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# A Qualitative Analysis of the Factors for HIV Vulnerability among University Students: A Case of Uganda and Tanzania

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***Abstract:***
*In a bid to establish the reasons for HIV vulnerability among university students, the researchers conducted focus group discussions to achieve an in-depth analysis of the university students' perspective of the reasons for their own vulnerability to the scourge. There were two focus groups consisting of both male and female university students from each of the university colleges. Each group consisted of ten respondents, selected using purposive sampling, particularly in-service teachers at the Makerere University College of Education and External Studies (MUCEES) and Dar es Salaam University College of Education (DUCE). The findings revealed several social, behavioural, psychological, gender-related, parental, economic, religious and policy related drivers of HIV vulnerability. This calls for diverse interventions such as increased parental and religious involvement, economic empowerment, life skills education and practical HIV policies at universities.*

***Keywords****: HIV, vulnerability, DUCE, MUCEES, university*

## 1. Introduction

Factors for HIV vulnerability among young adults in tertiary institutions may defer from those in the general population but these factors may generally be related to the ones that affect that particular age range as young or emerging adults, for example, in terms of gender, Weiss and Rao Gupta (1998) argue that society expects females to adhere to men's sexual desires and needs and that sexuality is composed of interrelated elements but that how issues of control and power are handled will definitely influence the summative quality of the relationship. In many cultural settings and communities, females are expected to be uninformed about sexual freedoms and inactive in sexual interactions and relationships (Caravano, 1992). This renders them unable to take the first step in initiating and negotiating safe sex. In many cases, females who discuss sex openly and demand for condom use are usually unfairly judged and regarded as sexually promiscuous (Varga, 1997). To make matters worse, the females are economically incapacitated (Wojcicki & Malala 2001), who also assert that the economic inferiority of women renders them vulnerable to HIV infection.

Females, especially young women possess lower HIV knowledge about the paths of transmission and prevention than their male counterparts. Cultural and societal norms do not allow females to acquire and possess adequate knowledge about sex and deny them autonomy to make sexual decisions. Africa, as a predominantly patriarchal setting does not help in minimising female inferiority and their health state that is very wanting (Ramjee & Daniels, 2013). Therefore, the females' sexual needs and desires are not acknowledged and appreciated since they play no active role in decisions concerning sex, in addition to the fact that they are not allowed to express and communicate sex matters (Buve et al., 2002). Therefore, from the literature, it can be argued that generally, gender is a significant factor in HIV vulnerability since it determines economic and negotiation power that would otherwise render females capable of influencing situations that would reduce their vulnerability to HIV infection.

Age and sexual initiation are an influential combination. Sexual debut is usually around the adolescence stage for most people. Young females and males are sexually active (United Nations, 2004). Most of young people's sexual activity is random and experimental (Netting & Burnett, 2004). University students belong to the age bracket that is highly vulnerable to HIV infection (Prince & Bernard, 1998). There might also be inconsistent and low use safe sex practices such as condom use which is a documented method of HIV and STD prevention among sexually active people although it is rarely practiced especially by young people in colleges and universities

Young people have been observed to be involved in drug abuse. UNICEF, (2002:19) stresses that ''injecting drug use is one of the many addictions that often begin during adolescence.'' People who share needles and syringes for injecting drugs are at very high risk of contracting HIV. In addition, most rapists and sex traders are young people. ''Reported rape is on the rise in many countries, but most sexual violence goes on unreported. Abusers are unlikely to use a condom and the cuts and tears that result from forced sex increase the likelihood of HIV infection'' (UNICEF, 2002:19-20). About 25 percent of HIV positive individuals are young people under the age of 25 years (UNFPA, 2008). According to UNAIDS (2008), the young people are vulnerable to HIV infection because of early sex debut and the fact that they

frequently change sexual partners and rarely use condoms. This category of the population is known for experimenting with drugs, a practice that continues to increase their vulnerability to HIV infection.

Several studies demonstrate that religion has some impact on the sexual behaviour of individuals or on preventing the spread of the HIV virus. One's religious affiliation and beliefs can influence his/her vulnerability to HIV infection. Christianity and Islam which came after the decline of African traditional religious beliefs have also been characterised by teachings and practices that directly and indirectly influence vulnerability to HIV infection (Tadele & Amde, 2013). Another influence that religion has is as far as the onset of sexual activity as it influences sexual debut or initiation. According to Addai (2000), the chance of fornication is less likely among Moslem women because Islam promotes chastity before marriage. This is also confirmed by Odimegwu (2008), who asserts that, people who are committed and practicing followers of their religions have a high chance of abstaining from premarital sex. Both Christianity and Islam teach against sex before marriage and sex outside the spousal boundaries (Lehrer, 2004).

Research conducted on vulnerable females found out that there is a relationship between self-esteem and sexual risk behaviour (Lejuez et al., 2003). This indicates that in addition to self-efficacy, self-esteem also influences vulnerability to HIV infection. This is further confirmed by Abel and Chambers (2004) who argue that individuals who possess high self-esteem rarely worry about catching HIV, hence enhancing their possibility of involvement in sexual and non-sexual risk behaviour. It can therefore be argued that the psycho-social aspect of self-esteem has been identified as a factor for HIV vulnerability.

Political and policy factors may also have a say on who is and who is not vulnerable to HIV among young adults in universities. According to Amon (2014), the influence of politics on HIV prevalence in terms of laws and policies on HIV should not be underestimated. This might also imply that political role in HIV vulnerability can be both positive and negative. UNAIDS, GNP+, IHRA and IPPF (2010), argue that in the same vein, appreciation of the contribution of the law on HIV should be done especially on the availability and access to HIV medical interventions, more so where special groups have been treated as criminals such as commercial sex workers. Smith (2013) argues that workable responses to reduce and stop HIV risk in emotionally and physically intimate relationships is an almost impossible reality in HIV prevention. According to Amon (2014), definitely, politics alone does not influence HIV susceptibility but works hand in hand with other non-political drivers such as social factors.

