AN EXPLORATION OF ADOLESCENTS’ KNOWLEDGE OF HIV/AIDS AND ITS INFLUENCE ON SEXUAL BEHAVIOUR: THE CASE OF A HIGH SCHOOL IN JOHANNESBURG, SOUTH AFRICA

by

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SUPERVISOR: Prof. T. MGUTSHINI

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DECLARATION

I declare that AN EXPLORATION OF ADOLESCENTS’ KNOWLEDGE OF HIV/AIDS AND ITS INFLUENCE ON SEXUAL BEHAVIOUR: THE CASE OF A HIGH SCHOOL IN JOHANNESBURG, SOUTH AFRICA is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

-------------------------------
LAURENCE TAGWIREYI (MR)     JUNE 2014
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AN EXPLORATION OF ADOLESCENTS’ KNOWLEDGE OF HIV/AIDS AND ITS INFLUENCE ON SEXUAL BEHAVIOUR: THE CASE OF A HIGH SCHOOL IN JOHANNESBURG, SOUTH AFRICA.

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ABSTRACT

Aims: The study was aimed at exploring adolescents’ level of knowledge of HIV/AIDS and the influence this knowledge has on their sexual behaviour. Methods: In total, 20 in-depth interviews were conducted from a group of 20 (both males and females) secondary school learners. The interviews were audio taped with consent from participants. Results: The results of the study showed that participants possess basic knowledge of HIV/AIDS, including methods of prevention and transmission. No serious misconceptions about modes of transmission of HIV were found in this study. Although, participants reported condom use, no sexual intercourse with multiple concurrent partners and no intergenerational sexual relationships, the findings revealed some risk factors such as early sexual debuts, early dating, multiple sexual partnerships. Conclusions: The aforesaid sexual behaviours and the sexual activeness among learners is a cause for angst. Thus, these findings highlighted the need for a comprehensive approach to sexual reproductive health education by all interested parties in order to enhance and sustain behaviour change among young people.

KEY WORDS: Sexual behaviour; adolescents; HIV/AIDS knowledge; HIV/AIDS prevention and transmission; high school learners.
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List of Abbreviations

The following is a list of abbreviations used in this dissertation.

AIDS Acquired Immune Deficiency Syndrome
ASSA Actuarial Society of South Africa
DHS Demographic Health Surveys
GCIS Government Communication Information System
HCT HIV Counselling and Testing
HIV Human Immuno Deficiency Virus
HPCSA Health Professions Council of South Africa
HSRC Human Sciences Research Council
KFF Kaiser Family Foundation
SANAC South African National AIDS Council
SAPED South African Provincial Education Department
SADH South African Department of Health Study
STATS SA Statistics South Africa
UN United Nations
UNAIDS Joint United Nations Programme on HIV/AIDS
UNISA University of South Africa
VCT Voluntary Counselling and Testing
WHO World Health Organization
CHAPTER 1
INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 INTRODUCTION

High risk sexual behaviour among adolescents is arguably one of the most daunting social and health challenge facing South Africa today in its concerted efforts to curb the spread of HIV/AIDS and to modify the sexual behaviour of adolescents who are beginning to experiment with their sexuality. In the wake of recent findings by Human Sciences Research Council (HRSC) released on the 1st of April 2014, the country is feebly battling to contain the spread of the pandemic and to curtail irresponsible sexual behaviours. The aforesaid survey revealed a significant decrease in condom use as it reported that over two thirds (67.5%) of young men aged between 15 and 24 reported using condoms in their sexual encounters in 2012, a drop from 85.2% in 2008. In addition, people are sleeping around more and becoming less knowledgeable about HIV/AIDS. Female teenagers aged 15 to 19 years are increasingly becoming sexually active (having sex with older sex partners) than their male counterparts (Shisana, Rehle, Simbayi, Zuma, Jooste, Zungu, Labadarios, Onoya, et al (2014:115-120). This confirms that risky sexual behaviour is still a significant problem in South Africa.

Previous findings also do not bode well with the sustained efforts to restrain the spread of the pandemic and to curb irresponsible sexual behaviours among adolescents. Research by Chimere-Dan and Makiwane found a pattern of early initiation of sexual relationships and multiple sexual partners among adolescents in South Africa. For instance, the percentage of teenagers who had sexual relations before the age of 15 rose from 8.9% in 2002 to 9.4% in 2005 and slightly declined to 8.5% in 2008, while intergenerational sexual relations patterns of sexually active teenagers, aged 15-19 who had sexual partners who were within five years their age, increased from 90.4% in 2005 to 98.5% in 2008 (Chimere-Dan & Makiwane 2009:12-13).

HIV/AIDS statistics released by the Actuarial Society of South Africa in 2011 (ASSA) further confirm that adolescents are at an elevated risk of contracting HIV/AIDS.
Although there was a minor decrease in the HIV prevalence in the 15 to 24 age group from 9.2% in 2005 to 7.7% in 2010 (ASSA 2010), the figures remain high. Research by Kaiser Family Foundation had shown that almost every young person aged 15-24 years (96.6%) has some knowledge of HIV/AIDS (Kaiser Family Foundation 2007:3). Despite this level of knowledge of HIV/AIDS, adolescents continue to be susceptible to the pandemic and this has been linked to their obstinate higher-risk sexual behaviours (Makiwane & Mokomane 2010:17). This has fuelled ongoing debate in the social and public health arena as to whether sex education and knowledge thereof, has an impact on the sexual behaviour of adolescents. Studies to date have produced inconsistent, unclear and controversial results thus, creating a significant gulf in the integration of knowledge on the influence such knowledge has on adolescents’ sexual behaviour.

In light of the aforesaid, it is imperative that a study of this kind be conducted in order to avert this social and health calamity that is decimating young people and adolescents in particular. Thus, this study is an endeavour to gather more information regarding adolescents’ knowledge of HIV/AIDS and the resulting sexual behaviour with a view to make a significant contribution to curb the spread of the pandemic in this age group.

**1.2 BACKGROUND TO THE RESEARCH PROBLEM**

South Africa is one of the many Sub-Saharan countries where peak HIV/AIDS incidences have been recorded among the 15-24 year old, Statistics South Africa (Stats SA 2010:3). According to UN 2008 Global Report on the HIV and AIDS epidemic, South Africa has the highest number of infected people globally. In 2007, an estimated 5.7 million South Africans, including 300 00 children under the age of 15, were living with HIV/AIDS (AVERT 2013). A recent HSRC survey reports that over 400 000 new infections occurred in 2012, thus, ranking South Africa as the country with the highest HIV incidences in the world (Shisana et al 2014:30). These statistics poignantly highlight the fact that South African adolescents are growing up in an environment ravaged by the pandemic, with a potential to reach catastrophic levels if not curtailed.
Population estimates released by Stats SA (2010:3) indicate that a total of 5.24 million people are living with HIV. The 15-49 age groups consisted 17% of the total number of people with HIV (Stats SA 2010:3), while ASSA’s HIV/AIDS prevalence statistics among the 15 to 24 year olds released in 2011 reported a minor reduction in the HIV prevalence from 9.2% in 2005 to 7.7% in 2010 (ASSA 2010). Despite this decline, the prevalence of HIV/AIDS among adolescents remains high. This is a cause for concern, given that studies have found that South African teenagers are sexually active (Holborn & Eddy 2011:13).

Schools are viewed as convenient sites for equipping adolescents with sexual health information, knowledge and related life skills. In the South African education curriculum, sex education is taught in Life Orientation (now known as Life Skills since the inception of the CAPS curriculum). However, research conducted by Armed et al (2009:52) shows that teachers experience challenges in dissemination of sex education. Such challenges include lack of parental participation and support, coupled with issues such as race, sexuality, moral and value systems and lack of adequate knowledge among the educators themselves (Armed et al 2009:52). These challenges imply that the quality of sex education in schools, the level of knowledge and awareness of sex and sexuality are somewhat compromised.

To date, research aimed at examining the effect of school-based sex education and the level of knowledge of HIV/AIDS relative to the sexual behaviour and activities of young people is increasingly receiving close scrutiny. This is due to the incessant increase in risky sexual activities and behaviours among young people, particularly adolescents. Thus, it is imperative that an investigation be done to explore such knowledge and its impact on behaviour modification. The researcher is of the view that if intervention is to be effective, it should include the input or participation of the group under study, hence this study.

1.3 STATEMENT OF THE RESEARCH PROBLEM

Although adolescents in South Africa are reputed to have high levels of knowledge regarding HIV/AIDS, studies continue to demonstrate significant deviation between such
knowledge and reported sexual behaviours (Love Life 2009:11). Subsequent studies continue to expose consistent evidence of high level of sexual activities, HIV infections, inconsistent condom use, teenage pregnancies, and other high risk sexual behaviours among South African adolescents (Makiwane & Mokowane 2010:18; Shisana et al 2014:115-120). Thus, risky sexual behaviour among adolescents is a serious social and health challenge confronting South Africa in its efforts to curb the spread of AIDS among this group.

Knowledge has been cited as an important influential factor on sexual behaviours. However, there is no significant literature in the country known to the researcher that has attempted to investigate the relationship between such knowledge and resulting sexual behaviour. As such, this particular relationship is not well understood. Thus, an investigation is crucial to fill this knowledge gap. In light of the foregoing, this study is an attempt to explore the views of adolescents regarding their knowledge of HIV/AIDS and the resultant sexual behaviour.

1.4 SIGNIFICANCE OF THE STUDY

Adolescents are extremely vulnerable to HIV infection. Consequently, risky sexual behaviour to which this group is exposed needs to be identified and addressed. Despite being at the epicentre of the pandemic, adolescents are also part of the solution, thus, reaching them is critical to ensuring a future generation that is conscious of, and prepared to tackle the pandemic. This research will be of significance to policy makers in the field of health, government and other non-governmental organisations in devising age-appropriate sexuality and HIV/AIDS education and awareness programmes. The study will also help to fill the vacuum in literature regarding how HIV/AIDS knowledge and awareness can be translated into behaviour change in an effort to address the pandemic that is ravaging adolescents.

1.5 RESEARCH AIM/PURPOSE

A research purpose is generated from the research problem, identifies the goal or goals of the study and directs the development of the study (Burns & Grove 2005:80). The researcher’s aim in this particular study is as follows:
To explore adolescents’ knowledge of HIV/AIDS and the influence this has on resulting sexual behaviour.

1.6 RESEARCH OBJECTIVES
Research objectives explain what the researcher seeks to achieve by conducting such a study. In this proposed study the researcher’s objectives are:

- To identify various determinants of high risk sexual behaviour among adolescents.
- To assess the level of knowledge about HIV/AIDS in a group of identified adolescents.
- To explore resulting sexual behaviour.
- To develop and recommend a set of guidelines to direct future prevention efforts meant to address risky sexual behaviour and HIV/AIDS among adolescents.

1.7 RESEARCH METHODOLOGY
The research methodology, including information about the research design, population sample, sampling technique, data collection methods to ensure rigor, and data analysis, will be discussed briefly in this chapter.

1.7.1 Research Design
A qualitative research design, in particular a collective case study design will be utilised in the study. A case study will enable the researcher to conduct an in-depth investigation of the topic under study, using a small number of entities which, in this case, is the Jules High School learners. Polit and Beck (2008:235) note that case studies allow researchers to obtain a wealth of descriptive information and to gain an insight and an understanding of the dynamics as to why individuals think, or behave, the way they do. Through direct exploration of a phenomenon which, in this case, is sexual behaviour, the researcher will be able to gather richer and more in-depth data to help explain how adolescents shape their sexual behaviour in an era devastated by AIDS.
The design affords the researcher with the opportunity to directly interact, through face to face interviews with the participants in order to gain insight into their knowledge, understanding of the pandemic and how it shapes their sexual behaviour.

1.7.2 Population

Polit and Beck (2008:337) define population as the entire aggregation of cases in which the researcher is interested in. This population must possess specific characteristics of interest to the researcher and relevant to the research under study. In this study the researcher’s population will be Jules High School learners in grades 10, 11 and 12, aged from 15-19.

1.7.3 Sample Frame

The researcher will reach out to all individuals in the target or accessible population. In this case, all learners aged 16-19, will be part of the sample frame. Thereafter, the researcher will use the selection criteria to select subjects from the sampling frame.

1.7.4 Sampling Technique

Babbie (2007:184) defines purposive sampling as a type of non probability sampling in which units are selected on the basis of the researcher’s judgement about which ones will be the most useful representative. It is used when the researcher has no sufficient knowledge about the sample to undertake a probability sampling and may not know how many people make up the population. Under those circumstances the researcher resorts to this non probability sampling method. Parahoo (2006:268) asserts that the researcher in this case deliberately chooses who to include in the study on the basis of the selection criteria.

1.7.5 Sample Size

In qualitative research, sampling is not about the size but about quality. Qualitative researchers do not pre-specify the sample size as they conduct data collection until no new data is generated, namely until data saturation occurs (Polit & Beck 2010:321).
Data saturation entails that once the researcher finds that further interviews are becoming repetitive and redundant such that no new information can be learned by further data collection, there is no need to continue interviewing (Polit & Beck 2010:321). Thus, data saturation will be used by the researcher to determine the sample size.

1.7.6 The data collection instrument
Since the topic under study is exploratory in nature, the researcher will make use of a semi-structured interview schedule that will afford the opportunity to ask open-ended questions with a view to get richer answers from the participants. The researcher will make use of semi-structured interviews comprising a series of open-ended questions based on the topic areas the researcher wants to cover. These open-ended questions will afford both the researcher and the respondent opportunities to explore further, and in detail, the issues under investigation.

Face to face interviews will be conducted in the language best understood by the participants. Each interview will be coded in such a way that only the researcher has the knowledge of the person who participated in the research through use of pseudonyms. The researcher will take brief field notes and tape recording will be done simultaneous with interviewing and expanded immediately after completion of each interview to ensure complete and thorough findings. Probes will be used to encourage participants to clarify the meaning of their responses and to encourage in-depth descriptions.

1.8 MEASURES TO ENHANCE THE RIGOR OF THE STUDY

1.8.1 Credibility
Credibility (truth value) which seeks to establish how confident the researcher is with the truth of the findings will be enhanced through prolonged and repeated interviews until data saturation. In addition, rereading interview transcripts to enable the researcher to capture the accurate descriptions as reported by the participants is another step to ensure credibility. Respondent validation or member checking is one of the most critical techniques for establishing credibility (Lincoln & Guba, 1985:290).
Accordingly, the researcher will take the preliminary interpretations back to the participants to share and confirm with them if the researcher’s thematic analysis is consistent and congruent with their experiences.

1.8.2 Dependability

The researcher will also make use of peer examination with some work mates, all qualified social workers who will have no connection to the study, to examine and assess the accuracy of the methodology, the findings, interpretations and conclusions. The feedback will perfect the research and make it dependable and allow the study to be repeated.

1.8.3 Confirmability

The researcher will employ data neutrality as a way of safeguarding against attaching preconceived ideas or own perceptions on the experiences of the participants. To achieve this, researcher will remain neutral and avoid being judgemental of the participants’ experiences. This can be achieved by detaching own beliefs or assumptions from those of the participants and, should such happen, admission or acknowledgement thereof is critical to restore the integrity of the researcher and the study itself.

1.8.4 Transferability

The researcher will strive to provide rich and thorough information regarding the description of the research setting or context, observed transactions and processes. An in-depth discussion of findings and themes, as a mechanism of ensuring rigor and transferability of data to other settings, will also be provided.

1.9 ETHICAL CONSIDERATIONS

The following are the steps that the researcher will take into consideration throughout the study to ensure that it complies with the principles of research ethics.
Written Informed Consent and Assent.

The learners consulted in this study, given their age (16-19), are legally incapable of giving consent although they are cognitively mature to give assent. As a result, the researcher will ask the respective parents to assent and consent on behalf of their children. The researcher will begin by divulging information on the purpose of the study, the researcher’s expectations, and participants’ right to ask questions and to withdraw from the study. Thereafter, the participants would be asked to sign assent forms.

Subsequent to the above-stated procedure, letters will be written to the participants’ parents or guardians requesting them to provide written permission for their children to participate in the research study. The letters will explain the purpose of study, its objectives, procedures, risks and discomfort, benefits if any including the expected duration of their participation. The researcher will avoid coercing the subjects into participating. Caution will also be taken regarding the language of the consent form and in the invitation letters itself taking into consideration the parents and participant’s age and their understanding level. In doing this, the researcher will avoid the use of technical research language and make use of language best understood by the parties concerned. The participants will also be given assurances that participating in this study is voluntary and, as such, they are at liberty to decline or withdraw their participation if they so wish and that nobody will be sanctioned for refusing to take part in the study.

Anonymity and Confidentiality of Research Participants.

The right to anonymity and confidentiality will be adhered to by ensuring that personal identity information such as real names will not be collected from the participants and that their identity will remain anonymous in presentations, reports and publications of the study findings. The researcher will go a step further to assure respondents that the use of code numbers or pseudonyms is meant to guarantee their anonymity. Furthermore, the researcher will give the respondents freedom to generate their own identification codes to boost their confidence regarding anonymity.
Principle of Justice

Parahoo (2006:112) affirms that justice entails being fair to participants by not giving preferential treatment to some and depriving others of the care and attention they deserve. The researcher will treat all participants equally. No coercion or undue influence of power relations will be exercised by the researcher since participation in this study is voluntary. Additionally, justice will be exercised by selecting participants based on research requirements and will avoid exploiting the vulnerability or compromised positions of participants.

Beneficence

This principle requires a commitment to minimizing the risks associated with research, including psychological and social risks, and maximizing the benefits that accrue to research participants. The researcher must, therefore, articulate specific ways necessary to attain this (Parahoo (2006:111). This study seeks to gather information that will help to formulate policies and programmes meant to address the scourge of AIDS among young people as well as addressing risky sexual behaviour to ensure a healthy, HIV/AIDS-free young generation.

The researcher will make arrangements with workmates, who are qualified social workers, and ensure that they are readily available to provide professional help should some participants, psychologically or otherwise; get traumatised by their participation in this study. Furthermore, the researcher will give participants freedom to choose not to answer particular questions which they feel uncomfortable with, or terminate the interview if there are reasons to believe that continuation will result in trauma or undue stress to the participants.

1.10 Definitions of Terms

Adolescence: WHO identifies adolescence as a period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19 (WHO 2014). In this study the term refers to the 15-19 age groups.
**HIV**: Is an acronym for Human Immunodeficiency Virus - the virus that causes AIDS (WHO 2014).

**AIDS**: An abbreviation for Acquired Immune Deficiency Syndrome; it is a pathological condition of the immune system defined by a set of signs and symptoms attributed to infection with HIV (AVERT 2014).

