

***PERCEPTIONS OF ADOLESCENTS ABOUT SEXUALITY  
AND SEXUALLY TRANSMITTED DISEASES***

by

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I declare that the study about *PERCEPTIONS OF ADOLESCENTS ABOUT SEXUALITY AND SEXUALLY TRANSMITTED DISEASES* is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.



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**DATE**

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*This work is dedicated to my children,  
Karabo, my daughter, who at the time of the study  
was also an adolescent, and Tumelo, my son and all  
the adolescents in the country of South Africa.*

# ***PERCEPTIONS OF ADOLESCENTS ABOUT SEXUALITY AND SEXUALLY TRANSMITTED DISEASES***

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## **Summary**

The purpose of the study was to explore and describe the perceptions of adolescents about sexuality and sexually transmitted infections, which probably contribute towards the high incidence of sexually transmitted infections amongst this group.

The study was designed as a qualitative, exploratory and descriptive research. A focus group interview and unstructured observation were used to collect data, using a nonprobability snowball sample. The group consisted of 12 male and female adolescents residing in a specific geographical area in Pretoria and attending different high schools.

Recommendations made focus on:

- the approach to sex education programmes
- factors that need to be addressed in order to improve adolescent sexual health
- empowerment strategies of teachers, parents and community leaders on adolescent sexuality and sexually transmitted infections so that in turn, they should be able to empower adolescents on their sexual roles and thus make informed choices

The impact of implementing the recommendations will benefit individuals, families and communities.

## **KEY TERMS**

**Adolescence:** puberty stage  
**Perceptions:** cognitive factors; opinions; views; ideas; understanding; explanations; definitions  
**Sexuality:** sexual roles; sexual practices; sexual behaviours; maleness; femaleness  
**Sexually transmitted infections:** infections of the genital organs; HIV; AIDS

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## List of abbreviations

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AIDS: Acquired Immuno Deficiency Syndrome

HIV: Human Immuno Deficiency Virus

STIs: Sexually transmitted infections

## List of annexures

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- Annexure A: A brief report of the pretest
- Annexure B: Focus group interview guide
- Annexure C: Principles of conducting an interview
- Annexure D: Consent form of the study
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# CHAPTER 1

## Overview of the study

### 1.1 INTRODUCTION

The topic of research was chosen by the researcher out of interest in the target group on which the study is focussed and the researcher's observations over many years about the reproductive health problems of the adolescents, especially the Black adolescents, in the urban areas of South Africa.

Adolescents who become sexually active during early adolescence, before they even know the short- and long-term implications of such sexual behaviour, easily become victims of teenage pregnancy and sexually transmitted infections (STIs).

Teenage pregnancies in Black communities living in urban areas, especially in the lower socioeconomic groups, seem to increase. Unplanned pregnancies and STIs impact negatively on the lives of teenagers, their family and communities and contribute towards school drop-out, illiteracy, illegitimacy and poverty.

The researcher, being a nurse, involved in offering family planning services became aware of a trend that adolescents visit a family planning clinic once, then disappear for a while, only to come back after some months, or even years, for a pregnancy test. The high prevalence of STIs, including HIV/AIDS, further highlights the importance of exploring the influence of perceptions of adolescents about sexuality and STIs.

### 1.2 BACKGROUND TO THE PROBLEM

Research done on adolescent sexuality and STIs, both in South Africa and elsewhere in the world, illustrates that the reproductive health of adolescents poses specific challenges to individuals, families, communities, health and other service providers.



### 1.2.1 Sexually transmitted infections

STIs have become one of the major health concerns in the contemporary societies of the world, including South Africa. These infections have become a rising epidemic, which affects lives of especially women between 15 and 54 years of age (South Africa, Department of Health, Gauteng 1999:2). STIs are directly related to a Human Immuno Deficiency Virus (HIV) in that the sexual transmission of HIV occurs rapidly and easily through open lesions and ulcers caused by repeated episodes of STIs (South Africa, Department of Health 1997:108).

According to the report of a survey that was conducted in the 21 Gauteng clinics in 1998, there was a total of 69 205 new cases of STIs, both in females and males, aged between 20 and 29 years (South Africa, Department of Health, Gauteng 1999:1). The same source reports that Gauteng has the fourth highest incidence of HIV of all the provinces of South Africa with a yearly increase of 22,0% to 36,0%. Within the same year, it was found that 50,0% of the teenage informants had inadequate knowledge about HIV (South Africa, Department of Health, Gauteng 1999:1).

Clinic X, one of the clinics of the City Council of Pretoria, has treated 6 894 new cases of STIs between June 1998 and July 1999. These cases include both genders aged 14 to 29 years (City Council of Pretoria 1999:no page).

In 1999, 5,6 million people, worldwide, were infected with HIV with the majority being Africans. Of the aforementioned number, 13,7 million people have already died of AIDS (Heywood 2000:9). According to the estimation of the Department of Health, over 3½ million people in South Africa seek treatment each year for STIs at public sector, private sector and occupational health services (South Africa, Department of Health 2000c:1). HIV in Africa progresses faster than in the industrialised countries. It would take an individual in Africa, who is HIV positive, 2 to 7 years to develop AIDS, whereas in the industrialised countries, it would take 8 to 10 years for HIV to develop into full blown AIDS (South Africa, Department of Health 2000c:49).

Behaviours such as having multiple sex partners and frequent partner switching, pose a high risk of being exposed to STIs. HIV can occur, as a complication of other STIs, or occur independently (South Africa, Department of Health 2000b:52). The problems identified in Africa about STIs are amongst others:

- STIs spread very fast.
- STIs are not easily diagnosed because of the asymptomatic nature in especially females. This causes the spread of STIs without knowing it (South Africa, Department of Health 2000c:53).

### **1.2.2 Adolescence and sexuality issues**

Ntombela-Motapanyane (1995:152), in his study on adolescence pregnancy conducted in KwaZulu-Natal, South Africa points out that there is an increase in teenage pregnancy in South Africa amongst all cultural groups, both in rural and urban communities. Kelly (1999:22), who conducted a study on a sample of 618 youths in four provinces of South Africa, illustrates that 56,0% of his male sample reported having had their first sexual experience at the age of 15 years, whilst 71,0% of the females had their first sexual experience at age 17. Seventy-one percent of the informants reported that they were already sexually active at the time of the study.

Buga, Amoko and Ncayiyana (1996:12) who conducted a study in Transkei, South Africa, illustrate in their study that 76,0% of the females and 91,0% of the males were sexually active.

Adolescents are at high risk of contracting sexually transmitted infections because worldwide it has been found that adolescents become sexually active very early in their lives without the use of condoms and contraceptives (Van Coeverden de Groot 1991:1455). Of particular concern, with the sexual practices of the adolescents nowadays is that the first sexual experience amongst the teenagers occurs at a younger age. There is a need for further research to discover the underlying reasons for this tendency (Kelly 1999:5).

With regard to research in the area of adolescent sexuality, the following problems have been identified:

- There is a considerable lack of research in the area of adolescent sexual practices in South Africa. Studies that are currently conducted on HIV only focus on pregnant women, including the pregnant adolescents. Conclusions are therefore drawn from HIV studies of the pregnant women only, which do not give a broader picture of the HIV prevalence in the country as a whole (Kelly 1999:4, 7).
- There is a need for studies to be conducted in adolescent behavioural change and social and economic factors, which may be responsible for the high incidence of STIs amongst this group (Kelly 1999:4, 7).
- Research on male adolescents and their fertility has lagged behind, as compared to research on female adolescents (Santelli & Beilenson 1992:271).
- Kelly (1999:39) mentions that, in adolescent love relationships, the male partner is usually older than the female, thus more mature, and has a tendency to use force, manipulation and coercion to initiate sexual intercourse.

### **1.2.3 Sex education programmes for adolescents**

There are problems that have been identified by some researchers with regard to sex education programmes for:

- Information provided to adolescents at school about sexuality and STIs is inadequate (Kelly 1999:5).
- Information programmes are started too late in the lives of the adolescents, when they are already sexually active (Van Coeverden de Groot 1991:1455).
- Health screening at school has a potential to reach a large section of the adolescent population, but it is done infrequently and thus it becomes ineffective (Kibel 1991:11).

For these programmes to be effective several factors need to be considered during the

planning stage. These include knowledge about the attitudes, concerns and the behavioural needs of the youth at whom these programmes are targeted and an understanding of the cultural beliefs, values and the norms of the target community. It is also advisable to incorporate the input of the parents and those members of the community who have opposing views about these programmes (Life-style Education 1994:14). Education programmes on sex and sexuality for adolescents are often based on the perceptions of the planners instead of the perceptions of all the stakeholders. This is of course detrimental to the acceptability and effectiveness of the programmes (Life-style Education 1994:14).

#### **1.2.4 Adolescents and problems with the health services**

Inaccessibility of health services to adolescents increase the vulnerability of this group to STIs. Inaccessibility results from the following:

- No services for specifically addressing health problems of youths exist. The existing services are general in nature and include out-patients, family planning and antenatal care. The fact that older people visit the same facility results in a reluctance in adolescents to utilise the services and to expose themselves to criticism (Kelly 1999:32).
- Condoms are only available at the health facilities during normal working hours when the adolescents are at school. The availability of condoms are also not well-advertised. Adolescents therefore have to specifically ask for condoms, which causes embarrassment (Kelly 1999:32).
- Where the clinics are specifically designated for the diagnosis and treatment of STIs, they are poorly utilised by the adolescents because adolescents are afraid to be seen visiting these services, thus stigmatised (South Africa, Department of Health, Gauteng 2000a:4).

#### **1.2.5 Adolescents and problems with the health personnel**

Health personnel who deal with STIs, tend not to reinforce the preventive measures

adequately. They also do not explain these infections in an informative and understandable way to the clients (University of Western Cape 1999:no page).

It was further identified that health personnel seldom dedicate time to advise clients with STIs on the use of the condoms, or on how to prevent the subsequent infections through change of the sexual life-style (South Africa, Department of Health, Gauteng 2000a:4).

*A limitation in the training of health personnel dealing with adolescents exists in that the training is more general in nature and does not provide an opportunity to acquire special knowledge and skills to address the specific needs of adolescents effectively (Kibel 1991:12).*

### **1.3 RESEARCH QUESTIONS**

The study is designed to answer the following questions:

- Is there any relationship between the sexual practices of adolescents and the high incidence of sexually transmitted infections amongst the age group?
- Why do adolescents engage in premarital sex?
- What is the view of adolescents about
  - dating
  - date-rape
  - virginity
  - multiple sex partners
  - use of condoms
  - use of contraceptives
  - teenage pregnancy
  - homosexuality
  - cohabitation
- What are the sources of sex information for adolescents?

- What is the perception held by adolescents about sexually transmitted infections, HIV/AIDS?
- How do adolescents view peer pressure, in the light of peer groups?

#### **1.4 RATIONALE OF THE STUDY**

It is evident from the preceding paragraphs that many challenges exist around the area of adolescent sexuality. To explore the perceptions of the adolescents about sexuality and STIs through the input of the adolescents could contribute towards a better understanding of the needs of adolescents related to sex and sexuality.

#### **1.5 PURPOSE OF THE STUDY**

The purpose of the study is to analyse and explore the perceptions of adolescents regarding their sexuality and STIs.

#### **1.6 OBJECTIVES OF THE STUDY**

The objectives of the study are to

- identify sources of information about sex and sexuality from adolescents
- explore possible factors that could lead to adolescents becoming sexually active at an early stage
- explore perceptions of adolescents about sexuality issues
- explore perceptions of adolescents about STIs

#### **1.7 ASSUMPTIONS UNDERLYING THE STUDY**

An assumption is a basic principle that is accepted on faith to be true, on the basis of logic or reason, without proof or verification (Polit & Hungler 1995:10, 36).

The study was based on the following assumptions:

- Adolescents engage in sex before they are adequately informed about sexuality issues and thus become victims of STIs.
- Adolescents are vulnerable to STIs because they probably think that sex is one of their human rights.
- Adolescents engage in premarital sex because they probably do not believe in sexual abstinence during this phase of life.
- The life-style of adolescents is one of trial and error, experimentation and risk-taking, hence they experience sexuality problems.
- Adolescents engage in sex because they are exposed to sex films and pornographic material and mass media.

## **1.8 SIGNIFICANCE OF THE STUDY**

The findings of the study should be valuable and significant to the community, the nursing profession and other stakeholders involved in sex education programmes.

### **1.8.1 Nursing profession**

Nursing education can use the findings of this study to develop guidelines and principles on promotive and preventive health of the adolescents, thus, enriching the nursing curriculum. In the field of community health, the findings of this study can be used to reinforce the health education strategies for the adolescents and to enrich the assessment phase of the nursing process in the area of adolescent sexuality and STIs. This could result in the planning of more relevant, accessible and acceptable health services. Future nurse researchers can identify further hypotheses to be tested in the field of adolescent reproductive health.

### **1.8.2 Programmes on sex and sexuality**

Since the findings of this study are based on information which was provided by adolescents

themselves, better insight into the needs of adolescents may contribute towards more relevant and effective programmes on sex and sexuality. Some nurses can also replicate part of the study for future research.

### **1.8.3 Parents**

Information from this study could be valuable in empowering parents to assist them in the socialisation process of teenagers about their sexuality roles.

## **1.9 DEFINITION OF TERMS**

### **1.9.1 Adolescence**

Adolescence is a stage of development between childhood and adulthood. "Adolescere" is a Latin word which means "to grow up", therefore adolescence means growing up into adulthood. This stage begins at puberty, when physical growth begins, and the reproductive organs begin to function, when sexual maturity is reached and secondary sexual characteristics appear (Louw 1991:377).

An adolescent is any individual, who has reached the stage of puberty. The age at which adolescence begins varies from 11 and 13 years of age, and may end at 17 or 21 years of age, as determined by the individual body make-up and cultural factors (Louw 1991:177). In this study the age of adolescents who participated ranged from 15 to 18 years. For the purpose of this study, the terms/concepts, "adolescents" and "teenagers" are used interchangeably.

### **1.9.2 Sexuality**

Sexuality is an integration of the physical, emotional, intellectual and social aspects of an individual's personality, which expresses maleness and femaleness (South Africa, Department of Health 1996:90).



### **1.9.3 Sexually transmitted infections**

These are infections of the genital tract which affect both males and females. These infections may present in a form of a discharge from the genital tract, or present as an ulcer or a lesion. Those infections that present in a form of a discharge include gonorrhoea, urethritis, epididymitis and epididymo – orchitis in males, genital candidiasis and bacterial vaginosis in females.

Ulcers or lesions include syphilis, condylomata lata, genital herpes, chancroid, donovanosis, genital scabies and pubic lice (South Africa, Department of Health, Gauteng 2000a:3-46).

These infections are transmitted from one person to the other through sexual contact, contaminated blood transfusion and via the placenta in pregnancy to an unborn baby. A baby can also be exposed to these infections during the process of delivery and contract STIs from the mother via the birth passage (South Africa, Department of Health, Gauteng 2000a:4).

### **1.9.4 Human Immuno Deficiency Virus**

HIV is an acronym for Human Immuno Deficiency Virus. This is a chronic viral infection that can occur independently of the other STIs through sexual contact. A person with repeated episodes of ulcerative STIs may end up having HIV (South Africa, Department of Health 1994:48). The virus of this infection may enter through an ulcer or a lesion of an individual in the presence of other forms of STIs or through unscreened blood, semen, blood products like plasma, vaginal secretions and breast milk. Sexual intercourse is responsible for 70,0% to 80,0% of all HIV transmissions. HIV can also be transferred through sharing of needles, or reuse of contaminated needles in drug users (South Africa, Department of Health 2000b:48). HIV may progress to AIDS in a period of 2 to 7 years in Africa and in a period of 8 to 10 years in the industrialised countries like Europe and the United States of America (South Africa, Department of Health 2000b:49).