The presence of cross generational sexual networks also renders females vulnerable because the older male sexual partners have a high probability of being STI sufferers yet they come with financial and material benefits (UNAIDS, 1998). This is most probably indicative of a scenario where males are less expected to engage in sex with older women which might not be the case as available literature seems to show. However, some cultural norms place males in a more vulnerable situation than females. Taiwo (2014) goes on to say that lack of sexual knowledge renders women incapable of decision making on matters of HIV risk reduction.

Biological or physical factors may also be some of the determinants of HIV vulnerability. Females are presented as the more vulnerable gender, biologically. Females tend to have a greater HIV risk than males due to their physiological make up. The female body is easily exposed to infections during sexual encounter and this is worsened when tear of tissue is experienced during the sexual act (Ramjee & Daniels, 2013). The existence of other sexually transmitted infections elevates the probability of HIV susceptibility. As Kalichman et al., (2011) assert, it has been documented that STIs increase the risk of HIV infection. Connolly (2002) further argues that for women, the risk is increased because they are usually undetectable and do not show symptoms in the early stages. Progesterone, a female reproductive hormone, greatly contributes to female's biological HIV vulnerability (Ramjee &Daniels, 2013). Specifically, progesterone-containing contraception depot medroxyprogester one aceta renders females more vulnerable to HIV infection (Baeten, 2007). Worse still, the male condom is more popular than the female condom as Ramjee and Daniels (2013) argue. Behaviours that range from existence of multiple sexual partners to inconsistent condom use are also at play. According to Center for Disease Control (1995), examples of such high HIV related sexual behaviours include practicing of unprotected sex, incorrect and inconsistent condom use and alcohol-induced sexual acts. Behaviours can also be used to effectively reduce HIV prevalence, for example, through practicing abstinence, delaying sexual debut, condom use, monogamy, limitation of sexual partners to one partner and HIV testing (Rucker, 2005). Therefore, the purpose of this study was to analyse the factors responsible for the vulnerability to HIV infection among university students in Tanzania, from the perspective of the university students themselves.

## 2. The Study

The study was conducted at the Dar es Salaam University College of Education (DUCE) in Tanzania and Makerere University College of Education and External Studies (MUCEES), both in East Africa. Both colleges are dedicated to only teacher training, a profession mandated for future behaviour change agents among the younger generation through the teaching and learning process. The study population were in-service teachers in their third/final year of study. The data were collected from two groups of respondents in their third year of study; each group contained a sample of ten respondents, with both male and female respondents in each group, selected using purposive sampling. Each focus group discussion lasted about sixty minutes. The data were recorded using a digital recorder.

## 3. Method

The study was purely qualitative in nature. It was also a cross sectional study as the data was collected and analysed at the same time. The study was exploratory with a phenomenological design, that is, the phenomenon of HIV vulnerability was clarified, elaborated and illuminated through the discussions. Data were collected from the two focus group

discussions and were managed through recording, transcription and categorisation. It was analysed using narratives and thematic analysis

**4. Results**

From the focus group discussions, it emerged that personal/psychological factors drive HIV vulnerability. The participants/respondents advanced that there is lack of self-esteem among university students which leads to over elevated confidence in their partners. This results into a relaxed attitude towards the dangers of sexual relationships and baseless trust in one's sexual partner. To the students, this resultant trust blinds them from the reality of HIV infection, as one teacher trainee asserted,

> Being over confident with your partner. You have a girlfriend fine, for example here you can be having only one girlfriend and you are being over confident towards that girlfriend and you trust her so much that she can't do anything ahhhh stupid maybe outside our relationship. Sometimes I think this is because you don't love and value yourself enough and therefore you cannot suspect your girlfriend of cheating because you know she loves you only. But that is the same girl who will be having maybe some two or three boys or men outside campus, and wherever you meet her, you are over confident that it is only me and me alone and no one else is intervening in our relationship. You can be free to have live sex, but you don't know where this person has passed through. So, at the end of the day, because of that intercourse and after some time, you might realise yourself that you are having HIV you don't know where it came from because for you, you are faithful but your partner is not. (Teacher trainee, MUCEES)

Therefore, from the above assertion, it can be said that university students, as a result of low self-esteem, view their relationships as validation of their personal lives and an achievement in its own right. Inferiority complex and low self-worth/esteem is a common trait and the majority of university students feel that being in a relationship is a way of upgrading oneself to a desirable and envied social level, a situation that might require high level of confidence and trust in one's partner, hence exposing oneself to possible HIV infection.

From the focus group discussion, it emerged that issues of safety from HIV infection are secondary rather than primary/most pressing concerns to the university students. The worry about possible infection comes much later in their relationships when risks have already been taken, as one of the respondents pointed out,

> Among university students, you might find when most girls at campus, even boys, they fear pregnancy but they don't fear HIV. So, they will go in, have sex with other people and after having sex, unprotected sex, they will take these pills (emergency contraceptive pills) without knowing the other person's (HIV) status. (Teacher trainee,DUCE*)*

This sentiment and cognitive distortion were also re-echoed amongst the teacher-trainees at Makerere University College of Education and External Studies as one participant argued,

> Here at campus, there is a saying that I would rather have HIV than ahhh, they fear pregnancy than having HIV. They say that becoming pregnant is something visible. Everyone will see that she had sex. So, she looks for all possible ways of not getting pregnant but she forgets that there is HIV. (Teacher trainee,MUCEES)

At the same university (Makerere University College of Education and External Studies), another student went ahead to confirm this argument by saying that,

> You know they get this confidence that there are ARVs (Anti Retro Viral drugs). They give them out, and ahhhh, at Mulago (Uganda's largest referral hospital) there, near Galloway (hostel for Makerere University medical students) and they get away with the other saying of gone are the days when AIDS could make you pale. Nowadays, the more you are on treatment, the more flashy (healthy looking) you become. So, they get the confidence that even if I am sick, I won't be showing symptoms. (Teacher trainee, MUCEES)

The respondents also noted that another personal/psychological factor that exposes them to possible HIV infection is sexual addiction which they claimed is a rampant sexual disorder and dysfunction among university students. Hypersexual behaviour has been an important explanation behind engagement in highly risky sexual behaviours such as possession of multiple sexual partners that expose them to HIV infection. One respondent argued that,

> At campus, population is high and some people can't control themselves. You can find a boy with like five girlfriends, even a girl with even more than ten boyfriends and this girl cannot take time to know their (HIV) status whether positive or negative. So, this one just goes in. She doesn't take time to know their status. (Teacher trainee, DUCE).

