

The Extent to which student “Gold Rush” contributes to sexual risky Behaviour amongst students in the spread of HIV/AIDS in higher institutions of learning: A case of Kwame Nkrumah University in Kabwe, Zambia

Rosemary Mulenga ¹ and Misheck Samakao ^{2,*}

¹ School of Education, Kwame Nkrumah University, Po Box 80404 Kabwe, Zambia, Africa.

² Dean of Students Affairs, Kwame Nkrumah University, Po Box 80404, Kabwe Zambia, Africa.

World Journal of Advanced Research and Reviews, 2023, 19(01), 1452–1463

Publication history: Received on 13 June 2023; revised on 20 July 2023; accepted on 22 July 2023

Article DOI: <https://doi.org/10.30574/wjarr.2023.19.1.1478>

Abstract

Transactional sex is very common in institutions of higher learning and has continued to influence high sexual risky behaviours amongst students in Zambia. The terminology that is commonly associated with transactional sex is “gold rush,” a situation where returning students in an institutional of higher learning negotiate for relationships with new students often times with the female first year’s students. The transaction takes place as the senior students negotiate for sexual favours in return for help in terms of money, answering assignments, protection from bullying and other forms of assistance. During transactional sex, there is high sexual risk behaviour as most of the time there is unsafe sex being practiced thereby leading to a high possibility of spreading HIV/AIDS pandemic and other sexually transmitted infections.

The study aimed at exploring the vulnerability of students during gold rush. In its approach, the study used a mixed research methodological design.

The findings of the study showed that there was high risky sexual behaviours between returning students and the first year’s students on campus leading to high risk exposure to the spread of HIV/AIDS and other related complications. It was recommended that enough sensitizations and well-coordinated awareness programs be engaged in order to mitigate the levels of vulnerability especially amongst female new students who reported on campus.

keywords: Vulnerability; Transactional Sex; Gold Rush; HIV/AIDS; New Students; Returning students.

1. Introduction

“Gold rush” is a terminology used in the university or college to refer to a situation where returning students rush into relationships with new students upon their arrival on campus (Dunkle 2010). Normally, first year’s students upon arrival on campus exhibit some levels of vulnerability as they struggle to settle down in their new environment away from home. During this scramble for a “new girl”, new students are often exposed to abuse, manipulations and this development further exposes them to high risk behaviour leading to unwanted pregnancies, unsafe sex, and gender based violence among many other things (Lwando 2019). It is often during this transitional stage where there is high sexual risky behaviour that has the potential to lead to high infections rates leading to increased cases of STI, HIV/AIDS and other related complications (Damaske 2017). Research has not dwelled much on the extent of the damage caused by gold rush and as such this vice has been perpetuated thereby creating a haven of potential infections and reinfection amongst students in higher institutions of learning in the country (Chikwashi 2016).

* Corresponding author: Misheck Samakao

The purpose of this study therefore was to establish the extent to which gold rush exposes students to high sexual risk behaviour leading to transmission of HIV/AIDS and other sexually transmitted diseases. Since gold rush is linked to vulnerability, this study will further explore the extent of vulnerability that comes along with gold rush. The significance of the study is based not only on the extent of the risks that come along with gold rush but also the fact that this study will contribute to the development of solutions that will aim at addressing the challenges that come with gold rush. This study used the mixed research methods where both qualitative and quantitative methods were used. It further utilized explorative design since it was aimed to capture the full phenomenon under investigation. Both probability and non-probabilistic techniques were used in its sampling process.

This study was carried out at Kwame Nkrumah University. The findings of this research would be used by academicians, policy makers, scholars and other regulatory bodies in the formulation of policy and other legal frameworks that would contribute to systematic measures of combating the prevalence of the HIV/AIDS pandemic amongst students in institutions of higher learning in the country.

1.1. Specific Objectives

- To find out the levels of gold rush among students in institutions of higher learning.
- To explore the levels of vulnerability that come along with gold rush in institutions of higher learning
- To establish levels of availability and accessibility of comprehensive sexual reproductive health amongst students.
- To establish measures that would mitigate the spread of HIV/AIDS amongst students in institutions of higher learning.

1.2. Statement of the problem

There is high sexual behaviours amongst the students often between the first years and the returning students at the time when the first years' students report on campus during their first year of studies in higher institutions of learning. The situation of exchange of sexual favours has contributed to the spread of HIV/AIDS on campus since first year students are often vulnerable and perceived to be weak in terms of the negotiation skills. Gold rush creates an environment for transactional sex that often takes place between senior students and first year female students. As the first year students struggle to settle down in the new learning environment, the returning students often take advantage and negotiate for sexual favours in exchange for study materials, protections from victimizations, gifts, money and sometimes helping them in assessments. Little studies have been done to cover the problem of gold rush on campus with respect to its potential in contributing to the spread of the HIV/AIDS pandemic. This development has contributed to increased levels of vulnerability among the first year's students thereby causing unwanted pregnancies and increased cases of STIs.

2. Literature Reviews

The HIV/AIDS pandemic has been propelled by a number of factors in institutions of higher learning. One of the main drivers is called gold rush. Gold rush is a common practice in the institutions of higher learning whereby senior students entice younger students to have sex with them in exchange for help, materials, study modules and any form of help needed by first students on campus (Zembe et al 2013). The period when first year students appear on campus is often a very busy period and many things happen so fast most of which are highly regrettable developments (Morock et al., 2016).

