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Beyond Access: An Understanding of Student Perceptions of HIV and Aids Prevention Programmes

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Abstract: *Despite the introduction of numerous HIV and AIDS prevention programmes, risky sexual behaviors and high HIV prevalence rates persist among university students, especially in low- and middle-income countries. In Zimbabwean universities, initiatives such as #BAE (Beautiful AIDS-free and Empowered) and the CONDOMIZE! Do Not Compromise campaign have been implemented with the aim of fostering positive health behaviors through education, guidance, and awareness. However, most existing research in this context has concentrated on assessing access to and demand for sexual and reproductive health services, the number of students reached, and the establishment of health clinics, rather than on evaluating the underlying causes and student perceptions that influence behaviour. To address this gap, the present study explored university students' perceptions of HIV and AIDS transmission and prevention. Eighteen students from one university participated in focus group discussions, which were audio-recorded, transcribed, and analyzed using content analysis. The findings revealed that students harbored significant misperceptions regarding HIV and AIDS peer educators, voluntary counseling, testing and treatment services, and the effectiveness of awareness campaigns. These misconceptions highlight the limitations of current prevention efforts in adequately influencing student perceptions and behaviours. The study concludes that there is a critical need to enhance existing prevention programmes and develop more effective communication strategies aimed at positively shaping students' understanding and perception towards HIV and AIDS transmission and prevention.*

Keywords: *Behaviour Change Communication Programme, HIV and AIDS, Risk Sexual Behaviours, Perception.*

1. Introduction

The pervasiveness of risky sexual behaviors in universities, particularly those in Africa, is a serious cause for concern. Studies have shown that though East and Southern Africa account for less than eight per cent (8%) of the world's population, it has remained the epicentre of HIV, with 20.7 million people living with HIV (United Nations Fund for Population Activities [UNFPA], 2020). This is quite concerning, because this figure represents 55 per cent of the number of people living with HIV in the world (UNFPA, 2020). Many countries in Sub-Saharan Africa, Zimbabwe included, suffered the effects of the HIV and AIDS pandemic, especially tertiary institutions (United States Agency for International Development [USAID], 2020). Zimbabwe Demographic and Health Survey [ZDHS] (2016) found that 18.1% of the 15 - 35-year age group is living with HIV and AIDS, with women, the young, the poor, and the student body being the most vulnerable. HIV and AIDS continue to be associated with many misperceptions and misinformed opinions (Maziz, Fazlul & Deepthi, 2018). Studies in Zimbabwe, indicate that university students report misperceptions about HIV and AIDS transmission and prevention. For example, studies by the National Aids Council of Zimbabwe [NACZ] (2018) found misperceptions regarding HIV and AIDS transmission and prevention. A study by Odberg-Pettersson and Östergren (2011) also confirmed similar findings elsewhere.

Misperceptions about how HIV can be transmitted or prevented often prevent individuals from making informed choices and taking appropriate action (Talwar, 2015). Studies by the World Health Organization [WHO] (2014) established that students' perceptions of vulnerability still fall short of the required level for prevention practices to take place. This culminates in risky sexual practices among university students (UNAIDS, 2016). Examples include unprotected casual sex (Centers for Disease Control and Prevention [CDC], 2012), sexual experimentation (Chan, 2010), intoxicated sex (Chan, 2013), and sex with non-regular partners such as commercial sex workers (Olusheyi & Kanthula, 2010).

Misconceptions about HIV and AIDS transmission and prevention contribute to the spread of HIV and AIDS and constrain the uptake of preventive services (UNAIDS, 2016). The CDC (2020) also notes that misconceptions prevent individuals from engaging in safer sexual behavior and taking appropriate actions against HIV acquisition and transmission.