This addiction has also caused the rampant occurrence of the practice of prostitution, as one university student asserted, ''it is very common. You cannot rule it out,'' (Teacher trainee, MUCEES)while referring to female university students engaging in prostitution. This was further confirmed among male students as one female student from the same university asserted,

> As for the case of male prostitutes, if you have reached this side of Rubaga (one of the suburbs of Kampala, Uganda) road as you go to Brovad hotel, boys be there, standing, and even the way they are dressed, they wear these tight pants (tight trousers) and their whoppers (male sexual organs) are so revealing. And you will see these posh (expensive) cars of women (female customers) packed along the sides (road side). (Teacher trainee, MUCEES)

The university students also mentioned ego centric tendencies and selfishness among individual students, who choose to maliciously spread the virus to their partners, as one of them said,

> One of the biggest issues that may be making HIV spread a lot in university is the I don't die alone mentality, especially the guys. Like when the guy, even the ladies, it so happens. Like when the guy gets some kind of sex, maybe gets infected, once he tests and finds out he is infected, he will say I have to make my list long. At least he will go on sleeping with every other girl. (Teacher trainee, DUCE)

Therefore, instead of helping to avoid HIV, some students help to spread it, for their own selfish interests.

It was also noted that the university students fear to test for HIV, both as individuals and as intimate couples. One teacher trainee asserted to this effect as thus,

> Madam, generally, campusers (university students) fear testing. If a person is sleeping with more than five people. That person will fear and especially those sugar daddies (older male sexual partners). I think that person will fear, and will be like if I know I have HIV, so if I go, they will just say give me the news. Of course, you cannot go to test when you know you have been sleeping with many people. (Teacher trainee, MUCEES)

From this assertion that the university students are more like sitting on a time bomb, being unaware of their HIV status is like postponing a danger that gets more serious with time. It is an act of denial.

Social and interpersonal factors were also fronted as contributors to vulnerability to HIV infection among university students. In their social setting, there is apparent peer pressure. University students are existing in an environment where they aspire to belong to, and be like the rest. If the majority are in sexual relationships, then the rest will take this behaviour as the acceptable norm and fashionable way of socialising. This exposes them to dangers such as HIV infection, as one male respondent asserted,

> First of all, I suggest the thing of peer influence. So, you know we come from diverse societies of Uganda. Some people, you know Makerere unites people and combines all people regardless of their religious affiliation, culture and what have you. So, when these people converge within this society, many people have their different ways of behaving regarding to sex issues so you find some friends of yours are perverted and some of them are holy. So, in that, when they mix up, so ideologies are spread all over. They sweet talk about the sex bit of it. So, in that, you find people falling victim. (Teacher trainee, MUCEES)

This peer pressure has been motivated by the material needs and gains that university students acquire from sexual relationships. It is fashionable to be in certain sexual relationships because of the expected material benefits, as one participant said,

> To me, what I think is that HIV/AIDS is most vulnerable to girls (girls are more vulnerable to HIV/AIDS). Why? You know when a girl reaches at campus, assuming I am a girl, I wear differently, I am a class apart. Then when I start interacting with you, you tell me that a boyfriend such and such. He has a range rover, he has estate of houses, he has a mansion. We stay here and here. So, by that time, me as a friend I will be walking with that girl. So, when I walk with that girl, she will take me to the boyfriend's place. Reaching there, I will say ehhh kumbe (all along), these are the things which take(s) place here. So that particular girl will say also me I am going to struggle hard to get a man of the same calibre. She will give in easily because she has seen that man with a car. And remember these people who have cars also have principles. They say without live (sex), me and you nothing will take place. You hear someone getting HIV/AIDS in a very simple way because of easy things, like peer pressure. (Teacher trainee,MUCEES)

Sex has also been viewed as socially rewarding and prestigious. Boys that have had sex are held in high esteem and regard by the university populace, and those with more sexual partners are considered as professionals in the sexual field and are usually consulted on how to handle and manage multiple sexual partners, as a male respondent said,

> You know at campus, people be like, how many have you slept with so far? At campus, what is fashionable is sex. When you finish that, you are done with her. And remember this thing we call sex, girls can be there that I have slept with Abel, I have slept with John, I have slept with everybody. So, it is a competition.(Teacher trainee,MUCEES)

Therefore, in trying to live up to the sexual achievement and prestige, university students expose themselves to possible HIV contraction.

Another social factor the respondents fronted for vulnerability to HIV infection among university students was lack of parent-child ties or connection. Parents consider their university children as adults and do not continue the expected and vital parental guidance that would help them overcome the challenges of dating. As one of participants argued,

> Nowadays, parents fear their children. They fear to talk to their children. They fear to say some things, why? I don't know. I have never sat down with my mum (mother). She has never told me anything (about sex). And they feel they are ever busy. So, you might find when they spend little time with their children. I think that is why nowadays people are losing their virginity. (Teacher trainee, DUCE)

This assertion was further reaffirmed by another student from the same university, who said,

> When it comes to parents, most of our parents, they don't care. Yeah (yes). I can take an example of my parents. When I was joining the university, they told me 'watch out.' Only that. If you are telling it to a short-minded guy (boy), what do you think will come out of him. They need to tell them this is this. (Teacher trainee,DUCE)

Furthermore, according to Makerere University student-teachers too, parents, due to the African cultural setting, parents have not played their advisory roles on matters of sex that would in the long run inhibit possible HIV infection. One respondent from this university said,

> Like here in Africa, parents don't have time for their kids (children). They are kinda (kind of) tough and sometimes you can't face them. I think they are too busy for their kids to talk to them and then another thing, some parents are shy to talk about things concerning sex and HIV, like, you can't sit down and then you tell them,

