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## Analysis of Obstacles and Challenges Encountered by Parents in Roma Communities in Early Enrolment: Case of Slovakia

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### *Abstract*

The theme of this article is informing about existing policies, practices and situation (including gender disaggregated statistics) with regard to the enrolment of Roma children in pre-school and primary school in the target localities of Veľká Lomnica and Toporec. It is done by an analysis of the obstacles and challenges encountered in their adequate and timely enrolment, as well as identified solutions a description of the implemented activities and their outputs; and recommendations on how to overcome the identified obstacles and to establish long-term solutions ensuring equal access of Roma children to quality and non-segregated education.

*Keywords:* Roma children, equal access, education, obstacles.

1. Existing policies, practices and situation in Slovakia with regard to the enrolment of Roma children in pre-school and primary school in the target localities

Following the legislative changes in Act no. 245/2008 Coll. on education and training (Education Act), enrolment takes place from 1 April to 30 April, which precedes the beginning of the school year in which the child is to start compulsory education. Admission of children into kindergartens is regulated by the following legislation.

Act no. 596/2003 Coll. on state administration in education and school self-government. In this context, Act No. 597/2003 Coll. on the financing of primary and secondary schools and school facilities increases the amount of the contribution to education of children in kindergartens, due to changes in the State Educational Program for Pre-primary Education in kindergarten, as well as increased demands in personnel and material-technical provision. The kindergarten is usually set up with a minimum of ten children. Pre-school education is carried out according to the school educational program. There are two types of kindergarten in terms of organization of education: (a) half-day education; or (b) all-day education.

Law no. 209/2019 regulates compulsory pre-school education, which shall enter into force on 1 January 2021. The Act introduces compulsory pre-school education in kindergartens as

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part of compulsory education for five-year-old. Compulsory education extends from the current ten years to eleven years and will include one school year in kindergarten. If, after the expiry of the one-year compulsory pre-school education, the child is not entitled to continue compulsory education at primary school, then he/she shall, at the nursery school's discretion, repeat the pre-school education in the nursery school. The institutes of "postponement of compulsory schooling" are abolished, and the possibility of setting up a zero grade is also abolished. The statutory representative of the child is obliged to enroll the child for compulsory education in kindergarten and for continuing compulsory education in primary school.

There are 2,700 inhabitants in Velká Lomnica and 2,200 out of them are Roma. In Toporec, there are 1,750 inhabitants and 750 out of them are Roma.

In Velká Lomnica, the official data regarding enrollment are as follows:

- (1) The number of Roma boys and girls in the locality who are of primary school age in the current academic year 2019-2020 versus those who are actually enrolled – 80/80 (36 girls and 44 boys);
- (2) The number of Roma boys and girls in the locality who are of primary school age in the upcoming academic year 2020-2021 – 95 (55 boys and 41 girls);
- (3) The number of Roma boys and girls in the locality who are of preschool education age in the current academic year 2019-2020 versus those who are actually enrolled – 64 (24 girls and 40 boys) /59 (24 girls and 35 boys);
- (4) The number of Roma boys and girls in the locality who are of preschool age in the upcoming academic year 2020-2021 – 120 (52 girls and 68 boys).

In Toporec, the official data regarding the enrollment is as follows:

- (1) The number of Roma boys and girls in the locality who are of primary school age in the current academic year 2019-2020 versus those who are actually enrolled – 27/27 (14 boys and 13 girls);
- (2) What is the number of Roma boys and girls in the locality who are of primary school age in the upcoming academic year 2020-2021 – 28 (15 girls and 13 boys);
- (3) What is the number of Roma boys and girls in the locality who are of preschool education age in the current academic year 2019-2020 versus those who are actually enrolled – 53 (24 girls and 29 boys)/31 (13 girls and 18 boys);
- (4) What is the number of Roma boys and girls in the locality who are of preschool age in the upcoming academic year 2020-2021 – 52 (22 girls and 30 boys).

In the kindergarten and primary school, neither parents nor teachers make any difference between boys and girls. In both schools, teachers know and are familiar with the procedures of enrollment. As mentioned, they are involved in the enrollment process, providing support to the parents.

Roma parents perceive preschool education to be of less importance. Here are some of the arguments from the parents in Toporec and Velká Lomnica that I found in personal interviews with them:

In the case where there are larger numbers of children, the family does not have a sufficient amount of money for each child. Roma mothers often stay at home, so they do not want to put their children into kindergarten. Mothers often claim that they do not have the necessary documents, such as a birth certificates or a health insurance card. Mothers also complain about kindergarten teachers, as when during the first few weeks, the child is crying the teachers will not allow the mother to go into the kindergarten for at least 1-2 hours, because this disrupts the school order. The

language barrier is an also a major problem. Other problems include the child's ability to adapt and difficulties in commuting.

Regarding further habits, such as eating, children are not used to the meals in kindergarten, as different meals are prepared at home. 4-5-year-old children are not used to eating by themselves. In kindergarten, it is mandatory to sleep in the afternoon, the child must lie down, which is a problem for many children who do not want to sleep. In the case of mixed classes, non-Roma children often refuse to sit with Roma children, sleep next to them, play with them, or hold hands when on a walk.

### 1.1 *Poverty*

Despite the fact that the overall standard of living has increased, one of the obstacles is the lack of financial resources among many Roma parents. Officially, school is free of charge, but this is not the reality. In reality, there are many hidden costs. Parents need to pay consumables, auxiliary manuals and extracurricular activities (trips to the cinema, etc.). All of these are costs, in theory optional, but in reality, those who do not pay are stigmatized. They end up being treated differently by the teachers, parents and other children. Poor housing conditions and a lack of immunizations cause many Roma children to be more sensitive to a cold, viruses, flu and even childhood illnesses that are, in some cases, fatal. During the winter months, many Roma children attend kindergarten less because of colds. Children from poor families do not have sufficient clothing in winter.

### 1.2 *Financial requirements in Toporec*

#### **Kindergarten 1**

*Financial obligations of parents:*

1. Tuition fee – 4 euro;
2. Monthly diet – 20 euro;
3. Parents buy toiletries, slippers, pajamas, towel – 30 euro.

#### **Kindergarten 2**

*Financial obligations of parents:*

1. Tuition fee – 5 euro;
2. Monthly diet – 1 euro (If parents are unemployed and if they prove to the principal of the kindergarten that they are in material need, they pay only 1 euro a month for lunch);
3. Parents buy toiletries, slippers, towel – 30 euro.

#### **Primary school**

*Financial obligations of parents:*

1. Tuition fee – 4 euro;
2. Monthly diet – 20 euro;
3. Parents buy toiletries, slippers, towel and other – 30 euro.

### 1.3 *Financial requirements in Veľká Lomnica*

#### **Kindergarten**

##### *Financial obligations of parents:*

1. Tuition fee – 8 euro;
2. Monthly diet – 31 euro;
3. Parents buy toiletries, slippers, pajamas, towel and other items – approx. 30 euro.

If parents are unemployed and if they prove to the principal of the kindergarten that they are in material need, they pay only 1 euro a month for lunch.

#### **Primary school**

##### *Financial obligations of parents:*

1. Tuition fee – 8 euro;
2. Monthly diet – 31 euro;
3. Parents buy toiletries, towel and other items – approx. 30 euro.

Free lunches have been introduced since this year. These are provided for all children from 5 years of age. The state contributes only to the purchase of food, the rest is financed by the municipality. The result is that if they have been paying 1 euro until now, from now on they pay between 5 and 8 euro.

### 1.4 *Technical barriers to enrolment*

The application form is available on the kindergarten's website or in printed form from the kindergarten. A common obstacle to enrolment is Roma children's lack of being vaccinated.

*In community centers, through community and social workers, I recommend carrying out educational activities for Roma parents in the following areas: health, the importance of vaccination, preventive examinations of children, adherence to hygiene.*

### 1.5 *Language barrier*

Children and adults do not speak Slovak in both localities; their mother tongue is Roman. Kindergarten and school assistants work in Toporec and Veľká Lomnica. There is one Roma assistant in each institution. The parents of Roma children have great difficulties in dealing with official matters because of the language barrier.

The work of Roma assistants is needed, but the number of assistants (one in kindergarten and one in primary school) is very low, given the high number of children. Community and social workers also confirm that Roma parents do not speak Slovak. Parents use social services on a daily basis to communicate and deal with matters of urgency.

Parents assured me that they are aware of the requirements regarding the supplies and uniform requested by teachers. I informed them of the procedures and requirements. They had already received the information from the kindergarten and from the teacher's visit, where they had been informed of the procedures, and of the content of the enrollment file. No difference between boys and girls is made by either parents or teachers in the kindergarten and the primary school. However, the other parents said that they do not have enough capacity for children in the

school. Regarding the enrollment in kindergarten, they insisted that all the children from the community are enrolled only in the oldest age group (5 years).

