

**STUDENT NURSES' PERCEPTIONS OF THE HIV AND AIDS PROBLEM: A CASE STUDY OF BINDURA
SCHOOL OF NURSING, ZIMBABWE**

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ABSTRACT

This study sought to find out student nurses' perceptions of the HIV and AIDS problem at Bindura School of Nursing in Zimbabwe. About 45% (64) of the student nurses' population (141) completed questionnaires. Interviews were carried out with ten students, a clinical instructor, and a tutor as a follow-up to questionnaire responses. Data collected was analyzed using Statistical Package for Social Sciences (SPSS) and presented on tables and as interview quotations. Student nurses' perceptions were looked at under three themes: caring for HIV and AIDS patients; single student nurses' perceptions about HIV and AIDS preventive measures and married student nurses' perceptions about HIV and AIDS preventive measures. The study revealed that student nurses stigmatized AIDS patients as they expressed discomfort and fear when handling them. They feared possible accidental pricks as they sometimes did not have enough protective resources. Single student nurses had positive perceptions about the use of condoms and HIV and AIDS testing and counseling, but the majority of them were not practicing these. Some of them were reportedly engaging in risky behavior, such as going out with commercial sex workers or sugar daddies, despite being aware of the dangers of infection. The reasons for such risky behavior were explained by the cultural transmission theory as they have to do with interactions. The majority of married student nurses' perceptions on HIV and AIDS preventive measures were negative as they found it difficult to use condoms with their spouses, they have not gone for HIV and AIDS testing and counseling, and they are reportedly promiscuous. Reasons cited for this risky behavior related to the theories of patriarchy, differential association, and routine activities. Married student nurses were also faced with the dilemma of trusting their spouses during their period of training, as most of them stayed away from home. The theory of social reflexivity cautions married student nurses not to trust too much as people are not only influenced at the community level, but are also influenced globally.

Keywords: Student Nurses; Perceptions; Condoms; HIV and AIDS Testing and Counseling; Trust; Cultural Transmission; Patriarchy; Differential Association; Routine Activities

INTRODUCTION

Nurses play an important role in the health delivery service in Zimbabwe. They are the more visible to the majority, especially in Zimbabwe where doctors are not enough. The role of nurses is even more critical in a society that is battling to control and prevent HIV and AIDS infection. In Zimbabwe, nurses are respected for a number of reasons: they act as role models, as counselors, and as advisers on diseases, including HIV and AIDS. Nurses are at the forefront of patient care. This puts them at risk of contracting HIV. This is particularly so for student nurses, who are now doing most of the work in the words because of the acute shortage of experienced qualified nurses in the country. The student nurses may do the work hurriedly and, in the process, fail to take precautionary measures of preventing an infection. In their bid to show commitment and a caring attitude about their work, the student nurse may fail to take precautionary measures, which put them at risk of contracting the virus. In view of this, the study sought to find out the perceptions of student nurses' about the HIV and AIDS.

Student nurses are a vulnerable group. Studies in Mozambique show that student nurses in the Tete Province (20%) and Zambesia (8.6%) have died of a HIV and AIDS related disease in 2000 (Derveeuw,2001 cited by Jackson, 2002). In Zimbabwe, little is known about neither how student nurses have been affected by the HIV and AIDS problem nor how they perceive the problem. In other countries, research on student nurses and the problem of HIV and AIDS has produced different results. Some studies show that student nurses have negative attitudes(Kohi & Horrocks, 1994; Fourn & Duci, 1993; Reis, Heisler, Amowitz... Iacopino 2005; Tsai & Keller, 1995). Others studies indicated that student nurses have a positive attitude (Deb, Mukherjee, & Acharya, 2004; Peate ,Souminen,Valimaki...Muinonen, 2002). This study intends to complement these studies so that policy decisions in Zimbabwe are based on local research.

The study is important as it might present information essential for various stakeholders on how to deal with the problem of HIV and AIDS. For instance, the Ministry of Health and Child Welfare may be able to address some concerns raised by student nurses on the issue. The ministry might draw up programs for student nurses in order to cope with the problem or reduce chances of work-related HIV infection. The data may also be useful to non-governmental organizations, which are also involved in tackling the HIV and AIDS problem. The nurses will have an insight into some of the problems that they will face as they battle with the problem of HIV and AIDS. Schools of nursing in the country will find the research useful as they could fuse the data in their course so that they teach relevant and research based material to the students.

