

HIV and AIDS related knowledge, attitudes and behaviours of students and staff at South African Technical and Vocational Education and Training colleges in South Africa, 2014

SUMMARY REPORT



HIV and AIDS related knowledge, attitudes and behaviours of students and staff at South African Technical and Vocational Education and Training colleges in South Africa, 2014

Research conducted by



Financial support provided by



This report was prepared by the Human Sciences Research Council (HSRC) on behalf of HEAIDS. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of USAID SHIPP and NACOSA.

Suggested citation: Mbelle N, Setswe G, Sifunda S, Mabaso M, Maduna V (2014). HIV and AIDS related knowledge, attitudes and behaviours of students and staff at South Africa's technical and vocational education and training colleges, 2014.

Pretoria: HEAIDS



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MESSAGE OF SUPPORT FROM HEAIDS DIRECTOR

Statement by HEAIDS Director, Dr Ramneek Ahluwalia

The Higher education and Training HIV/AIDS Programme (HEAIDS) has embarked on a long journey to design a summary version of the HIV and AIDS related Knowledge, Attitudes and Behaviours of students and staff at South African Technical and Vocational Education and Training (TVET) colleges in South Africa in 2014. The summary version was designed by HEAIDS as a snapshot of the full research document and to make reading and engagement easier by the higher education sector, students, and staff and the entire stakeholders that support HEAIDS in addressing community health and wellness challenges in the TVET sector. This version provides a:



- Preview of the students and staff related knowledge, attitudes and behaviours in the entire TVET college sector;
- A summary of the background why HEAIDS embarked on the KAB survey as a pilot in the sector;
- The snapshot on the current TVET sector context in relation to the HIV, STIs, TB knowledge and health and wellness issues in the TVET colleges; and
- Brief summary findings of the KAB survey including related implementation implication for the sector.

HEAIDS undertook the study of HIV in TVETs in 2014 at about the same time as HEAIDS was expanded to bring these institutions into the fold of our higher education and training HIV, AIDS, STIs, TB and holistic wellness programme. From having a constituency of a considerable high number of students and staff at 23 higher education institutions (HEIs), we rapidly grew into one with two million beneficiaries spread across 23 HEIs and 50 TVETs and all of the nine provinces.

Understandably we were much less familiar with our new family members – students and staff at TVETs – than we were with the established university and universities of technology population.

Historically, the health and wellness of the TVET students and staff received little attention and we anticipated that the programme and services to meet their needs would be deficient. But we also had to have concrete data to ensure an appropriate response. We realise that there is a need to incubate a large health-promoting intervention that can support young people attending TVETs and engage them in a critical manner so they feel enabled to look after themselves.

We can commence work now we have the findings of this study. They are not all-encompassing and in some areas they suggest further questions to explore so we can come up with cost-effective and suitable solutions. These need to take account of factors and limitations within the TVET sector, such as administrative resources and campuses that do not have the large student populations we see, for example, in large universities based in big metros.

The findings of the 2008-9 HIV knowledge, attitudes, behaviours, perceptions study at universities helped HEAIDS formulate the seven dedicated programmes for the university sector: First Things First HIV, TB, STI testing; women health empowerment; men health; LGBTI/MSM; Future Beats youth development; alcohol and drugs prevention; and health curriculum development. Similarly, the findings of this TVET study will now help us in developing a comprehensive strategy for the TVET sub-sector and extending the programmes to this important population.

This survey explored HIV/AIDS and related factors that affect the sector and which need to be addressed in order to mitigate the impact of the HIV and TB co-epidemic within it:

- The overall knowledge, attitudes and behaviours towards HIV/AIDS in the TVET sector.
- Knowledge about specific aspects of HIV/AIDS and sources of information about it.
- Students' attitudes towards stigma.
- Sexual behaviours and the scope of risky behaviours that may increase rate of HIV infections.
- The effectiveness of existing HIV/AIDS programmes at TVETs.