**HIV/AIDS knowledge and awareness**: in this study, it implies that the person has heard, been taught and is aware of the causes, modes of transmission and prevention, signs and symptoms of AIDS.

**Sexual behaviour**: includes an individual’s age at first sexual intercourse, the number of sexual encounters and partners, use of condoms and coital frequency.

**Risky sexual behaviour**: is commonly defined as behavior that increases one’s risk of contracting sexually transmitted infections and experiencing unintended pregnancies. It includes having sex at an early age, having multiple sexual partners, having sex under the influence of alcohol or drugs, and unprotected sexual behaviors (Centers for Disease Control and Prevention 2010).

### 1.11 ORGANISATION OF THE DISSERTATION

The dissertation comprises five chapters outlined as follows:

**Chapter 1**: presents the background to the study, the research problem, the aim and objectives of the study, ethical considerations, limitations and organization of the report.

**Chapter 2**: discusses the literature relevant to the research topic, mainly on HIV/AIDS knowledge and sexual behaviour in South Africa and globally.

**Chapter 3**: discusses the research design and methodology used in the study.

**Chapter 4**: discusses the data analysis and the research findings.

**Chapter 5**: provides conclusions, limitations and recommendations based on research results.

All references used in the text are included in alphabetical order according to the surname of the first author. The following annexure will be attached:
Annexure A- Letter to the principal (Jules high school) requesting permission to conduct the study

Annexure B- Letter to Gauteng Department of Basic Education requesting permission to conduct the study

Annexure C- Approval letter from the principal (Jules high school)

Annexure D- Approval letter from the Gauteng department of basic education

Annexure E- Letter seeking assent from those below 18 years of age

Annexure F- Letter seeking consent from 18 years of age and above

Annexure G- Letter seeking parental or guardian consent

Annexure H- Data collection instrument/Interview guide

Annexure I- UNISA Ethical clearance certificate

1.12 CONCLUSION

This chapter mainly dwells on the background information that necessitates this study, the research problem, aim and objectives, research design and methodology, population, sampling procedures and ethical considerations. Chapter Two will review literature relevant to HIV/AIDS knowledge and sexual behaviour among adolescents in South Africa and globally.
CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

There is an ongoing debate in the social and public health arena as to whether sex education and knowledge thereof, have a significant impact on the sexual behaviour of adolescents. Most researchers have produced inconsistent, unclear and controversial results, thus creating a significant gulf in the integration of knowledge of the pandemic vis-a-vis sexual behaviour. This debate is fuelled largely by the fact that the initially acceptable position that seeks to explain or blame lack of behavioural change relative to the AIDS pandemic in terms of inadequate information, awareness and knowledge is increasingly being fervently contested and therefore less tenable (Mwale 2008:289).

There is a dearth of related literature that explains the underlying variables leading to renewed interest in adolescents’ sexual knowledge and behaviour. The following chapter is an attempt to provide an overview of current viewpoints and existing research evidence that seek to explain the topic under study. Thus, a wide range of previously published data on adolescents’ HIV/AIDS knowledge relative to their sexual behaviour will be discussed in this chapter.

2.2 CORE THEMES EMERGING FROM LITERATURE SEARCH

The purpose of literature review, as explained by Volmink, cited in Joubert and Ehrlich (eds), et al (2007:66), is to convey to the reader the current state of knowledge on a given subject, along with the strengths and limitations of the underlying research. Chalmers and Eager, et al, (2001) cited in Joubert & Ehrlich (eds), et al (2007:66), identified the following as the primary functions of literature review:

- Justification of future research
- Putting new findings into context
- Making sense of research
- Coping with information overload
Facilitating access to relevant research

Parahoo (2006:129) adds that literature review should explain or discuss the concepts or variables and issues relevant to the research problem being investigated. The author further cautioned that up-to-date relevant information should be presented clearly, logically and concisely to avoid a collection of disparate, unconnected views (Parahoo 2006:132). A good literature review is, therefore, comprehensive, critical and contextualized. It provides the reader with a theory base, a survey of published works pertaining to the investigation and an analysis of that work. Furthermore, it is a critical, factual overview of related trends that have transpired before. This concurs with Lobiondo-Wood and Haber (2010:274) who argue that the review should not just be a mere description of published data but a critical discussion and appraisal that presents insight and an awareness of different arguments, approaches and theories. As such, the literature review section is not the place to present research data of your own unless it has been previously published; that is, it contains secondary sources only (Hofstee 2006:91).

Thus, guided by the ideas of the aforementioned renowned authors, the researcher identified the following as important and relevant themes to be explored extensively in this research study:

- The state of HIV/ AIDS within the South African context with particular emphasis on young people.
- Knowledge of HIV/AIDS among adolescents.
- Various forms of adolescents’ risk sexual behaviours.
- The correlation between knowledge of HIV/AIDS and behaviour change.
- Current interventions to curb HIV/AIDS and adolescents’ risky sexual behaviour.

2.3 DATA SEARCH STRATEGY

The above themes were used to assist the researcher to collate relevant data on the topic under study. The researcher heavily relied on journals, which included both hardcopy and electronic databases and websites of reputable research institutions and organisations such as the Human Sciences Research Council (HSRC), the Health
Professions Council of South Africa (HPCSA), Statistics South Africa (StatsSA), the World Health Organisation (WHO), ASSA, LoveLife and Kaiser Family Foundation, among others, in search of relevant data on the research topic.

The researcher summarised the key findings of previous studies of similar nature, identified gaps and weaknesses using key words such as sexuality, sexual behaviour, knowledge and awareness of HIV/AIDS. Current interventions in place to curb the spread of the disease were also explored. To this end, database search through journal articles was conducted using EBSCO, MEDLINE. Specific organisations such as WHO, UNICEF, UNAIDS, AVERT, HSRC, ASSA, among others, were consulted. Furthermore, websites of specific government ministries such as the Department of Basic Education and Department of Health were visited following links that specifically address sexuality, life skills education, HIV/AIDS and STD education and prevention. The researcher paid attention to current studies and information, especially ones which are not older than ten years.

However, due to the dearth of literature in this particular study, the researcher was compelled to consult and review studies that date as far back as 2000. In addition, the paucity of data, specifically on adolescents, compelled the researcher to encompass literature that has more to do with the “youth”, bearing in mind that adolescents constitute a significant proportion of the said age group.

### 2.3.1 Criteria for Inclusion and Exclusion

The researcher was guided by key primary variables, namely the ‘knowledge of HIV/AIDS’, and ‘sexual behaviour’, in search of relevant information that seeks to address the topic under study. Furthermore, manually sourced hard copy versions of studies retrieved from internet sources were used. Literature reviews and commentaries by experts and stakeholder organisations that have special interest in youth and adolescents such as LoveLife, Kaiser Family Foundation and departments of health and education’s websites were also incorporated into the research.
2.3.1.1 Inclusion Criteria

- Studies that focus on the determinants of risky sexual behaviour among adolescents.
- Studies that focus on knowledge of HIV/AIDS and sexual behaviour among adolescents in South Africa and in other neighbouring countries.
- Studies published in English.
- Only literature from validated and accredited academic databases and websites such as Ebscohost and MedLine were considered for inclusion into the review.
- Studies that focus on addressing the spread of HIV/AIDS and risky sexual behaviour.

2.3.1.2 Exclusion Criteria

- Studies whose academic credibility could not be authenticated.
- Studies written in languages other than English.
- Studies deemed to be out-dated, especially with regards to HIV/AIDS data which fluctuates every time as has happened in recent years.

The above criteria satisfied the academic and scientific rigor expectations for inclusion and exclusion in the review. Thus, the primary research studies that fully satisfied the inclusion criteria are reviewed in the following table.
2.4 TABLE 1- SUMMARY OF PRIMARY RESEARCH WORK REVIEWED

The Table below offers a summary of research studies included within this literature review.

<table>
<thead>
<tr>
<th>AUTHOR/ DATE</th>
<th>SAMPLE SIZE/ (N)/DESIGN/CLIENT GROUP</th>
<th>RESEARCH AIMS/ OBJECTIVES</th>
<th>RESULTS/ CLAIMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eaton &amp; Flisher (2000). HIV/AIDS knowledge among South African youth.</td>
<td>South African &quot;youth&quot; aged 14-35 years. Reviewed studies conducted on HIV/AIDS knowledge among South African youth. Thirty-four studies, done since 1990, were included.</td>
<td>-To assess HIV/AIDS knowledge among youth</td>
<td>-Young people are aware of AIDS &amp; STDs. However, were less knowledgeable about how HIV is physically transmitted from one person to another, the asymptomatic carrier phase and methods for preventing HIV infection.</td>
</tr>
<tr>
<td>Reddy, et al (2003) study on the Impact of Life Skills Education on Adolescent Sexual Risk Behaviours</td>
<td>Purposively selected sample of 14-22 years old in two administrative areas in KwaZulu Natal, Durban Metro and Mtunzini Magisterial districts.</td>
<td>-To measure the effects of exposure to topics within the life skills curriculum on sexual and reproductive health knowledge and behaviours among youth,</td>
<td>-An increase in knowledge about HIV prevention topics, namely knowledge of HIV, STDs modes of transmission and number of contraceptive methods among youth. -Modest and uneven sexual and reproductive health-related knowledge.</td>
</tr>
</tbody>
</table>

- Establish the prevalence of HIV and related behaviours among 15-24 years olds.
- Assess young people’s sexual attitudes.
- Examine the extent of young people’s exposure to sexual activities.

- A significant percentage of youth is aware of HIV/AIDS and have good knowledge of it
- Prevalence was significantly higher among women than among men.
- Young people are sexually active at a tender age of 14 years or younger.
- Risky sexual activities such as inconsistent condom use, multiple sexual partners, and having sex under the influence of alcohol and drugs were noted.

Mwale 2008 Behaviour change vis-à-vis HIV/AIDS knowledge mismatch among adolescents. N=180 secondary school adolescents, drawn from three schools. The study applied both the quantitative and qualitative paradigms in a triangulated approach.

- To assess the reasons as to why there is a pronounced mismatch between knowledge of HIV/AIDS transmission dynamics and subsequent change in behaviour.

- Adolescent vulnerability to contracting HIV/AIDS has been shown to be fuelled by cultural practices, stoicism towards death and misconstruing of AIDS messages.

- Noted that perception of being at risk of contracting HIV/AIDS and knowledge of transmission dynamics has not necessarily translated into behaviour change relative to the pandemic.
<table>
<thead>
<tr>
<th>Authors</th>
<th>Study Title</th>
<th>Sample Size</th>
<th>Research Design</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peltzer &amp; Promtussan (2005)</td>
<td>HIV/AIDS knowledge and sexual behaviour among junior secondary students in South Africa</td>
<td>N=3150 students (44.1% were male and 55.9% female students). Used a cross-sectional survey design.</td>
<td>To assess HIV/AIDS knowledge and sexual behaviour among junior Secondary School students in South Africa</td>
<td>The overall results of the study indicated poor knowledge of HIV/AIDS in some areas and more satisfactory in other areas (significantly higher in urban than in non-urban schools). Knowledge was found to be not satisfactory enough to influence behaviour change.</td>
</tr>
<tr>
<td>Odu and Akanle 2008</td>
<td>Knowledge of HIV/AIDS and Sexual Behaviour among the Youths in South West Nigeria</td>
<td>Using the descriptive research design, a total number of 1,420 undergraduates who correctly filled the self constructed questionnaire</td>
<td>To investigate the relationship between the sexual behaviour and knowledge of HIV/AIDS among the youths in South/West Nigeria. To investigate the different types of sexual behaviour and whether youths have the knowledge of key basic concept on HIV/AIDS.</td>
<td>Most respondents were sexually active and were engaged in high risk sex such as casual, same sex, multiple sex and sex in exchange for money or favour. Youths have very high knowledge of key basic concept on HIV/AIDS but many youths have misconceptions about the cure of AIDS.</td>
</tr>
<tr>
<td>(Kaiser Family Foundation)</td>
<td></td>
<td>N=4,000 South Africans ages 15-24 between August and</td>
<td>Gauge what media young people use and how often they use it</td>
<td>Almost every young person aged 15-24 years (96.6%) has some knowledge of HIV/AIDS prevention, treatment and the</td>
</tr>
</tbody>
</table>
### December 2006

Face-to-face interviews were conducted with 3,926 young people.

- Assess the general attitudes of young people towards broadcast media programming in relation to HIV/AIDS.
- Measure exposure to and attitudes about various HIV/AIDS communications campaigns that have run on radio and television.
- Determine young South Africans’ general feelings about their lives and their future.
- Assess the general level of HIV/AIDS awareness and knowledge among young people.
- Measure sexual behaviour patterns and perceptions of risk of HIV infection.

### N = 36 000 pregnant women (15-49 yrs old)

- To assess HIV and syphilis sero-prevalence.

### The DOH

2011

- A slight increase in HIV prevalence among young women in the 15 – 19 age group.

- It also noted that small but still significant minorities hold misconceptions about the transmission, prevention, and treatment of HIV/AIDS and that sexually active youth still do not think of themselves as personally at risk of HIV infection.
<table>
<thead>
<tr>
<th>22nd National Antenatal Sentinel HIV and Syphilis Prevalence Survey</th>
<th>The number of Primary Sampling Units (PSU) was 1,445, sentinel sites selected from all 52 public health districts in South Africa.</th>
<th>Cross sectional survey among women attending public sector antenatal clinics; -To monitor HIV and syphilis trends over time among women attending public antenatal clinics and; -To use this data for estimation and projection of HIV sero-prevalence trends and the burden of AIDS in the general population.</th>
<th>groups from 13.7% in 2009 to 14.0% in 2010 and slightly decreased to 12.7% in 2011, while that of 10-14 age group rose from 7.3% in 2008 to 9.1 in 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peltzer, K and Promtussananon, S. 2005</td>
<td>N= 3150 students, with 44.1% were male and 55.9% female students. Used a cross-sectional survey design, survey questionnaire as a data collection tool.</td>
<td>-To assess HIV/AIDS knowledge and sexual behaviour among junior Secondary School students in South Africa.</td>
<td>-HIV/AIDS knowledge was significantly higher in urban than in non-urban schools but generally was not satisfactory enough to sustain adequate HIV/AIDS response in a context of high and widespread HIV/AIDS prevalence. -27% of the students reported that they had sex for the exchange of gifts. More than half of the respondents, averaging 15.75 years reported having lifetime sex partners.</td>
</tr>
</tbody>
</table>
(Chimere-Dan and Makiwane 2009:)

- Examines the health status of South African youth in the past fifteen years
- Used available quantitative data.

- To determine health status focusing on areas of interest that includes youth disability, substance abuse, sexual and reproductive behaviour and HIV and AIDS.
- To assess the pattern of health status implied in official statistics on mortality and causes of death among the youth.

- Shows some evidence of behaviour change in aspects of sexual and reproductive health among the youth.
- Emerging evidence suggests the beginning of a declining trend in the rate of HIV prevalence among the youth since about 2005

Mlingo (2008)

N= 80 participants

- A non-experimental design that is exploratory and descriptive in nature using the quantitative approach was used.
- Data was collected using a structured interview schedule with both open and closed ended questions

- To describe demographic characteristics of the secondary school learners who participate in this study.
- To assess secondary school learners’ HIV/AIDS knowledge.
- Identify high risk sexual behaviours practised by secondary school learners in Harare, Zimbabwe.

- Reported high levels of knowledge of HIV/AIDS and virtually no risky sexual behaviours among learners.
| Magnani et al (2005) | N=2 222 -Panel study of youth from several population subgroups in KZN. The youth were aged from 14 to 24. | -To assess the impact of exposure to life skills education by youth in KwaZulu-Natal Province (KZN, South Africa) on knowledge and behaviours associated with the spread of HIV/AIDS | -Significant effects, albeit modest in magnitude, were observed in selected areas of sexual-reproductive health knowledge and perceived condom self-efficacy, along with larger effects on condom use at first and last sexual encounter. No consistent effects on age at sexual initiation, secondary abstinence, or partnering behaviours were observed among these youth. |
- To examine whether the predictors of perceived HIV/AIDS risk and first sex vary by gender.  
- A key risk behaviour, entry into sexual intercourse, was a positive and significant predictor of perceived risk.  
- Risk behaviour, such as condom use and number of partners were identified and generally showed no significant relationship to perceived risk.  
- The main risky behaviour influencing risk perception for youth in Cape Town is sexual debut; further high-risk sexual behaviour among sexually active youth might not increase their perceived risk, even though such behaviour is likely to increase their actual risk. |

### 2.4 KNOWLEDGE OF HIV/AIDS AMONG SOUTH AFRICAN ADOLESCENTS

How much do adolescents know about HIV and AIDS in South Africa? In the wake of revelations that South Africa is one of the countries in Sub-Saharan Africa most severely affected by HIV/AIDS and, consequently, having the largest percentages of people living with the pandemic in the world, it is imperative that a study be conducted in this field to investigate related social, economic and health implications.

Recent studies reveal that in 2013 the number of people living with HIV/AIDS was approximately 5.26 million. Among adults aged 15 to 49, an estimated 15.9% of the population is HIV positive (Statistics South Africa 2013:2), an increase from approximately 5.24 million in 2010. Thus, it can be noted that the pandemic is still a daunting health challenge in South Africa.
Given such state of affairs, it is imperative that the baseline level of awareness and knowledge about HIV/AIDS among young people should be measured or assessed. Accordingly, the following discussion seeks to unpack what other researchers have found in their investigations regarding the level of knowledge adolescents have about HIV/AIDS.

Much of what is known about the extent of HIV/AIDS knowledge at the population level in Africa comes from analysis of several nationally representative Demographic Health Surveys (DHS). Despite the fact that DHSs are designed to capture fertility and family planning data, of late, several robust patterns about HIV knowledge and behaviours emerge from these data. Therefore, DHSs will also be used as sources of information in this particular study.

In 2000, Eaton and Flisher reviewed studies conducted on HIV/AIDS knowledge among South African "youth" aged 14-35 and found that young people are very aware that AIDS is a chronic disease that is sexually transmitted. However, they were less knowledgeable about how HIV is physically transmitted from one person to another, the asymptomatic carrier phase and the methods for preventing HIV infection (Eaton & Flisher 2000:71). The studies further reviewed moderate to high level misconceptions about the risk of contracting HIV. These misconceptions range from beliefs that HIV is transmitted via such means as; casual contact with a person with HIV or AIDS, sharing clothes, toilet seats and eating utensils, contact with an infected person’s saliva or phlegm, dry kissing and insect bites.