During that period of time, returning students often entice younger female students into relationships that mainly end up in sex debus but sooner or later they tend to lead into break up after a short period of time (Stoebenau, et al, 2016). However, the breakup become more imminent when another set of new crop of first year's students arrive on campus. The returning students often senior students leave their girls friend in preference for new ones and this process makes a lot of students exposed to the spread of HIV/AIDS, unwanted pregnancies and sometime other sexually transmitted infections (Fielding-Miller et al, 2016).

In more common language Gold rush is also commonly known as transactional sex. Many studies have foregrounded transactional sex as a common practice that contributes to unsafe and inequitable sexual practices (Kamndaya et al 2016).

Given the imperatives and the sensitivity of HIV/AIDS and gender inequalities that currently exist, researchers have foregrounded transactional sex as a common practice that contributes to unsafe and inequitable sexual practices (Cluver

2011). It draws on the narratives that speak to the dynamics of reportedly widespread transactional sex on campus. It has been generally observed that since many of these relationships are inscribed within unequal power dynamics across the urban-rural and local-‘foreigner’ divides, and across differences of wealth, age and status that intersect with gender in multiple, complex ways, it is argued that these may be exacerbating unsafe and coercive sexual practices among this group of young people (Dube 2016). The paper further argues for a critical, reflexive position on transactional sex, pointing to the way in which participants articulate a binaristic response to transactional relationships that simultaneously serves to reproduce a silencing of a discourse on female sexual desires, alongside a simplistic and deterministic picture of masculinity underpinned by the male sexual drive discourse (Ranganathan et al., 2016).

Several studies have been conducted on transactional sex using different models and different research methodologies. Transactional sex is very dynamic and complex in nature. It has a floppy side of being done in privacy. Many studies conducted so far indicate individuals and groups of students in universities falling victim to gold rush, mainly drawing on narratives that speak to the dynamics of reportedly widespread transactional sex on campus. Since many of these relationships are inscribed within unequal power dynamics across the urban-rural and local-‘foreigner’ divides, and across differences of wealth, age and status that intersect with gender in multiple, complex ways, it is argued that these may be exacerbating unsafe and coercive sexual practices among this group of young people (Davise et al 2016).

One study further revealed that female students are often vulnerable, abused, coerced and many of them fall pregnant or get sick in the process of this development. The findings also further showed a critical, reflexive position on transactional sex, pointing to the way in which participants articulate a binaristic response to transactional relationships that simultaneously serves to reproduce a silencing of a discourse on female sexual desires, alongside a simplistic and deterministic picture of masculinity underpinned by the male sexual drive discourse (Kamandya 2016).

Transactional sex is a very common on campus and the practice mainly happens whereby money and/or goods, study materials, favors, assignments helps, assessments helps and sometimes getting protection from the senior students and in both ways favours are exchanged for sexual intercourse (Dunkle et al., 2004, 2007). The practice of transactional sexual relationships is widespread and has sometimes very serious and adverse health consequences.

A study of four countries in Sub-Saharan Africa show that between 36% and 80% of adolescent girls (12–19 years old) engage in transaction sex (Moore et al 2007). In South Africa, a study of adolescent girls of the same age found that 14% reported TSRs (Ranganathan et al., 2016). Associated with lack of condom use, transactional sex is known to increase the risk of sexually transmitted infections (STI), including HIV/AIDS and unintended pregnancies (Leclerc-Madlala, 2003). The reason for this is that youth who are receiving money or goods in exchange for sexual intercourse are unable to negotiate condom use for fear of not receiving the negotiated goods (Mwaba et al 2015). In addition, research has found that these relationships are often not monogamous enabling the fast spread of HIV through these sexual networks (Martinez., 2015).

These relationships are knowingly economically motivated, with financial and material gains being the primary driving force. As such, poverty has been cited as a major determinant for TSRs, with females reportedly engaging in this practice to meet their basic needs (Cluvert et al 2013);. In other literature, however, consumerism and social status have been noted as a determinant of these relationships with young females engaging in these relationships for the purpose of obtaining alcohol, the latest fashion trends, cellular phones and other consumerist goods (Deane & Wamoyi, 2015) Among youth, therefore, poverty along with the pressures brought on by widespread consumerist lifestyles has led to an increasing popularity of TSRs in many countries, including Zambia and other sub-saharan African countries. Evidence of the popularity of the practice in South Africa is seen by the coining of a new term, “*Blesser*”, used on social media. Similar to what is known as a “sugar daddy”, these are usually but not always older, sexual partners who offer money and gifts in exchange for sexual relationships with younger partners (Sidloyi, 2016). The recipient of gifts and money has come to be known as a “*Blessee*” and social media has been a predominant promoter of these relationships with the hashtag (#) *blessed* being used by “*Blessees*” to publicly display their “gifts” (Dube, 2016). And where wealthier partners are willing to provide gifts and money, less wealthy youth are willing to engage in these sexual transactions.

An extensive amount of literature has related TSRs to the spread of the HIV/AIDS epidemic in Sub-Saharan Africa, including Zambia and South Africa in particular. A systematic review of the relationship between TSRs and HIV infection among youth in Sub-Saharan Africa found a significant, positive, unadjusted (the variable on its own) and adjusted (the variable plus other predictor variables) association between transactional sex and HIV in 10 out of 14 studies of females in the region (Wamoyi, Stobeanau, Bobrova, Abramsky, & Watts, 2016). One of these studies used a longitudinal design and found a causal link between transactional sex and HIV infection (Wamoyi et al., 2016). A study from South Africa specifically, on females attending four clinics in Soweto, Johannesburg, found that TSRs was associated with HIV seropositivity after controlling for lifetime number of male sex partners and length of time females have been sexually

active (Dunkle et al., 2004). Research has also confirmed that youth in the country are aware that TSRs heighten the risk of HIV infection (Milford et al., 2014).

