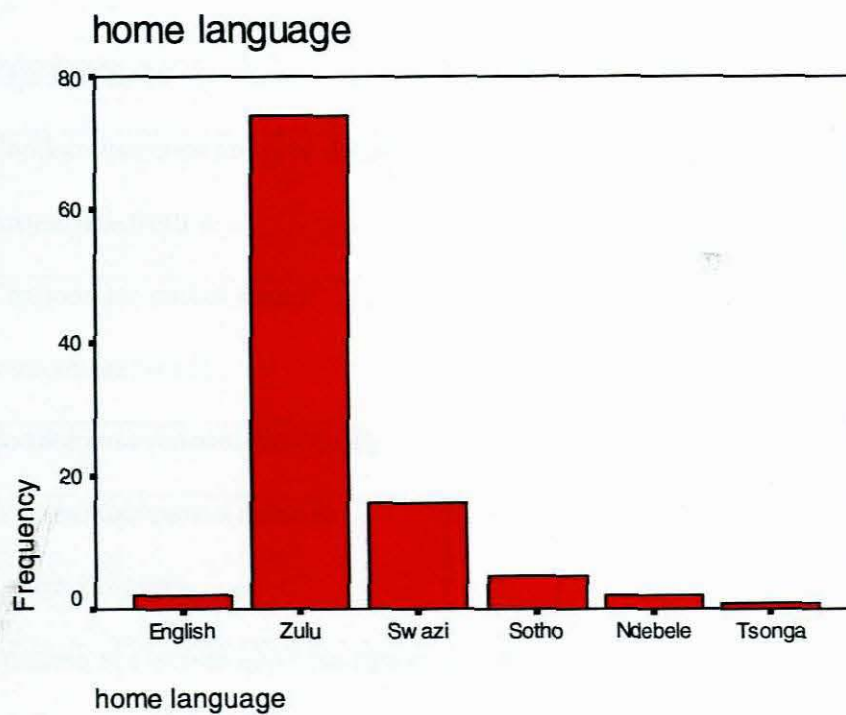


Figure 2. Demographic distribution of students in a graph form.

Table 3 shows the data for test items on condom sexual satisfaction for male and female students of the University of Zululand.

Table 3 The results on condom sexual satisfaction for the University of Zululand male and female students.

TEST ITEMS	Male			Female		
	Mean	Sd	N	Mean	Sd	N
Condom use does not give desired sexual satisfaction	1.01	1.02	68	0.78	0.94	32
Condom use makes sexual intercourse boring	1.10	1.12	68	0.44	0.88	32
Condom use reduces sexual urge	1.18	1.17	68	0.72	0.92	32
Condom use causes delay in reaching orgasm	1.07	1.19	68	0.56	0.98	32
Condom use causes one's partner to have lack of trust	1.18	1.13	68	0.69	1.12	32
Condom use doesn't allow one to enjoy orgasm	0.71	0.95	68	0.72	1.11	32
Condom is too oily and it makes sexual intercourse messy	1.06	1.20	68	0.66	1.00	32
I don't enjoy condom use because my partner doesn't enjoy it	0.87	1.18	68	0.19	0.47	32
When I use a condom, I do not feel relaxed during sexual intercourse	0.96	1.01	68	0.56	1.08	32

Condom use doesn't allow one to enjoy play before sexual intercourse	1.16	1.17	68	0.63	1.04	32
Total	1.03	1.11	68	0.60	0.95	32

Out of a sample of 68 males who participated in the study, a mean score of 1.03 ($M=1.03$) and a standard deviation of 1.11 ($SD=1.11$) were obtained on condom sexual satisfaction for males. A mean score of 0.60 and a standard deviation of 0.95 were also obtained by female students on condom sexual satisfaction. This seems to indicate a difference in the way condoms are perceived by both males and females (see Table 3 above).

Table 4 represents the data for test items on condom health hazards for male and female students of the University of Zululand.

Table 4 The results on condom health hazards for the University of Zululand male and female students.