2. Barriers at the level of local authorities: Unequal approach, lack of investments, migration, etc.

For kindergartens, similarly to elementary schools, the only assistance in terms of extra support staff and funding of extracurricular activities targeting disadvantaged schools comes from so-called national projects funded from ESF. Almost 80 million EUR is allocated via Integrated Regional OP and 50 million EUR specifically targets areas with marginalized communities through Priority Axis 6 of the Operational Program Human Resources. In order for projects to be funded through this priority axis, they must ensure that at least 30% of enrolled children are Roma. Since 2016, the Ministry of Interior, administering this priority axis, contracted 19.3 EUR million for the development of 49 projects (expansion, renovation or development of new facilities) located in municipalities listed among the specifically targeted 150 localities with the least developed Roma communities. Another 7.8 EUR million was contracted for 32 projects in localities with marginalized communities outside the least developed 150 municipalities. Capacity expansion is also related to the fact, that pre-school education for all 5-year-olds should be compulsory from 2021 onwards.

As in the school system, there are no rules and standards in the national reference framework for drawing on the European Social Fund to take account of desegregation and the creation of conditions for inclusive education. Their exhaustion therefore does not mean an effect, not to mention that they have almost no impact on improving the quality of education for the pupils themselves. However, the quality of education is not improving. The condition of participation in the National Project of Pre-school Education is that the kindergarten has enrolled at least five Roma children. However, there are many children in Roma settlements. The construction of kindergartens will help increase the capacity of Roma children, but these buildings are built in settlements and promote segregation.

### *2.1 Meeting with the principals – Toporec*

Children and adults do not speak Slovak in both localities; their mother tongue is Romani. Both the kindergarten and the primary school in Toporec employ Roma assistants. There is one Roma assistant in each institution. Parents have great difficulties in dealing with official matters because of the language barrier. Therefore, they often use the services of community and social workers in their locations. This is a very good practice in the education sector, where there is good social assistance and support.

There are 2 kindergartens in Toporec. One is in the village, non-segregated, fully organized, 3 classes from 3-6 years. There is one Roma assistant in this kindergarten. The kindergarten is involved in the National Project of Supporting Pre-primary Education of Roma Children, which is funded by ESIF, implements this project by the Office of the Plenipotentiary of the Government for Roma Communities in cooperation with the municipality of Toporec. The number of Roma children enrolled in this kindergarten is 25 (15 boys and 10 girls). 17 children attend the kindergarten regularly. 8 children are enrolled on paper only, but in reality, they do not attend the kindergarten.

The second kindergarten is located about 3 kilometers from the village. The number of enrolled Roma children is 27 (14 boys and 13 girls). 14 children attend kindergarten regularly. This kindergarten is attended only by Roma children from the settlement. Officially, it is not a kindergarten, but a “Kids Club” as they say that they do not want to have problems due to

segregating children. As these children would not attend a kindergarten in the village, distance is an obstacle. There is one teacher and one Roma assistant working in this kindergarten.

The municipality provides parents with a time limit for the payment of a monthly allowance of the child's legal representative in order to stay in kindergarten, which will be unified for all children. There is a method for the admission of children to pre-school education, as well as an age limit for their admission.

### *2.2 Kindergarten in Toporec*

The principal stated that they have a responsibility to inform the parents about the registration of children and make a statement about the date of registration through the public radio. The principal cooperates with field social workers and community center workers. Enrollment of children in kindergartens took place from 15 February 2019 to 15 March 2019. And even after that date, until the capacity in kindergartens was filled. The parents were invited to enroll the children, through an invitation sent from the kindergarten director, along with instructions on what documents were needed to enroll the child. The following documents are required from the parents for the enrollment of their child: child's birth certificate, application form, medical certificate that the child is healthy and vaccinated.

A child between three and six years of age can be enrolled in a kindergarten. Exception can be applied for two-year-olds where capacities exist. Children older than 6 years can be enrolled in kindergarten for a maximum of 1 year. Children with postponement of pre-school education, can remain in kindergarten up to 7 years of age. Any child can enroll in a kindergarten in their place of residence. Those children are accepted first. Children can also be admitted in other kindergartens, away from their residence, provided the director agrees and has free capacities. Children for which education is compulsory have priority.

The municipality provides parents with a time limit for the payment of a monthly allowance of the child's legal representative in order to stay in kindergarten, which will be unified for all children. There is a method for the admission of children to pre-school education, as well as an age limit for their admission.

### *2.3 Primary school in Toporec*

It is a fully organized school in the village that is not segregated. The total number of pupils attending primary school is 297. 70% of them are Roma children. In the academic year 2020-2021, Toporec kindergarten will be attended by approximately 28 Roma children.

This school is also attended by children from nearby villages Jurské, Ihľany, Holumnica from the fifth grade to the ninth grade of elementary school. 50 enrolled children do not attend primary school because they live abroad, most often in Ireland and England. There are no zero classes, the first class is attended by 27 pupils (14 boys and 13 girls). The classes are non-segregated. Enrollment for the first year runs in April, from 1 to 30 April 2019. The parents were invited to enroll the children, by means of an invitation sent from the school director, along with instructions on what documents are needed to enroll the child. Documents required for enrollment: child's application and the birth certificate. Enrollment procedure includes a test of the readiness of the child to enter the first class. The test is performed with the child in the presence of the parent and lasts about 15 minutes.

The school principal said that they have cooperation with the municipality office to enroll the children, and that they have school assistants. They talk about the lack of interest of

parents and children in education and say that they have good relationships with Roma parents and children.

#### *2.4 Special primary school in Toporec*

Special primary school in Toporec is a fully organized school located in the village for pupils from disadvantaged background.<sup>2</sup> It is attended by only Romani pupils from Toporec. The number of children attending the special primary school is 76, out of which 46 are boys and 30 are girls. The reason for enrollment in a special school is the diagnosis of mental disability based on psychological testing.

One of the long-term educational strategies of school policy applied to Roma pupils in Slovak schools is the erroneous emphasis on “equality” in the name of liberalism and the promotion of equality. The fact that school politicians constantly confuse the notion of “equality” with “equally” causes schools to ignore socio-cultural differences. This approach leads to discrimination, in particular the segregation of Roma children, in respect of which the European Commission has been conducting proceedings against Slovakia since April 2015.<sup>3</sup>

#### *2.5 Meetings with parents*

Parents understand the need to educate their children, and some have agreed with me that if a person is educated, they will find it easier to find work if they have an apprenticeship certificate. Some families for unemployment and poor living conditions went abroad, some families stayed abroad, others returned home after several years, and invested the money saved in housing. But there are still many people living in the communities who live in the same conditions as their parents and grandparents. For many of them, daily survival is more important than enrolling their children in kindergarten. They do not have clothes, shoes for children, as they are mostly families with a high number of children. Currently, there are no longer poor families in the community, as those who did not migrate are employed, and those who did, made money abroad. The low level of the quality of life at all levels forces the Roma to go abroad. None of the children who have live abroad from Toporec attend a special school.

#### *2.6 Veľká Lomnica*

Enrollment of children in kindergartens took place from 29 April 2019 to 10 May 2019. The parents were invited to enroll their children via an invitation sent to them from the kindergarten director, along with instructions on what documents were needed to enroll the child. The following documents are required from the parent to complete enrolment: proof of health insurance and application form. The kindergarten in Veľká Lomnica is newly built, well equipped, teaching is in seven classes. They have one Roma assistant and one non-Roma assistant. The

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<sup>2</sup> Define it as an environment which, given social and linguistic conditions, does not sufficiently stimulate the development of the individual’s mental, will and emotional qualities, does not support its effective socialization and does not provide adequate incentives for personality development. It causes socio-cultural deprivation, distorts the intellectual, moral and emotional development of the individual and for these reasons we consider him/her to be a person with special educational needs. (<http://www.statpedu.sk/sk/svp/statny-vzdelavaci-program/vychova-vzdelavanie-ziakov-so-svvp/ziak-so-sociane-znevychodneneho-prostredia/>).

<sup>3</sup>

[https://tbinternet.ohchr.org/Treaties/CERD/Shared%20Documents/SVK/INT\\_CERD\\_NGO\\_SVK\\_2934\\_9\\_E.pdf](https://tbinternet.ohchr.org/Treaties/CERD/Shared%20Documents/SVK/INT_CERD_NGO_SVK_2934_9_E.pdf).

kindergarten is involved in the National Project of the Office of the Plenipotentiary of the Government of the Slovak Republic for Roma Communities. The capacity of the kindergarten is 120 children. There are 64 Roma children enrolled in kindergarten and 59 of them actually attend. 5 children are enrolled on paper only, but in reality, they do not attend kindergarten. Of these, 35 are boys and 24 are girls. This kindergarten is non-segregated, in a village approx. 2 kilometers from the settlement.

### *2.7 Primary school in Veľká Lomnica*

The primary school is fully organized, non-segregated, located in the village approx. 2 kilometers from the settlement. The school is attended by 690 pupils. 468 are Roma children. 80 pupils are included in the zero classes (36 are girls and 44 boys). The first classes are attended by 21 pupils. These zero classes are attended only by Roma children. At school they introduced two-shift teaching for 8 classes at the first level. This caused an annual increase in the number of pupils. The parents were invited to enroll the children. The school director sent parents an invitation, along with instructions on what documents were needed to enroll the child. The documents required for enrollment: application and child's birth certificate. Enrollment also includes a school test of the readiness of the child to enter the first class. The test is performed with the child in the presence of the parent and lasts about 15 minutes.