In response to the escalating HIV/AIDS epidemic, the South African government in 1988 mandated the Ministry of Education to implement a comprehensive Life Skills Education program in all secondary schools by 2005. The aim of the program was to increase knowledge and develop skills to help the youth to protect themselves from HIV infection and to safeguard their reproductive health. In light of this, Reddy, et al (2003:2-3) conducted a study on the Impact of Life Skills Education on Adolescent Sexual Risk Behaviours on a purposively selected sample of youths aged from 14 to 22. The study was conducted in two administrative areas in KwaZulu Natal namely; Durban Metro and Mtunzini Magisterial Districts.
The researchers found an increase in knowledge about HIV prevention topics namely; modes of HIV transmission, STIs other than HIV, and the number of contraceptive methods known particularly among Africans, males, and younger youth. Gains in sexual and reproductive health-related knowledge were in general modest and uneven, although substantial gains were noted on a number of key topics in HIV prevention.

Approximately a year later, Pettifor and company conducted a National Survey on HIV and Sexual Behaviour among Young South Africans (15-24 year olds). 94% of the surveyed youth, with no significant differences by age or gender, reported that they believed there were ways to avoid getting HIV infection. When asked to describe in their own words what could be done to prevent HIV/AIDS, 77% reported condom use during sex, 41% reported no sex, 10% mentioned having one faithful partner and 7% indicated that they avoided having many sex partners. Only 6% reported that there was nothing one could do to avoid contracting HIV/AIDS (Pettifor et al. 2004:10).

From this national survey, one can deduce and conclude that a significant percentage of the youth has good knowledge of HIV/AIDS. The survey also showed a very promising and significant improvement in terms of awareness and knowledge of HIV/AIDS compared to the study conducted by Eaton and Flisher in 2000.

Almost a similar study was conducted by Peltzer and Promtussananon to assess HIV/AIDS knowledge and sexual behaviour among junior secondary school students in South Africa using a cross-sectional survey design; with a sample consisting of 3150 students (44.1% were male and 55.9% female students). The aforesaid study produced somewhat similar results, but with spatial variations. The overall results of the study indicated that knowledge of HIV/AIDS was poor in some areas, but more satisfactory in others. HIV/AIDS knowledge was significantly higher in urban than in non-urban schools. The researchers concluded that adolescents’ knowledge of the pandemic was generally not satisfactory enough to sustain adequate HIV/AIDS response in a context of high and widespread HIV/AIDS prevalence (Peltzer & Promtussananon 2005:4).

The findings of the Kaiser Family Foundation (KFF) were very positive and promising, revealing that 96.6% of young persons aged 15-24 years had some knowledge of
HIV/AIDS (KFF 2007:3). The foregoing survey further confirms that most young South Africans are knowledgeable about HIV/AIDS prevention and treatment, the means of transmission and the required sexual behavioural modifications. However, it also noted that many significant minorities hold misconceptions about the transmission, prevention, and treatment of HIV/AIDS and that sexually active youth still do not think of themselves as personally at risk of HIV infection (KFF 2007:24).

A study by AVERT in 2013 also showed an increase in condom use in South Africa, with the percentage of adults aged 15-49 using condoms during their last sexual encounter increasing from 31 percent in 2002 to 64.8 percent in 2008. Younger people were reported to have produced the highest rates of condom use, which bodes well for prevention efforts. This could explain the decline in HIV prevalence and incidences among teenagers and younger adults (AVERT 2013). However, these results contradict with the latest HSRC survey released in April 2014 that found low percentages of consistent condom use and that condom use was plummeting by both males and females in all age groups (Shisana, et al 2014:127).

In spite of this contradiction, the bulk of previous findings have shown that adolescents have knowledge of the pandemic. However, gaps still exist between the reported knowledge regarding HIV/AIDS and its impact on behaviour change. This appears to be the case considering that subsequent studies continue to demonstrate significant deviation between such knowledge and reported sexual behaviours (LoveLife 2009:11). In light of the aforesaid, it is vital that efforts should be made through research to ascertain whether knowledge translates into behaviour change. Furthermore, it is imperative as well as to explore how adolescents make sense of their sexual behaviour in an environment ravaged by the AIDS pandemic.

2.5 VARIOUS FORMS OF RISKY SEXUAL BEHAVIOUR AMONG ADOLESCENTS IN SOUTH AFRICA

Risk sexual behaviour among adolescents is one of the most pressing challenges facing South Africa in its efforts to curb the spread of AIDS among this age group.
The country is battling to curb the spread of HIV/AIDS and to modify the sexual behaviour of adolescents who are beginning to experience and experiment with their sexuality (Chimere-Dan & Makiwane 2009:13).

In South Africa, as in many other less developed countries, the primary method of HIV/AIDS transmission is heterosexual intercourse and most South African youth know that HIV/AIDS can be transmitted this way (Shisana, et al 2009:51-52). As revealed by previous findings, instances of risky behaviour include the following; the early age of sexual debut, high levels of premarital sexual activity and sexual partners with irregular use or lack of barrier contraceptives, such as condoms (Hartell 2005). In South Africa, casual sex, multiple concurrent partners, less than regular condom use, are known to be common risky sexual practices among adolescents (Visser & Moleko 2008).

Statistics also confirm a pattern of early initiation of sexual relationships and multiple sexual partners among adolescents in South Africa. A recent HSRC survey suggested that risky behaviour is on the rise. The survey noted that sexual debut before the age of 15 continues to increase. The same pattern was noted on sex with older people among the 15-19 female age groups. There is also an increase in cases of having multiple sexual partners among males of the 15-24 age groups (Shisana et al 2014:127). This is in harmony with other previous findings. For instance, research by Chimere-Dan and Makiwane noted that the percentage of both male and female teenagers who had sexual relations before the age of 15 rose from 8.9% in 2002 to 9.4% in 2005 although it slightly declined to 8.5% in 2008. Intergenerational sexual relations patterns revealed that in 2005, 90.4% of sexually active teenagers aged 15-19 had sexual partners who were within five years their age. The figure increased to 98.5% in 2008 (Chimere-Dan & Makiwane 2009:12-13). The above statistical evidence confirms that risky sexual behaviour is poignantly increasing.

Risky sexual behaviour is also evident as shown by the escalation of teenage pregnancies in the country, a sign that teenagers engage in unprotected sex (Panday et al 2009:12). The South African Provincial Education Department (SAPED), in 2007, reported that the number of school girl pregnancies doubled as compared to the past
year. This was despite a decade of spending on sex education and AIDS awareness (www.hst.org.za/category/social-tags/sex-education). The same situation was reported five years later by E-television (E-TV) on prime time 19h00 news program on the 19th of February 2012. The said news article revealed an increasing number of high school teenage pregnancies, with Gauteng province producing the highest number of pregnant learners, especially from Tembisa location. This testifies to the fact that risky sexual behaviour is rife among high school learners.

Statistics also reveal a strong association between teenage pregnancy and HIV infection in South Africa. For instance, antenatal data released by the Department of Health (DoH) shows that 12.9 percent of the 15-19 year old pregnant women were HIV positive. From age 17 onwards, every second woman who has been pregnant is infected with HIV (Harrison (2008) cited in Panday et al 2009:37-40). These statistics corroborate with the study conducted by the South African Department of Health Study (SADH) in 2009, in which an estimated HIV prevalence of 13.7% was noted among the 15-19 year age groups of women attending antenatal clinic across all provinces (SADH 2009:3).

An announcement made by the Health Minister Aaron Motsoaledi while addressing the National Council of Provinces during a Taking Parliament to the People event in Carolina, Mpumalanga, bears testimony to the fact that risky sexual behaviour among adolescents is a vexatious national challenge. The minister announced that in 2011, 94 000 schoolgirls across the country fell pregnant while about 77 000 of them had abortions at public facilities (Mail & Guardian 2013). The minister attributed this figure to the “sugar daddy” phenomenon which has become prevalent in South Africa.

Apart from early sexual initiation and multiple concurrent sexual relations discussed above, other subsequent studies testify that adolescents are engaging in risky sexual behaviour, particularly when they are under the influence of alcohol.

Findings by the South African Youth Risk Behaviour Survey reveal that 14% of sexually experienced youth had sex after consuming drugs and alcohol (Reddy et al 2003).
In yet another research, Frank et al (2008:395) concur that alcohol and drug use compound risky sexual behaviours as they found in their study that high percentages of alcohol use were prevalent among the pupils who engage in risky sexual behaviour. The foregoing study was conducted in three public high schools in Wentworth, a Suburb in Durban, KwaZulu-Natal.

The National Antenatal Sentinel HIV and Syphilis Prevalence Survey, South Africa, 2011, conducted by the National Department of Health reported a slight increase in HIV prevalence among young women in the 15 –19 age groups from 13.7% in 2009 to 14.0% in 2010. The prevalence slightly decreased to 12.7% in 2011, while among the 10-14 age group it rose from 7.3% in 2008 to 9.1% in 2010 (DoH 2011). On the other hand, the HIV/AIDS statistics released by ASSA in 2011 reported a slight drop in the HIV prevalence among the 15 to 24 year olds from 9.2% in 2005 to 7.7% in 2010 (ASSA 2013). A decline of 1.3% in the 15-19 age group is, however, not statistically significant and it generally implies that the prevalence, albeit the apparent stabilisation, remains high among this age group.

Thus, as discussed above, there is enough evidence to the effect that risky sexual behaviour is rife among adolescents. It is also apparent that adolescents are increasingly becoming sexually active at a tender age and if interventions are delayed the pandemic has the potential of plunging the country into social, health and economic tragedy. What is alarming is the fact that this is happening amidst reported levels of knowledge and awareness of the pandemic as it is believed that, with knowledge, the subsequent behaviour of an individual should be logical and informed.

As such, it is expedient that an in-depth exploration of adolescents’ views regarding their knowledge and sexuality be done with a view to come up with effective interventions to halt the pandemic among the adolescents.
2.6 THE CORRELATION BETWEEN KNOWLEDGE OF HIV/AIDS AND BEHAVIOUR CHANGE

There are many unresolved questions regarding whether behaviour change interventions can reduce HIV incidences or sustain changes in behaviour. Some assumed that adolescents take risks because they lack knowledge about the consequences of risky behaviour, while others postulate that adolescents think that they are invulnerable (Sharp 2010:3). This is however, an on going debate, perhaps the most hotly debated and contested topic in the public health arena as to whether an adequate knowledge of HIV/AIDS is sufficient enough to promote behaviour change among the youth (Heeren, Jemmott, Mandeya & Tyler (2007) cited in Reddy & Frantz 2011:166).

This debate is fuelled by the fact that there are myriad behavioural intervention strategies that have been instituted to promote safer sexual behaviour among adolescents yet relatively few of these have been proven to be effective. This paradox is further compounded by the fact that even in the face of reported high levels of awareness and knowledge of HIV transmission dynamics, limited behavioural change relative to the HIV/AIDS pandemic has been witnessed. (Reddy et al 2010:14). Thus, this anomaly needs further exploration.

According to Adegbola et al (2003) cited in Odu & Ankanle (2008:81-82), knowledge in the context of HIV/AIDS implies the ability to recall facts concerning the causes, transmission and prevention of HIV/AIDS. It is therefore expected that knowledge of HIV/AIDS would be accompanied by logical and safe sex behaviour. This forms the crux of most HIV/AIDS education campaigns and projects since it is assumed that knowledge helps to overcome fear and denial. It also contributes to behaviour modification (AVERT 2013).

Given such a context, it is therefore prudent to highlight what other researchers have found out pertaining to the aforementioned debate. However, it should be noted at this stage that, to the knowledge of this researcher, there is paucity of recent data within the South African context that has attempted to examine the correlation between knowledge and sexual behaviour, particularly among in-school adolescents.
Furthermore, most studies have focused more on youth and less particularly on adolescents, who are the primary focus of this study. Nevertheless, it is doubtless that the data pertaining to this age group (youth) will help to shed light on relevant behavioural patterns as adolescents constitute a statistically significant percentage of the youth.

LoveLife, in its 2008 Annual Monitoring Report based on the data from four national random probability sample surveys, concluded that awareness of other national HIV prevention programmes, like theirs, was high among young people (6 to 25 year olds). It however, concedes that the full extent of behaviour change programmes is also difficult to gauge. This is so because national surveys do not capture the wide range of activities by local organisations (LoveLife 2008:7-8). A study done by Magnani, McIntyre, Karim, Brown and Hutchinson (2005:2) revealed that exposing youth to life skills topics related to sexual-reproductive health knowledge, skills and behaviours, may have a positive impact on helping them to acquire knowledge about reducing the risk of HIV and to change selected behaviours.

Pettifor, et al (2004) conducted the National Survey on HIV and Sexual Behaviour Among Young South Africans (15-24 year olds) using a sample of 17,450 youth who were identified as eligible for the survey. The survey found that 66% of the youth indicated that they had changed their own behaviour to avoid HIV as a result of knowledge of AIDS (Pettifor et al 2004:6). However, it is crucial to note that this study relied on self-reported behaviours of which previous researchers have questioned the validity of self-report measures in data collection, given that respondents often provide socially acceptable answers rather than the truth. This is especially prevalent when respondents are called upon to divulge such sensitive information as their sexual behaviour and express views on HIV/AIDS.

Other studies that found positive associations between HIV/AIDS knowledge and HIV/AIDS prevention behaviours were conducted by (MacPhail & Campbell, 2001; Tillotson & Maharaj, 2001). These researchers argued that campaigns to increase knowledge about HIV/AIDS may be having a positive effect on behaviours, thus, stressing the importance of assessing the level of knowledge of HIV/AIDS.
Contrary to the above studies, is the one conducted by Anderson, Beutel and Maughan-Brown which confirmed that young people in Africa engage in high risk HIV/AIDS behaviours such as having multiple sex partners and inconsistent condom use, despite having knowledge about HIV/AIDS (Anderson, Beutel and Maughan-Brown 2007:4). The same sentiments were shared by Reddy and colleagues who expressed concern on the fact that adolescents in South Africa continue to be devastated by the pandemic despite their high levels of knowledge and awareness of HIV/AIDS (Reddy et al 2010:14).

In harmony with those who found a significant correlation between the level of knowledge and resultant behaviour, Kirby summarized the results of 63 studies that measured the impact of sex education programs on sexual behaviour. The researcher concluded that nearly all studies of sexuality education programs demonstrate increased knowledge of sex education on young people. Furthermore, these studies provided strong evidence that programs that emphasize abstinence as the safest option and those that discuss condom and contraceptives did not dramatically reduce risky sexual behaviour as their effects were more modest. Even the so-called most effective programs in the 63 studies that were reviewed tended to lower risky sexual behaviour by approximately one-fourth to one-third, which is statistically less significant (Kirby 2011:4).

In a nutshell, there is no consensus regarding the correlation between knowledge and behaviour change, as the studies above indicate. This highlights the existence of gaps in literature that require further investigation. Accordingly, this study seeks to contribute to this kind of debate with the hope of narrowing the aforementioned literature and knowledge gaps.

2.7 STUDIES IN OTHER AFRICAN CONTEXTS

The scenario of disparate research findings regarding the subject under investigation is not unique to South Africa. Studies in other countries have similarly produced inconsistent and mixed results. For instance, studies done in Nigeria by Ogundana (2002) cited in Odu & Akanle 2009:82) reported a high level awareness of HIV/AIDS
among the population in Nigeria; with a quarter of respondents acknowledging that they often had unsafe sex with high risk partners. Similar findings by Adedimeji (2000) cited in Odu & Akanle 2009:82) revealed a 100% awareness rate among the respondents. However, in spite of such awareness of the consequences of HIV infection; no serious behavioural change or evidence of adopting preventive efforts were apparent. This provides a basis for the assumption that exposure to HIV/AIDS information alone does not motivate expected logical behavioural change among youths.

Contrary to the above, is a study by Mlingo which found that secondary school learners in Zimbabwe have high HIV/AIDS knowledge, resulting in virtually no risky sexual behaviours found among them (Mlingo (2008:61). Two years later, a study by Gregson and colleagues aimed at investigating the decline of HIV infection rate in Zimbabwe, complements the aforesaid findings. They concluded that their findings were the first to provide convincing evidence of an HIV prevalence decline accelerated by changes in sexual behaviour in a Southern African country (Gregson, et al 2010:11). Nevertheless, they urged future researchers to further analyse and investigate this decline so as to understand the reasons behind this behaviour change (Gregson, et al 2010:11).

Thus, there can hardly be consensus on the controversy surrounding the correlation between knowledge and behaviour change. While some studies have shown positive behaviour change as a result of knowledge, others have shown that such knowledge may not necessarily translate into behaviour modification. It is, therefore, hoped that a study of this nature will inevitably contribute to the debate regarding the role played by behaviour change programs in curtailing the epidemic among adolescents.

2.8 CURRENT INTERVENTIONS TO CURB THE SPREAD OF HIV/AIDS AMONG SOUTH AFRICAN ADOLESCENTS

The South African Department of Basic Education, together with the Department of Health, in an endeavour to address the spread of HIV/AIDS, have implemented a number of initiatives that aim to ensure that all young people possess the basic knowledge that is required to make informed decisions about behaviours related to HIV/AIDS and to promote health.
The following are some of the on-going initiatives:

2.8.1 Peer Education

Peer education is one of the programmes which were put in place to educate learners and bring awareness about HIV/AIDS. In this case, peer educators, who happen to be learners, interact with all organized trainers, other learners and educators on HIV/AIDS whilst carrying out the responsibility of educating other learners about HIV/AIDS (Department of Basic Education 2011:8).

Research has also shown that peer education helps to impart assertiveness techniques, decision-making skills, survival techniques and negotiating skills to learners. As a result, learners develop increasingly positive attitudes towards safer sex and would only engage in low risk sexual behaviour (Department of Basic Education 2011:8-9).

2.8.2 HIV Counselling and Testing (HCT)

In April 2010, a massive HIV counselling and testing (HCT) campaign was launched. Its principal aim was to scale up the awareness of HIV and AIDS. The government aims to bring about general discussion of HIV throughout the country by using the media. The strategies used in the campaign include publicising the availability of free testing and counselling in health clinics by means of door-to-door campaigns and billboard messages and to debunk the myths and stigma of HIV. Through this campaign, the government aims to reach 50% of the population (AVERT 2013).

2.8.3 Multimedia Campaigns

Soul City, LoveLife and Soul Buddyz are some of the principal multi-media campaigns targeting adults and children through the utilization of broadcast, print and outdoor media to promote good sexual health and well being. In 2011, research into the impact of the Soul City campaign found that it was having a positive effect on the sexual behaviour of adults who had been exposed to the campaign message. The LoveLife campaign has run since 1999. It uses a wide range of media directed mainly towards teenagers. It also runs youth centres that provide sexual health information, clinical services and skills development, throughout the country (AVERT 2013).
2.8.4 Khomanani

Khomanani was first launched in 2001 and later re-launched in 2007 by the Department of Health with the aim of halving incidences of HIV infections by 2011 and mitigating the impact of AIDS on individuals, families and communities. The campaign distributes its messages via television and radio commercials, public service announcements, print media and community outreach programmes (Panday et al 2009:93).