Acquired immune deficiency syndrome (AIDS) is caused by a virus called Human Immunodeficiency Virus (HIV). The virus was first identified in 1983 at Pasteur Institute in France (Jackson, 1992). Since its discovery, scientists all over the world have been battling to find a cure for HIV and AIDS without success. Studies carried out in retrospect have shown that HIV is known to have existed as far back as the 1950s (Jackson, 1992) . Jackson says HIV began to spread widely in the 1970s. AIDS, as a sexually transmitted disease caused by HIV, began to be noticed in the 1980s and, by the 1990s, it had reached alarming proportions to be labeled as an epidemic.

In Zimbabwe, HIV and AIDS cases were first identified in 1985 (Moyo, 1998). The Ministry of Health and Child Welfare (1998) reported that Zimbabwe had fifty-four (54) cases of infection in 1985. By the end of the 1980s, Avert (2009) reported that in Zimbabwe, 10% of the adult population was thought to be infected. Between 1995 and 1997, the rate of the infection had risen to 29%. At its highest, the rate of infection was nearly 36%. By 2003, the prevalence rate had decreased to 24.6% and to 15.3% by 2007 (Avert, 2009). This decrease is attributed to positive changes in sexual behavior, such as the high rate of condom use, the delaying first sex, the reduced sexual partners, and the increased awareness of HIV and AIDS. Despite the noted decrease of the HIV and AIDS prevalence rate Avert (2009), warned that, “A sero-prevalence rate of 15.6 % remains high and this is not the moment for relaxing.” Hence there is a need to continually carry out research, which may help find ways to reduce the rate of infection in the country.

HIV is transmitted from one person to another in a number of ways. The virus “lives and reproduces in certain cells in the human blood” (Jackson, 1992). So, the main mode of transmission has to do with human bodily fluids that ultimately lead the virus to the blood stream. The bodily fluids, known to contain significant amounts of the virus, are blood, semen, vaginal secretions, and breast milk. Saliva, sweat, tears, feces, and vomit contain small amounts, which are not significant enough to transmit HIV. The main means through which HIV is transmitted is sexual contact (Ministry of Health and Child Welfare, 1998). Hence, AIDS is regarded as a sexually transmitted disease. In Zimbabwe, heterosexual contact accounts for 92% of the virus transmission (Ministry of Health and Child Welfare, 1998) . In the world, heterosexual contact accounts for 70% of the virus transmission (Jackson, 2002). The other means of transmission in Zimbabwe, accounting for 8%, include perinatal (mother to child), contaminated injections, intravenous drug injections, blood transfusions, or use of a carrier’s razor (Jackson, 1992; (Ministry of Health and Child Welfare, 1998). Health workers are at risk for receiving the infection at their workplace through accidental pricks or getting in contact with body secretions while they may have cuts or bruises in their hands, as they work with patients who might be infected.

RESEARCH METHODOLOGY

Study area

The study was conducted at Bindura Provincial Hospital in Bindura, a provincial capital of Mashonaland Central Province. Bindura is situated nearly ninety kilometers north of Harare in Zimbabwe. The hospital has a training school for state registered nurses. Although student nurses are recruited mainly from the districts of Mashonaland Central, the student population is composed of students from all over Zimbabwe. The hospital is a referral center for all other health institutions in the province. The hospital consists of many departments, including the eye unit, out-patients, male ward, female ward, children’s ward, maternity ward, theatre, laboratory, dental unit, physiotherapy, school of nursing, pharmacy, and x-ray department. Student nurses are attached to various departments for their practical sessions. In addition to in-house attachments, student nurses are also expected to be attached to other health institutions for their community work.

Sample

At the time that the study was carried out, the student population was 141, which were made up of students in the first year (47), second year (54), and third year (40). In terms of gender, there were 23 males and 118 female students. Most of the students (99) were accommodated in the student hostels, while the rest had their own accommodation in the community. A sample of about fifty percent was chosen using the convenient method of sampling. The method was most suitable because it was difficult to have all the students in one place because of the nature of their jobs. Effort was made to ensure that the sample had students from all three groups. A sample of 70 student nurses was chosen, consisting of 10 males and 60 females. Six female students failed to return the questionnaire administered and so the actual sample used was 64 students, constituting about 45% of the student nurses population at Bindura Provincial Hospital.