TEST ITEMS	Male			Female		
	Mean	Sd	N	Mean	Sd	N
Condom use causes itching after use in a sexual relationship	0.78	1.02	68	1.03	1.02	32
Condom bursts during sexual intercourse	1.10	0.90	68	1.13	0.83	32
Germ is carried in the process of fixing the condom on the male's sexual organ	0.71	0.98	68	0.69	0.93	32
Condom allows fluid from my partner to enter my sexual organ	0.31	0.72	68	0.28	0.68	32
Condom use causes skin irritation after sexual intercourse	0.59	0.90	68	1.00	0.92	32
Condom use causes pain during sexual intercourse	0.75	0.90	68	0.69	1.06	32
Condom slips into the sexual organ of the female during intercourse	0.88	1.06	68	0.75	0.92	32
Total	0.73	0.93	68	0.80	0.91	32

The mean score of 0.73 ($M=0.73$) and a standard deviation of 0.93 ($SD=0.93$) which were obtained by male students indicated no difference in relation to the mean score of 0.80 ($M=0.80$) and a standard deviation of 0.91 ($SD=0.91$) which were obtained by female students on condom health hazards (see Table 4 above).

Table 5 represents data for test items on condom sexual interest for male and female students of the University of Zululand.

Table 5 The results on condom sexual interest for the University of Zululand male and female students.

TEST ITEMS	Male			Female		
	Mean	Sd	N	Mean	Sd	N
It is embarrassing buying a condom	0.76	1.05	68	0.50	1.02	32
Due to religious faith, one feels guilty using a condom during sexual intercourse	1.12	1.22	68	1.00	1.16	32
The smell of a condom reduces my interest during sexual intercourse	1.07	1.08	68	1.09	1.03	32
It is difficult to discuss the possibility of condom use with my partner	1.00	1.07	68	0.84	1.19	32
The process of wearing a condom reduces one's sexual interest	1.31	1.14	68	1.16	1.19	32
Total	1.05	1.11	68	0.92	1.12	32

The mean score of 1.05 (M=1.05) and a standard deviation of 1.11 (SD=1.11) obtained by male students indicated no difference to the mean score of 0.92 (M=0.92) and a standard deviation of 1.12 (SD=1.12) obtained by female students on condom sexual interest.

Table 6 represents the results of the t-test performed on condom sexual satisfaction for male and female students of the University of Zululand.

Table 6

MALE AND FEMALE STUDENTS			
Test items	t-value	df	p-level
Condom use does not give desired sexual satisfaction	1.10	98	0.86
Condom use makes sexual intercourse boring	2.96	98	0.02*
Condom use reduces sexual urge	1.94	98	0.02*
Condom use causes delay in reaching orgasm	2.12	98	0.04*
Condom use causes one's partner to have lack of trust	2.02	98	0.76
Condom use doesn't allow one to enjoy orgasm	-0.06	98	0.14
Condom is too oily and it makes sexual intercourse messy	1.65	98	0.20
I don't enjoy condom use because my partner doesn't enjoy it	3.13	98	0.00*
When I use a condom, I do not feel relaxed during sexual intercourse	1.78	98	0.68
Condom use doesn't allow one to enjoy play before sexual intercourse	2.22	98	0.06

**Significant at $p < 0,05$*

The t-test showed a significant difference between male and female students of the University of Zululand, on the following items: condom use makes sexual intercourse boring, condom use reduces sexual urge, condom use causes delay in reaching orgasm, and I don't enjoy condom use because my partner doesn't enjoy it; at the $p < 0,05$ level.

Table 7 shows results of the t-test performed on condom health hazards for male and female students of the University of Zululand.

Table 7

MALE AND FEMALE STUDENTS			
Test items	t-value	df	p-level
Condom use causes itching after use in a sexual relationship	-1.14	98	0.81
Condom bursts during sexual intercourse	-1.17	98	0.48
Germ is carried in the process of fixing the condom on the male's sexual organ	0.09	98	0.90
Condom allows fluid from my partner to enter my sexual organ	0.18	98	0.82
Condom use causes skin irritation after sexual intercourse	-2.12	98	0.24
Condom use causes pain during sexual intercourse	-0.31	98	0.17
Condom slips into the sexual organ of the female during intercourse	-0.61	98	0.40

**Significant at $p < 0,05$*

The t-test showed no significant difference ($p > 0,05$) between male and female students of the University of Zululand, on condom health hazard at the $p < 0,05$ level.

Table 8 represents results of the t-test performed on condom sexual interest for male and female students of the University of Zululand.