It focuses on accelerating HIV and AIDS prevention, care, treatment and support, nutrition and health promotion, among others, targeting youths of school going-age (GCIS 2003). Behavioural change strategy is used to foster changes in sexual behaviour, encouraging young people to delay sex, educating them on the risks of transactional sex and adoption of safe sexual practices to those sexually active (Cullinan, (2002) cited in Panday et al 2009:93).

2.8.5 Life Skills and Sexuality Education

Comprehensive sexuality education is considered to be an important means of addressing risky behaviours by adolescents. Accordingly, in 1999 the South African Department of Education introduced Life Orientation as a senior school curriculum subject. The focus of the life skills programme has been on the prevention of HIV and AIDS among learners through imparting knowledge and skills. Sex education was incorporated into the curriculum as part of the wider Life Orientation curriculum which was implemented in 2002 (AVERT 2013).

2.8.6 Adolescent Friendly Services

Several interventions have been instituted within the rubric of family planning services which saw the provision of free health care, including contraception and condoms at primary health clinics and hospitals (Shisana et al (2005) cited in Panday et al 2009:89). Such family planning services are provided to young people for the purpose of making reproductive health services accessible. Consequently, this as well improves young peoples’ knowledge and skills on how to use contraception and condoms.
2.8.7 Circumcision

Male circumcision has been proved to reduce the risk of sexual transmission of HIV from women to men by 60%. Accordingly, the government advocated for voluntary medical male circumcision as an integral part of its HIV counselling and testing campaign, targeting all men aged 15-49. In April 2010, KwaZulu-Natal became the first province to offer voluntary medical male circumcision services (AVERT 2013).

2.9 KNOWLEDGE GAPS FOR FUTURE INTERVENTION

The review of literature has made it abundantly clear that the topic of adolescents’ sexuality versus behaviour change in the context of HIV/AIDS remains a contentious issue in the social and public health arena. This is evidenced by the inconsistent results that various studies have produced. Furthermore, the paucity of recent research studies on this topic, especially within the South African context, makes it an area worthy of further exploration. To the researcher’s knowledge, published studies to date have focussed more on the youth and not particularly on adolescents. Only a few studies have attempted to examine adolescents’ knowledge and its correlation to behaviour change. Given such knowledge gaps and inconsistent findings produced by preceding studies, it is imperative that further exploration of the topic be done. This research, therefore, seeks to focus exclusively on in-school adolescents and explore their views regarding the knowledge of HIV/AIDS and the influence it has on their sexual behaviour.

2.10 CONCLUSION

This chapter discussed literature pertinent to the study. The following chapter will discuss the research design and methodology as well as the ethical considerations to be applied to this particular study.
CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

This study seeks to explore the views of adolescents regarding their level of knowledge of HIV and AIDS and the impact this knowledge has on their sexual behaviour. The following aspects namely; the research design, data collection instruments and procedures, ethics and data analysis will be addressed in this chapter.

3.2 RESEARCH DESIGN

The research design is the researcher’s overall plan for obtaining answers to the research questions and handling some of the difficulties encountered during the research process (Polit & Beck 2008:66). In this study, the researcher employed a qualitative research design which is best suited to meet the various objectives of the study in question. According to Burns and Grove (2009:51), the qualitative approach is based on a holistic worldview that has the following beliefs:

- That there is no single reality,
- That reality based on perceptions is different for each person and changes overtime, and that,
- What we know has meaning only within a given context or situation.

Qualitative research, therefore, allows the subjects to give much richer answers to questions posed to them by the researcher, thus providing valuable insights which might be missed by other methods. In this particular study the researcher utilised a case study design.

3.2.1 Case Study Design

The case study design was found to be the most applicable technique to this study. This design allows an in-depth, multi-faceted exploration of complex issues in their real-life settings.
Polit and Beck (2008:235) note that case studies allow researchers to obtain a wealth of descriptive information and to gain an insight and an in-depth understanding of the dynamics as to why individuals think, or behave, the way they do. Gray (2004:123) adds that case studies are more specific in their focus but can explore many themes and subjects and can also be utilised for a variety of issues. According to Yin (2009:25), a case study design should be considered when:

- The focus of the study is to answer “how” and “why” questions;
- One cannot manipulate the behaviour of those involved in the study;
- One wants to cover contextual conditions believed to be relevant to the phenomenon under study;
- The boundaries between the phenomenon and the context are not clear.

As such, this study design was chosen as it fits the above-discussed criteria, that is; the researcher is not interested in manipulating the behaviour of the subjects but in asking the “how” and “why” questions that will deliberately cover a myriad of sexual activities and behaviours pertinent to the phenomena under study.

3.3 RESEARCH METHOD

Research methods may be understood as combination of all the methods or techniques that are used during the course of studying the research problem. In this particular study, the researcher employed a qualitative research method.

Burns and Grove (2009:51) describe a qualitative approach as a systematic, subjective approach used to describe life experiences and give them significance. Hancock (2002:2) adds that qualitative research is concerned with the opinions, experiences and feelings of individuals producing subjective data. As such, qualitative research was used by the researcher to explore the views and opinions of the participants as well as their understanding of the phenomena under investigation. In addition, the ability of qualitative research to provide complex textual descriptions of how people experience a given phenomenon under study is the reason why the researcher saw it prudent to choose this method.
3.3.1 Sampling and Sampling Procedure

Polit and Beck (2008:339) define sampling as a process of selecting a portion of the population to represent the entire population so that inferences about the population can be made. To reach the sample, the researcher wrote letters to the principal of Jules High School and to the Gauteng Department of Basic Education (Annexure A and B respectively) seeking permission to conduct the study. Once granted the aforesaid permission from Jules High School and the Department of Basic Education (Annexure C and D respectively - approval letters), the researcher approached the principal seeking permission to talk to learners at a time convenient to them.

The principal took the researcher to a Grade 10 class at break time. All the learners who were playing outside were requested to get inside the classroom. The principal introduced the researcher to the learners and thereafter gave the researcher the platform to explain the purpose of the visit. The researcher then addressed the learners and requested them to participate in the study.

The aims and objectives of the study as well as the benefits of participating were explained fully to the learners, with emphasis on voluntarism, confidentiality and honesty. Those who volunteered to participate were given consent and assent forms to sign and asked to take copies thereof to their parents. The researcher distributed 45 copies of letters (both assent and consent forms as well as parental consent forms to those below 17 years of age).

The researcher told the learners who had volunteered to participate, especially to those under 17 years that they would only be considered if they brought back signed parental consent forms. The researcher also explained that should their parents have reservations concerning the research study they should feel free to approach the researcher for further clarification.

The researcher further informed the participants of his willingness, upon request to visit the parents, at their respective homes, to explain the nature of the study if they needed further elaboration before appending their signatures. (Kindly refer to Annexure E, F,
and G for letters requesting assent, consent from both participants and their parents respectively for more detail).

3.3.1.1 Purposive Sampling

Babbie, (2007:184) defines purposive sampling as a type of non-probability sampling in which units are selected on the basis of the researcher’s judgement about which ones will be the most useful representatives. It is used when the researcher has no sufficient knowledge about the sample to undertake a probability sampling and may not know how many people make up the population. Under these circumstances the researcher resorts to non-probability sampling methods. Parahoo (2006:268) asserts that in this case the researcher deliberately chooses who to include in the study on the basis of the selection criteria sets.

Merits of Purposive Sampling

According to Parahoo (2006:268) and Babbie (2007:184) purposive sampling has the following advantages:

- It is very convenient and economical;
- The researcher relies entirely on his judgement and knowledge of the sample to ensure the most characteristic representative sample is selected. This helps in generalisability of research results.

Demerits of Purposive Sampling

Polit and Beck (2009:344) identify the following as some of the weaknesses of purposive sampling:

- It is rarely representative of the population,
- Not every element in the population has an equal chance of being included in the sample,
- There is a possibility of a sampling bias which may lead to misleading results.
Despite the weaknesses highlighted above, the merits associated with the purposive sampling method enabled the researcher to select cases that possess the most suitable qualities (as indicated in the selection criteria) to ensure representativeness of the population under study.

### 3.3.1.2 Inclusion and Exclusion Criteria

Inclusion, sometimes referred to as eligibility criteria, refers to specific attributes of the target population by which subjects are included for, or excluded from, participation in the study (Burns & Grove 2005:342; Polit & Beck 2008:338). In this study the following criteria were used, namely the learners must be:

- **Aged between 16 and 19, from both sexes.** The researcher purposively selected those who were within this age range and totally excluded those below the said age range from the study.

- **Be a bona fide learner at the selected school.**

- **Willingness to participate in the study.** Those who volunteered to participate in the study were given assent forms (16-17 year olds) and consent forms to those aged 18 and above. The researcher emphasised the need for parental approval as a prerequisite for interviewing. The Department of Basic Education advised the researcher to seek parental consent first before interviewing. Therefore all volunteers, irrespective of age, were issued with parental consent forms.

- **Have obtained parental consent.** Those who obtained parental consent forms were advised to phone the researcher on the cell phone numbers given to them, for interview arrangements.

### 3.3.1.3 Population

Polit and Beck (2008:337) define population as the entire aggregation of cases in which the researcher is interested in gathering information and drawing conclusions from.
This group should be clearly defined in respect of person, place and time (Joubert & Katzenellenbogen 2007:94). Furthermore, the group must possess specific characteristics of interest to the researcher and relevant to the study.

In this study the researcher’s population is Jules High School learners from grades 9 to 12, who fall in the 16-19 age range. The researcher addressed learners numbering above 30 in one classroom and gave them assent forms, consent forms and parental consent forms. They were given time to go through the forms and ask questions if they needed further clarification and elaboration. Thereafter the researcher advised the prospective participants to discuss with their colleagues and then take the letters and forms home to their parents.

3.3.1.4 Setting

Setting refers to the place where data is collected. The study was conducted at Jules High School, a government school just outside Johannesburg CBD. The school is located along Marshall Street, in Jeppes town suburb and it enrolls learners from grades 8 to 12. It also offers Life Orientation (now known as Life Skills) from grade 8. The subject is meant to impart life skills to learners to ensure that they are capable of making informed and responsible decisions and choices that would enable them to live healthy, productive and meaningful lives. The school is predominantly black populated, although there are a few coloureds, whites and indians. The school’s main catchment areas are the surrounding suburbs such as Troyeville, Malvern, Jeppes town, Betrams and Kensington. There are also a few learners from as far as Hillbrow and Berea.

Schools are regarded as convenient sites for imparting sexual health education and disseminating knowledge and skills to promote effective behaviour change among adolescents. Hence, this research is conducted at a school to enable the researcher to assess, as per the objectives of the study, if knowledge, or lack thereof, translates into behaviour change.
3.3.1.5 Sample Size

In qualitative research, sampling is not about size but about quality. Qualitative researchers do not pre-specify the sample size, but they conduct data collection until no new data is generated, namely until data saturation occurs (Polit & Beck 2010:321). Data saturation entails that once the researcher finds that further interviews are becoming repetitive and redundant such that no new information can be learned or generated by further data collection, there would be no need to continue interviewing (Polit & Beck 2010:321).

The researcher interviewed 20 participants who availed themselves for interviews. After interviewing 15 participants the researcher recognised that no new data was emerging as he kept on recording similar information, but continued up to the 20th participant just to acknowledge learners who had shown cooperation and commitment by availing themselves for interviews.

3.3.2 DATA COLLECTION APPROACH AND METHOD

Once permission was sought from the school under study, the Department of Basic Education and the identified respondents, the researcher made arrangements with the subjects regarding a convenient venue and time for the interviews. Most preferred to meet in the park in Troyville during weekends, as the Department of Basic Education had advised the researcher to avoid conducting research during school hours. The park has an office that is used by security officers. The researcher was granted permission by the security guard at the park to utilize the office for interviews.

The researcher first addressed the group of willing participants and explained the purpose of the study, issues of anonymity and confidentiality as well as their rights as participants, before calling individuals into the office for private interviews. The interviewer was equipped with a set of guiding points or questions on the topic (Annexure H- interview schedule).
However, the researcher was not limited or restricted to the scripted questions. Flexibility in the sequencing of the questions was also exercised where the researcher saw it fit and proper, depending on the responses given by the participants during interview. The interviews took an average of 30 minutes per participant.

### 3.3.2.1 Data collection instrument

The researcher used semi structured interviews to collect data. Semi structured interviews take the form of a discussion between the interviewer and the interviewee on the research topic and are generally used when the researcher wants detailed information from the interviewees (Skinner, cited in Joubert & Ehrlich 2007:319). These semi-structured interviews contained a series of open ended questions based on the topic areas the researcher wanted to cover.

The open-endedness of these questions afforded an opportunity to both the researcher and the respondents to explore the issues under investigation in detail. Face to face interviews were conducted in English, the language preferred by all the participants. The interviews were tape recorded, with prior permission of the interviewees.

**Strengths of semi-structured interviews**

According to Hancock (2006:55-56) and Freestone (2008:35-38) the strengths of a semi-structured interview are as follows:

- It gives the respondent the opportunity for personal explanation and detailed responses. This enables deep exploration of experiences.
- Open ended questions result in comprehensive information
- Gives the interviewee the freedom in responses while allowing the researcher to be in control of the interview.
- The interviewer can use cues or prompts to encourage the respondent to talk more.
The interviewer has the freedom to probe.

Because the order of questions is not fixed, flow and sharing of views are more natural.

The weaknesses of semi-structured interviews

Despite the advantages discussed above, semi-structured interviews have some shortfalls which, if the researcher is not experienced enough, can affect the quality of data. Skinner, cited in Joubert & Ehrlich (2007, 319; 320,326) identified the following as some of the weaknesses of semi-structured interviews:

- Researcher bias and subjectivity can be serious problems in the analysis of data.
- The process of transcribing and analysing data can be time consuming and costly.
- It is difficult to generalize findings owing to the small sample size and the non-random sampling technique often associated with qualitative research.

The semi-structured interview method was chosen because of two primary considerations. Firstly, it is suitable for deep exploration of the views, perceptions and opinions of respondents regarding complex and sometimes sensitive issues. In this particular case the topic of HIV and AIDS and sexual matters, requires further probing for more information and clarification of answers which cannot be obtained through use of questionnaires. Secondly, the varied socio-cultural, educational and personal histories of the sample group precluded the use of a standardized interview schedule.

3.3.2.2 Characteristics of the semi-structured data collection instrument

Semi-structured interviewing has a flexible and fluid structure, unlike structured interviews which contain a structured sequence of questions to be asked in the same way to all interviewees.
They involve a series of open-ended questions based on the topic the researcher seeks to cover. The following are some of the characteristics of semi structured questions as identified by Hancock (2002:13):

- The interviewer and respondents engage in a formal interview.
- The interviewer develops and makes use an interview guide which contains a list of questions and topics that need to be covered and explored during the interview.
- The interviewer follows the guide, but is flexible to change the sequence of questions on the guide, where appropriate.
- It allows subjects the freedom to express their views in their own terms.
- Other questions may emerge from the dialogue.
- It is organized around a set of predetermined questions.
- It gives the interviewer and interviewee freedom to probe.

The interview schedule the researcher used is divided into three essential aspects namely:

Section A: Demographic Information

Section B: Knowledge on HIV/AIDS and Sources of Information

Section C: Sexual Behaviour and Activities

NB (Kindly refer to annexure H).

3.3.2.3 Ethical Considerations Related to Data Collection

Research ethics involves protecting the rights of the participants and the institutions in which the research was done, and maintaining professional integrity (Babbie & Mouton 2001:531; Burns & Grove 2005:181-206).
Thus the following are the ethics the researcher took into consideration throughout the entire study to ensure that the study complies with the principles of research ethics.

- **Written Informed Consent and Assent.**

The participants in this study, given their age (16-19), are incompetent to give consent but are cognitively mature to give assent. Therefore, the researcher asked the participants’ parents to assent and consent on behalf of their children. The researcher outlined the purpose and expectations of the study; the right to ask questions and withdraw from the study. It was only after the above modalities had been explained that the participants were asked to sign assent forms.

Letters were written to parents/guardians requesting written permission. In these letters the researcher explained the purpose of the study, its objectives, procedures, possible risks and discomfort. The benefits, if any, and the expected duration of participation were also explained. The researcher avoided, at all costs, coercing the subjects into participating.

Caution was also taken regarding the level of language used on the consent forms and invitation letters, taking into consideration the parents’ and participants’ age and levels of understanding. In so doing, the researcher avoided the use of technical research language and made use of language best understood by the parties concerned. The researcher also assured participants that participating in this study was voluntary and as such they were at liberty to decline or withdraw their participation if they so wished and that nobody would be sanctioned for participating or refusing to participate in the study. Ultimately, the researcher interviewed those who managed to bring consent forms signed by their parents or guardians.

- **Anonymity and Confidentiality of Research Participants**

The right to anonymity and confidentiality was adhered to by ensuring that identifying information such as real names were not collected from the participants and that their identities would remain anonymous in presentations, reports and publications of the study findings.
The researcher went a step further to assure the respondents that code numbers or pseudonyms would be used to guarantee their anonymity and that their responses or information obtained from the interviews would be kept confidential. The researcher gave the respondents freedom to generate their own identification codes to boost their confidence and sense of anonymity. The interview was done in a private place on a one-to-one interview basis, and the information that was given was kept confidential. The researcher made firm assurances to participants that the content of the interviews will not be divulged to anyone, including their parents, except to UNISA.

➢ **Principle of Justice**

Parahoo (2006:112) affirms that justice entails being fair to participants by not giving preferential treatment to some and depriving others of the care and attention they deserve. The researcher treated all participants equally. The participants volunteered to participate in the study and, therefore, no coercion or undue influence of power relations was exercised by the researcher. Furthermore, the researcher ensured that justice was exercised by selecting participants based on research requirements and avoiding exploiting the vulnerability or compromised position of participants. The researcher honoured all agreements entered into and more importantly the privacy of participants.

➢ **Beneficence**

This principle requires commitment to minimize the risks, including psychological and social ones, that are associated with research and maximizing the benefits that accrue to the research participants. The researcher must therefore ensure and articulate specific ways necessary to attain this (Parahoo 2006:111). This study seeks to gather information that will help to formulate policies and programmes meant to address the scourge of AIDS among young people as well as addressing risky sexual behaviour to ensure a healthy young generation free of HIV/AIDS.