In Zimbabwe, misperceptions have reduced the impact of behaviour change efforts in various programs like Action for Choice, Leadership Exploration and Development (LEAD), #BAE (Beautiful AIDS Free and Empowered), and CONDOMIZE! Do Not Compromise Campaign, designed to influence positive health behaviours through educating, moulding, and teaching students (CDC, 2020). However, significant strides were made particularly on issues related to increasing access and demand for sexual and reproductive health services (Students and Youth Working on Reproductive Health Action Team [SAYWHAT], 2018). Risky sexual practices and HIV and AIDS prevalence rates, however, have remained generally high (Sano, Antabe, & Atuoye, 2016). Atuoye (2016) stated that most students perceive themselves as not personally vulnerable to HIV and AIDS. This is because misperception influences other variables like attitude and knowledge, making it one of the major barriers to change (Abdu & Ahmed, 2020). Factors such as myths about condom use, the belief that uncircumcised men cannot use condoms (Govender, 2012), and the idea that HIV is a punishment for sinning (Kapiga, Lwihula & Hunter, 2017), rank among some serious misperceptions that stall positive behaviour change. Mbizvo and Machekano (1996) conducted a cross-sectional survey of 324 men recruited at beer halls in Harare, which established how most of them engaged in unprotected sex while intoxicated. In support of this, a study by Munachaka (2006), at a State University in Zambia, found that regular sexual partners are a major source of infection due to a perception of trust, which compromises condom use.

Drawing from the above, ensuring correct perception is an important prerequisite in the prevention of HIV and AIDS transmission and prevention for behavioural change (Tenkorang, 2013). Correct perception about HIV and AIDS transmission increases safer sexual behavior and is considered an important step towards behavioral change (United Nations Children's Fund [UNICEF], 2009). Organization for Public Health Interventions and Development [OPPHID], (2019) notes that students may attend road shows (edutainment), but knowledge gained may not translate into action, unless variables like misperception and attitude are addressed. When designing such programs, it is important to design messages that help students appreciate the need for HIV prevention. For example, this can be achieved by building a perception of personal susceptibility and personal severity. It is against this background that this article reports on findings on student perceptions of HIV and AIDS transmission and prevention in Zimbabwe.

2. METHOD

2.1. Participants

Participants were recruited from a university in Zimbabwe. The study included eighteen (18) student volunteer participants between the ages of 18 and 25. Only final year students drawn from different academic departments participated in the study. Three (3) focus groups of mixed composition consisting of six (6) participants each were conducted soon after lectures to enhance participation until data saturation was reached and each took about an hour. Alam (2021) states that the ideal size of a focus group for most non-commercial topics is five to eight as large groups are difficult to control and limit each person's opportunity to share insights and observations. Lincoln and Guba (2015) also found that small groups of five to eight people help garner in-depth understanding of the phenomenon under study, while at the same time discovering meaning (and heterogeneities in meaning).

Charmaz (2008) however, notes that the group needs to be large enough to generate rich discussion, but not so large that some participants are left out and become inactive spectators and passengers. Cresswell (2016) stated that in terms of the number and time of focus groups that produces valid results, usually three to five groups taking about 45 to 90 suffices. Beyond that, most groups are not productive, and it becomes an imposition on participant's time (Cresswell, 2016).

2.2. Instrument

Focus group discussion method was utilised to collect data from participants. The method was suitable for the study, as it sought to assemble a group of individuals (students), to discuss on perceptions towards HIV and AIDS transmission and prevention (Lincoln & Guba, 2015). The researcher chose focus group discussion as they are less threatening to many research participants and create an

environment that is helpful for participants to discuss perceptions, ideas, opinions and thoughts (Krueger & Casey, 2010). All focus group discussions were tape-recorded and transcribed verbatim to allow for auditing of the research process, and to assist trustworthiness of data (Lincoln & Guba, 2015). To ensure credibility, focus groups were conducted to get to the core of the participants' perceptions of HIV and AIDS transmission and prevention. Since this study followed an anti-positivist approach, which relies on depth rather than width of data, frequency of contact was considered necessary to attain saturation, than the number of participants (Denzin, 1994). The researcher facilitated the focus group discussions. Krueger (2018) states that focus group discussion requires a team consisting of a skilled facilitator. During focus group discussions, participants were advised to use second person language, that is, giving general opinions, for example, 'some students say that.' Those opinions were not linked to the speakers and that was explained to participants prior to the discussions.