Data collection

Data was collected using questionnaires and interviews. The questionnaire obtained students' background information, such as age, gender, year of study, and marital status. The second section of the questionnaire was on caring for HIV and AIDS patients. The third section was answered by single student nurses. The fourth section was answered by married student nurses.

Interviews were conducted with 10 students individually as a follow-up to issues raised in the questionnaire. Students were chosen from among those who had answered the questionnaire. In order to assure students of their confidentiality, their responses to the questions were hand-written and not tape-recorded, as some feared to be identified by their voices. Data was also collected from the senior tutor-in-charge and from a clinical instructor through an interview.

Data analysis

The data obtained through the questionnaires were summarized using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, in the form of frequencies and percentages, were used to present data. Data obtained from interviews were subjected to content analysis, which linked them to the themes under the study and to explain and elaborate data obtained from the questionnaires. Perceptions of the student nurses were analyzed using three criteria: caring for HIV and AIDS patients; single student nurses' perceptions; and married student nurses' perceptions of HIV and AIDS preventive measures.

RESULTS AND DISCUSSION

Most of the respondents (43.8%) were aged between 18 and 24, closely followed by those aged between 25 and 30 (40.6%). Slightly over 15% were over 36 years. The majority of respondents (84.4%) were females. There were more (51.6%) single student nurses than married student nurses (43.8%). The others were either divorcees or widows/widowers. In terms of their seniority, most (45.3%) were in their first year with the least (10.9%) in the third year of the Registered General Nurse program.

Caring for HIV and AIDS patients

Respondents were asked if they had cared for HIV and AIDS patients and how they felt about it. The results were summarized in Table 1.

Table 1: Caring for HIV and AIDS Patients

Question	Yes		No	
	No.	%	No.	%
Have you rendered care to HIV and AIDS patients?	57	89.1	7	10.9
If yes, how did you feel about this?				
---Uncomfortable	18			
---Did not mind	15	28.1		
---Not afraid	6	23.4		
---Afraid	18	28.1		

The results show that most of the respondents (89.1%) had cared for HIV and AIDS patients. On how they felt about taking care for AIDS patients, 28.1% were uncomfortable; while the same percentage of people (28.1%) were afraid. The other respondents indicated that they did not mind caring for such patients (23.4%), with the lowest (9.4%) showing that they were not afraid. A female student nurse explained why student nurses may be afraid to take care of AIDS patients, “We might accidentally be pricked by a needle. This may be due to negligence, but still it puts us in a stress.”

But those who were not afraid explained that they were still cautious by saying, “I don’t mind caring for an AIDS patient because it is similar to caring for any other patient. But we [do] need to be more careful when caring for AIDS patients.” In an interview, the clinical instructor said, “Student nurses are afraid when they deal with HIV and AIDS patients, but they are careful not to show it as it may have a negative impact when they are being examined clinically.” “It’s scary, even for senior trained staff, because one may be infected through accidental pricks. As a school, we urge student nurses to be more careful in the wards. One big problem is that of protective resources, which are not enough,” explained the tutor-in-charge

In order to find out more about student nurses’ perceptions on the problem of HIV and AIDS at their work place, they were asked to express their feelings to four statements on a four point Likert Scale of Strongly Agree (SA) through to Strongly Disagree (SDA). The results are as indicated in Table 2.

Table 2: Student Nurses and HIV and AIDS at the work place

Item	SA %	A %	DA %	SDA %
I am afraid to contract HIV in the wards.	43.8	45.3	7.8	3.1
The hospital provides enough protection against possible HIV and AIDS infection in the wards.	9.4	10.9	39.1	40.6
I have adequate information on HIV and AIDS.	23.5	54.7	17.1	4.7
My relatives are afraid that I may be infected with HIV at work.	23.4	32.8	29.7	14.1

The majority of respondents (89.1%) agreed that they were afraid to contract HIV in the wards. This is probably because the hospital does not provide enough protection against possible HIV infection in the wards, as indicated by most of the respondents (79.7%). In an interview a male student nurse said, “Nurses are exposed and vulnerable because of the lack of suitable resources for protection. For example, gloves are not enough.”

A female student nurse explained why she was afraid, “I am afraid to contract the disease through the patients’ body fluid. Sometimes gloves and other protective material are not there.” Lack of resources was also echoed by the clinical instructor in an interview by saying, “Gloves and other resources are sometimes not there when the student nurses are in the wards.”