The researcher made arrangements with workmates, who are qualified social workers at Johannesburg Child Welfare, and ensured they were readily available should some participants psychologically or otherwise be traumatised by their participation in this
study. Furthermore, the researcher had a contingency plan of giving participants freedom to choose not to answer questions which they particularly felt uncomfortable with. Terminating the interview if there was reason to believe that continuation would result in trauma or undue stress to the participants was another option. However, no participant exhibited signs of stress or trauma. They were all happy and satisfied with the interview process.

3.4 DATA ANALYSIS

According to Hancock (2002:8), analysis of data in a research project involves summarising the mass amount of collected data and presenting the findings in a way that communicates the most important features. In qualitative studies, data collection and data analysis usually occur simultaneously. Polit and Beck (2008:507) describe qualitative data analysis as an active and interactive process whereby the researcher scrutinises the data carefully and deliberately study it over and over again in search of meaning and deeper understanding.

Each interviewee was coded, through the use of pseudonyms, such that only the researcher would know the identity of the persons who would have participated in the research. The researcher took brief field notes and simultaneously tape recorded the interview. The field notes were expanded immediately after completion of each interview to ensure complete and thorough findings. Probes were used to encourage participants to clarify the meaning of their responses and to encourage in-depth descriptions.

3.4.1 The Data Analysis Steps

- Preliminary Data Analysis

Firstly, preliminary data analysis took place at the research site during interviewing. Preliminary data analysis entails that as data are gathered during interviewing, they are analysed. The researcher brought a tape recording machine to record the interview and participants’ permission was sought in this regard.
The researcher analysed the descriptions given by the participants and divided them into meaning-laden statements; those meanings that are essential to the construct of the phenomena under study.

- **Transcription**

According to Lacey and Luff (2009:20), almost all qualitative research studies involve some degree of transcription whereby the data recorded in audio taped interviews, focus groups, video recordings and field notes are accurately processed into a word package, including non-verbal information. This process was done away from the research site. After conducting each day’s interviews, the audio tapes were listened to several times in order to enable the researcher to be immersed into the data. Repeating the process enabled the researcher to understand the unique nature and context of each description. The researcher made hard copies of each transcription; labelled them in alphabetical order and created a folder for future references.

- **Clustering Similar Data**

In qualitative approaches, clustered data are referred to as themes or structural meaning units of data that capture and unify the nature or basis of experience in a meaningful whole (Lacey & Luff 2009:22). These themes will finally be related to one another to develop an exhaustive description of the experience being investigated. The researcher organised data into easily retrievable sections, giving each interview a code and breaking up field notes into sections identified by the context.

- **Coding**

Coding was done through content analysis. According to Hancock et al 2009:14), content analysis refers to the categorisation of verbal or behavioural data for purposes of classification, summarisation and tabulation. This content analysis can be done in two ways, namely descriptive and interpretative. Descriptive accounts cover what the respondents actually said while the interpretative is concerned with what is meant by the response, that is, what can be inferred or implied.
The basic idea of content analysis is to identify from the manuscript the extracts of data that are informative in some way and to sort out the most important message hidden in the mass of each interview (Hancock et al 2009: 24).

**Developing Themes**

The coded data was developed into more refined themes that were generated from the very data. The researcher ensured that the data would illuminate the experiences of those who lived them, in this case the participants.

### 3.5 THE MEASURES TO ENHANCE TRUSTWORTHINESS FOR THE STUDY.

According to Lincoln and Guba (1985:290) scientific rigor in qualitative research is associated with openness, relevance, epistemological and methodological congruence. In addition, while the researcher is expected to apply his own understanding, there should be scrupulous adherence to philosophical perspectives and thoroughness in the collection, consideration and analysis of all data. The following are the measures that the researcher followed to ensure rigor:

#### 3.5.1 Credibility

Credibility (truth value) seeks to establish how confident the researcher is with the truth of the findings (Lincoln & Guba 1985:290). This truth value was enhanced through prolonged and repeated interviews until data saturation. In addition, rereading interview transcripts enabled the researcher to capture descriptions as accurately as they were reported by the participants.

The researcher also made use of peer examination with some work mates who are all qualified social workers, two of whom have masters’ degrees. None of the said colleagues had a connection to the study. The peers thoroughly examined and assessed the accuracy of the methodology, findings, interpretations and conclusions. Their feedback enabled the researcher to perfect the research and make it credible. The researcher will strive to provide rich and thorough information regarding the description of the research setting or context, observed transactions and processes.
Findings and themes will be discussed in depth, as a mechanism to ensure rigor and transferability of data to other settings.

3.6.2 Dependability

The researcher will also make use of peer examination with other work mates who are all qualified social workers who have no connection to the study to examine and assess the accuracy of the methodology, the findings, interpretations and conclusions. The feedback from the aforesaid will enable to perfect the research, make it dependable and allow the study to be repeated.

3.6.3 Confirmability

The researcher will also employ the data neutrality as a way of safeguarding against attaching preconceived ideas or own perceptions on the experiences of the participants. This will be achieved through maintaining neutrality, avoiding being judgemental and being mindful while becoming closely involved with the participants' experiences. The researcher will avoid at all costs to attach his beliefs or assumptions to those of the participants should such happens, admission or acknowledgement thereof is critical to restore integrity of the researcher and the study itself.

3.6.4 Transferability

The researcher will thrive to provide rich and thorough information regarding the description of the research setting or context and observed transaction and processes, in-depth discussion of findings and themes as a mechanism of ensuring rigor and transferability of data to other settings.

3.6 STEPS TAKEN FOR ETHICAL CONSIDERATIONS

The researcher took the following steps to comply with the ethical requirements of research:

- Permission was granted by UNISA Ethic committee (annexure I).
➢ Permission to conduct the research was requested from the Department of Basic Education and permission was granted (annexure D).

➢ Learners who failed to get parental consent were excluded from participating in the study.

➢ Permission was obtained from the participating school (annexure C).

➢ The learners and their parents/guardians were fully informed about the purpose of the study (annexure E, F, G).

➢ The researcher kept all data locked up and all raw data will be destroyed upon the official acceptance of the dissertation. The research report will not portray the participants’ names, but only figures, statistics and discussions.

➢ The right to privacy was also respected; the interviews were conducted in a private office, with the consent of all the participants.

3.7 CONCLUSION

This chapter elucidated on the research design and methodology used in this research which includes; setting, sampling, data collection instruments and procedures, ethical considerations and data analysis. Thus, chapter 4 will present data analysis and discussions of the research findings.
CHAPTER 4

PRESENTATION, INTERPRETATION AND ANALYSIS OF RESEARCH RESULTS

4.1 INTRODUCTION

The preceding chapter discussed the methodology applied by the researcher to collate data from the participants. It explained the research design, data collection instruments and procedures, ethical considerations and data analysis. Accordingly, this chapter fundamentally seeks to present the results of the study and provide analysis and interpretation of data.

The purpose of this study is to explore the views of adolescents regarding their level of knowledge of HIV and AIDS and the impact this knowledge has on their sexual behaviour. The researcher interviewed 20 learners from Jules High School to collate in-depth information concerning their knowledge of HIV and AIDS, sexual activities and behaviour. The objectives of the study are as follows:

- To identify various determinants of risky sexual behaviour among adolescents.
- To assess the level of knowledge about HIV/AIDS in a group of identified adolescents.
- To explore resulting sexual behaviour.
- To develop and recommend some guidance to direct future prevention efforts meant to address risky sexual behaviour and HIV/AIDS among adolescents.

4.2 RESEARCH FINDINGS AND ANALYSIS

According to Polit and Beck (2008:507), qualitative research generates large quantities of data. Hence, condensing, organising and making meaning of this mass of data is the most time consuming part of the study. Accordingly, the researcher took a relatively long time to immerse into the data in order to get a better understanding of how these data respond to the research question. The researcher reviewed the data repeatedly to ensure that the report would be grounded on the respondents’ feedback.
In presenting the findings of this study the researcher will make use of the descriptive-narrative text type, coupled with graphs and charts as aids to data presentation. Hancock (2002:22) states that the researcher can extract quotations from the transcripts of interviews to illustrate the ‘why’ or ‘how’ of the phenomena under study; the strength of opinion or belief; similarities and differences between the respondents and the breadth of ideas. Furthermore, these quotations must reflect the respondents’ sentiments, specifically about the topic under study.

4.3 Qualitative Data Analysis

Qualitative data analysis is a process whereby collected data is transformed into meaningful findings (De Vos 2005:334). According to Lacey and Luff (2007:9), there are many ways of analysing qualitative data that stem from a combination of factors inter alia, the research questions posed, the theoretical framework of the study, and the appropriateness of the technique for making sense of the data gathered.

Although it is well beyond the scope of this paper to give a comprehensive description and procedural details of every qualitative data analysis strategy, the researcher will briefly touch on some of the methods that are used by qualitative researchers to analyse qualitative data.

4.3.1 Methods of Qualitative Data Analysis

Lacey and Luff (2007:9) argue that there is no right way to analyse qualitative data, hence the availability of several approaches regarding how qualitative data is sorted, organised, conceptualised, refined, and interpreted. The following are some of the approaches:

4.3.1.1 Constant Comparative Analysis

According to Boeije (2002:391), constant comparative analysis strategy entails taking one piece of data (one interview, one statement, one theme) and comparing it with others that may be similar or different in order to develop conceptualizations of the possible relations between various pieces of data.
The author further argues that constant comparison analysis is well suited to grounded theory where it is used to study human phenomena such as behaviour and experience, for instance the stages of grieving or processes of recovery.

4.3.1.2 Content Analysis

Content analysis is a procedure for the categorization of verbal or behavioural data, for purposes of classification, summarisation and tabulation. Hancock (2002:12) argues that this can be done on two levels namely the descriptive account of the data which reports what was actually said with nothing read into it and nothing assumed about it. The higher level of analysis is interpretative: concerned with what was meant by the response, what was inferred or implied. The basic idea is to identify from the transcripts the extracts of data that are informative in some way and to sort out the important messages hidden in the mass of each interview.

4.3.1.3 Narrative Analysis

Narrative analysis is a strategy that recognises the extent to which the stories we tell provide insights about our lived experiences. Riessman (2008:24) asserts that the narrative method uses interviews, documents or observations to “follow participants down their trails.” It focuses on the story itself and seeks to preserve the integrity of personal biographies or a series of events that cannot be adequately understood in terms of their discrete elements (Riessman 2002:218). This method revolves around reading the stories and classifying them into general patterns and main narrative themes within the accounts which people give about their lives thereby discovering how people understand and make sense of their lives.

4.3.1.4 Thematic Analysis

According to Braun and Clarke (2006:6), thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes data in (rich) detail and stresses the need for the researcher to identify a number of themes/patterns that adequately reflect textual data, as collected from the participants.
These patterns are identified through a rigorous process of data familiarisation, data coding, theme development and revision. The authors further add that this method puts emphasis on the need for organisation and rich description of the data set which entails going beyond identifying implicit and explicit ideas within the data. The researcher chose this method because of the following merits, as identified by Braun and Clarke (2006:6-7):

- It is theoretically flexible in analysing qualitative data, that is; it can be used to answer different types of research questions and best suits questions related to people’s experiences, views and perceptions,
- It also suits questions related to understanding such as the ‘how’ questions,
- It allows for categories to emerge from data,
- It is well-suited to large data sets.

Using the above thematic analysis and the content analysis approaches, the researcher undertook the following phases, as outlined by Hancock (2002:8); Braun and Clarke (2006:16-24) to come up with themes that best describe the research question, given the data reported by participants:

- **Familiarisation with the data:** This phase involves reading and rereading of the data to become immersed and familiar with the content. Thus, the researcher read the notes, transcribed from the interviews and field notes more than three times as well as listened to the audio taped several times just to get a general impression, familiarity and basic understanding of the information provided by the participants.

- **Coding** - involves generating codes that identify important features of the data relevant to the research question. As data was being read and reread, the researcher focused on key questions and how each individual participant responded to these questions. Subsequently, data was organised and categorised according to each question and this was done simultaneously with
theme identification. Emergent themes which failed to fit into existing categories were accommodated into new thematic categories.

- **Review of the themes** – It entails refining themes against the data set in order to determine if they answer the research question. Themes were finally re-assessed to ensure that they respond to the research topic and objectives of the overall study. The researcher revisited literature to come up with refined themes that satisfy the research objectives set out at the beginning of the study.

- **Producing the final report** - a determination was made on themes that make meaningful contribution to answer the research question. The researcher presented the dialogue connected with each theme through a thick description of the results. The researcher used extracts that capture the full meaning of the point of analysis to ensure there is enough evidence to support the themes.

Thus, the above phases helped the researcher to come up with the following headings:

**4.4 THE SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE**

This section addresses the results pertaining to the socio-demographic information of the participants which entails the following aspects; learners’ gender, grade level, age and religion. Twenty learners from Jules High School were interviewed. The participating learners’ ages ranged from 16 to 19; 40%(n=8) of the participants were aged 16 and 30% (n=6) of the learners were 17 years old; while learners who were 18 years old were also 30%(n =6). The sample mean age was therefore 16.9=17.

All learners had religious affiliations, with 95% Christian (n=19) and 5% Muslim (n=1). The majority of participants in this study, constituting 55% were in grade nine (9), followed by grade 10, constituting 30%.
The graph below (Figure 4.1) summarises gender characteristics of the sample:

![Gender Characteristics Graph]

Fig 4.1 Gender characteristics of participants

Figure 4.1 above, shows the percentages (%) of males and females who participated in the study. As can be shown, more females than males participated in this study. This is so despite the researcher’s efforts to reach out to both gender groups to ensure a representative sample with relatively equal number from either of the gender groups.

4.5 LEARNERS’ HIV/AIDS KNOWLEDGE LEVELS

Participants were asked an open-ended question seeking to know if they have ever heard of a virus called HIV and a disease called AIDS as well as their understanding of how people get sexually transmitted diseases including HIV/AIDS. The question was meant to give respondents freedom to express as much as they could about HIV/AIDS.

The results showed that all participants (100%; n=20) heard about AIDS and a virus called HIV. Despite the fact that a quarter of those interviewed failed to correctly state what STD, HIV and AIDS stand for, nor explain the difference between AIDS and HIV, they were, nevertheless, able to tell that AIDS is a disease that develops from HIV infection and that it is passed from one person to the other through blood contact and
unprotected sexual intercourse. For instance, an 18 year old female participant (Participant 1) reported the following when asked to say what AIDS stands for and the differentiate between HIV and AIDS;

“I know that AIDS is a disease caused by sexual intercourse, but can’t remember what it stands for…… I don’t know the difference between HIV and AIDS but HIV is a virus that causes AIDS.”

One of the participants had this to say when asked his own understanding of HIV/AIDS;

“AIDS stands for Acquired Immune Deficiency Syndrome and HIV stands for Human Immunodeficiency Virus. AIDS is a disease people get when they have sexual intercourse without a condom and is untreatable. One has to use anti retroviral drugs, if infected. It is also transmitted through blood contact.” (Participant 3, an 18 year old, male).

Participant 5, a 16 year old male answered the same question in this way;

“AIDS is a disease that comes from human beings and is caused by a virus called HIV. If people do sex without using protection they will get it. And to avoid getting it people must use condoms, be faithful to their sexual partners, get tested or abstain from sexual intercourse.”

Participant 6, a 17 year old female had this to say;

“AIDS is a sickness that cannot be cured. I don’t know what it stands for. HIV stands for Human Immune Virus. To avoid getting it, people must stop sleeping around, use protection and don’t hold someone with blood as methods of preventing AIDS.”

The above responses confirm that the respondents have heard about AIDS, HIV and STDs and have a basic understanding of the concepts. These findings resonate with similar research conducted in the country by Kaiser family foundation and Love life (KFF 2007:3 & Love life 2009:11). This augurs well with both public and private organisations’ efforts to spread the message of AIDS in schools through the teaching and learning of
Life Orientation/Skills and the roll-out of other AIDS awareness campaigns that target the youth.

There were limited noteworthy differences of HIV/AIDS knowledge based on participants’ age, school grade level or gender. However, no comparison was done on knowledge differences across religious affiliations and racial lines due to incomparable sample which was purely homogeneous (95% Christian and 100% black). The probable explanation for the above pattern is that other racial groups (whites, Indians and coloureds) and religious affiliations are a minority in the location where the school under study is situated. Jules high school is situated in Jeppetown which is predominantly a black populated.

In a nutshell, although few of the respondents were unable to correctly define what AIDS, STD/STI and HIV, stand for, nor to articulate the differences among them, all the participants in this study heard about AIDS and were aware of its existence. No respondent professed ignorance of the basic information of pandemic, STDs or HIV.

4.5.1 Knowledge of HIV/AIDS transmission and prevention.

When asked how HIV is transmitted, the majority of participants cited unprotected sex and blood contact as the most common methods of transmission. All the participants displayed good knowledge of HIV/AIDS prevention methods. The most commonly cited method of prevention was the ABC, that is; Abstinence, Being faithful to one sexual partner and Condom use. In addition, the following are some of the responses given by participants regarding HIV prevention and transmission:

- “To avoid getting it (AIDS) people must stop sleeping around [and] use protection and don’t hold someone with blood [avoid contact with infected blood] as methods of preventing AIDS.” (Participant3; 18 year old boy).

- “If people want to prevent [protect] themselves from getting HIV, they must use protection [and] get tested. Also, abstaining from sexual intercourse and having one faithful partner are other measures of preventing HIV transmission.” (Participant 4; 16 year old boy).
“People must use condoms when doing [having] sexual intercourse.” (Participant 6, 17 year old female).

“People must use condoms and be faithful to their partners.” (Participant 8, 16 year old female).

“HIV is an infection that people get from blood contact with someone infected [blood] and also from sleeping around with so many people. To prevent [protect] yourself, one [you] should use protection and get tested with your partner. You can also go to a clinic to get more information to stay safe.” (Participant 7; 18 year old female).

“AIDS is a disease you get when you sleep around with a lot of guys [partners] without using condoms........One can prevent AIDS transmission by using condoms when having sex, [and] being faithful to one partner.” (Participant 20, a 16 year old female).

“People must use condoms, go for HIV tests and stick to one partner or abstain from sex. Education is also important, as teenagers need to be educated about AIDS and condom use”. (Participant 15; 18 year old).

The above responses indicate that the participants were knowledgeable of HIV/AIDS transmission and prevention methods. However, very few were able to elaborate further into citing examples such as mother to child transmission, breast feeding and sharing of sharp objects. However, when prompted with examples like those aforementioned, the participants were able to give correct answers. This reverberates with the assertion by Eaton & Flisher cited in Peltzer 2006:71) that young people are less knowledgeable when assessed with open-ended questions but respond better to set choice questions, thus suggesting low levels of spontaneous memory.