The data helps us envisage the extent of the challenge. Most of those who participated in this study seem to have absorbed key facts about HIV prevention and care and treatment for people living with AIDS. But many cannot pinpoint where they acquired this information. When we dig a little deeper, many respondents were not certain about the details of, for example, post-exposure prophylaxis (PEP), an essential service for rape survivors. The large number of first-year students who said that they were either pregnant or had made another person pregnant and that vast majority of these were not planned pregnancies suggests that promoting and making contraceptive solutions easily accessible is an urgent priority. Generally, the study participants had positive and progressive views about HIV/AIDS, but there is a group that holds certain prejudices that could slow down the pace of transformation and better health outcomes.

So there is work to be done and we trust that this publication will help all of us working with TVETs in this quest.



Dr Ramneek Ahluwalia
Programme Director

ABOUT THE TVET COLLEGE STUDY ON HIV

In the past the Higher Education and Training HIV/AIDS Programme (HEAIDS) assisted higher education institutions (HEIs) to strengthen their response to the HIV and AIDS epidemic in order to protect the health of their students and staff members, to equip graduates to deal with this unprecedented epidemic in their working lives, and to provide leadership through research and community service.

In 2014 the HEAIDS programme was officially expanded to include the technical and vocational education and training (TVET) sector, which comprises 50 colleges with a joint enrolment of some 658 000 students and staff complement of about 16 000.

It is HEAIDS's intention to build on its experience gained through working with the 23 public HEIs to develop HIV interventions in the TVET sector as quickly as feasible. However, the organisation is sensitive to the fact that it must take account of the unique features of TVET colleges.

The **purpose of the survey** of knowledge, attitudes and behaviours (KAB) of students and staff, undertaken in 2014, was to understand the situation at TVET colleges better and to use objective **evidence to inform the design of HEAIDS interventions**. In addition, HEAIDS wanted to establish **baseline measures** of KAB in order to determine at a later date whether programme's interventions have had the desired **impact**.

STUDY METHODOLOGY

Data was collected from 5 651 students and 1 003 staff members. All TVET colleges were represented in this sample which covered about 70% of campuses. The sample was sufficiently large and representative to allow findings to be generalised to staff and first-year students in the TVET sector as a whole.

Only first-year students were included in the sample. Entire classes of students were sampled and a member of the research team read the questions to the class, with students filling in their own questionnaires. Individuals in sampled classes were free to opt out of the survey but the rate of refusals was very low.

Staff members were sampled on an individual basis. They were either interviewed in private by a field worker who completed the questionnaire or staff members filled in the questionnaire themselves.

About the study participants

The survey provided a basic **demographic profile** for students and staff members.

Male and female students were almost equally represented in the sample, about 88% of students were under the age of 25 years and more than three-quarters were from urban areas.



Among staff members, nearly 54% were female, about 90% were 25 years or older, and the great majority were urban dwellers.

