INDIVIDUAL AND SOCIO-CULTURAL FACTORS CONTRIBUTING TO THE SPREAD OF THE HIV AND AIDS PANDEMIC AMONG ADOLESCENTS: A SOCIO-EDUCATIVE PERSPECTIVE

BY

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DECLARATION

I DECLARE THAT "INDIVIDUAL AND SOCIO-CULTURAL FACTORS CONTRIBUTING TO THE SPREAD OF THE HIV AND AIDS PANDEMIC AMONG ADOLESCENTS: A SOCIO-EDUCATIVE PERSPECTIVE" IS MY OWN WORK AND THAT ALL THE SOURCES THAT I HAVE USED OR QUOTED HAVE BEEN INDICATED AND ACKNOWLEDGED BY MEANS OF A COMPLETE REFERENCE.

…………………………………..

HELENA C COETZEE

ACKNOWLEDGEMENTS

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SUMMARY

The global spread of HIV and Aids has greatly exceeded the most pessimistic projections. Infection rates are not declining and human tragedy is escalating. South Africa is a nation in mourning. If one is not infected, one is affected. Notwithstanding the catastrophic effects that are already being experienced, the full consequences of the pandemic seem yet to be felt.

Developmental psychology and ecological systems theory were used in this study to examine the research problem. It has become necessary to determine the level of knowledge that adolescents have of HIV and Aids and whether Life Skills programmes stimulate any change in behaviour. This initially took the form of a quantitative study in which questionnaires were administered. A combination of quantitative and qualitative research (focus group interviews) was applied for verification. The goals of the   research were achieved, providing valuable findings, confirming that there has been no behaviour change and adolescent knowledge remains inadequate. South African adolescents have insufficient knowledge of responsible sexual behaviour.

Recommendations with regard to the content and course of the programme as well as further research are formulated as a result of the conclusions.

KEY WORDS

Adolescent; HIV and Aids; Life skills programmes; knowledge; sexual behaviour; licentiousness; socio-cultural factors; socio-education

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CHAPTER 1

GENERAL INTRODUCTION TO THE RESEARCH

1.1 BACKGROUND AND INTRODUCTION TO THE PROBLEM

Moral and sexual licentiousness and the resultant HIV and Aids pandemic threaten human development and social and economic security. In developing countries where 95% of all HIV infections occur, Aids is already reversing decades of hard-won developmental gains in improving the quality of people's lives. It features prominently on the international health agenda as is clearly stated by the status it is given in the media. Statistics indicate that Aids is spreading at an alarming rate in South Africa and that the country is in fact sitting on a "Time bomb" as far as the disease is concerned (Olivier, Goliath & Venter, 1998:112). Olivier et al., (1998:113) support experts such as Strebel and Perkel (1991), Helge and Paulk (1991), and Strunin and Hingson (1987) who agree that adolescents can be regarded as a high-risk group because of their exploratory lifestyle and defiant nature, especially as far as high-risk sexual activities are concerned.

The department of Health published figures which indicate that South Africa had a total of 6, 5 million infected people at the end of 2004 (Volksblad, 12 July 2005). South Africa has next to India the most HIV positive people (Volksblad, 17 November 2004) and 600 South Africans die every day of Aids. Volksblad (10 February 2004) reports that 230 000 children in South Africa are HIV positive. The pandemic poses a significant and complex threat to society as a whole. It is a life threatening disease and is mainly transmitted through sexual contact, contaminated blood and from mother to child. (Olivier et al.,1998:113). Recent national and international studies of HIV seroprevalence reveal that adolescent females are now being infected at increasing higher rates and in some developing countries at rates higher than adults. It is therefore essential that more should be understood about the youth and their behaviour, particular with regard to risk reduction (Hein & Futterman, 1995:10).

HIV infection has spread all over the world since the twenty years that it has been recognised. Over 50 million individuals have become infected and 16 million people have died (Kuroda, 2000:1). The growing phenonomen of HIV and Aids have serious social and economic influence. It has become a global-scale issue and has been identified as one of the major priorities of various governments. The extent and rate of infection of the disease especially amongst adolescents and youth, is a factor that endangers the future of South Africa. Across the continent, Aids is causing untold physical, psychological and emotional suffering. It is eliminating the most productive of society – the 25 to 35 year olds. Adolescents therefore need to channel their energies more constructively to meet the demands for more effective responses to the challenges of coping with life.

It is necessary and urgent that education policy-makers should understand that for a social service sector like education, this devastating scenario will have massive consequences and multiple effects. Education should be seen as an important weapon in the fight against this pandemic, because a strictly health-based message, using traditional teaching techniques only, is not effective in curbing the spread of HIV.

It has become clear that many of the problems of adolescence are rooted in the early teenage years. Early adolescence begins when the child becomes sexually mature (Engelbrecht, Kriegler & Booysen, 1996:52). Changes that occur in early adolescence are often difficult and challenging. Louw, Gerdes and Meyer (1985:345) explain that during the early adolescent stage, puberty changes take place that is characterised by outward body changes and internal physiological changes. It is often accompanied by feelings of awe, pride and joy but also uncertainty, shame and disgust. Roux, Ebersöhn, Smit and Eloff (2005:254) identify adolescence as a critical developmental period when crucial physical, normative, social, cognitive, emotional and sexual changes occur. Roets and Lewis (2002:204) also refer to Gouws, Kruger and Burger (2000) who state that adolescence is characterised by profound changes in physical, cognitive, social, moral and emotional aspects. Adolescence is seen as such an important phase of development because for the first time, the individual is truly aware of the physical changes that occur (Schell, 1975:327).

In today's stressful world, with unstable home lives and negative peer pressures at school and larger society, these changes can be dangerous, sometimes even disastrous (Engelbrecht et al., 1996:283). This often contributes to the sexual licentiousness. Ebersöhn and Eloff (2002:78) state that HIV and Aids constitutes a chronic stressor in the lives of many South African children. When personal and/or environmental factors are perceived as negative, stress ensues (Theron, 2005:57).

Certain socio-environmental factors, e.g. beliefs about norms, values and self-efficiency may strongly influence involvement in Aids risk behaviours. Further elucidation of the social influence process among adolescents should therefore become a prevention research priority (Walter, Vaughan, Gladis, Ragin, Kasen & Cohall, 1992:531). Papalia and Olds (1981:376) find that the subgroup that adolescents are drawn into depends partly on their socio-economic status, partly from values picked up from the home and partly on their own personality.

At the National Conference for cemeteries in Durban, Mr Luther Williamson, executive manager of the Parks Board in Johannesburg, said that South Africa has a dying young nation. According to Mr Ngcobo, Head of the Department of Parks, Recreation and Culture, six years ago 150 people were buried a week in Durban. The number has grown to 600 of which at least 400 are younger than 35. Space in cemeteries is becoming scarce because of funerals that have dubbeled four times during the last six years due to the HIV and Aids pandemic (Volksblad, 16 July 2004).

This study will explore individual and socio-cultural factors that determine the knowledge that adolescents have of HIV and Aids and in what way this knowledge influences their behaviour. Because of practical reasons the study will be limited to the Thabo Mofutsanyana district in the Free State Province. A socio-educative perspective will be taken. Developmental psychology and the ecological systems theory will serve as background for this research. The interaction between individual and socio-cultural factors in the learner's development will consequently be taken into consideration and be emphasized.

Bronfenbrenner (1979:3) defines the theoretical perspective of ecology systems development as a lasting change in the way in which a person perceives and deals with his/her environment. The ecological environment is conceived as like a set of Russian dolls – nested structures, each inside the next. The core is the immediate setting containing the developing person. Ebersöhn and Rogan (2006:108) refer to Harrison et al (2000) who maintain that for many learners HIV and Aids is part of their ecosystem. For some, it has impacted on their immediate family, while for others on the community Bőning (2003) reflects that the ecological systems approach provides a framework of thought in terms of which human needs and problems are seen as the result of interaction between the individual and the environment.

A dire need for research in this field exists, because the Free State remains under the top four provinces as far as HIV and Aids infection amongst pregnant women are concerned (Volksblad, 12 July 2005). The death rate in the Free State due to HIV and Aids is the highest in the country (Volksblad, 31 March 2005). The population growth in the province is practically zero. Simpson (1996:33) maintains that few South African studies have been reported in the literature and little is known regarding the levels of knowledge about safe sex practices and HIV transmission in the country.

The Free State Education Department indicated that research is needed in this particular field. After providing the necessary documentation to register the research project with the Department, permission was granted to conduct the research (annexure 1). The number of learners in the Free State has decreased from 807 718 in 1998 to 721 000 in 2001 (Emis). The number of farm school learners has decreased from 79 735 in 1998 to 55 545 in 2001. A distinct increase in child-headed households and orphans is also experienced and this problem is escalating.

The number of orphans in the Free State increased from 15800 to 42571 during the past few years. There are currently more than 13 287 orphans in schools in Thabo Mofutsanyana (which covers a large deep rural area). It has been identified as a nodal area, which implies that it is inhabited by the poorest of the poor. It is the most densely populated district within the Free State.

Below is a graph representing the number of orphans from 2002 – 2005 per district.

FIGURE 1.1
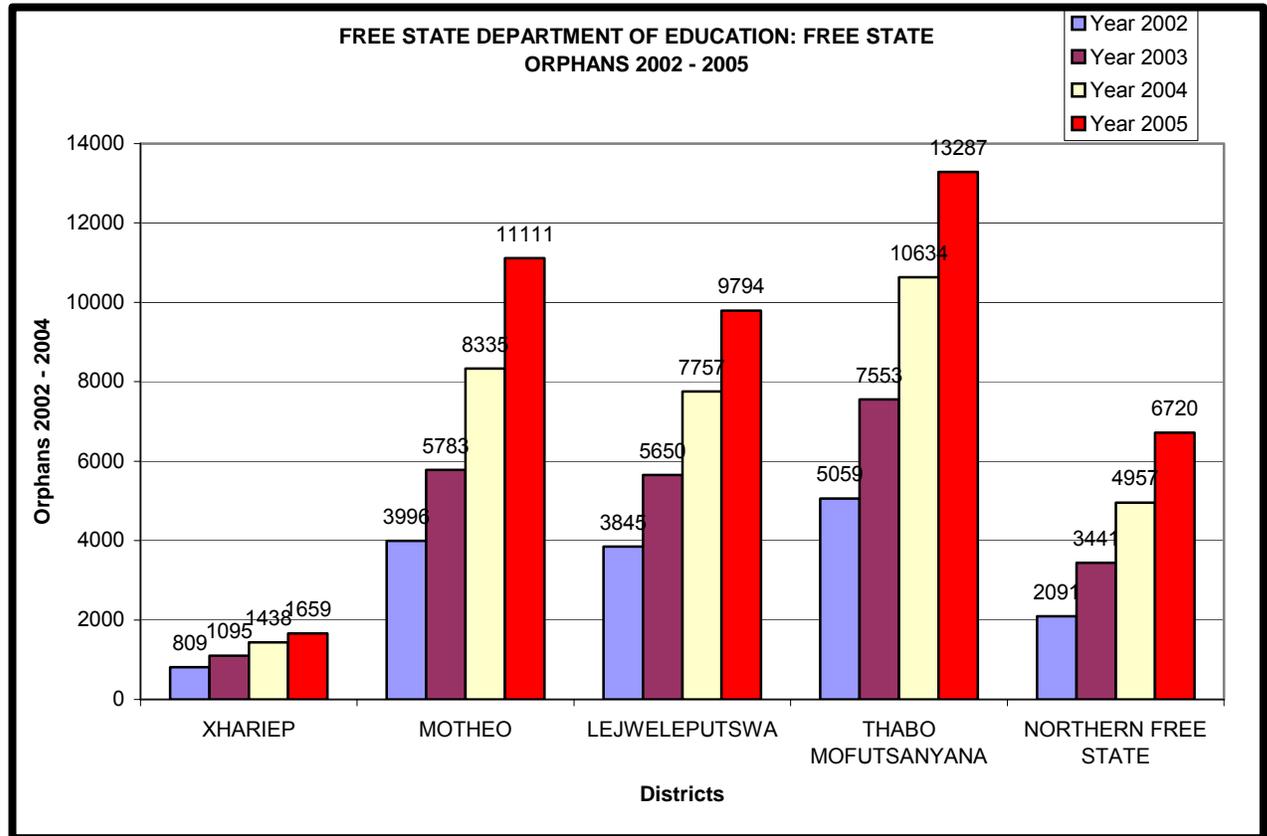
A report released by UNAids on 12 July 2004 at the Aids Conference that was held in Bangkok, indicates that the world wide expenditure on HIV and Aids have increased five times since 2000 (Volksblad, 13 July 2004). The South African economy has spent more than R424 milliard on HIV and Aids within 10 years (Volksblad, 15 July 2004).

1.2 MOTIVATION FOR THE RESEARCH

In his opening address at the Learner's Conference which was held in Bloemfontein during February 2001, The Free State MEC for Education, Mr. Papi Kganare pointed out that a call for action against HIV and Aids, was for a long time only directed at adults, despite findings (UNAids –1999) which indicated that in many countries most new infections are among those in the age group of 15 – 24 years.

The level of HIV infection amongst pregnant adolescents younger than 20 years was 6, 47% in 1994, 12, 70% in 1997 and an alarming 21% in 1998. Hepburn (2002:93) refer to Shell and Zeitlin (2001) who noted that approximately 23% of HIV infection in South Africa is acquired between the ages of 10 -19 years and suggest that schools are major sites of HIV transmission.

The Free State is one of the poorest provinces in South Africa. This makes the youth even more vulnerable, considering that most of them could be forced by their socio-economic conditions to turn to risky conduct in order to survive.

This research will aim at making a contribution to the knowledge framework of the Free State Education Department concerning the knowledge and attitudes of adolescents on HIV and Aids. The findings of the research may influence the way in which the programmes are implemented at schools, as well as the attitudes of teachers (Chapter 5). The findings should inform the Education Department as far as adjustment to the curriculum is concerned.

Adolescents remain prey to the poverty trap. Several organisations (local and international), e.g. "Save the Children" are supporting these learners and communities with food parcels; school feeding schemes, vegetable gardens and advice. Despite school-feeding schemes that target the poorest primary school communities, a steadily increasing number of children suffer from hunger and inadequate nutrition, owing to parents being HIV-infected and too ill to work.

1.3 PROBLEM STATEMENT

The problem statement is the basis of any investigation. McMillan and Schumacher (2001:574) define it as being a clear, precise statement of the research problem.

The call to investigate this problem originated because of the increasing number of adolescents being infected with the Aids virus as well as the need to determine whether the National Life Skills programmes, which were developed and implemented, had any effect on the behaviour of the learners.

It has become necessary to determine the level of knowledge that adolescents have of HIV and Aids and whether the programme stimulated any change in behaviour. The initial focus in 1997 was on secondary schools. A primary school programme was piloted during 1999 – the Free State being one of the pilot provinces.

The research problem that is the focus of this study is to determine the knowledge that learners have of HIV and Aids and the effect that it has on their behaviour.

A statement of the problem will therefore be the following: South African adolescents have insufficient knowledge of responsible sexual behaviour. This leads to licentious sexual behaviour that results in a spreading of sexually transmitted diseases and infections and particularly HIV and Aids. The development and implementation of programmes to enhance knowledge and to change behaviour are necessary.

1.3.1 Formulation of the problem

In this study, the main focus is an attempt to determine the level of knowledge of adolescents concerning responsible sexual behaviour and in what way their knowledge can be enhanced to change their sexual behaviour.

The main research question is thus:

What is the level of knowledge of adolescents in the Free State concerning responsible sexual behaviour and the causes and consequences of sexually transmitted diseases such as HIV and Aids?

Educators were trained and compulsory Life Skills programmes are supposed to be implemented from Gr.1 to Gr.10. Important sections of the program focus on sexuality education. Although educator training has taken place and information has been conveyed, there seems to be problems with the implementation in schools. This has become evident through site visits and monitoring.

The following refined questions can be stated:

- How much knowledge and understanding do adolescents (Gr. 7 – 12) have of responsible sexual behaviour and the dangers of sexually transmitted diseases such as HIV and Aids?
- What is the present situation in the Free State concerning adolescents' attitudes and beliefs on sexual behaviour?
- Has the implementation of the Life Skills programmes succeeded in changing adolescents' knowledge and awareness of responsible sexual behaviour and have their behaviour changed in any way?

1.4 AIM OF THE RESEARCH

The specific aim of this research within the context of a literature review and empirical study is to determine the level of learners' knowledge and awareness of HIV and Aids and their subsequent sexual behaviour. A further aim is to establish whether there has been any change in their level of knowledge and in their behaviour since the implementation of the Life Skills programme in schools.

Preventing moral and sexual licentiousness is likely to be the single most important determinant of the success of education. South Africa is following the same curve of HIV and Aids as the rest of Africa where the devastating and deadly consequences of HIV and Aids have been witnessed. Socio-cultural factors contributing to the decline in norms and values in society should take preference in all studies during the developmental programmes of learners. The lack of change in value systems and behaviour is the direct cause of this problem (Mwamwenda, 1995:181).

1.5 HYPOTHESES

McMillan and Schumacher (2001:88) describe a research hypothesis as a tentative statement of the expected relationship between variables. In order to do scientific research, a hypothesis is very important, because it poses a possible solution to the problem and focuses the attention of the researcher on the problem that is being investigated.

With the problem statement in mind and in accordance with the aim of the research the following hypotheses were decided upon:

1. Adolescents have adequate knowledge of responsible sexual behaviour.

2. Adolescents have adequate knowledge of the causes and consequences of sexually transmitted diseases

3. Life Skills programmes will enhance their knowledge and help to change irresponsible behaviour

1.6 RESEARCH METHODS & DESIGN

Developmental psychology and ecological systems theory will be used in this study to examine current adolescent behaviour and knowledge. An ecological perspective is taken because it focuses on the whole person in the environment and not on individual pathology.

1.6.1 Literature investigation

A thorough study of the relevant literature pertaining to the adolescent and HIV and Aids will be undertaken. Social and cultural issues will be exploited to understand the phenonomen better from a bio-psycho social model perspective. The concept "bio-psycho social" summarizes the physical, emotional and social development of the individual. The literature study will be an exploration of current research and it will also attempt to identify different perspectives on the subject of the study.

FIGURE 1.2

ADOLESCENT
SEXUALITY

PSYCHO

HIV & AIDS

EDUCATION

BIO
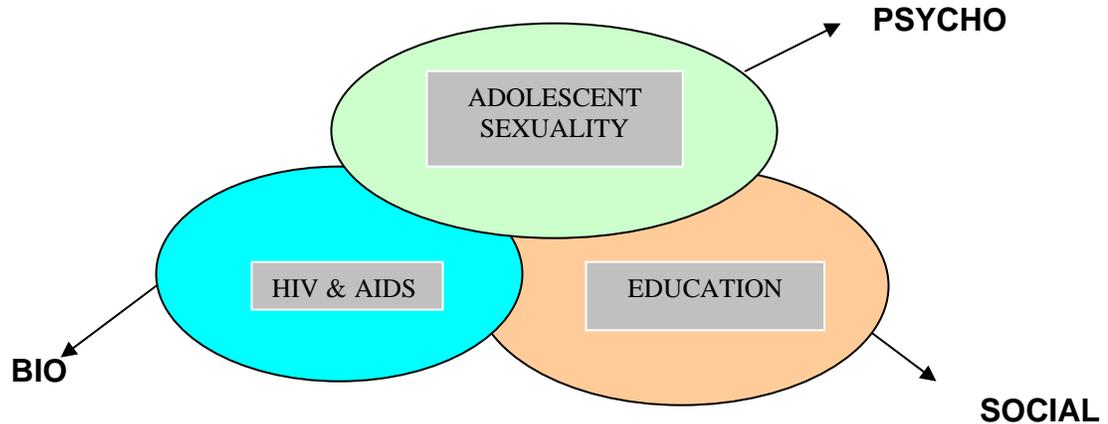
SOCIAL

BIO-PSYCHO SOCIAL MODEL

1.6.2 Empirical study

The primary mode of enquiry will be a preliminary quantitative research. The anticipated plan of action is structured data gathering. Random sampling of schools in Thabo Mufutsanyana education district will take place. Schools will represent urban (big towns, e.g. Bethlehem), peri-urban (smaller towns, e.g. Clocolan), rural (e.g. Qwa Qwa) and deep-rural schools (e.g. farm schools). The population consists of groups of learners from the previous Bethlehem-, Reitz-, Harrismith and Phuthaditjhaba districts. These four districts now form Thabo Mofutsanyana district, the biggest education district in the Free State.

A questionnaire will initially be used as the most appropriate instrument for gathering data to reach more learners in a short space of time. The relationship between variables will be investigated. Information will be examined selectively and analytically and the researcher will process the researched data to an integrated whole. To verify certain factors, qualitative research will also be implemented in the form of focus group interviews.

1.7 CLARIFICATION OF CONCEPTS

1.7.1 ADOLESCENCE: It is the period of life between childhood and adulthood. The concept adolescence is a time of personal discovery and identity formation. This period is unique for every individual (Van den Aardweg & Van den Aardweg, 1993:10). It is a period characterised by a search for and consolidation of identity (Mwamwenda, 1995:63). The period ranges from about 12 to about 21 years.

1.7.2: AIDS: ACQUIRED: To become infected by others

               IMMUNE: The body's way of protecting against an infection

               DEFICIENCY: A lack of

               SYNDROME: A collection of symptoms and diseases

1.7.3   HIV: HUMAN

            IMMUNODEFICIENCY

            VIRUS

1.7.4 KNOWLEDGE: The acquisition of knowledge is learning at its most basic level. Children should have content, information and data about which they can think (Van den Aardweg & Van den Aardweg, 1993:34).

1.7.5 UNAIDS: Joint United Nations Programme of HIV and Aids

1.7.6 RADS: 'radically different species'. Learners were identified who were leaders and who could influence their peers. Peer Education 'RADS' has been prioritised by the Free State Department of Education - 359 Secondary Schools were targeted.

1.7.7 LIFE SKILLS PROGRAMMES: The Life Skills and HIV and Aids Education Programme are resourced through a conditional grant and are in line with the National Integrated Plan for Children Infected and Affected by HIV and Aids. It is a prevention programme, and is infused in the curriculum as a compulsory aspect that all primary and secondary schools have to address. It is not an additional or parallel programme, but an integral component of the curriculum. The purpose of the programme is given in the Division of Revenue Act (DORA) Bill, gazetted 6 December 2001, no 22920.

1.8. ETHICAL CONSIDERATIONS

The research problem was formulated in such a way that the study will be to the advantage of all participants. Furthermore permission was gained from the Department of Education and School Management Developers as well as from principals of all schools where the investigation was conducted. Schools and learners will not be identified and personal and traumatic details will stay anonymous. The outcomes of the research will be to the advantage of educational curriculum developers and to all learners in South Africa.

1.9 PLAN OF THE RESEARCH REPORT

In chapter one the aim of the investigation has been indicated, namely, whether the learners' knowledge and awareness of HIV and Aids have increased and whether there has been any change in their value system since Life Skills programmes have been implemented in schools. The background of the problem has been explored and the problem stated. A brief outline of the method of research has also been specified. The key concepts have been explained to facilitate understanding.

Chapter two will deal with the socio-educational significance of the adolescent developmental stage. Socio- educational essences for effective education and communication will be discussed briefly.

Chapter three will focus on the socio-cultural factors in South Africa contributing to moral and sexual licentiousness as well as norms and values of the society in which adolescents have to internalise an own value system.

Chapter four will describe the design and the procedures of the study.

In chapter five the findings of the investigation will be analysed and interpreted.

The final chapter will summarise the research findings. The synthesis, conclusions and recommendations and suggestions for future research will be made. Limitations of the study will be outlined.

1.10 SYNTHESIS

It was mainly attempted to present a general introduction to the research in this chapter. It consists of the motivation for the research, the problem statement, the formulation of the problem, the aim of the study, the hypotheses, the research methods and design and the format of the research report. The research design determined the unfolding of the total research process.

The respective facets of this research will subsequently be set out in more detail in the following chapters.

CHAPTER 2

THE SOCIO-EDUCATIONAL SIGNIFICANCE OF
THE ADOLESCENT DEVELOPMENTAL STAGE

2.1 INTRODUCTION

Various researchers add different dimensions to the concept, "adolescence". Olivier et al., (1998:112) refer to Gouws and Kruger (1994) and Rice (1984) who explain that the word is derived from the Latin verb "adolescere" which literally means to grow and therefore relates to the adolescent's growth to adulthood. Adolescence as defined by Lerner and Spanier (1980) is a process rather than a period (Mati, 1996:47). It is a process of acquiring attitudes and beliefs for effective participation in society. Although it is a time of personal discovery and identity formation, it is also a cultural "innovation", because culture is dynamic and changes. It is normally a time of moving from a sheltered environment in the home to a life full of challenges. It is a time of exploration in which an individual adjusts to influences that he is comfortable with. It is a time of tumult and stress. Adolescents are torn between feelings and often do not understand their own emotions.

Some experience problems in taking responsibility for their own actions. Tolan and Cohler (1993:71) indicate that Freud chose to understand adolescence as the psychological response to pubertal changes.

The "socio" in socio-educational refers to confederate or companion (Van Rensburg, Kilian & Landman, 1988:487). Sociology is the study of human social life, groups and societies (Giddens, 1996:7). Hochhauser and Rothenberger (1992:103) are of the opinion that terminology may mean different things to different people.

Mwamwenda (1995:63) recognises that adolescence is a period characterised by a search for and consolidation of identity. The period ranges from the age of about 12 to approximately 21 years.

There are a number of characteristics that predispose adolescents to high-risk behaviour. These include sexual initiation and a likelihood of multiple partners as well as a general non-use of condoms. They perceive themselves as invulnerable to the consequences of their behaviour (Reddy & Toroyan, 1996:15). Adolescents often have a heightened fatalism – a feeling that they have little control over what happens. Adolescents focus strongly on self-identification and more independence, which under pressure from the peer group, because of exploratory lifestyle and rebellious nature, lead to experimenting with drugs and sex. Hochhauser and Rothenberger (1992:139) concur that adolescence is a time when peer influences develop and become an important part of the decision-making processes. As young people become increasingly social, they discover themselves more in the objective world of the peer group (Louw, Edwards & Orr, 2001:17).

Engelbrecht (1993:4) contends that even if man is not threatened by total extinction, his quality of life is threatened by his own doing. The changes in human ways of life over the last two centuries have been far-reaching (Giddens, 1996:11). The Second World War disrupted marriage and family life (Giddens, 1996:400) and there has been a steady decline in the moral values and moral and sexual licentiousness in the 20 – 21st century (modernism, liberalism and humanism all made an impact). Currently HIV and Aids is accelerating the speed of social change. Mayor shifts are taking place in family structure and life style (Giddens, 1996:421).