This finding however, shows that participants are fully aware of the famous ABCs of HIV/AIDS. This is an indication that HIV/AIDS awareness campaigns by both public and private sectors are paying dividends as young people show awareness and knowledge of the subject in question.
This is a development in the right direction, given all the endeavours being undertaken to influence behaviour change among adolescents so as to create an HIV-free generation.

4.5.2 Misconceptions about HIV/AIDS transmission and prevention

Participants were asked three questions which were meant to ascertain the attitudes and misconceptions that young people often have regarding AIDS. These questions further enabled the researcher to assess supplementary knowledge about AIDS among the participants. The questions were as follows:

a) Can a person get infected with HIV/AIDS by sharing a meal with a person who is HIV positive?

b) Can you tell by one’s physical appearance that one is infected with the virus that causes AIDS?

c) Do you think mosquitoes can transmit HIV virus from one person to the other?

The above questions helped to determine misconceptions about HIV/AIDS young people may have especially as a result of lack of adequate knowledge of the pandemic. The following were the responses given by participants:

4.5.2.1 Beliefs about mosquitoes ‘transmitting’ AIDS

The majority of the respondents (80% n=16) reported that mosquitoes do not transmit HIV. Only two out of twenty said they do. Those who said mosquitoes transmit the virus reasoned that if they can suck blood from a human body then chances are that they can transmit that same blood to another person thereby spreading the virus. For instance, an 18 year old male participant (Participant 3) argued;

“Yes they do transfer [sic] blood from one person to another and, therefore, can pass the virus (HIV) from one person to another.....”

The last two participants were unsure if mosquitoes can transmit the virus to the next person. For example, Participant 5, a 17 year old female responded;
“Am not so sure if mosquitoes can spread AIDS, I have never heard of it before”.

The finding above shows that the majority of participants are aware that mosquitoes cannot spread HIV. However, there is need for further clarification on this matter, given that there are other participants (though minority in this case) who are not yet fully convinced as to why a mosquito cannot transmit the virus when it can bite humans and suck blood.

4.5.2.2 Sharing a meal with an HIV-infected person

All respondents (100%, n=20) reported that there is no harm in sharing a meal with an HIV-positive person. For example, a 17 year old female participant (Participant 2) argued;

“No, you can’t. [get infected] because there is no blood in food. You can share food with the person who has the virus.”

This reflects that learners comprehend the concept of HIV/AIDS to such an extent that they are able to make meaning and sense of the misconceptions and stigma that are often attached to the disease in question.

4.5.2.3 Judging by physical appearance

However on the question regarding judging one’s status by physical appearance, only two participants reported that it is possible to tell by the looks whether a person is HIV-positive or not. According to the two respondents, features such as loss of weight and unhealthy looking skin can denote signs and symptoms of AIDS. A case in point is that of a 16 year old female (Participant 10), who argued;

“Yes one can tell by the physical appearance [that one is HIV positive]. If the person’s skin is rough and he/she looks thin [it’s a sign that one is infected]. But if that [an HIV-infected] person is taking [ARV] tablets it will [would] be difficult to tell [whether the person is HIV positive or not] because the tablets make people fat.”

There were no serious misconceptions about HIV/AIDS that would warrant serious attention, an indication that the participants possessed good knowledge of HIV/AIDS.
This bodes well with the comprehensive, evidence-based sex education which is already in place for young people and learners in particular. The said education campaign is an important component of HIV prevention and public awareness efforts. Thus, as witnessed above, the knowledge of HIV transmission and prevention among the participants was virtually high.

### 4.6 SOURCES OF HIV/AIDS INFORMATION

Learners were asked where they got information about HIV/AIDS, STDs and sexual and reproductive health. All the learners who participated in this study confirmed that they had heard of HIV/AIDS and knew what it was. **Figure 4.2** below graphically summarises the sources of information on HIV/AIDS and sexual health, as cited by the participants;

![Figure 4.2 Sources of information concerning HIV/AIDS and sexual health.](image)

As shown above, the majority of respondents (three quarters) reported school as their main source of information about HIV/AIDS. Following in second and third places respectively are internet and clinics. This finding indicates that schools and Life Orientation teachers in particular, play an active and significant role in imparting HIV/AIDS and reproductive health education to learners.
Some significant gains can also be seen in the number of learners who are able to use the internet to search for information about sexual and reproductive health. A surprising finding, which may be deemed worrying, is the unwillingness of the respondents to discuss sexual information with their parents. Instead, they prefer to search for information from other alternative sources.

The views of the participants regarding the matter under discussion are best captured by the following quotes, drawn from the participants themselves;

- “I learnt [about HIV/AIDS] from school and got some of the information from the internet. I don’t [discuss sexual health matters] with parents; I prefer discussing [such issues] with my Life Orientation teacher.” (Participant 16, 16 year old, male)

- “I get information from my Life Orientation teacher and the clinic. I don’t feel comfortable discussing these issues with my parents.” (Participant 7, 18 year old male)

- “My Life Orientation teacher teaches us about HIV/AIDS. Some of the information I got [I get some of the information from] it from internet. I don’t discuss issues like this with my parents and don’t think it’s a good idea to discuss with them. If I don’t know something I will just search on internet or ask my life orientation teacher than parents” (Participant 5, 16 year old, female).

This finding does not augur well with current adolescents’ sexual and reproductive health policies, considering that parents have been incorporated into these programs as they are widely regarded as the primary socialising agents of children and, therefore, have the potential to exert substantial influence in shaping adolescents’ sexual behaviours. Accordingly, greater energy should be expended on motivating adolescents to discuss sexual issues with their parents in order to bridge the gap that has been exposed here.
4.7 LEARNERS’ REPORTED SEXUAL BEHAVIOURS

Adolescence is often regarded as a stage marked by elevated levels of sexually risky behaviour that can lead to unplanned pregnancies and various sexually transmitted diseases, such as HIV/AIDS.

Participants were asked a number of open-ended questions meant to assess their sexual behaviour and activities. These included questions on the following aspects:

- Number of sexual partners they currently have and have had since they started dating,
- If ever they have had protected or unprotected sexual intercourse,
- Whether their sexual encounters had been with a regular or casual partner; and whether it was forced or consensual,
- Whether or not they were involved in kissing or fondling.

The aforementioned questions resulted in the following themes, as reported by the participants:

4.7.1 Sexual relationships

Of the 20 participants who were interviewed, six reported that they were not currently in relationships, although they had had relationships previously. In essence, this implies that all the participants were at a certain point in time in relationships. The rest reported to be currently in sexual relationships. For those who decided to quit relationships, the following are some of the reasons that were cited;

A female participant, (Participant 11) aged 16 stated;

“I am not in a relationship now but I was before, but [then I] later decided to stop [end it] because I moved from the place where my boyfriend was.”

The other female participant of the same age, (Participant 20) reported;
“I am not in a relationship but I was once in a relationship that lasted a month. I was no longer feeling confident as I was haunted by guilty conscience and I ended up deciding to quit as this [guilt] was affecting my academic performance as well.”

A 17 year old female participant, (Participant 19) remarked;

“I was involved in a very short term relationship that lasted a month. I stopped because my mother saw my diary, where I diarise my memories and experiences, and she reprimanded me and advised that I was too young to start relationships. She said I must concentrate on my school work.........”

The findings show the preparedness or readiness on the part of the participants to quit relationships if given the necessary support or advice to do so. This may be encouraging as it augurs well with intervention strategies that are already in place to influence and modify sexual behaviour among the young people.

**4.7.2 Number of sexual partners**

Multiple and concurrent sexual partnerships are regarded as indicative of high-risk sexual behaviour because they substantially increase the risk of HIV transmission through sexual networks (Shisana et al 2009:20). As such, it is important to know the extent to which adolescents are engaging in multiple sexual relationships as they are particularly vulnerable to risky sexual behaviour and, ultimately, HIV infection. In this study, only four out of twenty participants reported having more than one partner. However, of the four participants who admitted to having multiple partners, none reported having sexual intercourse with all the partners concurrently.

This finding shows that adolescents seem to be aware of the consequences associated with having sex with multiple concurrent partners. This suggests that if efforts to educate adolescents on behaviour change and discouraging multiple sexual partners, in particular, are stepped up, desirable results may be yielded.
4.7.3 Onset of sexual activities

Early sexual debut is another indicator that risky sexual behaviour is prevalent among adolescents. In this study, the average age at first sexual intercourse was 16, (male=16.7 and female=15.2). Participants confirmed having sexual intercourse shortly or a year after dating. For instance, a 16 year old female participant (Participant 11) reported this;

“I was 13 when I started dating and [I] started [engaging in] sexual intercourse at 14.”

Another 16 year old female participant (Participant 8) said,

“I was 14 when I started dating and had sex that same year but later realised it’s [it was] too early to have a boyfriend. Most guys just want sex...”

This finding shows that young people are sexually active at a tender age. It further reveals the danger of premature dating as it promptly triggers premarital sex among young people. Thus, this confirms that risky sexual behaviour is inevitable among adolescents during the dating phase. Such relationships need to be discouraged as they are normally accompanied by sexual intercourse. This clearly shows that adolescence stage is a challenging phase for adolescents as it is apparent that participants are struggling to abstain from sexual activities once they are in a relationship. Thus, there is need to come up with intervention strategies that put more emphasis on abstinence especially on this age group.

Furthermore, this study found that all those who reported having had sexual intercourse had their sexual debut consensually, not as a consequence of being coerced or tricked. This is reflected in some of the quotes from the following participants. For example, a male participant (Participant 5) aged 16 reported this:

“Yes, I have been in a relationship that lasted for 2 years. I started dating when I was 15 years of age and I first had sexual intercourse at that age. I was not forced to have sex - it was an agreement with my girlfriend.”

This is also echoed by Participant 7, an 18 year old male who reported,
“Yes, I am in a relationships. I am involved in [with] two girlfriends and [I have] had sex with one. We agreed to have sex [sexual intercourse] - no one was forced...”

The study shows that respondents were willing to have sex at the time of their sexual debut as no one reported being coerced into the act. Thus, there is still a long way to go in persuading and motivating adolescents who appear to be struggling to postpone or delay consensual sexual activities till they are fully ready to face the emotional, physical and financial consequences of such sexual activities. Again, efforts that advocate for abstinence need to be stepped up.

4.7.4 Condom use

Out of eight participants who reported having sex with their sexual partners, four reported using condoms every time they have sexual intercourse. The other four had unprotected sex at sexual debut, but used condoms for subsequent encounters. Only one participant, currently in a relationship with the boyfriend, with whom she has a child, reported consistently engaging in unprotected sex as they regard each other as life time partners. This is what she said;

“.......... We started with protection but we ended up [engaging] in an unprotected sex. This started when we were drunk. This guy is the only partner I have and [he] is also the father of my baby.” (Participant 6, a 17 year old female).

From the study, it can be deduced that although adolescents' sexual debuts are unprotected, they seem to be heeding the call to practise safe sex as their subsequent sexual activities are increasingly becoming protected. However, this should not give room for complacency as premarital sex, especially by school-going adolescents, whether protected or not is a societal aberration that should not be encouraged. There is need for greater emphasis on consistent condom use as well as abstinence if an HIV-free generation is to be a reality.

4.7.5 Sexual activities under the influence of alcohol/substances

Only one participant out of the twenty who were interviewed admitted to having sex with her boyfriend under the influence of alcohol.
Three reported that they drink beer only on special occasions and were never tempted to have sexual intercourse whilst drunk. None reported using any type of drugs. Thus, substance abuse was not a risk factor in this study.

4.7.6 Other sexual activities besides sexual intercourse

All participants, both the sexually active and the sexually inactive, reported that they engage in kissing and hugging in their relationships. They argued that kissing and hugging was a way of expressing love and pleasing their partners and making their relationships enjoyable.

All the learners (100%; n=20) reported that they had never been involved in anal or oral sex with their boyfriends. None was in a relationship with sugar mummies and sugar daddies, a practice which they condemned as risky, illegitimate and unsustainable. One male participant aged 17 (Participant18,) argued;

"I don’t date sugar mommies; [young] people must be wary of those people as they might be on a mission to spread the disease."

Participant 13, a female aged16 remarked;

"I don’t date sugar daddies. Those who are involved in [sic] sugar daddies have their own reasons. Maybe situations at home, like poverty, force them to engage in those [such] relationships for financial benefits”.

As witnessed from the study, adolescents are aware of the consequences of having relationships with sugar daddies and sugar mummies. This reflects a shift from risky behaviours to positive health behaviours.

4.8 REASONS ADVANCED FOR SEXUAL BEHAVIOURS

One of the objectives of the study was to find out the determinants to risky sexual behaviour among adolescents. Participants were asked what triggers them to engage in sexual activities and the following is what they reported:
4.8.1 Peers

Literature has shown that peers are unquestionably among the most powerful psychosocial influences in shaping adolescents’ behaviours. This study vindicated the aforesaid assertion as the majority of learners reported engaging in relationships just to please their friends and to fit well in their group. The major psychosocial reason behind this phenomenon is fear of alienation and being considered as an outsider when peers share their sexual experiences and activities, as well as the perceived enjoyment associated with such activities. For instance Participant 13, a female aged 16 reported that;

“Yes, I was in a relationship that lasted two months. I was pressured by my friends to have a boyfriend. I was 14 when I started dating but later realised that it was too early to have a boyfriend. Most guys just want to have sex”

A male participant, a 16 year old male (Participant 16) had this to say;

“I dated because most of my friends were having [sic] girlfriends and I felt the need to do so [have one] ...”

This study reveals that when adolescents perceive that their peers are sexually active they feel an irresistible need to imitate in order to be regarded as part of the group. Consequently, peer education programmes need to be supported and strengthened as peers have shown to have significant influence in determining the behaviour of their peers.

4.8.2 Curiosity and experimentation

Thirty percent (30%) of the participants cited the adolescence stage and its challenges as inevitable factors that trigger them to have sexual relationships. For instance one participant, an 18 year old boy (Participant 3) reported that;

“It was just out of curiosity, just to know how it feels having [to have] sex.”

Literature shows that the adolescence stage presents a formidable challenge to adolescents as they struggle to conform to societal norms and values.
Govender and Mutinta (2012:19) argue that at adolescence stage, discovery and experimentation, tied with a range of social and individual issues, including finding and asserting sexual identities in an effort to comprehend the meaning of sexual feelings and orientation, drive adolescents to seek instant pleasure, with little or no regard to the consequences thereof.

The findings of this study proved that adolescents struggle to contain the challenges that are pressed on them by adolescence. Therefore, there is need to re-strategise programmes meant to educate adolescents, with a view to ensure that greater attention is paid on influencing behaviour change than on mere knowledge about the dynamics of the stage. Adolescents need to be assisted on how to overcome the challenges that are faced at this stage.

4.9 OVERVIEW OF RESEARCH FINDINGS

The results of this study indicate that knowledge about HIV, modes of transmission and prevention methods is virtually high among the participants. All the learners who participated in this study have heard about HIV/AIDS and they knew more than one of its causes, as well as transmission and prevention methods. There were no noteworthy differences in the knowledge of HIV between females and males, despite the fact that female participants outnumbered male participants.

These results are consistent with literature and surveys conducted in the country by Hartell (2005), Reddy, et al (2003), Pettifor, et al (2003) and Kaiser Family Foundation (2007) who found that there was generally heightened knowledge and awareness of HIV/AIDS among the youth (including adolescents). Such knowledge is considered as necessary to influence behaviour change and adoption of safer sex practices.

The findings also suggest that the majority of participants access HIV/AIDS information chiefly from three primary sources namely; Life Orientation classes, clinics and the internet. Of concern were some of the participants who reported that they did not feel comfortable discussing sexual matters with their parents, but rather preferred to search for information on their own from the internet, clinics or their teachers at school.
Other researchers have also confirmed the existence of this gap in the relationship between parents and their children regarding sexual matters (Pattman 2005 cited in Hewlett 2006:12-15). Thus, greater energy must be expended on motivating both parents and adolescents to discuss sexual and reproductive health issues, since studies have shown that parents are the primary socialising agents and can exert substantial influence on their children’s sexual behaviours (Panday et al 2009:34-35).

As revealed in previous findings, risky sexual behaviour is characterised by early age of sexual début, high levels of premarital sexual activities and high levels of sexual partners with irregular use or lack of barrier contraceptives, such as condoms (Shisana et al 2014:115-120). In this study, some participants admitted to engaging in sexual activities ranging from sexual penetration, kissing and hugging as well as short term relationships at an early age. On a positive note, most respondents reported that they are currently engaging in protected sex with their regular partners only. None reported being involved in casual relationships. It is also encouraging to note that all the participants were aware of the dangers of being involved in risky behaviours such as substance abuse, inconsistent condom use or lack thereof, multiple and concurrent sexual partners, intergenerational and unprotected sex, among others.

While misconceptions were not a major issue here, there is need for further education or clarification on issues such as the belief that mosquitoes transmit HIV and that it is possible to judge one’s HIV status by physical appearance. Such misconceptions can cause unnecessary angst. Young people are not quite informed on the two aforementioned aspects. Thus, further education on these issues is expedient.

These results complement other studies conducted both within and outside South Africa which confirmed that young people possess basic knowledge and understanding of AIDS. For example, Pettifor et al (2004:53-54) found that a significant percentage of youth is aware of HIV/AIDS and have good knowledge of it. Similarly, a research done by Kaiser Family Foundation (2007) revealed that almost every young person (96.6%) aged 15-24 had some knowledge of HIV/AIDS prevention, treatment and the required sexual behavioural modifications.
Mlingo (2008:61) reported high levels of knowledge of HIV/AIDS and virtually no risky sexual behaviours among learners in Zimbabwe. Based on these studies, it can be concluded that there is no HIV/AIDS knowledge deficiency among adolescents and youths.

4.4 CONCLUSION

From the findings of this study, it is evident that Life Skills programmes in schools and the internet play a significant role in imparting knowledge about HIV/AIDS and sexual health to adolescents. Participants in this particular study demonstrated adequate knowledge of HIV/AIDS, methods of prevention as well as the transmission modes. Such knowledge is attributed to the aforementioned sources. There is also evidence of a shift towards behaviour change and adoption of safer sex practices, an indication that the acquisition of such knowledge is somewhat translating into behaviour change. In testimony to this, most participants confirmed engaging in protected sex with their partners. However, given the age at which adolescents start dating and experience their sexual début as well as engage in some of the sexual activities reported in this study, there should be no reason for complacency. Such activities are overwhelming especially to young people who are battling to deal with the challenges associated with adolescence.