Most of the respondents (78.2%) believed that they had adequate information on HIV and AIDS. Despite showing that they had adequate information, student nurses showed that they still needed more information on HIV and AIDS. “We still need health education on causes and preventive measures of HIV and AIDS,” said a male student nurse. “Awareness of the disease should be continued. For example I do not understand the idea of the stages in the HIV and AIDS progression. I also wonder whether HIV and AIDS only attacks certain people and not others” said a female student nurse. “HIV and AIDS Education is part of what student nurses are exposed to when they join the school to ensure that they have enough information on the disease,” said the tutor-in-charge.

More than half of the respondents (56.2%) said their relatives were afraid that they may be infected with HIV at work. Of interest is the sizeable percentage (43.8%) who disagree that their relatives are afraid that they may be infected at the work place. “Most of our relatives think HIV is only contracted through sexual contact, so they do not believe HIV and AIDS is a problem for us as we work with patients,” said one of the female student nurses. Another female student nurse explained, “Our relatives believe we are safe because we work at a hospital so there should be protection against any possible infection.” A male student nurse put it in an analytical way, “It depends on the educational level of our relatives. The less educated seem not to fear for us as they believe HIV and AIDS is only a sexually transmitted disease, so they warn us about our sexual behaviors. The more educated relatives are the ones who fear as they know we may be infected through pricks.”

From these responses it can be inferred that the majority of the student nurses were uncomfortable and afraid towards caring for HIV and AIDS patients because they feared to be infected through accidental pricks. The results were similar to those by Kohi and Horrocks (1994) who found out that Tanzanian nurses were cautious and had negative attitude towards the care of patients with HIV and AIDS. Furthermore, a study by Tsai and Keller (1995) in Taiwan revealed that nurses' attitudes about giving care to HIV patients was generally negative and that they lacked sufficient knowledge to prevent themselves from infection. In Nepal, Mahat, and Eller (2009) found out that nursing students had negative attitudes towards caring for AIDS patients. The findings of this research and other studies show that student nurses stigmatized AIDS patients. This is what has been pointed out by Giddens (2001), who says "when an illness is seen as uncommonly infectious, sufferers may be rejected by the healthy population." AIDS, according to Giddens, provokes stigmatization despite the fact that the danger of contracting the disease in ordinary day to day situation is negligible.

But a minority of student nurses did not mind and were not afraid of caring for AIDS patients. A similar study by Deb, Mukherjee and Acharya (2004) in India indicated that most student nurses had a positive attitude towards caring for HIV and AIDS patients, but lacked adequate knowledge on the problem. Lohrmann, Valimaki, Souminen, & Peate, (2000) found out that German nursing students' attitudes towards caring for HIV and AIDS patients were tolerant and positive. Only a small minority was found to be homophobic.

Single student nurses' perceptions on HIV and AIDS

Of the 64 student nurses who answered the questionnaire, 33 (51.6%) were single. They were asked questions that related to HIV and AIDS prevention.

Table 3: Single student nurses' perceptions

Item	SA%	A%	DA%	SDA%
It is necessary to use condoms with my lover.	51.5	45.5	3.0	0
It is necessary to be tested for HIV before having sex with my lover.	60.7	30.3	3.0	0
It is important to be tested for HIV/AIDS before marriage.	66.7	33.3	0	0
I trust my lover so I am not worried about the HIV infection.	0	0	33.3	66.7
Student nurses who are sexually active use condoms with their lovers.	9.1	21.2	39.4	30.3
Some male student nurses go out with commercial sex workers.	33.3	45.5	15.2	6.1
Some female student nurses go out with 'sugar daddies'.	51.5	42.4	0	6.1
In a love relationship it is difficult to use condoms.	21.2	18.2	12.1	48.5

Most of the single student nurses (97%) said it was necessary to use condoms with their lover. But the majority of them (69.7%) disagreed with the opinion that sexually active student nurses use condoms with their lovers. 60.6% disagreed that in a love relationship, it was difficult to use condoms. "The use of condoms is rather tricky. One may use them when you have

sexual contact with a lover for the first time, but later on people tend to stop using them because of the trust. Love is about trust and if one continues to insist on the use of condoms, then no love exists. This is dangerous because you may not know what your partner is doing outside the relationship,” explained a male student nurse.