Despite the implementation of various prevention programmes, HIV and Aids have increased at least with 2% from 2001 to 2002. At least 30% of inhabitants of the Free State are infected. The number has nearly doubled since 1996 (Volksblad, 19 June 2002). Contributing factors are lack of guidance and that not everyone is sensitive to personal hygiene and healthy living. Emotional scars also create stereotypes, prejudices and discriminatory practices.

Quakenbush, Nelson and Clark (1988:257) feel that the degree to which adolescents are in danger of becoming infected with the HIV virus depends on the extent to which they take part in activities referred to as "high-risk behaviour". Barnard, Van Zyl and Neethling (1995:169) refer to research by Koblinsky et al., (1987) who identified adolescents as a "high- risk" group that could become infected. They contribute it to the fact that adolescents focus strongly on self-identification and greater independence, which under peer pressure, can lead to experimenting with sex and drugs.

Available data suggests that a major proportion of the experimentation of South African youth manifest in terms of drug-taking practices, which has serious implications in terms of HIV infection. A comparatively heavy alcohol intake is also fairly common among adolescents (Rocha-Silva, 1998:17). The relative high degree of sexually transmitted diseases and teenage pregnancy undoubtedly prove sexual activity. Olivier et al., (1998:113) concur and mention research by Rademeyer (1995) and Jemmott, Jemmott and Fong (1992) that confirm the findings. Mati (1996:47) refers to research (D'Augelli & Kennedy, 1989) that concluded that since HIV has a dormancy period of about 10 years; it is most probable that adults with Aids contacted HIV during adolescence. Sly, Eberstein, Quadagno and Kistner (1992: 228) agree and quote (Zelnik & Shah, 1983) who maintain that enough empirical data exists to indicate that the onset of Aids risk behaviour begins in the late preteen and early teen years among many young people.

The diversity of the South African population is compounded by many different languages, socio-cultural attitudes, traditions and sexual morals. All of these contribute in different ways towards the spread of HIV (Mati, 1996:27). Jack (1996:127) stresses the contradiction between morality associated with sex and its actual practice that adolescents are caught up in. Adolescents are trying to form their identity in the climate of steadfast morality, imperatives to conform to peers and others, yet also permissiveness and sexual freedom. They experience confusion and receive mixed messages, for example the high value placed on fertility in some cultures.

DuRant, Ashworth, Newman, McGill, Rabun and Baranowski (1992:500) believe that although the vast majority of secondary school learners know how HIV is transmitted, a substantial number still have mistaken beliefs about Aids. Erroneous beliefs could put the adolescent at risk to exposure to HIV. Research conducted revealed that a substantial number of respondents believed that birth control pills for example, provide some protection against HIV infection.

Olivier et al., (1998:112) cite other researchers who agree that this syndrome (Aids) is regarded as the biggest and most destroying health problem and holds an unequivalent health risk. Despite this, since the Aids pandemic began, adolescent Aids have been the subject of relatively little attention. There are various reasons why the number of Aids cases reported amongst adolescents has been quite small. HIV-infected babies seldom reach the adolescent stage. Adolescents, who contract HIV, will most likely not become symptomatic and be diagnosed with Aids until they are older. Researchers (Tonks, 1996:2) fear that HIV infection among adolescents has been drastically underestimated and that the actual number of HIV-positive teens double every year. It is estimated that half of the worldwide HIV infections occurred among fifteen- to twenty-four-year-olds.

Sexually active adolescents are mostly not monogamous. The ages between fifteen and nineteen are the most likely ages to experiment with multiple partners (Tonks, 1996:3). Because adolescents are oriented to the present, long-term consequences may have little meaning to those whose activities are planned on a day-to-day basis. Quakenbush et al., (1988:258) agree that the incidence of sexual activity among adolescents is high. In the light of this, Hochhauser and Rothenberger (1992:47) state that there are certain problems that the typical adolescent is simply not concerned with – Aids may be as remote to many young people as lung cancer or heart attacks are to smokers.

2.2 SOCIO-PEDAGOGIC ESSENCES FOR EFFECTIVE EDUCATION AND COMMUNICATION

2.2.1 I-You-relationship

Le Roux (1992:5) describes this I-You-relationship (educating and living together) as the fundamental educator-child relationship that acts as basis and prerequisite for education. It is distinguished by intimate emotional undertaking, person directed dialogue, cherishing, feeling of safety, showing love and mutual affection (Le Roux, 1992:83). "Characteristics of human education are developed through complex interactions between the school with its values and goals, the parents with their expectations and support, the community through the collective opportunities it provides and the child with his or her individual personality traits and abilities" (Engelbrecht et al., 1996:312).

Without sound relationships man dehumanises and becomes neurotic (Pretorius, 1994:10). The impact of the parent on the child is handicapped when there is a lack of love, personal warmth, cherishing and intimacy. Parents who work and live away from home find it difficult to maintain this I-You-relationship. "A child needs other people to become what he or she ought to be" (Van Rooyen & Ngwenya, 1997:8). Kapp (1994:119) mentions that sexual promiscuity is often a sign of inner conflict within the emotionally disturbed child.

Prinsloo and Du Plessis (1998:59) pose that the family has become vulnerable, because the structure of the family has changed – the nuclear family has become distant from the extended family. In the midst of rapid change, a complex social life and progress, society is typified by a special complexity. It has confused people's sense of reality and personal dignity (Le Roux, 1992:83). The intimate-personal I-You-relationship has changed to an urban social life with impersonal, formal relationships (Pretorius, 1994:102) and the family has become particularly vulnerable with changing norms and values as a result of the radical social, economic and technological changes.

Increasingly more adolescents are finding themselves in a divorce situation and many families are single-parent families (Le Roux, 1992:84). Disharmonious marriage relationships have a hampering effect on the socio-pedagogic family climate wherein the individual feels unsafe, unprovided for, insecure and anxious. Several researchers agree that the family is the group that has the most influence on the child. Parents remain the primary educators. Prinsloo and Du Plessis., (1998:55) illuminate the fact that the family should be the unit where the child learns social virtues, but unfortunately especially today, that is not always the case. More and more children are experiencing childhood as a traumatic experience (Le Roux, 1992:83). They feel confronted by a child-hostile culture and the adolescent often feels that he does not belong.

Bronfenbrenner (1979:10) recognizes that a person becomes capable of creating and imagining a world of his own that likewise reflects his psychological growth.

As referred to earlier, families have become more democratic and permissive. Positive values are often not accentuated. Individuals are frequently left on their own to discover values and norms for their own life (Le Roux, 1992:98). Many parents allow unrestricted freedom with hardly any limits. A permissive lifestyle creates child hostility. The caregiver thus neglects to develop a sense of responsibility and obedience. Weak interpersonal relationships are the result (Le Roux, 1992:129).

Smith, Minden and Lefevbre (1993:287) found that parents have little discussions with children on what happens to individuals with Aids or the social ramifications of the disease. Mati (1996:47) perceives adolescence as a process of achieving attitudes and beliefs needed for effective involvement in society. During this period of extremely rapid physical, psychological and social change, adolescents need model behaviour. Too often there are no appropriate role models for this I-You relationship to come to fulfilment.

2.2.2 Upbringing (style)

Upbringing is the way in which education takes place (Pretorius, 1994:11). It is essentially the style of interpersonal communication.

It is the positive influencing on the values and norms of society and the typical way in which education occurs. Engelbrecht (1993:15) makes it clear that next to parents, education should be the changing agent in society. Certain values and norms are accentuated so that it can come to reality in the life of the adolescent. Although the real curriculum is often hidden (Feinberg & Soltis, 1985:136), the two most powerful influences on children's development are the home and school environment (Feinberg & Soltis, 1985:132).

Upbringing style is behaviour, attitude and disciplinary approach through communication that educators use or demonstrate in relationship with children. Upbringing style is also a certain educational method with an educational aim and when planning or practicing this, the adolescent should be taken into consideration in the context of his or her own world.

Coetzee (1980:64) highlights that the basis of education is laid in the family. It is the foundation for the later forming of the individual and it is here that the norms and values of what is applicable to the specific society are developed to the maximum and where intrinsic motivation occurs to reconcile and to conform. The love and discipline that adolescents experience in the family, provide direction and security whereby they learn not only the satisfying of own needs, but also to take other people into consideration. Unfavourable family dynamics, families who are not stabile units and families whose patterns change in contrast, impede development, because the search for identity is not fulfilled.

Tolan and Cohler (1993:95) believe that while biology establishes the potential for sexual behaviour, socio-cultural factors determine how that potential will come to the fore. The adolescent consequently forms his own definition and then base behaviour on assumption.

Papalia and Olds (1981:355) hold the view that it is important that adolescents need to understand that every society comes up with its own definition of right and wrong, and that which is totally acceptable in one culture, may be considered a grave sin in another.

Mati (1996:50) holds the view that the problem of Black youth is compounded in that unrestrained sexual behaviour especially those of males, are viewed as prestigious and seen as reinforcing the traditional attitude of male supremacy. Leach, 2002:104 believes that at the formative age of adolescents, it is easy to develop the view that masculine identity is associated with aggressive, dominant behaviour and feminine identity with submissive, dependent behaviour. Tolan and Cohler (1993:107) indicate that research demonstrates that there are traditional differences in attitude towards sexual activity between races, e.g. African people have greater tolerance for sexual activity outside of marriage and have greater tolerance for out-of wedlock births.

2.2.3 Communication

To communicate is to make connection and to convey a message. It forms the central concept in socio-education, because no socio-educative essence can be realised without communication (Pretorius, 1994:11). Parents must communicate to educate. Adequate communication takes place where there is mutual respect. Today family conversations have been replaced with television conversations (Pretorius, 1994:119). The everyday communication between parents and children, which is essential for adequate personality development, is replaced. Lack of communication is therefore a symptom of our times. Engelbrecht et al., (1996:66) stress that communication is a recognised way of coping with anxiety and tension.

In many families not much frankness and honest communication concerning sexuality exist. There are many reasons for this, e.g. the sensitivity to the subject, sense of shame, little knowledge and the generation gap. Education cannot take place without interpersonal communication. Findings of research conducted by Maker (1998:40) indicate that teachers listed poor communication between youth and parents as the main reason for the lack of knowledge that adolescents have. Parents do not talk about issues relating to sexuality, so adolescents do not internalise the information over time.

Pretorius (1994:141) maintains that adolescents often engage in sexual licentiousness because there is a search and fear in terms of intimacy.

Lack of or unfulfilled emotions like frustration and anger are therefore in stead internalised (Le Roux, 1992:130). Research conducted by Zimet, Diclemente, Lazebnik, Anglin, Ellick and Williams (1993:85) found that it is "important to redouble efforts to educate adolescents about Aids and that particular attention need to be paid to young adolescents".

Adolescents become "relatively set in their belief systems by the 9th grade, after which they are less amendable to changing their cognitive sets to accommodate new information. Smith et al., (1993:280) concur and say results of educational programs reviewed suggest that programs that target the learner at the adolescent stage can not be effective, because it is reaching a population that already has firmly entrenched values, attitudes and beliefs.

2.2.4 Social life

Pretorius (1994:16) poses that to educate a child is to guide him with his social life. Researchers agree that the social world is a shared world. Social environments in which one exists are structured (Giddens, 1996:18).

The concept "social" also refers to social behaviour. It involves relationships. Popenoe (1980:56) takes the view that the sense of self comes about as a result of social interaction. Jordaan (1991:90) points out that the rapid population growth has unmistakably drastically influenced the direction of social change. The result is a clear polarised First world-third world society framework (Engelbrecht, 1993:14). Every society has to reproduce itself; in other words, it has to initiate young people into its ways of life (Feinberg & Soltis, 1985:121). During adolescence, social development is directly influenced by physical changes and maturation that take place during this phase (Louw et al., 2001:19).

Giddens (1996: 650) perceives that "the modes of life today are radically different from those even in the relative recent past". There is a general decline in the values and norms in society.

Modern man often does not know right from wrong and finds himself in a norm crisis (Pretorius, 1994:120). Norms count less and is constantly undergoing change. Disturbed family relations are common and results in confused adolescents with a lack of concern for personal moral and spiritual values. Foundations for sound values are crumbling.

Social conformity is important for the adolescent's social development and provides a sense of belonging and acceptance. Inability to handle peer group pressure and the abuse of alcohol manifests as a result of the decline in values and norms as referred to earlier. Through its effects, it may result in behaviour that is out of control (Hochhauser & Rothenberger, 1992:89) and contributes to sexual licentiousness.

Nash (1978:367) believes that sexual behaviour is necessarily social. Although the development as a male or female is a major part of social development, societies have been unwilling to admit that some teenagers are sexually active - exploring their sexual identities and abilities (Tonks, 1996:2).

2.2.5 Socialisation

"Socialisation is a learning process by which an individual develops into a social being" (Popenoe, 1980:55).

Mwamwenda (1995:40) claims that socialisation is a two-way process between the individual and people around him. Socialisation usually displays a set pattern (Coetzee, 1980:40). Social maturity of adolescents is complexly determined by prior socialisation (Schell, 1975:383). To educate a child is to guide him with his socialisation (Pretorius, 1994:17). It is the process whereby the child becomes part of a social group (or community) in the sense that he learns to act in accordance with the values and customs of his people. Parents who are not socially mobile create an environment that could have a damaging influence. Parents must gradually expose the child to negative influences if they want him to handle it adequately. Socialising basically rests with internalising traditions and values (Coetzee, 1980:26).

Popenoe (1980:132) defines socialisation as a process whereby an individual learns the ways of a society so that they can function in it. Coetzee (1980:29) concurs with various authors who maintain that socialisation happens within a society. The individual is brought into contact with a specific community. Socialisation thus also encompasses enculturation. Socialisation always regulates behaviour. According to Popenoe (1980:347), socialisation starts with the family through communication. Van Rensburg et al., (1988:486) believe socialisation is actions moulding the individual according to norms and values accepted by his society and learning of customs and codes of conduct, which are acceptable and customary in a particular society. Popenoe (1980:58) states that the process of socialisation begins in early childhood and continues throughout life.

The family, school, peer groups and the mass media are important agencies of socialisation (Popenoe, 1980:57). When socialisation problems occur, there could be severe consequences. Runaway adolescents for example, are potentially vulnerable, since many support themselves on the street by prostitution (Hochhauser & Rothenberger, 1992:87). Children who are experiencing sexual abuse are also at risk (Hochhauser & Rothenberger, 1992:90).

2.2.6 Identity and self-concept

Education is to guide the child with knowing who he is (identity knowledge) and the developing of self-concept. The acquisition of identity is only possible through identification. Identity is unique. Identity implies personal identity as well as belonging to a group with whom one can identify. The self-concept refers to the view that the individual has as far as his/her own attributes are concerned. Forming of the self-concept is important because it is embodied in communication with others (Visser, Bester, de Witt, Damast, Wiechers, le Roux & Vaughan, 1983:109).

Mwamwenda (1995:71) holds the view that the peer group provides some clarification on some aspects when the adolescent searches for identity. Schell (1975:383) is of the same mind and says the influence of peer relationships, which change during adolescence, may be crucial on identity formation.

Van Rooyen et al., (1997:8) agree that to develop a self-image, a child needs adequate positive interaction with people. Papalia and Olds (1981:370) believe that most probably the most important task of adolescence is the search for identity. Because they spend much time with the peer group, the peer group definitely influences the social development and sense of self (Louw et al., 2001:19). The peer group is therefore an important source of self-esteem.

Papalia and Olds (1981:379) say that although sexuality comes to the fore during adolescence, it is not the predominant focus of interest. Sports, arts, and future work are some of the topics that rank higher. Young people's images of themselves and their relationships with peers and parents, form part of their sexuality (Papalia & Olds, 1981:380). Lesser (1971:357) suggests that the physical sex of the person directs and moderates much of his psychological and social development, his identity, and his roles and values during the whole span of his life. At this age sexual activity fulfils important needs, probably the least of which is physical pleasure.

Mwamwenda (1995:74) acknowledges that most adolescents experience strong sexual drives and are eager to try heterosexual intercourse. He (1995:82) also emphasises that changes experienced by adolescents may have positive or negative effects, depending on how they are perceived. It must be accepted that sexual relationships are an important part of young people's social relationships (Van Aswegen, 1995:313). The new urges they feel make adolescents increasingly aware of their own sexuality – this aspect of development to a great extent influences self-concept (Shaffer, 2001:166).

Mwamwenda (1995:353) believes that adolescents have to establish who they are and the role they have to play in their respective societies. Failure to do this leads to conflict, indecisiveness anxiety and loneliness. Television plays an important part here because the world and people are represented in an unrealistic way – it does not correspond with reality.

Coetzee (1980:34) indicates that Freud and Erikson realised that there is continuity in development of personality. He pointed out that Erikson put emphasis on influences that have an effect on later life. People with a low self-esteem are more vulnerable (Schell, 1975:349), because they have an inability to handle the responsibility of sexual behaviour. Adolescents who are HIV positive may adopt risk-taking and acting out behaviour rather than approaching the problem directly (Louw et al., 2001:31). Papalia and Olds 1981:388) claim that some theorists believe that many teenagers get pregnant to satisfy underlying psychological needs. Some on the other hand, are ignorant of the facts of reproduction.

2.2.7 Self-actualisation

There is a close relationship between self-concept and self-actualisation. Self-actualisation is the process whereby the individual acts and develops in accordance with his/her self-concept. The self-concept is the result of the relation with the self, others, objects, religion and environment. Reasons for low self-esteem can thus be found in relations that the person forms. Development includes social, physical, academic, religious, family, emotional and self worth aspects. Self-actualisation is self-fulfilment - potential must realize. If basic and psychological needs are met, a person develops self-actualisation through his/her involvement in an activity that has meaning for him.

According to Vrey (1979:31), self-actualisation is also an empirical-pedagogic category. To be someone categorically means to the researcher the development of a self-identity and a positive self-concept.

The educator is an essential factor throughout the actualization process (Van den Aardweg & Van den Aardweg, 1988:193). Self-actualisation can notably count as educational criterion. The aim of education is to lead the child to moral independent adulthood (Prinsloo, 1994:80). The child is thus guided to develop his positive potential. He must develop in totality (physically, spiritually, intellectually and socially). Daniels (1984:28) points out that research with regard to self-actualisation correlates with moral adulthood.

The precise nature of the relation is however still not clear. The presumption is there that self-actualisation is linked closely with moral adulthood. Investigations prove that characteristics, which are associated with firm principles on moral reasoning, concur with that of Maslow on the self-actualised person. Hynson, Gaud and Bock (1993:24) however, suggest that males, who value a "macho" attitude toward life, often do not use protection when having sexual encounters.

The concept of self-actualisation as initially formulated by Maslow, has been developed over the years by various researchers in the sense of a special personal- and world-view and philosophy of life (Prinsloo, 1994:93). Although these views differ to a certain degree, the theories contain elements, which contributed to the formulation of the perspective, which is taken up in the modern-pedagogic and modern- androgenic approach. Negative self-concept will prevent self-actualisation; there is an intrinsic exchange between a positive self-concept and self-actualisation; self-actualisation requires that there is an increase in knowledge, giving meaning, evaluating and respect of the self-identity of others.

The self-concept, which is the result of relations with the self, is the integrated structure of perceptions, ideas and attitudes, which the individual has formed of himself (Vrey, 1997:121). Woolfolk (1995:334) claims that self-concept is a central characteristic of human dignity. Farmer (1982:83) refers to Maslow's hierarchy model whereby specific needs must be met before the person can advance towards self-actualisation. Basic needs (food, clothing, shelter); Safety and security (free from fear, physical aggressiveness); Belonging and love needs (friendship, love) is needed for a positive self-concept for respecting others and for self-actualisation.

Frankl (1964:27) maintains that carelessness can be a meganism of self-defense. Fear makes that that, which one fears, becomes reality (1964:125). Vrey (Prinsloo, 1994:90) also holds the view that a prerequisite for self-actualisation is that one's life must be free of fear and that one receives sufficient support.

According to Woolfolk (1995:75), the developing self-concept and resultant actualization of the self of the child is influenced by family, friends and educators. Monteith, Postma and Scott (1988:192), hold the view that parents form the primary reference framework for the adolescent's attitudes, values and beliefs. They feel that the degree, in which the adolescent identifies with his parents, has an important influence on the forming of self-concept. Mussen, Conger, Kagan and Huston (1990:490), also agree that the adolescent learns much of the parents' behavioural patterns, values and attitudes through identification and imitation.

2.2.8 Social-communal orientation

This socio-educational concept is especially relevant to adolescents because they find themselves in a social period of adulthood. Education is to guide the adolescent with social-communal orientation. It is about determining the place or position in social situations as well as in the community as a whole (Pretorius, 1994:28). They thus know what their duties, rights and responsibilities are in social relationships and in the community. Adolescents however, often feel that their own place in society is hampered and confined.

The social-communal orientation is aimed at admission of the child into the community – his/her inclusion into society. Adjustment to the environment is admittance to emancipation. Adolescents are admitted to the group because of mobility within the society. The backbone of the child's orientation of his/her own place in the community is the relative constant spiritual norms that are obtained within the family and are used as reference framework.

Social institutions, especially the family and religion, play key roles in shaping and constraining sexual behaviour. The family influences individual sexuality subtly and sometimes overtly, by conveying a specific perspective about sexuality (Tolan and Cohler 1993:96). Hynson et al., (1993:24) maintain that certain cultures where family systems are constructed on values of family and personal honour, do not tolerate the idea that a family member could abandon the strong family ethics and engage in at-risk behaviour (Hynson et al., 1993:24).

Pretorius (1994:75) claims that realisation of norms and focus on achievement of values has deteriorated, because of economic and organizational life shortages, which now supersede life rules and values. Smith et al., (1993:281) mention that most research findings indicate that adolescents' knowledge of Aids facts continues to be confused or conflicting and that their perceptions of their own vulnerability remain distorted.

2.2.9 Need fulfilment in social context

Education is to lead the child to fulfil his needs (Pretorius, 1994:30). Needs fulfilment happen in social context, because needs are often socially motivated, (Le Roux, 1992:4). Society contributes to sending confusing messages through the media. Papalia and Olds (1981:377) believe that a young person is more likely to identify with other adolescents, no matter what their background or interests, than with older or younger people. Data collected by Van Aswegen (1995:313), correlates with other literature findings that sexual relationships are an important part of young people's social relationships.

Louw et al., (1985:110) refer to Freud's view that all behaviour is determined by the impulses in the psyche. Freud's developmental theory encompasses especially two important aspects, namely the development of the structure of the personality (psyche) and the change with regard to sexual desire (psycho sexual development). The adolescent is acutely aware of the changes he/she is undergoing.

Sexual activity is one of the basic areas in which adolescents begin to exert independence (Tonks, 1996:5). The previous century's evolution of sexual beliefs and attitudes included openness about sexual matters – a tendency to see sexual behaviour as a matter of personal choice and an emphasis on interpersonal norms and values (Schell, 1975:355). Schell (1975:358) states that much of the increase in premarital sexuality appears to have occurred among students from affluent, liberal schools. In the questioning environment of these schools, the major change in sexual behaviour was set in motion.

Louw et al., (1985:110) states that Freud believed that the fulfilment of sexual desires is limited through moral rules laid down by society. Man's basic psychic problem is the situation whereby the sexual desire energy can not be consumed because of moral rules and feelings of quilt. Freud stated that the Id, where desires are contained, functions at a primitive level, namely according to the enjoyment principle and the primary process. The Id claims immediate satisfaction of sexual desires and is not concerned with the rules and requirements of physical and social reality.

According to Freud, the pressure of the Super Ego is the means whereby the individual is forced to obey the rules of society. However, in a society where norms and values have declined and there are few rules concerning any kind of behaviour, people and especially young people are inclined to be completely overruled by primitive desires. The result is that sexual licentiousness becomes the order of the day.

2.2.10 Social milieu

Le Roux (1992:10) describes the social milieu as the immediate physical and socio-cultural environment that influences the individual as well as the group. It refers to the total environment power that influences human development (Le Roux, 1992:98). Education always takes place in the social milieu (Pretorius, 1994:32). Schell (1975:363) indicates that adolescents are subject to the same kinds of powerful social influences that other people are. They reflect society's openness about sexual matters.

Due to urbanisation, traditional cadre like the church, family and community structures where norms and values are derived from, lost its meaning (Pretorius, 1994:105). It consequently gave rise to many socio-pedagogic problems (Pretorius, 1994:102). In view of the changing social milieu, Van Dyk (2001:97) stresses that if only social problems such as poverty, unemployment, migratory labour, subordinate status of women and child abuse could be seriously addressed, society would be less vulnerable to HIV.

Papalia and Olds (1981:376) remind that the herd instinct is strong during adolescence, as is the desire to be accepted by the crowd. Schell (1975:357) states that for most girls, sexual behaviour involves incorporating sexuality into a social role.

Van Dyk (2001:184) says that conforming to peer group benefits the adolescent to a certain extent, while excessive conformity could cause an adolescent to become involved in high-risk behaviour like early sexual activity. They also tend to be unconsciously under an illusion of personal immortality. This makes them more willing to participate in unsafe practices (Van Dyk, 2001:185).

Hochhauser and Rothenberger (1992:47) state that there are certain problems that the typical adolescent is simply not concerned with. Adolescents do understand that behaviour has consequences, but often believe that it will not happen to them. Adolescents continue to be involved in risky behaviour. They also tend to be unconsciously under an illusion of personal immortality. This makes them more willing to participate in unsafe practices (Van Dyk, 2001:185).

Friedman, Strunin and Hingson (1993:442) believe that the number of adolescents at risk for HIV exposure will continue to increase because of high teenage pregnancy rates, more adolescents being treated for STIs and the continual use of alcohol and other recreational drugs. Because of the anxiety of wanting to be sociably accepted, young adolescents are pressurised into making wrong decisions and may put themselves at risk of being HIV infected (Van Dyk, 2001:188). The emotional, physical and social development and the exposure to new experiences, often cause adolescents to feel high levels of confusion and stress (Van Dyk, 2001:189).

The influence of the socio-cultural environment in present-day multi-cultural South Africa is confusing to many. Louw, Gerdes and Meyer (1992:10) reflect on the fact that many adolescents currently experience social norms that are inconsistent and even in contrast to each other. They are therefore exposed to a variety of contradicting social values and norms. The problem is emphasised in a transforming society where there are several different cultural groups.

Van Dyk (2001:112) reminds that one must understand what health, sickness and sexuality mean in the traditional African context. Traditional healers and leaders play an important role.