> ask them about sex and those things like that. So, you have to go to social media or ask your peers about the different things you need to know and sometimes your peers might give you bad(wrong) and you end up falling victim (to HIV). (Teacher trainee, MUCEES)

Parents have also failed to be the kind of behaviour mentors and role models to their children and they themselves have been involved in behaviours that expose them to possible HIV infection and their adult children have used this as a scapegoat to justify their irresponsible sexual behaviours, as one teacher trainee said,

> Sometimes, you know they say that ahhhh as the head of the family or the head of any group in society, you have to be exemplary so if you are the elder, you are doing such a thing (sexual misbehaviour), even these young ones will grow up when they have that mind (mentality) that even my dad(father) did this so who am I not to do it? That is why you are seeing that there are some campus boys and girls who have been, actually who have turned to be over drunkards. Why? Because parents, they used to see them drinking since when they are little up to now. (Teacher trainee, MUCEES).

It should also be noted that the role of parents in HIV vulnerability was also presented from the angle of over control and over restriction. According to one research participant,

> But then, here comes another problem. They become over protective to an extent that they can't even like bring in some ideas to make sure these children (the university students) see what is really happening in the outside world. I can tell this way. There are some children who have been raised actually in those houses whereby you are not even allowed to walk around and see what is happening in the outside world. And then, most of the things they come to know them when they are at campus. So, when you come to campus, you find that free life, that no one can guide you, tell you what to do and what time to wake up. So, they find that they have that freedom of which they never had before. So, they want to compensate that, and that is why you see most of the campusers, actually most of them, they start becoming pregnant in their first year because that is their first experience. (Teacher trainee,MUCEES)

It is important to note that parents and primary care givers are a source of support, attention, affection, comfort, respect for sense of freedom, understanding trust, advice, guidance provision and open communication, and whoever lacks parental ties lacks all these benefits. Young people who perceive that their caregivers support them in these ways have higher levels of well-being and lower levels of risk behaviours. Parental role should neither be under played nor over restrictive.

Socially too, the excitement that accompanies this new university environment is aggravated by the new-found freedom from parental restrictions during the prior secondary school and single sex type of environment. The university environment is characterised by excessive social freedom, absence of restrictions and general ''holiday'' mood. Also noted from female respondents was the presence of social pressures, like, sexual pressure, harassment and exploitation from male lecturers. A few respondents also noted that because of the desire to pass exams with minimum academic effort, they offer themselves sexually to male lecturers for this purpose. It should be noted that that some noted that some male lecturers make sexual advances on female university students for this purpose, as one respondent asserted,

> On the part of girls being vulnerable to HIV, I will talk on the academic set off, for example, this is the girl who came in first year, since first year, she is getting a retake (failure that requires resitting the exam). Then maybe, she keeps on redoing (resitting the exam) them, but in third year again, she gets a particular retake of a certain male lecturer, and this male lecturer doesn't work according to the codes of conduct of his profession. He is the kind of a guy(man) who will tell the girl ýes, you got a retake, but you have to do something in order to graduate. And then the girl goes and thinks about it and finally makes up her mind, goes to the lecturer and the lecturer maybe is like we do it live (have sex without a condom) if you want me to help you. But you don't know the status (HIV status) of the lecturer. (Teacher trainee,MUCEES).

This has been common at this university because of the existence of an impractical antisexual harassment policy and the mere fact that in some, if not most cases, it is the female university students that sexually seduce their male lecturers to escape failing exams.

Disappointments in relationships have also led to behaviours that culminate into HIV infection. When a loved and trusted sexual partner suddenly withdraws from a relationship, the victim resorts to behaviours that may lead to HIV infection, as one respondent noted,

> And there is this thing of breaking up. You have been having your boyfriend, and then from nowhere he tells you it is over between you and me. You feel so disappointed, you feel like all men are the same so I am not going to be committed to any man. So, let me just play all of them. Then you end up finding yourself you are getting HIV. (Teacher trainee, MUCEES).

Therefore, to some university students, instead of being a learning experience to more intelligent choices in the future, an end of the relationship marks the beginning of a vengeful venture to prove to the past partner that the victim is capable of doing the same things they did. This was further mentioned by one of the teacher trainees at Dar es Salaam University College of Education, who said,

> Me I think the most prominent problem that we are having, the age that we have reached at. We think that at our age we have to be with a boyfriend or like to get someone that you think will be with you for the future time so in most cases when you get someone like proposing to you, of course you have to take a stand either to accept him, like to be with him, but if he disappoints you of course you have to go in and look for another one or someone else. So that is why I think HIV is more spread in university level cos (because) we are looking for future partners. (teacher trainee,DUCE)

Therefore, whereas the former respondent presents disappointments in relationships as a means to sexual rampage, the latter looks at them as events that accelerate their search for new partners for future purposes. However, although the former behaviour is driven by revenge and the latter by future projections, it does not change the fact and reality that the same behaviour exposes them to possible HIV infection.

Religious factors were also advanced as factors that explain the vulnerability to HIV infection among university students. According to one respondent,

> And again, the other thing concerning religion and morality, nowadays, they are synonymous. Because a vivid example of these savedee (born again) churches. A vivid example is what we see at Kawaala savedee church (one of the born-again churches near Makerere University). Pastor Iga (the lead pastor at this church) is turning his church into a house of prostitutes simply because of the way he handles things, so people have got a bias on religion so (they) decide to be in their own world. (Teacher trainee,MUCEES)

This was further reaffirmed by one of the respondents said,

> Our religions have really degenerated. Mostly in the urban area. People are no longer focusing on sex education. They are focusing on miracles. So, you find the pastors are no longer concerned about having a one on one talk with these vulnerable girls and boys so for them, they are aiming at preaching and getting masses in church so that they earn a lot of tithe. So, they are losing out on the moral part of it. (Teacher trainee, DUCE).