2.3. Procedure

Ethics approval was requested from the Faculty Post Graduate Studies Committee (FPGSC) and the Research Ethics Committee – Human (REC-H) of Nelson Mandela University and was granted. Permission to conduct study was sought and granted from both the Research Supervisor and University Administrators. After obtaining approval to conduct research including dates, time and venue for recruitment of volunteer participants, the researcher proceeded to recruit participants by general verbal invitation in their lecture rooms for selected programmes. The researcher started by providing potential participants with information about the research, including a detailed explanation of the research purpose, procedures, risks and benefits including the rights of the participants and contact information of the researcher. Those who were willing to participate in the research signed a consent form before participation. Focus group discussions were audio recorded after seeking written informed consent from the participants.

2.4. Ethical Considerations

This research was granted ethical approval by the Faculty Post Graduate Studies Committee (FPGSC) and the Research Ethics Committee – Human (REC-H) of Nelson Mandela University. The study adhered to the ethics stated in the Belmont Report and American Psychological Association [APA], (2013) ethics code. Accordingly, consent to participate and be audio recorded was obtained from individual participants at the start of the data collection phase. Participants were further informed that they have the right to withdraw from the study at any given time without any negative consequences. Participants remained anonymous through pseudonyms and by removing other identifiers. The participants chose their level of participation and personal disclosure in the study. All data collected were kept confidential. This project posed minimal risk; however, some sensitive discussions could have become distressing for some participants. Nevertheless, no one became visibly distressed during the focus group discussions. At the start of the research process, the participants were advised of counselling and support services available.

2.5. Data Analysis

Content analysis was used to analyse and draw themes from the qualitative data, which was gathered through focus group discussions (Elo & Kyngas, 2008; Morgan, 2018). This involved reading out focus group notes to identify potential codes, and creating a coding system, and assigning agreed-upon codes to relevant texts (Charmaz, 2006; Krueger, 1994; Ritchie & Spencer, 1994). This strategy enabled systematic coding of data by organizing the information into categories to discover patterns undetectable by merely listening to the tapes or reading the transcripts from the focus group discussions (Yin, 2019). Data analysis was informed by the objective set for the study. Various themes emerged from the focus group discussions. Noteworthy quotes are included in the results section; to give readers a sense of what statements were made in support of themes.

2.6. Results

The most prevalent narrative that emerged from participants' stories about their university life revolved around misperceptions towards HIV and AIDS transmission and prevention. The study found that participants had some misperceptions towards peer educators, HIV and AIDS information on social media, ABC HIV and AIDS prevention model and voluntary counselling, testing and treatment. Participants also misperceived HIV and AIDS information centres, HIV and AIDS awareness campaigns on TV broadcasts and Whatsapp group and drug and alcohol rehabilitation centres. During

focus group discussions, participants were consistently agreeing on most areas of the focus group guide. The results are summarised below:

3. Perceptions of Students Towards Hiv and Aids Peer Educators at the Campus

Participants highlighted how they misperceive the roles played by peer educators in limiting exposure to HIV and AIDS. In the words of one of the Focus Group Discussion (FGD) participant,

"Students never take peer educators seriously when they talk about issues of HIV and AIDS transmission and prevention. They see them as people who have nothing else to do or who want to benefit financially from engaging in peer education at the campus."

This was echoed by another participant who said:

"Peer educators are very pompous. They consider themselves more disciplined when it comes to sexual conduct, than the rest of the students. They think that they can tell us what to do or how to act, yet when we look at them closely, you find out that they are just the same as us in their sexual conduct."

These sentiments show that students misperceive the role of peer education in HIV and AIDS prevention work.

4. Perceptions Towards Hiv and Aids Information on Social Media

Participants reported that they are on social media platforms like Facebook and Twitter. They, however, reported that they rarely follow information relating to HIV and AIDS transmission and prevention for various reasons. These include that they question validity and reliability of HIV and AIDS information on social media sites. One of the participants had this to say in support,

"A lot of students are on social media platforms such as Facebook and Whatsapp. When students are on Facebook, for instance, they would be busy following celebrities and looking for their former high school friends. Otherwise, they rarely pay attention to HIV and AIDS messages on social media"

Another participant mentioned that,

"Most of what students know about HIV and AIDS is what they learnt at high school. Students do not pay attention to HIV and AIDS information on social media."