Maile (2004:114) believes that different people have different understandings of HIV and Aids and those opinions are influenced by religion, culture and politics.

Cohan (2002:15) poses that the effectiveness of HIV prevention measures in schools is dependent on whether the sexual behaviour of children can be influenced by messages aimed at the individual while community and peer values remain largely unchained. Van Dyk also points out that many Africans are regulated and controlled by complex relations between humans and the invisible beings who inhabit an intermediate zone of existence (Van Dyk, 2001:113). Many myths exist because of lack of educational resources and a supportive environment.

2.3 SYNTHESIS

Psychological adulthood is reached when one discovers one's identity, becomes independent from parents, internalises one's own system of values, and is able to form mature relationships of friendship and love. Adolescents are usually influenced by a multi-faceted interaction of personality characteristics, family pressures, cultural expectations as well as educational and socio-economic factors.

The researcher's interpretation is that many adolescents do not know where they actually fit in. The social environment at school often differs completely from that of the home. Educators frequently ignore the relationship between humans and their environment. It is therefore necessary that schools and the home take cognisance of the fact that while learning to adjust to a range of responsibilities, adolescents face pressures that can create risks in different areas of development.

In the next chapter the socio-cultural factors in South Africa contributing to moral and sexual licentiousness will be highlighted.

CHAPTER 3

SOCIO-CULTURAL FACTORS IN SOUTH AFRICA CONTRIBUTING TO MORAL AND SEXUAL LICENTIOUSNESS

3.1 BACKGROUND

Watershed developments were brought about in the last decade of the twentieth century that transformed international communities in general and South Africa in particular (Prinsloo, 2003:276). Mega-trends such as industrialisation, economic globalisation, urbanisation and a profound change in norms and value systems occurred. Social structures have become distorted; the Aids pandemic and an outburst of crime, violence and corruption have swept over the country.

In research conducted by Rocha-Silva (1998:1) areas of vulnerability to bio-psychosocial impairment was pointed out. An increase in the general level of drug use and consequently, in the prevalence of drug-related debilitating conditions tend to occur in countries undergoing socio-economic change, especially those countries with limited scope for generating sustainable livelihoods (Rocha-Silva, 1998:2). Engelbrecht (1993:13) warns that HIV is on the rampage in the Third World with its stereotyped traditions and ignorance. Many people are illiterate and unschooled. Many municipalities do not even have an Aids strategy in place (Volksblad, 12 June 2002) – this reinforces Engelbrecht's stance concerning ignorance.

In Africa, below the Sahara Desert, HIV is spread mainly through sex workers, transfusions of HIV-infected blood and along truck routes where the virus was spread from community to community along the truck routes (Granich & Mermin, 1999:31). South Africa has more people with HIV and Aids than any other country in the world and its population is shrinking fast (The Star, 26 September 2002). These facts were contained in the 2002 World Population Data Sheet.

The death figure amongst women has risen by 168% during the past six years (Volksblad, 04 March 2004). The World Health Organisation says HIV and Aids have reached alarming proportions (Volksblad, 12 May 2004). 10, 2% of South African youth between 15 and 24 and 16% between ages 20 and 24 are HIV-positive (Volksblad, 08 April 2004). Roux, Ebersöhn, Smit and Eloff (2005:253) cite other researchers (Call, Riedel & Hein, 2002) who maintain that whilst more than 60% of new infections in South Africa are in the 15 to 25 age group, adolescent girls account for the most new infections.

Van Dyk (2001:129) refers to Ahlberg's research (1994) who found that because missionaries in certain parts of Africa found ritual ceremonies concerning sexual customs offensive, they prohibited these practices and traditional disciplines. The result was that the discipline of morality was lost and ceased to be remembered. Giddens (1996:31) maintains that culture consists of the values held by a given group, norms they follow and material goods they create. Values are abstract ideals, norms are definite principles or rules which people are expected to observe. Norms represent the "do's and don'ts of social life." A person is not born into solitude (Van Rooyen et al., 1997:08). He will become a product from inherited properties as well as influences received from the social environment.

The profound changes that have been brought about in the past decade have found many unprepared. Rapidly changing communities make unexpected demands on people (Van Rooyen, Grobler & Louw 1997:42). The complexity of a changing contemporary South Africa with the change in social structures disintegration of family life, have consequently resulted in systems being called upon to deal with issues which would previously have been the exclusive responsibility of the family.

3.2 NORMS AND VALUES OF THE SOCIETY IN WHICH ADOLESCENTS HAVE TO INTERNALISE AN OWN VALUE SYSTEM

3.2.1 Cultural beliefs & value systems

"Culture is the system of values and meanings shared by a group or society" (Popenoe, 1980:46).

Values are defined in literature from eternal ideas to behavioural actions (Huitt, 2003:1). The researcher sees values as criteria for determining levels of goodness, worth or beauty. Popenoe (1980:47) believes that a value is an idea shared by the people in a society about what is good, right or desirable. The dominant values of a culture are communicated through its symbol system. Huitt (2003:3) states that there is an assumption that values are based on cognitive moral beliefs or concepts. There are thus universal moral principles, but he considers values relative to a particular environment or situation and such values are applicable to the cognitive development of the individual.

Bandura proposed that children have a hand in creating the environment that influences their development (Shaffer, 2001:66). Shikhibane (1997:2) claims that the quest for any person to express his/her own sexuality successfully is hampered by amongst others, wrong influences from the society like changes in value systems and changes in family structures. Adolescents often have difficulty in expressing their sexuality. Louw, Gerdes and Meyer (1984:357) are of the opinion that changing values allow more freedom for sexual exploration.

De Villiers, Wethmar and Van der Bank (2000:2), state that to understand the pivotal importance of morality, one has to take into account that human beings need values to evaluate people, things, events and actions. Values are adopted from culture. Because cultures differ, values differ. Values can be sub-divided into different categories, e.g. aesthetic (senses- music, art, drama), economic (or patriotic), and moral (beliefs). One thus evaluates from different perspectives and thereby applies values from different categories. Niewenhuis (2003:31) poses that interpersonal values regulate relationships between people. Some basic values of being human are rooted in the community. These values deal directly with morality. As societies develop, important norms and values may change (Niewenhuis, 2003:65).

The unparalleled number of untimely deaths due to HIV and Aids have disrupted the harmony of Africa, because of accusations of witchcraft that are often made when a group is threatened (Van Dyk, 2001:115). Apart from deaths of the aged, death is seen as punishment, or the work of evil spirits or witches in many African societies (Van Dyk, 2001:115).

The traditional African belief helps make sense of the HIV and Aids horror. It thus helps alleviate feelings of guilt. It may also help the family from stigmatisation in the community. Van Dyk (2001:115) however feels that Witchcraft beliefs have negative implications for HIV counselling. It implies that individuals cannot be held responsible or accountable.

Culture plays a pivotal role that determines the effectiveness of Aids education and prevention programs (Alali, 1995:17). One cannot dislodge cultural values from Aids education and prevention, because in doing thus, one ignores "the medium through which sexuality, drug use, and disease are interpreted and acted upon" (Alali, 1995:17). Van Dyk (1994:225) gives insight to the fact that there are many myths, negative attitudes and even political, cultural and religious taboos over the use of condoms. Van Dyk (2001:122) also recognises that there are deep-rooted cultural beliefs against the use of condoms in some parts of Africa. There are still many misconceptions concerning the use of condoms. Some believe the use of condoms may prevent fertility and cause illnesses.

Shikhibane (1997:47) writes that people who do engage in high-risk behaviour, fail to see themselves as vulnerable – a Blackman, who is married and has established other concubines, does not consider himself promiscuous. He believes he is expected to have other lovers. He is then respected as a real man. Polygamy and concubinage are accepted as normal cultural practices in many African cultures. Sometimes men form extramarital relationships to the extent of establishing another family. This practice perpetuates poverty, poor housing, breakdown of family structures and sexual permissiveness (Magagula, 1998:34). Data from sub-Saharan Africa shows how large proportions of women are increasingly becoming infected with HIV. These women appear to be at risk of infection not so because of their own behaviour, but that of their partners or husbands (Mbizvo, 1996:12).

3.2.2 Social factors

Prinsloo (2003:281) argues that social structures in present day South Africa are becoming increasingly dysfunctional. A breakdown of authority and discipline is the result of the unstable network of social relationships. Adolescents adopt identities that allow them to cope in the confusing order.

Van den Aardweg and Van den Aardweg (1993:217) believe that the expression of adolescent sexuality is largely coloured and controlled by what has been learnt in the family and what is portrayed by mass media and the influence of peers. The social and economic status of the individual can influence the chance of infection and determines what kind of medical care one gets (Granich & Mermin, 1999:101). "If the family income and resources are already minimal, nutrition intake could decline, and health services will not be able to be paid for" (Louw et al., 2001:25).

Ainsa (2000:9) indicates that social morbidities are the biggest threats to health. Often because of not being able to access basic health needs, adequate nutrition and preventative care, disease progression in adolescence is accelerated (Louw et al., 2001:40). Poverty and lack of adequate access to Health resources play a significant role in the spread of the disease (Volksblad, 12 June 2002). The Third World component often does not have much contact with Western medicine and information. Van der Merwe and Le Roux (2003:118) take the position that a chronic ill person places stress on the family system. Family roles and dynamics change. Family members (adolescents) can "act out" in an attempt to compensate for the disequilibrium.

Magagula (1998:29) proclaims that there is general consensus that low socio-economic status of the family has a negative influence on sexual behaviour. Adolescents who live in poverty and those with less education tend to initiate sexual activity early in life. Impoverished communities generally cluster in confined areas, which create a complex situation with lack of facilities. "Financial constraints can make young people very vulnerable to sexual exploitation in which sex is exchanged for money for material goods" (Louw et al., 2001:25). Giddens (1996:204) confirms that in several areas in the world, child prostitution is part of the "sex tourism". Giddens (1996:244) also agrees that many runaway children turn to prostitution.

Papalia and Olds (1981:382) make it clear that many young people are having sexual intercourse at quite early ages – many feel pressured into sexual relationships.

Shikibane (1997:71) believes that largely due to socio-economic and political disruption, the age of first sexual intercourse with adolescent girls in Africa is likely much earlier than the 15 years of American girls. Homeless or abused children are particularly vulnerable (Alali, 1995:56). "Many children, who have been sexually abused, engage in precocious sex or survival sex" (Alali, 1995: 57).

People who are often away from home due to work commitment are also more exposed to risky behaviour and may increase chances of contracting HIV. Truck drivers on route away from home are also prone to receiving or spreading the disease due to South Africa's road infrastructure. The connection between STDs, HIV and sexual behaviour change, is unfortunately often not seen in Africa (Van Dyk, 2001:118).

South Africa has between 28 000 and 38 000 child prostitutes and at least 25% of street children sell sex to survive (Volksblad, 12 May 2004). Abdool, Abdool, Soldan and Zondi (1995:12) state that given the various pressing needs for basic survival, the risk of HIV infection is viewed as one more burden imposed on them by their lack of social, legal and economic power. Violence or threat thereof, plays an important role in their disempowerment. Roux et al., (2005:254) concur that because adolescents are economically dependent and socially inexperienced and have not been taught how to protect themselves from infection, they are more vulnerable.

Magagula (1998:20) maintains that the ages at which adolescents commence coitus seems to have far reaching implications in terms of safe sex. The younger the adolescent is when commencing sexual intercourse, the less likely he/she is to be knowledgeable on sex education. Magagula (1998:25) says that findings point to the fact that physiological changes appear earlier than in the past. He (1998:26) believes that human erotic urges in adolescence stem more from socio-cultural than physiological factors. The environments in which adolescents find themselves thus play a vital role in interpreting physiological changes.

Louw et al., (2001:26) highlight the fact that orphans have increasing psychosocial needs due to loss of parental affection, physical and social security.

HIV and Aids is one of the greatest causes of poverty because parents are dying and children are orphaned (Volksblad, 12 May 2004). It is estimated that there are 600 000 orphans in South Africa (Volksblad, 30 November 2004). Children are therefore taking the role of parents as breadwinners and caregivers.

Other social factors associated with the moral and sexual licentiousness contributing to the spread of the HIV and Aids pandemic among adolescents are malnutrition, marital problems, dysfunctional families, divorce, migration, squatter camps, substance abuse, poor economy, isolation, alcoholism, lack of parental support, high dropout rate, low aspirations, low expectations, child abuse, drug trafficking, numerous sex partners, sex workers, single sex hostels, low status of women, removal of families, lack of economic opportunities, unemployment and limited social activities.

Rocha-Silva (1998:3) acknowledges that the common level of drug use in a community tends to positively correlate with the general level of different bio-psychosocial impairments. Assumptions are supplemented that certain socio-cultural/structural and psychological variables (or social conditions and beliefs) contribute to drug abuse and therefore to a range of bio-psychosocial impairments. It corresponds with empirical evidence that the nature and extent of drug use in a community differentiate according to the socio-economic and socio-demographic profiles. Lack of recreational facilities can also lead to sexual activities being regarded as a way of passing the time (Magagula, 1998:30).

Adolescent sexual behavioural patterns are intrinsically related to the influence of the social environment and socio-economic status of the family (Magagula, 1998:30). Social ills prevalent in South Africa such as unemployment, poor housing and low educational status, make Black adolescents appear more sexually permissive (Magagula, 1998:31). Research (Buga, Amoko & Ncayiyana, 1996:12) found that sexual maturation occurs at an earlier age than previously among rural Transkeian adolescents.

This is associated with early initiation and a high level of adolescent pregnancy and STDs that at the same time expose adolescents to a high risk of HIV infection. 90% of the boys (16.25 mean age) and 76% of the girls (15.29 mean ages) in the sample were sexually active.

Louw et al., (1984:353) illuminate the fact that because of historic and social transformation, rapid change is taking place in norms of society. More frankness and permissiveness where premarital sex, homosexuality and sex outside the marriage are concerned are signs of the times. Too many of the youth have been marginalized by amongst others, social factors (Prinsloo, 2003:277). They see themselves as having no future and as being victims of abuse, poverty and violence. Poverty creates a culture of being vulnerable, powerless, isolated and inadequate. Louw et al., (1984:374) add that because of social change, adolescents are divided over status, political opinions, personal standards and morality. This division has contributed to the decrease in the authority of the adult culture.

Msezane (2003) reported the following factors in the paper on: *Sexual exploitation of girl children growing up on farms*: sexual abuse, poverty, lack of parental care, working conditions, living conditions, lack of basic facilities, e.g. sanitation (use the veldt - bodies become victims of sexual exploitation), education, abuse of drugs. Sexual abuse leads to prostitution. Small homes provide no privacy for parents. Children get to see parents' sexual activity and they also become sexually active at an early age. Men, who don't work or start work later than women, after women have left for work, often sexually abuse children. Time off during exams also leads to exposure to abuse. Disempowered women resort to alcohol and often become intoxicated victims of sexual exploitation.

Addressing the socio-environmental influences on risky and preventative behaviour may therefore prove to be the most effective Aids prevention strategy among adolescents (Walter et al., 1992:528).

3.2.3 Morality and decline of moral values

Van Rooyen et al., (1997:29) pose that children are religious and moral beings with a conscience that is formed according to the norms and values that they have been subjected to and which they can relate to. These norms and values will direct their behaviour. According to Schell (1975:353), the individual's moral development does not always follow a consistent, age-graded pattern. Adolescents therefore can range from the lowest to the highest levels of moral reasoning. Louw et al., (1985:369) refer to the fact that moral values are learnt. He refers to Kohlberg who indicated that moral judgement takes place at three levels, namely pre-conventional, conventional and post conventional. These levels relate to the development stadia that Piaget distinguished. Schell (1975:354) indicates that the adolescents at the lower level seem to respond to looseness and permissiveness in unsupervised situations.

Vygotsky challenged Piaget's theory (Shaffer, 2001:53). Vygotsky's socio-cultural theory focuses on how culture is transmitted from generation to generation. He believed Piaget for the most part ignored social and cultural influences on human development. Vasta, Ross, Haith and Miller (1992:536) point to the fact that there are cultures where Kohlberg's theory does not apply although cross-cultural research indicates a similar pattern of moral development in a number of diverse societies.

De Villiers et al., (2000:9) state that the moral crisis in South Africa is severe. Sexual licentiousness is one of the manifestations thereof. The moral crisis can partly be attributed to international trends as well as factors endemic to our society.

Kohlberg held the view that people can be taught to elevate their moral thinking by confronting individuals with difficult moral dilemmas and helping them to develop their thinking in regard to them (Papalia and Olds, 1981:344). Van den Aardweg and Van den Aardweg (1993:151) make it clear that morals are not inherited - they have to be learnt. Many homes do not provide a good moral example or adequate moral instruction.

Moral degradation has become a characteristic of the new order and moral licentiousness has become prevalent. Because of the moral deterioration, many incidents of abuse occur within weak family structures (Volksblad, 28 May 2002).

Magagula (1998:28) poses that though early marriages were encouraged in traditional African societies, cultural morals and practices provided ways for the transmission of information on sexuality and sexual behaviours. These mechanisms and moral behaviours enlightened adolescents concerning responsible sexual behaviour. Cultural practices played a major role in controlling sexual behaviours among adolescents. Virginity was very highly valued, as it had an influence on the lobola to be paid.

The deterioration of many traditions because of urbanisation and industrialisation has led to values and norms being relinquished and sexual behaviour knowing no bounds. Although cultural practices deteriorated, no effective practical measures were taken to serve as guidelines for sexual behaviour. Healthy lifestyle programmes, which were designed, lacked co-ordination. Educational approaches were also only directed mainly at women.

3.2.4 Attitudes

Tolan and Cohler (1993:107) indicate that race; social class and religion signify diverse influences on individual attitudes, including those on sexuality. Smith et al., (1993:281) state that it is significant that even after exposure to much information; the majority of teenagers have not modified their attitudes towards people living with Aids. A survey conducted in America, showed that most Americans believe that most Africans are themselves to blame for the worsening Aids crisis. Eight out of every ten respondents felt that the resistance to change sexual behaviour (attitudes) is the reason why the pandemic is out of control (Volksblad, 11 July 2002).

"Adolescents, while aware of the risks of Aids, have important misconceptions about the disease" (Alali, 1995:20). There are many myths because of a lack of information, fear and unwillingness to talk about sexual issues.

Simpson (1996:80) found that it is evident that learners are not certain of the relative risks of various sexual practices and in particular they seem to lack an awareness of sexual practices presently considered safe. Although many sexuality educational programmes are in place, there is still a resistance to condom use.

Shikibane (1997:57) refers to the fact that many African people believe that the government is deliberately trying to control the growth of the black population. Shikibane (1997:71) also maintains that many Africans believe that if a man's sperm does not get into the women's vagina, the man is regarded as no man. Ill-informed, unprepared adolescents with a resistance to the use of contraceptives have to establish personal attitudes in a more permissive society.

3.2.5 Acculturation levels

Acculturation is cultural change that results from contact with another culture. Wrong (1977:139) stressed that major shifts in population trends rarely take place within a few years unless they result from natural or man-made catastrophes. According to the sociological view, human behaviour is largely "shaped" by groups in which individuals grow up and live (Popenoe, 1980:6).

Rapid culture changes distances the adolescent from his parent's life style and different content of experience brings conflict (Pretorius, 1994:155). Van Rooyen et al., (1997:3) believe that in interaction a dual unlocking takes place. The individual is made more receptive and is "unlocked" for reality and reality is "unlocked" for him. This is aimed at guiding the individual to create his/her own reality although reality is culture bound. Reality will be interpreted by the frame of reference exposed to. It includes aspects such as religion, moral values and sexuality.

"It is very hard, if not impossible, to separate genetic and environmental effects on human development (Popenoe, 1980:58). Each individual grows and lives in a particular society and milieu with particular norms, habits, activities, cultural influences and other persons (Van Rooyen et al., 1997:4).

Bronfenbrenner (1979:6) suggests that the environmental events that are most immediate and potent in affecting the individual's development are activities that are engaged in by others in his/her presence.

Culture equals the values, meanings and material shared by members of a group; values encompass ideas shared by people in a society about what is good, right or desirable; norms equal the expectations about what people should or should not do, think or feel in a given situation. Innovation is a common internal source of cultural change. Popenoe (1980:59) recognizes that "The development of a self depends heavily on social interaction".

FIGURE 3.1

PHYSICAL
EMOTIONAL
INTELECTUAL
SOCIAL

A WELLNESS MODEL
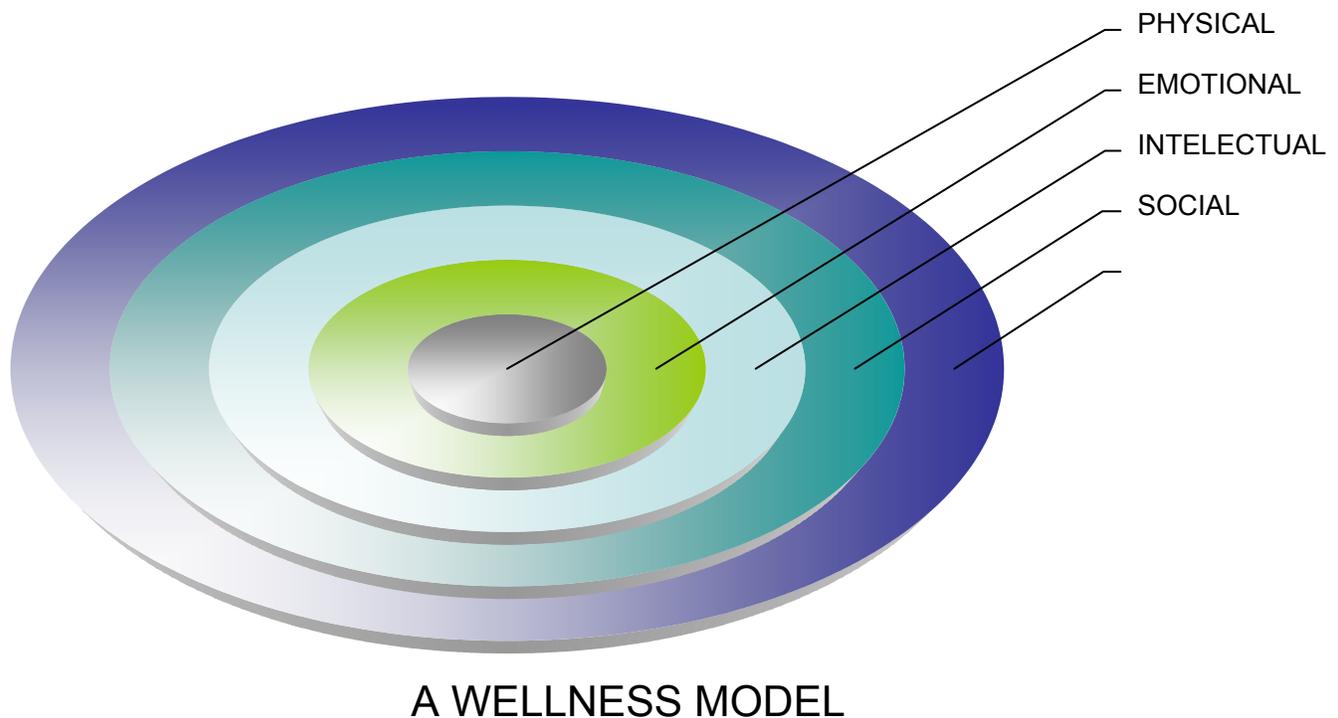
3.2.6 Communication style

Barnard et al., (1995:170) declare that purposeful sexuality education remains in abeyance in family context. They concur with other researchers (Brownell, 1988 and House Walker, 1993) who believe that little comes of open and honest discussions on matters related to sexuality.

They cite possible reasons for this as the sensitivity of the subject, embarrassment, insufficient knowledge, the generation gap and inadequate communication. Van Rooyen et al., (1997:125) write that adolescent rebelliousness and the experience of the so-called communication gap between adolescents and parents can result in a poor parent-child relationship.

"Tension exists between some parents and teachers regarding the specific content of an Aids education program. Some teachers either do not provide Aids education or skirt around it for fear of antagonizing parents" (Alali, 1995:49). Much controversy exists over whether sexuality education should be taught at schools, by whom and in which manner (Barnard et al., 1995:170). Several research projects have however concluded that the successes of Aids campaigns are closely related to adequate communication (Volksblad, 28 November 2003). Recommendations are that literature must be more accessible. The content, format and formulation of messages as well as cultural diversity must be considered. Barnard et al., (1995:174) point to research that concluded that the majority of adolescents admit that they acquire most of their information from the mass media and not from their parents. At a seminar held in Kimberley, learners admitted that they are still ignorant concerning Aids (Volksblad, 13 June 2002).

3.2.7 Language use

Kellerman (1997:104) maintains that innuendos and figurative speech differ between languages. It impedes on spreading the message of prevention, because a person must be found who can convey the message using the appropriate language and figurative speech and who understands the culture well enough to convey the correct message. There is still a lack of openness. To talk about sex and sexual relations is still a taboo to many people.

The home environment is the primary environment for human development (Magagula, 1998:32). Many parents have difficulty in communicating on issues relating to sexual matters. Because of this, peers and the mass media become important sex educators. Peer pressure is assumed to be a significant causal factor in sexual involvement among adolescents.

Conformity to peer groups is often the result of too little attention and interest given at home and also lack of parental warmth and understanding (Magagula, 1998:34). Sexual behaviours are learnt and parents and peers are two major socialisation agents. Researchers found "the sexual content of the mass media has become increasingly frequent and explicit". Many television programmes visually reinforce aspects of sexual matters (Magagula, 1998:37).

3.2.8 Interpersonal relations and experiences

Van Rooyen et al., (1997:32) explain, "Experiencing means to come to know something, to become aware of something or to learn to know what one reaches". It lays the foundation for establishing relationships and it enables one to become involved with reality and reach reality. Papalia and Olds., (1981:374) argue that teenagers from cultural or racial minority groups are thrust into a particularly intense identity crisis - they not only have to deal with the same life changes as other teens, but also with many other problems caused by their minority status. Papalia and Olds (1981:384) maintain that it is hard to say whether the difference in sexual response between sexes is based on biology or culture.

The development of certain core skills, e.g. decision-making skills, problem solving, information skills and assertiveness skills are pertinent to personal and interpersonal development within the family and community (Van Rooyen et al., 1997:45). "Teen sexuality is loaded with embarrassment, shame, fantasy, insecurity, urgency, external and often conflicting pressures, and other complicating factors. Knowledge alone is generally therefore not of much help in real life, spontaneous, emotionally laden situations" (Alali, 1995:57). Simpson (1996:73) found that neither high levels of knowledge regarding safe sex practices, nor of HIV transmission, positively correlates with safe sex practice behaviours.