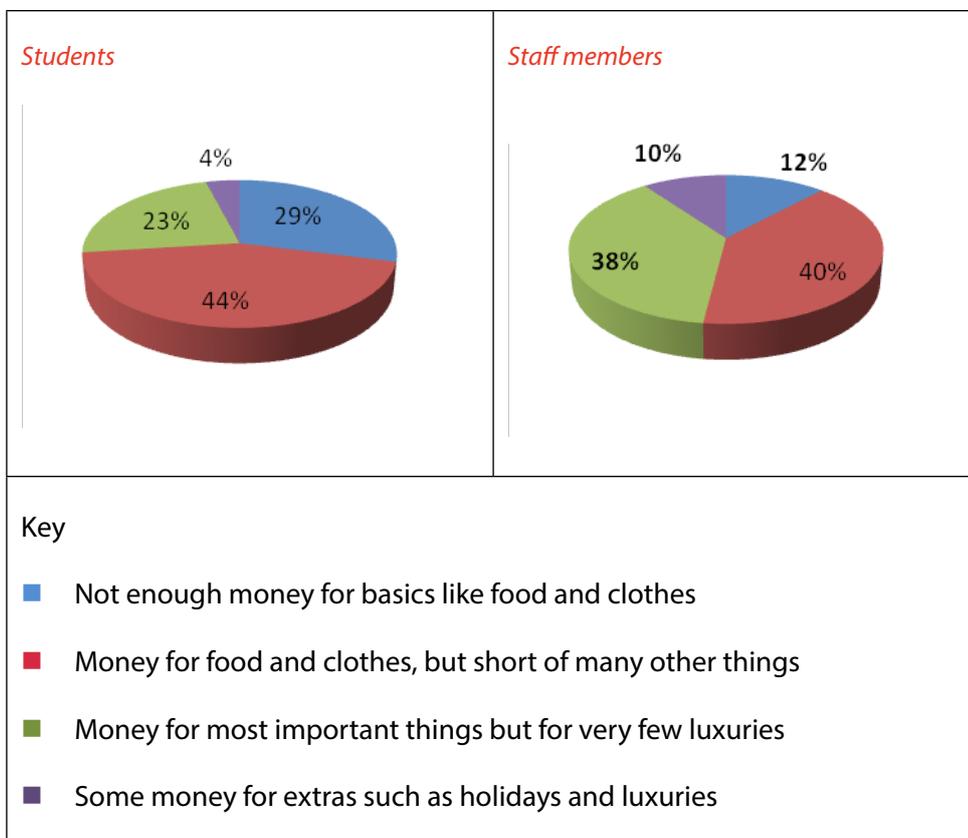
The racial composition of the two samples was slightly different, as shown in Table 1.

Table 1: Racial identity of students and staff at TVET colleges

Category	Students (%)	Staff members (%)
African	89	77
Coloured	5	10
White	5	12

The survey cast some light on the financial circumstances of students and staff, indicating that students were in more constrained circumstances than staff.

Figure 1: Financial profile of students and staff at TVET colleges

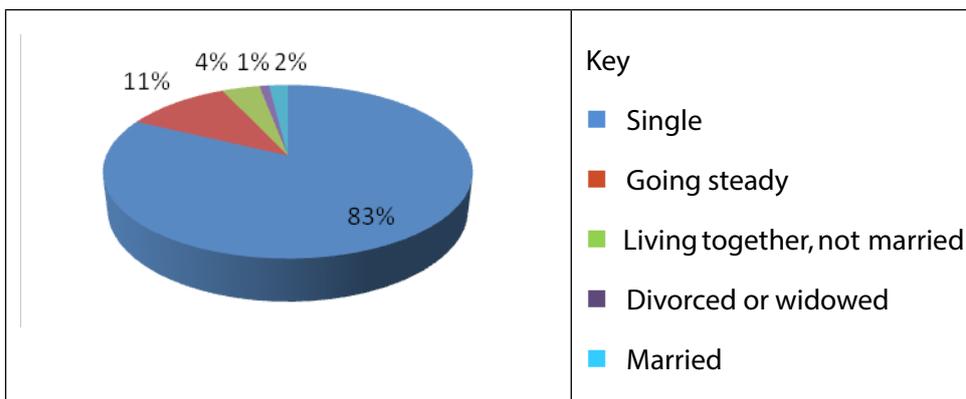


A substantial proportion of students – nearly one in three – said they did not have enough money for food and clothing, while a further 44% said they went short of other things although they could afford to eat and clothe themselves.

More than seven out of 10 students of both sexes relied mainly on parents or family members for income, while one in 10 said a bursary was their main source of finance. Nearly 8% of male students said they derived most income from a part-time job (compared to nearly 3% of female students). About 5% of female students relied on a partner or husband for income and another 5% on child support or a social grant. Male students were less likely to be supported by a partner or wife or social grant.

The status of students in terms of relationships is set out in Figure 2. The striking feature is that 83% said they were single.