Treatment for STIs in South Africa other than HIV/AIDS is available in the public health services like clinics. This treatment is offered free of charge. In the case of HIV, the treatment is very expensive and thus inaccessible to the majority of the population with HIV (South Africa, Department of Health 2000c:50). Antiviral treatment is not included in protocol treatment regimes in clinics. Symptoms of HIV/AIDS are, however, treated and in so doing HIV is controlled (South Africa, Department of Health 2000b:50).

### **1.9.5 Acquired Immuno Deficiency Syndrome**

AIDS is an acronym for Acquired Immuno Deficiency Syndrome. It is a chronic and progressive viral infection which usually leads to death. At its progressive stage it destroys the body immunity, thus lowering the defence system of the body. When the body immunity is lowered or weakened, other opportunistic infections invade the body. These opportunistic infections are usually the direct cause of death (South Africa, Department of Health 1996:12).

## **1.10 ORGANISING THE REPORT**

Chapter 1: Overview of the study

Chapter 2: Literature review

Chapter 3: Research methodology

Chapter 4: Data presentation, interpretation and analysis

Chapter 5: Conclusions, recommendations, implications and limitations of the study

## **1.11 SUMMARY**

Chapter 1 presented the background of the problem under study, the purpose of the study, objectives, assumptions, research questions, the rationale of the study and definitions of concepts.

In chapter 2 the literature on adolescence and related sexuality issues will be explored.

# **CHAPTER 2**

## **Literature review**

### **2.1 INTRODUCTION**

The literature search was done after the topic was selected by the researcher, as explained in chapter 1 of this study. The research process was guided by inductive approach where the specific observations about adolescents and sexuality issues were explored and analysed. The literature study served as basis of departure but also as a form of triangulation of the trustworthiness of findings.

Inductive reasoning is an intellectual process and also forms part of logical reasoning. This process is guided by the powers of observation, understanding and reading about a problem, being sensitive and imaginative about a problem, thereafter, developing generalisations from the specific observation, then finally, drawing conclusions about a problem (Polit & Hungler 1995:9, 108).

In this study the researcher, being sensitive to the reproductive health problems of adolescents especially in the Black urban communities, used the literature study to understand the issues related to sexuality and adolescents better. The literature study resulted in the formulation of an integrated framework which was utilised to structure and direct the research process. A conceptual framework by definition means a formulated generalised scheme of concepts which are relevant to the topic of study (Polit & Hungler 1995:113). A conceptual framework provides direction to the study, strengthens the study, and links previous knowledge with the study (Parahoo 1997:112).

### **2.2 PURPOSE OF THE LITERATURE SEARCH**

The literature search was conducted in order to

- ascertain what was already known about adolescence and sexuality
- avoid unintentional duplication
- get an in-depth understanding of the problem

### **2.3 PROCESS FOLLOWED DURING THE LITERATURE SEARCH**

In order to identify and obtain literature relevant to the study, the researcher was assisted by several people. The subject librarian at the University of South Africa assisted in compiling a literature search guide on the research topic. Written sources of information were further obtained from the Department of Health, Department of Health of Gauteng and the City Council of Pretoria. Issues covered in the literature study included adolescents' sexuality and the impact of STIs on this target group.

The multifaceted nature of the factors that are related to the reproductive health problems of adolescents, both in South Africa and the other countries was also analysed. All literature was analysed, synthesised and categorised into the main concepts which will be discussed in more detail.

### **2.4 SEXUALLY TRANSMITTED INFECTIONS**

STIs, including HIV/AIDS are not notifiable in South Africa. Statistics are, however, important for disease surveillance and planning. In an attempt to get information on the HIV/AIDS trends, a HIV surveillance programme was introduced by the Department of Health, Gauteng where women attending antenatal clinics were tested for HIV. The antenatal surveillance programme was also extended to other provinces.

The antenatal HIV survey reported a yearly increase of pregnant women who are HIV positive. It was further identified that STIs is the second important cause of death amongst women between the ages of 15 and 54 years (South Africa, Department of Health, Gauteng 2000a:2).

In Tanzania it was found that adolescents are specific victims of STIs because they have a low status and form that part of the community that is difficult to reach (Grosskurth 1995:518).

#### **2.4.1 Perceptions and knowledge levels of adolescents about sexually transmitted infections**

Adolescents have a basic knowledge about STIs. They are, however, more ignorant about how these diseases are transmitted from one person to the other (Kelly 1999:18). This finding was supported by a study that was conducted by the University of Western Cape (1999:no page) in which it was reported that adolescents had superficial knowledge about STIs and that they could also not relate these diseases to a personal experience.

In a survey conducted by the Department of Health on the sexual, reproductive and women's health it was found that

- 97,0% of the women aged from 15 to 49 years of age were aware of the existence of HIV and AIDS
- these women, however, lacked detailed knowledge about these infections
- 6,0% of the sample stated that AIDS can be transmitted through touching a person who has AIDS
- 21,0% indicated that sharing a toilet with an AIDS positive person leads to the transmission of this disease
- women in urban areas were found to be more knowledgeable about HIV/AIDS than women living in rural areas (South Africa, Department of Health 1998:25)

#### **2.4.2 Preventative measures against sexually transmitted infections**

##### ***2.4.2.1 Use of condoms***

The perceptions that adolescents have about the condoms and the use of condoms contribute

towards their vulnerability to STIs. David and Neil (2000:11) reported the following beliefs of adolescents regarding condoms which are issued for free:

- They are cheap and therefore unsafe to use.
- The condoms are too big and thus slip off during intercourse. This causes embarrassment.
- The condoms come in one colour only and the fact that they are not even scented makes them not to be fun to use.
- Condoms should be made available at places of recreation where adolescents taking condoms will not be seen by the adults.

Kelly (1999:32) reported that adolescents find it frustrating when they need condoms and they find containers empty. It is unacceptable for them to have to ask for condoms from health service providers.

In a study done in the Western Cape male respondents were of the opinion that they did not use condoms because they could differentiate between the safe and unsafe female sexual partners. They further indicated that they did not visit the clinic because they did not want to be examined by female staff. They preferred visiting private doctors and traditional healers (University of Western Cape 1999:no page).

## **2.5 BIOLOGICAL, SOCIAL AND CULTURAL FACTORS AND THEIR RELATIONSHIP WITH ADOLESCENT SEXUALITY**

### **2.5.1 Biological factors**

#### **2.5.1.1 Gender**

Males mature sexually earlier than females. It is therefore common for a male to fall in love with a younger female, taking advantage of the sexual immaturity of the female. In such a relationship it is often found that the decision to make love is not negotiated. A male will often use force, coercion or manipulation (Kelly 1999:5).

Males often have sex for the sake of it or to prove their “maleness”. Females are much more emotional about sex, add values of feelings to it and therefore tend to avoid casual sex (Bodibe 1994:78). It is interesting to note that most research has focussed on females only (Santelli & Beilenson 1992:271).

#### **2.5.1.2 Age**

In a study by Kelly (1999:5) it was found that adolescents become involved in active sex at an increasing younger age. In the same study 56,0% of the 616 respondents indicated that they were sexually active. It was also shown that the boys became sexually active at the age of 15, while the girls had their first sexual experience at 17 (Kelly 1999:22).

#### **2.5.2 Social factors**

Social factors such as family structure, religion, communication patterns and dating patterns, play a significant role in the sexual behaviour of adolescents.

##### **2.5.2.1 Family structure**

In a nuclear family where both parents are working, children usually have more freedom of movement with little supervision. The nuclear family is therefore more vulnerable to permissive sexual practices. In an extended family supervision is tighter and children experience limited freedom of movement (Jili 1995:6).

Jili (1995:16) found that the divorce rate is higher in nuclear families and tend to be replaced by cohabitation which has become a way of life in the present societies.

##### **2.5.2.2 Religion**

The religion practised in a family and specifically the way in which the adolescent complies with it plays a significant role in delaying the onset of sexual practices in adolescents

(Santelli & Beilenson 1992:273; Voydanoff & Donnelly 1990:31).

### *2.5.2.3 Communication patterns*

If an open communication pattern exists between parents and their adolescents, they willingly allow the parents to guide them with regard to their sexual roles. It was found that an open and effective communication pattern delayed the onset of sexual activities (Wodarski 1995:7).

Younger adolescents would like to discuss sex issues with their parents, but most parents have been found to be reluctant to engage in such a topic with adolescents (Steinberg & Levine 1992:83). Parents were rated very low by the informants as sources of sex information in the study conducted by Kelly (1999:15), in comparison to other external sources of sex information such as friends and the mass media. Wodarski (1995:7) found that two-thirds of parents do not give information to their adolescents on sexually-related topics such as birth control and menstruation.

### *2.5.2.4 Parents and the dating patterns of adolescents*

In families where parents do not control or supervise the dating of adolescents with regard to the dating partner, the location of the date or the duration of the dating, there is a tendency for an adolescent to engage in sex at an early stage in his/her life (Santelli & Beilenson 1992:273). Santelli and Beilenson further found that when little or no rules with regard to dating exist, active sex is often practised during a date.

In traditional Zulu cultures, dating of adolescents was monitored by designated community members in order to ensure that adolescents did not engage in sex before marriage. In modern Zulu families that tradition has changed and dating is now left in the hands of teenagers. Teenagers then engage in sex before they are being prepared or ready for it (Jili 1995:19). Accessibility to own transport results in freedom of movement by adolescents with more opportunities to engage in sexual activities (Voydanoff & Donnelly 1990:28).



#### *2.5.2.5 Peer group and peer pressure*

At high school it is normal that adolescents form subcultures, for example peer groups. Each subculture sets its own value system, style of dress, language and ethical codes and others. Members of the subculture are expected to conform to the set norms and values of the group in order to be accepted in the group. The value system of the peer group often differs from that of the parents. Adolescent groups are commonly liberal and explore areas of drug use, alcohol use and sex (Rice 1996:247-249).

In peer groups, sexual and other behaviour in the group are dictated by the friends rather than parents. Santelli and Beilenson (1992:273) identified that friends and love partners are the major sources of information about sex and sexuality for adolescents. In love relationships males usually have the final say regarding the sexual activity to an extent that males even use threats and violence on their female partners (University of Western Cape 1999:no page). Kelly (1999:25) supports this view in the finding that males use force, manipulation and coercion to initiate sex with their female partners. As a result of the status of women in societies, females are not allowed a choice on their own sexual behaviour.

#### *2.5.2.6 Socialisation*

Males and females are socialised about their sexual roles in different ways. Females are taught to be submissive towards the males. It is also the social perception that contraception is the responsibility of the females (Bodibe 1994:78).

In Zulu and Xhosa cultures, males are socialised that a woman is inferior to a man (Jili 1995:4). The result is that women are neither consulted, nor included in any decision-making.

#### *2.5.2.7 Multiple sex partners*

Adolescent male informants in a study done by Kelly (1999:26) in KwaZulu-Natal reported

that they had more than one sexual partner. In a study done by the University of Western Cape (1999:no page) more males than females reported that they had multiple sex partners. Jili (1995:4) supports this view with the finding that in many cultures it is acceptable that males have as many partners as they wish.

In the United States of America the practice of multiple sex partners and frequent partner switching was found to be common amongst adolescents (Santelli & Beilenson 1992:277).

#### ***2.5.2.8 Premarital sex***

In KwaZulu-Natal courtship is one of the sexual practices that is organised in the community by designated community elders. At initiation schools males are taught a sexual technique that is called “soma”, according to which a male during dating, is taught not to penetrate a female sexually, but to play on her thighs. Premarital sex is thus allowed in the Zulu tradition. Courtship amongst the Zulus is also publicly celebrated so that it can be monitored and supervised between the two partners (Jili 1995:19, 26).

#### ***2.5.2.9 Virginity***

In the Zulu culture virginity is highly valued and encouraged amongst the female adolescents. Virginity is monitored during a ceremony where all the female adolescents are gathered and elders assess whether they are still virgins or not. This cultural practice of monitoring virginity is done in order to encourage adolescents to abstain from sex too early in their lives, but to rather practise “soma” as explained under section 2.5.2.8.

## **2.6 ADOLESCENTS AND THE USE OF CONTRACEPTIVES**

### **2.6.1 Influence of family, friends and perceptions about contraceptives**

Adolescents who use contraceptives are usually those who get encouragement and the support of friends and parents. These parents are usually in a higher socio-economic group.

Parents who are married tend to encourage adolescents to use contraceptives and even accompany them to the family planning clinic (Santelli & Beilenson 1992:276).

Adolescents who do not use contraceptives were found to have negative myths, views and beliefs towards contraceptives. Some adolescents view family planning as a service for the people who have families thus need to plan their families (Bodibe 1994:85). Santelli and Beilenson (1992:276) found that teenagers sometimes view the use of contraceptives as being dangerous. Adolescents with this belief will only visit the family planning clinic when they suspect that they are pregnant (Santelli & Beilenson 1992:276).

Wodarski (1995:6) noted the following about teenagers:

- They become sexually active first, only then consider visiting the family planning clinic.
- The sexually active period without protection can vary from 1 to 6 years (Wodarski 1995:7).

The same author mentions that some adolescents do not visit the family planning clinic because they have inadequate knowledge about contraceptives. It was also noticed that some of the parents also have myths about contraceptives. These myths usually centre around a belief that a young woman who does not have a baby should not use contraceptives, because it will create a problem of conceiving later in her life. Adolescents are therefore encouraged to have a baby first and then go for contraception (Jili 1995:12, 13). Bodibe (1994:88) further identified that some adolescents believe that if an individual has sporadic episodes of sexual activity, she will not fall pregnant and therefore, there is no need for such an individual to use contraceptives. Jili (1995:12) identified in a study done in Mpumalanga that female adolescents, because of the fear of being seen by adults, do not openly visit family planning clinics.

### **2.6.2 Teenage pregnancy**

A high increase in teenage pregnancy was identified across all cultural groups in both urban and rural communities (Ntombela-Motapanyane 1995:152). Bodibe (1994:104) identified the following factors that directly influence teenage pregnancies:

- Most of them engage in sex without the use of contraceptives.
- Teenagers have a tendency to ignore the protective measure against pregnancy. This further increases the risk to contract STIs.
- The opportunities for sex amongst adolescents come unexpectedly.
- Adolescents explore sex sporadically and on the spur of the moment without any protection they fall pregnant.

### **2.6.3 Adolescents' response to teenage pregnancies**

In the United States of America one-third of abortions involves adolescents. It was further identified that these adolescents who have undergone abortion are usually the better performers at schools (Santelli & Beilenson 1992:276).

Ntombela-Motapanyane (1995:152) found that teenagers do not necessarily feel happy or sad about being pregnant. They usually experience the changes in their body negatively and they feel ashamed about themselves. Usually a male partner responsible for the pregnancy leaves home and school because the community expects him to find work to be able to support the baby financially. In some instances, the male is made to marry the pregnant female (Jili 1995:14). In some cases unwanted babies are disposed of in toilets or dust bins, usually out of shame, anger and/or stigma (Jili 1995:13).

## **2.7 SEX EDUCATION PROGRAMMES FOR ADOLESCENTS**

Kelly (1999:5) is of the opinion that mass media like the television, should promote and emphasise promotive aspects like sexual abstinence for the adolescents, although it was

emphasised that before such programmes are designed, the knowledge, concerns, attitudes and behavioural needs of the sexuality of teenagers should be assessed and taken into consideration. Just as important are inputs of parents and community leaders for sex programmes to be relevant and acceptable (Life-style Education 1994:14).

## **2.8 ADOLESCENTS AND SOURCES OF SEX INFORMATION**

### **2.8.1 Friends**

Kelly (1999:16) illustrates in his study that in all the provinces of South Africa, informants rated friends as their primary source of sex information.

### **2.8.2 Parents**

From Kelly's study (1999:15), it further became apparent that parents, as a source of information, is preferred by adolescents younger than 15 years of age (Kelly 1999:15). Wodarski (1995:7) found that two-thirds of the parents do not discuss sex matters with their children such as birth control and menstruation. Steinberg and Levine (1992:83) supports this view that the majority of parents are reluctant to give sex information to their adolescents.