However, despite the potential risks being known, the practice persists as the expected gains perceivably outweigh the risks and for some, this is their only choice. This raises questions then regarding the underlying and overlooked determinants of these relationships. A possible determinant, which has not been largely explored, is the role of having at least one child in TSRs. Outside of unintended pregnancies being a result of these relationships, research has not addressed the relationship between already having children and engaging in transactional sex. However, there is need to do so, particularly because childbearing among youth in Sub-Saharan Africa is fairly common and poverty is high. Recent estimates show that 86.1 pregnancies per 1,000 female population aged 10–24 years old occurred in 2015 (Statistics SA, 2016). Among other socioeconomic determinants of early childbearing, which have been identified, an important association has been found between wealth of the household and early childbearing. Research on wealth status shows that adolescents from poorer households have higher fertility rates than those from wealthier households (Galster, et al 2013). Therefore, young mothers are often financially constrained, juggling employment, education, and childcare responsibilities simultaneously and often alone (Marock, 2015). For these youth, a “*Blesser*” or transactional sexual partner may provide some much-needed financial relief in caring for their children.

3. Methodology

Mixed methodology was used involving both qualitative and quantitative research design

The study used both qualitative and quantitative research design in its approaches while using exploratory perspectives. This methodology was used because the study was anchored on measurement of the problem based on an in-depth investigations of experiences, opinions, shared views and practical occurrences amongst students themselves. On the other hand, the study also required measurements of numbers and other countable parameters. The study was anchored on both the epistemological and phenomenological philosophical conceptions where a real life situation was to be investigated through life experiences but not completely isolating the researcher’s subjectivity.

3.1. Sampling Methods, Sample Sizes and Data Collections Methods

The study used both probabilistic and non-probabilistic methods to arrive at the sample size of 21 respondents. The students were sampled out using the random sampling techniques while the staff that included the dean of student’s office, the academic office and the university clinic staff were conveniently sampled out. The random sampling techniques offered students an equal chance of being selected while the staff were picked on the basis that they had information on the trends of the phenomenon under investigations. Data was collected using the semi-structured questionnaires and focused group discussions and systematic observations.

3.2. Data Analysis and Interpretation

The collected data was analysed using thematic analysis and quantitative data was analysed using SPSS computer software. This gave the researcher scientifically processed outcomes and also whereby the weaknesses that could be found in one technique, the other technique supplemented and covered the gaps in the overall findings. The results were presented using tables and themes in the systematic and logical manner within the flow of the major findings of the study. The researcher further too engaged the logical process of describe, explore and predict.

3.3 Ethical Considerations

The study took into account the ethical requirements in its process. The application was submitted to the research and ethical committee at Kwame Nkrumah University to seek for clearance of the study prior to the actual undertakings. The clearance was given and the consent were sought from all research participants that took part in the study accordingly.

4. Research Findings

This section presents the findings of the study. The data was collected qualitatively and quantitatively. The study aimed to clearly indicate the vulnerability that comes with possible gold rush. The findings have been categorised according to the following research themes.

4.1. levels of the extent of gold rush in HEIs

Figure above showed that the levels of gold rush were (18%) very high, 27% high, 21% medium, while low (14%) and fair (20%). From the above figure, it shows gold rush is high. Research has shown that at the time of enrolling into Universities, most women are about two years above the median age of sexual debut, suggesting that they are likely to be sexually active.

Hence, throughout the world, female students are at risk of unplanned pregnancies as a result of ineffective or non-use of contraceptives. (Dreyer, 2012; Maja & Ehlers, 2004)