In the words of another participant,

"Students do not really trust social media as an HIV and AIDS information source. They think it contains unverified information which is unreliable on important issues like public health"

Some few participants, however, read, follow and appreciate the role of social media in spreading information about HIV and AIDS prevention and transmission amongst university students. There were, nonetheless, concerns regarding the content.

In this regard, one of the participants had the following to say,

"Much of the HIV and AIDS information that I see on social media is about prevention: things like condom use, abstinence, circumcision etc. Information about treatment and how one is supposed to live after testing positive is very hard to come by. So, I think if they try to balance off prevention and treatment messages that could be very helpful in reducing HIV and AIDS prevalence amongst students"

Another participant said,

"I think there should be more information on testing and counselling to encourage students to get tested and help them understand better how to protect themselves from HIV and AIDS."

5. Perceptions Towards the Abc Hiv And Aids Prevention Model

Participants reported misperceptions towards the ABC HIV and AIDS prevention model for instance some participants perceive abstinence as an unrealistic HIV and AIDS prevention method. Other participants reported unfaithfulness and attribute it to various factors like need for financial resources hence perceive it as unavoidable. One participant had this to say on abstinence,

"People have feelings that they would want to express and that is why you find out that university students do not pay attention to any messages about abstinence. They do not think that anyone would be able to do that, even if they want to. Abstinence is just unachievable at a university."

Another participant said:

"When students get to university, they want to experiment, explore and be adventurous in life, especially in love relationships and sexual activities in general. The idea of abstinence, faithfulness and condomisation is very far from the minds of students."

Another participant had this to say on faithfulness,

"*Students do not take campaigns about faithfulness seriously. Some want to have sex with as many girls as possible in order to satisfy their need for variety. You hear somebody saying that you cannot have sex with one girl per year as if it's Christmas, which comes once a year".*

Another participant said,

"Especially us girls we are very promiscuous when we are at college. I heard XY saying that one boyfriend is not enough to satisfy all her needs. She explained that she needed one who could support her financially so that she wouldn't have to worry about money when she was at college, one who could support her emotionally and another one who could satisfy her sexually. So, imagine talking about faithfulness to someone like that. it doesn't work."

On condomisation, one participant said,

"Condoms are obviously important when having sex; otherwise, you will rot with STIs with such high levels of promiscuity at university."

Another participant said:

"Most students want to use condoms when having sex because they are afraid of unplanned pregnancies."

6. Perceptions Towards Voluntary Counselling, Testing and Treatment

Participants reported misperceptions towards voluntary counselling and testing while appropriate perception was reported on treatment. On the need for treatment, most of the respondents displayed appropriate perception as they contended that students should seek treatment as soon as possible once they test positive. This was among the few instances in which students had positive perception on issues to do with HIV and AIDS prevention. Responses from participants are given below.

On counselling, one participant said:

"I hate the type of counselling they deliver when you are being tested for HIV. They ask you too many questions that put you in suspense or even those that make you very scared before and after carrying out the test. So, to me that's what I hate about HIV and AIDS counselling and testing."

One respondent had the following to say regarding HIV testing:

"I think most students at are afraid of testing positive to HIV. I am very hesitant, considering all the risky sexual encounters that I have been through. I fear that if I get tested and the results are positive, I may start getting sick due to the stress involved."

Another participant in this regard said:

"You hear someone saying that you must look at the skin behind the ears of their private parts. If those look good, then you can go ahead and have sex with them, even without a condom."

One of the participants explained the following on treatment,

"Inasmuch as students do not take HIV and AIDS issues seriously, the issue of treatment is a completely different issue. Because if you do not get treatment, your health will quickly deteriorate, and you will die."

7. Perceptions Towards Hiv And Aids Information Centres

Participants reported misperception of HIV and AIDS Information Centres resulting in low uptake of services offered at these centres.

In support of this, one of the participants said,

"It is on a rare occasion that you see a student visiting HIV and AIDS information centre. The few students who do, do so mostly for fun and curiosity. Otherwise, they do not concentrate on much of the information they obtain from there."

Another participant also said:

"The majority of us don't even want to go there as the information we find there is similar to information we already know and thus I find this place to be of no value."