### **2.8.3 Mass media**

It was found that adolescents who have access to television, spend approximately 23 hours per week watching programmes which include a large amount of sexual activities. The mass media has influence on the sexual practices of adolescents, who tend to identify with and follow television celebrities (Voydanoff & Donnelly 1990:22).

Adolescents become sexually active because they are exposed to sex films on television and what the adolescents view on television, influences their opinions about life in general, including their sexual roles (Jili 1995:9).

The Department of Health (South Africa, Department of Health 1998:27) claims that adolescents have a high level of awareness with regard to STIs like HIV/AIDS, because of the information they obtain from the radio, newspapers and pamphlets. Kelly (1999:14) supports this with a view that in the urban areas of South Africa, the radio and television are the most common sources of sex information for adolescents, especially in comparison to the other sources like magazines, etc.

#### **2.8.4 School**

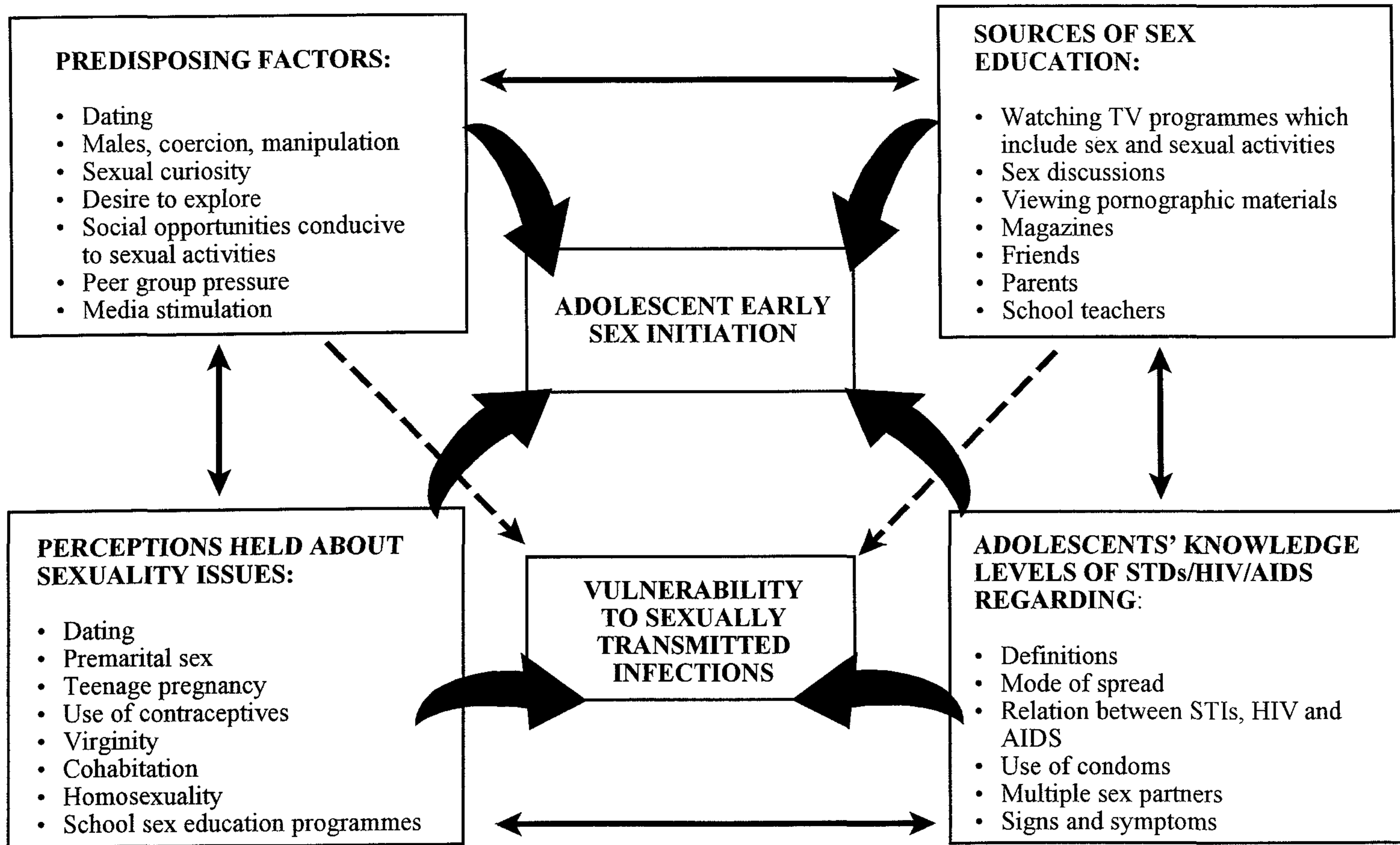
According to Van Coeverden de Groot (1991:1455), sex education at schools is started at a too late stage. The situation is that adolescents are already sexually active when sex education is introduced. Programmes are then irrelevant.

According to Kelly (1999:16), it would appear that the school is doing very little to inform the teenagers about sex education and HIV/AIDS. The respondents also rated schools very low as a source of information.

### **2.9 CONCEPTUAL FRAMEWORK**

Studies done by various researchers reported on various issues related to adolescents, their sexuality and sexual activities.

A conceptual framework, illustrated in figure 2.1, indicates the relationships between predisposing factors, sources of sex information, perceptions about sexuality, sexual activities and STIs and the vulnerability of adolescents to become sexually active at an early age. This conceptual framework serves as guide for the research and analysis of research findings.



*Figure 2.1*  
*Conceptual framework on adolescent sexuality and sexually transmitted infections*

## 2.10 SUMMARY

The literature study provided information on aspects such as STIs as related to adolescents; the influence of biological, social and cultural factors on the sexuality of adolescents; the use of contraceptives, sex education programmes and sources of information on sexual issues. Information obtained from the literature formed the basis for a conceptual framework which guided the research and research findings.

Chapter 3 deals with the research methodology of the study.



## **CHAPTER 3**

### **Research methodology**

#### **3.1 INTRODUCTION**

Chapter 3 introduces the reader to the research methodology for the study. To be able to analyse and explore the perceptions of adolescents regarding their sexuality and sexually transmitted infections, an exploratory, qualitative and descriptive research approach was used.

#### **3.2 RESEARCH DESIGN**

The research design used in the study is an exploratory and descriptive qualitative research.

##### **3.2.1 Exploratory research**

Exploratory research attempts to offer understanding of the underlying causes of phenomena by asking the questions: **Why**, of a specific natural phenomena (Polit & Hungler 1995:11, 144).

##### **3.2.2 Descriptive research**

Its aim is to observe, describe, then document phenomena, rather than explaining them. It provides new information (Polit & Hungler 1995:11, 53).

### **3.3 POPULATION AND SAMPLING METHOD**

#### **3.3.1 Study population**

The study population was Black adolescents in an urban area.

#### **3.3.2 Sampling method**

##### ***3.3.2.1 Nonprobability snowball sampling***

This approach in research, is used to select research subjects, using nonrandom procedures (Polit & Hungler 1995:647).

Because of the sensitive nature of the research topic, a nonprobability, snowball sample was decided upon. A few adolescents who were willing to discuss sexual issues were identified and requested to “recruit” other adolescents to participate. The researcher realised that convenient sampling poses specific challenges for trustworthiness of data. Proposed participants were briefed about the purpose of the study. If an individual was not prepared to participate, another individual was approached. This process continued until 19 participants were recruited. According to Polit and Hungler (1995:272), the idea of recruiting this number was to make room for the possible withdrawals because a focus group interview can be conducted with 5 to 15 informants. The other seven recruited members did not turn up for the focus group interview. The focus group was thus conducted, using 12 informants.

##### ***3.3.2.2 Snowball sampling***

It is convenience sampling, whereby, available people are used as subjects for research study. In this approach, the researcher identifies a few people, who meet the eligibility criteria. These few people are then requested to recruit and refer other people of their type. Referral of other people, leads to an increase in the number of people who form the sample (Polit &

Hungler 1995:232-233).

### **3.3.3 Eligibility criteria**

The criteria used to select participants were as follows:

- Age: 15 to 18 years.
- Participants should attend different high schools.
- They should be staying in an urban area, because the snowball sample uses available people.
- Informants should be proficient in English, in order to be able to understand the study questions, and be able to participate in the debates and the discussions of the focus group interview.
- Every prospective participant should be willing and free to give consent, to engage in a discussion on a highly sensitive topic, that involves sexuality issues.
- The study sample should consist of both males and females.

### **3.3.4 Sample**

Twelve Black adolescents, both male and female, from different high schools and residing in an urban area were included in the sample. The sample consisted of 5 (42,0%) males and 7 (58,0%) females. The age distribution of the sample was as follows: 75,0% (18 years), 8,0% (16 years) and 17,0% (15 years). The sample included different ethnic groups: 3 Zulus, 1 North Sotho, 1 South Sotho, 2 Tswana and 5 Xhosa.

## **3.4 PRETEST**

Before embarking on the study, a pretest was conducted with the aim of:

- identifying the unanticipated problems that could be experienced in the focus group in order to correct them before the major study was conducted

- to evaluate the understandability of the research questions
- to acquaint the researcher with the research procedure

The three adolescents who were included in the pretest, were excluded from the focus group research.

### **3.5 RESEARCH ETHICS OBSERVED IN THE STUDY**

Ethical principles are very important in research, especially where human beings are used as subjects. Consideration of ethical principles in a research study helps the researcher to ensure that the human rights of the respondents are not violated (Polit & Hungler 1995:117). The following principles were maintained throughout the research:

#### **3.5.1 Vulnerability**

In any study and especially if the informants are children or under the age of 18 years, written and informed consent should be obtained from both the informants and their parents (Polit & Hungler 1995:127). In this study there were informants under the age of 18 who were keen to participate in the study, as indicated earlier on in this chapter and for these informants, the researcher obtained the written informed consent from both the informants and their parents.

#### **3.5.2 Respect for human dignity**

Respect for human dignity means that every informant should make a voluntary decision to participate in a study. It also means that an informant may withdraw from the study at any point of the study or refuse to give a particular type of information, for example, refuse to respond to a certain question (Polit & Hungler 1995:122). The informants of both the pretest and the focus group interview were briefed on the nature and the purpose of the study before they gave consent to participate in the study (a brief report of the focus group interview appears as annexure A). There is no informant who was persuaded, forced or bribed to

participate in the study.

The informants of the focus group were requested verbal permission by the researcher to tape the interview, then the informants agreed verbally.

### **3.5.3 Anonymity and confidentiality**

Anonymity means that neither the names of the informants nor specific information related to specific names should be revealed. In order to maintain this principle either fictitious names or symbols to identify the informants have been used (Royce, Singleton, Straits & Straits 1993:495).

### **3.5.4 Privacy**

Privacy according to Royce et al (1993:484) means the following:

- Not intruding beyond the limits.
- Informants, in a study, have a right to privacy with regard to the information they give, their opinions, beliefs and their values.
- Questioning people in a study is invasion of privacy of the informants and they should therefore be allowed to withdraw from the study at any stage.
- The informants also have a right to be informed about and agree to the purpose of the study, the data collection methods and devices that will be used like the tape recorder.

With regard to the focus group interview, the informants were informed that questions would be asked on the topic of the study, and that their responses would be recorded on a tape in order to capture every detail of the discussions. The informants were also promised by the researcher that the tape would be destroyed by the researcher after the completion of the study.

In order to guard against intruding beyond limits, the researcher developed an interview guide in order to organise the focus group interview process and to ensure that the questions asked were relevant and necessary for the topic under investigation.

The focus group interview was conducted in South Africa, Sunnyside, Pretoria, at Breytenbach theatre.

### **3.5.5 Justice**

Justice refers to the following:

- fair treatment of all the informants throughout the study
- treating all the informants with respect and without prejudice
- honouring all the agreements and promises
- adhering to all the procedures of the study (Royce et al 1993:124)

This principle in the study was observed by the researcher in that prospective informants who gave consent to participate in the study, but did not turn up for the focus group interview, their rights to withdraw from the agreement were respected.

### **3.5.6 Professional practice and ethical standards**

According to the definition of Sarantakos (1998:22), professional practice and ethical standards means the following and was maintained throughout the study:

- Ethical principles of conducting research should be maintained and reported on.
- It also means that the researcher will make a proper self-identification to the informants.
- In the area of the study questions: it means that the researcher will take precautions that the questions he/she asks will not harm the informants emotionally or mentally, causing guilt, discomfort and embarrassment.

- The questions of the interview guide of the focus group interview were carefully planned and phrased impersonally in order to avoid emotional harm to the informants (see annexure B).
- The researcher also observed the principles of conducting a focus group interview (see annexure C for the principles of the interview).

### **3.5.7 Cost benefit analysis**

Cost benefit analysis means the weighing of benefits of the study in relation to the benefits to the community. The purpose of the study and the value of their participation with honesty to the broader community were clearly explained. Throughout the focus group interview, the researcher observed the individuals' and groups' emotional atmosphere. The researcher also had a counsellor on standby in case there was need for counselling.

More sensitive questions asked during the focus group, were asked later during the interview, when the researcher had already established rapport with the informants.

### **3.5.8 Informed consent**

Informed consent, as explained by Polit and Hungler (1995:125-126) means that, during the phase of recruiting the prospective informants, the following apply:

- The overall purpose of the study should be clear.
- Procedures that will be used in the study to collect data, should be communicated.
- The duration of the study should be indicated.
- The topic of investigation should be indicated.
- The cost benefit analysis of the study should have been considered.

From the recruitment phase of the prospective informants, the researcher explained to the informants the topic of the study, the overall purpose of the study, the data collection methods and the duration of the focus group interview. A consent form has been included

as annexure D.

## **3.6 DATA COLLECTION**

### **3.6.1 Focus group interview and unstructured observation**

Data for the study was collected through the focus group interview using an interview guide and also through keeping field notes. An interview guide was developed because it helps the researcher to manage the interview and to determine the flow of the interview (Parahoo 1997:287). An interview guide is also important in an interview because it helps the researcher to focus on the topic (Rubin & Babbie 1993:374). The focus group interview was used concurrently with observation because using multiple methods for data collection enhances data trustworthiness (Polit & Hungler 1995:362; Parahoo 1997:298). The observation method was also used in order to follow-up the conversations and the related gestures of the informants, thus enhancing the clarity and completeness of the responses from the informants.

The focus group interview continued until saturation about the topic was obtained.

#### ***3.6.1.1 Observation sheet***

An observation sheet was used to record observations and to analyse conversations, events, body gestures and to include the information under the key concepts of the interview guide (Couchman & Dawson 1995:112) (refer to annexure B for an interview guide and annexure F for the observation sheet).

Data recording of the focus group interview was undertaken by using a tape recorder, because according to Halloway and Wheeler (1996:69), tape recording is the best way to record an interview, in order to preserve the terms of the informants. Tape recording also accords the researcher an opportunity to probe and observe the nonverbal cues of the informants. For the direct responses of the informants refer to section 4.3 (under data



presentation).

### **3.6.2 Focus group interview**

A focus group is a group formed by 5 to 15 respondents with the aim of obtaining information on a focussed topic (Polit & Hungler 1995:272). The focus group interview was selected as a relevant method of data collection because according to Parahoo (1997:299) and Steward and Shamdasani (1990:16), a focus group

- facilitates the informants to reflect and to react to the opinions and the responses of the others within the same group
- gives a researcher an opportunity to clarify the responses of the informants and to follow-up their responses were indicated

Probing was used by the researcher throughout the focus group interview where it was indicated by the nature of some of the responses. Probing assists the researcher to explore deeper and to follow-up some of the responses of the informants in order to ensure that data collected from the informants is accurate, usable and complete.