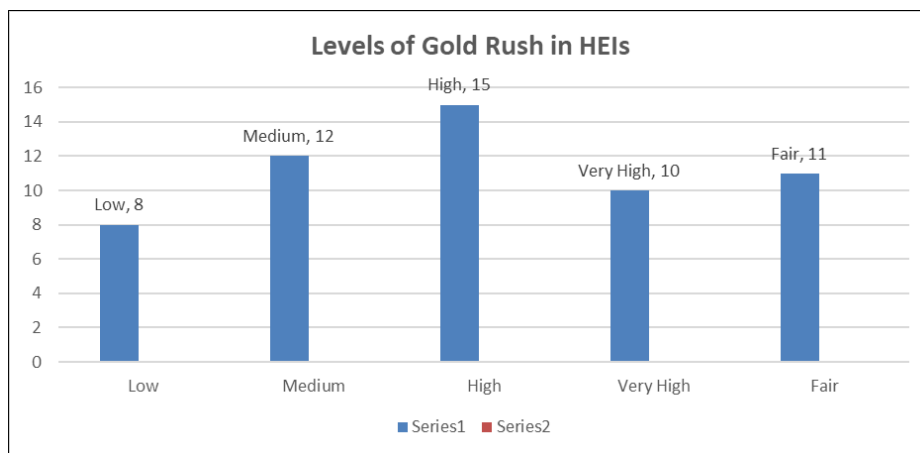


Figure 1 Levels of Gold Rush in Higher Institutions of Learning

Source: Field data

4.2. Levels of students vulnerability to HIV/AIDS on gender basis

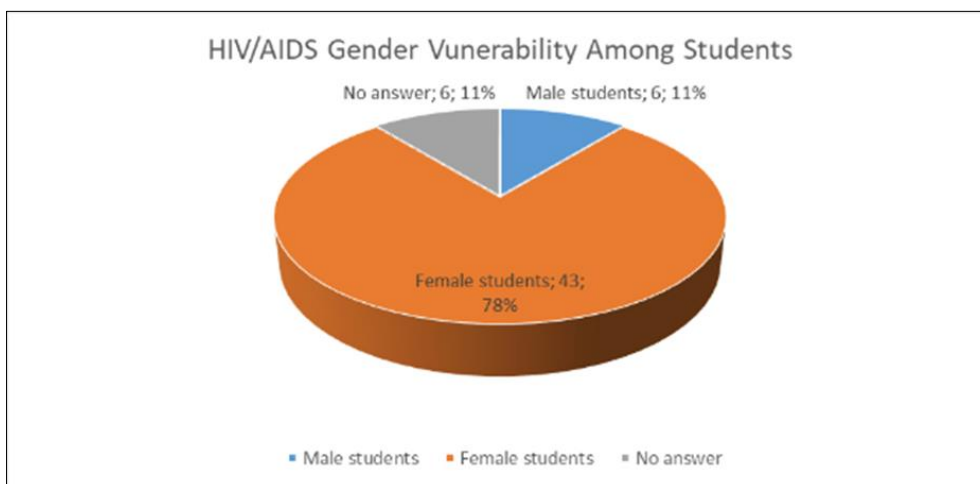


Figure 2 Levels of students Vulnerability to HIV/AIDS by Gender

Source: field data

From chart 2 above it was revealed that (78%) of those vulnerable were female and the levels of vulnerability for the males stood at 11% while the other 11% did not respond to the question. This figure shows that female first year students are more vulnerable during gold rush than the male students. According to Chikwashi et al (2016), young people in Zambia who have reached median age of first sexual experience among women is between ages 16 and 18. When they report for first year, they are already grown-ups. Female students in universities are at risk of unplanned pregnancies as a result of ineffective or non-use of contraceptives (Dreyer, 2012). Most female students are sexually active and are at risk getting either diseases or pregnant.

4.3. Total number of students who engaged in sex during gold rush

From figure 3 above it shows that 64% of students did not have sex and 28% had sex while 8% did not respond. This shows that many students about 28% during gold rush engage in sex. Female students engage in relationships with senior male students who force them to have sex with them. In most Western countries, the median age of first intercourse is around 17 years (Bitzer, 2016). Adolescents require sexual negotiation skills, improved sexual decision making and the ability to critically examine social scripts and peer pressures.

The chart 3 above shows that 64% of the total respondents did not engage in sex, 28% engaged in sex, while 8% did not respond. The information above shows that many students (28%) has sex during gold rush. This percentage is relatively high considering the total number of students who report as first years. Teenagers need to have adequate information about sex from their parents. Norda (1998) shows that moral education provides intellectual resources that enable one to make informed decisions on sexual behaviour. Students need to be educated about sex by their wards or parents before they come to the university. The study showed that students got information from their friends or internet instead of their parents. In Seloilwe et al (2015) showed Botswana which had almost twice of the adolescents being informed about sexuality matters by peers as compared to parents. Schouten et al (2007) recommended that early guidance by parents prepares a child for relationships.

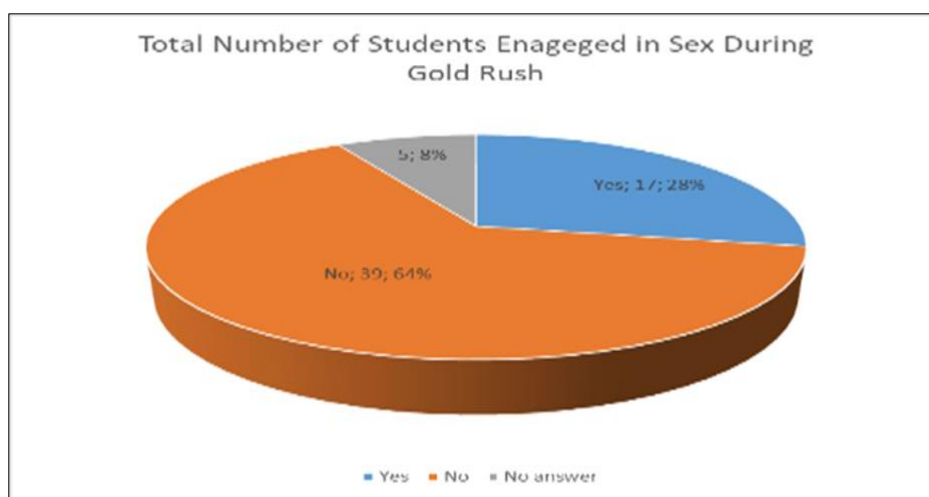


Figure 3 Number of students Who Engage in sexual activities during Gold Rush

Source: Field data

4.4. Total number of students who never used contraceptives during sex

From the pie chart above, 51% of the students did not use any contraceptive during sex, about 18% used condoms while (31%) did not respond. The data above shows that more than half of those who had sex during the gold rush did no use any contraceptives such as condoms and only 18% confirmed that they used condoms. Although contraceptives are available in Zambia, it is not clear as to what proportion of younger women who are sexually active know of their availability (Chikwashi et al, 2016). Some participants said that they did not use contraceptives because sometimes they were not available at the clinic. Others were afraid that there was no confidentiality from the health personnel at the clinic. The percentage of people who did not use contraceptives is too high. This may cause some students to contract sexually transmitted diseases or fall pregnant. Even if the management used another strategy such as giving a student in charge of health some stock of contraceptives, it was observed that he/she would sell them and this complication can lead to diseases or pregnancies.