A female student nurses said, “For us women it may be difficult to use condoms as men may think we are loose. To have a condom means you have prepared for sex, but who prepares for sex as single persons? It just happens and one may think of the danger afterwards, but it may be too late by then.” When it was pointed out to her that it was dangerous, in terms of HIV and AIDS, to think like this, she said, “I know, but it is also bad to be labeled a loose person. It is difficult to prepare for sex as a single person. Perhaps the way forward would be for lovers to discuss and agree on the use of preventive measures before kissing and caressing, otherwise it is difficult.” “It is difficult to say, with certainty, whether student nurses use condoms or not because it is a secretive affair. But it can be argued that some of them are not using condoms because there are some student nurses who become pregnant during training and some that were treated for sexually transmitted infections,” explained the clinical tutor.

The majority (91%) agreed it was necessary to be tested for HIV before indulging in sexual intercourse with their lovers. In an interview, a male student nurse said, “It is necessary to be tested, but I don’t think, in real terms, that is what people do. Sex between lovers is not a planned affair, but spontaneous, so it may be difficult to think of being tested.” “I asked my boyfriend to go for an HIV test together with me, but he is reluctant. He keeps on postponing, which is a sign that he does not want,” said a female student nurse who added, “Now he appears to have lost interest in me because I have said no to sex before being tested. Now, if all men are like that, what do I do? It is a big problem.” “Very few students have gone for tests here at the hospital. Most are reluctant,” said a clinical instructor.

All (100%) said it was important to be tested for HIV before marriage. “We all know it is important to be tested before marriage, but I don’t think that is what most people do in real life,” said a male student nurse. “One has to be really of strong character to ask a spouse-to-be to go for an HIV testing and counseling. You don’t really know the response and it might mean the end of the affair,” explained a female student nurse.

Similarly all of them (100%) disagreed that they trusted their lovers, so they were not worried about the HIV infection. This means that the student nurses were worried about possible infections from their lovers, whom they do not trust. “Trusting is very difficult, especially since men cannot be trusted,” said a female student nurse, who added, “If you trust them too much, you may end up with the infection.” “A lover cannot be trusted. Perhaps one may trust them after getting married, as you have a chance of monitoring,” said a male student nurse. “As single people, our fear of infection is very high as you may be going out with a person who is promiscuous. The only way to avoid it is having boyfriends, but that is not normal unless one wants to be a nun. Once you have a boyfriend, the chances of indulging are high and hence, chances of infection occur,” explained a female student nurse.

Most of the single student nurses (78.8%) agreed that some male student nurses go out with commercial sex workers. When asked why male student nurses take such risky behavior, a male student nurse answered, "It is all part of growing up. You see others doing it and you also want to join them, especially when one is drunk." "I have heard that they do it to get experience before going out with girls, but it is dangerous these days as you may end up getting the experience to pass on HIV," said a female student nurse.

The majority of student nurses (93.9%) agreed that some female student nurses go out with sugar daddies. When asking why female student nurses go out with sugar daddies, a female student nurse said, "Different reasons, but most importantly it is to do with money. Some do it for laughs and some do it as a result of peer pressure." "They want a high life, which we cannot provide, so they end up going out with sugar daddies, which puts them at risk for infection," said a male student nurse.

It may be inferred that single student nurses had positive perceptions about the use of condoms and HIV testing as preventive measures against HIV infection. They know the necessity of prevention as individuals. In addition, they were aware of the dangers of trusting their lovers as this may lead to infection. But when looking at how they perceived the behavior of other students, single student nurses had perceptions that are contrary to prevention of the HIV infection. For example, they believed that some male student nurses go out with commercial sex workers, which is a risky behavior. A contradiction is noted here. As individuals, they knew it was necessary to use condoms and to be tested, but when it came to the actual behavior, it was contrary. So what it means is that single student nurses might have positive perceptions about prevention measures, but their actual behaviors were risky. This is similar to a study by Strader and Beaman (2007), who found out that only 40% of college students reported using condoms, yet most of them (81%) were sexually active.