### **3.6.3 Focus group interview process**

Conducting an interview follows after a preparatory phase and follows a specific process.

#### ***3.6.3.1 Planning phase of the interview***

The seating for the focus group interview was arranged in a semi-circle to symbolise equality between the interviewer and the interviewees (Halloway & Wheeler 1996:148). In order to identify and to address the informants during the interview the researcher had written out alphabetic symbols, for example, A, B, etc on pieces of colourful cardboard to identify and address the participants without compromising confidentiality and openness.

### *3.6.3.2 Introduction*

The researcher welcomed all present and thanked them for their willingness to participate. The researcher introduced herself as a student with the University of South Africa, carrying out a study as a requirement for the Master's degree. The researcher was also wearing her student card, as form of an official identity.

### *3.6.3.3 Putting informants at ease*

In order to put the informants at ease, the following was undertaken by the researcher:

- The purpose and the benefits of the study were outlined to the informants.
- The researcher further explained and committed herself to treat each one with respect, treat them fairly and keep the data of the interview confidential.
- It was also explained to the informants that questions would be asked by the interviewer throughout the interview to which the informants were requested to respond honestly.
- It was further explained that follow-up questions would also be asked for the purpose of clarification, in order to ensure that responses are clear for the sake of accurate reporting.
- The informants were assured that every response would be acceptable because there would be no wrong or right response to the questions.
- The informants were also assured that they only had the expertise of the information required for the study.
- Permission to tape the interview was verbally requested by the researcher, and the informants gave permission verbally.

The principles of conducting the focus group interview were maintained by the researcher throughout the interview. Refer to annexure C for the principles of conducting an interview. For the ground rules of conducting the focus group interview refer to annexure E.

## **3.7 VALIDITY/TRUSTWORTHINESS AND RELIABILITY**

### **3.7.1 Validity/trustworthiness**

Validity is the degree to which an instrument measures what it is intended to measure (Polit & Hungler 1995:656). Validity also means that the findings of the study are supported by the findings of other research (Sarantakos 1998:80).

### **3.7.2 Reliability**

Polit and Hungler (1995:651) defines reliability as the degree of consistency or dependability with which an instrument measures the attributes it is designed to measure. Validity and reliability, both also refer to the accuracy, trustworthiness and credibility of the data (Parahoo 1997:292).

Findings and recommendations were compared to findings in the literature search.

### **3.7.3 External peer review**

Trustworthiness was further validated by external peer review of the findings. The researcher gave the tape transcript to two of her peers, independent of each other, to write down their interpretation of the data. The researcher then compared her interpretations with those of the peers. Interpretations were found to be congruent.

### **3.7.4 Informants' feedback**

The research findings were also fed back to a core group of the focus group with the request to check whether the interpretation was a true reflection of the group's responses and intention.

### **3.7.5 Conceptual framework**

A conceptual framework was designed to guide and conceptualise the research and research findings.

## **3.8 DATA ORGANISATION, MANAGEMENT AND ANALYSIS**

To manage and organise data means to impose some structure on the massive information collected (Polit & Hungler 1995:522). After data was collected it had to be organised and managed by the researcher before the data could be analysed. The tape recordings have been transcribed verbatim. The information of the transcription was analysed, categorised and analysed again. Data from the observation sheets were also analysed and incorporated into the categories decided upon and reviewed by the external reviewers.

## **3.9 DATA ANALYSIS**

### **3.9.1 Definition of data analysis**

According to Burns and Grove (1993:568) data analysis implies that meaning is attached to the data, while Halloway and Wheeler (1996:149) are of the opinion that data analysis includes the following:

- scrutiny of data
- identifying the essence of the data
- identifying common themes or categories according to the conceptual framework

### **3.9.2 Category analysis**

Categories were further scrutinised for similarities and differences. Categories were grouped together where applicable and each category was again scrutinised, analysed and defined.

### **3.10 SUMMARY**

In chapter 3 the research methodology was explained. The study population, sampling, data gathering and data analysis were discussed. Ethical principles were discussed and it was indicated how these principles were adhered to during the study. The ways in which trustworthiness has been addressed has been described. The findings of the research will be discussed in chapter 4.

# CHAPTER 4

## Data presentation, interpretation and analysis

### 4.1 INTRODUCTION

Data had been collected and analysed through the process discussed in chapter 3. The interpretation and findings of the study are presented in chapter 4. The purpose of the study, namely to explore perceptions of a group of adolescents residing in an urban area regarding their sexuality and STIs and the conceptual framework guided the process.

### 4.2 PROFILE OF THE FOCUS GROUP

**Table 4.1: Frequency table of the size of the focus group**

Age	Males	Females	Total	%
15	1	1	2	17
16	0	1	1	8
18	4	5	9	75
<b>TOTAL .....</b>	<b>5</b>	<b>7</b>	<b>12</b>	<b>100</b>

The participants in the focus group consisted of 12 informants, 7 informants (58,0%) females and 5 (42,0%) males. Of the 12 informants, 9 (75,0%) were 18 years of age, with 3 (25,0%) informants less than 18.

### 4.3 DATA PRESENTATION, INTERPRETATION AND ANALYSIS OF THE FOCUS GROUP INTERVIEW

#### 4.3.1 To identify sources of information about sex and sexuality from adolescents

CATEGORY	RESPONSES
Sources of sex information for adolescents	<p>“Most of us learn about sex from the street. Friends out there, will convince and teach you wrong stuff”.</p> <p>“When you discuss sex with your friends, the discussion is free and open. There is nobody who says: <i>Why do you ask this question</i>”.</p> <p>“What we view on television, for example, a sex movie, to us as teenagers, it is a theory that needs to be practised”.</p> <p>“You watch a movie you like, you discuss it with your friends, sometimes you start arguing on a certain aspect, then one will say: <i>You do not believe, Joe?, you go try it and see if it works</i>”.</p> <p>“At school, our guidance teacher teaches us about reproductive health at grade 6, but we get more information from our friends”.</p> <p>“At my school, in grade 7, our guidance teacher brings us a video on birthing once a year and at grade 8, a nurse gets invited to educate us about family planning”.</p> <p>“At my school, we get sex education during the first term of the year, during this period, a young person who is HIV positive, is invited to our school to tell us about this disease. In the library of the school, there are newspaper cuttings on this disease, pamphlets and magazines”.</p> <p>“At my school, by the time they tell us about sexuality and sex, we already have information from our friends and other sources, as a result, we do not listen to what they tell us, because we know already”.</p>

It is evident from the responses of the informants that they rely more on friends and other sources like magazines and television for sex information as compared to parents.

Kelly (1999:15) also illustrates in his study on sexual practices of youth that the informants in his study also rated friends as their first source of sex information. Voydanoff and

Donnelly (1990:22, 24) also states that teenagers spend about 23 hours in a week, watching soap operas, whilst Jili (1995:9) illustrates that the exposure of youth to sex programmes on television shapes their opinions and decisions on their sexual roles.

According to the report of the informants of the focus group interview, it would seem that education at school, on sexuality issues, receives sporadic attention. Another problem identified by the researcher, from the report of the informants, is the timing of this education because it is started at high school instead of being introduced from the primary school. Most children reach the phase of puberty when at primary school. The onset of puberty is probably the period when sexual curiosity and experimentation is a normal process in developing children.

Van Coeverden de Groot (1991:1455) also illustrates that sex education for adolescents is started too late when adolescents are already sexually active. The publication "Life-style Education" (1994:14) reported that the problem that has been identified with the sex education programmes for adolescents is that these programmes are planned according to the perceptions and the needs of the planners without the input of other stakeholders like the adolescents and their parents. This results in these programmes being irrelevant to the reproductive needs of the target group. Kelly (1999:5) illustrates from the findings of his study that sex education at school receives very little attention.

CATEGORY	RESPONSES
Parents as sources of sex information for adolescents	<p data-bbox="905 2056 1919 2139">"I learned about sex from my mom when I started menstruating. She told me, <i>you sleep with a man, you are going to fall pregnant</i>".</p> <p data-bbox="905 2199 1919 2323">"My mom is also a nurse, when I started with menstruation, she started bringing me magazines and brochures on menstruation and sexuality issues".</p>



“Yes it is easy for a girl to learn about sex from the mother because in a family a girl is closer to the mother than a boy. Boys are socialised by the father, who is always harsh and it is not easy to get close to the father as a boy and ask him stuff on sex”.

“It is not easy to talk about sex with your parent”.

“If you ask a parent a question on sex, he will give you an angry look as if wondering as to why do you ask such a question”.

“Sometimes, you as a teenager, you heard something from your friends that you would like to verify with the parent, but you are afraid that a parent will suspect that you are already sexually active, hence you ask such a question”.

“Parents become angry when a teenager asks them a question on sexuality because they think, you know because, they know they knew, as teenagers”.

“Sometimes when a child asks a parent a question on sex, the parent smacks him/her and say she/he is naughty”.

“We, as teenage girls, get sex information from the magazines like Cosmopolitan. After you have read a sex article, you pass it on to your friends to share the information”.

This area of the interview received a heated discussion from the informants of the focus group interview and the emotion displayed by the informants was one of anger.

Of the 12 informants of the focus group interview, only 2 (17,0%) informants who are females, reported having learnt something about sex from their parents at the beginning of their puberty. The rest reported that they learnt about sexuality issues for the first time from other sources. The informants, in the study conducted by Kelly (1999:15) rated parents the lowest as sources of sex information.

Teenagers get information on sex from the other sources but they expect more information from the parents, but parents are reluctant to give such information (Steinberg & Levine 1992:83). Two-thirds of the parents never discuss sexuality issues with their children (Wodarski 1995:7).

### 4.3.2 To explore possible factors that could lead to adolescents becoming sexually active at an early stage

#### CATEGORY

The views of adolescents about dating.

#### RESPONSES

Dating, means going out with a lady in order:

“To know her better”.

“To develop a love relationship”.

“To have an open discussion”.

“To understand a lady’s personality”.

“You can also go out with another guy for a beer”.

#### SUBCATEGORY

- Time of dating

#### RESPONSES

“Teenagers prefer evenings for dating, because evenings are more relaxed”.

“At a club, a coffee bar, an hotel or a restaurant for some ice cream”.

“You can even invite a friend to your home for a meal”.

“We also date in our flats where a guy will invite a girl to come cook for him”.

“No, you cannot invite a stranger into your flat to come cook for you”.

#### SUBCATEGORY

- Outcome of dating

#### RESPONSES

“There is no particular way, sometimes the guy might buy you a flower – a rose, and kiss you goodbye”.

“In some case, especially with us guys, when alcohol has been used you start kissing, touching and sometimes you might end up in bed”.

## SUBCATEGORY

## RESPONSES

- Date rape

“I think that girls should not go out with strangers just because a guy drives a fancy car, then a girl jumps in”.

“Some girls would argue that if you do not jump into his car, how else are you supposed to know him?”.

“You can take along some of your friends with, in order to make sure you are safe”.

“No, it is not fair for the dating guy because he should now spend on more than one girl”.

“If it is at a party to avoid a rape, the girl should make the guy aware that she is not interested in him by yelling at him, once he starts touching this will embarrass a guy and he will stop touching”.

“Sometimes a girl gets raped because she is wearing a mini skirt, and she starts sitting and behaving funny, for example, hugging a guy when she speaks, then the guy thinks that she wants him and then he proceeds”.

“Some guys take advantage of their female friends. A guy will date her, then rape her because he thinks she will not be able to tell, and moreover she trusts her, she does not suspect a rape”.

“At night parties guys, when drunk, grab the girls into the toilets and rape them”.

The problem with the dating patterns of the adolescents, according to the report of the informants is:

During a date, adolescents use liquor and females get raped.

Another problem area identified by the researcher is that adolescents date at night when they are not seen or supervised by the parents.

Female adolescents become victims of rape because they agree to be dated by strangers.

Adolescents engage in sex early in their lives because some parents do not monitor and supervise the dating pattern of the adolescent with regard to where the dating takes place, the

person dating the adolescent and how often the dating takes place (Santelli & Beilenson 1992:273).

Voydanoff and Donnelly (1990:28) are of the opinion that dating of adolescents nowadays is not easy to supervise because adolescents have increased autonomy and have resources like cars in which they could go to a place without supervision and conducive to sexual activities.

**CATEGORY**

**RESPONSES**

Reasons for peer group formation

“In a peer group there is a free discussion of life experiences”.

“One needs people to hang around with”.

“In a peer group one gets a feeling of belonging”.

**SUBCATEGORY**

**RESPONSES**

- Rules in a peer group

“In a peer group somebody comes up with an idea when the influential members or the majority agree to that idea, then the idea is taken by the rest of the group. Those who do not accept the idea have no choice but to conform. The problem with a nonconformist is that he gets nicknamed, ridiculed, or even called boring by the other members”.

**CATEGORY**

**RESPONSES**

The views of teenagers about peer pressure

“You need to be self-confident, believe in yourself, have your own principles of life and keep them”.

“Peer pressure is no good because sometimes you end up fighting with your parents if, what the peer group decides, is not what your parents want you to do”.

“When you are with your friends you should not forget who you are and where do you come from. Do not allow people to change you. Your friends are strangers you never knew before. Set your own standards and back off if you want to. I wanna set my own standards”.

“Yes ..., don't allow anybody to change you”.

“... but, how do you set those standards? We need our parents, to help us set those standards”.

“The thing is, we as teenagers, once we have learned about sex from the street, we tend to think, we are okay and we continue getting additional information from the same source”.

According to the report of the informants, peer pressure within peer groups poses a serious problem to the adolescents. This manifests in different ways like ridiculing, labelling and manipulation of the weaker members or the nonconformists. In order to feel comfortable within the group, they conform to the group norms. Peer pressure within adolescent peer groups therefore makes adolescents more vulnerable to early sex initiation. Adolescents within their peer groups conform to the group norms for acceptance by friends and a desire to be like the friends. There seems also to be an element of bossism and manipulation within these peer groups which come from members who are more influential than the others.

If adolescents have a problem of saying “no” to what they dislike it means that adolescents lack assertive skills, which according to the researcher is one of the fundamental skills that needs to be inculcated by the parents during the socialisation process of their children and be reinforced by the sex education programmes.

From the discussions of the informants during the focus group interview, it seems as if peer pressure is negative. It is not clear whether adolescents can handle peer pressure. They therefore need the help or guidance of the parents as illustrated by one of the informants. Adolescent peer groups seem to have liberal sex values, as compared to the values of the parents, especially in the areas of drug use, alcohol use and sexual behaviour (Rice 1996:247, 249).

### 4.3.3 To explore perceptions of adolescents about sexuality issues

CATEGORY	RESPONSES
Views of adolescents about premarital sex	<p>“Christianity says, marriage first, sex later ..., this is good”.</p> <p>“I think it is the other way round, sex first, marriage later. You cannot marry a girl without first testing her”.</p> <p>“Our parents did not uphold this Christian principle of marriage first, because when you calculate the age of the parent, and that of the eldest child in the family, you will discover that the parent was a teenage parent himself/ herself”.</p> <p>“Yes, in the history of mankind there is evidence that man, as a teenager, did engage in sex ... I think parents should leave us to have sex instead they should teach us the responsible way to do it because ... we gonna have sex anyway”.</p>

It would seem that informants are of the opinion that there is nothing wrong with adolescents being sexually active.

SUBCATEGORY	RESPONSES
<ul style="list-style-type: none"><li>Sex consequences</li></ul>	<p>“Teenagers are aware of sex consequences, the problem with teenagers is that, they do it, then think about what might have happened during the act, only afterwards”.</p> <p>“A teen sometimes convinces herself that <i>It will not happen to me</i>”.</p> <p>“At least we guys are safe when it comes to the question of pregnancy”.</p> <p>“You know mam, girls worry more about pregnancy than they do of AIDS ”.</p>

SUBCATEGORY	RESPONSES
<ul style="list-style-type: none"><li>Views about a teenager being a parent</li></ul>	<p>“It is no good because all the pocket money that a teenager used to get will go to the baby”.</p> <p>“Being a parent as a teenager is not good because, in some cases, the female who is pregnant gets kicked out of the home by the parents and this is not right because the girl is not skilled to look after the baby “.</p>

"In some cases the parents force the two parties to get married which is not fair for both parties".