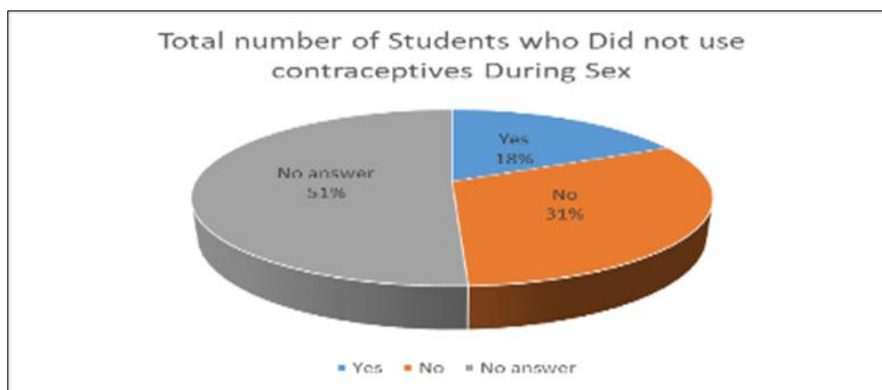


Figure 4 Total Number of students who Do Not Use Contraceptives During Sex

Source: Filed data

4.5. Consistency in the use of contraceptives amongst students

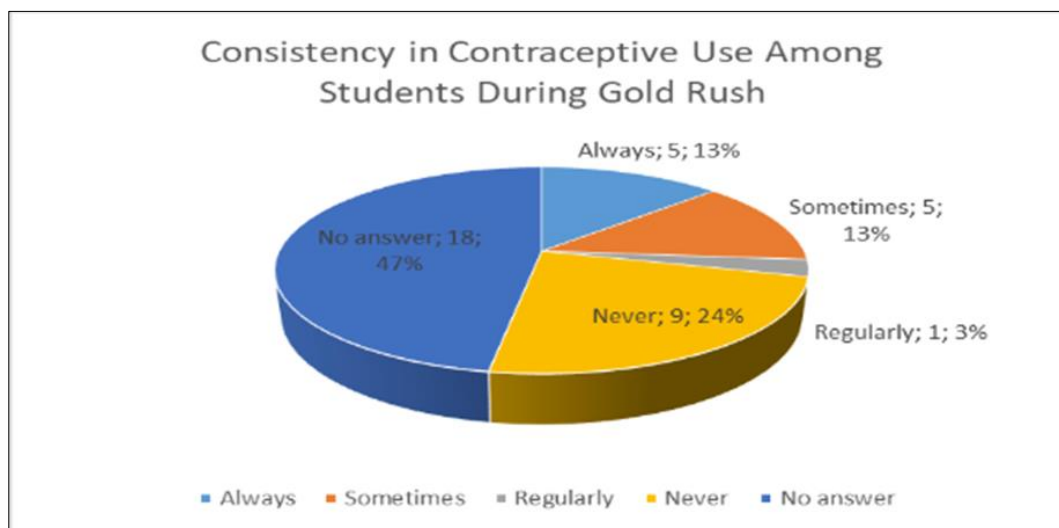


Figure 5 Levels of Consistency in contraceptives Use amongst students Who Engage in sex during Gold Rush

Source: Field Data

Students were further asked to indicate the consistency in the use of the condoms and the responses showed that 24% never used any condoms, 3% used contraceptives regularly, about 13% used them sometimes while 13% always used contraceptives while 47% did not respond to the question. This pie chart shows that the levels of consistency for the use of the contraceptives were very low only at 13% always and 3% regularly. Although contraceptives are available in Zambia, it is not clear as to what proportion of younger women who are sexually active know of their availability. Therefore, they did not use condoms consistently. There are many reasons why students never used condoms consistently. Students choose which contraceptive to use depending on their community, social-cultural and economic environment. If they can afford, they can buy or get from the clinic if the products are available (Chikwashi et al, 2016).

4.6. Levels of availability of CSRH among students on campus

The figure above shows that 35% of the total respondents had knowledge about the availability of the CSRH, 23% did not have knowledge of awareness of the availability while 5% did not respond. This shows that the levels of knowledge about the availability of CSRH is still low as many students 23% do not know yet. This has necessitated the introduction and development of several interventions aimed at improving the SRH among the youth. One such intervention is the provision of Comprehensive Sexual and Reproductive Health education (CSRH) and life skills education (Comprehensive Sexuality in Zambia, 2013). This will help students to avoid having sexual transmitted diseases.