On the use of condoms, single student nurses might not be using them consistently for two main reasons: fear of being regarded as loose and the spontaneous nature of the sexual act so they fail to prepare for the use of condoms. In a study by Strader and Beaman (2007), students may fail to use condoms because of certain beliefs. The most identified beliefs were that the condom decreased the pleasure for self and/or partner was inconvenient and uncomfortable, they decreased the feeling and that they interfered with the spontaneous sexual response. Bwititi, Muviiwa, Murahwa, & Dhibi, (2003) also made similar findings when tertiary students in Zimbabwe said, "Sex is often unplanned for and unprepared for. The use of [a] condom is, therefore, forgotten in the excitement of romance." In addition, their study also revealed that females found it difficult to use condoms because condoms were not easily available, feared being labeled prostitutes, feared a negative response from partners, lacked assertiveness on the use of condoms, and they trusted their partners. For male students, the main reason for not using condoms was "reduction in pleasure."

Single student nurses knew the importance of being tested and counseled, but the majority of them may not have done this because they feared negative responses of their partners if found positive. They did not know how their lovers may react. They may be afraid of blaming each other, which may lead to the end of the affair. In a similar study, Bwititi, Muviiwa, Murahwa, & Dhibi (2003) found out that students were aware of the importance of testing and counseling, but most might

not be willing to be tested because of stigmatization, there was no treatment so why worry about knowing, lack of trusted counselors, and lack of trust in established relationships.

The majority of student nurses did not trust their lovers. This was a positive perception in the prevention of the HIV and AIDS infection as this might make them cautious when having sexual relations with their lovers. But the problem was whether they put this into practice because, in the Bwititi, Muviiwa, Murahwa, & Dhibi (2003) study, it was revealed that some students trusted their partners, so they did not see the need to use condoms. But Giddens (2001) has cautioned people about trusting as it has a link with risk, as he argues that “in a world of rapid transformation, traditional forms of trust tend to become dissolved.” Nevertheless, student nurses appear to be in a dilemma of what to do even if they do not trust their lovers. They still go out with them, which puts them at risk of infection.

Single male student nurses were reported to be going out with commercial sex workers because it was part of growing up; they saw others doing it in order to get sexual experience. On the other hand, single female student nurses went out with ‘sugar daddies’ because of money, having fun, and peer pressure. Similarly, Bwititi, Muviiwa, Murahwa, & Dhibi (2003) revealed that some female students may be engaging in sex with older men (sugar daddies) for money, while male students ‘need to sleep with experienced females (sometimes prostitutes) in order to enjoy sex’.

The reasons given above by single student nurses about failure to behave in ways that may prevent them from contracting HIV and AIDS may be explained by Sunderland’s theory of cultural transmission, which emphasizes that one learns criminal behavior (and good behavior) through interactions with others (Schaefer, 2004). Failure to use condoms when one knows it may lead to HIV infection may be equated to a criminal act as it is bad for society. Similarly, being negative to being tested and counseled is also bad for society as it does not help in the fight against AIDS. Going out with commercial sex workers and ‘sugar daddies’ is also considered deviant behavior when one considers the high risk of the HIV infection. Most of the factors identified related to how student nurses interacted with others in society. They learn to behave “in social situations-whether properly or improperly” (Schaefer, 2004). Such learning also includes what motivates them to misbehave, what drives them to be deviant and how they rationalize their actions.

Married student nurses and their perceptions

Of the 64 respondents who answered the questionnaire, 28 (43.8%) were married. They answered questions on their perceptions about HIV and AIDS prevention measures.

Table 4: Married student nurses and their perceptions

Item	SA%	A%	DA%	SDA%
I trust my spouse	28.6	60.7	7.1	3.6
I suspect that my spouse may be having affairs in my absence	7.1	10.7	39.3	42.9
It is difficult to use a condom in a marriage.	39.3	39.3	7.1	14.3
If I don't trust my spouse I insists on using a condom	28.6	39.3	21.4	10.7
I have gone for HIV & AIDS testing and counseling	14.3	21.4	39.3	25.0
Some married nurses are promiscuous.	50.0	32.2	7.1	10.7
Some married nurses have love affairs outside marriage.	46.5	35.7	10.7	7.1

Most of the married student nurses (89.3%) trusted their spouses. This was further shown by the majority of married student nurses (82.2%) who disagreed that they suspected that their spouses had love affairs in their absence. But this contradicted with what was said in an interview by a married female student nurse, which was, "I think these three years as a student are increasing the risk of me contracting the HIV from my husband because we live apart and men cannot be trusted." Another married female student nurse had similar sentiments by saying, "Our husbands should be faithful to us because we are staying far away, not as our wish, but because of the course."