"It is not good for a teenager to fall pregnant because she will not be able to go to the parties anymore".

Informants' view of teenage-parenting is negative, but the reasons they give for their negative view are vague, short-term and show short-sightedness about some sexuality issues.

#### CATEGORY

#### RESPONSES

Use of contraceptives

"Family planning is a female thing".

"No, it is not fair if you love a woman you must ask her, *sweetie, do you use contraceptives?*".

"Ah, ...we guys never think of that".

"Yes females are aware of contraceptives because they use condoms, when they do it".

#### CATEGORY

#### RESPONSES

• Ideas on use of condoms

"Yes, teenagers do use condoms".

When teenagers go to the night parties they take along condoms ..., in case of a hit and run". (Hit and run means, unexpected sex.)

"Yeah, you never know as a guy what will happen after you have taken a few beers, as a result you check on your friends and ask : *Who has rain coats?*".

With regard to a discussion on use of condoms, informants are aware that sexually active adolescents need to use condoms, but it seems as if female informants use condoms as a contraceptive measure rather than a preventive measure against STIs. The problem adolescents have with the health services is that, at these services, they have to ask for condoms and asking for condoms, makes them feel embarrassed, and thus, they do not go to the clinics for condoms (Kelly 1999:32).

The question on the use of contraceptives received very little attention from the informants. Of the 12 informants of the focus group interview, the five male informants showed no interest in the question on contraceptives.

Bodibe (1994:104) states that males are not interested in family planning because during their socialisation on sexual roles they are taught that family planning is the responsibility of the females. With the seven female respondents there was a degree of ignorance identified by the researcher with regard to how they responded to this question, for example, the females centered their responses around use of condoms for contraception.

Adolescents are ignorant about the use of contraceptives (Bodibe 1994:88) and Wodarski (1995:6) also points out that it is this ignorance on contraceptives that make adolescents not to visit the family planning clinic. An adolescent will only visit the family planning clinic when she suspects that she is pregnant, this is according to the findings of Santelli and Beilenson (1992:276).

#### **CATEGORY**

#### **RESPONSES**

Views about virginity

“I think virginity is a good thing, but hoo: there are very few out there. If as a guy, you say you are a virgin, your friends will laugh at you and say, you have no style”.

“Girls did not worry about this virginity thing in the past, it is only recently when everybody talks about it that they consider it and wish they could still be virgins”.

“If you are a virgin, it is better if you associate with other virgins, but ... it does not mean you should not go to the party”.

“For a street girl, I don't care for that virginity thing, she can loose it, I don't care”.

“No, “Joe”, you should treat every girl as your sister”.

“If you are a virgin, do you still have a lover?”.

“Yes, of course”.

“What do you do with a lover because you are a virgin”.



“When you are a virgin, you have a boyfriend/ girlfriend just to cuddle, hug, and to enjoy a drink together ..., there are many things you can do together except for sex. ..., it is not all about sex, ... sex, sex all the time”.

It would seem that the concept of virginity is not in line with the sexual norms of the adolescents because the informants viewed it as something abnormal, especially if an individual is a male. The informants came up very strongly to say, premarital sex has always been a norm for adolescents going to an extent of mentioning that some parents were teenagers when they got their first babies. Keogh (1988:no page) and Voydanoff and Donnelly (1990:41) also illustrate that an adolescent whose mother was a teen parent has a tendency to emulate such sexual practice.

#### **CATEGORY**

#### **RESPONSES**

Views about cohabitation

“Cohabitation is no good. As a guy, if you stay with your lover, you will not get a chance to mess around with other girls. A guy has a sexual partner and a girlfriend. A girlfriend is the girl you are in love with, whereas a sexual partner is the girl you pick up from the street, make love to her, then it is all over”.

“Girls that I know, who stay with their boyfriends under the same roof, say they do it in order to keep the man to the self so that he cannot mess around”.

“I think cohabitation is good because it helps you to remain faithful to one partner and you are thus safe from diseases”.

“Staying with your boyfriend, I don’t think is a wise thing to do because he will not marry you”.

#### **CATEGORY**

#### **RESPONSES**

Homosexuality

“I think homosexuality is an ugly thing”.

“Well, I have no problem about homosexuality .... To me, it is just one of the life styles. I have friends who are lesbians, they are very sweet people”.

“I think homosexuality is madness ..., such people are crazy, they need a psychiatrist because no man was created for another man, it has always been the opposite. Anyway, our government accepts homosexuality, so, there is nothing we can do about it”.

The discussion of homosexuality received very brief attention from the informants. It seems as if adolescents were not interested in this concept, or possibly due to the fact that it was one of the issues that came towards the end of the discussions when informants were already exhausted.

## CATEGORY

## RESPONSES

Sexual activity with multiple partners

“If you can love more than one guy at a time, it means, there are no feelings attached ... that is why you can do it with other guys”.

“Some girls do it with other guys because of frustration from the current or previous affair”.

“You love women for different reasons as a guy. Some girls are party animals. If one girl does not want to go to a party with you, you grab the next one because girls are like taxis, you miss one, you catch the next taxi”.

“If she refuses to go to the party with you, you should ask her nicely and say *sweetie, please go to the party with me and she will go*”.

“I think it is bad to have that attitude towards ladies because when you mess around, you are putting your health at risk. In a relationship you should communicate, agree with her and plead with her”.

“When you mess around as a guy, I think you are betraying your girlfriend, if she discovers she will be hurt and she will not trust you anymore ... you know you hurt her”.

“Messing around is not a problem, as long as you do it far from her she will not know. When she discovers you lie to her”.

“A guy who messes around is one who has never been hurt by a woman he loves and does not know what it feels like when a woman reacts immediately she discovers you are unfaithful”.

“How will you feel, if it is your woman who does that to you?”.

“I shall feel bad”.

“Then, why do it to her?”.

More male than female informants seemed to prefer the sexual practice of multiple sex partners. It seems as if male informants sometimes regard having more than one partner as “fun”, or a male thing or a normal male sexual practice.

According to the report of the study conducted by the University of Western Cape (1999:no page) more males than females reported having multiple sex partners. In the United States of America multiple sex partners and frequent partner switching was found to be common practice with adolescents (Santelli & Beilenson 1992:277).

#### 4.3.4 To explore perceptions of adolescents about sexually transmitted infections

CATEGORY	RESPONSES
Explanations of sexually transmitted infections	<p>“STIs ... I am not sure, what it is”.</p> <p>“When it is painful when you pass urine and you see pus coming out of your pipe, then you should know, you have STIs, I knew about it when the sisters at the clinic explained to me what was wrong with me then”.</p> <p>“STI, is a cauliflower on the private parts”.</p>
SUBCATEGORY	RESPONSES
<ul style="list-style-type: none"> <li>Link between STIs, HIV and AIDS</li> </ul>	<p>“All I know is that HIV is a killer and AIDS is also a killer”.</p> <p>“At school they tell us more about HIV and AIDS, so, I am not sure of what other sexually transmitted diseases are”.</p> <p>"No, each one is a separate disease, you either get STI, or HIV".</p> <p>"STI is an early stage of HIV".</p> <p>"What I know is that there is no cure for AIDS, you get it, you die".</p> <p>"Is it true that, when you exchange a toothbrush with somebody who has AIDS, you also get it?".</p> <p>“What I know is that when a pregnant woman has HIV or AIDS, the baby becomes a cripple or the woman gets a miscarriage”.</p>

The discussion around sexually transmitted diseases was very short, as respondents did admit, from the onset that, they were not sure of what these diseases are. The informants who responded to the question on STIs also indicated that they were not sure if there is any

link between STIs, HIV and AIDS. It was only one male informant who could explain STIs. This was based on his personal experience of having contracted a STI.

The general impression created by the respondents to the researcher was that the informants were ignorant about STIs. Adolescents have basic knowledge about STIs but their worse problem area is the manner in which these diseases are transmitted and the myths the adolescents have about these diseases ( University of Western Cape 1999: no page; Kelly 1999:18).

Contrary to the findings in this study and the findings of the aforementioned researchers, adolescents have a high level of awareness about STIs as they get information about these diseases from the mass media (South Africa, Department of Health 1998:27).

#### **4.4 SUMMARY**

It is clear from the above that the biggest source of information about sex and sexuality are friends. Parents are apparently shy to discuss sexual issues or because of the fact that they do not have open discussions with their adolescents. This phenomenon could also be directly linked to the parents own perceptions of sex and sexual behaviour.

It seems as if adolescents do not necessarily date with the aim to have sex, but that they also do not realise the relationship between sexual activities and their behaviour during dating, for example, clothes, alcohol consumption, cohabitation and using preventative measures. It was interesting to note the ambivalence of adolescents about peer groups. On the one hand, they expressed the need for socialising in groups, but on the other hand the need of adolescents to be recognised as individuals in their search for an own identity. The implication is that adolescents do not always realise the influence of peer pressure on their behaviour.

It seems as if adolescents views about premarital sex are directly linked to their value system. Their views about the consequences of sexual activities relate to financial and social

implications rather than considering and realising the emotional aspects. The statements made by the respondents about the meaning of virginity, give an indication of the subtle but strong influence of peer pressure in the lives of adolescents whose value systems have not been fully developed. The respondents' statements with regard to cohabitation and their views on multiple sex partners and the use of condoms, imply that adolescents do not relate casual, unprotected sex with the risks of either unwanted pregnancies nor STIs.

Although one of the respondents referred to the information about HIV/AIDS, the ignorance of the respondents about STIs in general, is a matter of concern. It further illustrates the lack of effective and coordinated strategies to empower adolescents with the necessary knowledge and skills to make informed decisions and to stand by their decisions, despite peer pressure or circumstantial pressure.

## **CHAPTER 5**

### **Conclusions, recommendations, implications and limitations of the study**

#### **5.1 INTRODUCTION**

The findings of the study were analysed and interpreted in chapter 4. In chapter 5 conclusions and the implications based on the findings are formulated and recommendations made. The limitations of the study are also pointed out.

#### **5.2 ASSUMPTIONS OF THE STUDY**

Assumptions which formed the departure point of research were:

- Adolescents engage in sex before they are adequately informed about sexuality issues and thus they become victims of STIs.
- Adolescents are vulnerable to STIs because they probably think that sex is one of their human rights.
- Adolescents engage in premarital sex, they do not believe in sexual abstinence during this phase of life.
- The life-style of adolescents is one of trial and error experimentation and risk-taking, hence they experience sexuality problems.
- Adolescents engage in sex because they are exposed to sex film and pornographic material on mass media.

#### **5.3 CONCLUSIONS**

The perceptions of adolescents about sexuality and STIs were explored and described through a qualitative research process.

The objectives of the research were to

- identify sources of sex education for adolescents
- explore factors that predispose adolescents to be sexually active at an early stage
- explore perceptions of adolescents about sexuality issues
- explore perceptions of adolescents about STIs

Utilising the method of a focus group interview, guided by an interview guide, the following can be concluded:

### **5.3.1 Sources of sex education**

It was concluded that the main source of information for adolescents about sex and sexuality is obtained from friends. Adolescents would be acceptable to information from parents, but it became clear that parents do not easily provide information related to sex and sexuality.

### **5.3.2 Adolescent sexuality and psychosocial factors**

#### ***5.3.2.1 Social factors***

The life-style of the adolescents such as night parties, dating patterns, the sexual values of especially male adolescents and the sexual values of the adolescent peer groups contribute towards early sex initiation by the adolescents as illustrated in chapters 2 and 4.

#### ***5.3.2.2 Psychological factors***

Perceptions that are held by the adolescents about sexuality issues like premarital sex, cohabitation, multiple sex partners and the use of contraceptives, also make them to engage in sex prematurely and are to a large extent the framework within which adolescents explore their sexuality.

### **5.3.3 Perceptions of adolescents about sexually transmitted infections**

From the findings it became apparent that adolescents become vulnerable to STIs due to the perceptions that they have about preventive measures against STIs such as the use of condoms and multiple sex partners. These perceptions are directly linked to a high incidence of these infections amongst this age group (refer to section 4.3.4).

### **5.3.4 Sexual practices of adolescents**

It became apparent that adolescents regard it acceptable to have multiple sex partners. The use of preventative measures was regarded as being the responsibility of females. Linked to the perceptions of adolescents about sex and sexuality and the subtle pressure of peer groups, result in adolescents being at high risk to STIs. The direct relationship between STIs and HIV/AIDS therefore further increases the risk of adolescents being infected with HIV.

Adolescents form the feeding ground for the future economically active part of the population. The impact of economically active people being infected with HIV on families, communities, socially, economically and psychological is well-known. Targeting adolescents as a high risk group is therefore important.

## **5.4 RECOMMENDATIONS**

### **5.4.1 Sex education programmes**

All methods of sex education should be targeted to be relevant and acceptable to adolescents to provide correct, clear and practical guidelines on sex and sexuality. Addressing this issue should be a multidisciplinary approach and could include the following:

- Workshops to empower parents to accept their own sexuality and to have the self-confidence and skills to discuss issues on sex and sexuality with their children.
- Teachers should be well-informed about the correct facts to address perceptions about



sex and STIs. Teachers and other community leaders should commit themselves to set an example about healthy and safe sexual practices.

- The development and empowerment of peer groups as peer educators. Parents, churches, school, community organisations and health workers in health facilities should form support structures to assist and guide both peer educators as well as individual adolescents.
- Empowering the individual adolescent through developing self-assertive skills, fundamental human values, for example, mutual respect, freedom of choice and personal philosophy of life.
- Designing sex education programmes with the inputs of adolescents and other role players. This will enhance the relevance and acceptability.

#### **5.4.2 Factors predisposing adolescents to sexual activity at an early stage**

As illustrated in the conceptual framework and supported by the findings in the study, the factors which should be addressed to improve adolescents sexual health status include:

- Adolescents need to be educated on supervised and thus safe dating patterns, also to have an open communication with their parents and guidance teachers on their dating experiences.
- Individual empowerment of adolescents is of vital importance as discussed under section 5.4.1.
- Programmes targeted on adolescents about their sexual roles need to aim at:
  - changing the adolescent male sexual values
  - addressing harmful sexual curiosity and a desire to explore
  - identifying and addressing those social opportunities that make adolescents vulnerable to early sex initiation
  - changing the negative and permissive views held by adolescents about use of contraceptives and use of condoms

- nullifying myths on sexuality issues through equipping adolescents with correct information
- encouraging adolescents to deliberately select those sex programmes on the media which will positively develop their sexual roles

#### **5.4.3 Sexually transmitted infections**

It became clear throughout the study that adolescents are not well-informed about the risk and implications of STIs. If previously mentioned recommendations are implemented, it would also favourably impact on the risk of adolescents to become infected with STIs including HIV/AIDS.

Specific recommendation in this regard, are empowerment of adolescents with knowledge on STIs through:

- Detailed information on STIs be made available to adolescents at all community institutions like the school, the family and the church.
- Information centres need to be established in the community on sexually transmitted infections.
- Specialists on STIs should form part of the school team that guides adolescents on their reproductive health issues.

#### **5.4.4 Perceptions held by adolescents about sexuality issues**

- Adolescents need to be educated on the biological, emotional and socio-economic implications of teenage pregnancy for both parents, the families of both parents, the offspring and the community.
- For those adolescents who choose to be sexually active, the need to use contraceptives should be emphasised, otherwise for those adolescents who are not sexually active they should be encouraged and congratulated.

- At the onset of puberty, adolescents should be taught that sexual abstinence at that stage is the best option.
- There is a need for social institutions like the church, the family and the school to revive, encourage, reward and uphold the concept of “virginity” amongst adolescents which might enhance delayed sex initiation thus promote the reproductive health status of the adolescents.