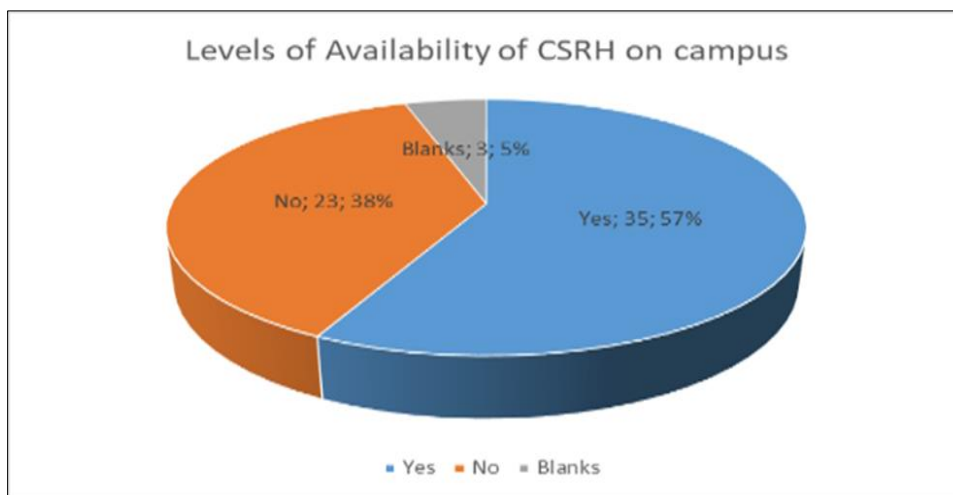


Figure 6 Levels of availability of CSRH Amongst students on campus

Source: Field data

4.7. Levels of accessibility for CSRH amongst students

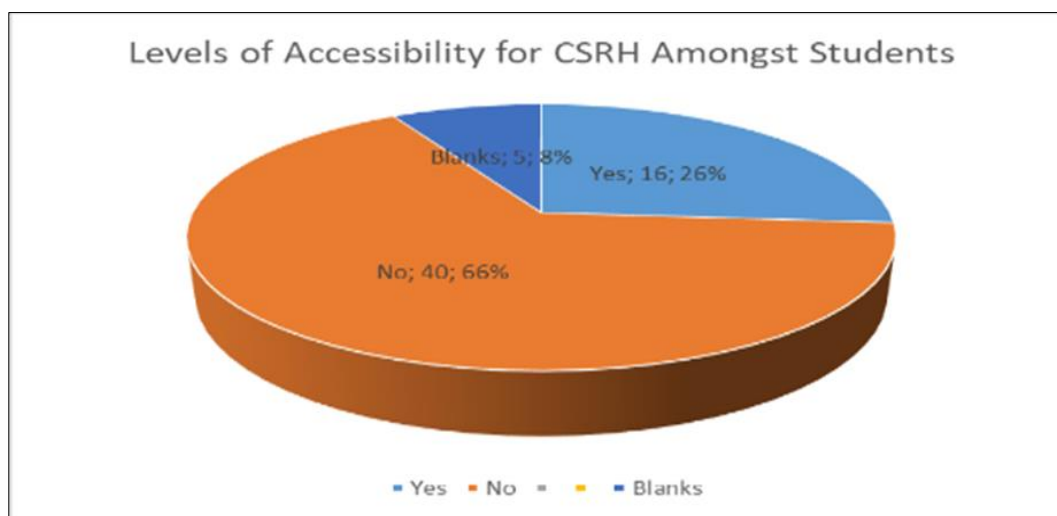


Figure 7 Levels of Accessibility for CSRH Among students in HEI

Source: Field data

The pie chart above shows that 66% of the total respondents did not have access to CSRH, 26% had access while 8% did not respond to the question posed. This shows that the majority of the students did not have access to comprehensive sexual and reproductive health on campus

5. Discussion

The institutions of higher learning generally are “hot sports” for the spread of HIV/AIDS pandemic. This is because the environment is such that the majority of the students are in the sexually active and reproductive age ranging between the ages of 18-35 years old. Sincere there is high levels of freedom and also the majority of students being energetic, youthful and often in sedentary activities while studying, gives a fertile ground for a hive of high sexual activities thereby creating high levels of vulnerability and also high exposure to the spread of the HIV/AIDS pandemic. This is in agreement with many scholars (Cox et al 2014) who have observed that the university needs more attention with regards to the fight against the spread of the STIs and unwanted pregnancies.

The University management in collaboration with the Ministry of health need to create programs and activities that are predesigned to combat the spread of the HIV/AIDS pandemic through the implementation of the sexual education and offering comprehensive sexual and reproductive health services on campus to all students in a systematic, and organized, logical and consistent manner (Dube 2016).

The study clearly showed that the levels of gold rush in this particular institution was high. These findings confirm with what Marock (2016) established that gold rush is the norm and tradition of the African universities and it shall remain so for many years to come. Other scholars have also reasoned that there is so little that can be done about it because it is the practices that are entrenched deep in the values, traditions and culture of a typical African universities and of course every difficulty to break overnight.

The best that management can ever do is to ensure that there is an effective system that help to empower students to make the right choices about sex at every stage and time. There must also be consistent programs and activities that help new students to take precautions and avoid sexual risky behaviour (Lwando 2019).

It is also clear from the study that woman, girls and females are on the higher risk than males. This finding is directly in agreement with what Marock (2015) established in his study that females were 3-5 times at higher risk of contracting the spread of the HIV/AIDS pandemic as compared to the male counterparts. As the programme are being designed, they must bear this fact into consideration so that more empowerment is given to the female first year students to be able to respond to the challenges that come along with HIV/AIDS pandemic and peer pressure.