In many communities talking about sex matters are taboo, because of the way in which children are raised. One does not talk out of the house and does not let the family down. The stigma of a family member being infected makes life intolerable. Rather keep quite than talk about it.

An extremely disturbing factor is the fact that 80% of all people-awaiting trial is sodimised while held in detention. Many are raped within 48 hours (Volksblad, 23 November 2001). This is one of the main causes of the increase in the spread of HIV in jails. Homosexuality, gang formation, violence and overpopulation are contributing factors. The life style is one of high risk. At least 4000 cases where reported in 1999. Because of the gang factor, there is a culture of fear and secrecy.

3.2.9 Problem solving and stress coping strategies

Adolescents' experiences of stress differ from that of adults (Roets & Lewis, 2002:211). Today's adolescents are especially vulnerable to stress. A spiral of negative behaviour is apparent in many children, because they have anger and cropped up frustrations to adapt to. This is often as a result of them being left to fend for themselves due to absent parents.

The way in which an adolescent experiences his/her sexuality, is strongly influenced by social factors (Pretorius, 1994:158). Inadequate communication contributes to turn youthful sexuality into actual problems. The search for intimacy in sexual intercourse and love affairs is an attempt to escape from the feeling of alienation. Research shows that adolescents with poor basic skills, are much more likely to become pregnant than those with average basic skills (Alali, 1995:57).

3.2.10 Community expectations and rules

Van Rensburg et al., (1988:486) believe socialisation is actions moulding the individual according to norms and values accepted by his society and the learning of customs and codes of conduct, which are acceptable and customary in a particular society. Women in many cultures are defenseless in becoming infected with HIV. They are not permitted to take decisions regarding sexuality. Fear of rejection also plays a vital role. Women are raped in marriage and young girls are being abducted to become brides.

Apart from the suffering, a further tragedy is the biasness and discrimination with which communities judge (Engelbrecht, 1993:13). Kellerman (1997:81) reflects that dual societies, which exist in South Africa, are other ways in which the spread of HIV is encouraged. In many cultures a person is permitted to have several partners and also make use of the services of prostitutes. Certain cultures also expect young women to have relationships with older men. The lifestyle of these men contributes to the spread of the disease. Van Dyk (2001:129) emphasizes that some traditional behaviours are harmful to people's health, e.g. having multiple sexual partners, "dry sex" and the custom of inheriting the wife of a deceased brother. Diclement (1992:119) argues that normative social influence is responsible for much of adolescent risk behaviour.

Values are attached to various things. From these values principles can be derived that in turn could serve as a basis for developing rules. Choices that one makes and actions that one takes are influenced by one's community's expectation. Pretorius (1994:75) claims that realisation of norms and focus on achievement of values have deteriorated, because of economic and organizational life shortages, which now supersedes life rules and values.

3.3 SYNTHESIS

Socio-cultural factors in South Africa contributing to moral and sexual licentiousness are complex problems with a diversity of causative and maintaining factors. The rapid changes in society that accompany economic transformation as well as gender issues are all factors contributing to the spread of HIV infection in developing countries. Substance abuse, street children, sexual practices, trafficking in humans, initiation and child headed households are issues that feature in the life of the adolescent. Some resort to drugs, others to sex or a combination of the two in order to create a sense of belonging.

The design of the empirical research programme will be discussed in the next chapter.

CHAPTER 4

DESIGN OF THE EMPIRICAL RESEARCH PROGRAMME

4.1 INTRODUCTION

The empirical design of the study is discussed in this chapter. The population, sampling methods and measuring instruments will be discussed.

In the previous chapters the literature study was described. An exhaustive literature review was undertaken to investigate the nature and extent of the problem. An empirical investigation was undertaken to complement the literature study. This initially took the form of a quantitative study in which questionnaires were administered. A combination of quantitative and qualitative research was applied for verification. The qualitative research consists of a focus group interview with learners who are members of the RADS peer education group.

4.2 AIM OF THE RESEARCH

A non-experimental mode of inquiry is used in this research. This mode (McMillan and Schumacher, 2001:33) describes something that has occurred or examines relationships between things without any direct manipulation of conditions.

The purpose of the research design was to find the most valid, accurate answers to the research questions, namely:
- How much knowledge and understanding do adolescents (Gr. 7 – 12) have of responsible sexual behaviour and the dangers of sexually transmitted diseases?
- What is the present situation in the Free State concerning adolescents' attitudes and beliefs on sexual behaviour?

- Has the implementation of the Life Skills programmes succeeded in changing adolescents' knowledge and awareness of responsible sexual behaviour and has their behaviour changed in any way?

4.3 HYPOTHESES

With the problem statement in mind and in accordance with the aim the following hypotheses were examined:

1. Adolescents have adequate knowledge of responsible sexual behaviour.

2. Adolescents have adequate knowledge of the causes and consequences of sexually transmitted diseases.

3. Life Skills programmes will enhance their knowledge and help to change irresponsible behaviour

In addition to the above hypotheses, knowledge regarding safe sex practices and HIV and Aids transmission and knowledge regarding safe sex practices is explored.

4.4 RESEARCH DESIGN

According to Strydom (2000:76), the research design implies the plan, structure and strategies to answer to the research problem on the level of collecting information and knowledge. McMillan and Schumacher (2001:31) define a research design as the procedures for conducting the study, including when, from whom and under which conditions data will be obtained. McMillan and Schumacher (2001:13) state that the research process typically involves several phases. The phases are not always sequential.

This research design flows directly out of the literature study which points to the fact that socio-pedagogic aspects like upbringing, communication, identity and self-concept, social milieu and needs fulfilment in social context, can influence the adolescent's knowledge of HIV and Aids and the implications thereof (Chapter 2).

A combination of quantitative and qualitative research is used. The researcher selected a sample of respondents randomly and administered questionnaires over a period of six months. Strydom (2000:80-81) recognises that the survey is a well-known procedure in social research.

In order to reach the specified aim, a literature revue complemented by empirical research is undertaken. The literature study is aimed at the investigation and description of the conceptual framework. The aim of the literature review is therefore to place the research problem in theoretical perspective by studying available literature related to the problem.

Semi-structured focus group interviews took place with ten learners where certain questions were clarified for triangulation. The learners were ! sixteen years old. The group was heterogeneous. These learners were chosen because they have been exposed to more information and training concerning HIV and Aids and responsible sexual behaviour at RADS training camps that were held across the province.

4.4.1 Research procedures

The following research procedures are used in this study:
- A survey
- A focus group session

The researcher used these two measuring instruments to increase the sensitivity, reliability and validity.

4.4.1.1 Preliminary research

A preliminary literature study was undertaken on literature that specifically relate to this subject. The librarian at Unisa was approached who accessed the Nexus-, ERIC database, etc. to avoid duplicating current research. Subject references of UOFS and the Educational Library were approached and interviews were conducted with experts in the field to underline the problem. National and international literature was consulted. Literature (books & articles) from other disciplines was also used, because of the interrelatedness. In South Africa the Department of Education, Health, Social Development and Agriculture formed a partnership in trying to combat the pandemic. As the researcher is a Master Trainer of HIV and Aids, updated information and training is regularly received from the provincial HIV and Aids co-ordinator, Mrs Harriet Speckmeier.

4.4.1.2 Literature review

McMillan and Schumacher (2001:51) show that the literature review summarises and analyses previous research and indicates how the present study is related to this literature and places the study in perspective. Knowledge from the literature is used in stating the significance of the problem (McMillan and Schumacher, 2001:109).

4.5   EMPIRICAL RESEARCH DESIGN

4.5.1 Quantitative research

The quantitative part of the research is reflected here. The goal is to provide statistical descriptions, relationships and explanations. It provides a detailed narrative description, analysis and interpretation of phenomena. De Vos (1998:15) refers to Leedy (1993) who states that qualitative and quantitative differs mainly in the format of research data that is obtained. Qualitative is usually verbal while quantitative is numerical. In quantitative research the researcher is objective without own interpretation. Data collection focuses on scales and frequency. For the sake of validity and reliability, qualitative measurement was also brought into this research.

Thirty-one primary and secondary schools from urban (big towns, e.g. Bethlehem), peri-urban (smaller towns, e.g. Clocolan), rural (e.g. Qwa Qwa) and deep-rural schools (e.g. farm schools) participated. Basic principles were considered when the questionnaire was compiled. A pilot study was conducted to determine the efficiency of the questionnaire (annexure 2).

The covering letter (annexure 3) is seen as an integral part of the questionnaire. McMillan and Schumacher (2001:40) state that quantitative research techniques include the collecting of data in the form of numbers.

A questionnaire based on the literature study was used as initial research instrument. The questionnaire was finalised after meticulous writing, editing and review. Simple language was used as far as possible, because the survey recipients had a variety of backgrounds. It was not assumed that everyone had the same understanding of the facts or a common knowledge base. The questionnaires were in English only. Learners who participated were Afrikaans, English, South Sotho, Tswana, Xhosa and Zulu speaking. A preliminary test was undertaken on six respondents by means of a pilot study where participation was on a voluntary basis. The respondents explained what the question meant to them and whether it was valid to the questionnaire or not. In response to feedback from these respondents, certain modifications to the questionnaires were made.

The type of questions used in the questionnaire was derived from the literature study. The questionnaire consisted out of several sections. General as well as specific questions were asked. The following aspects were covered:
- biographical details (1- 6);
- knowledge of HIV transmission (7,11,12,13,14,15,16);
- general knowledge of HIV and Aids (8,9,18);
- knowledge of safe sex practices (23);
- knowledge of current sexual practices and beliefs about friends' sexual practices (19,20,21,22,31);
- images of people living with HIV and Aids (10,27);

- risk taking behaviours and healthy life style (17,26,28, 29,30);
- reference to the influence of the media (24, 25);
- beliefs about the creation of the HIV-virus (32);
- questions relating to the curriculum and opinion of the Life Skills programmes (33,34,35,38,39,40,41,42,43,44)
- and questions relating to attitudes (36,37,45,46,47,48).

Biographical questions provided specific information about the respondents, e.g. age, sex, gender and grade. Knowledge of HIV transmission was measured by asking respondents to indicate whether a number of statements were true. Health protective sexual communication practices and HIV and Aids risk behaviours were discussed. The questions concerning attitude indicated what the respondents' general attitude were towards HIV and Aids. Ten questions also related to the curriculum.

Although it was presumed that language (reading and writing) would be a barrier, two open-ended questions were asked to determine understanding of their position relating to caregivers and to probe whether adolescents currently have role models.

Survey forms were circulated to schools. Questionnaires were distributed amongst learners to complete. Ethical considerations were stressed. Participation in the research was anonymous as respondents were instructed not to write their names on the questionnaires. In addition assurances were given that the data would be treated as strictly confidential. The respondents knew clearly the purpose of the questions and all questions were limited to a set of choices where one answer would be correct.

Survey completion required one class period. The self-administered questionnaire took approximately 45 minutes to complete. It consisted primarily of structured and open-ended questions (48 multiple choice closed questions that only required a single response). Two open-ended questions with a written response were also utilised in order to gain appropriate qualitative data. This format was used for uniformity. Altogether 2076 adolescents were involved in the investigation. The target population consisted out of male and female learners.

A random test sample was obtained in Thabo Mofutsanyana Education district. The target group was learners from grades 7 to 12 in the age group -14 to 19[+]. The mean age was15 years. Grade 7 to 12 learners were selected as the eligible study population. Because of the large sample, it is safely presumed that the respondents represented the current adolescent in the Free State. The population correlated with racial/ethnic similarity to schools in Thabo Mofutsanyana.

The racial/ethnic distribution of the participants was South Sotho 71%, Afrikaans 19%, Zulu 5%, English 3% and Tswana 1%. The demographic distribution of the survey participants was similar to that of the eligible study population. The experimental examination extended over six months.

De Vos (1998:13) quoting Schaller (1992) says larger samples enable researchers to draw more accurate conclusions and make more accurate predictions. A large sample participated in the research to provide statistical meaningful data. The response rate was very high as most of the questionnaires were returned timeously. Some were returned after the due date and was not considered in the interpretation of data. Educators were very excited about the research, because they understand the seriousness of the problem.

With any survey by questionnaire dealing with sensitive topics like HIV and Aids, one cannot be sure that the results accurately reflect reality. The very low rate of non-response to this study however reinforces the assertion that this devastating pandemic is touching everybody's life. The information of the population can be inferred from the responses obtained from the sample. The justification for the large sample was to have a more reliable result because of the cultural diversity of the learner population. The questionnaire described the qualitative and quantitative understanding of the knowledge framework of the sample. Inferential statistics allowed the researcher to draw conclusions about population from the sample data.

4.5.2 Qualitative research

A qualitative understanding of the social situation from the participant's perspective is reached in focus group discussions (McMillan & Schumacher, 2001:15). The researcher's role in quantitative research is detached with the use of an instrument. In qualitative research in contrast, the prepared person becomes part of the social situation. Qualitative observation obtained in a focus group discussion is described as well as the reaction of the group.

De Vos (1998:315) claims that "focus" implies that the discussion that takes place in the group will be limited to the specific theme under discussion. Qualitative research describes situations and phenomenon. Results are presented as narration.

The interview was conducted according to a prepared guideline in order to get specific information. Orientation was done regarding the aim and modus operandi. The focus group discussion was conducted in an open conversation where al participants (Ten Gr. 11 RADS learners and an observer), made comments. The discussion generated qualitative data. All the participants appeared positive during the session and were willing to contribute to the activity of introducing themselves. Contact on intra-personal level was thereby promoted. High levels of energy were evident in the group, which was most probably an indicator of their response to the "new" experience of being part of a focus group discussion with an unknown researcher. Preliminary semi-structured questions were designed. Questions however changed as respondents became involved.

The general topic of discussion was introduced. It immediately created interaction. An opening factual question, (annexure 4) which included characteristics the group share, was asked. Transitional questions were asked next to link the introduction and the key questions with the aim of becoming aware of how the participants think. Key questions (2 – 5 questions) were asked next. It required the greatest attention in the subsequent analysis. Ending questions closed the discussion. The session was summarised and the respondents agreed that a true reflection of the proceedings were described. The participants were finally asked whether anything was missed out on.

De Vos (1998:359) maintains that the concept "triangulation" is sometimes used to designate a conscious combination of quantitative and qualitative methodologies. He refers to Leedy (1993) who quotes where triangulation was highlighted as the method of combining quantitative and qualitative. De Vos (1998:359) also points to other researchers, Mouton and Marais (1990) who claim the phrase was originally used by Denzin (1978) in which he mainly referred to the use of multiple methods of data collection with the aim of increasing the reliability of observation and not specifically a combination of quantitative and qualitative. Focus group discussion relies on interaction – organized discussion with a selected group of individuals.

The purpose of the focus group discussion was to evaluate the survey process shortly after the survey was conducted. The researcher needed clarity on the understanding of participants of certain concepts. A qualitative focus group discussion was for that reason utilized as triangulation. For the purpose of this study triangulation refers to the combination of qualitative (focus group) and quantitative data collection (questionnaires).

4.6 UNIVERSE, SELECTION AND SAMPLING

According to McMillan and Schumacher (2001:169) the universe refers to the target population that conform to specific criteria and to which the results of the research will be generalised. The population of this study consisted out of 2076 adolescents. Schools were approached with the necessary letters of permission (annexure 3).

4.7 VALIDITY AND RELIABILITY

"In the context of research design, the term validity means the degree to which scientific explanations of phenomena match the realities of the world" (McMillan & Schumacher, 2001:167). Validity is the accuracy, meaningfulness and the worthiness of the research project in totality. It is the degree to which the study describes measure and explains the phenonomen that it sets out to describe and explain (Willig, 2001:16). The validity of qualitative studies can be enhanced when data are gathered in natural settings.

A combination of strategies was used in this research. Prolonged field work in the natural life world of the learners was done. Participant observation and in-depth interviews as follow-up to the information gained from the questionnaires reflected the reality of the life experience of participating adolescents. The lengthy data collection period provided opportunities for interim data analysis, preliminary deductions and corroboration to refine results. The multi-method strategy of using questionnaires, an in-depth focus group interview and participant observation permitted triangulation of the data and increased the credibility of the findings.

Data can be regarded as reliable when the same results are obtained when the study is repeated in other periods in time. Willig (2001:17), however, poses that qualitative researchers do not regard reliability as of utmost importance. The aim of the qualitative study is to describe and explain a specific phenomenon in as much detail as possible. The aim is seldom to generalise results to an entire population.

The extent to which the participants agreed about the phenomenon of Aids, their level of knowledge on contracting or avoiding the disease and all other relevant problem areas, as so conspicuous in this study that there is definite consistency in the findings. It is impossible to predict that this performance and behaviour will be equalled by other adolescents in other periods of time. It is, however possible to deduct that the tendency showed here, will be much the same in all areas of South Africa at this point in time.

4.8 LIMITATIONS AND PROBLEMS EXPERIENCED WITH THE INVESTIGATION

It was decided to follow up the questionnaires with a semi-structured interview because of uncertainty whether certain conclusions drawn from the measuring instrument (questionnaire) were valid and reliable. The use of a structured questionnaire was essential because many learners experience language barriers. As a result of the sensitivity of some questions in the questionnaire, it must be taken into consideration that some respondents possibly did not give honest responses.

Language (English) might also have influenced the interpretation of the questions. This procedure was very costly and time consuming because of the vast distances covered.

4.9 SYNTHESIS

By presenting both quantitative and qualitative research, a deeper understanding, knowledge and appreciation of the learners' conceptual framework was gained. The data obtained indicated amongst others that a definite need for appropriate information regarding the advantages and limitations of condoms is necessary as well as the need to reinforce general knowledge on HIV and Aids.

The empirical data will be discussed in the next chapter and brought in line with the theory. The research results and findings will be reflected in figures and tables.

CHAPTER 5

ANALYSIS AND INTERPRETATION OF THE FINDINGS

5.1 ANALYSIS AND INTERPRETATION

The methods of collecting, analysing and interpreting of data obtained in the empirical investigation will be discussed in this chapter. The focus is on the extensive literature review undertaken before the empirical investigation and the fact that the questionnaire implementation and processing of acquired data transpired before the qualitative semi-structured group interview.

The research results and findings will be reflected in figures and tables.

Males represented 46% and females 54% of the sample (Figure 1). The total population consisted of 2076 respondents.
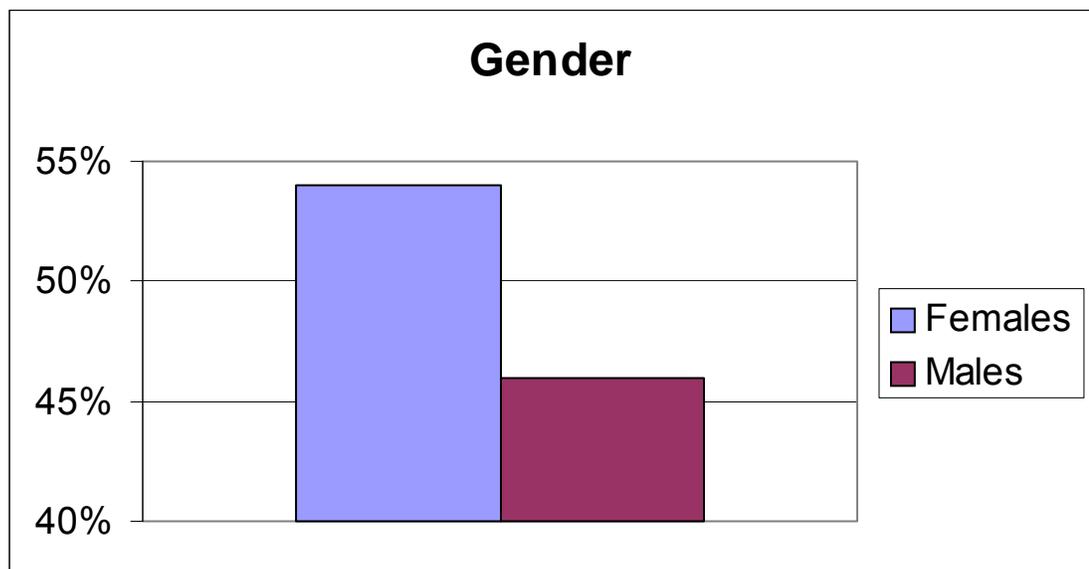
Figure 5.1: Respondents differentiated on the basis of gender

The mean age of respondents was 15, but ages ranged from -14 to 19^+. 8% (165) of the participants were 19^+ years (Figure 2). A mistake was made when it was presumed that learners in Gr. 7 would be 14 years old. 17% (344) of the respondents did not indicate age, presumably because provision was not made for the younger than 14 years old group.

Age distribution

- Age -14
- Age 14
- Age 15
- Age 16
- Age 17
- Age 18
- Age 19+

8%, 8%, 7%, 10%, 17%, 31%, 19%
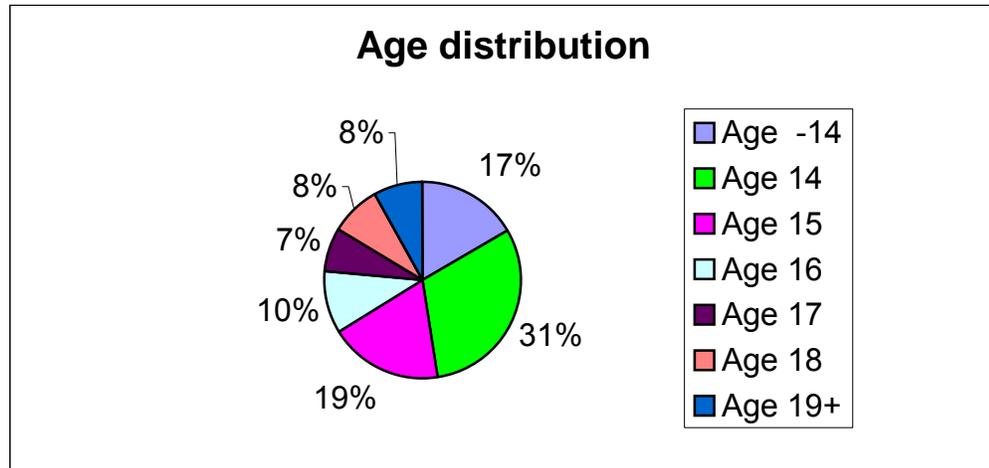
Figure 5.2: Respondents differentiated on the basis of age

All respondents in this study were learners from Gr. 7 to 12 (Figure 3). It was interesting to note that the higher the grade, the fewer learners participated or was given the opportunity to participate by the educators. 40% (818) of respondents were in Gr. 7; 18% (373) in Gr. 8; 16% (342) in Gr. 9; 10% (212) in Gr. 10 and 11 (207) and 6% (124) in Gr.12.

Number of learners who participated per grade

Grade 7, Grade 8, Grade 9, Grade 10, Grade 11, Grade 12
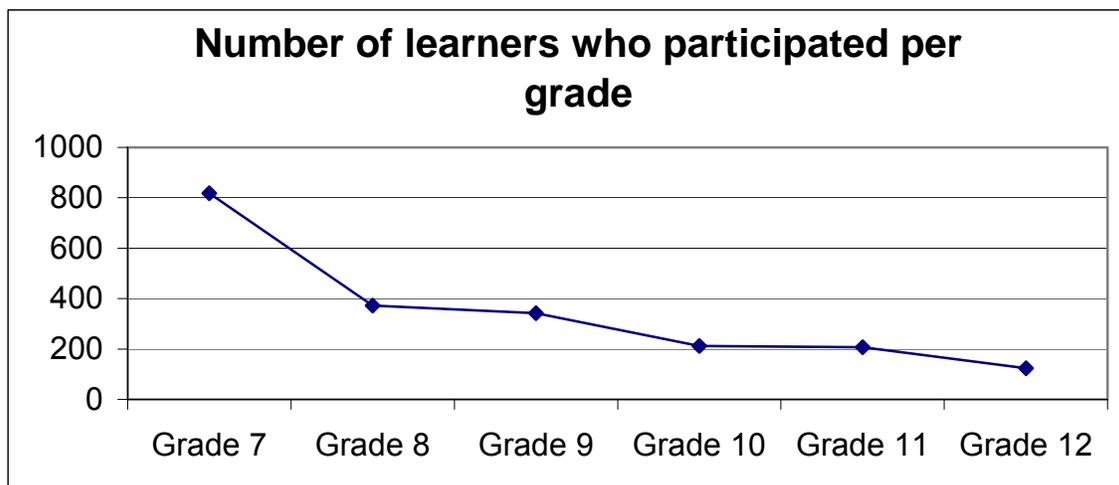
Figure 5.3: Respondents differentiated on the basis of grade

The language distribution of the participants was South Sotho 71%, Afrikaans 19%, Zulu 5%, English 3% and Tswana 1% (Figure 4). Although 10 respondents indicated that another language was spoken, 16 respondents failed to respond to this question. The majority of the participants (71%) were thus S Sotho speaking. The results of this study are consequently mainly obtained from S Sotho and Afrikaans speakers (71% + 19% = 90%) while the other groups represented 10% collectively.
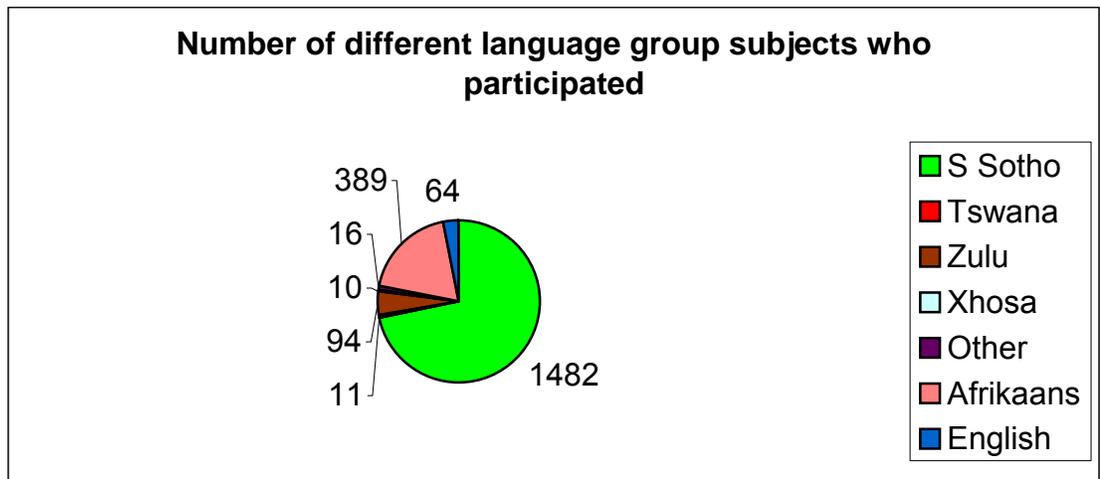
Figure 5.4: Respondents differentiated on the basis of home language