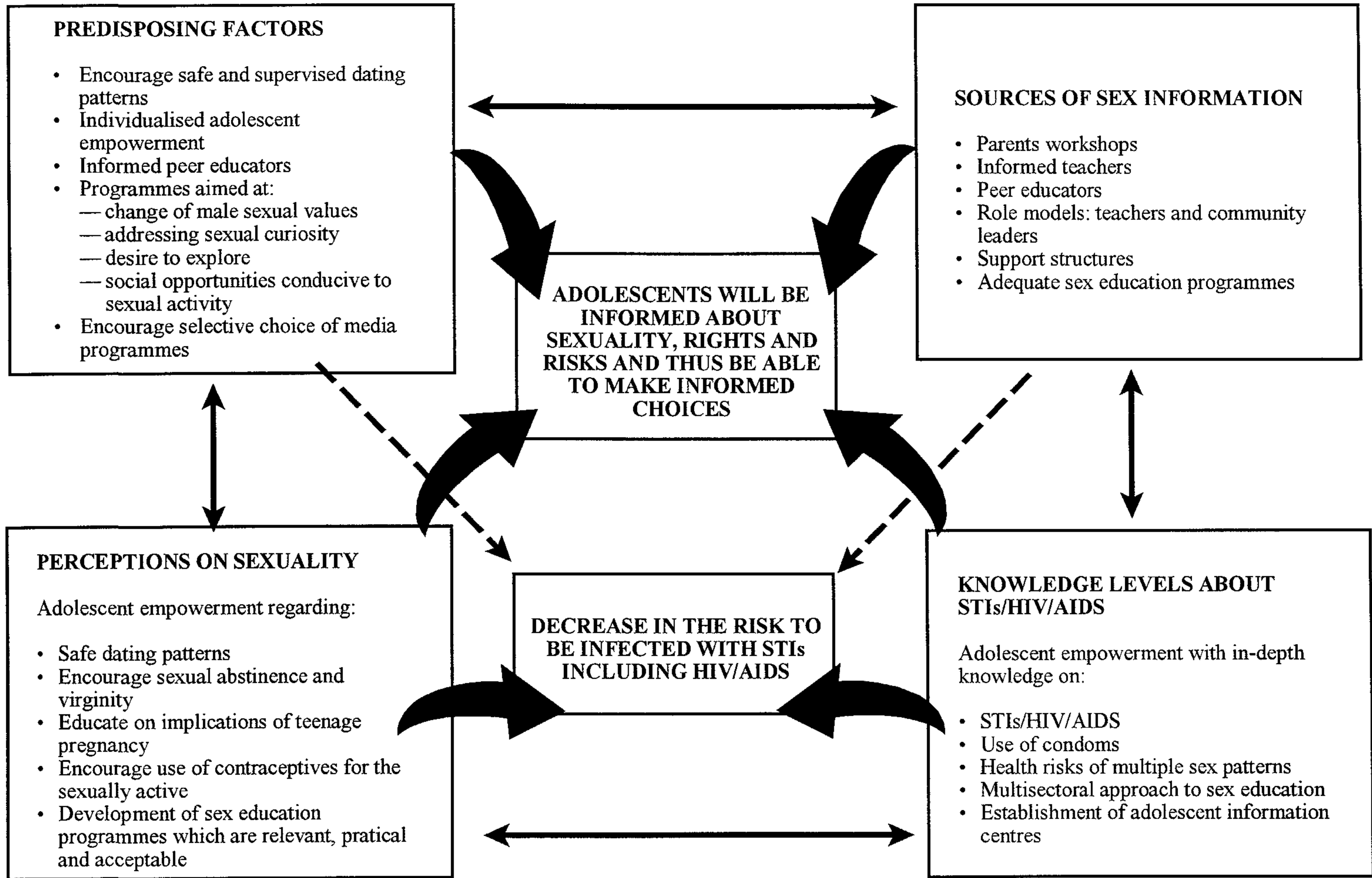
The summary of recommendations based on the conceptual framework is illustrated in figure 5.1.

## **5.5 IMPLICATIONS OF FINDINGS FOR FURTHER RESEARCH**

The findings of the study suggest that there is still a need for further research with respect to some of the key concepts on adolescent sexuality. Such research would add depth in understanding the relationship between adolescent sexuality and the current epidemic of STIs. With an increase in the knowledge pool of understanding this problem, relevant, effective and probably acceptable programmes can be drawn up to inform adolescents about their sexuality roles.

### **5.5.1 Parents and sex information for adolescents**

The aim of the study in this regard should be to identify the reasons why parents are not involved in the sex education of their adolescents. The study should be quantitative using a random sample of parents who have adolescents. These parents should come from different social classes, a multiracial community and both parents, where possible, should participate in the study. A quantitative study would ensure coverage of a larger sample of the adolescents within a particular area, thus enabling generalisation of the results to a particular community.



*Figure 5.1*  
 Summary: Recommendations based on the conceptual framework

A self-administered questionnaire can be used in order to ensure a good return of the questionnaire. This type of research would facilitate the assessment of needs that parents have with respect to their role as educators of their teenagers about sexuality issues. The findings from such a study could be used as input to develop programmes that would empower parents for informing their teenagers about sexuality issues during the socialisation process of the latter.

### **5.5.2 Perceptions of male/female adolescents about sexuality issues**

The type of study proposed is also quantitative. The sample should be one gender only, either males or females because of the sexual values held by males about sex and the manner in which they presumably treat their female partners for decision-making in a love relationship as indicated by some researchers (see chapter 2, section 2.5.1.1).

During the focus group interview the researcher observed that during the discussions of the sensitive key concepts of the topic it was the males who started the ball rolling with the females, initially being shy to respond and joined in later in reaction to the responses of the males. This implies that females would feel free to discuss sexuality matters in the absence of males.

Halloway and Wheeler (1996: 148) also identified that gender and age differences in a study does affect the nature of the discussion amongst the informants. In the study the three informants who were under 18 years of age freely participated in the discussion with the older ones.

### **5.5.3 Adolescents and peer pressure**

The impression gained by the researcher during the discussions of peer pressure by the informants was that peer pressure poses a serious problem in the lives of adolescents, especially in the area of their sexual practices as illustrated by the tone of the informants that reflects anger and frustration about peer pressure (refer to chapter 4, section 4.3.2).

A study can be conducted, using a focus group interview, so that the emotions of the informants can be picked up during the discussions.

#### **5.5.4 Adolescents and use of contraceptives**

A quantitative study would be suitable to investigate the pattern of family planning visits by the adolescents because the informants of the focus group interview seemed not to be knowledgeable about this aspect of the topic. Furthermore, the other research illustrates that some adolescents, who are sexually active, do not use the family planning service (see chapter 4, section 4.3.3). Data collection method to be used in investigating the use of contraceptives by the adolescents is the clinic records of the adolescents who visit that particular service.

### **5.6 LIMITATIONS OF THE STUDY**

Although scientific approach to inquiry is regarded by scientists as the highest form of attaining knowledge that is generated by the people, nonetheless no study is without flaws (Polit & Hungler 1995:13). Based on this statement the study also had some limitations, however, it is believed by the researcher that the findings of the study will benefit the nursing profession and the community at large, as indicated in chapter 1, sections 1.8.1 and 1.8.3.

#### **5.6.1 Data collection**

##### ***5.6.1.1 Duration of the focus group interview***

The interview was scheduled to last two hours but it proceeded to three hours for the following reason:

- The researcher only realised in the process of the focus group interview that the interview guide was too long. It became evident that some of the key concepts were

very important to the informants, as illustrated by the prolonged discussion of such concepts by the informants.

It is for this reason that under section 5.5 the author feels there are priority concepts with regard to adolescent sexuality that need further attention in the form of a replicated study.

#### *5.6.1.2 Timing of data collection*

The focus group interview was conducted with only 12 informants, although initially, the researcher had intended that the sample should consist of 15 adolescents hence she recruited 19 prospective informants.

Instead of the 19 recruits only 12 informants turned up for the focus group interview which is an adequate number for this type of a study according to several researchers as indicated in chapter 3.

The probable reason for the withdrawal of some informants was that the study was conducted during the time when the students were preparing for the year-end examinations because this was the time when the author was ready to conduct the study.

#### *5.6.1.3 Problem of the interview guide*

The interview guide was too long for in-depth covering of all the key concepts for the study as explained in chapter 5, section 5.6.11 of the study.

### **5.6.2 Sampling**

#### *5.6.2.1 Eligibility criteria of the sample*

It is not possible to select respondents with specific personalities. The topic of the study could, however, contribute to the amount of sharing.

It was envisaged by the researcher that all the informants of the focus group interview should be extroverts but it was found that there was a female informant who was very shy and thus contributed very scantily to the discussions of the focus group interview. There was another informant, also a female, who kept quiet throughout the discussions.

## **5.7 SUMMARY**

The purpose of the study was to explore and describe the perceptions of adolescents about sexuality and STIs which could contribute towards the high incidence of STIs amongst this group. The study was designed as a qualitative, exploratory and descriptive research. A focus group interview and unstructured observation were used to collect data using a nonprobability snowball sample. The group consisted of 12 male and female adolescents residing in a specific geographical area in Pretoria and attending different high schools.

The study findings revealed that there are multiple psychosocial factors that influence the perceptions of adolescents about sexuality and STIs. Recommendations made, focus on the proposed approach to the content of the sex education programmes for adolescents and include aspects such as self-assertive skills and fundamental human values.

It was further recommended to utilise peer educators to inform adolescents and change perceptions about sexuality and STIs and to empower parents, teachers and other community leaders to contribute towards the empowering of adolescents to make informed choices. The impact of implementing the recommendations will be beneficial, not only to individuals, but also to families and communities.



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# **Annexure A**

**A brief report of the pilot study**

**ANNEXURE A.**

**PILOT STUDY.**

**A BRIEF REPORT.**

**1.1. INTRODUCTION.**

This is a brief report of the pilot study, which was conducted before the major study. In planning the pilot study, all the steps of research were followed, as explained in Chapter 3 of the major study.

**1.2. OBJECTIVES OF THE PILOT STUDY.**

The pilot study was conducted months before the major study, with the aim of;

- 1.2.1. Gaining the experience of conducting a study.
- 1.2.2. Gaining new insights about the study topic/ problem.
- 1.2.3. Assessing the feasibility of the planned focus group interview, which was the major study.
- 1.2.4. Testing some of the questions of the focus group interview for their understandability.
- 1.2.5. Refining the data collection skills before the major study.

**1.3. POPULATION AND SAMPLING.**

**1.3.1. Population variables.**

- 1.3.1.1. gender; The sample consisted of three males and two females.
- 1.3.1.2. Sample size; The sample was made of five ( 5 ) adolescents.
- 1.3.1.3. Sample age; All the informants were 18 years old of age.
- 1.3.1.4. Cultural groups; The informants came from different Black cultural groups.
- 1.3.1.5. Status of the sample; All the informants were at different high schools, in the year 2000 and residing at Sunnyside.

**Figure ( a ). Frequency table of the sample age and gender. ( n = 5 )**

Age in years	Males	Females	Total
18	3	2	5

The sample consisted of more males than females. Males three ( 60% ) and females, two ( 2 ) ( 40% ).

**Figure ( b ).** Frequency table of the sample ethnic groups. ( n = 5 ).

Ethnic group	Male	Female	Total
Zulu	2	2	4
Swazi	1	0	1
Total	3	2	5

In the sample, there were more Zulus, four ( 4 ) ( 80% ) and one Swazi ( 1 ) ( 20% ).

#### 1.4. PERCEPTIONS OF THE ADOLESCENTS ABOUT SEXUALITY ISSUES.

1.4.1. **Figure ( c ).** Frequency table of dating. ( n = 5 ).

Going out with someone, in order to	
Know him/her better	1
Prove love	3
Enjoy oneself	1
Total	5

1.4.2. **Figure ( d ).** Frequency table of the sources of sex information for the adolescents. ( n = 5 ).

Source	Male	Female	Total	%
Friends	3	1	4	80
Movies	1	1	2	40
Books	1	0	1	20
Parents	1	0	1	20

Friends, ( 80% ) as reflected on figure ( d ), were rated the highest by four ( 4 ) ( 80% ) of the informants, as sources of sex information, with the parents rated the lowest, meaning that, peer influence, plays a major role, as a source of sex information for the adolescents.

1.4.3. **Figure ( e ).** Frequency table of the perceptions of the adolescents about virginity. ( n = 5 ).

Responses	Male	Female	Total	%
Good	2	2	4	80
Bad	0	0	0	0
Not sure	1	0	1	20
TOTALS	3	2	5	100

In figure ( e). both males and females, four ( 80% ) of the informants viewed virginity as a good thing, except for one ( 20% ), who was not sure, as to whether or not, virginity is a good thing.

**1.4.4. Figure ( f ). Is premarital sex allowed in your culture ? ( n = 5 ).**

Response	Number	%
Yes	0	0
No	4	80
Not sure	1	20
<b>TOTALS</b>	<b>5</b>	<b>100</b>

Four ( 4 ) ( 80% ) of the respondents reported that, premarital sex is not allowed in their culture. This could mean that, the four informants knew the sexual values of their culture, whereas, the one ( 1 ) ( 20 % ), who was not sure, did not know the values of her/his culture in this regard.

**1.4.5. Figure ( g ). Have you seen a condom before ? ( n = 5 ).**

Response	Numbers	%
Yes	5	100
No	0	0
<b>TOTALS</b>	<b>5</b>	<b>100</b>

All the respondents, reported having seen a condom before.

**1.4.6. Figure ( h ). Have you used a condom before ? ( n = 5 ).**

Response	Male	Female	Total
Yes	1	0	1
No	0	2	2
No response	1	1	2
<b>TOTALS</b>	<b>2</b>	<b>3</b>	<b>5</b>

Of all the five informants, only one ( 20% ) male reported having used a condom before, the two ( 2 ) ( 40% ) females said they had not used a condom before, with two ( 2 ) ( 40% ), having not responded.

1.4.7. Figure ( h ). Why would you advise a friend, who is sexually active to use a condom ? ( n = 5 ).

To prevent;	Responses
Pregnancy and STD'S	1
Diseases	1
Cancer and AIDS.	1
When she/he does not trust a partner.	2
<b>TOTAL</b>	<b>5</b>

Only one ( 1 ) ( 20% ) informant knew that, a condom can prevent sexually transmitted diseases and pregnancy, the rest, four ( 4 ) ( 80% ) gave very peculiar reasons why a condom is used, which reflects ignorance, on their part.

1.4.8. Is there any possibility of contracting sexually transmitted diseases, if one has sexual intercourse only once ? ( n = 5 ).

All the informants knew that, if a person has sexual intercourse, without use of a condom, such a person can get sexually transmitted diseases.

## 1.5. PERCEPTIONS OF ADOLESCENTS ABOUT SEXUALLY TRANSMITTED DISEASES.

1.5.1. Have you heard of sexually transmitted diseases before ? ( n = 5 ).

Response	Number	%
Yes	1	20
No	4	80
<b>TOTAL</b>	<b>5</b>	<b>100</b>

Four ( 4 ) ( 80% ) of the informants reported that, they had not heard of sexually transmitted diseases before, which is quite likely, as indicated by figure ( h ) which shows that the informants, did not know these diseases, stemming from the reasons they gave, for use of a condom.

1.5.2. Can you explain, what is the meaning of sexually transmitted diseases ? ( n = 5 ).

	Knowledgeable	Vague	Not sure	Total
<b>Responses</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>5</b>



Of the five informants ( 5 ) ( 100% ), only one ( 1 ) ( 20% ) could explain, what sexually transmitted diseases are, the remaining ~~four~~ ( 3 ) ( 60% ) gave vague explanations, with one ( 1 ) ( 20 % ) being not sure of what these diseases are.