Therefore, according to the university students, the religious leaders are not focusing on the lives of the young adults who double as their followers. The love for masses and resultant earnings in tithe has made the church leaders consciously and unconsciously forget to guide the young people on how to behave in order to combat HIV infection. This lack of religious intervention has also led to moral degeneration among university students. For example, the university students no longer value the virtue of virginity. It should be noted that in controlling HIV infection, abstinence is the best option, and upholding of virginity is one way of achieving this abstinence. According to one participant said,

> Girls at campus, they take it like if you are a virgin, maybe you are local (backward). They make you look awkward and you feel like not comfortable. (Teacher trainee,MUCEES).

According to the male teacher-trainees at the same university, that is, Makerere University,

> Girls believe that there is a way of returning virginity that has been broken, so when you are at campus, they say no problem let us enjoy. (Teacher trainee, MUCEES)

Behavioural factors were also mentioned as some of the factors that make university students vulnerable to HIV infection. These behavioural factors have been marked by an increase in risk factors and a decrease in protective factors. One teacher trainee from the Dar es Salaam University College of Education argued that university students are reckless in their behavioural conduct,

> According to me, me I think the reason as to why most of the university students are vulnerable to getting infected with HIV. I think there are two issues. Number one I will take to the reckless behaviours. Because you find that most of the students, when they are out of the home, they are like who has let the dogs out. So, they have that feeling that they should get whatever they missed all that long. So, when they get into such reckless behaviours, you find that actually all of them don't intend to do it, they don't wish but they find themselves doing it and getting infected. (Teacher trainee,DUCE).

Although the above student doesn't specify the type of reckless behaviour, other students particularly mentioned the presence of multiple sexual partners, in most cases for different purposes as one male respondent argued,

> You find that the girls, they might not be supported financially by their boyfriends. But they go out with big men who give them money but they have boyfriends who satisfy them sexually because they are ever available but the other men have their wives. They support these girls financially but they are not always available for the sexual satisfaction. So, you find that the older man may be having sex with this girl and be giving her money, then she comes to the boyfriend to get satisfied sexually. So, you find that she will get AIDS from the older man and then transfer it to the boyfriend. (Teacher trainee,DUCE).

From the above it can be said that the university students are involved in concurrent multiple sexual relationships that involve partners that are much older, commonly known as sugar mummies/sugar daddies. To the university students, this has increased HIV vulnerability as one teacher trainee said,

> I think sugar daddies have HIV because they are not using only one campus girl. It is a sexual network. There are many others they are using (sexually exploiting). (Teacher trainee,DUCE).

This is indicative of the existence of cross generational sexual activities that have increased university students' vulnerability to HIV infection since the older sexual partners have several sexual partners and may demand for unprotected sex from their already economically vulnerable university girlfriends.

Another behavioural aspect of HIV vulnerability among university students was identified as unprotected sex. Sexual relationships in universities is characterised by unsafe sex and inconsistent use of condoms. There is a general belief that condoms make sex less enjoyable, are expensive, inconveniencing to purchase and use, and make sex more mechanical and not as intimate as it should be. The inconsistent condom use is also influenced by the ''blinding effect of love'' and alcohol consumption, as one respondent asserted,

> Hmmmm I can say it in one way. That usually, people, when they are starting their relationship, they start by using condoms. But after some period of time, they get used to each other, that you know, I have been knowing you for this long, we have been using condoms, maybe you don't enjoy much so you end up starting having live sex because you have trusted each other. But then, as I said earlier, you can trust your partner but your partner he knows or she knows that somewhere else he is meeting someone else. (Teacher trainee,MUCEES)

On further probing, another university said,

> What I can say about that is that it might be true that people put on three (condoms) for the cases of safety but I for one, I think many of the guys in our calibre, they rarely pay attention to the expiry date (of the condom). You can be with a condom for quite some good number of months, minus even paying attention to the expiry date. And this gets back to what you (another teacher trainee) said about the issue regarding the condom where you said that it was all about the trustworthy bit, they trust each other for the first month. When they go ahead, they go in live. (Teacher trainee, MUCEES).

One respondent from Tanzania said that, ''most of the boys say that using a condom is like eating a sweet in its paper.'' (Teacher trainee,DUCE), implying that protected sex is not as enjoyable as unprotected sex. This has been worsened by the unpopularity of the female condom as one respondent asserted,

> For the sake of the female condom these girls also have a bias on the female condom. Reason being, it restricts their styles. You get (you understand)? Simply because it is a bit bulky. So, they prefer the male one and again, if all of you are to witness this, they (females) ever move with those male condoms, trust me. Once you reach and you don't have, they (condoms) are ever there in their bags. (Teacher trainee, MUCEES).

More so, alcohol consumption makes university students vulnerable to HIV infection. University students take alcohol during outings, house parties and this makes them incapable of negotiating condom use and abstaining from sex. One female respondent argued that,

> Personally, I think if at all you are drunk and then you are maybe with a girl, you may lose some of your senses. Then if at all the girl is HIV positive or negative, so even you may not bother getting a condom so you go live and stand high chances of acquiring HIV. (Teacher trainee,DUCE).

The behavioural factor of excessive alcohol consumption was further linked to early childhood upbringing as one respondent from the same university asserted,

> Some of us grew up being restricted from things like clubbing (going for night time dance clubs). Yeah, but when a person comes out at campus (university), you find a person getting into club, getting drunk, of course when you get drunk, mostly for the girls, you may not know what happens after that.(Teacher trainee).

This was further reaffirmed by one teacher trainee from who said,

> Once they take (drink alcohol,) more so in hefty measures, it intoxicates the brain. You end up ahhhh starting getting illusions and for that, I am right. It creates the dizziness bit so once you start to stagger, you start thinking of high things, definitely you are going to end up being laid (having sex). So, there is no way you are going to survive his (boyfriends) wrath because he paid his money for your case. (Teacher trainee, MUCEES).

Alcohol has been accompanied by drug abuse, although to a small extent. As one student asserted,

> When you pay attention to those halls of residence, they are many. Living example, just our neighbours here, the Lumumba guys (university students that reside in Lumumba Hall), they take them, they come out when they are high. Even the breath; you get to know that someone has taken weed. Even the shouting, they shout. You can't shout at their rate. (Teacher trainee, MUCEES).