### *2.8 Meeting with the mayor Veľká Lomnica*

The mayor stated that the primary school is attended by 690 pupils. 468 are Roma (254 boys and 214 girls). 80 pupils are included in the zero classes, these zero classes are attended only by Roma children. In the academic year 2020-2021, the school will be attended by approximately 520 Roma children. In the locality, we register 4-5 families who have major problems with children's absence. They are mostly the poorest families. These families have dealt with social and legal protection of the children in cooperation with the police. The parents of these children will be imprisoned for 6 months. Learning outcomes have not been favorable in recent years. The mayor stated that another major shortcoming is the lack of responsibility among parents. He claimed that the low attendance is caused by parent's lack of responsibility. Despite the fact that all measures have been taken to improve participation, and the awareness that pupils who have missed one third of the lesson have no chance of mastering the curriculum, for parents, ale also for pupils, education does not hold the value that the majority attributes to it. Pupils lack motivation to achieve better results. This is also due to the lack of employment on the labor market.

There is a consensus that education is important, and everybody should be involved. Nevertheless, they recognized that there is persistent absenteeism and some dropouts among Roma children. In addition, although racism is not recognized in the community and among the authorities, I could hear two teachers saying that Roma do not value education, they receive social welfare and do nothing. Kindly, I told them that it is not fair to blame only Roma, but also the education system, which is not friendly, lacks qualified teachers (they said that this is true), lacks facilities, etc.

### *2.9 Meeting with the principal*

The school principal told me that the parents enroll their children in the first classes, when children are 6 years old. Enrollment in the first class takes place at the school in April. Parents were invited to enroll their children in school. The principals sent an invitation to the parents, along with instructions on what documents were required to enroll the child. Schools

send instruction and the application form to parents through social and community workers, who work with the municipal authority. They inform all parents about the dates of enrollment, through city radio, city magazine and they prepare a list of future pupils for schools. It is the parents' duty to come to school to enroll their child and bring the necessary documents. As part of the teacher is effort to improve the overall attendance, parents in the village of Velká Lomnica were sent notifications of their children unexcused lessons. In front of everyone, by sending a notice of negligent school attendance, school violations, or by summoning the parents to the school for an interview. The principal of school Velká Lomnica says that these shortcomings in education have resulted in low success rates in the fifth-class tests. This situation is due to the fact that more than half of the 5<sup>th</sup> grade pupils come from the Roma community and have no motivation to learn. Pupils lack effort because they knew in advance that they would be admitted to study fields. For students who continue test results are not necessary.

### *2.10 Meeting with the teacher preparatory class*

Children for whom pre-primary education is compulsory are usually placed in a separate class. Children with special educational needs are included in classes with other children or in separate classes for children with special educational needs. A child cannot be placed in a separate classroom for children with special educational needs solely because they come from a socially disadvantaged environment; if the one class consists of children from socially disadvantaged backgrounds, there may be a maximum of 16 children in the class. Separate classes can also be created for children learning a foreign language; the maximum number of children in this class is 12. Individual speech therapy is provided by a speech therapist who is an employee of educational counselling and prevention facilities.

Pre-primary education is primarily used for children for whom pre-primary education is compulsory. Other conditions of admission shall be determined by the principals of the kindergarten and published in a publicly accessible place or on the kindergarten's website. For a child with special educational needs, the application for admission of a child to pre-primary education shall be accompanied by the statement of the relevant educational counselling and prevention center and by the general practitioner for children and adolescents. A child from the age of three is admitted to pre-primary education; exceptionally, a child may be admitted from the age of two. A child from the age of two years can be admitted to pre-primary education if appropriate capacity, personnel, material and other conditions are created in the kindergarten.

The principal of the kindergarten decides on the admission of a child to pre-primary education in accordance with a special regulation. The principal of the kindergarten decides on the admission of a child by 15 June preceding the school year in which pre-primary education is to commence.

In the admission decision, the principals of the kindergarten may specify an adaptation stay, which may not be longer than three months or, in the case of the admission of a child with special educational needs, a diagnostic stay of the child, which may not be longer than three months. In the kindergarten for children with special educational needs, the diagnostic stay of the child must not exceed one year.

Compulsory pre-school education is provided for a child in a kindergarten in the municipality where he or she resides, unless the legal guardian or the representative of the child's establishment chooses another kindergarten. The child may also carry out compulsory pre-school education in other kindergartens where the child does not reside, if the principal of the kindergarten accepts it for pre-school education.

### *2.11 Meeting with the teacher – kindergarten*

The teacher knows the procedures, but she does not remember the dates. The children are enrolled because the teachers go from door to door when they do the census and, on this occasion, they enroll the children. The teacher told me that there is a family who has many children and does not value education and as a result, although enrolled, two of the children do not attend the kindergarten anymore. The teacher of the kindergarten school shall, in agreement with the founder, determine the place and date of submission of applications for admission to pre-primary education for the following school year and publish the conditions for admission pursuant.

The child is admitted to pre-primary education on the basis of a request from the legal guardian or representative of the facility, which he/she submits to the principal of the kindergarten, together with a certificate of medical fitness from the general practitioner for children and adolescents; the certificate of medical fitness of the child shall also contain an indication of the mandatory vaccination of the child. The application for admission of a child to pre-primary education is submitted from 1 to 31 May.

### *2.12 Meeting with parents Velká Lomnica*

The meeting was held in the community center. The mayor of the village was not present at the meeting with Roma parents. The mayor did not want to meet Roma parents because they wanted to talk to him about housing problems, water problems, etc. Roma parents discussed the process of enrollment in kindergarten and to the first class, the capacity to enroll all children, the relationships between parents and teachers, and whether the children are happy at school and how they feel there.

## 3. Conclusions

Recommendations on how to overcome the identified obstacles and to establish long-term solutions ensuring equal access of Roma children to quality and non-segregated education are the following:

- It is necessary to carry out educational activities for Roma parents in community centers. It is important that parents understand the need to lead children to independence. It is also important that community center staff facilitates meetings between parents and teachers and finds solutions and compromises.
- A campaign between teachers and parents to raise awareness about the importance of education. With regard to pre-school education, it is proposed that pre-school education will be mandatory from 3 years, because of the language barrier is a major problem. Other problems include the child's ability to adapt and commuting. It is necessary to carry out educational activities for Roma parents in Community Centers. It is important that parents understand the need to lead children to be more independent. It is also important that community center staff facilitate meetings between parents and teachers and find solutions and compromises.
- In community centers, through community and social workers, I recommend carrying out educational activities for Roma parents in the following areas: health, the importance of vaccination, preventive examinations of children, adherence to hygiene.
- I recommend working with Roma families through Roma assistants, social and community workers. Their numbers in kindergartens and primary

schools need to be significantly increased. I would recommend compulsory pre-school education for a child from the age of three so that it can adapt to a new environment and learn to communicate well in the Slovak language.

- I would suggest further ongoing mapping of the enrollment situation and increasing awareness regarding preschool and primary school enrollment.

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## HIV-Infections in Male Youths: Risks Associated with Alcohol Misuse

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### *Abstract*

The purpose of the study was to explore the influence of alcohol misuse in HIV-infection at the Health and Welfare Organisation in South Africa. . There is an association between alcohol misuse and HIV transmission. Male youths may lack understanding of the effects of alcohol on their sexual behavior when under the influence of alcohol. This makes male youths vulnerable to HIV infection. Qualitative methodology was used for an in-depth understanding of the phenomenon under investigation. The findings indicate that many male youths are aware of HIV-preventative methods, but their behavior is not always in line with what they know. Therefore, we recommend that male youths should be taught about the risk of HIV infection associated with alcohol misuse in various places such as schools and taverns. HIV/AIDS education should emphasize practical intervention strategies. Condom use should not be neglected in favor of newer preventative strategies such as male circumcision and pre-exposure prophylaxis.

**Keywords:** alcohol misuse, HIV/AIDS, HIV-prevention, male youths, sexual transmitted infections, risky behavior.

## 1. Introduction

The problem of excessive consumption of alcohol (misuse) is increasing, yet it is associated with high sexual risks behavior that could transmit HIV. The purpose of the current study sought to explore the risk of alcohol misuse and its association with HIV-infection at the Health and Welfare Organisation (HWO) in Soshanguve in the province of Gauteng, South Africa. The HWO engages with youths in their HIV-prevention program, and some of them are living with HIV. Kalichman, Simbayi, Vermaak, Jooste and Cain (2008) note that people who have a pattern of excessive drinking of alcohol tend to engage in unprotected sex for sensation. This includes both anal and vaginal sex, with the former being more dangerous in terms of the likelihood of transmitting HIV. Some people who misuse alcohol have either shared injecting equipment in the past or are likely to have had a sexual partner who was an injecting drug-user (Kalichman et al., 2008; Parry, Rehm, & Morojele, 2010). This practice further impedes HIV-prevention strategies.

- Alcohol misuse is associated with HIV transmission.
- Many male youths are aware of HIV-preventative methods, but their behavior is not always in line with what they know.
- We recommend that male youths should be taught about the risk of HIV infection associated with alcohol misuse in various places such as schools and taverns.
- HIV/AIDS education should emphasize practical intervention strategies.
- Condom use should not be neglected in favor of newer preventative strategies such as male circumcision and pre-exposure prophylaxis.