34 Respondents reacted unexpectedly on the question on what type of dwelling they live in. It was apparent that respondents interpreted this question differently. The majority indicated that they lived in 4^+ roomed houses (Figure 5). From prior knowledge of the population (many of them being deep rural), it was clear that this was not the case. In a subsequent focus group interview this was addressed. Respondents revealed that rooms being divided by curtains or any divider, are seen as different rooms.
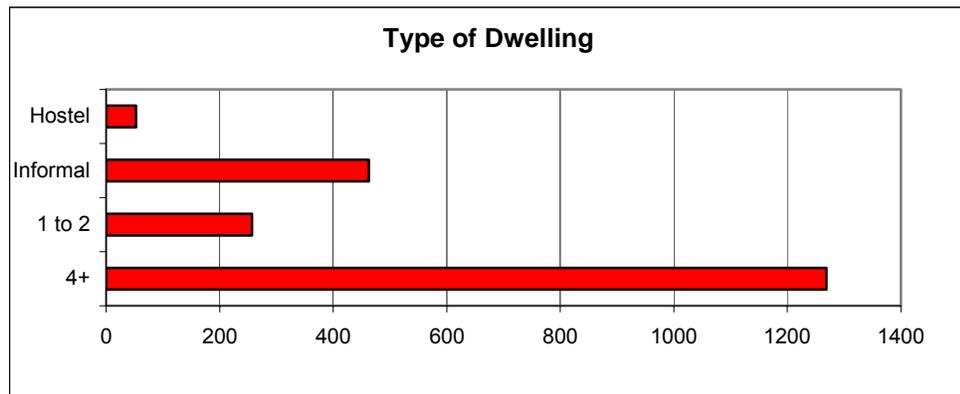
Figure 5.5: Respondents differentiated on the basis of dwellings/houses

A disturbing fact came to light when 109 respondents did not respond to the question on who their caregiver is (Figure 6). Just over half of the respondents (54%) named parents. 30% named their mother while relative, father and sister earned 2% respectively with 1% of respondents identifying their brother or nobody as their caregiver.
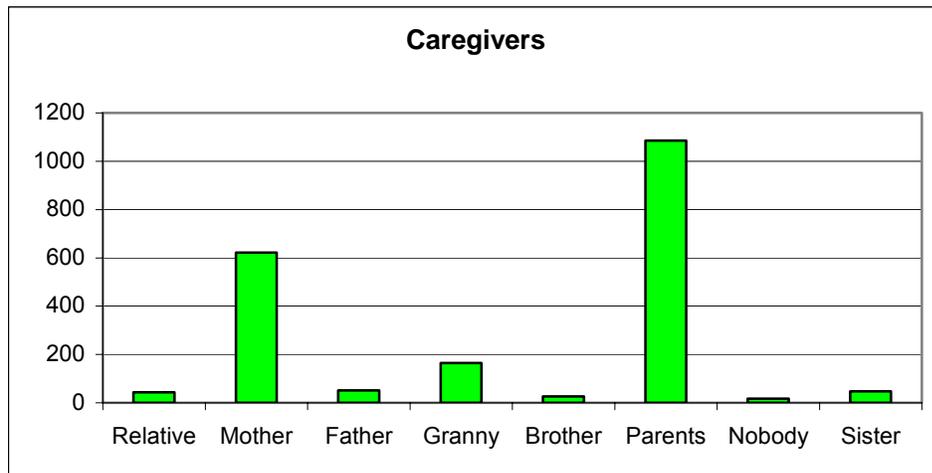
Figure 5.6: Respondents differentiated on the basis of who their caregivers are

5% of respondents indicated that one could get Aids from ordinary kissing, while 11% were unsure. 84% agreed that one couldn't get Aids from ordinary kissing. 15 respondents did not respond to this question (Figure 7). The deduction can therefore be made that adolescent knowledge is still distorted.
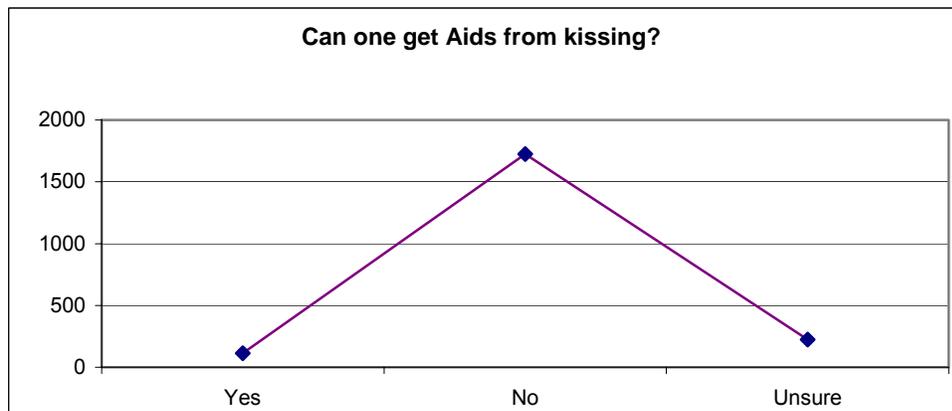
Figure 5.7: Respondents differentiated on the basis of whether one can get Aids from ordinary kissing

77% of respondents understood that Aids can not be cured (Figure 8). 10% on the other hand still believe that Aids can be cured and 13% of respondents indicated that they were unsure. 37 respondents did not respond. From this it can be deducted that ignorance pertaining to Aids still exists.
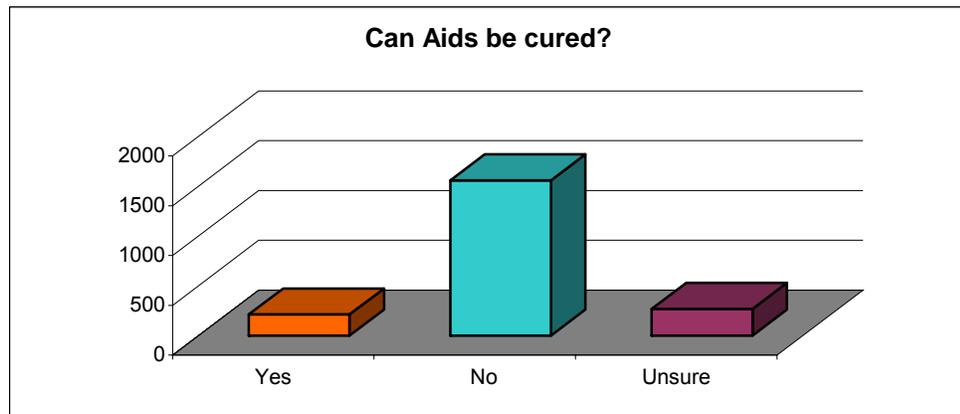
Figure 5.8: Respondents differentiated on the basis of whether Aids can be cured

68% (138) respondents agreed that Aids could be prevented (Figure 9). 18% (372) however, believe that Aids cannot be prevented and 14% (297) of the respondents were unsure. 21 did not react to the question. 32% therefore do not agree that Aids can be prevented.
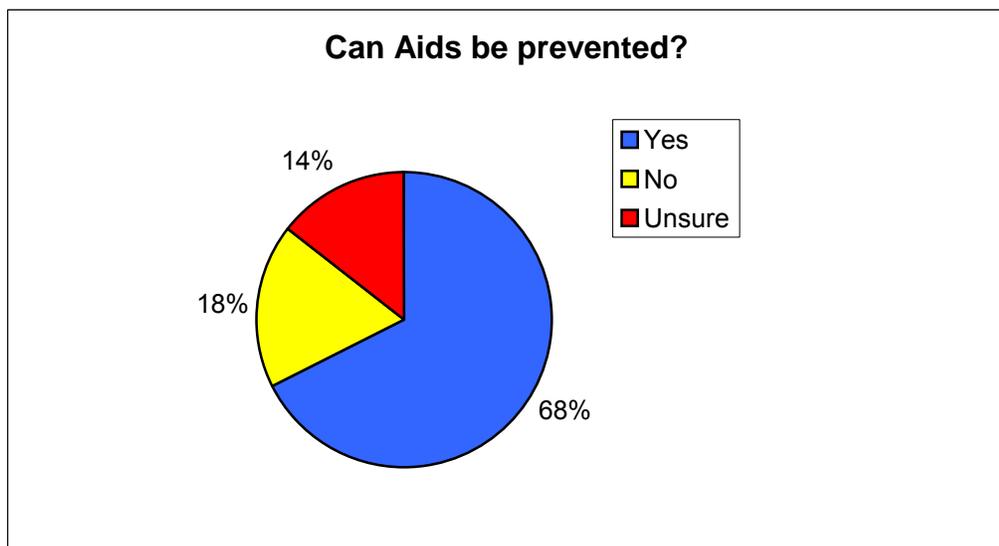
Figure 5.9: Respondents differentiated on the basis of whether Aids can be prevented

56% of respondents (1147) indicated that one can not see when anyone has Aids (Figure10). 32% (667) responded in the affirmative while 12% (254) were unsure. Only eight did not respond.
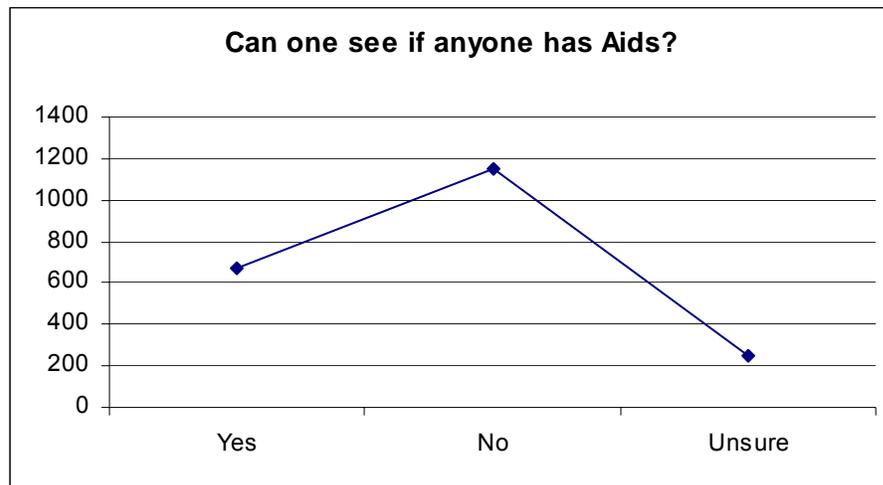
Figure 5.10: Respondents differentiated on the basis of whether one can see if anyone has Aids

44% of respondents (920) indicated that Aids is not contagious (Figure 11). 34% (692) indicated that it is contagious and 22% (446) were unsure. 18 respondents did not react to this question.
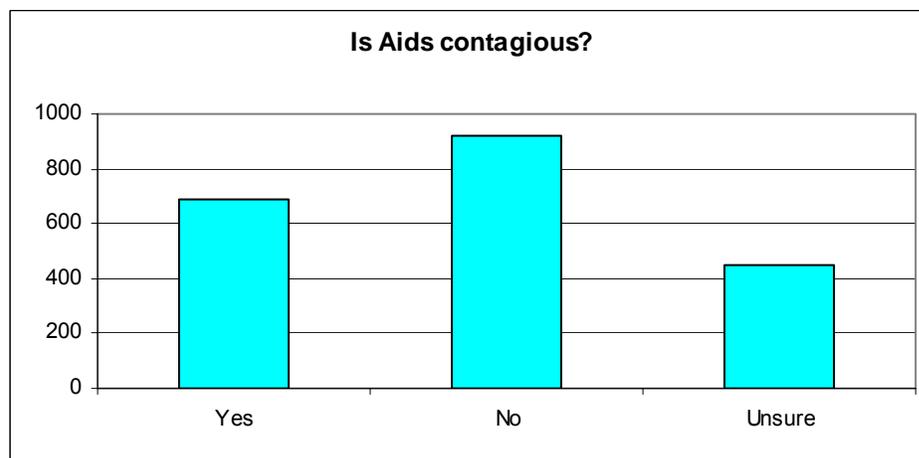
Figure 5.11: Respondents differentiated on the basis of whether Aids is contagious

89% of the respondents (1835) know that one can get Aids from contact with infected blood (Figure 12). A disturbing 6% (120) disagree and 5% (113) are still unsure. 8 respondents did not react to this question.

Can one get Aids from contact with infected blood?

6% 5%

89%

Yes
No
Unsure
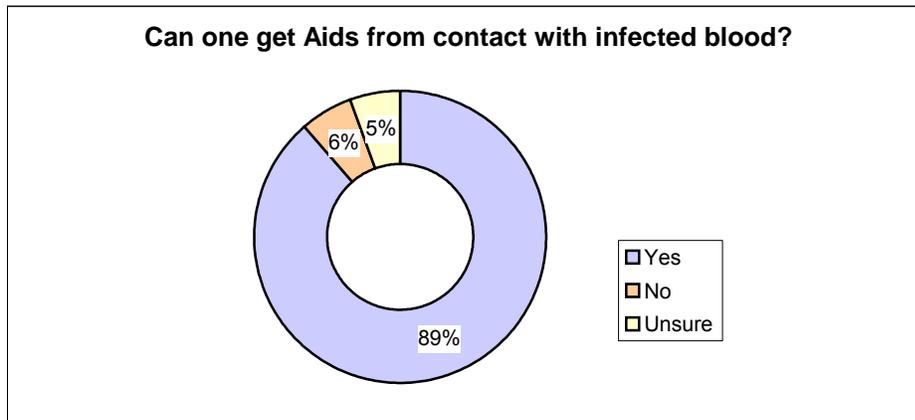
Figure 5.12: Respondents differentiated on the basis of whether one can get Aids from contact with infected blood

63% of respondents (1298) indicated that one could become infected when receiving blood (Figure 13). 20% reacted in the negative (420) and 17% (341) were unsure. 17 respondents did not react.

Can one get Aids by receiving blood?

1298

420

341

Yes

No
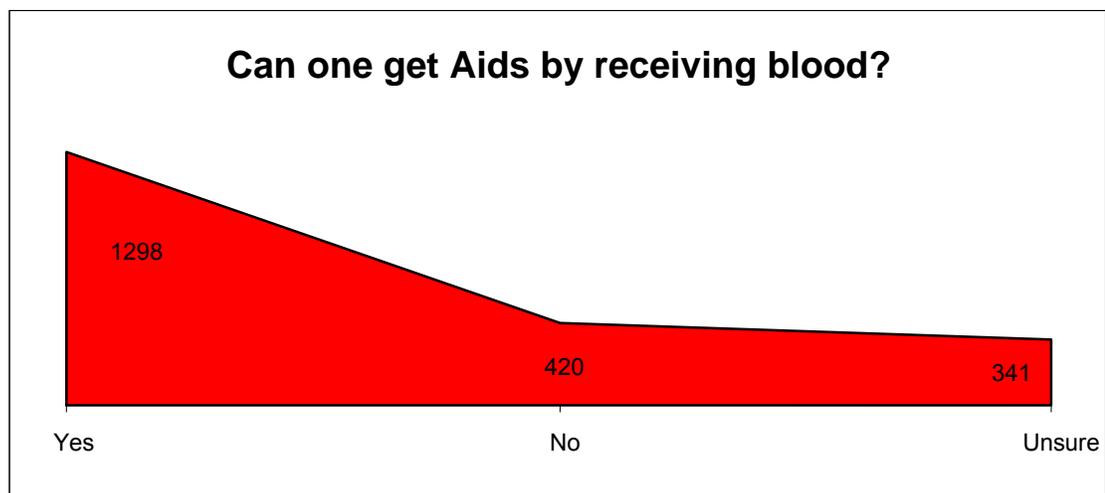
Unsure

Figure 5.13: Respondents differentiated on the basis of whether one can get Aids by receiving blood

23% of the respondents (478) still believe that one can get Aids by being bitten
by a mosquito (Figure 14) and 19% (401) were unsure. 58% (1187) responded
in the negative. 10 participants did not respond. This is a clear indication
of misconceptions that currently still exist in spite of Life Skills programmes at schools.

Can one get HIV and Aids from being bitten by mosquitoes?

Unsure
19%

Yes
23%

No
58%
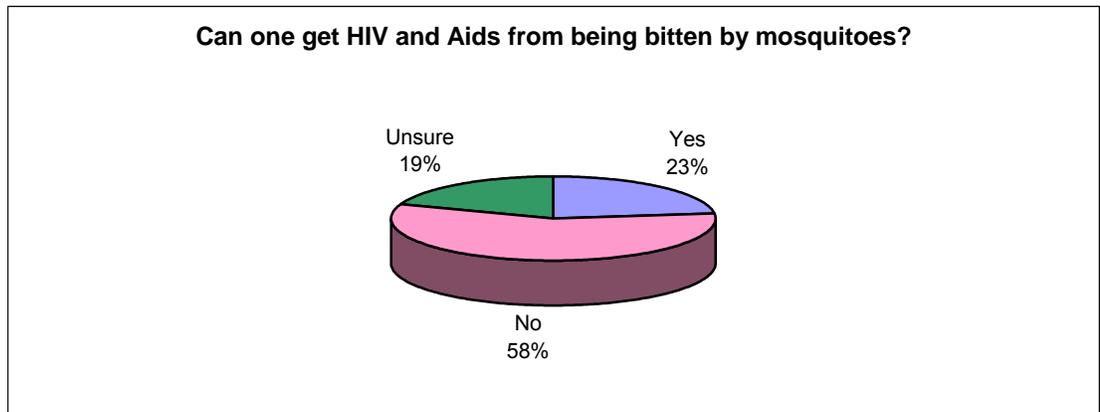
Figure 5.14: Respondents differentiated on the basis of whether one can become infected
when bitten by a mosquito

76 % of respondents (1591) indicated in the negative (Figure 15). 11% (218)
believe that one can become infected from using public toilets and 13% (261) is unsure.
This proves the lack of knowledge that still exists concerning the contracting of
the disease.

Can one get HIV and Aids from using public toilets?

☐ Yes
☐ No
☐ Unsure
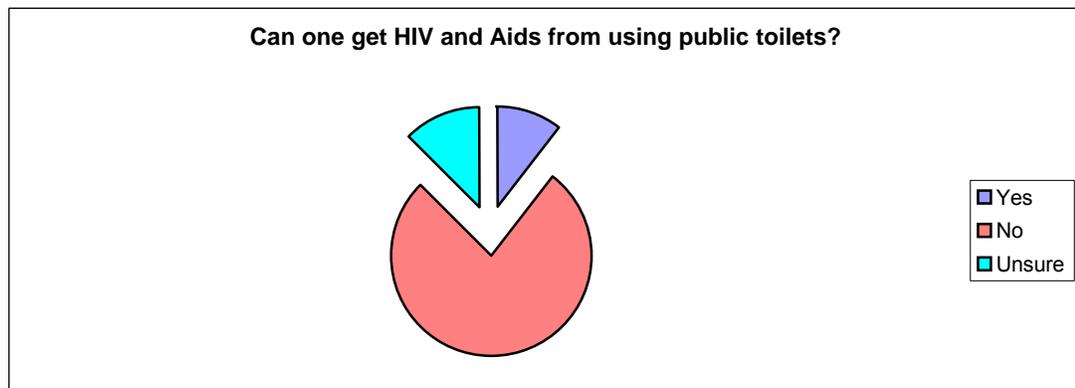
Figure 5.15: Respondents differentiated on the basis of whether one can get Aids
from using Public toilets

83% of the respondents agreed that a pregnant woman could infect her unborn baby (Figure 16). 9% said no and 8% were unsure.

Can a pregnant woman who has HIV infect her unborn baby?

1734	178	156
Yes	No	Unsure
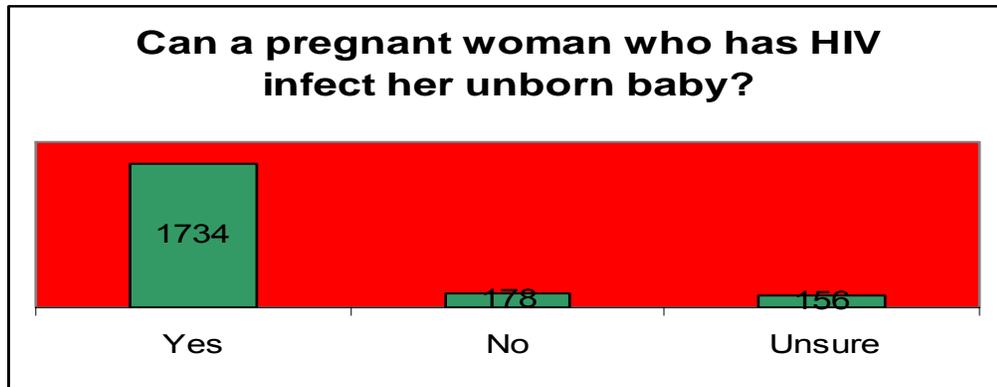
Figure 5.16: Respondents differentiated on the basis of whether a pregnant woman can infect her unborn baby

Although 59% of respondents (1206) agree that condoms can reduce the chance of becoming infected, it became clear in a focus group interview that adolescents do not use condoms. They claim, "It is like eating a sweet with the paper on". 24% (502) of respondents (Figure17) believe that a condom does not reduce the chance of becoming infected while 17% (344) were unsure. These findings correlate with Van Dyk (2001:122) who recognises that there are deep-rooted cultural beliefs against the use of condoms in some parts of Africa. Mwamwenda (1995:75) maintains that boys argue that the use of condoms deprives them of the feeling they should experience during sexual intercourse – it is like bathing with socks on. Using a condom also implies lack of respect for the partner. There are therefore still many misconceptions concerning the use of condoms. Some believe that the use of condoms may prevent fertility and cause illnesses.

Can the use of condoms reduce the chance of becoming infected with the Aids virus?

Unsure 17%

No 24%

Yes 59%
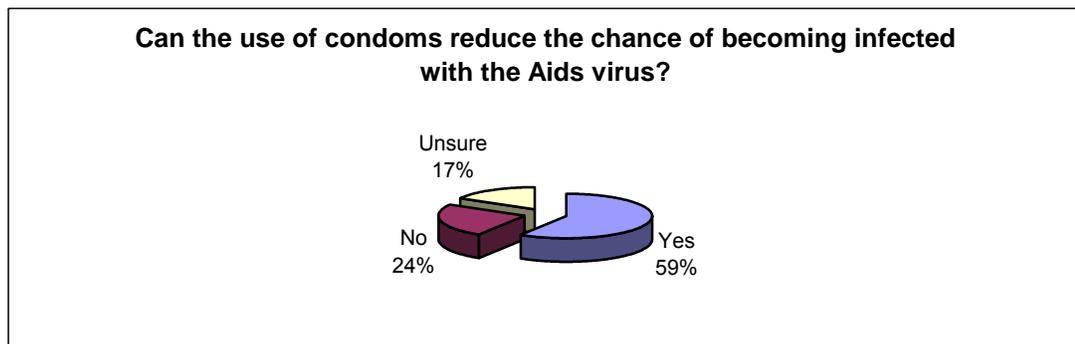
Figure 5.17: Respondents differentiated on the basis of whether a condom can reduce the chance of becoming infected with the Aids virus

The majority of respondents 76% (1554) agree that HIV and Aids is not the same thing (Figure 18). 15% (319) however still believe that it is the same thing while 9% (19) are unsure.

Is Aids and HIV the same thing?
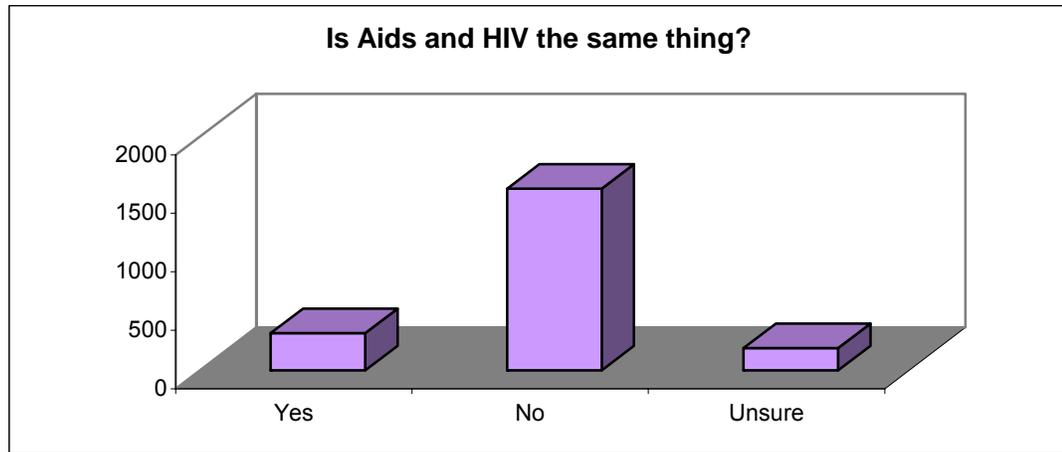
Figure 5.18: Respondents differentiated on the basis of whether HIV and Aids is the same thing

40% (827) of the respondents indicated that their friends were engaging in sexual behaviour. 31% (634) answered in the negative and 29% (591) indicated that they were unsure (Figure 19). 14 respondents did not respond.

Are your friends engaging in sexual behaviour?
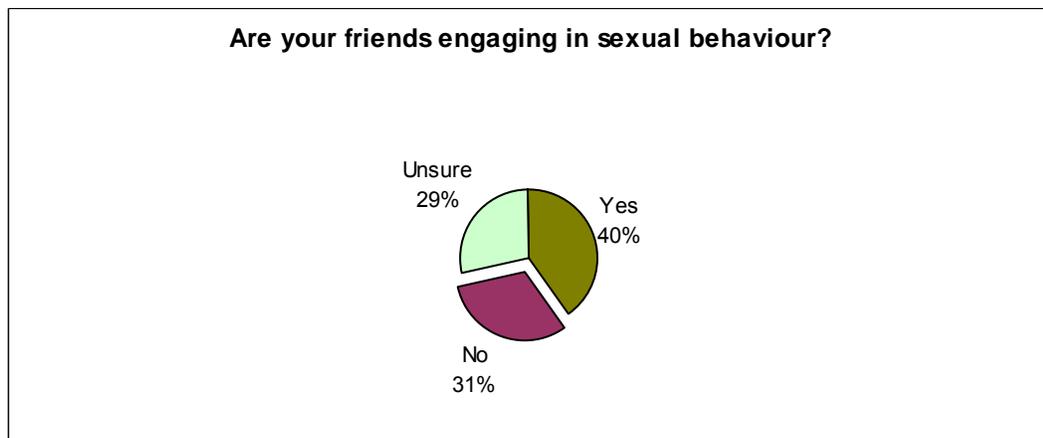
Figure 5.19: Respondents differentiated on the basis of whether their friends were engaging in sexual behaviour

75% of respondents (1537) replied that they are not sexually active (Figure 20). 25% (507) said that they were sexually active. 32 respondents did not respond. In the focus group interview, respondents agreed that most adolescents would not be honest about being sexually active. Females especially keep quiet while males often boast. The term "sexually active" also proved to be confusing. The result to this question did not correlate with other findings in this research. Upon investigation in the focus group interview, it became apparent that this term is confusing to many. Some interpret "sexually active" as being pregnant, while others claim it is when one thinks of nothing else but having sex.