However, it was further discovered that about a lot of students engage in sexual activities (28%) during gold rush. This percentage is very high when it comes to sexual risky behaviours. Further, it has also been noted that the majority of the students who were involved in the sexual risky behaviours did not use contraceptives. This resonates with a related study which was undertake by Davies et al (2016) where he found that student's community was characterized with very high sexual activities. Besides, amongst a few of those who used contraceptives consistently, the numbers were very low. The use of condoms and other contraceptives was also relatively low amongst students. Equally the levels of accessibility to the family planning products and other comprehensive sexual reproductive services were also very low.

In view of the above, it can be clearly observed that students were at high risk of contracting the HIV/AIDS pandemic and other related sexually transmitted infections. It further suggests that since students are sexually active and that they are engaging in unprotected sexual activities regularly, the chances of getting infected with HIV/AIDS or getting unwanted pregnancies were very high (Lwando 2019).

What is more surprising also is that the levels of awareness on the availability of the comprehensive sexual and reproductive health care were very low. The majority of students did not know about the availability of the services on campus. There is need to conduct another study that can help to establish why the levels of accessibilities were low. Additionally, we need to investigate further the levels of the HIV/AIDS cases on campus in view of this high vulnerability levels on campus.

Most female students have low bargaining powers and the senior male students take advantage of them so easily and before they can realize, they would discover that they are already exposed to high risks of the the HIV/AIDS pandemic.

Information is power according to Dube (2016). Once the students are given proper guidance and information on the best way to handle peer pressure and making the right and correct choices with regards to their sexual lives, it could be the best way to fight the levels of vulnerability. There is need to ensure that students peer counsellors, navigators, and the youth friendly corners are formed to actively begin to deal with challenges that are escalating the high sexual risky behaviours amongst the students' community.

It is not enough to talk about it. we all need to act in order to fight the scourge. There is need to conduct comprehensive and systematic programs that aim at empowering students with skills and capabilities to take life choices right into their own hands. This is why sexual educations and comprehensive sexual and reproductive health are so key in the institutions of higher learning. The challenges are real and there is need to precipitate a real solution. It begins with management will and the involvement of all key stakeholders. It cannot be complete without everyone's efforts.

Transactional sex is a lot of more complicated because it takes place in secret places and the process involved is so complex. Research shows (Milford 2014) that it is often characterized with power imbalances, coercion, sometimes impulsive and manipulative in nature. The majority of the female students only find themselves as victims and have low bargaining powers. The senior male students use all sorts of allurements and compelling gifts such as money, data for

assignments, sweet talk, promises of protections from bullying and also sometimes threats (Chikwashi 2016). It is this category of peer pressure that most female students fail to cope with resulting into unprotected sexual debuts thereby exposing them to high sexual risky behaviour in their primary days of their stay at the university or in any other higher institution of learning. This end up making them regret about the choices sometimes later on in life when it would be too late to reverse the consequences that sometimes are irreversible and irreparable. Effective programs and products must be designed to prepare the mindset of most first year female and male students and prepare them to have strong will power. They must take full control in decision making relating to their life choices patterning their health and wellness (Martinez 2015).

Management has a role to play but much of what can be successfully achieved relies with individual student's choices. Though the majority of the current crop of the university students amongst the first years come from rural Zambia, where the levels of exposure to knowledge and information and communication technologies are relative very low, there is still potential to create an environment that could empower them to take control of their future and the ability to decide for their choices they make.

5.1. Research Recommendations

The study recommended the following:

- Measures that would mitigate the levels of vulnerability in HEI
- Create awareness and sensitizations campaigns
- Train more peer educators
- Provide contraceptives in all the HEI community
- Orient nurses to avoid negative attitudes and harshness
- Create more youth friendly corners
- Carry out sexual educations and health promotions
- Hold regular meetings with students about the same
- Put up more posters and other sensitization materials.
- Empower first year students to be alert as they report on campus

6. Conclusion

Gold rush or transactional sex has been high in institutions of leaning in Zambia. During the period when first year's students report on campus a lot happens that have been less investigated upon leading to high levels of vulnerability, high exposure levels to the HIV/AIDS pandemic amongst the students. There're is need to formulate viable policies and new student's rules that help to protect and empower new students as they report on campus for their studies. The organised and systematic sensitization and awareness programs must be undertaken in order to effectively mitigate the problems of gold rush on campus.

Compliance with ethical standards

Disclosure of conflict of interest

No conflict of interest to disclosed.

Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

References

- [1] Cluver, L., Boyes, M., Orkin, M., & Sherr, L. (2013). Poverty, AIDS and child health: Identifying highest-risk children in South Africa. *SAMJ: South African Medical Journal*, 103(12), 910–915. doi:10.7196/SAMJ.7045 [Crossref], [PubMed], [Web of Science ®], [Google Scholar]
- [2] Cluver, L., Orkin, M., Boyes, M., Gardner, F., & Meinck, F. (2011). Transactional sex amongst AIDS-orphaned and AIDS-affected adolescents predicted by abuse and extreme poverty. *JAIDS Journal of Acquired Immune*

Deficiency Syndromes, 58(3), 336–343. doi:10.1097/QAI.0b013e31822f0d82 [Crossref], [PubMed], [Web of Science ®], [Google Scholar]