The management of the HWO was very interested in the study during and after the negotiations for access to conduct the study. The study has a potential to contribute scientific data and also add to the store of new knowledge, for the institution to use when they develop policies and procedures to address the association between alcohol misuse and the risk of HIV-infection. The fact that the HWO has a hospice amongst its programs alludes to the challenge of HIV-infections in this community. In light of this scenario, the current study could benefit the HWO when they develop HIV-prevention programs and policies that are relevant to youths.

## 2. Literature review

### 2.1 *Prevention of HIV transmission*

HIV is transmitted from an individual who is living with the virus (HIV positive) to an individual who is not living with the virus (HIV negative) in several ways. Ndinga-Mavumba and Pharoah (2008) note that HIV can be transmitted sexually or through direct contact with infected fluid or blood. An example of this can be transmission through blood transfusions or through the use of contaminated needles. The National Institute on Alcohol Abuse and Alcoholism (2002) attest that alcohol is linked to two main modes of HIV transmission, namely high-risk sexual behaviors and injective drug use. Although there are several ways in which HIV can be transmitted, Piot (2003) argues that HIV is mainly transmitted through unprotected sexual intercourse with an infected person. It is wise for individuals to practice safer sex by using condoms correctly and avoiding contaminated needles to prevent HIV-infection. Because of the argument that HIV is transmitted mainly through sexual intercourse, the focus of the current study was on sexual risky behavior under the influence of alcohol rather than ascertaining other risky behaviors associated with HIV.

Ndinga-Mavumba and Pharoah (2008) state that South Africa has reached the peak of the AIDS pandemic, and sexual behavior change is non-negotiable for moving forward in

tackling the disease. HIV-prevention programs aimed at empowering youths are critically needed as young adults are disproportionately at higher risk of HIV infection (Maljaars et al., 2017). LoveLife (2020) advocates the holistic engagement of youths in HIV-prevention programs by addressing issues such as leadership, activism, agency, self-awareness, poverty, gender inequality, positive role models and effective communication. LoveLife (2020) is concerned about the negative socialization of boys; hence the organization developed the Boy child project aimed at empowering young boys to deal with life challenges in a better way. Parents cannot neglect their responsibility to facilitate social learning and raise awareness of HIV with their adolescents, otherwise, adolescents will rely on their peers for HIV information, which may be misleading and detrimental to preventative programs (Perrino, Gonzalez-Soldevilla, Pantin & Szapocznik, 2000). The communication about sexuality between the parents and adolescents should be sufficient to build confidence between the two parties to talk openly about the subject.

Moreover, in understanding youths, it is also vital to recognize that many developmental milestones converge at this stage of their life such as increased cognitive development, psychological, social and structural transitions (Maljaars et al., 2017). Van Dyk, Tlou and Van Dyk (2017) point out that as youths develop; they need support in building their decision-making skills, especially given the peer pressure and personal stress they encounter. Well-developed youths who are empowered in every aspect of their life, such as economic and gender relations, are most likely to make good decisions about their lives. Empowered youths would play a pivotal role in HIV-prevention as they make good decisions in terms of sexual behavior.

To date, antiretroviral therapy (ART) is mainly used for reducing the HIV viral load in the blood system of a person living with HIV (Van Dyk et al., 2017). If the HIV viral load of a person on ART was prevented from increasing in the blood, this was an indication that the virus was being managed well. ART prevents the rapid development of active HIV, which leads to the AIDS stage. When a patient is at the AIDS stage, they are vulnerable to opportunistic diseases such as Tuberculosis (TB) (Majozi, 2009; Machimana, 2012). ART was used to improve the immune system, thus preventing opportunistic diseases such as TB, which is the leading cause of AIDS related-deaths in South Africa, from progressing rapidly (Karim & Karim, 2010).

Alcorn (2011) argues that a new study (Treatment as prevention) shows that ART prevents up to 96% of HIV infections. The drive to turn treatment to prevention brings new hope in the fight against HIV, because ART can now be used for HIV-prevention purposes. The study of treatment as prevention was conducted in Malawi, Zimbabwe, Botswana, Kenya, South Africa, Brazil, Thailand, the United States of America (USA) and India and 1,763 serodiscordant couples participated (Alcorn, 2011). In the African region, women were mostly HIV positive between the serodiscordant couples, meaning either of the partners was HIV positive and the other HIV negative. Treatment could have full impact in preventing HIV if the delivery of health care is improved and the rights of people living with HIV are respected (Alcorn, 2011). Karim and Karim (2010) state that in South Africa, prevention of opportunistic diseases will remain critical in the fight against the spread of HIV. The following sub-topics discuss various HIV-preventative strategies in detail.

### *2.2.1 Addressing alcohol misuse as a strategy for HIV-prevention*

Khosa et al. (2018) argue that the high levels of alcohol consumption among male youths in South Africa increase their chances of HIV infection. There is an association between alcohol misuse and HIV transmission. A study conducted amongst school-going adolescents concerning substance abuse indicates that more than a third of male students in Cape Town and over half of male students in Durban report binge drinking and drug abuse, making them vulnerable to risky sexual behavior (Parry, Myers & Thiede 2003; Parry et al., 2010). The HIV risky behavior gives cause for concern because youths are the country's future workforce.

Drinking patterns with drug injection and or risky sex behaviors are primary modes of HIV transmission (Kalichman et al., 2008). Male youths who misuse alcohol and subsequently inject drugs are at a higher risk of contracting HIV from contaminated injection equipment because being under the influence of alcohol impairs their knowledge and skills to protect themselves (Woods, 2004; Machimana, Sefotho, Ebersöhn & Shultz, 2020). An adolescent may lack experience of the effects of alcohol, and their sexual exploration makes them even more vulnerable.

Their peers sometimes influence inexperienced adolescents in risky sexual behavior. Santrock (2018) explains the theory about adolescents being confused about their identity if they do not adequately explore it. In such cases, they may be swallowed up by the crowd, meaning peers, playing a role in influencing risky sexual behaviors (Shisana et al., 2014). The theory of adolescent development was informative to this research, as many of the research participants were at this stage.

According to Evian (2003), Majozi (2009) and Machimana (2012), alcohol abuse encourages youths to have unsafe sex. Alcohol specifically impairs their judgment and, as a result, they are less cautious when under the influence. The study by Parry et al. (2003) also confirms that youths participate in unsafe sex when they are under the influence of alcohol. The concept of masculinity highlighted above is deeply entrenched within our society and as such male youths take on roles that are “*culturally acceptable*”. Many male youths, therefore, engage in risky sexual behaviors not for the behaviors themselves, but to gain approval in society.

The National Institute on Alcohol Abuse and Alcoholism (2002) asserts that HIV patients who are treated for alcohol abuse show signs of a decrease in consumption of other drugs that have an equally negative impact on the immune system. The treatment of alcohol and other drug abuse forms part of the primary HIV-prevention strategy (Velloza et al., 2015). Alcohol misuse increases susceptibility to some sexually transmitted infections (STIs), such as syphilis and gonorrhea, which facilitates HIV infection (Simbayi, Mwaba & Kalichman, 2006). It is worth noting that alcohol does not directly cause STIs; nevertheless, alcohol misuse increases sexual-risky behavior (Rees, Saitz, Horton & Samet 2001). The National Institute on Alcohol Abuse and Alcoholism (2002) claims that alcohol abuse is associated with delays in seeking treatment and non-adherence to HIV medication. It is, therefore suggested that treating alcohol abuse would reduce the risk for AIDS patients.

### *2.2.2 HIV-prevention and alcohol policy consideration*

According to Fassin and Scheider (2003), South Africa has moved away from the political position Thabo Mbeki had taken when he inferred that HIV was not the sole cause of AIDS. Ledwaba (2010) remarks that the current political leadership accepts that HIV causes AIDS, and it is investing R40 billion annually in the ART program. The government’s new stance on the AIDS pandemic is putting South Africa on good terms with the health profession. However, alcohol is putting an economic burden of over R8.7 billion per year on medical resources (Parry et al., 2003). Youths who misuse alcohol contribute to the economic cost of the country. The economic costs are incurred in treatment, trauma, mortality and crime.

Parry et al. (2003) also hold the opinion that a large proportion of South Africans consume alcohol. The problem of excessive alcohol consumption highlights the need to enforce policies concerning alcohol to reduce the cost associated with drinking, for example, the high medical cost of treatment and youths dropping out of school. Parry (2005) suggests that increasing the minimum legal age for purchasing alcohol to 21 years may help reduce some of the risky behaviors among youths. Increasing taxes and restricting hours for selling alcohol may make it difficult for youths to access alcohol, and this could reduce the risk of HIV-infection. These are

some of the strategies that may affect addressing the challenges of the spread of HIV associated with alcohol misuse.