Figure 2: Relationship status of TVET college students

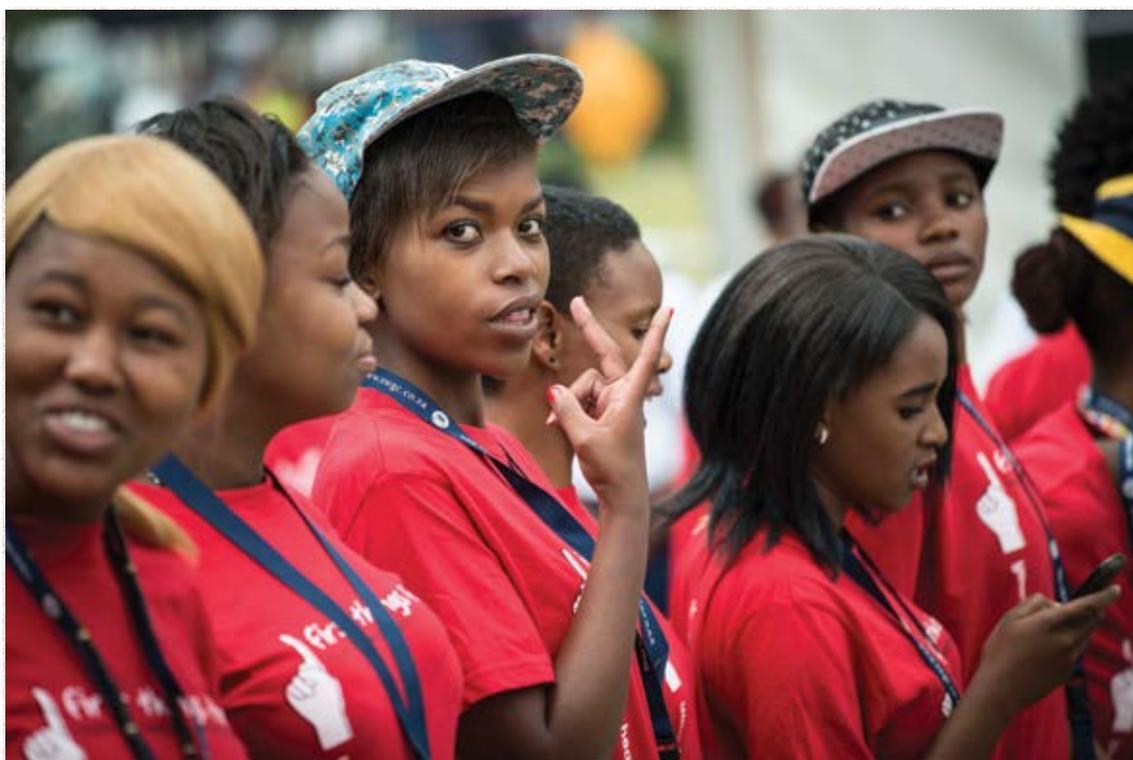


Information on living arrangements indicated that 51% of staff members lived with their husband or wife and 8% with their sexual partner, while 23% indicated they were in a relationship but did not cohabit.

The composition of the sample in terms of sexual orientation is set out below.

Figure 2: Sexual orientation of students and staff members at TVET colleges

	Students (%)	Staff members (%)
Heterosexual	83	87
Homosexual	7	5
Bisexual	5	4



Other	4	4
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SELECTED FINDINGS

Figure 3: General awareness and knowledge of HIV, AIDS and TB among TVET students (👤) and staff (👤)

Respondents who knew HIV is transmitted by unprotected sex	96%
	97%
Those who knew HIV is prevented by using a condom for each sex act	90%
	93%
Those who knew abstaining from sex prevents HIV	62%
	72%
Those who knew about mother-to-child transmission of HIV	71%
	83%
Those aware of medication to pre-vent mother- to-child transmission	80%
	89%
Those aware of medication to reduce HIV risk to rape survivors	60%
	75%
Respondents who knew that HIV and AIDS cannot be cured	70%
	79%

Staff members consistently showed higher awareness and knowledge of HIV, AIDS and TB than **students**.