Table 8

MALE AND FEMALE STUDENTS			
Test items	t-value	df	p-level
It is embarrassing buying a condom	1.19	98	0.33
Due to religious faith, one feels guilty using a condom during sexual intercourse	0.46	98	0.60
The smell of a condom reduces my interest during sexual intercourse	-0.09	98	0.41
It is difficult to discuss the possibility of condom use with my partner	0.66	98	0.27
The process of wearing a condom reduces one's sexual interest	0.62	98	0.82

**Significant at $p < 0,05$*

The t-test showed no significant difference ($p > 0,05$) between male and female students of the University of Zululand, on condom sexual interest at the $p < 0,05$ level.

4.2 Hypotheses testing

With regard to the specific hypotheses, it can be said:

1. Null hypothesis 1 must be partially rejected:

There is a significant difference in perceptions of male and female students of the University of Zululand, on some of the items on condom sexual satisfaction.

2. Null hypothesis 2 must be accepted:

There is no significant difference in perceptions of male and female students of the University of Zululand, on condom health hazards.

3. Null hypothesis 3 must be accepted:

There is no significant difference in perceptions of male and female students of the University of Zululand, on condom sexual satisfaction.

4.3 Discussion

Attitudes and perceptions of condom use were measured using the following variables:

- level of sexual satisfaction
- health hazards linked to condoms
- condom sexual interest

Different variables were investigated and significant differences were found on some of the items on condom sexual satisfaction between male and female students of the University of Zululand.

Although some of the items on the level of sexual satisfaction showed a significant difference between male and female students of the University of Zululand, no significant differences were found on the perceptions of condom use on condom health hazards and condom sexual interest between male and female students of the University of Zululand.

4.4 Summary

A scale for measuring the barriers to condom use is a scale that measures condom sexual satisfaction, condom health hazards, and condom sexual interest. Some of the items based on the level of sexual satisfaction (condom use makes sexual intercourse boring, condom use reduces sexual urge, condom use causes delay in reaching orgasm, I don't enjoy condom use because my partner doesn't enjoy it), could distinguish between male and female students of the University of Zululand. The conclusion and the recommendations for future research will follow in chapter 5.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

Although some of the items in the perceptions of condom use on condom sexual satisfaction showed a significant difference between male and female students, no differences were found in the perceptions of condom use on condom health hazards, and condom sexual satisfaction, between the University of Zululand male and female students. This study indicates promising results as no significant differences were found on the perceptions of condom use on condom health hazards, and condom sexual interest between male and female students of the University of Zululand. This needs further investigation on a larger sample of male versus female students.

The present research study indicated that male and female students of the University of Zululand equally perceive condom use as the study could not distinguish between male and female students of the University of Zululand, especially with regard to condom health hazards and condom sexual interest.

This is in agreement with previous research findings (Herbert, Bernard, De Man & Farrar, 2001; Macklin, 1989; Green, 1994), which

revealed no significant differences on the perceptions of condom use between males and females. Despite the different reasons for not using condoms found among males and females (Moore, Rosenthal & Mitchell, 1996), no differences were found on the attitudes and perceptions of condom use (Macklin, 1989), and they all were found to generally perceive condoms negatively (Uys, Martin, Ichharam & Alexander, 2001; Peltzer, 2000a).

5.2 Recommendations for future research

Some items on condom sexual satisfaction distinguished between male and female students of the University of Zululand. With a bigger sample, significant differences might not be found on condom sexual satisfaction between male and female students of the University of Zululand. It is therefore recommended that a similar study be carried out on an equal number of male versus female students since the difference in the sample size might have contributed to the differences between males and females on condom sexual satisfaction.

Since the investigation of attitudes and perceptions of condom use seems to be a contributory factor in the development of effective education, intervention, and prevention strategies aimed at reducing further transmission of HIV/AIDS, further research is recommended both at the University of Zululand and other tertiary institutions as Uys, Martin,

Ichharam & Alexander (2001) found that this topic is not yet well researched, especially at tertiary institutions in South Africa. Uys, Martin, Ichharam & Alexander (2001) further mentioned that gathered information may be used to develop intervention strategies to increase AIDS awareness as it was thus found that the knowledge and awareness of HIV/AIDS have contributed to the low prevalence rate of HIV infections found among RAU students. It is, therefore, further recommended that this research be repeated at the University of Zululand at regular intervals. This will allow us to understand the attitudes and perceptions of condom use that lead to the transmission of the fatal disease, which is AIDS, among males and females. This will help in information gathering and planning strategies as to whether to develop separate programs for males and females, or not. In support of the research study by Peltzer (2000b), it is also recommended that beliefs, attitudes, and perceptions of condom use be further investigated and gathered information be used in HIV/AIDS programs for prevention and promotion.