On the use of condoms in a marriage, most married student nurses (78.6%) agreed that it was difficult. But the majority of them (67.9%) said if they did not trust their spouses, they would insist on using a condom. In an interview, a married male student said, "It is almost a non-starter for people in a marriage to use condoms. How do you bring that subject up? If you talk about using condoms, you are saying you are unfaithful, so it is difficult." A married female student said, "Marriages are there for reproduction, so my husband will find it strange if I propose use of condoms."

The majority of married student nurses (64.3%) disagreed that they had gone for HIV and AIDS testing and counseling. But a sizeable number (35.7%) have been tested and counseled. In an interview, one of the married student nurses said, "I got married two years ago and my husband and I never discussed going for HIV and AIDS testing. Now it will be difficult to bring that subject up as it might be misconstrued as not trusting your partner." When asked whether she had tried to discuss it with her husband, the student nurse said, "Not directly relating to us, but to others, and his attitude was negative. For example, a married friend of mine who asked her husband to go for HIV testing before having another baby was beaten. My husband's comment was that the wife deserved to be beaten."

But some of the married student nurses had a positive attitude towards HIV and AIDS testing and counseling. "It is important to be tested before having children," said a married male student. "This helps to protect the unborn child from possible infection. My wife and I were tested and its good we know our position." "I went for HIV and AIDS testing and counseling when my husband said we should. But I was afraid of the possible consequences as you may end up pointing fingers about

who is responsible. But my husband was supportive and promised me there would be no blaming game,” explained a female student nurse.

Most married student nurses (82.2%) believed that some married nurses were promiscuous. In the same vein, most of them (82.2%) agreed that some married student nurses have had love affairs outside marriage. When asked why married student nurses are promiscuous, especially knowing about the dangers of HIV and AIDS, one of them said, “Its peer pressure. They see single nurses going out and also want to enjoy. Some do not trust their husbands, so it is like revenge. Tit for tat, so they say. On HIV and AIDS, perhaps they use condoms, but some seem not to care at all. You know what people say, that there is no difference between dying of AIDS and other diseases. Dying is dying.” “Some of these student nurses got married soon after their secondary education, so they did not have any chance of going out with different men, so this is their chance. It is bad, but they do it, especially those whose husbands stay far away and chances of being caught are less,” explained a male student nurse.

It can be inferred from the results that although the majority of married student nurses trust their spouses, there is an element of uncertainty about this trust. This is because in interviews, they expressed doubt about the trust. It is difficult to give reasons for this contradiction, but it has to do with the belief that in marriage you have to trust your spouse otherwise love without trust is not love at all. So the trust expressed in response to the questionnaires may not be genuine at an individual level, but in terms of general beliefs in society. The trust expressed by married student nurses of their spouses explains why most of them found it difficult to use condoms in a marriage. There is no basis for using condoms, unless they suspect that the spouse is cheating. But trust, defined by Giddens (2001) as “the confidence we have either in individuals or in institutions”, is risky. The traditional way of trusting other people was based in the local community, but it may not be possible in today’s world because of a variety of influences on individuals Giddens (2001) For example, individuals are mobile, they watch movies, and they interact with different people, all of which may influence them to behave in a way contrary to the trust we have of them. Thus, Giddens (2001) has come up with the idea of social reflexivity, which means people have to constantly think about and reflect upon the circumstances in which they live their lives. This theory appears to explain the dilemma married student nurses have about trusting their spouses for they are aware of the many influences and pressures which their spouses may have and, hence, failed to stick to their marriage vows.

The majority of married student nurses had not gone for HIV and AIDS testing. This is risky. This had to do with the trust, which the married student nurses expressed about their spouses. There was also the fear of a possible negative reaction of a spouse if one is or both are found positive. The fear was on who was responsible for bringing the virus into the family. The blame game, if not properly handled, may be a source of conflict and possibly divorce. So married student nurses wanted to avoid such situations. It was pleasing to note that there were a few married student nurses who were tested and counseled. According to these students, they did it in order to know their status so that they protect unborn child from possible infection. Although it may not be conclusive from these results, it would appear that if a husband is positive about testing and counseling, then the couple would go for testing and counseling. There was an element of patriarchy in making decisions on whether to be tested or not, as shown by the beating of a wife who had initiated the idea with her husband. Even for those

who had gone for testing and counseling, the idea had to be initiated by a husband. This is why Firestone, a feminist, argues “that men control women roles in reproduction and child bearing” (Giddens, 2001).