**1.5.3. If a pregnant woman has sexually transmitted diseases, can the baby be affected ? ( n= 5 ).**

Response	Number	%
Yes	4	80
No	0	0
Not sure	1	20

All the four ( 4 ) ( 80% ) of the informants, knew that, a pregnant woman with STD's, can infect the baby, with only one ( 1 ) ( 20% ) who was not sure.

## **1.6. INSIGHTS AND EXPERIENCE GAINED FROM THE PILOT STUDY.**

### **1.6.1. Recruitment phase for the pilot study.**

The researcher learned that, it was not easy, to get the convenience sample of adolescents because; She first had a problem of, how to get the five, where to get them.

At the beginning of the recruitment phase of the pilot study, the researcher would identify a group of teenagers in the street, introduce herself and that, she was looking for five interested adolescents to participate in the study, then the group would look at each other, and say nothing thereafter. All the researcher could do, was to say to them, thank you, and would go away.

The researcher had to identify a boarding house of the adolescents, get permission to go in, then, that is where she could get the participants for the pilot study.

### **1.6.2. Development of a questionnaire.**

It was not easy for the researcher to identify a questionnaire that was already developed, as a result, the researcher had to develop one. The literature search had to be done, on how to develop a questionnaire.

The preliminary questionnaire developed, had to be assessed first, by the academic supervisor, for an evaluation, followed by a discussion.

The final instrument, was a corrected version of the preliminary one. The researcher then, had to test the instrument on two adolescents, in order to test for, the clarity of the questions, by giving it to them to read, then explain, what each question meant. This was done, in order to test the validity and reliability of the instrument.

The adolescents who tested the instrument, were not going to be part of the pilot study.

All the problems that the researcher encountered with, especially planning for the pilot study, became an eye opener for the envisaged major study.

## **Annexure B**

### **Focus group interview guide**

## **ANNEXURE B**

### **INTERVIEW GUIDE OF THE FOCUS GROUP INTERVIEW.**

#### **1. DATING**

- 1.1. What is the view of adolescents about a date ?
- 1.2. What time of the day do teenagers prefer to date ?
- 1.3. Where do teenagers usually prefer to go for a date ?
- 1.4. How does a date usually end ?

#### **2. ADOLESCENTS AND PEER GROUPS**

- 2.1. How do teenagers form groups ?
- 2.2. Why do teenagers form groups ?
- 2.3. How do teenagers form rules within a group ?
- 2.4. Is it possible for a teenager to change a peer group ?

#### **3. ADOLESCENTS AND PREMARITAL SEX**

- 3.1. Why are teenagers curious about sex ?
- 3.2. Do teenagers view sex as their right ?
- 3.3. What is the view of teenagers about premarital sex ?
- 3.4. Do teenagers ever think of sex consequences ?
- 3.5. What is your view about a teenager being a parent?

#### **4. ADOLESCENTS AND SOURCES OF SEX INFORMATION**

- 4.1. Where do teenagers get information about sex ?
- 4.2. Do teenagers also prefer parents to inform them about sex ?
- 4.3. What do you suggest, parents should do about the sex education of teenagers ?

#### **5. DATE RAPE**

- 5.1. What is the view of teenagers about date rape ?

#### **6. PERCEPTIONS OF ADOLESCENTS ABOUT SEXUALITY ISSUES**

What is the view of teenagers about:

- 6.1. Virginity ?
- 6.2. Multiple sex partners ?
- 6.3. Co - habitation ?
- 6.4. The use of contraceptives ?
- 6.5. The use of condoms ?
- 6.6. Homosexuality ?

## **7. PERCEPTIONS OF ADOLESCENTS ABOUT SEXUALLY TRANSMITTED DISEASES**

- 7.1. How would you explain sexually transmitted diseases ?
- 7.2. How would you explain HIV ?
- 7.3. How would you explain AIDS ?
- 7.4. In your view, is there any link between STD's, HIV and AIDS ?
- 7.5. Do you think AIDS is a threat to the society ?
- 7.6. What is your view about the sex education programs that are offered at your schools ?

## **Annexure C**

### **Principles of conducting an interview**

## **ANNEXURE C.**

### **E.1. PRINCIPLES OF CONDUCTING A FOCUS GROUP INTERVIEW.**

The principles of conducting the interview were developed after an intensive literature search and formulated according to the guidelines of ;

Halloway & Wheeler ( 1996: 36, 44, 53, 55, 57, 148, 149 ).

Polit & Hungler ( 1995: 271 – 272, 276, 287, 291 – 2 ).

Parahoo ( 1997: 301, 303, 305 ).

Brenner & Brown ( 1985: 5, 19 – 20, 157 ).

Rubin & Earl ( 1993: 374 ).

Steward & Shamdasani ( 1990: 60 ).

Sarantakos ( 1998: 22, 23, 263 ).

E.2. These principles are;

- The researcher should introduce herself in full regarding her status and the residential address.

In this study, the researcher introduced herself, and she was wearing her student card.

- The topic of the focus group interview and why the researcher chose that topic.
- The focus group process and the data collection procedures that were going to be followed.
- Permission to use the tape recorder was also requested from the informants giving them reasons why the tape was necessary.
- Before the interview onset, the researcher also checked each informant against the consent forms that were signed in order to ensure that, only those who gave consent, participated.
- All the ethical principles as outlined under chapter 3 of this study were applied throughout the research process.

### **E. 3. The role of the interviewer.**

The researcher was a facilitator and a moderator of the discussions as follows:

- She did not comment during the debates/ discussions, except for probing where it was indicated.
- She did not answer a question for any informant or complete his/her response.
- Showed interest and paid attention to each informant as she/he spoke, by looking at her/him.
- Showed no approval or disapproval as each informant responded.
- Informants were thanked from time to time after a contribution.
- At the end of the interview, the informants were given an opportunity to evaluate the interview process and to comment on how they experienced the interview itself, at this stage, the researcher evaluated the emotional atmosphere as well.

#### **E.4. The process of non – directive probing.**

Probing was implemented by repeating a question where requested by an informant, or asking a supplementary question, making a pause in order to indicate to the informant that, she/he should go on.

#### **E. 5. An example of probing questions that were used during the focus group interview.**

-What does it mean ?

“ X”, why do you frown ?

- In what way, could you please explain more .

Can you think of any other reason ?

Go on “ M “.



# **Annexure D**

**Consent form of the study**

ANNEXURE

CONSENT FORM.

TITLE OF THE STUDY; PERCEPTIONS OF ADOLESCENTS  
ABOUT SEXUALITY-TRANSMITTED DISEASE.

RESEARCHER'S NAME; **MERCIA SKOSANA.**  
RESEARCHER'S STATUS; Master's Degree student with the  
UNIVERSITY OF SOUTH AFRICA.

AIM OF THE STUDY; To explore perceptions of adolescents  
about sexuality and sexually-transmitted-diseases.

HOW THE STUDY WILL BE CONDUCTED;  
Adolescents will be interviewed as a focus-group, where questions will be  
asked on the fore-mentioned topic.  
As the interview proceeds, the adolescents will be tape-recorded.  
After the whole study is completed by the researcher, this tape will be  
destroyed.

THE INTERVIEW DURATION; 1 - 2 hours  
The date and venue not yet arranged, as soon as these are arranged, the  
people participating will be told.

THE QUESTIONNAIRE will also be used to get additional information  
for the study.  
The filling in of this questionnaire, will take place, a few weeks/days,  
before the interview.

ETHICS THAT WILL BE OBSERVED.  
Privacy of information received, anonymity of the people participating and  
confidentiality.

This is to show that, I PN. Ndlovu agree to  
participate in the interview and filling in of the questionnaire.

SIGNATURES

Participant PN. Ndlovu

Researcher u/s

Parent/guardian \_\_\_\_\_

DATE 28/10/2011

(Halloway et al 1996; 36, 44).

## **Annexure E**

### **Ground rules of the focus group interview**

## **ANNEXURE E.**

### **GROUND RULES SET FOR THE FOCUS GROUP INTERVIEW.**

D. 1. Before the focus group interview started, ground rules were set for the informants following the guidelines as set out by Parahoo ( 1997: 301 ).

The researcher:

- Ensured that the focus group interview progressed in orderly manner.
- That informants should give one another chance to give her/his views without any interruptions.
- Expressed that she expected that respondents respect each other and one another's responses.
- Encouraged each informant to make a contribution to the discussions because the view she/he has is very important, and it is neither right or wrong.

#### **D. 2. The role of the researcher.**

The role of the researcher was also explained to the informants that she would;

- Read out questions to the informants.
- Repeat any question if requested by any informant to do so
- Listen to all the responses given by each informant, since each response is a valuable contribution to the study.
- Ask follow up questions at some stage, in order to get clarification from the informants in order to get accurate data.

#### **D. 3. Role of the informants.**

The following expectations were outlined to the informants;

- To listen carefully to each question asked by the researcher.
- To respond willingly and honestly to each question.
- To give one another a chance to express her/his views.

- To disagree positively without hurting one another or making negative remarks or even laughing at someone.

## **Annexure F**

**Observation sheet of the focus group interview**



## **Annexure G**

**A self-administered questionnaire of the pilot study**



SELF ADMINISTERED QUESTIONNAIR

DATE 15 OCTOBER

IDENTITY NO. - Z  
(Write an alphabet of x).

INTRODUCTION.

I AM A STUDENT WITH THE UNIVERSITY OF SOUTH AFRICA, UNDERTAKING RESEARCH, AS PART OF MY STUDIES.

I AM INTERESTED IN THE VIEWS OF ADOLESCENTS, ABOUT SEXUALITY AND SEXUALLY TRANSMITTED DISEASES, SO THAT THIS INPUT, MIGHT BE USED TO PLAN LIFE SKILLS FOR YOUTH.

THE INFORMATION THAT YOU GIVE, WILL BE USED FOR THIS STUDY, AND WILL BE TREATED PRIVATELY AND ANONYMOUSLY.

INSTRUCTIONS.

- This questionnaire consists of 15 questions.
  - If there is a question you do not understand you may skip it.
  - If there is a question you do not feel like answering, you have the right to skip it.
- Please do not write in the margins.
- PLEASE, GIVE YOUR HONEST OPINION, because it will benefit others.
  - Please read the instruction for each question carefully.

THANK YOU, FOR YOUR WILLINGNESS TO BE PART OF THIS STUDY.

1. What is your age ?  
( Answer by putting a cross in one box only ).

- a. 14 years
- b. 15 years.
- c. 16 years.
- d. 17 years.
- e. 18 years.

2. Indicate your gender with a cross in the block provided.

- MALE
- FEMALE

3. What is your ethnic group ?  
( Please indicate by ticking only one ).

- a. Tswana
- b. South Sotho
- c. North Sotho
- d. Xhosa
- e. Venda
- f. Other Zulu

4. Where do you usually get information about sex ?  
( You can tick more than one ).

- a. friends
- b. books
- c. movies
- d. parents
- e. television
- f. other ( specify ) \_\_\_\_\_

5. Explain in your own words, the meaning of dating.

It is when somebody else say, he want to go with you. Specially boys in the movies or to eat somewhere. due to the intention of proposing you (girl)

6. Premarital sex, is sexual intercourse, between two persons of the opposite sex, who are not married.

In your culture, is premarital sex allowed ?

- YES
- NO
- NOT SURE

7. What does " being sexually active" mean ?

- a. kissing.
- b. touching another person's private parts.
- c. holding hands at night.
- d. hugging someone of the opposite sex.
- e. having sexual intercourse. ✓

8. Do you consider it a good thing, for a teenager to be a virgin ?

(Please explain) Yes, it's very important because you can proud about it, because you're the one of example of another

9. How does a person get these diseases?

(Please explain) like AIDS, Cawiflower. these deases occurs specially when two person having sex without using any protection a (condom.) And if a girl or a boy sleep with so many girls or boys, without protection him/her.

10. Have you ever seen a condom before?

YES

NO.

11. Have you ever used a condom before?

YES.

NO.

12. Would you advice a good friend to use a condom, when he/she engages in sexual intercourse? If yes/no give reasons.

Because she didn't trust her boyfriend. she realize that her partner loves other girls too much, by that way she was easy to her to told me that thing. so to me, it was better to told her to use a condom. While their are having sex.

13. If a pregnant woman has sexually transmitted diseases/ STDs, do you think that the baby will be affected?

YES

NO

NOT SURE

14. Do you think that if one has sexual intercourse once only, he/she can get STDs

(Please explain) Yes, No matter it once you can get it. Without <sup>by use</sup> using a condom you cannot get it. but you cannot using condom you get it exactly.

15. Have you ever heard of sexually transmitted diseases before?

YES

NO

( If your answer to question 15 is YES, please explain in your own words, what does it mean? May be where did you got such a thing similar like this one. May be you told

from your friends. From your parents  
of your guidance. May be at school. or you are the one of those who have those disease.

## **Annexure H**

**Tape transcript of the focus group interview**

TAPE TRANSCRIPT; FOCUS GROUP INTERVIEW.

## 1. WHAT IS THE VIEW OF TEENS, ABOUT DATING?

Males started the ball rolling; with more males than females participating at the beginning of the interview.

- M<sub>1</sub> Dating means going out with someone, in order to know her better.  
 M<sub>2</sub> Going out with a lady, in order to develop a love relationship.  
 M<sub>3</sub> Going out with someone, in order to have an open discussion.  
 M<sub>1</sub> Going out with a lady, to understand her personality.  
 M<sub>1</sub> You can go out with another guy, to a pub, for some beers. You spend for him, someday, he will also spend for you.

WHAT ~~TIME~~ OF THE DAY, DO TEENS PREFER DATING ?

- M<sub>1</sub> Teens, prefer evenings, because, that time of the day the atmosphere is relaxed.

## WHERE DO TEENS, NORMALLY GO FOR A DATE?

- F<sub>1</sub> It can be, to a club, a coffee bar, a restaurant for some ice cream or even a hotel.  
 M<sub>1</sub> You can even invite a friend to your home, for a meal.  
 F<sub>2</sub> Yes, you can just invite your male friend, to your home, just to talk about this and that, yah--- that's it.  
 F<sub>3</sub> We date, even in our flats. A guy invites you, to come cook for him, and you enjoy the meal together.  
 M<sub>4</sub> No ----, you cannot invite a stranger into your flat, then ask her to cook for you. You need to date that person several times first, you go elsewhere, when you know her, then into your flat.

HOW DOES DATING, NORMALLY ~~END~~

( LAUGHTER, ----- )

- M<sub>5</sub> There is no particular way, in which dating should end. In some cases, the lady, does not show interest in you, then, the dating is a failure, you feel dissapointed.  
 Eh ----- I mean, no love relationship develops.

- F<sub>3</sub> Sometimes, at the end of the date, you kiss each other good-bye.

- F<sub>1</sub> Or a guy, buys you a flower. You see these guys that sell roses at street corners ? yes, from them. Then you know, the guy, cares for you.

- M<sub>1</sub> In some cases, especially with us guys, when some drinking of alcohol has been going on, you start kissing, touching, ultimately, you have sex, especially if during the touching, your female partner does not show any resistance.  
 Sometimes, a guy will even rape a close female friend, because he knows, it will be difficult for her to tell her friends, knowing, they will not believe her.

2. WOULD YOU EXPLAIN TO ME, AS TO HOW DO TEENS ~~FORM~~ GROUP ?

- M<sub>5</sub> You check on the guys, eg. when you realise that, there are guys like you who like expensive clothes, or cars, like you, you automatically club together.

This happens, when a teen is still young, immediately you grow older, you decide to change to a group of your own choice.

M<sub>2</sub> In grade 8, you are new at high school, the only people you know, is the guys of your grade, therefore, during break, you hang around as members of the same classroom, in small groups, and you start talking about school or social things. After a weekend, you share weekend experiences. As time goes on, you become friends until you reach grade 12, if you are still in the same high school.