- [3] Cox, C. M., Babalola, S., Kennedy, C. E., Mbwambo, J., Likindikoki, S., & Kerrigan, D. (2014). Determinants of concurrent sexual partnerships within stable relationships: A qualitative study in Tanzania. *BMJ Open*, 4(2), e003680. doi:10.1136/bmjopen-2013-003680 [Crossref], [PubMed], [Web of Science ®], [Google Scholar]
- [4] Damaske, S., Bratter, J. L., & Frech, A. (2017). Single mother families and employment, race, and poverty in changing economic times. *Social Science Research*, 62, 120–133. doi:10.1016/j.ssresearch.2016.08.008 [Crossref], [PubMed], [Web of Science ®], [Google Scholar]
- [5] Davis, E. M., Kim, K., & Fingerman, K. L. (2016). Is an empty nest best?: Coresidence with adult children and parental marital quality before and after the great recession. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, gbw022. doi:10.1093/geronb/gbw022 [Crossref], [Web of Science ®], [Google Scholar]
- [6] Deane, K., & Wamoyi, J. (2015). Revisiting the economics of transactional sex: Evidence from Tanzania. *Review of African Political Economy*, 42(145), 437–454. doi:10.1080/03056244.2015.1064816 [Taylor & Francis Online], [Web of Science ®], [Google Scholar]
- [7] Dube, Y. (2016). Social media fuels transactional sex. *Chronicle Online*. Retrieved from <http://www.chronicle.co.zw/social-media-fuels-transactional-sex/> [Google Scholar]
- [8] Dunkle, K. L., Jewkes, R. K., Brown, H. C., Gray, G. E., McIntyre, J. A., & Harlow, S. D. (2004). Transactional sex among women in Soweto, South Africa: Prevalence, risk factors and association with HIV infection. *Social Science & Medicine*, 59(8), 1581–1592. doi:10.1016/j.socscimed.2004.02.003 [Crossref], [PubMed], [Web of Science ®], [Google Scholar]
- [9] Fielding-Miller, R., Dunkle, K. L., Cooper, H. L., Windle, M., & Hadley, C. (2016). Cultural consensus modeling to measure transactional sex in Swaziland: Scale building and validation. *Social Science & Medicine*, 148, 25–33. doi:10.1016/j.socscimed.2015.11.024 [Crossref], [PubMed], [Web of Science ®], [Google Scholar]
- [10] Galster, G., Marcotte, D. E., & Mandell, M. (2013). The influence of neighborhood poverty during childhood on fertility, education, and earnings outcomes. *Quantifying Neighbourhood Effects: Frontiers and Perspectives*, 95, 95–123 [Google Scholar]
- [11] Kamndaya, M., Vearey, J., Thomas, L., Kabiru, C. W., & Kazembe, L. N. (2016). The role of material deprivation and consumerism in the decisions to engage in transactional sex among young people in the urban slums of Blantyre, Malawi. *Global Public Health*, 11(3), 295–308. doi:10.1080/17441692.2015.1014393 [Taylor & Francis Online], [Web of Science ®], [Google Scholar]
- [12] Leclerc-Madlala, S. (2003). Transactional sex and the pursuit of modernity. *Social Dynamics*, 29(2), 213–233. doi:10.1080/02533950308628681 [Taylor & Francis Online], [Web of Science ®], [Google Scholar]
- [13] Marock, C. (2016). *Grappling with youth employability in South Africa*. Pretoria: Human Sciences Research Council (HSRC) [Google Scholar]
- [14] Milford, C., Moore, L., Beksinska, M., Kubeka, M., Sithole, K., Sibiyi, S., ... Smit, J. (2014). “I would say it does concern me and on the other hand it doesn’t.” Perceptions of south african learners’ experiences with sex, pregnancy, and HIV. *AIDS Research and Human Retroviruses*, 30(S1), A62–A62. doi:10.1089/aid.2014.5111.abstract [Crossref], [Web of Science ®], [Google Scholar]
- [15] Moore, A. M., Biddlecom, A. E., & Zulu, E. M. (2007). Prevalence and meanings of exchange of money or gifts for sex in unmarried adolescent sexual relationships in sub-Saharan Africa. *African Journal of Reproductive Health*, 11(3), 44. doi:10.2307/25549731 [Crossref], [PubMed], [Google Scholar]
- [16] Schouten BC, van den Putte B, Pasmans M, Meeuwesen L. Parent–adolescent communication about sexuality: The role of adolescents' beliefs, subjective norm and perceived behavioral control. *Patient Educ Couns*. 2007;66(1):75–83.
- [17] Chikwashi, B. C , Mulenga, D. , Mazaba, M. L. and Siziya, S. (2016). Knowledge and Use of Contraceptives among Single Women in Tertiary Education, *International Journal of Health Sciences and Research*. Vol. 16 Issue 8. ISSN: 2249-9571
- [18] Lwando D., Lubeya M. K. and Moonga G. (2019). Assessment of Levels of Knowledge, Attitude and Utilization of Contraceptives among Female Undergraduate Students in Selected Institutions of Higher Learning in Lusaka-Zambia . *The Medical Journal of Zambia*. Vol. 46 No. 4.

- [19] Martinez G, Abma JC. Sexual activity, contraceptive use, and childbearing of teenagers aged 15–19 in the United States. U.S Department of Health and Human Services; 2015. Contract No.: 209.
- [20] Nord WA, Haynes CC. Taking religion seriously across the curriculum. ASCD; 1998.
- [21] Seloilwe E, Magowe M, Dithole K, St Lawrence J. Parent and youth communication patterns on HIV and AIDS, STIs and sexual matters: Opportunities and challenges. Journal of Child and Adolescent Behavior. 201