### *2.2.3 The male condom, circumcision and pre-exposure prophylaxis*

AIDS is a preventable disease if people take the correct measures against HIV-infection. It is scientifically established that people who use condoms consistently and correctly have managed to prevent the transmission of HIV. Van Dyk et al. (2017) assert that condoms are the safest method of protection, and they provide a high level of protection against HIV and other STIs if they are used consistently and correctly. Lancet (2007) reports that condoms offer about 80% to 90% protection against sexual transmission of HIV. Shisana et al. (2014) report that a large percentage of youths aged 15 to 24 years show a very strong orientation towards condom use and appreciation of its preventative measure. The male partner often initiates condom use, but the preventative benefits are for both partners involved in sexual intercourse (Majozi, 2009). Albertyn (2003: 600) states that male partners decide the conditions and time of sex, “giving women little opportunity to discuss or practice safe sex”. Practices such as this perpetuate gender inequality whereby males dominate their female counterparts in sexual relations and how it should be conducted.

It is recommended that condoms should be used regularly even if both or either of the sex partners is HIV positive. Van Dyk et al. (2017) caution that HIV-infected people may re-infect themselves with other strains of the virus if they neglect using condoms. Another risk involves contracting STIs, which further weakens the compromised immune system of a person living with HIV. Condoms, therefore, remain a critical part of HIV-prevention (Simbayi et al., 2006; Velloza et al., 2015).

The fight against HIV-infection forces institutions to find innovative ways to combat the virus. Studies about the promotion of male circumcision as a preventative measure have been conducted in South Africa and other countries such as Kenya and Uganda. Lancet (2007) expounds that in Uganda and Kenya, male circumcision halved the risk of males contracting HIV through heterosexual intercourse. According to the study by Lancet (2007) in Johannesburg, HIV risk is reduced by 60% as a result of male circumcision. It is worth noting that the male youths who participated in the study were between the ages of 18 and 24 years. Pelzer, Simbayi, Banyini and Kekana (2011) warn that although circumcision reduces the risk of HIV-infection, the process may be undermined by individuals who neglect to use condoms or who increase the number of their sexual partners. It is essential that old preventative measures be adhered to while newer approaches are introduced in the battle against HIV. Pelzer et al. (2011) point out that there is a difference between a clinical circumcision procedure, which is provided with counselling before and after surgery, and a traditional approach. Traditional methods are not necessarily accompanied by pre- and post-counselling, which is imperative for HIV-prevention. Condom use remains critical as an HIV-prevention strategy given that circumcision does not provide 100% protection against HIV-infection (Lancet, 2007; Machimana & Nhlanhla, 2020). The correct, consistent use of condoms and male circumcision will reduce the risk of contracting HIV by high percentages, as suggested above.

The use of pre-exposure prophylaxis (PrEP) as a prevention strategy for HIV infection was endorsed by the South African Medicines Control Council in 2015. This was three years after PrEP had been endorsed in the United States (Eaton, Driffin, Bauermeister, Smith & Conway-Washington, 2015) which indicates that South Africa is not far behind its prevention interventions when compared to more developed countries. The addition of PrEP as a new prevention tool marked a new era in HIV prevention in high-risk populations such as youths (Maljaars et al., 2017). PrEP involves the administration of ARV's in HIV negative individuals as a form of prevention (Eaton et al., 2015; Maljaars et al., 2017). The correct and consistent use of

PrEP has been found to be greater than 90% effective in preventing HIV infection (Velloza et al., 2020). The use of PrEP has been found to be effective among youths with youths on PrEP reporting greater condom usage during PrEP than before they started using PrEP. Maljaars et al. (2017) further argue that the effectiveness of PrEP as a prevention intervention tool lies in its administration as part of a broader prevention package which includes condom usage and STI screening.

### 3. Research methodology

In the current study, we utilized the qualitative research methodology. Qualitative research is the multifaceted collection of perspectives and methods that have developed from different theories and disciplines (Lankshear & Knobel, 2004). Lankshear and Knobel (2004) indicate that the ontology of qualitative study originates from interpretive sociology. The primary goal of qualitative research is to describe and understand a phenomenon in real life (Babbie, 2013). We were interested in understanding the risk of HIV-infections in male youths associated with alcohol misuse within their natural setting. Qualitative research emphasizes studying human actions within their natural environment (Creswell, 2007).

Data were collected using the interview guide. Neuman (2014) states that qualitative research method collects data in the form of words, i.e., face-to-face interview. The interview guide was used in this research because the study is exploratory in its nature. Dyer (2006) asserts that an interview differs from an ordinary conversation because the interviewer works within ethical guides that help to protect the research participant from exploitation or psychological harm because of taking part in the research. Howitt and Cramer (2008) support this argument by stating that interviews are a highly specialized form of conversation that takes place in a specific context different from normal conversation. In this case, it was an academic context and the interviews required skills, planning and appreciation of the issues involved to conduct successful research. The researchers were confident of their ability to conduct the study given the academic training undertaken; the experience acquired over the years and the planning that has gone into this study.

### 4. Results

#### 4.1 *The male youths who are at risk of contracting HIV due to alcohol misuse receive support*

The results of the current results are presented under two broad themes, namely; (1) male youths who are at risk of contracting HIV due to alcohol misuse receive support, and (2) what needs to be done to improve the services for male youths who are at risk of contracting HIV. The first theme was derived from the following research questions which were asked during the face-to-face interviews: How do male youths cope with the challenges of the risk of contracting HIV? How does the HWO support male youths? Some of the responses to these questions were quoted in the following sub-headings.

##### 4.1.1 *Individual HIV-prevention strategy*

The male youths who are of the opinion that HIV can be prevented suggested several steps that an individual should take. The male youths understand that they need support in preventing HIV. Still, they felt that individuals must take to responsibility, either by abstaining from sex, using condoms or being faithful to one partner. Participant 1's response highlights how important it is for male youths to take the initiative in HIV-prevention, "*Using condoms, or abstaining and being faithful to one partner and waiting for the right time to have sex, which is*

after marriage". Participant 2 was more open and personal about the matter when he said, "I am protecting myself [against HIV] by having one [sexual] partner".

Participant 8 stated that it is vital for male youths to be proactive in preventing HIV. He raised the issue of both sex partners testing for HIV before they have sex. Other research participants concur with the opinions raised about individuals playing a vital role in complementing the institution's HIV intervention strategy:

*"If you want to protect yourself, before you sleep with a girl, you should maybe go to a clinic and have an HIV test. After that you get all the information you can have sex"* (Participant 1).

*"Male youths can be protected [against HIV] by attending workshops so that they can learn from other people. And they can use condoms, others they can prevent or abstain from having sex"* (Participant 3).

*"Youths can protect themselves by using condoms, going to hospital to get information from the doctors. And ask a person, if you do not understand, ask anyone your mother or your father, if you trust him, he can tell you about HIV"* (Participant 4).

#### 4.1.2 Organizational intervention in HIV-prevention

The HWO offers support to male youths in various ways. The main focus of the institution is to promote HIV education among the youths who attend their workshops. The contribution, against the spread of HIV, made by the institution, is acknowledged by many of the research participants. The researchers have quoted some of the answers given by the male youths:

*"Ok, it [HWO] supports the male youths by advising them how to be responsible for themselves. And by teaching them how to be the good fathers in future. How to handle their families and to know that this world is full of things that you cannot overcome alone. You need some people to help you"* (Participant 3).

The value of academic education is highlighted below:

*"They advise youths that do not have sex, go to school, you are still a kid. Read and have your goals, do not like girls. Do not try to impress girls with money, you are still a kid and you are under the care of your mom and your father"* (Participant 5).

The HWO involves male youths in physical activities:

*"It [HWO] helps many young men because they take them off the street. They put them here together and give them activities. There are many activities here and I think that they have a good way of reducing the risk of getting HIV and AIDS. When we are here, we do not think of doing sex. We think of playing soccer, singing; there is where they will talk to us, guide us, and give us a way of life. It helps a lot"* (Participant 9).

*"The HWO shows them that certain things are good, but other things are not good. That is how we get to know about the dangers and avoid them"* (Participant 12).

Participant 13 indicated that the male youths who are living with HIV receive both training and medical support: *"They train them [male youths] and they always take them for treatment for HIV"* (Participant 13).

*"They [HWO] support them with many things. Many things like giving them T-shirts of stop HIV and AIDS. Doing posters to make them aware of HIV and AIDS and alcohol can make them be affected with HIV and AIDS"* (Participant 14).

#### 4.2 *What needs to be done to improve the services for male youths who are at risk of contracting HIV*

##### 4.2.1 *Educational strategies*

In addressing the second theme, the male youths were asked the following question: What could be done to improve the support for male youths who misuse alcohol at the risk of HIV-infection? The research participants affirmed that something positive could be done to assist male youths in preventing the risk of contracting HIV. The male youths believe that educational programs could be improved at the HWO by introducing various strategies. It was suggested that the Trainers at the HWO should offer HIV education at schools. Some of the male youths feel that they need Life Coaches who are dedicated to offering them support. The following are direct quotations from the face-to-face interviews:

*“Finding coaches who will give the male youths guidance, so that they can find understanding and know a lot about HIV and AIDS. And help them not to be arrogant, be calm when they talk to them, to follow regulations and rules”* (Participant 1).

*“Like doing some workshops at schools to guide young people about this HIV and AIDS and the alcohol. How HIV and AIDS affects and how it destroys a young person, while she or he is young”* (Participant 3).