8. Perceptions Towards Hiv and Aids Awareness Campaigns

Some students reported misperception towards HIV and AIDS awareness campaigns culminating in low uptake of the information shared. Accordingly, one participant had this to say in support,

"Most students are completely not interested in hearing about HIV and AIDS prevention especially on WhatsApp which is considered a platform for jokes and sharing silly social issues. They just consider the broadcast of messages about HIV and AIDS to be a routine and not intended to be taken seriously."

Another participant said,

"HIV and AIDS prevention topics are not popular at all hence discussing such issues on WhatsApp pushes many students into exiting the group as happened in the past. When these groups started, the administrators added a lot of friends, classmates and acquaintances but by the end of the first two weeks, more than 60% of the members had left."

Another participant said:

"Most of my friends are not interested in HIV and AIDS WhatsApp groups because they think that they are too serious for their tastes. Much of the time they will be submerged in groups about soccer, gossip, dating, and sometimes class discussion groups."

9. Perceptions Towards Drug and Alcohol Rehabilitation Centres

Participants reported misperception towards drug and alcohol rehabilitation centres. In fact, participants expressed a cynical view about the efficacy of drug and alcohol rehabilitation centres. In support of this, one of the respondents had this to say,

"Students do not really value drug and alcohol rehabilitation centres as most of them think that they can manage on their own without the help of these rehabilitation centres."

Another respondent supported by stating that,

"Most students hate drug and rehabilitation centres as it is perceived to be a place for the insane. In addition, students also dread the kind of isolation and strict discipline associated with rehabilitation centres."

These sentiments were like those of another participant who said,

"Your peers will laugh at you as they perceive you as a failure for failing to manage alcohol uptake. In fact, you are perceived to be a psychiatric patient."

10. Discussion

Students who took part in the study had misperceptions of peer educators, HIV and AIDS information on social media, ABC HIV and AIDS prevention model and voluntary counselling, testing and treatment. Students also had misperception of HIV and AIDS information centres, HIV and AIDS awareness campaigns and drug and alcohol rehabilitation centres. It is possible that this misperception is attributable to factors such as negative views on the use of condoms, feeling of invincibility, trust based on appearance or relationship quality, and desire to live for the moment found elsewhere (Mavedzenge, Doyle & Ross, 2010). These views affirm Oswald and Pforr (2012) assessment, where they noted that the introduction of antiretroviral treatment significantly affected perceptions of some uninfected students who perceived treatment as a safety net. It is important, however, to note that participants in the present study had correct perception of condomisation possibly due to the prevention programmes (Behaviour Change Communication Programme) in universities across the country. By and large, findings of this study showed inadequacies in the design of the Behaviour Change Communication Programme in addressing student misperception of HIV and AIDS transmission and prevention. Findings of this study are in line with findings from previous researchers. For instance, Adefuye, Abiona, Balogun and Lukobo-Durrell, (2009) reported low risk perception amongst the student body. WHO (2014) also established that students` perception of vulnerability still falls short of the required perception for prevention practices. The findings show the importance of addressing

misperceptions in behaviour change and risky sexual behaviour. In trying to emphasize the importance of perception in HIV and AIDS prevention, Nkomazana and Maharaj (2014) noted that target of focus should be on student perception.

11. Conclusion

Students in Zimbabwean universities have misperceptions of HIV and AIDS transmission and prevention. These students have misperception towards peer educators, HIV and AIDS information on social media, ABC HIV and AIDS prevention model and voluntary counselling, testing and treatment. Some students also have misperception towards HIV and AIDS information centres, HIV and AIDS awareness campaigns and drug, and alcohol rehabilitation centres. Behaviour Change Communication Prevention model adopted across Zimbabwean universities, in response to increasing risky sexual practices and subsequently HIV and AIDs have brought limited success in addressing student misperceptions towards HIV and AIDS transmission and prevention. The CONDOMISE! DON'T COMPROMISE campaign, however, helped improve student perceptions towards condomisation. This study underscores perception as a key driver of behaviour including risky sexual behaviour hence should be incorporated in the design of HIV and AIDS prevention programmes.

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Data Availability Statement

We do not have ethical approval to publicly share our qualitative focus group discussion recordings and transcriptions.

Declaration of Conflicting Interests

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