These substances of alcohol and drugs, when abused, impair one's judgement and negotiation for safer sex.

Economic factors were forwarded as factors explaining vulnerability to HIV infection among university students. The economic demands that force them to engage in HIV risky behaviours are, for example, modern electronic gadgets, clothes, tuition fees and scholastic materials, as one female student asserted,

> You might find when most people at campus come from poor families. So, when you reach here at campus and you find your fellow age mates, those who come from rich families, when they have each and everything and most of them also acquire it through sexual intercourse with those big people. Most girls are also influenced to be engaged in sexual activities. (Teacher trainee, DUCE).

Another student from Makerere University College of Education and External Studies said,

> You can be in a hostel, for example us, we can be in a hostel, may be sometimes, people lack what even to eat. Parents can just send money for only tuition (fees) and hostel (accommodation fees). Maybe you buy only food. Maybe the whole month you can't see anything from home. So, others just go in for men in order to get something. Maybe you have to do your hair, you have to look good like a girl. We have things like smart phones, you know girls. Okay, you come from home with things, then you reach campus, you see this girl who is over designing (wearing nice and expensive clothes), changing things like having nice bags, so you feel like how can I get it? So, you find some guy who is rich and able to give you everything but then he is demanding live sex. (Teacher trainee, MUCEES).

Therefore, the economic and material needs of the university students have made them vulnerable to HIV infection because the available means to achieve them are sexual in nature, hence making them vulnerable.

In summary, these were the findings from the focus group discussions held with the respondents and the resultant factors for HIV vulnerability that can be themed as personal/psychological, social/environmental, religious, behavioural and economic/logistic factors. The categories that emerged from the personal/psychological theme include; over elevated confidence and trust in one's sexual partner as a result of low self-esteem, under estimation of seriousness of HIV compared to other dangers of intimacy, sexual addiction, selfishness and fear for HIV testing. From the social theme emerged categories such as peer pressure, university students' interpretation of sex as socially rewarding, lack of parental guidance and ties, excitement at sudden social freedoms and relationship disappointments. Religiously, the current religious leaders have not given the young adults ample attention and there is evidence of moral degeneration that has seen religious leaders fail to live exemplary lives for young people, who have in turn led lives contrary to religious

teachings, for example, disrespect for the virtue of virginity. In terms of behavioural factors, the university students are involved in reckless behaviours that make them prone to possible HIV infection, such as involvement in concurrent sexual relationships that are cross generational too, unprotected sex, alcohol consumption and drug abuse. Lastly but not the least, university students have economic demands and challenges that make them vulnerable to HIV infection, especially the demands and pressures to live a high and expensive life whose accomplishment has sexual implications.

**5. Discussion and Recommendations**

In intimate heterosexual relationships, due to low self-esteem, partners possess elevated levels of confidence and baseless trust in their sexual partners. These findings concur with some sources such as Abel and Chambers (2004) who link low self-esteem and increased HIV risk perception. It is a requirement for university students to appreciate that the threat of HIV is real and amidst them, as long as they continue to practice behaviours that increase their vulnerability to HIV infection. In all types of relationships, especially intimate heterosexual relationships, it is pertinent that the partners learn to value themselves before they can value their partners. One needs to love oneself and stand up for he/she believes in. It is through this that they will value their partners and respect their values, principles and views. In every relationship, every partner is an equal player and in the fight against HIV, it is a joint concerted effort that is required rather than a situation where one is a leader and the other, the follower. All players in a relationship must value and love themselves not to allow to be swayed by temporary emotions. The consideration of the self and how the self is affected by decisions in an intimate relationship should be at the forefront, for it is not worthy to lose oneself while trying to please another.

University students may also be vulnerable to HIV infection as a result of the new-found freedom and loose ties between themselves and their parental figures, both consciously and unconsciously since the students are regarded as adults who can take charge of their social life and more so, certain social issues such as sex may not ogre well with parents since some consider the act of discussing sexual matters as a taboo or embarrassment.

This is rather ironic because a parent is a pillar of trust and should be the first, best and most trusted confidant of their child especially in such sensitive matters as sexual activity. Parents have failed to be the epitome of trust, advice, guidance provision, attention, affection, comfort and open communication, partly out of choice or they have not been given that right and opportunity by their adult children. This has been worsened by the mixed gender university environment, which may be challengingly new to those students that were previously in single sex secondary schools. This, combined with the new-found social freedom produces excitement that can only turn out as counterproductive and lead to behaviours that might expose them to HIV infection.

The sexual pressures are not only from peers at the universities, but also from older members of the community. These social determinants of HIV vulnerability among university students seem to be in agreement with studies conducted by Pettifor et al., (2004), Mwamwenda (2014) and Turmen (2003), who argue that gender increases HIV vulnerability and that women are more vulnerable because of biological and cultural factors since they have a lower socioeconomic status and lack power and economic independence to negotiate safe sex. WHO (2001) also tackles the role of absence of parental guidance in the vulnerability to HIV infection among young people. From these social/environmental factors for HIV vulnerability among university students, it is pertinent that university students learn or be taught how to choose the right social company, peer groups that will build rather than destroy them for when HIV becomes a reality in one's life, it is suffered at an individual level not as a group.

Parents need not to relax in their role of guidance when the children become adults. Parenting is an unending role that continues throughout a child's life, for every stage of human development comes with its own challenges that require guidance. Parents need to be good role models of behaviour, especially in behaviours that increase vulnerability to HIV infection. The mixed gender environment can be a good learning point for learning and socialising rather than for destruction. Boys and girls can be friends without engaging in dangerous behaviours. Every gender has something to offer in understanding human socialisation and behaviour.

Students have to appreciate the fact that academic excellence can be achieved without selling one's soul, for in selling one's soul, many other dangers, for example HIV and unintended pregnancies result. It is not bad luck to be born female. Every gender has a purpose to fulfil in life both at individual and community level. Therefore, instead of viewing being female as a bad outcome of human existence, it should be maximised to benefit oneself and others, especially by portraying behaviours that give glory to the entire female gender and reduce dangers, such as HIV. Males are so because society has made them to be but in reality, both males and females are equal players in factors that affect their lives. One gender should not feel that they have the natural right to dominate another, for in the light of HIV, a concerted effort is required to curb and control it. HIV is a common threat to both males and females.