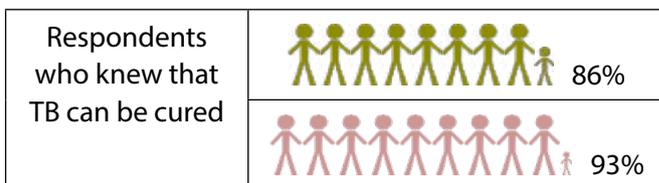
There was high awareness about **sexual transmission** of HIV and the role of **consistent condom use** in prevention. Curiously, the fact that **refraining from sex** prevents infection escaped four out of 10 students.

Knowledge of **mother-to-child transmission** of HIV and of **antiretroviral (ARV) prevention** was slightly lower than knowledge of sexual transmission.

It is noteworthy that 30% of students and 19% of staff were not clear that **AIDS cannot be cured**.

Staff sourced information on HIV from the **mass media**: 68% from TV, 59% from radio and 48% from newspapers. About half also got information from **health facilities**.

The survey threw little light on where students accessed information on HIV. Only one in five students said they obtained information from any type of media or health facilities and even fewer from education institutions. **Online and social media** were not widely used.



Safer sex: the condom conundrum

Students and staff in the TVET sector indicated that they clearly understood that unprotected sex carried a risk of HIV infection. The study also explored attitudes to condom use and reported patterns of condom use.

How deep is the understanding of risk?

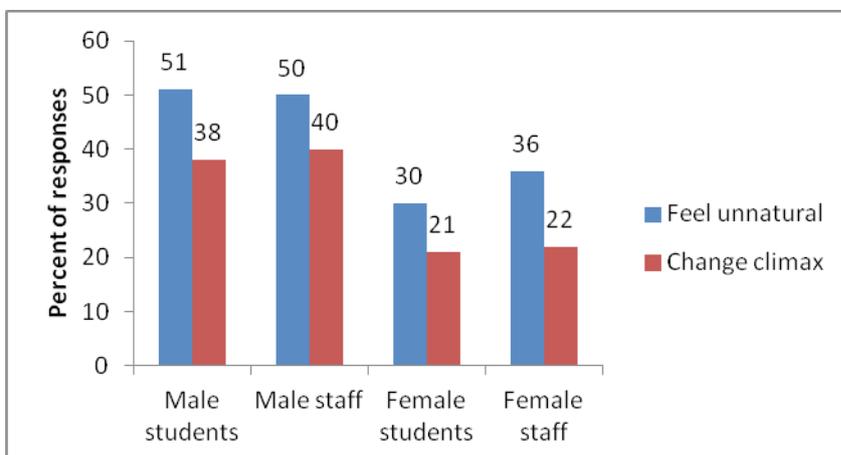
Students and staff grasped the big picture of HIV transmission well (see Figure 3) and – for the most part – knowledge of the detail was quite widespread:

- The fact that the presence of STIs increases HIV infection risk was known to 84% of students and 90% of staff.
- About eight out of 10 respondents were aware that HIV-positive partners should use condoms to avoid reinfection with HIV.
- Only 48% of students and 61% of staff knew that anal sex involved a higher risk of HIV infection.

Are attitudes a help or a hindrance?

The study explored attitudes to condom use and revealed that about half of male respondents and a third of females considered that condoms feel unnatural (Figure 4). In addition, 38% of male students and 40% of male staff felt that condoms changed the sensation of orgasm. Female respondents were only half as likely to report this as their male peers.

Figure 5: Attitudes of TVET students and staff to condom use



A third of male respondents and one in five women said they only used a condom if their partner wanted this. Four in 10 male respondents said condoms should only be used when having sex with someone other than their regular sex partner. About one in four females also had this opinion.

What are reported patterns of condom use?

The findings of the survey in respect of condom use were as follows:

- Reported condom use at last sex with a (main) partner was 55% for students and 35% for staff members.
- Condom use at last sex with a non-regular partner was around 75% for all respondents.