Some of the research participants support the idea of HIV and AIDS education, but they emphasize the need to highlight the link between alcohol misuse and the risk of contracting HIV. The male youths who spoke about the link between alcohol misuse and the risk of contracting HIV felt strongly about targeting taverns with HIV-prevention education. The male youths proposed that all taverns and shopping centers should be more explicit in communicating HIV-prevention messages. Participant 10 made the following comment during the face-to-face interview:

*“The HWO do teach us about sex and that we should abstain. They should also teach us about alcohol and how it affects the body. This will help us to stay away from alcohol”* (Participant 10).

Participant 5 is one of the research participants who specifically spoke about reaching out to taverns and shopping centers, with HIV campaigns. The quotation below reflects his feeling and that of others about the importance of intensifying HIV communication strategies:

*“Get posters to shebeens and shopping centers. Go to the mall and advise youths not to go to shebeens when they are underage, but they must go when they are grown up. Go [Youths must go] to school and do not go to shebeens”* (Participant 5).

*“Maybe send the posters to each household, that will show that stop unprotected sex. Avoid having more drinks. Drink water more than beer”* (Participant 14).

Participant 4 is one of the few individuals who felt that male youths are receiving a good and appropriate education concerning HIV and AIDS. He feels that the hindrance in HIV-prevention is the fact that male youths resist taking responsibility after being taught. In his own words, this is what he had to say:

*“At times male youths do not listen, but they give them the condoms. They tell them how to be free with AIDS and go to school too. They teach them about HIV and AIDS”* (Participant 4).

Most research participants highlighted the importance of using condoms as a preventative measure against the spread of HIV. The male youths quoted below feel that people living with HIV should stop drinking alcohol as it is not good for their health. Another challenge is that when alcohol is misused, it may lead them to indulge in risky sexual intercourse:

*“About the HIV is that; there are condoms outside there. If you feel that you are ready to have sex, go to the clinic, tell the nurses and the doctors to give you the condom or abstain from having sex. Abstain up until you get married or you are ready to have sex”* (Participant 3).

*“To show all people who are here, the people who are infected with HIV they must stop drinking and having sex. They must stop “mujolo” [sexual relationships] because some of them they go to the passages and kiss each other. It is not good”* (Participant 7).

#### 4.2.2 Activities-linked HIV-prevention strategies

Several research participants suggested that HIV-prevention strategies should be linked to certain activities that male youths will enjoy. They acknowledged that the HWO is already implementing some of the activities. The research participants feel that the proposed activities will attract male youths to the organization and get them interested in HIV and AIDS education messages. Beyond the attendance of the activities, the participants believe that male youths will change their sexual behavior for the better. The following are direct quotations from some of the research participants who responded to the question of, what could be done to improve HIV-prevention in male youths:

*“I think the HWO has done a lot because there are the activities. Like during the school holidays, we come here every day. We do lots of activities, like there are others doing soccer. Like they take us and group us. After grouping us they teach us about HIV and AIDS and say you must not do one two”* (Participant 8).

*“I think they should give the male youths more activities than they are giving, because now is just singing and soccer only. Most of the people they do not love singing or playing soccer, but there are these games that they like. I think maybe if they could introduce more games, more youths will come”* (Participant 1).

*“Ok like, I could say dancing. Most of the youths here in Soshanguve, they like dancing. Dancing can take many young men off the street. Dancing, dramas, poetry and many things”* (Participant 9).

*“When you want something, they must pay attention to you. They should teach us drama. When they see that you are able, they must call a professional, perhaps one day you will be on TV”* (Participant 11).

The themes that were developed in this research are based on the face-to-face interviews with the male youths. The transcripts indicate that male youths have the understanding that the misuse of alcohol may pose the risk of contracting HIV.

## 5. Discussion

### 5.1 The male youths who are at risk of contracting HIV due to alcohol misuse receive support

All the research participants acknowledged that they received support, on dealing with HIV risk, from the HWO. Participant 8 commented on the HWO, *“It supports male youths because it helps us to stay away from trouble”*. In this context, staying away from trouble includes abstaining from alcohol and risky sexual behavior. The notion expressed above is confirmed by participant 14 when he said, *“They [The HWO] support them with many things. Many things like giving them T-shirts of stop HIV and AIDS”*. The support offered to the male youths extends to their social needs as they are given food at the center, which is much needed by youths from poorer

families. Part of the food is donated by local businesses, and this broadens the support that the male youths receive.

The following comment further highlighted that male youths receive information and medical support from the organization, *“They train them [male youths] and they always take them for treatment for HIV”* (Participant 13). The male youths appreciate this kind of support as it is a positive contribution to preventing HIV, and this will go a long way towards remedying the impact of the virus. The understanding of the male youths about the value of support agrees with the literature reviewed (Machimana & Nhlanhla, 2020; Velloza et al., 2020). There is a need for knowledge and information that helps youths build resilience to tackle life challenges (LoveLife, 2020; Machimana et al., 2020). The research participants recognize that if no structured support were offered by the organization, many of them would be engaged in activities that might expose them to HIV. The following quotation highlights the point:

*“It helps many young men because they take them off the street. They put them here together and give them activities. There are many activities here, and I think that they have a good way of reducing the risk of getting HIV and AIDS. When we are here, we do not think of doing sex. We think of playing soccer, singing, there is where they will talk to us, guide us, and give us a way of life. It helps a lot”* (Participant 9).

Van Dyk et al. (2017) argue that it is of paramount importance to build a strong support system that will allow youths to share their experiences in a friendly environment. The support system should be designed within the cultural context of adolescents (Poindexter, 2010). For example, in some cultures individuality is more valued than communal structures. The research participants seemed to like communal support as they emphasized the value of group workshops and team sports. The communal support structure could be derived from the concept of “ubuntu”, simply translated as “togetherness”, which is common among African cultures (Wojcicki, 2002; Dalamo, 2013). Participant 5’s comment shows that male youths have an understanding that the support should be viewed in the broader context, that involves family relations:

*“They advise youths that do not have sex, go to school, you are still a kid. Read and have your goals, do not like girls. Do not try to impress girls with money, you are still a kid and you are under the care your mom and your father”* (Participant 5).

The first theme discussed the importance of involving the significant other parties, for example parents, in HIV-prevention programs for male youths. Other research recommends the involvement of parents and families in adolescents’ HIV-prevention programs (Perrino et al., 2000). It is creditable to see an agreement between literature and field data about providing support for male youth.

### *5.2 What needs to be done to improve the services for male youths who are at risk of contracting HIV*

Male youths value the support offered by the HWO; however, they felt more could be done to improve the service. The male youths recommend that there should be more workshops, that they should be linked to Life Coaches, who will mentor and guide them in life choices. Participant 12’s sentiment was shared by other research participants, *“If we could have more group discussions to guide each other, like LoveLife”*. The main anxieties concerning life choices were about alcohol misuse and risky sexual behaviors in male youths.

In addition, they suggested that the Trainers at the HWO should visit their schools more often to strengthen the support. The findings of this study point out the outcry of male youths for the need for role models. LoveLife (2020) notes that youths feel there is a lack of role models

at the community level and in the media. The HWO may have a greater impact on the community if they use peers as role models to model positive sexual behavior. LoveLife (2020) is among the pioneering organizations that are modelling peer education in HIV-prevention, for example, the “mpintshi” flagship. In line with Bandura’s Social Learning Theory, role modelling serves to strengthen a particular behavior (Schultz & Schultz 2017). In this case, role modelling could be used to encourage male youths not to misuse alcohol and avoid risky sexual behavior.

The research participants mentioned that they are taught about alcohol misuse and its association with the spread of HIV, as reflected in the findings. It emerged in this study that male youths would like to receive more information and education about the effects of alcohol and its relationship with HIV. The male youths have witnessed some of the devastating effects of alcohol misuse in their community; hence they suggest:

*“The HWO do teach us about sex and that we should abstain. They should also teach us about alcohol and how it affects the body. This will help us to stay away from alcohol”* (Participant 10).

HIV-prevention programs that are targeted for youths should adequately tackle alcohol misuse and the risky sexual behavior associated with it (National Institute on Alcohol Abuse and Alcoholism, 2002). The link of alcohol information to HIV-prevention programs will strengthen the existing interventions. Participant 5 substantiated this stand when he said:

*“Get posters to shebeens and shopping centers. Go to the mall and advise youths not to go to shebeens when they are underage, but they must go when they are grown up. Go [Youths must go] to school and do not go to shebeens”* (Participant 5).

Other studies affirm that discouraging underage drinking may eliminate problems related to alcohol misuse, including HIV-infections (Parry, 2005, Velloza et al., 2015; Machimana & Nhlanhla, 2020). It is critical also to target the taverns with HIV-prevention strategies because some risky sexual behavior emanates from or occurs in such places (Velloza et al., 2015). HIV-prevention interventions that are designed specifically for young men who misuse alcohol will improve the services for this target group (Kalichman, Simbayi, Kaufman, Cain & Jooste, 2007; Parry et al., 2010).

All the youths who participated in the study indicated that they are actively involved in the activities of the organizations. They mainly participate in soccer and singing. Participant 11 and participant 9 suggested that the organization should include drama and dancing as part of the youths’ activities. The following quotations illustrate their feelings about these activities:

*“They should teach us drama. When they see that you are able, they must call a professional, perhaps one day you will be on TV”* (Participant 11). *Ok, like, I could say dancing. Most of the youths here in Soshanguve, they like dancing. Dancing can take many young men off the street. Dancing, dramas and many things”* (Participant 9).