The respondents also presented religious factors as contributors to HIV vulnerability among university students. Religious leaders have also not been exemplary and have ignored the needs of the younger ''flock.'' Fornication has become the order of the day and virginity a thing of the outdated past. These findings seem to ogre well with those from studies conducted by UNAIDS (1998) which tackles cross generation sex. Religion on the other hand may help reduce HIV vulnerability, for instance, Islam and Christianity discourage early sex (Lehrer, 2004) and HIV among Moslem women is least because it discourages early sex debut (Addai, 2000). Religion encourages faithfulness as the only guard against HIV (Smith, 2004) but if faithfulness is the only practice religions front as the only guard against HIV, this may be dangerous as some people find faithfulness as an impossible reality. In reality, religion should save rather than endanger followers. Religion and culture should aspire to make all its members feel equal rather than having the superior/inferior boundaries especially between genders. Members of a religious and cultural entity should feel comfortable to refer to the religious teachings as reference for equality, fairness and moral uprightness rather than using it as an excuse for the reverse. The

HIV fight should be a collective effort of the religious entities and hence must use their position in society to fight HIV rather than promote it, since people listen to and respect their religious leaders and teachings. Cross generation sex is a vice and unfair to the younger generation. It is absurd for an adult who has already had their share of life to disadvantage the young who have a big future ahead of them. Virginity is a virtue and a good strategy for ending the HIV scourge, for it is the only sure way of preventing oneself against HIV.

Another factor that arose from the focus group discussion on the factors responsible for HIV vulnerability was the logistical/facilities factor. It seems almost compulsory that institutions for higher learning such as universities should provide certain logistics to their students, for example, condoms for the sake of avoiding HIV infection and unintended pregnancies, the same way the emergency contraception is available. In the event that these condoms are available, it is evident that only male condoms are available, and not the female condoms, partly because the role of the female in the fight against HIV has not yet been embraced, and it is evidently awkward for a female to be seen purchasing a male condom. To make matters worse, it seems that the responsibility of condom purchase and use has been left to the male gender. It goes without saying that if a female cannot purchase a male condom; most probably she won't negotiate for it before any sexual encounter. Another important logistical issue is the unavailability of counselling and testing services in the universities' health sectors. This is very wanting and yet these services are vital in guiding university students about how to safeguard themselves from HIV, offering counselling services on intimate relationships and testing for HIV.It is important that universities provide the right logistics for fighting HIV. Condoms should be readily available. But university students must also be trained on the safety and use of condoms to facilitate HIV prevention. However, the students cannot leave this entirely to the university. Having sex is an individual choice that requires personal effort in order to prevent HIV infection. The requirement of condoms to students should be viewed as important as any other requirement such as tuition fees and food, especially for those students who have chosen to be in sexually active intimate relationships. Also, as condoms are as important, guidance, testing and counselling services are vital for every university for the safety of the students. A female student purchasing a male condom is a sign of maturity and responsibility, rather than shame and overstepping boundaries. As condoms are availed, it is vital to accompany them with proper training on handling and usage. Reproductive health and HIV information are also important since university students are sexual beings. If the students prefer to talk to peers rather than the adult university counsellors, peer education and training becomes inevitable. It is the only sure way that when peers are consulted, they are disseminating the right information and advice to their peers. HIV testing, at the right health facilities, instead of being viewed as a doomsday practice that is feared and dreaded can start to be seen as one of the health behaviours that young people should do regularly especially those in sexual relations, for as long as one has had sex, they automatically become vulnerable to HIV.

Basing on the behavioural factors for HIV vulnerability, this can be discussed from the presence of HIV risk behaviours and absence of protective factors. Early sex debut poses a risk that the earlier one starts to have sex in their life, the more vulnerable they are to HIV infection. The presence of older sexual partners (both male and female) aggravates the HIV burden since these also possess multiple sexual partners and demand for unprotected sex, and have the economic muscle to get what they want from these relationships. Prostitution, from its semantic meaning exists in universities. University students do not necessarily offer themselves for sale but indirectly, they have either consciously or unconsciously given in to sexual advances for money and gifts. This applies to both male and female students. Unprotected sex is also common, partly because of the belief that sex is less pleasurable while with a condom, an argument that is just a scapegoat for irresponsible sexual behaviour and consequent HIV infection.

Alcohol consumption and abuse is rampant and impairs judgement. This and drug abuse exist among university students, and leads to sexual acts that are only realised after. Unintended pregnancies may be more overt than HIV but being a victim of both through unprotected sex is double calamity. They need to safeguard against both, especially since it also implies that in such circumstances, there is a life of an unborn child at stake. Emergency contraception is a quick fix to a permanent problem and therefore university students need to look at long term solutions, like, safeguarding themselves against HIV which will indirectly also safeguard against unintended pregnancies. The female students, by virtue of the fact that they are biologically more predisposed to HIV infection can use this disadvantage to their advantage, by practicing more caution. Testing for HIV should go beyond individual testing. A relationship involves two people or more, hence the necessity for joint HIV testing as a couple (sexual partners). Testing for HIV is a sign that an individual is taking charge of their own life.

These behavioural factors rhyme with those presented in studies conducted by Rao Gupta et al., (2008) who argues that a fundamental goal of HIV prevention is to change the behaviour that puts individuals at risk of infection, and UNAIDS (2008) which further stipulates that certain behaviours create, enhance and perpetuate risk and that examples include unprotected sex with a partner whose HIV status is unknown, multiple unprotected sexual partnerships and injecting drug use with contaminated needles and syringes. This is also in agreement with Yao et al., (2009) who stresses that despite awareness of HIV, needle-sharing and unprotected sex persist in the population, and the HIV prevalence is high.