- Consistent condom use (“every time” or “almost every time”) was reported by 80% of students when having sex with their partner and by 74% when with a non-regular partner. The corresponding figures for staff members were 72% and 74% (Table 2).

Rates of condom use *at last sex* for students and staff were consistent with rates reported in the 2012 HSRC survey (1) and the HEAIDS 2010 study (2). However, reported rates of *consistent* condom use in this study are considerably higher than those in the 2012 HSRC study (1). The proportion of TVET students who reported they used condoms “every time” they had sex with their partner was higher than those who used a condom use at last sex. This is not a logical outcome.

The explanation for the above might lie partly in the fact that there was an element of subjectivity when respondents’ applied the scale that measures consistency of condom use. In the TVET study, a relatively high percentage of respondents said they used condoms “almost every time” rather than selecting the option “sometimes”. This kind of subjectivity is inherent in self-reported behavioural studies.

Table 2: Consistency of condom use with partner and non-regular partner

Frequency of condom use	Students		Staff	
	Partner (%)	Non-regular partner (%)	Partner (%)	Non-regular partner (%)
Every time	57	58	52	55
Almost every time	23	16	20	19
Sometimes	17	11	22	13
Never	2	6	4	9
Don’t know	2	10	3	5

It should also be noted that 32% of students had been pregnant or had made someone pregnant and that 75% of these pregnancies were unplanned. This suggests high rates of unprotected sex.

Factors that increase risk of HIV infection

Alcohol consumption has the potential to increase the risk of HIV infection as it often lowers sexual inhibitions and may contribute to unprotected sex. In the TVET study, nearly 60% of students and 58% of staff members indicated that they consumed alcohol. A high proportion of students who used alcohol (25%) were from Gauteng. About one in 10 students and one in 20 staff members said they used dagga (marijuana), while use of other habit-forming substances was 1.5% or lower.

Among young people, having a **sexual partner five or more years older** than oneself is considered a risk because HIV prevalence increases with age and therefore such relationships carry a greater chance of exposure to the virus (1 and 3). Among students, 24.2% of those in a relationship said their partner was five or more years older/younger than them. More than half the students in age-disparate relationships (55%) were female and eight out of 10 of these young women were younger than their partner. Among male students in age-disparate relationships four out of 10 were younger than their partner.

About 40% of staff members said their partner was five or more years older/younger than them. In older age groups age-disparate partnerships do not elevate HIV risk to the degree that they do among young people.

Physiologically **anal sex** carries a higher risk of HIV infection than vaginal sex. The survey established that 11% of students and 8% of staff members preferred anal sex to other forms of sex.

Male circumcision: medical option finds favour

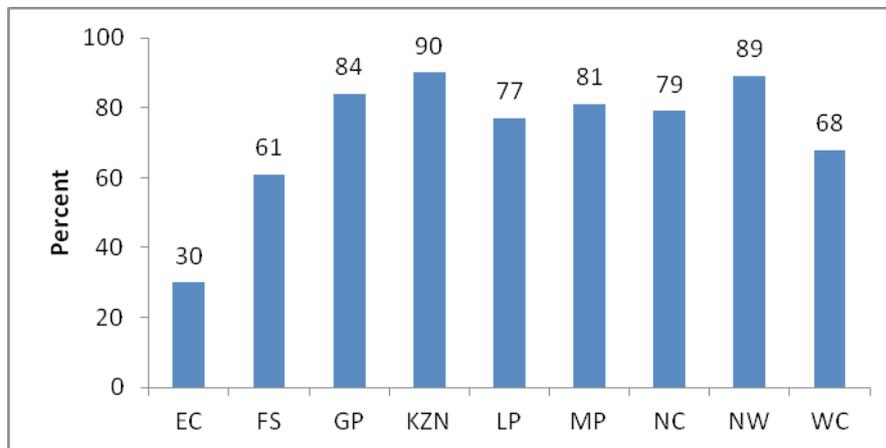
Self-reported rates of circumcision among male respondents were 66% for students and 54% for staff members. The rate was highest among African respondents (70%), followed by Indian (56%), then coloured (47%) and white (37%).