Drama was one of those activities about which the research participants had conflicting views. The confusing message about drama is that some research participants indicated that the organization was already providing it, whilst some of them suggested it as a new activity. All research participants have a common view about its value, and they recommend it as part of the youth activities. From literature, these activities are seen as very important, and in addition, suggest that sport coaches should have appropriate information and education about HIV-transmission (Van Dyk et al., 2017). The sports coaches could use some of the time they spend on the sport field to educate the young men about HIV. They should also use the information to prevent the spread of HIV through blood transfusions, especially when there is an injury on the field. It is evident in this paper that male youths are aware of and concerned about contracting HIV through contaminated blood.

Moreover, Karim and Karim (2010) assert that risky sexual behavior is linked to how young people use their leisure time. Community organizations that provide structured activities for young men are assisting with getting them to use their leisure time constructively, thus avoiding engaging in risky sexual behavior. LoveLife (2008: 7) states that good TV programs like “*Imagine Afrika*” are inspirational to youths and they can dispel HIV myths. It is therefore recommended that the HWO should consider the suggestions proposed by the male youths. Chances are the male youths will buy into or take ownership of these activities, as they themselves recommended them.

## 6. Conclusion

The male youths know about the association of alcohol misuse and the risk of contracting HIV, yet many of them remain vulnerable to the disease. Their knowledge of risky sexual behaviors does not always translate into HIV-preventative actions, especially when under the influence of alcohol. The male youths appreciate the HIV support program provided by the HWO. The research participants recommended several ideas that could be introduced to improve the policies, programs and services of the HWO. The research participants believe that the improved policies will contribute to the prevention of HIV infection associated with alcohol misuse.

The findings of the study are consistent with the relevant literature in HIV/AIDS. Many of the male youths are aware of HIV-preventative methods, but their behavior is not always in line with such practices, for example, condom use during sexual intercourse. It is apparent that the battle against HIV continues and newer preventative strategies, such as male circumcision and the use of PrEP may improve the prevention strategy if accompanied by existing methods. We recommend that male youth should be taught about the risk of HIV infection associated with alcohol misuse in various places such as institutions, schools, taverns, and sports fields. HIV and AIDS policies and programs should emphasize the practical intervention strategies for HIV-prevention. For example, condom use should not be neglected in favor of newer HIV-preventative strategies such as male circumcision and PrEP. Both condom use and male circumcision should be viewed as complementary methods.

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## The Role of Peer Influence and Tertiary Institution Type on Attitude Towards Cohabitation Among Adolescents in Nigeria

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### *Abstract*

The descriptive study examined the role of peer influence and tertiary institution type on attitude toward cohabitation among adolescents in southwestern Nigeria. A sample of 620 males and females with ( $M=19.56$  years,  $SD=6.18$ ) completed a survey that comprised demographic information, measures of attitude toward cohabitation and peer pressure. Findings revealed that there was significant influence of peer influence on attitude toward cohabitation. There was no influence of tertiary institution type on attitude toward cohabitation. The study concluded that peer influence was a major determinant of attitude toward cohabitation. The study therefore recommended that psychologists should give proper orientation to students on the destructive tendencies that peer influence could have on their intention to have positive attitude toward cohabitation.

**Keywords:** Attitude toward cohabitation, peer influence, tertiary institution type.

### 1. Introduction

Human behavior is dynamic and the 21<sup>st</sup> century has witnessed an unprecedented transformation in virtually all aspects of human endeavor among adolescents. These changes in behavior include a host of extra-moral activities or behavior which cohabitation remains pertinent among adolescents. Cohabitation, sometimes called consensual union or de facto marriage is perceived to be two unmarried people with love interest choose to live together as though they are married (Marriage Strengthening Research and Dissemination Centre, 2020; Manning & Smock, 2005). Couples who practice cohabitation are known to engage in sexual and emotional intimacy. The term “cohabitation” does not necessarily apply to persons who share a living space or are best describable as “roommates.” Cohabitation is most commonly used to reference heterosexual couples although it also pertains to same-sex couples. Although in the United Kingdom, cohabitants do have some legal protection in several areas, cohabitation gives no general legal status to a couple, unlike marriage and civil partnership from which many legal rights and responsibilities flow (National Centre for Social Research, 2019). Sociological perspective says Cohabitation as marriage-like relations in which there has been no marriage ceremony but in which the partners live together (Jan & Dalia, 2015). Research shows that the formation and stability of romantic relationships have changed considerably over time, as dating has become much less common among recent generations of adolescents than it was for those born earlier. These forms of relationships, such as marriages on campus, marriage for marriage, campus

matching/pairing, among others, come in various ways and aliases. It was specifically intended to give this unwholesome act an acceptable nomenclature. This rising trend in Nigerian tertiary institutions is gradually eroding the level of morality among youths. Calvès (2016), observed that among Burkinabe youth, in Burkina Faso cohabitation was on the upward trend, and many children were exposed to cohabitation in the formative years. As reported in some quarters, children who do not participate in premarital sex are perceived as ignorant, boring and unsophisticated by their peers, with the implication that children practice sex at younger ages than ever before. Similarly, Arisukwu (2013) realized that University students happen to be the main practitioners of cohabitation in this clime. Ogunbamila (2013) corroborates this finding when he averred that cohabitation is rife among undergraduates since their first year in university happens to be their first taste freedom after high school. As a result, the tendency to explore their new-found freedom is ever-present since they are beyond the prying eyes of their parents and guardians.

Alo and Akinde (2010) note that cohabitation is prevalent among adolescents (between age 15-24 years). In a study on premarital sexual behaviors among undergraduates in Nigerian universities, Adeoye, Ola and Aliu (2012) realized that adolescents within the age range 14-15 years and 19-25 years to have practiced premarital sexual behavior at almost the same rate. Thus, age did not appear to be a significant precursor of sexual behaviors among adolescents.

Studies such as (Kenney & McLanahan, 2006; Rhoades, Stanley & Markman, 2009; Fareo & Moses, 2018; Kasim & Falola, 2017; Unachukwu & Iloakasia, 2018) have all revealed that cohabitation have some negative consequences among student population which includes increased rate of abortions, contracting sexually transmitted diseases, intimate partner violence, future marital problems, poor academic performance and high level of moral decadence.

So many reasons have been adduced for cohabiting in higher institutions of learning. According to Ojewola and Akinduyo (2017), the practice of cohabitation is common in Nigeria among higher institutions that are non-residential while residential institutions have strict rules that aid to guide against cohabitation. This could be as a result of restrictions placed on private tertiary institutions as against public institutions. Besides, Pat-Mbano et al. (2012), claim that tertiary students live in privately owned off-campus residences, pay high rents, and struggle for accommodation with other home-seekers. Other studies identified the reasons for cohabitation, the correlates and the negative implications of cohabitation (Duyilemi et al., 2018; Ekpenyong & Ekpenyong, 2016; Kasim & Falola, 2017; Ojewola & Akinduyo, 2017; Soboyejo, 2013; Onoyase 2020). Specifically, Kasim and Falola (2017) noted that one of the reasons for students' cohabitation is lack of financial support. Nevertheless, the afore-mentioned studies did not examine the role of peer pressure and tertiary institution.

## 2. Review of related studies

In a study carried out by Augustinah, Bola and Louis (2018) among students of Adekunle Ajasin University, Akungba-Akoko, Ondo State, it was discovered that 30% of the respondents were involved in cohabitation for social influence and pleasure-seeking, 20% of the respondents engaged in cohabitation for companionship, while 10% indicated it to lack of accommodation and love for their partner. A total of 15.2% said they cohabit for financial dependence to provide money to pay cost maintenance in the rented apartment. 6.5% adduce intimacy with the cohabiting partner, and 4.3% give a lack of parental guidance as a reason. Some other respondents (2.2%) gave reasons such: compatibility reasons, depression issues, inferiority complex among others, loneliness, marriage prospect, peer influence and lack of moral upbringing, and lastly, due to security reasons for cohabitation. Similarly, Akanbi (2015) in his research found out that some of the reasons students of tertiary institutions cohabit includes

accommodation constraints, marital prospect, resource management, sexual intimacy, academic purposes, financial assistance, management of cost of living and so on.