This chapter presented, discussed and analysed the research findings. The following chapter will discuss the conclusions, limitations and recommendations of the study.
CHAPTER 5
LIMITATIONS, CONCLUSION AND RECOMMENDATIONS

5.1 INTRODUCTION

The previous chapter was essentially aimed at presenting and discussing the results of the study. Consequently, this chapter’s focal purpose is to present how the basic aims and objectives set out at the beginning of the study were reached. Thus, the key findings, summary, conclusion of the research findings, the limitations and recommendations drawn from the study will be discussed in this chapter.

This study was entirely aimed at exploring adolescents’ HIV/AIDS knowledge and the influence this knowledge has on their sexual behaviour. It was born out of startling revelations of consistent high levels of sexual activities, HIV infections, inconsistent condom use, teenage pregnancies, and other high risk sexual behaviours among South African adolescents (Makiwane & Mokowane, 2010:18). The above-stated revelations fuelled speculation and anxiety as to whether or not the group in question had knowledge of the pandemic. This, in turn, intensified debate in academic circles as to whether possession of such knowledge translates into behaviour change.

To the knowledge of this researcher, there is dearth of literature regarding the relationship between such knowledge and resulting sexual behaviour in the South African context. This warrants an investigation of this nature to fill the gulf in literature. Accordingly, this qualitative study explored the views of adolescents regarding their knowledge of HIV/AIDS and their sexual behaviour, attitudes and activities.

It is hoped that the findings will contribute to policies meant to curb the pandemic by keeping in check irresponsible sexual activities among adolescents and young people in general.

5.2 RESEARCH OBJECTIVES

The main purpose of the study was to explore adolescents’ knowledge of HIV/AIDS and the influence of such knowledge on their sexual behaviour.
Accordingly, the learners’ self-reported knowledge about HIV/AIDS and their sexual behaviours and activities were solicited through semi structured interviews. The following are the objectives addressed in this study;

5.2.1 *To assess the level of knowledge about HIV/AIDS in a group of identified adolescents.*

One of the objectives of the study was to assess HIV/AIDS knowledge levels among a group of identified learners.

The study found that all the participants (n=20) heard about HIV/AIDS and possessed basic knowledge of it. Participants demonstrated further knowledge with their ability to correctly identify the primary methods of prevention such as consistent condom use, being faithful to one partner and abstinence; and methods of transmission such as contact with infected blood, unprotected sexual intercourse and mother to child transmission during birth and breast feeding. Despite the fact that very few (a quarter) of those interviewed failed to explain correctly what STD, HIV and AIDS stand for; nor explain the difference between AIDS and HIV they were, nevertheless, able to explain the link amongst the three, as well as demonstrate basic understanding of each of them.

The above findings resonate with those found by Eaton and Flisher in 2000. The aforementioned researchers reviewed studies conducted on HIV/AIDS knowledge among South African "youth" aged 14-35 and found that young people are very aware that AIDS is a chronic disease that is sexually transmitted. However, they were less knowledgeable about how HIV is physically transmitted from one person to another, the asymptomatic carrier phase and the methods for preventing HIV infection (Eaton & Flisher 2000:71). Similarly, Reddy, et al (2003:2-3); KFF (2007:3) & LoveLife (2009:11) found an increase in knowledge about HIV prevention topics namely; modes of HIV transmission, STIs other than HIV, and the number of contraceptive methods known particularly among Africans, males, and younger youth. There was no noteworthy difference of knowledge based on age, school grade level or gender.
However no comparison was done on knowledge differences across religious affiliations and racial lines due to incomparable sample which was purely homogeneous (19 of the participants were Christians and all (20) were blacks.

No serious misconceptions about modes of transmission of HIV were found in this study. However, only two out of twenty were doubtful regarding the role of mosquitoes in spreading the virus. Equally the same number of respondents in this study believed that physical appearance can indicate one’s HIV status. Hence such signs and symptoms as being weak, frail, and thin and having unhealthy skin cannot be used to tell a person’s HIV/AIDS status.

5.2.2 To explore resulting sexual behaviour

The resultant sexual behaviour was measured by considering reported sexual activities and behaviours which include among others, the number of sex partners and condom use with sexual partners, age at sexual debut and sex under the influence of substances versus reported knowledge of HIV/AIDS.

Out of eight participants who reported having sex with their sexual partners, four reported using condoms every time they have sexual intercourse. The other four had unprotected sex at sexual debut, but used condoms for subsequent encounters. Only one participant, currently in a relationship with the boyfriend, with whom she has a child, reported consistently engaging in unprotected sex as they regard each other as life time partners.

In a nutshell the majority of participants were able to attest to the following:

- That unprotected sex is risky, only a few reported engaging in unprotected sex. Participants argued that kissing and hugging is a way of expressing love and pleasing their partners and making their relationships enjoyable.

- All the learners (n=20) reported that they had never been involved in anal or oral sex.
➢ That substances or drugs put them in a compromised position to negotiate safe sex. Only one out of the twenty interviewed reported that she was tempted to have sex with her boyfriend whilst drunk. She reported that this boyfriend is the only one she has and is also the father of the baby.

➢ That intergenerational sexual relationship is not permissible. No one reported to be in such kind of a sexual relationship. All relationships were reported as intragenerational relationships.

➢ That sex at a tender age is socially and cultural undesirable. Despite knowing this they reported being sexually active at that age. In this study the average age at first sexual intercourse was 16 years old, (male=16.7 and female=15.2).

➢ Participants in this study reported that their friends were sexually active.

➢ None in this study reported to be in a transactional sexual relationship. However when asked what some of their friends say what they do in their relationships, they reported that some of their peers are engaging in sexual activities in return for financial benefits.

➢ That multiple, concurrent sexual partners put them at danger of contracting HIV. In this study, participants who reported having more than one partners were only four out of twenty participants. However for those with multiple partners (n=4) none reported having sexual intercourse with all partners concurrently.

5.2.3 To identify various determinants of high risk sexual behaviour among adolescence.

One of the objectives of the study was to find out the determinants to risk sexual behaviour among adolescents. The question as to what triggers young people to indulge in sexual activities enabled the respondents to explain various reasons behind their sexual activities. In this particular study, learners reported three determinants namely, peer pressure, adolescence stage, curiosity and experimentation. Other factors such as poverty and substance abuse were mentioned when participants were asked what they think prompt some of their friends to indulge in sexual activities.
Participants reported that their friends put them under pressure to engage in relationships. Accordingly they are compelled to do sex just to please their friends and avoid being ridiculed or alienated from the group especially during that time when friends share their sexual experiences, activities and enjoyment associated with such activities as perceived by adolescents.

Furthermore, participants felt that adolescence stage presents formidable challenges beyond their ability to cope and as such they are caught up in a scenario where they feel irresistible pressure to have sexual relationships. Six out of twenty participants interviewed in this study attested to that.

Sex under the influence of substances was not a risk factor in this study as only one participant out of the twenty who were interviewed admitted to having sex with her boyfriend under the influence of alcohol. Three reported that they drink beer only on special occasions and were never tempted to have sexual intercourse whilst drunk. None reported using any type of drugs. Thus, substance abuse was not a risk factor in this study.

5.3 SUMMARY AND INTERPRETATION OF THE RESEARCH FINDINGS

The present study highlights the contribution that life skills (taught in Life Orientation at school) and the internet have on enhancing knowledge among adolescents. These aforementioned were the main sources of HIV/AIDS information as reported by the participants interviewed in this study.

The study confirmed no sign of knowledge deficit, as all the learners who participated in this study demonstrated basic knowledge of the pandemic which was necessary for behaviour modification and adoption of safer sex practices. The respondents’ knowledge of HIV/AIDS, its transmission and the prevention methods was also quite admirable and no participant professed ignorance of the aforesaid. These findings are consistent with those of other researchers within the South African context who have also found high levels of HIV/AIDS knowledge among the learners (KFF 2007:3; Eaton & Flisher 2000:97-124).
It was also apparent from the study that due to this acquired knowledge about HIV/AIDS, transmission and prevention the participants had a better understanding of risk factors, the consequences thereof. Furthermore, the respondents were also aware of what was expected of them if they were to stay safe and healthy. Thus, high risk sexual behaviour did not appear to be a significant problem in this study, an indication that knowledge improves adolescents’ HIV/AIDS health literacy and that this knowledge is translated in some way to behaviour change.

However, there are reasons for angst emanating from reported early sexual debuts, early dating, multiple sexual partners and sexual activeness among the sampled adolescents. Furthermore, the consistencies with which adolescents use protection, let alone the reliability of self-reported information have always been contested.

The findings suggest that having adequate knowledge of HIV/AIDS alone is not sufficient enough to promote behaviour change among learners. There is a constellation of other factors that influence adolescents’ behaviour change. These factors include; peer pressure and the physiological changes that happen at the adolescence stage. Although the study has found that adolescents are making efforts to protect themselves against HIV infections through practising safer sex, there is still reason for concern given the early sexual debuts, multiple sexual partners and sexual activeness.

The study also found that learners are directly affected by the social and economic contexts in which they live. In this particular study, participants reported three primary reasons why they engage in sexual activities. The reasons were; biological or physiological maturation, peer pressure, curiosity and experimentation.

Few participants reported discussing sexual matters with their parents and the rest indicated their unwillingness to discuss such issues with their parents. Thus, reproductive health programs for both parents and children are of paramount importance. As research has shown, parental supervision is significant in the maintenance of societal or cultural norms and values as well as in deterring early sexual experimentation and other risky sexual activities.
Adolescents need to be exposed to programmes that promote open dialogue to help them to develop decision-making skills and enhance their confidence in asserting their choices and negotiating skills, especially in reproductive and sexual health matters.

5.4 CONTRIBUTIONS OF THE STUDY

Adolescents are vulnerable to HIV infections. Therefore, risky sexual behaviours among this group need to be identified and addressed. Despite being at the epicentre of the pandemic, they are also part of the solution and, thus, reaching them is critical in ensuring a future generation which is conscious and prepared to tackle the pandemic.

It is unquestionable that research in adolescents’ sexual and reproductive health contributes immensely in informing evidence-based policies that provide vital information for the public. Research also helps in implementing health policies as well as reinforcing and enhancing efforts to protect adolescents’ health by fostering positive health behaviours. As such, this research is intended to help policy-makers and donors to identify areas concerning adolescent sexual and reproductive health that should be prioritized. Ultimately, this would enable policy-makers and other stakeholders to design age-appropriate and sustainable HIV/AIDS education and awareness programs. Furthermore, the research will contribute to debate regarding how HIV/AIDS knowledge and awareness can be translated into behaviour change, in an effort to address the pandemic that is affecting adolescents.

This research has also shown that, given the right support, motivation and resources, young people have the potential to take responsibility for their sexual and reproductive health. Thus, policymakers in the field of health, government and non-governmental organisations may make use of the findings to design effective and sustainable age-appropriate HIV/AIDS education and awareness programmes that would earnestly address the pandemic among young people.

5.5 LIMITATIONS OF THE STUDY

The findings of this study should be interpreted in light of its limitations. The following are some of the identified limitations:
The composition of this sample was not representative enough of the entire population of South African adolescents in that only the black population constitute the sample. Other racial groups like coloureds, whites and Indians did not participate in this research. In the same vein, 95% reported to be Christians and only one is a Muslim; which again is not reflective of the religious, cultural and racial pluralism that characterises the South African population. Thus the findings from this homogeneous sample are specific to black adolescents and do not reflect the views of adolescents from other racial backgrounds. Future studies should, therefore, include other racial groups that are not included in this sample.

Furthermore, this study was conducted at one government school, thus, the results cannot be generalized to the entire population of high school adolescents in South Africa, especially to those in private colleges.

The relatively small sample and the non-probability sampling technique which was used are other factors that may impact on the representativeness and generalisability of the findings. However, since this is a qualitative study, the focus was more on the in-depth exploration of the phenomena under study and not on the quantity of the sample.

The study investigated the opinions of in-school adolescents whose views do not necessarily represent those of their out-of-school counterparts. It may not be surprising that adolescents who are out of school are not exposed to sex education as much as those who are in school. Therefore the HIV/AIDS knowledge, sexual behaviour and activities of the former may be different from that of the latter.

The limitations of self-reported data also apply to the current findings. Self-reported assessments of sensitive topics such as sexual behaviour are prone to a number of biases which could affect the rigor of the study. However, this phenomenon is not unique to this study. Previous studies have also revealed that people tend to under report or over report their sexual activities (Lori-Ann Palen et al. 2002:222). Accordingly in this study learners may have deliberately or unconsciously misreported their behaviours in a manner they believe was socially desirable or acceptable than reality.
Evidence of this was noted when participants reported more and perhaps more accurate on the sexual experiences of others, especially their friends, and less on theirs.

In spite of the aforesaid limitations, this study, to a certain extent, contributes to the assessment of HIV knowledge among school-going adolescents and the impact this may have to their sexual behaviours, attitudes and practices. Notwithstanding the aforesaid limitations, the information that was gathered during the research forms the basis of understanding of the phenomena under study.

5.6 RECOMMENDATIONS

There is need for a paradigm shift from programs that focus solely on imparting information on HIV/AIDS to those that seek to encourage and enhance positive sexual behaviours through sexual socialisation. This is so because the study has shown that participants have knowledge of HIV/AIDS but they struggle to abstain from sexual activities. Future programs should be tailored through making use of adolescent-friendly resources in the communities and schools. This would motivate the target group to adopt safer sexual practices such as delaying sexual debut, reducing the frequency of sexual activities and sexual partners as well as motivating consistent condom use.

The study has also found that adolescents do not necessarily consult with their parents or caregivers concerning their reproductive and sexual health matters. Thus, in order to proffer necessary and effective reproductive health knowledge to adolescents, parental involvement is expedient. Parents need to be incorporated into these programs as their role in influencing the behaviour of their children cannot be underrated. Furthermore, if effective behavioural modification is to take place, it is imperative that schools should also be viewed as primary centres for sex education, moral and value systems. In this study the majority of learners reported schools as their chief source of information on sexuality and HIV/AIDS.

In the same vein, websites should be updated with new and relevant information concerning HIV/AIDS and other reproductive health issues. This is because the internet is emerging as one of the primary sources of information on HIV/AIDS.
A significant number of learners in this study reported that they feel comfortable researching information on the internet on their own instead of discussing with their parents/caregivers. Greater energy should, therefore, be expended on motivating adolescents to discuss sexual issues with their parents given that existing literature confirm that parents are the primary socialising agents of children and can exert substantial influence on adolescents’ sexual behaviours (Panday et al. 2009:34).

Although semi-structured interviews were very effective in exploring the extent to which learners know HIV/AIDS issues and related prevention and treatment modes, the researcher is of the view that an anonymous survey like a questionnaire could have done a more effective investigation on the sexual behaviour aspect of the study. This view is informed by the fact that the respondents in this study reported more on what their peers say and do, but less on what they actually do themselves.

Not unlike this researcher, prior researchers have also questioned the reliability and authenticity of self reported answers, especially on grounds that people tend to over-report or under-report or to give responses they think is socially acceptable and desirable (Lori-Ann Palen et al 2002:222). Thus a triangulative approach that encompasses semi structured interviews on the HIV/AIDS aspect and questionnaires (an anonymous survey) on sexual behaviour aspect (the most sensitive part of the research topic) will presumably assist future researchers to collate honest responses from participants under investigation.

This study noted that adolescents are engaging in sexual activities at a tender age. Accordingly, there is need for adolescents-reproductive health programs that seek to promote sexual abstinence and delay on sexual activities. Future researchers should therefore explore the attitudes/views of young people towards sexual abstinence to make such programs acceptable and successful.

In addition, programs meant to enhance behaviour change in young people should seek to effectively address the social and economic context in which young people live and make decisions.
This is so because participants in this research indicated that they do not deliberately engage in sexual activities but are compelled to by the biological, social and economic circumstances which they feel are beyond their ability to control. Future researchers should also examine the opinions of out-of-school adolescents as this study only investigated the views of those attending school such that generalisations can be made for the entire adolescent population.

5.7 CONCLUDING REMARKS

This study attempted to provide an in-depth understanding of high school learners’ knowledge of HIV/AIDS and the influence it has in shaping their sexual behaviour, beliefs and attitudes. It is evident from the results of this study that adolescents possess HIV/AIDS-related knowledge and are aware of the consequences of risky sexual behaviour. It is also encouraging that the participants were aware that involvement in such sexual activities at a tender age is a social and cultural aberration that should be avoided. In spite of this they are caught up in an inevitable situation where they struggle to avoid sexual relationships and end up engaging in sexual activities.

Thus, there is need for comprehensive, integrated and complementary approach to adolescents’ sexual reproductive health education with all interested parties such as schools, families, the NGO sector and the government in enhancing and sustaining behaviour change among young people.
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ASSA See Actuarial Society of South Africa.


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DOH see Department Of Health.


Hofstee, E. 2006. *Constructing a good dissertation: A practical guide to finishing a Masters, MBA or PhD on Schedule*. Sandton: EPE.


KFF see Kaiser Family Foundation.


Kaiser Family Foundation. 2007. *Young South Africans, broadcast media, and HIV/AIDS awareness. Results of national survey*.


SADH see South African Department of Health Study.


SAPED see South African Provincial Education Department.


SANAC see South African National AIDS Council.


Stats SA. See Statistics South Africa.


UNAIDS/WHO see United Nations AIDS; WHO see World Health Organisation.


ANNEXURES

Annexure A

Letter to the principal (Jules high school) requesting permission to conduct the study

Parkzicht Mansion Room Number 13
6 Wilheminah Street,
Troyville
2094

The Principal
Jules High School
Johannesburg
2094
04 June 2013
Dear Sir/Madam

RE: Request for permission to conduct research at your institution

I am a student currently enrolled at UNISA reading for a Master’s Degree in Public Health. My research topic reads: An exploration of adolescents’ knowledge of HIV/AIDS and its influence on sexual behaviour. The case of a high school in Johannesburg.

Purpose of the study

The purpose of this study is to explore adolescents’ views regarding their knowledge and understanding of HIV/AIDS and the influence this knowledge has in enhancing their sexual behaviour, attitudes and practices. The researcher has noted an exponential increase in HIV/AIDS, teenage pregnancies, sexually transmitted diseases and other many risk sexual behaviour among adolescents and therefore would like to conduct this particular study hoping that such an exercise and its findings will enable to address risky sexual behaviour among this group.
The research has been given approval by the UNISA Ethics Committee, the body that seeks to ensure that research is of acceptable standard and criteria and above all that all participants’ rights are respected and protected. (Attached hereto please find ethical clearance letter). The researcher hopes to commence this study as soon as permission is granted and after all the necessary procedures namely, consent has been given by the parents/guardians of the participants, consent from your school as well as from the Department of Education(Gauteng)

I therefore kindly request your permission to conduct my research at your school. The researcher intends to interview learners from grade 10-12 who are of 16-19 years of age. Participants will be selected on the basis of their willingness to participate in the study. Kindly note that information gathered from the learners will be used solely for the purpose of this research and that anonymity and confidentiality of all research participants will be guaranteed.