The survey did not explore knowledge of students and staff about the health benefits of male circumcision, but it established preferences in terms of medical circumcision and traditional circumcision. Among students, 79% said they would prefer medical male circumcision (MMC) for themselves or their partner, and 86% of staff member also expressed this preference.

The overwhelming majority of students and staff felt that circumcision should be performed in a hospital by a medical doctor.

However, seven out of 10 respondents in the Eastern Cape favoured traditional circumcision, as indicated in Figure 6. Support for MMC was also relatively low among respondents in the Free State and Western Cape.

Figure 6: Preference for medical male circumcision by province



Treatment: a vote of confidence

The general attitude of students and staff to treatment of HIV and AIDS with antiretroviral (ARV) medication was strongly positive: 72% of students and 74% of staff subscribed to the view that ARVs “really work”. Conversely, 20% of students and 14% of staff members considered that ARVs were poisonous.

Female respondents were more positive about ARV treatment than males, and staff members more positive than students. There was also some variation across provinces, with students in Gauteng and Mpumalanga showing the highest confidence (88%) in ARV treatment.

Although less than a third of students and staff members said they had been exposed to someone with TB, there was high awareness of the fact that TB was curable, with 86% of students and 93% of staff affirming this. Slightly more than 6% of students and staff said they had tested positive for TB.

While a high proportion of respondents knew that the presence of an STI increased the risk of acquiring HIV (Figure 3), many showed uncertainty and/or unease about asking their partner to undergo an STI test. It appeared that the underlying concern was the possible impact on their relationship.

- About four out of 10 said they did not know what the partner’s response would be.
- More than a third thought it was likely or highly likely that the partner would suspect that the respondent had cheated on him/her, or that the respondent was accusing the partner of cheating.

Prejudice and stigma: it's down to a minority

The study examined stigma in relation to two specific groups: people living with HIV (PLHIV) and people who are lesbian, gay, bisexual, transsexual or intersexed (LGBTI).

Although a majority of students and staff held positive attitudes to PLHIV, a significant minority said they would not share a house or associate with an HIV-positive person. These negative attitudes were more likely to be held by students than staff, with male and white students taking a more negative view than their female and African peers.

About one in five students took the position that people who acquired HIV were promiscuous and felt HIV-positive people should not be allowed to socialise with HIV-negative people. However, 89% of staff and 88% of students said they would retain a good relationship with any member of their family who had HIV. In contrast, only 38% of students expected to be treated sympathetically should they test positive.

Attitudes to LGBTI individuals were less directly explored by asking respondents whether their campus was a safe environment for sexual minorities. Only 53% of students and 61% of staff judged their colleges to be safe for LGBTI individuals.

The survey suggested that TVET colleges are not exempt from forms of violence that pervade South African society. For example, 17% of students and 21% of staff reported that someone had been assaulted on their campus.

Campus HIV programmes: the exception, not the norm

The survey highlighted the underdeveloped state of HIV programmes and services at TVET colleges. Only 22% of students and 36% of staff said general information on HIV and AIDS was provided by on-campus programmes. More specific information – for example, on TB or MMC – was even less accessible.

The most basic prevention intervention – the supply of condoms – was only in place for students at one out of five campuses and one-third of staff said they had access to condoms on campus. No



more than a quarter of staff members and 16% of students said that HIV counselling and testing (HCT) was available on campus.

Three-quarters of respondents indicated that they relied on public health services for HIV-related healthcare. About 30% of staff members indicated that they used private health facilities and about the same proportion used private doctors.

CONCLUSIONS AND RECOMMENDATIONS

The survey on HIV-related knowledge, attitudes and behaviour at TVET colleges paints a picture of students who have absorbed a fair amount of knowledge about HIV but some may lack an appreciation of their personal risk and the relationship skills that allow them to conduct their sex lives in a way that keeps them safe from HIV, unwanted pregnancy and STIs.