Due to these behavioural factors for HIV vulnerability, it sufficed to note that university students, as adults need a modification of their sexual behaviours in ways such as delay of sexual debut, practice of protected sex, possession of none or only one sexual partner and avoidance of possession of older sexual partners. The possession of one faithful sexual partner should be a mutual practice between the dating couples, and the few isolated cases of university students who are already married. Prostitution at university may not be the typical prostitution where the university students parade themselves in bars and on streets for sale but with such cases evident, most of the university students offering sex for material favours may be in informal ways with older partners where the students expect tuition fees, upkeep money, material gains, like, modern telephone handsets and clothing. These are temporary enjoyments which should not be

desired beyond their own health safety because it is of no importance to have material possessions, with a limited lifespan due to HIV infection. University students' belief that sex is less enjoyable with a condom is just a cognitive conviction, not a practical reality or experience.

Cognitive behavioural modifications and interventions are vital in changing such mentalities and for the university students to look at the long-term benefits of consistent condom use, especially the benefits regarding avoidance of HIV infection. The argument that condoms are expensive is also a shallow mentality since this cost is much cheaper than a life time purchase of antiretroviral drugs, in cases of HIV infection. Condom purchase should be viewed as a purchase of any other lifesaving commodity such as drugs. The inconvenience of purchasing a condom is actually less than the inconvenience of HIV stigma, both self-imposed and social stigma. HIV testing, in fact, joint HIV testing should be a constant behavioural practice among dating university partners/couples. Knowing one's HIV status gives one a direction of the relationship, peace of mind and trust in the other partner. Staying in the ''dark'' about one's HIV status while continuing to engage in unprotected sex is like sitting on a time bomb.

University students should take caution as far as alcohol consumption is concerned, for it impairs judgement, reduces chances of negotiating for safer sex and leads to deeper financial burdens among university students, all of which lead to circumstances that might directly and indirectly lead to or even increase their vulnerability to HIV infection. The Information-Motivation-Behavioural Skills (IMB) model (Fisher & Fisher, 2002) asserts that HIV prevention information, HIV prevention motivation and HIV prevention behavioural skills are the fundamental determinants of HIV preventive behaviour. In other words, the extent that the individuals are well informed, motivated to act, and possess the requisite behavioural skills for effective action, will influence their likelihood to initiate and maintain health-promoting behaviours and to experience positive health outcomes during sex (Fisher et al., 2003). University students need the right information/knowledge about HIV, must be motivated to live happy long lives and behave in ways that will enable them to achieve this long life. Such behaviours must be HIV protective behaviours.

It is every university's responsibility to have an HIV and AIDS policy, with practical elements that tackle HIV education, peer education, prevention, research and treatment. As Asiimwe-Okiror (1997) asserts, high level governmental encouragement of the delay of sexual debut could have contributed to the decline in Uganda's HIV infection. This is further reaffirmed by Parker et al., (2000) who assert that policy structural factors play a major role in HIV transmission and Uganda is the best example of successful policy changes and the link to decrease HIVprevention. The Uganda government committed itself to extensive training of trainers, mass media, health education campaigns, countrywide messaging and district mobilisation causing changes in the sexual behaviour, social norms and HIV prevalence (Slutkin et al., 2006). Research in Uganda has demonstrated the connection between a country's government recognition of the importance of HIV and the subsequent development of better government interventions to HIV (Parker et al., 2000). These policies need periodic revision and evaluations since HIV keeps changing faces, new treatments, new related challenges and new information.

Research on HIV in universities should be boosted, especially through research funding and encouragement of dissemination of research findings on HIV research, to all sectors of universities, especially the student community and policy makers. HIV sensitisation at the beginning of university education should be an annual university ritual for the new coming students to be made aware that HIV is a reality in their midst, so that as they think of initiating themselves in intimate relationships, they are aware that intimacy and HIV risk go hand in hand. The occurrence of the former automatically exposes them to the latter. University investment in peer training and peer education approaches to HIV prevention and control could be a worthwhile one. The university students may benefit more when prevention messages are coming from their peers rather than elders who they perceive as distant from their social challenges due to the age gap, and judgemental due to this gap. Policies regarding sexual harassment could also be a good innovation at universities. These policies protect both male and female students, since any of the genders could be victim at any time, but also, these anti-sexual harassment policies should protect university staff too, since they could be victims too.

In conclusion, the university students, lecturers, administrators/stakeholders and policy makers have a role to play in reducing and curbing the rate of HIV vulnerability among university students. It is worth stressing that the students are the major players in this fight against HIV vulnerability, since they are the affected parties. Good HIV policies cannot achieve anything viable if the university students are not vigilant about the safety of their own lives. They are partners and chief players in this fight.

All in all, this chapter discussed the outcomes of the factors that drive HIV vulnerability among university students. These factors call for life skills training, economic empowerment, increase in parental involvement, religious intervention, behaviour change programmes, policy formulation and adherence, and social skills development to tackle the psycho social, economic, family, religious, social and policy related factors that boost a reduction in HIV vulnerability among university students.

**6. Summary and Conclusions**

Findings from the focus group discussions held with the respondents led to the resultant factors for HIV vulnerability that can be categorised and themed as low HIV risk perception, personal/psychological, social/interpersonal, religious, behavioural and economic/logistic factors. The categories that emerged from the personal/psychological theme include; under estimation of seriousness of HIV compared to other dangers of intimacy and sexual addiction. From the social theme emerged categories such as lack of parental guidance and ties andrelationship disappointments. Religiously, the current religious leaders have not given the young adults ample attention and there is evidence of moral degeneration that has seen religious leaders fail to live exemplary lives for young people, who have in turn led lives contrary to religious

teachings, for example, disrespect for the virtue of virginity. In terms of behavioural factors, the university students are involved in reckless behaviours that make them prone to possible HIV infection, such as involvement in concurrent sexual relationships that are cross generational too, unprotected sex, alcohol consumption and drug abuse. Lastly but not the least, university students have economic demands and challenges that make them vulnerable to HIV infection, especially the demands and pressures to live a high and expensive life whose accomplishment has sexual implications.

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