Are you sexually active?

25%

75%

No
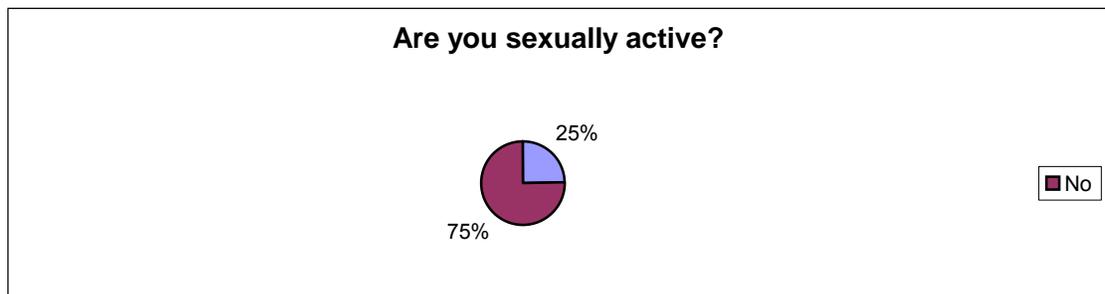
Figure 5.20: Respondents differentiated on the basis of whether they were sexually active

62% of respondents (1289) did not respond to the question on how old they were when they first had sexual intercourse (Figure 21). 16% said before the age of 10 and 16% of respondents indicated between 17 – 18 years. 19% indicated that they had had their first sexual encounter between 11 – 12 year old, 19% indicated between 13 – 14 year old and 19% between 15 – 16 years old respectively.

These findings correlate with Alali (1995:40) who found that adolescents are having sexual intercourse at earlier ages and with increasing frequency.

How old were you when you had sexual intercourse the first time?

| First -10 | 11 to 12 | 13 to 14 | 15 to 16 | 17 to 18 | 19+ |
| 125 | 147 | 156 | 153 | 123 | 83 |
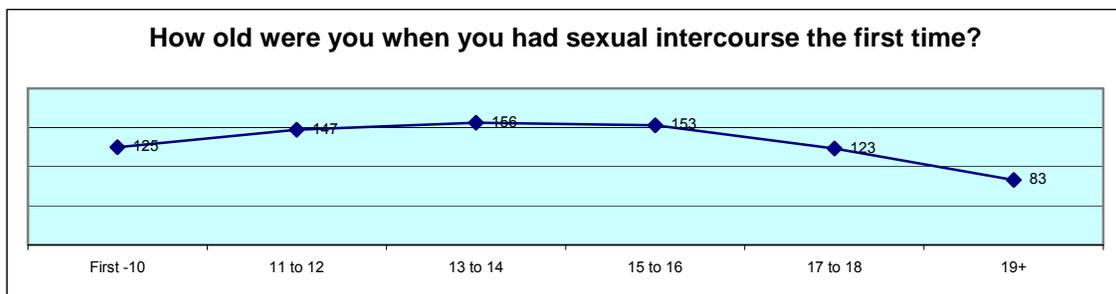
Figure 5.21: Respondents differentiated on the basis of age of first sexual intercourse

17% of the respondents indicated that they have sexual intercourse at their partner's home while 12% indicated their own home (Figure 22). 46% (741) respondents did not respond to the question of where they have sexual intercourse.

Where do you have sexual intercourse?
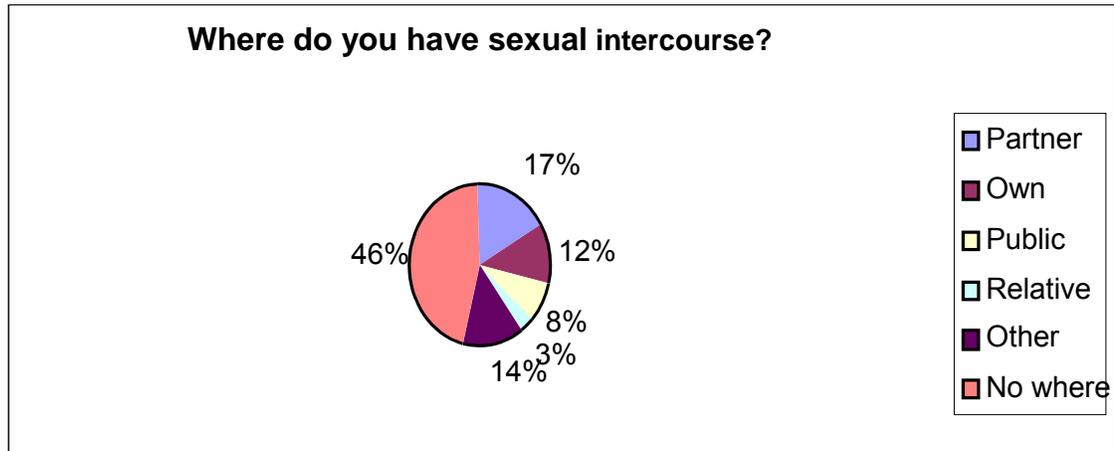
Figure 5.22: Respondents differentiated on the basis of where they have sexual intercourse

24% (421) respondents indicated yes and 76% (1324) replied no to the question whether they were using contraceptives. 31 did not respond (Figure 23). These findings do not correlate with other statements, e.g. Figure 21. Some respondents indicated that they were using contraceptives, but indicated in other questions that they were not sexually active.

Do you use contraceptives?
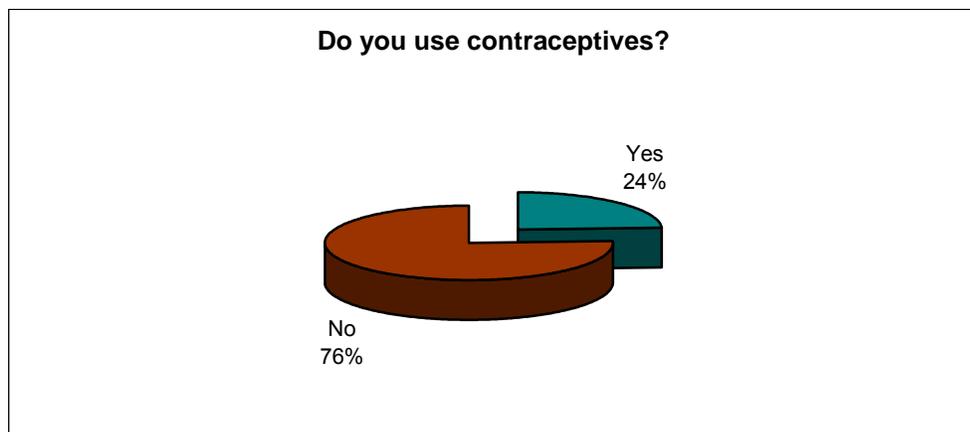
Figure 5.23: Respondents differentiated on the basis of using contraceptives

86% of the sample indicated that they have a TV at home. 14% of the respondents indicated the contrary. Five did not respond (Figure 24).

Do you have a TV at home?
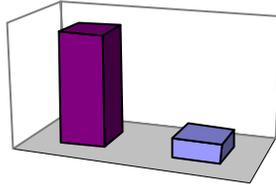
Yes	No
1783	282

Figure 5.24: Respondents differentiated on the basis of having a TV at home

74% of the respondents indicated yes, they do watch "soapies" and 26% replied in the negative (Figure 25). 99 participants did not respond to this question. This could not be clarified in the focus group interview. This was interesting. A possible deduction could be that respondents indirectly did not want to admit that they do not have electricity although 86% indicated in the previous question that they do have a television.
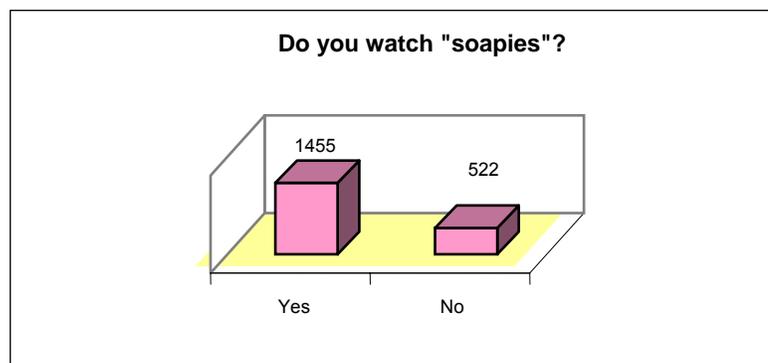
Figure 5.25: Respondents differentiated on the basis of watching "soapies"

It was surprising that 11% (237) of the respondents admitted to using drugs. 89% (1826) indicated in the negative (89%) while 13 did not respond (Figure 26). During a focus group interview it was agreed that adolescents would usually not be honest about this fact.

Do you use drugs?

Yes
11%

No
89%
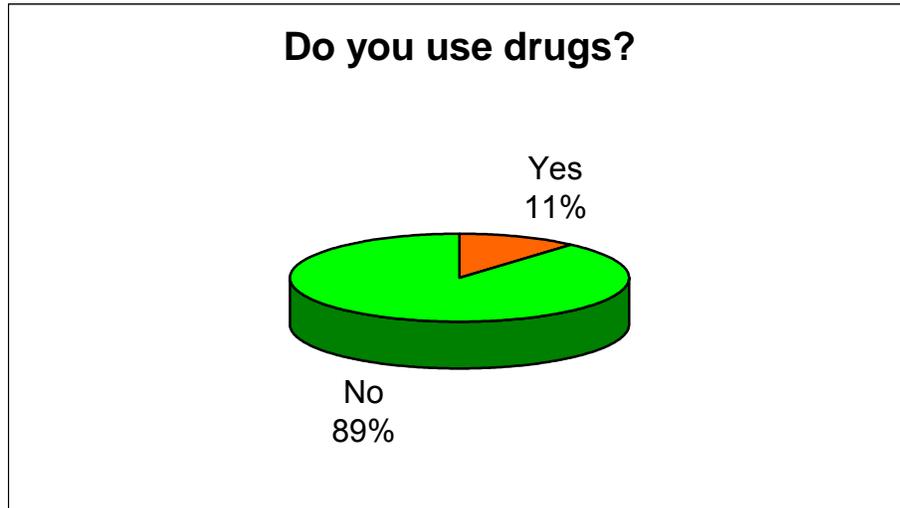
Figure 5.26: Respondents differentiated on the basis of admitting to using drugs

25% (510) respondents indicated yes, they knew someone with Aids. 64% (1328) respondents said no and 11% (232) indicated that they were unsure. 6 did not respond (Figure 27).

Do you know anyone who has Aids?

☐ Unsure   ■ Yes
11%   25%

■ No
64%
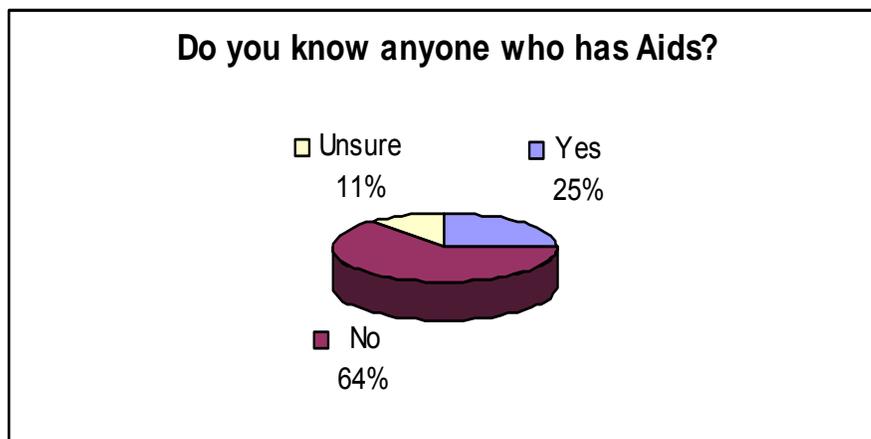
Figure 5.27: Respondents differentiated on the basis of knowing anyone with Aids

77% (1606) respondents indicated yes to the question whether they live a healthy lifestyle. 13% (259) indicated in the negative while 10% (197) said they were unsure. 10 did not respond (Figure 28). Despite in many cases having deploring living circumstances, 77% still felt that they have sufficient food, suitable shelter, adequate clothing and a safe environment.
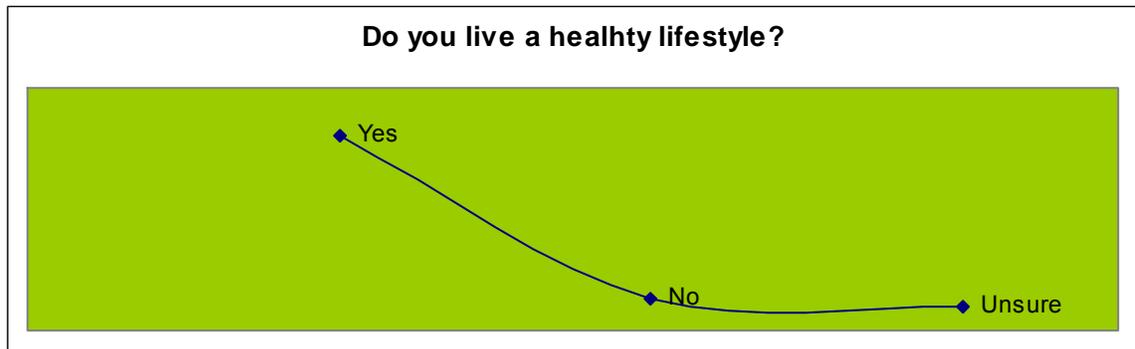
Figure 5.28: Respondents differentiated on the basis of whether they thought that they live a healthy lifestyle

As many as 11% (233) respondents replied in the affirmative, while 1829 (89%) indicated that they have not been abused. 14 respondents did not respond (Figure 29). This sensitive topic was brainstormed in a focus group discussion. Interviewees agreed that victims usually would not acknowledge what is happening or what has happened to them. Some mentioned that it becomes "blocked" out of the memory. Victims will not be honest because of the fear that the perpetrator, who is often a relative, will be arrested. Often the perpetrator is the only breadwinner. The respondents were unanimous in agreeing that personal information disclosed will not be treated as confidential. They feel that somehow someone will find out after disclosure, which would influence the family negatively. This is in line with Shikibane (1997:57) who says that according to African culture, matters that are of a personal nature remain in the family and can never be discussed with strangers.
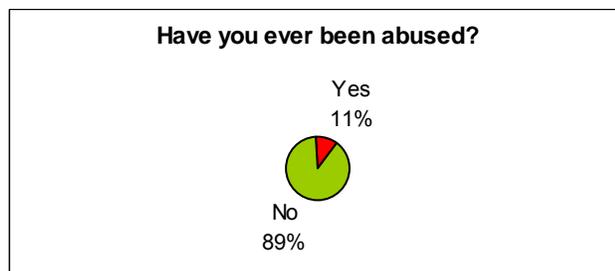
Figure 5.29: Respondents differentiated on the basis of admitting to whether they had been sexually abused

405 (20%) of the respondents agreed that sex was considered a way of life for adolescents. 1234 (60%) responded in the negative and 414 indicated that they were unsure (20%). 23 did not respond (Figure 30). In a focus group interview interviewees indicated that because of peer pressure and the influence of the media; this seemed to be the accepted norm.

Do you think sex is considered a way of life for teenagers?
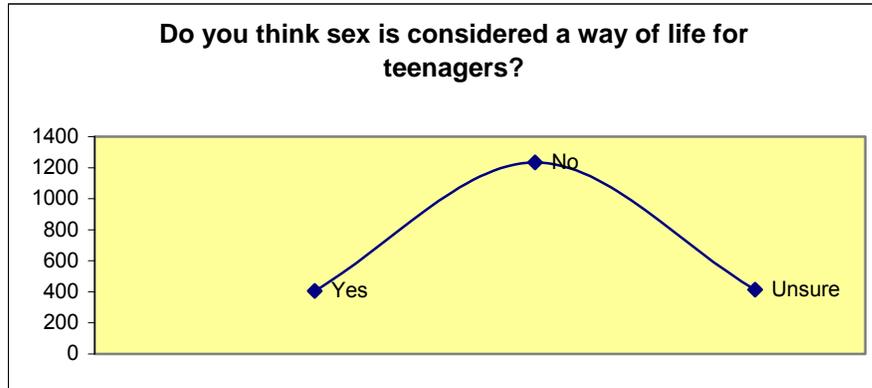
Figure 5.30: Respondents differentiated on the basis of whether they considered sex as a way of life for teenagers

54 of the respondents did not react to the question on how many sexual partners they have had. 62% indicated none, 21% indicated one and 6% indicated two. 5% indicated more than 2 and 6% indicated that they had more than 5 sexual partners (Figure 31). 38% therefore indirectly implied that they were sexually active though only 25% replied yes in a previous question (Figure 20).

How many sexual partners have you had?
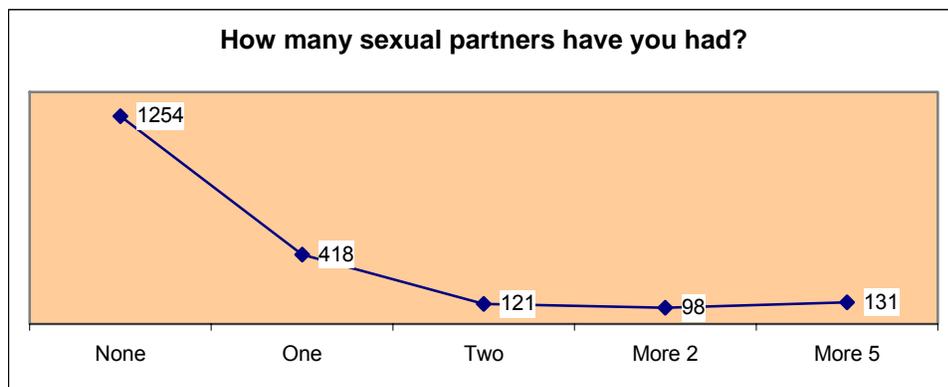
Figure 5.31: Respondents differentiated on the basis of how many sexual partners they had had

14% (279) respondents believed that evil spirits or witches have something to do with the creation of the HIV-virus. 57% (1168) reacted in the negative while 605 (29%) were unsure. 24 did not respond (Figure 32).
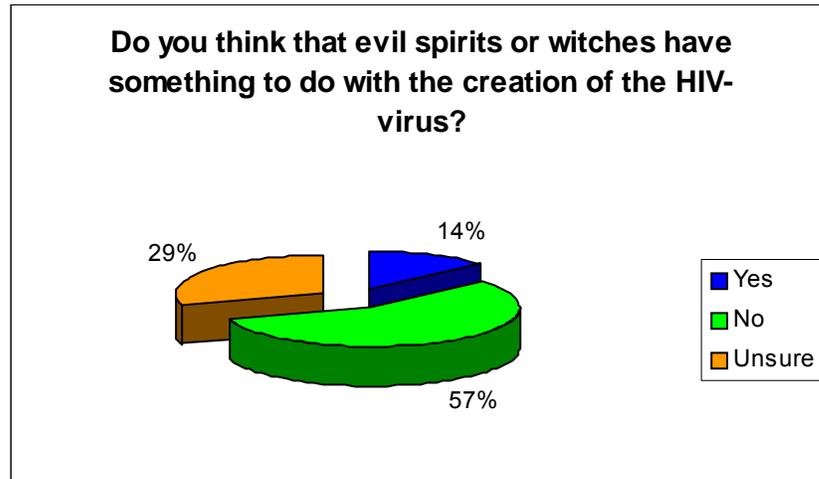
Figure 5.32: Respondents differentiated on the basis of whether evil spirits or witches have anything to do with the creation of the HIV-virus

31 respondents did not react to the question of whether the curriculum helps learners to acquire assertiveness to choose from abstaining from sexual intercourse. 66% indicated yes, 14% indicated no and 20% were unsure (Figure 33). The low percentage that believed in the message the curriculum was trying to convey, should be reason for concern.
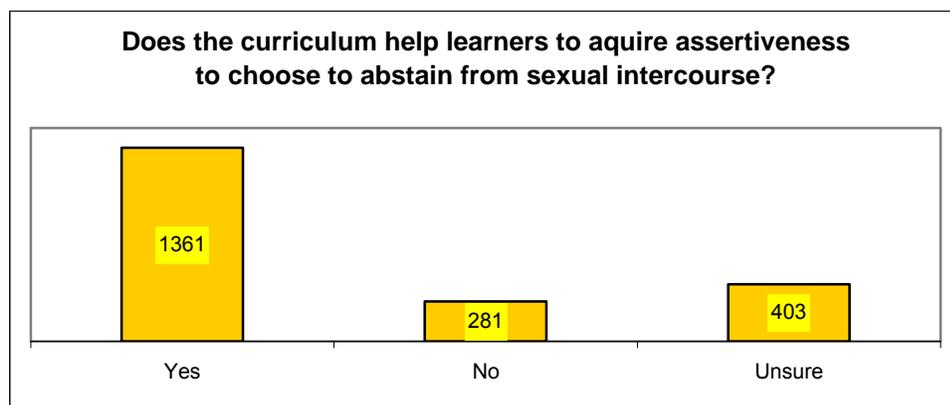
Figure 5.33: Respondents differentiated on the basis of whether the curriculum helps to acquire assertiveness to choose from abstaining from sexual intercourse

33 of the respondents did not react to the question of whether the purpose of Aids Education is to frighten children into discouraging them from sexual intercourse. 46% indicated yes, 41% indicated no while 13% of the respondents were unsure (Figure 34).

The purpose of AIDS Ed is to frighten children to discourage them from sexual intercourse

Unsure	271
No	835
Yes	937
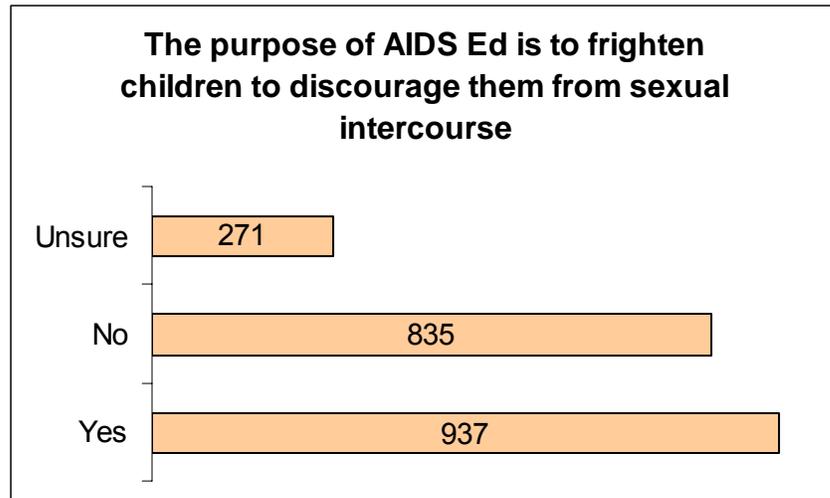
Figure 5.34: Respondents differentiated on the basis of whether the purpose of Aids Education is to frighten children into discouraging them from sexual intercourse

53% (1085) of the respondents indicated yes, 21% (429) reacted in the negative and 26% (520) were unsure when asked whether too much prominence is given to HIV and Aids. 42 did not respond (Figure 35).

Is too much prominence given to HIV & AIDS?