Promiscuity and extra marital behaviors are risky in terms of the HIV and AIDS infection. The results revealed that the majority of married student nurses believed that some of them may be engaging in such behaviors. This is least expected of nurses who should be fully aware of the dangers involved. The main reasons for such behavior given by the respondents are peer pressure, revenging as their husbands do the same, and the motivation to go out with a different partner. The factors for taking such risky behavior may be explained by two interactionist theories: differential association and routine activities.

Differential association is a process through which exposure to attitudes favorable to criminal acts leads to violation of rules (Schaefer, 2004). They go on to argue that this also applies to non criminal deviant acts, such as smoking, truancy, and early sexual behavior. If an individual is married, the rule is no to sex outside marriage. When single and married student nurses associate with each other, they influence each other. This is linked to the reason of peer pressure.

The routine activities theory is an interactionist explanation which contends that criminal victimization is increased when motivated offenders and suitable targets converge (Schaefer, 2004). Schaefer pointed out that the theory may be used to explain extra-marital and early sexual behaviors. The married student nurses were the motivated offenders who found suitable targets, who they met during their training away from home. This is linked to the reasons they gave that some of them have love affairs because they do not trust their husbands, so they will be revenging or that they married too early so they want to enjoy whatever they missed.

CONCLUSION

The results from the study revealed that student nurses have a variety of perceptions about the HIV and AIDS problem. As workers, the majority of student nurses stigmatized AIDS patients as they felt uncomfortable and afraid when dealing with them. They feared infection through accidental pricks. Single student nurses had positive perceptions on preventive measures, such as use of condoms, HIV testing, and counseling, but are not practicing them. They also believed some of them go out with commercial sex workers or sugar daddies, which are risky behaviors. The reasons given by single student nurses on engaging in risky behavior is related to the cultural transmission theory that explains how deviant behavior is learned through interactions with others. Married student nurses’ perceptions on HIV and AIDS preventive measures are generally not positive. They found it difficult to use condoms in their marriages, they have not gone for HIV and AIDS testing, and some of them may be promiscuous. The theories of patriarchy, differential association, and routine activities explained the reasons behind such risky behavior of married student nurses. The study has three major implications. Hospitals should provide adequate protection for students so that student nurses do not fear handling HIV and AIDS patients. There is need for continuous and particular HIV and AIDS awareness programs for single student nurses to inculcate in them the importance of HIV and AIDS prevention and resisting bad peer pressure. Married student nurses should also be made aware that being in a marriage means being even more careful and assertive about HIV and AIDS prevention measures. They should trust their spouses, but not at the expense of their lives. Trusting should always be put into the context of social reflexivity.

The HIV and AIDS problem has a negative impact on development. Student nurses play an important role in the development of a country as they are still in their active and productive ages. This study has revealed that some student nurses stigmatize patients which may lead them to give less care to patients. Patients will not receive quality care which enables patients to recover. Patients will spend more time in hospitals or may die and this negatively affect development.

Although single student nurses have positive perceptions about HIV and AIDS preventive measure, most do not practice them. This exposes them to HIV and AIDS infection which may lead to illness or death so fail to work as nurses for a long time as expected. This is not sustainable for a country to be a training ground of nurses who train and work for shorter periods due to illness and death. The country has to continue to train big numbers to cover up for this problem. This has a negative impact on sustainable development.

Married student nurses have negative perceptions about HIV and AIDS preventive measures. This has a huge impact on easy contractibility of HIV and AIDS as they cannot negotiate for safe sex. The end result is that they may contract HIV infection which eventually results in illness, absenteeism from work, poor work performance which leads to development problems as they are not as productive and have to be constantly replaced. This has a negative impact on sustainable development.

One of the main reasons for failure to use preventive measures by nurses in their love relationships is that of trusting their partners. Whilst trust between or among business partners is acceptable for sustainable development, trusting too much in love relationships may be dangerous as nurses may end up contracting infections due to failure to use preventive measures. Thus trust may lead to negative results which do not sustain development.

Thus the perceptions of student about HIV and AIDS generally seem to have a negative impact towards sustainable development.

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