Svodziwa and Kurete (2017) averred that inadequate on-campus accommodation is largely culpable for cohabitation among undergraduates because it leaves the student with no other option than to reside off-campus. This is often the case with students of Nigerian public universities. Svodziwa and Kurete (2017) pointed out that as stipulated in the University of Ibadan Students' Handbook, accommodation is only available to students in the first and final year of study, albeit on "first come, first serve" basis. Hence, the larger percentage of students in their second or penultimate years are left stranded, and can only opt for accommodation in communities around their institutions. The abandonment of African cultural ethos that forbids pre-marital sexual relationship seems to be the primary cause of cohabitation among students of higher education institutions. Adeniyi (2019) expressed a similar opinion when he averred that the burning need to save cost on feeding, rent and other survival expenses appear to be the primary motivation for cohabitation among students of higher institutions. Bello, Oluseye, Abidemi and Oludare (2018) revealed there are four social factors of physical intimacy, compatibility test, lack of hostel accommodation and academic dependency which as a positive correlation with cohabitation

Fareo and Moses (2018) explored the prevalence of cohabitation among students of tertiary institutions in Adamawa State, Nigeria. The findings of the study revealed that urge for copulation, emotional intimacy, inadequate lodging and accommodation amenities and financial constraints are among the many reasons why the practice of cohabitation is rife among the students. For some students, the quest to avoid the harsh rules and regulations student stay in halls of residence is behind the prevalence of cohabitation. In another study by Akanbi and Alayande (2017), the scholars investigated the influence of religiosity, parenting styles and peer attachment on attitude towards premarital cohabitation among tertiary institution students in Oyo State, Nigeria. The results of the study showed that on the one hand, those students who are immersed in their religious ethos and practice, as well as those who were raised via flexible parenting styles, exhibited negative disposition towards premarital cohabitation. On the other hand, those individuals that were raised with the authoritarian or permissive parenting styles, as well as those who have undeniable attachments to peer groups, exhibited positive disposition towards premarital disposition.

In a study carried out by Augustinah, Bola, and Louis (2018) among students of Adekunle Ajasin University, Akungba-Akoko, Ondo State, the researchers found out that 71.8% of the respondents agreed that cohabitation contributes to a high level of moral decadence in the society, thus confirming that cohabitation has a negative impact on students' moral development and invariably their health and academic development. Also, most of the respondents (80.9%) agreed that it increases the risk of unwanted pregnancies among girls. Fareo and Moses (2018) realized that the after-effects of cohabitation include the tendency to get sickened with sexually-transmitted infections (STIs), low academic outcome, philandering and extended studentship term, abortion indulgence, demise, depression and suicidal ideation or attempt.

Cohabitors experience unexpected suicidal ideation, unwanted pregnancy and premarital childbirth due to disappointment from their partners (Mashua, 2016). Similarly, Hadari (2014) found out that the effects of cohabitation are: possible demise from incessant abortion, uterus damage, STIs, low academic outcomes, rustication. Adeniyi (2019) avers that cohabitation is culpable for the increasing rate of abortion in Nigerian tertiary institutions. Cohabiting females are susceptible to getting pregnant because they are unprepared for parenting and also take to abortion as an outlet to save face. Indulging in abortion endangers the lives of female cohabitors because they run the risk of losing their lives or having a vital component of their reproductive system damaged.

Adeniyi (2019) further stated that it is a common sight to find cohabiting pairs suffering on STI or the other. Persons practicing cohabiting tend to engage in vices and acts such as theft; cybercrimes and burglary in a bid to sort survival expenses. The scholar also notes that in most cases, female cohabiters suffer abuse, molestations and battery from their male cohabiters during disputes and disagreements. The implications of these acts are grave as they sometimes suffer psychosocial trauma that impacts their health, well-being and educational pursuits. Adewoye (2019) asserts that cohabiters struggle to graduate due to accumulated low academic outcomes throughout their studies as well as inadequate reading time. Many students who indulge in cohabiting often dropout from school while some others have their years on the course extended.

Ojewola and Akinduyo (2017) submitted that students who practice cohabitation are prone to assault and vilifications from outsiders and their partners. Notwithstanding the steep after-effects of cohabitation, the practice appears to be on a rise especially among undergraduate students. This trend can be attributed to the positive attitude and fondness that has been expressed towards cohabitation by young adults today (Akanbi & Alayande, 2017). Akanbi (2015) in a study on the attitude of students of tertiary institutions in Oyo State, Nigeria towards premarital cohabitation discovered that young adults choose to practice cohabitation irrespective of their knowledge about its after-effects.

Manning, Cohen and Smock (2012) in their research on the influence of peer pressure on cohabitation among the youth observed peer pressure is an important determinant of whether a young adult will cohabit or not. A study conducted among South African Christians by Mashal (2011) indicates that the majority of the young adults that indulge in cohabitation do so because of peer pressure. Despite abstinence and sanctity of marriage teachings given in church seminars and sermons, the young adults look at their peers and give in to the cohabitation temptation because “everyone does it”. They get into this act despite the church teachings to avoid being laughed at and to gain affirmation from peers. This influences acceptance in a particular age group. In agreement with the research carried out by Mashal and Litcher (2012) further argues that pressure from the society is likely to coerce young people irrespective of their religious affiliations to venture into union formation before undergoing critical preparation. Adamopoulou (2012) posited that marital decision is significantly influenced by peers. The objective of this study was to examine the influence of peer influence on attitude towards cohabitation among adolescents in Nigeria.

### 3. Material and methods

The research design adopted for this study is descriptive survey. The population for the study cuts across three tertiary institutions, from two states within the South Western region of Nigeria. The institutions include a Federal Institution (University of Ibadan), a State Institution (Ekiti State University) and a Private Institution (Oduduwa University, Ipetumodu). The sample comprised six hundred and twenty students (620) from three institutions. Due to culturally induced labelling attached to cohabitation and other forms of pre-marital sex in the study setting, chain referral sampling technique was used to identify cohabiting students in their various communities. The questionnaire comprised of three sections, section A covers socio demographic variables of respondents, while section B elicit information on cohabitation scale and section C was captured using the 10 item peer pressure scale developed by Santor, Messervey and Kusumakar (2000). Twenty items were used to elicit response from the respondents. Four points Likert-type scale format of strongly agreed, agreed, disagreed and strongly disagreed were used to elicit response from the respondents. The students were administered with the questionnaire and it was retrieved immediately. The data was analyzed using t-test and one-way ANOVA.

## 4. Results

Table 1. Socio-demographic characteristics of the respondents (N=620)

Category	Level	N(%)
Age	Mean age (19.56) SD (6.18)	
Gender	Male Female	330(53.2) 282(45.5)
Ethnicity	Yoruba Igbo Hausa Other	466(75.2) 76(12.3) 32(5.2) 3(.5)
Religion	Christian Islam Traditional	454(73.2) 158(25.5) 4(.6)
Tertiary type	Federal State Private	106(17.1) 397(64.0) 117(18.9)
Family type	Monogamous Polygamous	395(63.7) 190(30.6)

Fieldwork: 2020

The table above illustrates the socio-demographic characteristics of the respondents in the study. Respondents' age ranges from 14-40year with a mean age (19.56years) and SD (6.18). On gender 330 (53.2%) were males, 282 (45.5%) were females while 8 (1.3%) did not indicate their gender. In term of ethnicity, majority 466 (75.2%) were Yoruba, 76 (12.3%) were Igbo, 32 (5.2%) were Hausa, while 3 (.5%) are from other ethnicity. In terms of religion affiliation, 454(73.2%) were from Christianity, 158 (25.5%) were from Islam while 4 (.6%) are from traditional worshipper. In term of tertiary institution type, 106 (17.1%) are from federal institution, 397 (64.0%) are from state institution while 117 (18.9%) are from private institution. Lastly, 395 (63.7%) were from Monogamous while 190 (30.6%) were from polygamous home.

Table 2. Summary table of independent sample t-test showing influence of peer influence on attitude toward cohabitation

	Peer influence	N	$\bar{X}$	SD	df	T	p
	Low	202	27.69	8.83			
<b>Attitude toward cohabitation</b>					618	4.25	<.05
	High	418	62.55	10.95			

Table 2 shows that there is influence of peer influence on Attitude toward cohabitation among students ( $t=4.25$ ;  $df=618$ ;  $p<.05$ ). This implies that adults who are high on peer influence

( $X=62.55$ ;  $SD=10.95$ ) significantly reported higher on attitude toward cohabitation than students who report low on Attitude toward cohabitation ( $X=27.69$ ;  $SD=8.83$ ). The stated hypothesis was accepted.

Table 3. Summary of one-way ANOVA showing the influence of university type on attitude toward cohabitation

Source	Sum of squares	df	Mean squares	F	<i>P</i>
Between Groups	205.724	2	102.862	1.297	
Within Groups	48926.315	617	79.297		.274
Total	49132.039	619			

The results presented in Table 3 shows that there is no significant influence of university type on attitude toward cohabitation  $F(2, 617)=1.297$ ;  $p=>.274$ ).

## 5. Discussion

The study investigated the role of peer influence and tertiary type on attitude toward cohabitation. Based on the hypothesis formulated, the study found that peer influence attitude toward cohabitation. The finding conforms with the study done by Ojewola and Akinduyo (2017); Onimajesin, Saheed, Atiku and Olasunkanmi, (2020), but it negates the findings from Abiodun and Erhabor (2018), study revealed that peer connectedness did not have significant independent relationship with attitudes toward premarital sex. The study also found that tertiary institution type did not have any influence on attitude toward cohabitation. The justification why the finding was so is because students in either in state, federal or private see the need to have affection which could also come in form of cohabitating which they perceive as normal way of life in school.

## 6. Conclusion and recommendations

Based on the finding of the study, we concluded that peer influence has significant role on attitude toward cohabitation while tertiary institution type did not have any role on attitude toward cohabitation among undergraduates. The study therefore recommends that psychologists should give proper orientation to students on the destructive tendencies that peer influence could have on their intention to have positive attitude toward cohabitation.

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