Unsure
26%

Yes
53%

No
21%
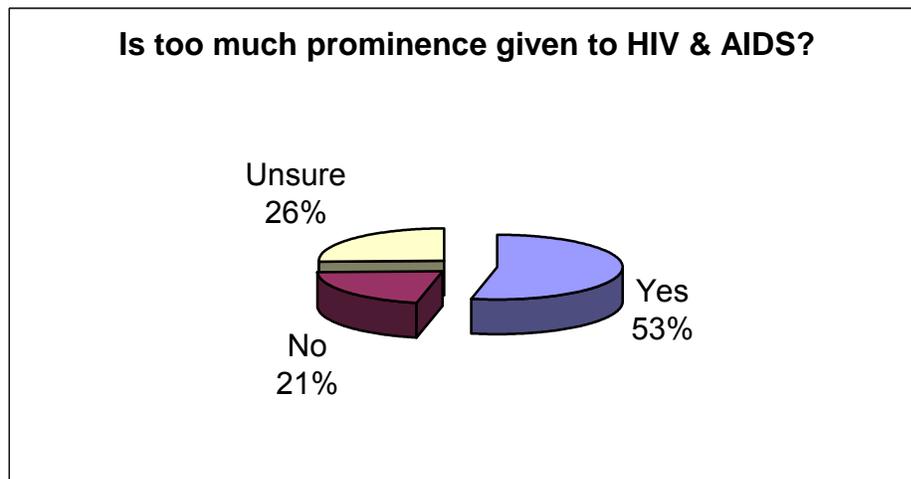
Figure 5.35: Respondents differentiated on the basis of whether too much prominence is given to HIV and Aids

829 (40%) of the respondents indicated yes to the question whether learners should be provided with condoms. 49% (995) answered no and 11% (225) appeared unsure. 27 did not respond (Figure 36). Again this does not correlate, because most adolescents indicated that they do not use condoms and would thus not be interested in the provision thereof.
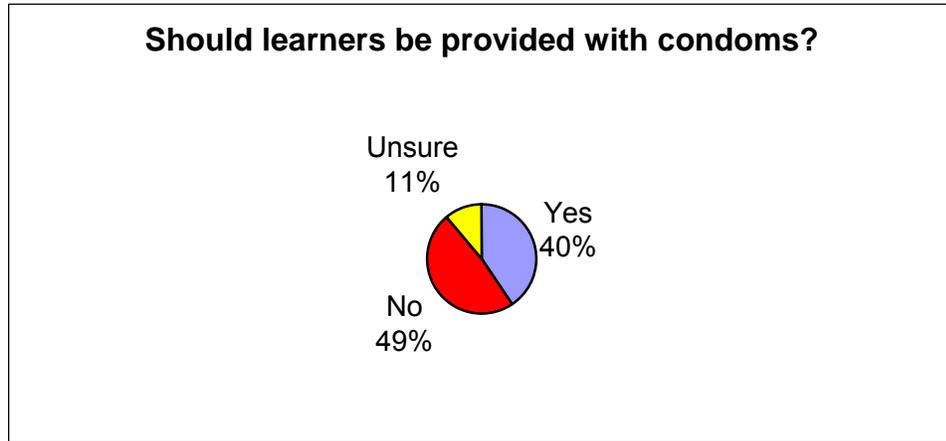
Figure 5.36: Respondents differentiated on the basis of whether learners should be provided with condoms

76% (1548) respondents indicated yes, 10% (200) said no and 14% (294) were unsure of whether the best way to combat Aids in the community is by changing attitudes. 34 respondents did not react (Figure 37).
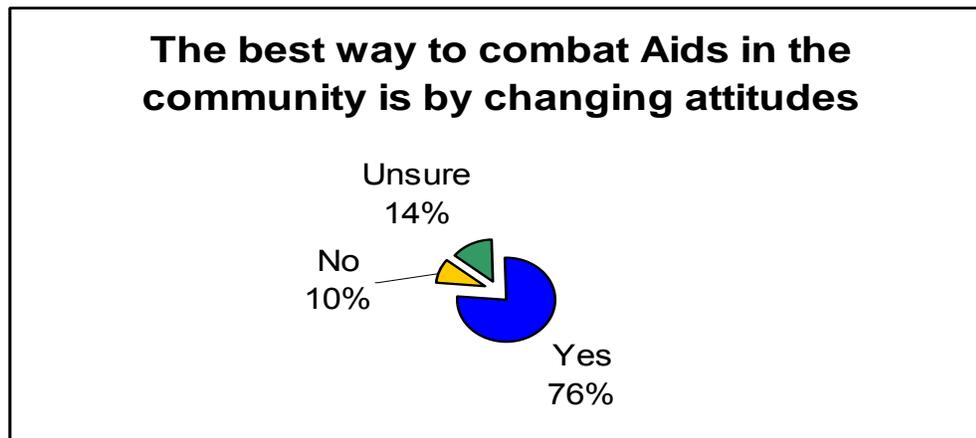
Figure 5.37: Respondents differentiated on the basis of whether the best way to combat Aids in the community is by changing attitudes

19% (386) respondents were unsure, 12% (239) answered no and 69% (1419) indicated yes, they thought the curriculum focuses on teaching learners to make healthy decisions. 32 respondents did not react (Figure 38).
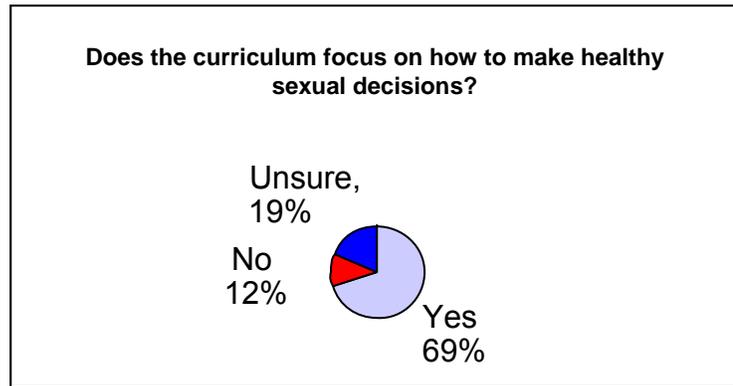
Figure 5.38: Respondents differentiated on the basis of whether they thought the curriculum focuses on teaching learners to make healthy decisions

75% (1556) respondents replied in the affirmative, 16% (319) in the negative and 9% (181) indicated that they were unsure whether they thought that Life Skills education is effective. 20 did not respond (Figure 39). These findings correlate with the findings as in question 41.
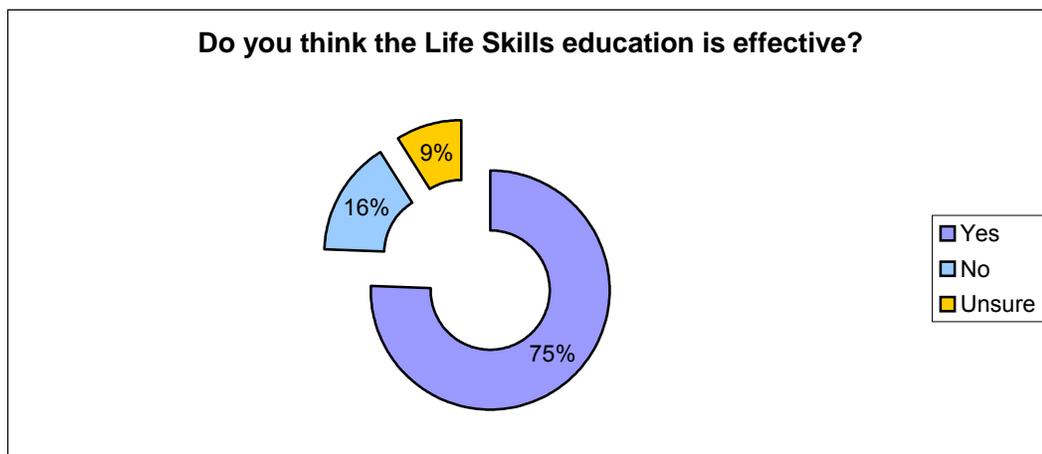
Figure 5.39: Respondents differentiated on the basis of whether they thought Life Skills education is effective

846 (54%) of the respondents replied yes, guidance as a subject was implemented at school. 713 (45%) replied no and 16 (1%) was unsure (Figure 40). Guidance is currently (2005) only supposed to be taught in Gr. 10 – 12. It is generally acknowledged that educators are not taking it seriously. Many do not even have the compulsory learning and support material. Many of the respondents who replied yes do not have the subject in their phase at school. The findings on this question are therefore unreliable. This question was included because the current Life Skills (HIV and Aids learning material) programme is only implemented up to grade 10.

Is Guidance implemented as a subject at your school (Gr. 10 - 12)?
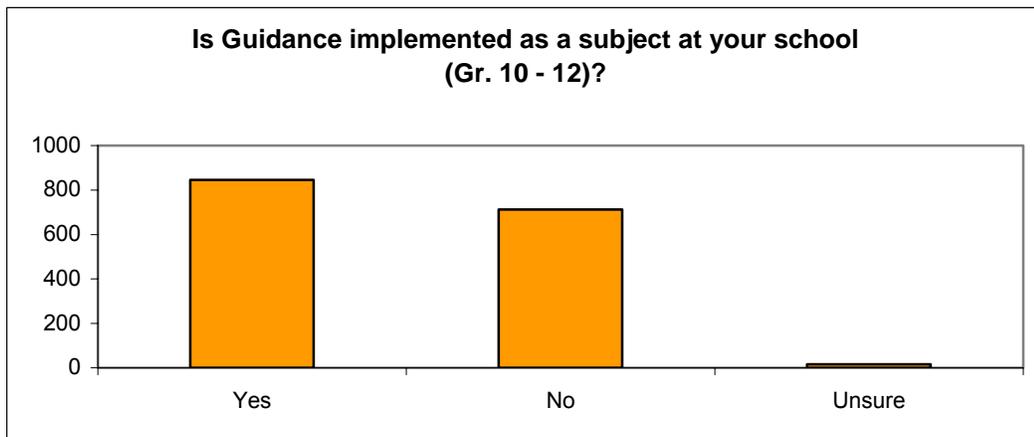
Figure 5.40: Respondents differentiated on the basis of whether guidance as a subject was implemented at school

70% responded yes, Life Skills programmes have a positive effect on the lives of children. 14% indicated no and 16% were unsure. 28 did not respond (Figure 41). These results are disturbing, because if 30% of respondents cannot answer in the affirmative, it implies that the outcomes of the programme are not reached.

Does Life Skills as offered have a positive effect on learners?

	Yes	No	Unsure
Series1	1445	283	320
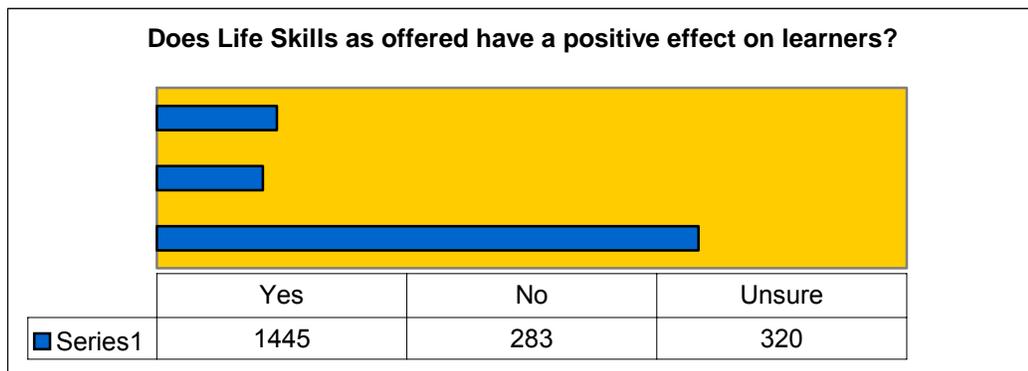
Figure 5.41: Respondents differentiated on the basis of whether Life Skills has a positive effect in the lives of children

1529 (75%) responded yes, 254 indicated no and 256 were unsure as to whether sexuality education forms part of the learning area Life Orientation. 37 respondents did not react to this question (Figure 42). This finding is reason for concern, because the focus of Life Skills education is to make adolescents aware of their sexuality – knowing and understanding who they are.
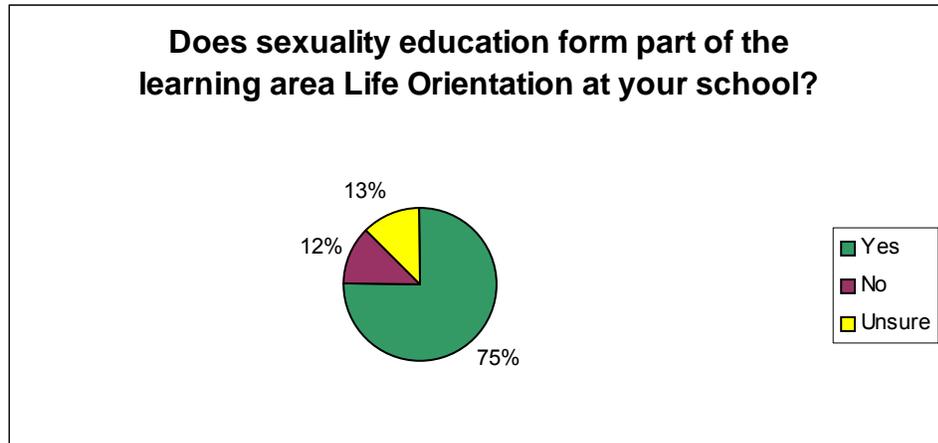
Figure 5.42: Respondents differentiated on the basis of whether sexuality Education forms part of the learning area Life Orientation

Only 73% of the respondents indicated in the affirmative, 10% (205) answered no and 17% were unsure of whether the curriculum gives clear and direct information about Aids transmission. 27 did not respond (Figure 43). It is therefore clear that the curriculum content is not making an impact. This correlates with the fact that educators experience no change in the behaviour of adolescents.
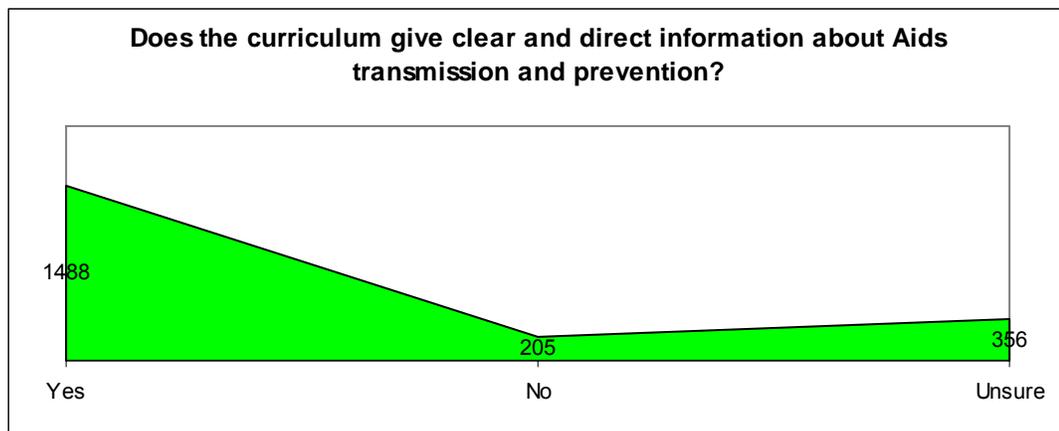
Figure 5.43: Respondents differentiated on the basis of whether the curriculum gives clear and direct information about Aids transmission

57% (1170) of the respondents indicated yes, 23% (475) answered no and 20% (412) were unsure of whether the curriculum indicates that people have natural sexual feelings. 19 did not respond (Figure 44).

Does the curriculum indicate that adolescents have natural sexual feelings?

Unsure
20%

No
23%

Yes
57%
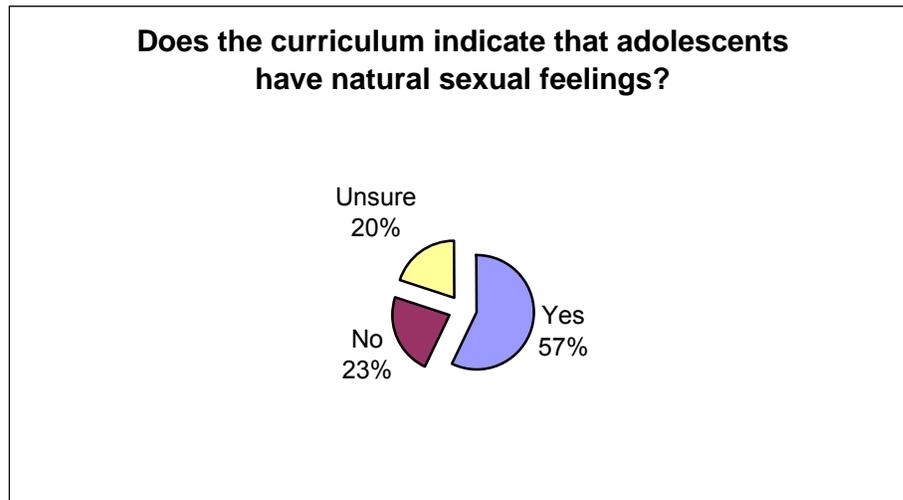
Figure 5.44: Respondents differentiated on the basis of whether the curriculum indicates that adolescents have natural sexual feelings

1217 (60%) of the respondents believe that the community does talk about HIV and Aids. 29% (604) indicated no and 11% (234) were unsure. 21 respondents did not respond (Figure 5.45).

Do community members openly talk about HIV and Aids?

1500	
1000	
500	
0	

Yes   No   Unsure
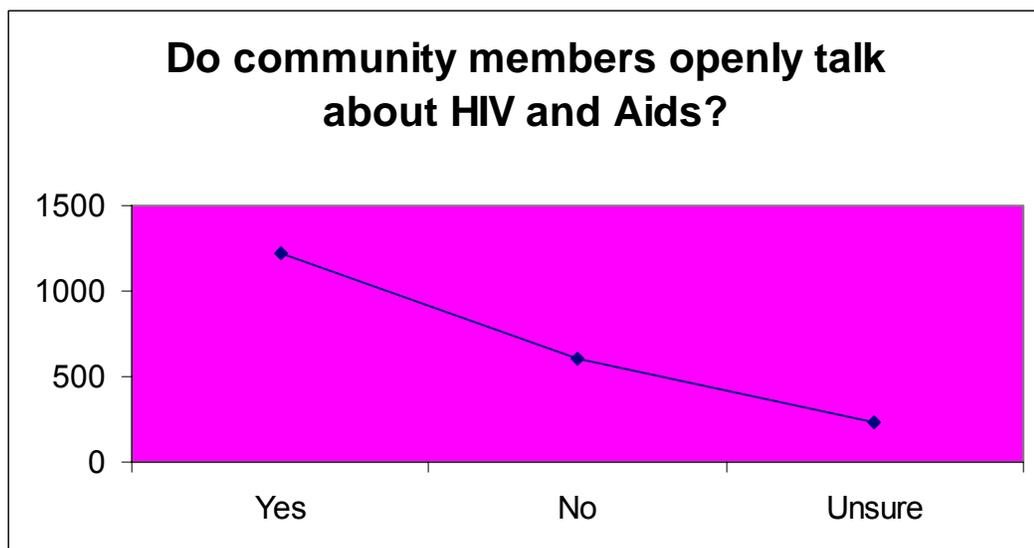
Figure 5.45: Respondents differentiated on the basis of whether community members openly talk about HIV and Aids

724 (29%) of the respondents indicated that they would be afraid to help anyone with Aids. 1127 (60%) indicated to the contrary and 210 (11%) were unsure.15 did not respond (Figure 5.46). This is a clear indication of the attitude and lack of knowledge that still exists.

Would you be afraid to help someone who has Aids?

Unsure

No

Yes
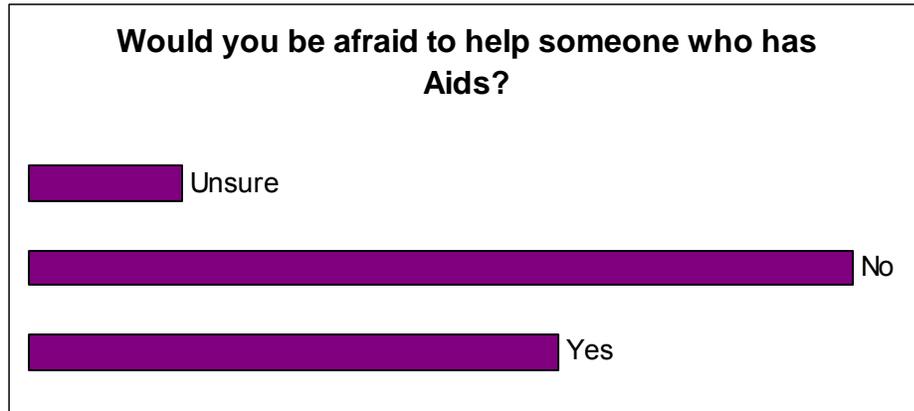
Figure 5.46: Respondents differentiated on the basis of whether they would be afraid to help anyone with Aids

727 (35%) of respondents indicated that teachers with Aids should be allowed to teach, but the majority 1127 (55%) said no. 210 (10%) indicated that they were unsure. 15 did not respond (Figure 47). This result also reflects on the current ignorance, which still exists. In a focus group interview on the other hand, the opposite feelings were expressed. The participants felt that infected educators could share their experiences and learners could benefit from that.

Should teachers with Aids be allowed to teach?

10%

35%

55%

- Yes
- No
- Unsure
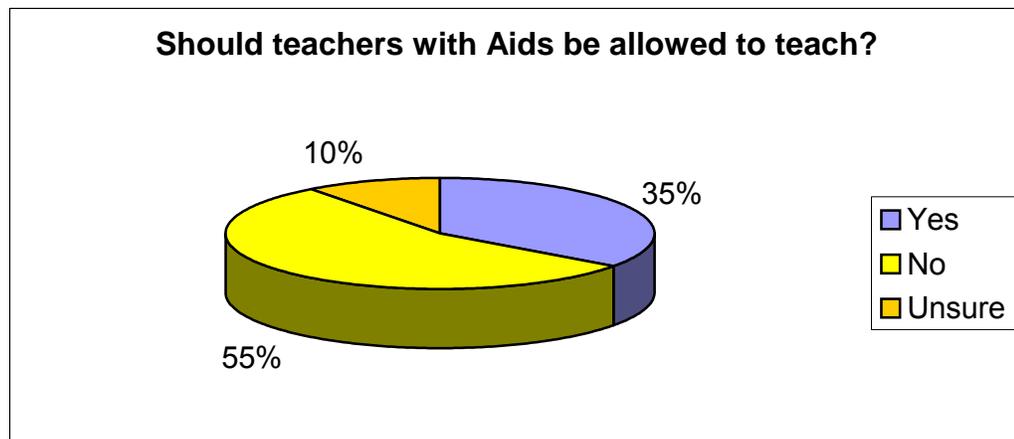
Figure 5.47: Respondents differentiated on the basis of whether teachers with Aids should be allowed to teach

63% of respondents agreed that learners with Aids should be allowed to attend school. 27% indicated no and 10% were unsure. 17 did not respond to this question (Figure 5.48). The results of this question also reflect on the prejudice and attitude towards people who are infected.
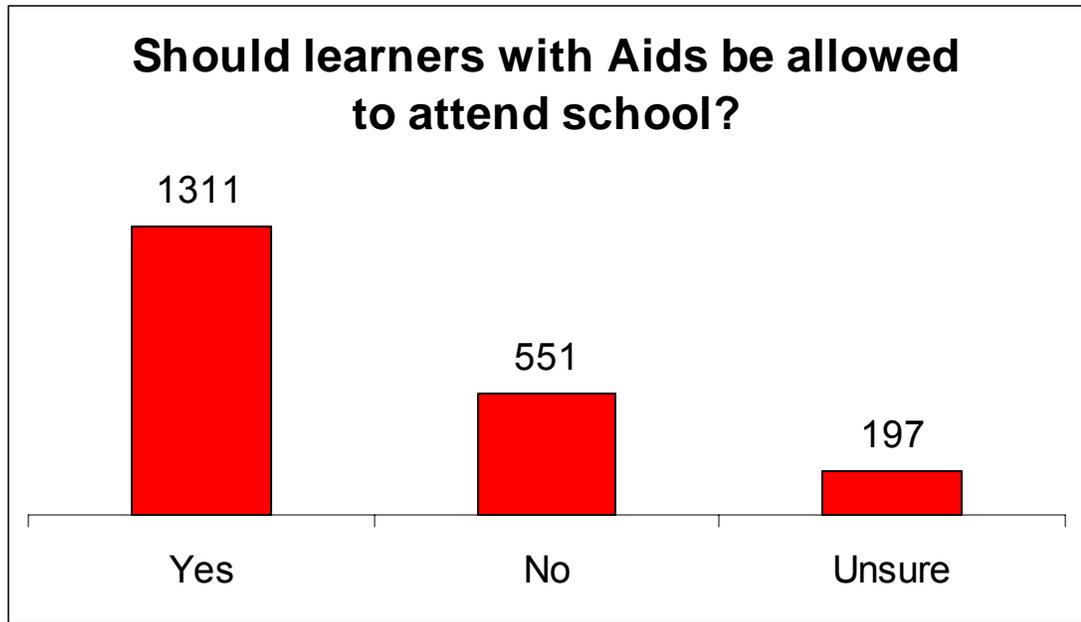
Figure 5.48: Respondents differentiated on the basis of learners with Aids attending school

The two open-ended questions were poorly answered. Most of the respondents ignored these questions. It is presumed that language played a role, because it was expected from respondents to write their answers. In most of the cases where an answer was given to whom their role model is, a respondent who did react, indicated their mother.
It must also be kept in mind that only 30% of respondents indicated that their mother was their caregiver. It is therefore evident that adolescents have a problem with identifying with individuals with whom they can relate to as being a role model.

Most of the respondents could also not identify anyone with whom they can talk to when they experience problems or are lonely or frightened. This should also be an eye opener to educators who are supposed to be available to learners for counselling and support.

5.2 COMPARISON OF FINDINGS IN LITERATURE STUDY AND EMPIRICAL INVESTIGATION.

Findings from the literature	Findings from the Empirical Research	Comment
DuRant et al., (1992:500) believe that although the vast majority of secondary school learners know how HIV is transmitted, a substantial number still have erroneous beliefs about Aids. Smith et al., (1993:281) mention that most research findings indicate that adolescent's knowledge of Aids facts continues to be confused or conflicting and that their perceptions of their own vulnerability remain distorted.	• The deduction can be made that adolescent knowledge is still distorted, e.g. one can get Aids from kissing. • Ignorance pertaining to Aids still exists, e.g. Aids can be cured; Aids can not be prevented; one can not get Aids from contact with infected blood. • There is a clear indication of misconceptions that currently still exist concerning the contracting of the disease, e.g. one can get Aids by being bitten by a mosquito.	If social problems such as poverty, unemployment, inferior status of women and child abuse could be seriously addressed, the adolescent would be less vulnerable to HIV and Aids. Life Skills programmes should focus on behaviour change and resilience. The current programmes are not feasible in the lives of adolescents.
Van Dyk (2001:122) recognises that there are deep-rooted cultural beliefs against the use of condoms in some parts of Africa. Mati, 1996:34 confirm that a prevalent argument is based on the assumption that "It is not my culture".	Many adolescents still engage in unprotected sex and resist change in sexual behaviour. Only 59% of respondents believe condoms can reduce the chance of becoming infected.	There are still many misconceptions concerning the use of condoms. There is no change in the value systems or behaviour of adolescents.
Prinsloo (1994:59) poses that the family has become vulnerable, because the structure of the family has changed. Coetzee (1980:64) highlights that the basis of education is laid in the family.	Just over half of the respondents (54%) named parents as their caregivers and a large number did not indicate any one. Values and norms are therefore not accentuated, because there are no role models.	Many adolescents are not experiencing the security and mutual affection of a loving home. Social virtues can therefore not be internalised, because it is not modelled. Children are expected to learn the roles from parents.
Quakenbush et al., (1988:258) agree that the incidence of sexual activity among adolescents is high. Alali (1995:40) found that adolescents are having sexual intercourse at earlier ages and with increasing frequency. Sexual activity is extensive among adolescents and appears to be on the increase worldwide as well in South Africa (Magagula, 1998:17). Adolescents are having sexual intercourse at earlier ages and with increasing frequency (Alali, 1995:40).	20% of the respondents agreed that sex was considered a way of life for adolescents. During a focus group interview it was agreed that adolescents would usually not be honest about this fact (especially girls). 40% indicated that their friends were engaging in sexual behaviour and 25% admitted to being sexually active. 16% said that they had had their first sexual encounter before the age of 10 years old.	Moral values have to be learnt. Sexual and moral licentiousness is prevalent and the moral crisis in South Africa is severe. It appears as if adolescents are not concerned about what is happening around them concerning the results of licentious behaviour.
Available data suggests that a major proportion of the South African youth are involved in drug-taking practices and related attitudes and a fair level of risk-proneness that has serious implications in terms of HIV infection. Of particular importance is that a comparatively heavy alcohol intake is fairly common among adolescents (Rocha-Silva, 1998:17).	It was surprising that 11% (237) of the respondents admitted to using drugs. Adolescents mention that the media showing people having a good time drinking alcohol and using drugs do influence them. They want to be "cool".	It appears that drugs are freely available to adolescents and this puts themselves and others at risk. They have impaired moral judgement and exaggerated emotions which contribute to sexual licentiousness.