Staff members appear to be a step ahead of their students in terms of knowledge of HIV, their active search for information, and more accepting views of HIV treatment, PLHIV and LGBTI. More than half of staff members were married and living with their husband/wife, and this may have contributed to a low perception of personal vulnerability to HIV.

The survey revealed relatively high knowledge on HIV prevention methods combined with negative attitudes to condom use among a substantial number of respondents. The figures on self-reported condom use at last sex and on unplanned pregnancies indicated that a high proportion of students and staff engaged in unprotected sex with their regular sex partner.

But data on consistent or “almost” consistent condom use painted a different picture, yielding the high rates of consistent condom use relative to other studies. The subjectivity of self-reporting on sexual behaviour might have influenced this result.

The survey was not designed to provide data on HIV prevalence among students and staff. But in a sector comprising some 675 000 teenagers and adults, a substantial number would be living with HIV and require specific healthcare. The evidence was that students depended almost entirely on the often-overloaded public health sector for this.

On a range of matters, from the perceived effectiveness of ART treatment to willingness to associate with PLHIV, there was a minority of about 20% of students and staff who held negative views sometimes based on poor information.

While TVET colleges have the potential to become major assets in the endeavour to achieve national HIV and TB goals, this possibility has been neglected. HIV prevention, care and treatment services on campus are few and far between and there is a lack of mobilisation of student and staff talents to create a health-conscious and health-empowered sector. The entry of HEAIDS into this sector represents a unique opportunity to invigorate its HIV response, crafting and supporting solutions that take account of the diversity of colleges. Key recommendations of the survey are outlined briefly below.

Strengthen the structural role of the TVET sector in preventing HIV

TVET colleges contribute to HIV prevention simply by providing tertiary education options for large numbers of young people, mostly from low-income families. Research indicates that retaining young people, especially young women, in formal education reduces their risk of HIV infection. It is important for the TVET sector to:

- Sustain and improve its core educational role, achieving high completion and through-put rates, and thereby serving an increasing number of students.
- Facilitate better access to the National Student Financial Aid Scheme for students in greatest financial need so that their essential needs are met and they do not drop out.

Develop wellness clinics for biomedical HIV prevention, care and treatment

Attention must be paid to the development of campus-based wellness clinics that are appropriate to the needs of students and staff. Given the life stage of students, there should be strong focus on sexual and reproductive health. Every campus should be assisted to establish a clinic or expand an existing facility so it can offer the full spectrum of primary HIV care, from HCT through to CD4 counts, the management of opportunistic infections and nurse-initiated ARV treatment. TB sputum collection, contraceptive services and STI treatment should all be available on campus.

Harness the power of health education and communication to stimulate change

Communication is much more than the provision of information. It is a dynamic, interactive process capable of shaping attitudes, influencing the culture of communities and mobilising people to take action. TVET colleges can tap into a wealth of local experience in the field of social and behaviour change communication. Suggested actions are:

- Become part of and add muscle to national HEAIDS initiatives, such as the HEAIDS *First Things First* HIV/STIs/TB programme to promote HCT and contraceptive choice among students.
- Catch the wave of interest in the new scented and coloured condoms that government is sponsoring and providing first to TVET students.
- Affiliate to national HIV campaigns – such as *Brothers for Life* for men, the HEAIDS Women's Health Empowerment Programme and *Rise Women's Clubs* – and help them grow.
- Access advice, plan and implement unique campus communication initiatives, allowing students to engage with and shape campaigns..



Create a solid, inclusive management team for the development of HIV programmes at college level. This should involve college management, student leadership, trade union representatives and, possibly, representatives of partner organisations, such as the provincial health department and relevant non-governmental organisations.

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Contacts

HEAIDS

Building 3 UNISA Sunnyside Campus

Corner Rissik and Joubert Streets

Sunnyside, Pretoria

Tel: 012 484 1134

Fax: 012 484 1137

Email: Heidsa@hesa.org.za

ISBN - 978-0-620-66087-7