Should you require further information please do not hesitate to contact the undersigned prospective researcher.

I hope and trust that my request for permission will be granted

Thank you in advance

Mr. Laurence Tagwireyi

Cell: 0748120464
Annexure B

Letter to Gauteng Department of Basic Education requesting permission to conduct the study

Parkzicht Mansion Room Number 13
6 Wilheminah Street,
Troyville
2094

Gauteng Department of Education
111 Commissioner Street,
Johannesburg
2001
04 June 2013

Dear Sir/Madam

Re: Requesting permission to conduct research at Jules High School

I hereby request your authorisation to conduct my research at the above mentioned school. I am currently studying towards a Masters degree in Public Health with UNISA; and this research is an integral requirement for the fulfilment of the said degree.

My research involves interviewing high school learners from the age 16 to 19 with regard to their knowledge and understanding of HIV/AIDS and the influence this knowledge has on sexual behaviour. The researcher intends to interview learners from grade 10 to 12. These participants will be selected on the basis of their willingness to participate in the study.

Purpose of the study

The researcher has noted an exponential increase in HIV/AIDS, teenage pregnancies, sexually transmitted diseases and other risky sexual behaviour among adolescents and
therefore this study seeks to explore adolescents’ views regarding their knowledge of HIV/AIDS and to find out if this knowledge has enabled them to make informed decisions regarding their sexual behaviour, attitudes and practices. It is hoped that such an exercise and its findings will help to inform policy makers in assisting to design age appropriate HIV/AIDS educational and awareness programmes meant to curb the spread of the pandemic and to address risky sexual behaviour among this age group.

The researcher has already been given approval by the UNISA Ethics committee; the body that seeks to ensure that research participants are respected and protected and that the study is of acceptable standard and meet the required criteria. Attached hereto please find the ethical clearance letter.

The prospective researcher hopes to commence the study immediately after granted the said permission and after all the necessary procedures namely, consent has been given by the parents/guardians of the participants, consent from the school as well as from your Department. I undertake to respect the rights of participants through ensuring their Informed consent, voluntary participation, anonymity and confidentiality, among others.

Information gathered from the learners will be used solely for academic purposes. Should you require further information please do not hesitate to contact the undersigned prospective researcher.

I trust that you will grant me the permission to conduct the study

Thank you in advance

Mr. Laurence Tagwireyi

Cell: 0748120464
Annexure C

Approval letter from the principal (Jules high school)

Jules High School

21 June 2013

To whom it may concern

This letter serves to confirm that the School Governing Body of Jules High School hereby give permission for Mr. Laurence Tagwira to conduct research at our school.

Should you require any further information regarding this matter, please do not hesitate in contacting the school.

Yours sincerely

[Signature]

Manager

[Stamp]
Annexure D

Approval letter from the Gauteng department of basic education

Diane Buntting (GPEDU)

To Me 46860479@mylife.unisa.ac.za{juleshighschool@gmail.com

Jul 19, 2013

Good Day

Your request to conduct research in GDE has been approved subject to the conditions as stipulated in the attached GDE CONDITIONAL Research Approval Letter.

Please remember, once completed, you need to send us an electronic and a hard copy of your Research Report.

All the best with your research!

Kind regards

Diane Buntting

Diane Buntting

DCES: GDE Research Co-ordination
Department of Education
Tel: 011 843 6503 Fax: 086 594 1781
Email: diane.buntting@gauteng.gov.za
Annexure E

Letter seeking assent from those below 18 years of age

Parkzicht Mansion Room Number 13
6 Wilheminah Street,
Troyville
2094
Dear Participant

RE: Request for your assent to participate in the research study (16-17 years old)

I am a student doing Masters Degree in Public Health at University of South Africa (UNISA). I would like to conduct a research that involves asking young people like you their views about knowledge of HIV/AIDS and sexual behaviour. Before your participation, I will ask permission to interview you from both your parent and the school you are attending and finally yourself. All these people will assist me to make sure that all your rights are respected.

What are your rights in this study?

Participation in this study involves asking you questions and you have the right to answer questions you feel comfortable with. You also have the right to say no if you feel you do not want to participate in the study as participation in this study is voluntary. You are not forced to participate and no one will punish you for that. All information gathered during the interview will not be shared with your parents or teachers but will be used for academic purposes by the researcher.

The interview will take place in a private place at your school and no one will be present in that interview room except the researcher. Should you feel that you want to be interviewed in the presence of someone feel free to say so. The idea to interview you privately is to ensure that no one knows you were interviewed and to protect your privacy and the information you would have provided. During the interview the researcher will ask permission from you to tape record the interview.
This is done for data collection purposes as the researcher would not be able to write all the information you say at the same time interviewing you as this may affect concentration.

Alternatively, audio taping will help the researcher to record information exactly the way you say it. The researcher is not going to ask your name or anything that will help identify you; instead you can give a fake name that will help to categorise and analyse data.

**Benefits for participating in the study**

You must also know that there are no financial benefits for participation in this study. However the researcher hopes that by participating in this study you will gain more knowledge and better understanding of HIV/AIDS and how to make informed choices in matters concerning your reproductive and sexual health, how to live a health lifestyle and guard against risky sexual behaviours.

Attached please find the assent form for your attention.

Thank you in advance

Mr. Laurence Tagwireyi

Cell: 0748120464
Annexure F

Letter seeking consent from 18 years of age and above

Parkzicht Mansion Room Number 13
6 Wilheminah Street,
Troyville
2094

Dear: Research participant

Re: Request for your consent to participate in the research study

I am a student at the University of South Africa (UNISA) pursuing a Masters Degree in Public Health and would like to conduct a research which might help you as a teenager to make informed choices and decisions as well as to live a health and meaningful life. The study entails talking to many teenagers, both girls and boys, like you and ask them a number of questions regarding HIV/AIDS and sexual behaviour and activities. Whenever researchers interview children, we talk to their parents and ask them for their permission and therefore you will not participate in this research without your parent’s consent. Since you are a learner as well, permission will be sought from your teachers/principal.

Purpose of the Research

The researcher has noted an exponential increase in HIV/AIDS, teenage pregnancies, sexually transmitted diseases and other risky sexual behaviour among adolescents and therefore as a teenager you have been selected as a possible participant in this study. The researcher hopes that the findings of this research will you to learn more about HIV/AIDS and if this knowledge has enabled you to make decisions regarding sexual behaviour, attitudes and practices.
The interview procedure

On the day the interview will take place the researcher will first ask permission from your teacher to meet you and have a private discussion in the venue provided for by the school. The researcher will make sure that the interview takes place at a convenient time that does not affect or disrupt your class lessons. The interview may be audio taped but this can only be done with your permission. The data collected will be used for academic purposes only. The data are being collected anonymously with no identifiers (identifying information will not be asked from you). No one else other than the researcher and University of South Africa will have access to the tape.

Benefits for participating in the study

I would like to let you know that participation in this study is entirely voluntary and there are no financial benefits associated in participating in this study. However the researcher hopes that by participating in this study you will gain more knowledge and better understanding of HIV/AIDS and how to make informed choices in matters concerning your reproductive and sexual health; and be able to live a healthy lifestyle.

Your rights as a participant

The researcher promises to respect your rights as an adolescent and a participant in this study. Participation in this study is completely voluntary. You have the right to say no or to withdraw at any time should you feel so. Please note that there is no punishment associated with such withdrawal since it is your right to do so. You may choose not to answer specific questions and still treated with dignity. All information gathered during the interview will not be shared with your parents or teachers but will be used for academic purposes by the researcher.

The interview will take place in a private place at your school and no one will be present in that interview room except the researcher. Should you feel that you want to be interviewed in the presence of someone feel free to say so. The idea to interview you privately is to ensure that no one knows you were interviewed and to protect your privacy and the information you would have provided.
During the interview the researcher will ask permission from you to tape record the interview. This is done for data collection purposes as the researcher would not be able to write all the information you say at the same time interviewing you as this may affect concentration. Alternatively, audio taping will help the researcher to record information exactly the way you say it. The researcher is not going to ask your name or anything that will help identify you; instead you can give a fake name that will help to categorise and analyse data.

Attached please find the assent form for your attention

Thank you in advance

Mr. Laurence Tagwireyi

Cell: 0748120464
 Annexure G

Letter seeking parental or guardian consent

Parkzicht Mansion Room Number 13
6 Wilheminah Street,
Troyville
2094
Dear Parent/Guardian

Re: Requesting permission to interview your child in my research study

This letter serves to request your permission to interview your child in my research. I am a student studying towards a Master Degree in Public Health with UNISA. My research topic is as follows: An exploration of adolescents’ knowledge of HIV/AIDS and its influence on sexual behaviour: The case of a high School in Johannesburg, South Africa.

Purpose of the study

The purpose of this study is to explore adolescents’ views regarding their knowledge of HIV/AIDS and the influence this knowledge has on their sexual behaviour, attitudes and practices. The researcher has noted an increase in HIV/AIDS, teenage pregnancies, sexually transmitted diseases and other risky sexual behaviour among adolescents and is of the opinion that such risky sexual behaviours among this group needs to be identified and addressed in order to come up with effective prevention programmes.

The findings of this research will help bring more insight and understanding that will assist policy makers in the field of health, government and other nongovernmental organisations in assisting to devise HIV/AIDS educational and awareness programmes and strategies meant to address risk sexual behaviour and the prevalence of HIV/AIDS in this age group.
Procedure
The research involves talking to teenagers, both girls and boys, and asking them a number of questions. But before doing so, I need your consent/permission as a parent and thereafter will ask your child for agreement as well.

Both of you have to agree independently before I can begin. The researcher will also ask permission from the school where the child is attending as well as from the Department of Education before interviewing your child.

You are cordially requested to take your time to study the letter and feel comfortable to consult should you need assistance. The researcher will provide you with a copy of this letter and the proposal translated into the language of your choice should you need one please do not hesitate to contact me so that such a copy could be send to you.

Reason for choosing your child as a potential participant

Your child has been chosen as a potential participant since he/she is a teenager and a learner at the school the researcher seeks to undertake the study. The researcher hopes to learn more and get the views of adolescents regarding this topic on sexuality and HIV/AIDS. You can take time to reflect on whether you want your child to participate or not and if you do not understand some of the words or concepts used in this letter or in the copy of the research proposal that will be submitted to you upon request please feel free to contact me on the details provided below.

The child will not be asked or forced to answer questions or share personal stories or anything that they are not comfortable with.

The entire discussion will be tape-recorded, but no-one will be identified by name on the tape. The tape will be kept under lock and key and only the researcher and the university where the researcher is a student (UNISA) will have access to it for academic purposes only. The information recorded is confidential, and no one else except the said people will have access the tapes.
**Duration and venue**

We are asking your child to participate in an interview which will take about 1 hour. We can do this outside of school hours. Your child will participate in an interview to be conducted by me and will take place at the school your child is attending and the venue will be provided by the school. The interview will be done privately on a one on one basis to ensure privacy and anonymity of your child. No one else but the interviewer will be present unless your child asks for someone else to be there.

If your child does not wish to answer any of the questions during the interview, he/she may say so and the interviewer will move on to the next question. The information recorded is confidential, and no one else except me and UNISA will have access to the tape or information recorded.

**Risks and Discomforts**

The researcher does not anticipate any risk in this research. However should your child be stressed or traumatised by sharing some personal or confidential information by chance, the researcher has already made some arrangements with the social workers to provide counselling for this. However, the researcher do not wish this to happen since your child has the right to refuse to answer any question or not take part in a portion of the discussion/interview if feels the question(s) are too personal or makes him/her uncomfortable. Please note that the researcher will not share with you either the questions asked or the responses given to him by your child.

**Benefits**

There will be no immediate or direct benefit to your child or to you, but your child’s participation is likely to help us find out more about the health needs of teenage girls and boys. The researcher hopes that these findings will help in designing HIV/AIDS educational and awareness programmes meant to promote young people’s positive health behaviours and in addressing risk sexual behaviour and the prevalence of HIV/AIDS in this age group.
Sharing of Research Findings

At the end of the study, the research findings will be published for academic purposes in order for other interested people to learn from our research. A written report will also be given to the participants to share with their families if they so wish.

Right to refuse or withdraw

You may choose not to have your child participate in this study and your child does not have to take part in this research if she/he does not wish to do so. Your child may stop participating in the discussion/interview at any time that she/he wishes and there are no penalties for that.

Who to Contact

This proposal has been reviewed and approved by UNISA IRB which is a committee tasked to make sure that research participants are protected from harm. If you wish to find more about this research please do not hesitate to contact Departmental Higher Degrees Committee of the Department of Health Studies, contact person: Prof. TMgutshini, cell: 012 429 3377; mgutst@unisa.ac.za.

Attached please find the consent form for your attention.

Thank you in advance

Mr. Laurence Tagwireyi

Cell: 0748120464
Annexure H

Data collection instrument/Interview Guide

Introductory Statement

‘I want to take this opportunity to discuss an important matter with you. I guess you are aware that teenagers of your age are faced with a myriad of problems such as teenage pregnancy, HIV/AIDS, substance abuse and risk sexual behaviour, among others. I am wondering if we can talk a little bit about sex and health in general. I would like to know your thoughts and views on the matter and throughout the discussion please take note that your views or suggestions are appreciated and valued and should you feel uncomfortable with certain questions or you feel we have discussed enough do not hesitate to let me know. But before we start I would like to mention that sexual experimentation is a common and normal thing among adolescents of your age, nevertheless it is important to note that a whole range of dangerous illness/sicknesses and diseases can come from such risky sexual behaviours hence it is critical that we discuss this topic today so that in future you can make informed decisions that will keep you and others safe and healthy’.

The interviewer will initiate the conversation with general questions regarding:

SECTION A: DEMOGRAPHIC DETAILS

Age, sex, race, grade level, religion, home situations, Parental occupational status, and friends at school (biographical details) extra mural activities, and career aspirations, current relationship status, offspring, siblings, ethnic/language group, among others.

This information is critical for statistic purposes while information about friends, social activities, career aspirations are essential to understanding day to day life of the adolescents, how they are socially integrated and in learning about risk associated certain social groups and more importantly in building rapport, confidence and trust before exploration of the critical and sensitive topic on sexuality.
SECTION B: QUESTIONS REGARDING KNOWLEDGE OF HIV/AIDS

1. You probably have heard a lot of different views regarding AIDS. Perhaps you can share with me if you have heard of the virus called HIV and an illness called AIDS?
2. What is your own understanding of how people get STDs including AIDS?
3. If given the platform to share with your peers what you know regarding methods of HIV/AIDS prevention, what would you say?
4. Among those methods which one do you prefer and why?
5. What advice would you give to people of your age regarding staying safe and healthy?
6. Do you think that a person can get infected with HIV/AIDS through mosquito bites? Or by sharing a meal/food with a person who has HIV positive?
7. Is it possible to tell just by the looks of the person (physical appearance) that he/she is positive or negative?
8. Can you tell me where you get information about AIDS/HIV? (Sources of information).

SECTION C: QUESTIONS ON SEXUAL BEHAVIOUR

1. I will really appreciate if you would want to share with me anything you have heard from your friends regarding sex or sexually transmitted diseases.
2. Do you discuss HIV/AIDS or any matters related to sex with your parents, teachers?
3. What do you think about the things your friends say they do with their boyfriends or girlfriends?
4. What do you think about teens that have sexual partners older than them say 5 to 10 years older? Would you consider dating a sugar daddy or sugar mummy? And if yes why and if no why not?
5. Do you think it is fair to say teenagers must stay away from sex till they are adults or to say no sex before marriage?
6. “I know this can be tough for us to discuss but I really appreciate if we can talk about it;
a) Are you in a relationship?
b) For how long have you been in a relationship?
c) Do you engage in sexual intercourse with your boyfriend/s/girlfriends?
d) How old were you when you started having a boyfriend/girlfriend? What about sexual intercourse?
e) Since you started dating up to now how many boyfriends/girlfriends have you been in a relationship with?
f) Did you have sexual intercourse with all of them?
g) Did you use protection with all of them?
h) Did you at any time have more than one boyfriend or girlfriend at the same time? What does it mean to you to have many boyfriends or girlfriends at the same time?
i) Some teenagers say love without sex is undesirable. Do you also share that sentiment?
j) Has anyone ever tried to force you into a sexual relationship against your will?
k) Have you ever been tricked by a boy/girl into having sex when you did not want it? Would you share with me how the tricky was like?

7. What do you think is the right time for a person to start having sexual partner, and or sex?
8. What are some of the questions you and probably your friends have about sex?
9. Let’s assume you are in a relationship, how best would you show your partner that you love him or her?
10. What do you have to say regarding having multiple sexual partners?
11. Can you share with me what you think forces young people like you to engage in sexual activities?
12. People nowadays have so many different views with regard to virginity. I would love to hear from you your views on virginity?
13. If your best friend pressurises you to have sex because he/she had it will you consider doing it? If yes/no explain why?
14. Have you ever used any of the substances/drugs, including alcohol? If yes specify.

15. How do you feel to be in a relationship where sex is not involved? Would you stay in that relationship?
Annexure I

UNISA: Ethical Clearance Certificate

UNIVERSITY OF SOUTH AFRICA
Health Studies Higher Degrees Committee
College of Human Sciences
ETHICAL CLEARANCE CERTIFICATE

HSHDC/65/2012

Date of meeting: 13 June 2012
Student No: 4686-047-9

Project Title: An exploration of adolescents' knowledge of HIV/AIDS and its influence on sexual behavior: The case of a High School in Johannesburg, South Africa.

Researcher: Laurence Tagwireyi

Degree: Masters in Public Health (MPH)
Code: MPCHS94

Supervisor: Prof T Mgushini
Qualification: PhD
Joint Supervisor: -

DECISION OF COMMITTEE

Approved [✓] Conditionally Approved [ ]

Prof D van der Wal
CHAIRPERSON: HEALTH STUDIES HIGHER DEGREES COMMITTEE

Dr MM Moleki
ACTING ACADEMIC CHAIRPERSON: DEPARTMENT OF HEALTH STUDIES

PLEASE QUOTE THE PROJECT NUMBER IN ALL ENQUIRIES