5.3 SURVEY OF RECENT RESEARCH REPORTS AS LITERATURE CONTROL OF THE FINDINGS OF THE STUDY.

A final overview of recent research reports on HIV/AIDS and education programmes for learners yielded the following information.

Coombe (2002: ix) refers to Ebersöhn and Eloff who state that cultural beliefs and values are fundamental guidelines in the cognitive process of deciding what events such as the AIDS pandemic mean. They believe that though it is possible to assume certain universal principles of coping, traditional indigenous coping mechanisms in South Africa are likely to differ from that elsewhere. Roux, et al., (2005:254) raise the concern that community resources are restricted by large numbers of orphans. Communities are increasingly weakened by poverty, hunger and sickness. Pharoah and Weiss (2005:1) concur that HIV and Aids is leaving millions of children orphaned and living in situations of acute vulnerability.

While adolescents remain relatively ignorant on matters concerning sexuality, misconceptions and myths about sex flourish (Berkhof, 2003:168). Most children obtain information on these issues through the media and from their peers. (86% of respondents in this study indicated that they have a television). Leach (2002: 99) poses that although schools may have been relatively successful in relaying information about HIV and Aids; these messages have failed to change sexual behaviour. Leach (2002: 100) maintains that the strong influence exerted by the peer group increases the pressure to enter into sexual relationships, sometimes with multiple partners.

Page, Ebersöhn and Rogan (2006:105) refer to Harrison et al. (2000) who found that there have been few evaluations of HIV and Aids education interventions in Africa. As part of Life Orientation programmes in the school curriculum in South Africa, learners and educators experience the HIV education as problematic. Teaching about HIV and sexual behaviour requires particular skills and not all teachers can or want to teach it.

Kelly (2002:7) states that "the traditional approach, which interprets diseases and their causes in terms of the cultural world of taboos, obligations and sorcery, may be much more influential in shaping behaviour than the rational explanations of modern science". He quotes (cf. UNECA, 2000, 36-40), that the school may treat HIV and Aids as being caused by an identifiable virus. However, the community and home may see the cause lying elsewhere, with spirits, or with powers and forces that are under control of certain individuals. Education programmes in schools and communities therefore, do not have the desired influence and effects to prevent risk behaviour among youth.

Roux, et al., (2005:255) found that although a continuing Life Skills and HIV and Aids education programme should be implemented in all schools, the discussions with learners suggest that this is not happening in all schools. Roux, et al., (2005:257) believe that research has yielded significant empirical data from learners, information that could beneficially influence the development of the HIV and Aids curriculum content. Cohan (2002:15) raises the important fact that the effectiveness of HIV prevention measures in schools is dependent on whether the sexual behaviour of children can be influenced by messages aimed at individual youths while community and peer values remain largely unchanged.

These findings support the findings and conclusions of the researcher in this particular project

5.4 SYNTHESIS

The analysis and interpretation of data as collected during the empirical investigation was presented in this chapter. 2076 respondents participated in the quantitative part of the study and a semi-structured focus group interview was held with ten participants as part of the qualitative investigation. The large sample contributed to the validity of this research.

The next chapter will deal with conclusions reached, recommendations, implications and suggestions for future research.

CHAPTER 6

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

6.1 INTRODUCTION

The preceding chapters are summarised and appropriate conclusions and recommendations as a result of the literature review as well as the empirical research are subsequently offered in this chapter. For the purpose of this study a literature review was initially done where a socio-educative perspective of individual and socio-cultural factors contributing to the spread of the HIV and Aids pandemic among adolescents was explored and described.

Responsible sexual behaviour and HIV as well as the Aids pandemic are of the serious challenges adolescents have to face today. Life Skills programmes have been introduced in South Africa in response to the HIV and Aids crisis and the fact that a growing number of adolescents in the country are becoming sexually active. The Department of Education is responsible for the implementation of the Life Skills and Aids programme as part of a national initiative to manage the crisis in the country and Life Skills programmes were fast tracked into the curriculum. Unfortunately it is seen by many as predominantly prevention programmes and schools seen as means for supplying information and warnings to learners about the risk of HIV and Aids. Educators do not seem to realise the urgency of equipping learners with the necessary knowledge and skills to change their behaviour and to help learners to become resilient to cope with life stressors.

This study indicates that existing HIV and Aids programmes are insufficient. The Free State is experiencing a rapid rise in the number of people infected with HIV and Aids and also has an escalating number of orphaned children because of the deaths of parents or caregivers. Despite progress, many initiatives to curb the spread of the disease are still in its early stages. It is critical to strengthen systems to get the message across.

Developmental psychology and the ecological systems theory served as the theoretical framework for the research and the interaction between individual and socio-cultural factors in adolescent development is therefore emphasised. Events occur that affect, or are affected by, what happens in that setting (refer to Bronfenbrenner, 1.1). The focus is therefore on the bio-psycho-social needs of adolescents. This approach focuses on interactional processes among different systems and on the mutual influence that they have on one another. In order to resolve issues like the HIV and Aids pandemic, all the different systems have to be involved and a process of restructuring has to be applied.

An empirical investigation was undertaken to complement the literature study. Use was made of a quantitative questionnaire implementation and a qualitative semi-structured focus group interview (chapter four) for the purpose of the empirical investigation. Two measuring instruments were used to increase the sensitivity, validity and reliability of the study. The qualitative aspect added value, because more information in respect of certain aspects was supplied. A combination of qualitative and quantitative research was meaningful.

The investigation adds to the research-based knowledge in this field. It is hoped that it will stimulate further research. This investigation can also be seen as evaluation research, as it will add to the current existing knowledge in the Free State, "for it assesses merit and worth of particular practices" (McMillan and Schumacher, 2001:21).

6.2 RESEARCH PROBLEM, QUESTIONS AND AIM OF THE STUDY

The significance of the problem of HIV and the Aids pandemic is the rationale for the investigation. The research problem which is the focus of this study, as indicated in 1.3, is to determine the knowledge that learners have of HIV and Aids and how this knowledge influences their behaviour. It was also important to determine the effect of the Life Skills programmes on the knowledge level and behaviour of the learners.

The following research questions arose from the research problem:

- How much knowledge and understanding do adolescents (Gr. 7 – 12) have of responsible sexual behaviour and the dangers of sexually transmitted diseases?
- What is the present situation in the Free State concerning adolescents' attitudes and beliefs on sexual behaviour?
- Has the implementation of the Life Skills programmes succeeded in changing adolescent's knowledge and awareness of responsible sexual behaviour and has their behaviour changed in any way?

The investigation was conducted in a logical and systematic manner and the purpose of the research design (1.6) was achieved. The specific aim namely to determine the level of learners' knowledge and awareness of HIV and Aids and their subsequent sexual behaviour (1.4), is investigated in the context of a literature review in chapters two and three. The further aim to establish whether there has been any change in their level of knowledge and in their behaviour since the implementation of the Life Skills programme in schools was also investigated. The knowledge obtained from the literature and from other experts in the field, is utilised in the empirical design.

A discussion of the research process which encompasses the choice of the subject and problem formulation, the aim of the investigation, the hypothesis formulation, the preliminary research, the research design and the procedure, the limitations of the investigation, the literature review and the collection of data is clearly defined.

The framework focuses on socio-pedagogic essences for effective education and communication like: I-You-relationship, upbringing (style), communication, social life, socialisation, identity and self-concept, self-actualisation, social-communal orientation, need fulfilment in social context and social milieu.

Attention was given in chapter three to norms and values of the society in which adolescents have to internalise an own value system. It was explained by means of cultural beliefs and value systems, social factors, moral development, attitudes, acculturation levels, communication style, language use, interpersonal relations and experiences, problem solving and stress coping strategies and community expectations and rules.

The aim of the research, the research procedure, the research objectives, the hypotheses and the methodology followed. The data collection extended over six months. A questionnaire was used as initial research instrument. The questionnaire described the qualitative and quantitative understanding of the knowledge framework of the sample. The results were analysed by means of Microsoft Excel, software program that provided all the necessary tools and flexibility needed for accurate tabulation of the results (chapter 5). The measurement of the sample's response provided valuable findings that consequently can be implemented successfully. It is clearly defined and is the operalisation of this specific study. In the closed questions respondents chose between pre-determined responses and in the open-ended questions wrote the response they wanted to. The pilot-testing sample of respondents had characteristics similar to the study.

The purpose of the qualitative focus group discussion was to evaluate the survey process shortly after the survey was conducted to achieve clarity – respondents interpreted questions differently. The interview technique in the qualitative focus interview was flexible and adaptable. In the focus group interview verbal and non-verbal behaviour was noted while leading questions were asked. The research findings are based on that which emerged during and as a result of a summary of the answers given in interviews and questionnaires.

6.3 GOAL ATTAINMENT AND ANSWERING OF THE RESEARCH QUESTIONS

Following on the above data, the conclusion is reached that the aim of the research has been reached, namely to determine adolescents' knowledge level and awareness of HIV and Aids and their subsequent sexual behaviour. The effect of the implementation of Life Skills programmes in schools on learners' knowledge and sexual behaviour has also been established.

In the investigation it comes clearly to the fore that to be able to form a holistic understanding of complex manifestations like HIV and Aids, one must analyse the causative and maintaining factors. The research problem has been unlocked by means of answering the research questions through the analysis of the contributing factors.

Through data analysis the empirical inquiry provided clarification of the following hypotheses:

1. Adolescents have adequate knowledge of responsible sexual behaviour.

   With the large number of sexually active respondents in this sample neglecting to make use of contraceptives, it is not possible to accept the hypothesis that adolescents have adequate knowledge of responsible sexual behaviour. As such it is rejected in favour of the null hypothesis.

2. Adolescents have adequate knowledge of the causes and consequences of sexually transmitted diseases.

   This hypothesis was not supported by the findings from the research.
   As such it is rejected in favour of the null hypothesis.

3. Life Skills programmes will enhance their knowledge and help to change irresponsible behaviour.

Statistically there was not enough evidence to accept this hypothesis.
It is therefore also rejected in favour of the null hypothesis.

6.4 LIMITATIONS OF THE STUDY

Although it is possible to generalise the findings of this study to a certain extent, it is important to point out that the research was limited to only one province in South Africa. Generalisation for the whole country can only follow when similar research is conducted in all the provinces.

6.5 ETHICAL ASPECTS

- Privacy of the participants was respected. All information is confidential and anonymously reported.
- Appropriate research methods were identified and implemented.
- Findings were accurately reported.

6.6 CONCLUSIVE STATEMENTS

The literature study investigated the socio-cultural life-world of the adolescent where the growing social phenonomen of HIV and Aids impact on the lives of all. The researcher formulated hypotheses in order to ascertain if what was found in the literature is applicable to factors contributing to the spread of HIV and the Aids pandemic among adolescents. The empirical research found indisputable evidence proving that the aim of the study is realised.

In spite of programmes conducted in schools, learners' knowledge is inadequate – this is reflected in the responses to questions relating to these aspects. Information has been conveyed to teachers through regular training and information sessions.

There seems however, to be challenges with the implementation of the programme as well as with the impact of the programmes as offered, on learners' attitudes and behaviour.

Clearly the level of knowledge regarding HIV and Aids among adolescents is not very satisfactory (compare 3.2.4). It is apparent that young adolescents fail to personalise the threat of Aids and continue to hold erroneous beliefs.

Informing learners of the risks alone does not work; learners need further motivation and skills to remain HIV-negative. Adolescents' perceived susceptibility to the disease is significant and they need skills to realise independence, the formation of a positive value system, internal locus of control and a positive self-concept. Maintenance of behaviour change requires persistent reinforcement of the realisation of own vulnerability, as well as resilience in the face of the general decline of the value system in modern society.

An analysis of the emergence of crises such as HIV and Aids present a context for comprehensive analysis of the aspects that give rise to factors that contribute to maintain the current scenario. The collapse in cultural values and norms as well as the lack of effective measures for educating the youth has contributed to the escalation of the disease. A number of multi-faceted, circular causality levels are identified in the investigation. On account of evidence and through the answering of the research questions the research problem is unlocked (compare 2.2.10).

The low percentage (34%) that believes in the message the curriculum is trying to put across, is alarming. While many learners disagree with the statement that the purpose of Life Skills education is to frighten young people, many on the other hand feel that too much prominence is given to this issue. In spite of this, they do not seem to listen or heed the warnings.

A reason for grave concern when considering the evidence, is the fact that 25% of adolescents admit that they are sexually active. Another disturbing factor is that sleeping around with different partners seems to be a usual way of conduct amongst a significant percentage of the respondents.

Misconceptions exist regarding both HIV and Aids transmission. Knowledge is generally poor as reflected in other studies (compare 2.1). In the light of this, it is apparent that knowledge levels are compatible to those reported in other investigations. These findings are indications that any information presented to adolescents need to be more specific and informative regarding the relative risks of certain specific sexual behaviours, particularly with what is regarded as to be safe.

Qualitative data indicate that the most common reason for not using condoms is that males feel that it spoils their pleasure and females are too scared of being unpopular to insist on protection. It is also thought to be unreliable. This is in line with research (refer to 3.2.8). Although 59% of respondents agree that condoms can reduce the chance of becoming infected, it became clear in a focus group interview that adolescents do not use condoms. They claim "it is like eating a sweet with the paper on".

6.7 RECOMMENDATIONS

Proceeding from the preceding investigation and deductions, recommendations are made in respect of the following:

- Cognisance should be taken of the influence of all role players when addressing the problem.
- Intervention can only be successful if underpinned by a multi-sectoral approach, which mobilises everyone involved with the youth. A multi-faceted coordinated approach is therefore vital and beneficial.
- Understanding gender construction and cultural practice, programme content should aim at convincing learners of their vulnerability.

- The quality of life of the girl child and women in disadvantaged positions and low-socio-economic status plays a significant role in the spreading of the disease and should be addressed in earnest.

- A practical framework needs to be developed and presented wherein the monitoring, evaluating and reporting of the Life Skills programmes are recorded effectively.

- Programme development should take place within the context of the cultural beliefs and values as well as behavioural and educational norms of the target community. Issues of sustainability start in communities. Many problems lie within the family, especially broken families.

- Adolescents should know that "self-control is necessary for life in society" (Popenoe, 1980:60). Adolescents should be aware of that "you win or lose by the way you choose" and that sexual licentiousness has resulted in the catastrophic Aids pandemic that is destroying the country.

- The current programmes reach adolescents who live a life already deep-rooted within certain negative values and attitudes. Life Skills programmes should address cultural perceptions of AIDS, fears of adolescents as well as decision making-, problem solving- and coping skills. Emotional self-management skills including understanding of mood swings and alternatives to sex should also be included.

- The aim should be to motivate and encourage adolescents to abstain from sexual intercourse. Adolescents need techniques to learn assertiveness and refusal skills to counter pressures to engage in unprotected sex. Programmes that use peer groups, e.g. RADS (radically different species) are having success and gaining ground amongst the youth. The peer group is often seen as more reliable sources of information. Adolescents need to see values, morals and ethics modelled inside and outside the classroom for enculturation to occur and to be able to examine embedded moral codes for clarification of their own morals and in regard to that of others.

- A replica of this research should be conducted in other districts/provinces. McMillan and Schumacher (2001:7) however claim that exact replication studies by subsequent investigators with different respondents in a variety of settings and circumstances are rare in Education.

- Parents/caregivers should be invited to become involved with workshops and seminars that guide them to develop communication skills so that they are more confident and effective in discussing HIV prevention, because as mentioned (2.2.7) parents form the primary reference framework for the adolescent's attitudes, values and beliefs. Parents should be encouraged to spend more time listening and talking to their children about intimate relationships and about sex (refer to 2.2.1; 2.2.3; 2.2.7; 3.2.6).

6.8 SUGGESTIONS FOR FUTURE RESEARCH

On account of this study being merely exploratory, further research is recommended in relation to the following:

- It is not easy to establish shared values and beliefs in a multicultural society. More information on successful integration of different cultures in one classroom is necessary.
- Educators have to strive to appreciate different customs, codes and beliefs to be able to create a framework for the inculcation of values to improve and uphold respect and core values. They should comprehend that cultural background is one of the primary sources of identity.
- There is an increasing need for the recognition of the potential for the system to provide an infrastructure to offer to orphan and vulnerable adolescents' psychological support. Child-headed households are becoming a common occurrence and this is confirmed by 54% of the respondents in this investigation.
- Inadequate quality and availability of services, e.g. Home Affairs (ID documents for learners to access grants) are problems that need to be addressed.

On account of the exploratory nature of this research, the necessity of continued exploration, hypothesis formulation and –testing of the knowledge of HIV and Aids and subsequent sexual behaviour need to be emphasised.

Owing to the fact that, e.g. metropolitan areas were not represented in this empirical study, research should be undertaken to establish the trend to explore, describe and compare different adolescent populations.

6.9 SYNTHESIS

A socio-educative perspective of individual and socio-cultural factors contributing to the spread of the HIV and Aids pandemic among adolescents was investigated in this research. The phenonomen of the HIV and Aids pandemic is not only because of a disfunctioning of the ecosystem.

The socio-educational significance of the adolescent developmental stage as well as socio-cultural factors in South Africa as reflected in this investigation; contribute to moral and sexual licentiousness. The adolescent has entered a period of tremendous global transition that has created more social problems than solutions where he/she experiences conflict between new emerging social moral values and tradition.

One implication of the research findings is that HIV prevention programmes and activities should be integrated into teaching across the curriculum and not seen as the focus of Life Orientation only. Adolescents' knowledge of the facts continues to be confused and inconsistent.

Knowledge of the disease is important, there is however, a poor correlation between the internalisation of knowledge and behaviour change. The danger exists that learners get an Aids information overload and on hearing too much about Aids, block out further messages.

It is evident that to increase adolescents' knowledge and awareness of responsible sexual behaviour, the methods and techniques to be employed should focus on skills development, change in attitudes and motivational support. Cross-curriculum programmes should emphasise responsible and sage behavioural patterns. Schools must therefore strive to ensure that every learner is equipped with the necessary skills to lead a healthy and happy life.

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ANNEXURE 1

ANNEXURE 2

QUESTIONNAIRE

HIV and AIDS is a very serious health problem in South Africa. This survey has been developed so that you can inform us about what you know about HIV and AIDS. This information will be used to develop better prevention education programmes for young people in the country.

Please don't write your name on this survey. Your information is absolutely confidential. The intention of this questionnaire is to test your knowledge of the Aids pandemic.

Thank you for your help.

<u>Choose the relevant </u>number for your answer and write it in the block on the right. If you are a male choose 1. If you are a female choose 2.

1. What is your gender?	Male	1		
	Female	2	1.	

2. What is your age?	14	1		
	15	2		
	16	3		
	17	4		
	18	5		
	19^{+}	6	2.	

3. In which grade are you?	7	1		
	8	2		
	9	3		
	10	4		
	11	5		
	12	6	3.	

4. What language do you speak at home?	South Sotho	1		
	Zulu	2		
	Tswana	3		
	Xhosa	4		
	Afrikaans	5		
	English	6		
	Other	7	4.	

5. In what type of house do you live?	4^+ Roomed house	1		
	1 - 2 Roomed house	2		
	Informal house	3		
	Hostel	4	5.	

6. Who takes care of you?	Parents	1		
	Mother	2		
	Father	3		
	Granny	4		
	Brother	5		
	Sister	6		
	Relative	7		
	Nobody	8	6.	

7. Can you get AIDS from ordinary kissing?	Yes	1		
	No	2		
	Unsure	3	7.	

8. Can AIDS be cured?	Yes	1		
	No	2		
	Unsure	3	8.	

9. Can AIDS be prevented?	Yes	1	
	No	2	
	Unsure	3	9.

10. Can you see when someone has AIDS?	Yes	1	
	No	2	
	Unsure	3	10.

11. Is AIDS contagious like a cold or flu?	Yes	1	
	No	2	
	Unsure	3	11.

12. Can you get AIDS from contact with infected blood?	Yes	1	
	No	2	
	Unsure	3	12.

13. Can a person get HIV and AIDS infection from donating blood?	Yes	1	
	No	2	
	Unsure	3	13.

14. Can a person get HIV and AIDS from being bitten by mosquitoes or other insects?	Yes	1	
	No	2	
	Unsure	3	14.

15. Can a person get HIV and AIDS infection from using public toilets?	Yes	1	
	No	2	
	Unsure	3	15.

16. Can a pregnant woman who has the HIV virus infect her unborn baby?	Yes	1	
	No	2	
	Unsure	3	16.

17. Can people reduce their chances of becoming infected with the AIDS virus by using condoms?	Yes	1	
	No	2	
	Unsure	3	17.

18. Is HIV and AIDS infection the same thing?	Yes	1	
	No	2	
	Unsure	3	18.

19. Are some of your friends/classmates engaged in sexual behaviours which place them at risk for getting AIDS?	Yes	1	
	No	2	
	Unsure	3	19.

20. Are you sexually active?	Yes	1	
	No	2	20.

21. If you answered yes, how old were you when you had sexual intercourse for the first time?	Younger than 10	1	
	11 - 12	2	
	13 - 14	3	
	15 - 16	4	
	17 - 18	5	
	19^+	6	21.

22. Where do you have sexual intercourse?	Partner's home	1	
	Own home	2	
	Public place	3	
	Relative's home	4	
	Other place	5	
	Nowhere	6	22.

23. Do you use contraceptives?	Yes	1		
	No	2	23.	

24. Do you have a Television at home?	Yes	1		
	No	2	24.	

25. If you answered yes, do you regularly watch "Soapies"?	Yes	1		
	No	2	25.	

26. Do you use drugs (alcohol, dagga)?	Yes	1		
	No	2	26.	

27. Do you know anyone who has AIDS	Yes	1		
	No	2		
	Unsure	3	27.	

28. Do you live a healthy lifestyle (sufficient food, suitable shelter, adequate clothing, safe environment)?	Yes	1		
	No	2		
	Unsure	3	28.	

29. Have you ever been abused?	Yes	1		
	No	2	29.	

30. Do you think sex is considered a way of life for teenagers?	Yes	1		
	No	2		
	Unsure	3	30.	

31. How many sexual partners have you had?	None	1	
	One	2	
	Two	4	
	More than 2	5	
	More than 5	6	31.

32. Do you think that evil spirits or witches have something to do with the creation of the HIV-virus?	Yes	1	
	No	2	
	Unsure	3	32.

33. Does the curriculum help learners to acquire assertiveness to choose to abstain from sexual intercourse?	Yes	1	
	No	2	
	Unsure	3	33.

34. The purpose of AIDS education at school is to frighten children in order to discourage them from sexual intercourse.	Yes	1	
	No	2	
	Unsure	3	34.

35. Too much prominence is given to HIV and AIDS.	Yes	1	
	No	2	
	Unsure	3	35.

36. Providing learners with condoms should be part of Aids education in schools.	Yes	1	
	No	2	
	Unsure	3	36.

37. The best way to combat AIDS in the community is by changing attitudes.	Yes	1	
	No	2	
	Unsure	3	37.

38. Does the curriculum focus on teaching learners how to make healthy decisions as far as sexual behaviour is concerned?	Yes	1		
	No	2		
	Unsure	3	38.	

39. Do you think the Life Skills education at school is effective in the lives of children?	Yes	1		
	No	2		
	Unsure	3	39.	

40. Is Guidance implemented as a subject at your school (Gr. 10 – 12)?	Yes	1		
	No	2	40.	

41. Are HIV and AIDS awareness programs working well?	Yes	1		
	No	2		
	Unsure	3	41.	

42. Does sexuality education form part of the learning area Life Orientation at your school (Gr. 7 – 9)?	Yes	1		
	No	2		
	Unsure	3	42.	

43. Does the curriculum give clear and direct information about AIDS transmission and prevention?	Yes	1		
	No	2		
	Unsure	3	43.	

44. Does the curriculum indicate that people have natural sexual feelings?	Yes	1		
	No	2		
	Unsure	3	44.	

45. Do community members openly talk about HIV and AIDS?	Yes	1		
	No	2		
	Unsure	3	45.	

46. Would you be afraid to help someone who has AIDS?	Yes	1	
	No	2	
	Unsure	3	46.

47. Do you think teachers with AIDS should be allowed to teach at school?	Yes	1	
	No	2	
	Unsure	3	47.

48. Do you think learners with AIDS should be allowed to attend school?	Yes	1	
	No	2	
	Unsure	3	48.

49. Young people usually see pop idols as models for their own lives. Who is your role model? Write down his or her name and motivate your answer.

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50. When you are lonely or frightened or experience certain problems in life, is there anyone that you can talk to in such circumstances? If there is such a person, who is it and why do you take this person into your confidence?

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ANNEXURE 3

FREE STATE PROVINCE

Enquiries	: HELENA COETZEE	Tel.	058 - 303 5614
			082 - 202 5924
		Fax.	058 - 303 7419
			058 - 303 3195

28 August 2004

The Principal

REQUEST TO CONDUCT RESEARCH IN SCHOOLS

I am currently enrolled for the Master's degree in Socio-education. The title of the research project is: A socio-educative perspective of the individual and socio-cultural factors contributing to the HIV and AIDS pandemic among adolescents.

I hereby request permission to conduct educational research at your school. Learners from Gr. 7 to Gr. 12 will be targeted. Random sampling will take place. Questionnaires will be used.

The names of the schools and learners will remain confidential at all times. Schools participate voluntarily in the project.

A dire need for research in this field exists. HIV and AIDS threatens human development and social and economic security. HIV infection has spread all over the world since the twenty years that it has been recognised. Over 50 million individuals have become infected and 16 million people have died. Adolescence is seen as such an important phase of development because for the first time, the individual is truly aware of the physical changes that occur.

The Free State is one of the poorest provinces in South Africa. This makes the youth even more vulnerable, considering that many of them could be forced by their socio-economic conditions to turn to risky conduct in order to survive.

The researcher is a Master Trainer of HIV and AIDS.

Yours sincerely

…………………..
HELENA COETZEE

ANNEXURE 4

SCEDULE FOR FOCUS GROUP INTERVIEW

1. What type of dwelling (house) do you live in?

2. What do you understand by "being sexually active"?

3. Do you think learners will be honest about being sexually active?

4. Do you think learners will be honest about being abused?

5. Is Aids contagious?

6. Can having Aids be prevented?

7. Why do you think young adults resist using condoms?

8. Do you think the purpose of Aids Ed is to frighten?

9. Should educators who are HIV positive be allowed to continue teaching?

10. Should learners who are HIV positive be allowed to attend school?

11. Do you think too much prominence is given to Aids?