The fact that HIV/AIDS is mainly sexually transmitted, will not stop most people from having sex with others (Macklin, 1989). Therefore, this indicates there is a need for future researchers to investigate how often or consistent people are with condom use, so as to come up with effective preventive measures (condoms) and educational

programs to prevent future transmission and re-infection of HIV/AIDS.

The use of condoms must be practiced to help people become comfortable with condom use. Individuals must also be encouraged to buy and keep condoms, especially in AIDS prevention programs. Since it has been found to be difficult to convince the majority of people to use condoms, particularly those with strong cultural beliefs, traditional beliefs must be reinterpreted in ways that facilitate condom use. Van Dyk (2001) stated that misconceptions among traditional Africans are therefore seen as a challenge for AIDS educators to explain the reproductive system of a human being, investigating and encouraging cultural forms of sexual intercourse, if proven to be safe.

Effective AIDS prevention education must emphasize those specific behaviors that pose high risks for transmitting HIV rather than focusing on particular groups of people who are at risk. Public health issues must be identified without stigmatizing a group of people. Education about behavior communicates the message that anyone can get AIDS and that each sexually-active person can prevent the spread of HIV. To maximize behavior change, the message of prevention and change must be given repeatedly, over time, and be relevant to the targeted audience. To maximize compliance, AIDS prevention messages should seek to achieve the smallest amount of behavioral change necessary to

prevent HIV transmission (Macklin, 1989).

Some people are confronted with the fact that they are not practising what they preach - safe sex practices makes them feel guilty or unsure about their status (Aranson, Fried, & Stone). Unless this denial can be overcome, it seems doubtful that we can convince people to practice safer sex.

Psychologists have a vital role to play in community programmes with modification of behavior, couple or partner counseling, group therapy, participative approaches, skills training, cultivation of assertiveness, social skills and negotiating skills. Wilson, Manual, & Lavelle (1991) stated that psychologists may best contribute by preparing clear training guides, including manuals, and tapes, developing streamlined replicable training packages, overseeing training programmes, supervising and providing support, and retraining AIDS workers and helping to develop community-based health systems in which psychological services are delivered with optimal effectiveness.

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APPENDIX A

Age:

Faculty:

Gender:

Degree:

Home Language:

Level:

Mark on any response option that best describes your experience with condom use, during the past two months:

0	1	2	3
Not at all	Occasionally	Often	All the time

Condom sexual satisfaction

Condom use does not give desired sexual satisfaction	0	1	2	3
Condom use makes sexual intercourse boring	0	1	2	3
Condom use reduces sexual urge	0	1	2	3
Condom use causes delay in reaching orgasm	0	1	2	3
Condom use causes one's partner to have lack of trust	0	1	2	3
Condom use doesn't allow one to enjoy orgasm	0	1	2	3
Condom is too oily and it makes sexual intercourse messy	0	1	2	3
I don't enjoy condom use because my partner doesn't enjoy it	0	1	2	3
When I use a condom, I do not feel relaxed during sexual intercourse	0	1	2	3
Condom use does not allow one to enjoy play before	0	1	2	3

sexual intercourse				
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Condom health hazard

Condom use causes itching after use in a sexual relationship	0	1	2	3
Condom bursts during sexual intercourse	0	1	2	3
Germ is carried in the process of fixing the condom on the male sexual organ	0	1	2	3
Condom allows fluid from my partner to enter my sexual organ	0	1	2	3
Condom use causes skin irritation after sexual intercourse	0	1	2	3
Condom use causes pain during sexual intercourse	0	1	2	3
Condom slips into the sexual organ of the female during intercourse	0	1	2	3

Condom sexual interest

It is embarrassing buying a condom	0	1	2	3
Due to religious faith, one feels guilty using a condom during sexual intercourse	0	1	2	3
The smell of a condom reduces my interest during sexual intercourse	0	1	2	3
It is difficult to discuss the possibility of condom use with my partner	0	1	2	3
The process of wearing a condom reduces one's sexual interest.	0	1	2	3