M<sub>1</sub> You attend the same school, you therefore meet over the weekends, and you talk about, ----- the movie you watched, especially the sex movie. You start like, hey guys, did you watch -----, what do you think about it? The discussion goes on, sometimes we even argue over it. One might say, okay, you don't believe it Joe? you go try it, you will see it is true. This normally pertains to a particular sexual practice.

#### WHY DO TEENS FORM GROUPS ?

F<sub>3</sub> So that other girls can see you are not weird, and belonging to a group, makes you realize, there are other people like you with the same interests, and when you discover it, it is quite exciting.

M<sub>2</sub> Being a group member, gives you a feeling of security, protection, especially when you move around at night, going to the movies, parties and so on. Should you be attacked, then you can fight as a group, with your friends helping you.

M<sub>1</sub> It is nice when we meet as guys, you know, then we talk about girls  
THE GROUP STARTED LAUGHING.  
Yes, it is true, even girls talk about guys.

F<sub>6</sub> When you are with your friends, it is easier to talk about sex, than with your parent.  
You ask your friends, for some clarification of some things you experienced, or saw, or something you have heard or read about in a magazine.

M<sub>4</sub> You see mam, when you become a teen, you start experiencing certain feelings -----, seeing some strange things on your body -----, then you meet the guys, and you ask them, what does ----- mean? Then the guys go like, hey Joe, it is a sign you are grown up, get yourself a partner, your body is ready for action.

F<sub>3</sub> Sometimes you see something in the magazine, you take it that magazine to your friends, you want them to see it also. Then you start talking about it, so that, when you do it, with your partner, you do it the right way.

F<sub>1</sub> When we are together with friends, it is easier to talk sex issues and ask questions, because it is difficult to ask parents, certain questions about sex. You are free with your friends.

M<sub>1</sub> You see, in a group, we come from different backgrounds. In a group, one of you is naughty, the background from he comes, is sexually permissive, therefore, for him, talking about sex is no big deal. This guy will convince you, that, you should be sexually active, it is a good experience.

#### WHO SETS RULES IN A GROUP ?

enthusiasm, and many started participating

M<sub>1</sub> All of us. Normally, one suggests something that we need to do as a group, immediately the others in a group say, it is a fine idea, even if you disagree, you keep quiet, because, majority rules. For example, an idea may be on smoking, drinking liquor----- anything.

IT WAS QUIET.

WHAT IS THE VIEW OF TEENS ABOUT PEER PRESSURE ?

M<sub>1</sub> When you are with your friends, you should agree on what the group said you should do, otherwise, they say, ah--- Joe, you are boring, so you want to be cool, you do it, eg. others are smoking, they teach you, and you want to be cool.

M<sub>1</sub> Sometimes your parents once told you, such and such a thing is no good, you know that already, but when the guys say it is cool, you don't argue, because you must conform, and you like your friends.

M<sub>3</sub> Peer pressure is not good at all, because sometimes, you end up fighting with your parents, because eg. you want to go somewhere with your friends, and your parents do not want that. Sometimes, you demand something from your parents because your friends have it, if your parents say no, you fight.

M<sub>4</sub> When you are with your friends, you should not forget, who you are, where you come from, eg. I come from Umtata, I know, I am in Pretoria to study, and that's it, I am not here to mess around with the girls.

F<sub>3</sub> You need to be self confident, believe in yourself, have your own principles and keep them.

F<sub>2</sub> Yes, it is true, but, it is difficult at times, you love your friends, you don't want to lose them. They say they are sexually active, they share their sexual experiences, they feel proud of it, you are quiet all the time listening, they say, now it is you turn, tell us about your experiences, why are you quiet.

M<sub>4</sub> When you tell your friends, you are not sexually active, they will laugh at you, especially if you are a guy, they will think you have no style.

F<sub>6</sub> Before you join a group, you must think. You must first asses the style of the group Joe, you check, what are the likes of that particular group, then you decide. Look for people who are like you.

M<sub>1</sub> Sometimes your friends, are people you grew up with, you have been together for some time now, you cannot leave them and get new friends, you don't want to dissapoint them, sometimes, you must please them.

M<sub>4</sub> Don't allow people to change you, for whatever reason. Your friends are strangers you never knew before. Set your own standards, be strong, know yourself, back off, if you want to. I wanna set my own standards.

F I understand all what has been said about peer pressure, but what do you do practically----- I think parents need to help us.

F (f) Yes, don't let anybody change your mind.  
CAN A TEEN CHANGE TO A NEW GROUP?

M No, it is not easy for a guy, because, they will laugh at you, nickname you, and label you, so it becomes very difficult to change, even if you feel uncomfortable about certain things in a group.

WHY DO TEENS WANT TO KNOW ABOUT SEX ?

F why do teens want to know about sex? (with a frown on her forehead).

Peer Pressure: Observed was that, most teenagers are against it. An emotion picked up from voice, faces is one of anger and frustration.

WHAT IS THE VIEW OF TEENS ABOUT PREMARITAL SEX?

*W* It is one of the basic human skills that you learn as an adolescent. You learn it, you practise it, so that when you are married, you know how to perform.

---

*W* Teens say, when you are sexually active as a teen, you are test driving. -----  
You cannot marry a girl who has not been tested.

THERE WAS GIGGLING.

*miss out!*  
You know, friends will convince you that, sex instruments should be tested, to see if they work, so that you don't start to <sup>learn</sup> learn how to use them, when you are married already.



*Remember - G, why we get it*  
C, laughed, and kept quiet, then after she said: what a question?  
I did not expect that, anyway it's okay.

F<sub>5</sub> At puberty, there are body changes that give a teen strange feelings, and then, a teen becomes curious to know, what do those changes mean, so you ask your friends.

WL<sub>4</sub> The curiosity does not start at puberty, it starts long before that stage. It starts during childhood. To prove that it starts at childhood, you see children playing house, one says, I am mommy, another one says, I am daddy, then they say, now, mommy and daddy are going to sleep, then they sleep together, though doing nothing, it shows they already have the sex idea.

WL<sub>3</sub> Children ask parents, questions like this; Mommy, where does a child come from?  
Mommy why is your tummy so big?

WL<sub>4</sub> In a peer group, you find that, one person comes from a social background, where it is cool to be sexually active as a teen, so, for such a person, it is cool, to be sexually active. In a group, that very person will freely talk about sex and convince the others, there is nothing wrong in having sex.

WL<sub>4</sub> When you watch TV, all of a sudden you see people kissing and touching, you become curious to see, what happens next, you open your eyes. When you meet your friends, you tell them what you saw, and you say, it is disgusting. Your friends laugh at you, and say, it is not disgusting, it is cool, you should try it, and you will see it is cool.

DO TEENS FEEL SEX IS A RIGHT FOR THEM? (PREMARITAL SEX)

F<sub>5</sub> No, I don't think teenagers feel, sex is their right eg. Christianity says, marriage first, sex later, but it is not easy to practice this principle as teens. It is a good principle, but it is difficult. *This informant sounds angry and frustrated as she responds*

WL<sub>1</sub> I think, it is the other way round, sex first, marriage later. You can't marry a girl who has not been tested first.

*CHARACTER*

Our parents also, did not obey this Christian principle. For example, if you calculate the age of the first born in the family, and compare it with the age of your mother, you realize, she was a teen mother, so, what does it mean? she had sex as a teenager.

WL<sub>5</sub> In the history of mankind, teens, have heard sex. I think parents, should leave us to have sex, they must just teach us the correct way of having sex, because, teens gonna have sex anyway.

WL<sub>1</sub> What we view on TV, is like theory that needs to be practised and tested. You must test drive, just like a new car, that you want to see if it performs well, before you buy it.

*Interpretation: Sexual  
abstinence is not, for  
teenagers - advised...*

WHAT ARE THE SOURCES OF SEX INFORMATION FOR THE TEENS?

WL<sub>4</sub> Most of us, learn about sex from the street, we Black teens, I don't know about other racial groups, eg. I learned about it from the street. Friends out there, convince you, and teach you wrong stuff.

F<sub>4</sub> I learned about sex for the first time, from my mom, when I started menstruating. My mom is a nurse, so she said to me; you see now you are menstruating, it means, you are an old woman. You sleep with a boy, without a condom, you are going to fall pregnant.

F<sub>3</sub> My mother is also a nurse, and she taught me that, because, I am now seeing my period, if I have sex, I shall fall pregnant. Then, she brings me magazines and brochures from the hospital, on sexuality of adolescents and on infections.

M<sub>4</sub> Yes, it is easier for girls, in the family, to learn from mom because, girls are closer to the moms, more than boys. Boys are socialised by their fathers, and the father, becomes very rough and harsh with you, as a boy, that, it is not easy, to ask him stuff on sex. We also, as teens, watch sex movies on TV, then discuss these films with friends.

F<sub>1</sub> We, as teens, we also learn about sex, from magazines like, cosmopolitan, true love, etc. You find something interesting, you pass the magazine to your friends, then discuss whatever, to hear the views of your friends, about a particular sexual practice.

F<sub>2</sub> Well, at school, the guidance teachers, do tell us about reproductive health, from grade six, but, for more information, we listen to friends.

F<sub>3</sub> AT my school, our guidance teacher brings a video on birthing, and shows it to us girls, you see, our school, is a girls' high school. And, once a year, when we are doing grade 8, a nurse is invited to our school, to educate us on family planning, showing us, different types of family planning methods.

DO TEENS, PREFER PARENTS ALSO FOR SEX EDUCATION?

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F<sub>5</sub> It is not easy to talk about sex with your parents, we are afraid.

F<sub>2</sub> When you discuss with your friends, the discussion is free and open. There is nobody who says; Why do you ask this question?

M<sub>4</sub> You watch a movie, you like it, you ask your friends, if they have seen it. You discuss that movie, sometimes you start arguing on something, then someone says, you don't believe it? Go try it Joe, to see if it is true. You go try it, because you want to believe, what your friends said.

M<sub>4</sub> If you ask a parent a question on sex, he will look at you, and wonder, why do you ask such a question.

F<sub>3</sub> As a child, when you ask a parent, mom, where does a baby come from? They will tell you about, aeroplane staff.

M<sub>2</sub> My mom said to me as a child, babies are bought at the hospital.

F<sub>1</sub> The parent should say, you see, mommy and daddy did something, then mommy fell pregnant. Later on, the child will come back to ask; what did they do? Then the parent should explain nicely.

M<sub>1</sub> Parents do not realise that, when a child asks such a question he already knows something, he is just asking to test, how honest the parent is. Parents forget that, kids grow, they see these things, and hear about them.

M<sub>2</sub> Parents should be open and approachable, so that teens, can ask them questions on sex.

M<sub>2</sub> Parents should promote closeness with the child, and open communication before puberty, so that as a teen, it is easier to ask questions.

F<sub>5</sub> Sometimes, you as a teen, you hear about something, you want to verify with your mom, but you are afraid, because, you ask a parent something, she becomes suspicious that you are having sex.

F<sub>2</sub> Parents do not want to tell, because they know, they were also naughty as teens, just like us. I think parents should grow up. Sometimes you ask her a question, then she starts, ----- you know during our days ----- kind of staff.  
Or you ask her; Mama, what is AIDS? She says staff like, it is a disease. Then you go like; I know but kind of a disease?

M<sub>1</sub> I think that, when parents were growing up, they experienced some things in their lives, which they do not want their children to know about, because, they think; my kids will think I was stupid. Then a parent realises you are doing the same thing then he goes like; " don't do this " you ask, " why ?" the parent says, "I say don't, don't ask me why ". Instead of the parent telling you about her or himself, so that you can understand and sympathise with her/him.

M<sub>1</sub> Yes, some parents got their children, when they were teens.

F<sub>2</sub> Parents, become angry when a teen asks a question on sexuality, because they think you know, because they know they knew, when they were teens.

M<sub>4</sub> You ask, what is -----, the parent will say, why do you ask such a question, do you think you are a grown up now ?

F<sub>5</sub> Parents, never give a full explanation, as to why you as a teen should not behave in a certain way eg. your mum will say; should I dare find you with a boy, you will know me.  
Sometimes a child asks a question, then the parents, instead of answering the question, they smack a child and say; he is naughty.

PARENTS: Informants seemed angry with their parents. This area received more English questions.

WHAT DO YOU SUGGEST THEN, THAT PARENTS SHOULD DO ?

M<sub>2</sub> Parents should get closer to their kids early in life, eg. a father should play with his son, discuss some things with him, then, when the boy becomes a teen, it will be easier for him to ask his father certain things.

F<sub>2</sub> Parents should stop lying to their children, and tell them the truth.

M<sub>4</sub> Parents should remember that, they missed certain things when they were teens, that we as teens pick up when we grow up and we want to know about those things.

M<sub>2</sub> We are not interested in what happened during their days, that is yesterday, we are interested about today.

M<sub>3</sub> When a child asks a question, a parent should not smack, because smacking makes a child rebellious when he grows up.

M<sub>4</sub> Parents need to develop a strategy of telling, something like, " do you have, or use some condoms?" then the child will develop some idea that the parent wants to help.

F<sub>2</sub> A teen, should also have an approach for the parents, you can start by saying " I heard that -----, what do you say ?"

DO TEENS, EVER THINK OF SEX CONSEQUENCES?

M<sub>4</sub> They know of sex consequences, but teens, only think about it, after they have <sup>had</sup> heard sex.

I think teenagers are very ignorant, they know about things, they will have sex and then convince themselves, this is not gonna happen to me, and when it happens, they go like; "shirt", I should have done -----.

M<sub>1</sub> I think guys are the safest, when it comes to pregnancy.

LAUGHTER.

F<sub>4</sub> Teens worry more about pregnancy, than they worry about Aids.

Oh yah----, teens do think about pregnancy, because, when they know, they did it without a condom, the following day, they go to the doctor for an after pill, because the person knows, something is going to happen, when she has finished.

WHAT DO YOU THINK ABOUT A TEEN, BEING A PARENT ?

*(To incorporate with premarital sex)*

M<sub>1</sub> It is a bad thing, because, the money your parents used to give you as pocket money, they will now use towards helping your own baby, and you will not have money to spend with the guys anymore.

F<sub>3</sub> Yes, parents will cut on your pocket money, and make you share it with your baby.

F<sub>2</sub> You cannot go to the parties anymore, because you have a baby to look after.

M<sub>4</sub> In some families, once a girl falls pregnant, they kick her out of the house. It is a bad thing, for parents to do, because sometimes, the poor girl does not even know, who the father of the baby is. When that baby is born, how the hell is she going to look after that baby because she is inexperienced herself, she is not even mature herself.

F<sub>2</sub> Sometimes you have to marry that boy, even if you do not love him, which leads to a marriage that fails.

M<sub>4</sub> You cannot marry a person you don't love, you must stick to your principles.

WHAT DO TEENS HAVE TO SAY ABOUT ~~DATE~~RAPE ?

*think*

M<sub>3</sub> Firstly, I would say, women should not go out with strangers. Just because a guy has a fancy car, you don't know him, you jump into his car. Girls should use their heads. First know the guy, walk with him, he does not have to date you in his car.

F<sub>4</sub> Some girls would argue that, I am jumping into his car, in order to know him, how else can I know him ?

F<sub>5</sub> You can tell him, I have some friends I wish to bring along because I do not know you. You then go with your friends, he won't have a chance to do anything, because your friends are there.

M<sub>1</sub> I think it's unfair for the guy, I date you, then you bring your friends ? I am the one who is going to do the paying.

GIRLS LAUGHED.

ML<sub>4</sub> I think what a girl needs to do, let's say, you are in a party, a guy starts touching you, you need to say "don't touch, he continues, you yell at him, "I said don't touch", then he will get embarrassed and stop.

F<sub>3</sub> Yes, you don't let the guy go too far, because you know, you don't love the guy, you just wanted an outing with him.

ML<sub>4</sub> (demonstrating) Yes, he starts putting his arm here, you keep quiet, then the hand goes up and up, and now, when he wants something, you start retaliating, and the guy gets angry because you worked him up.

F<sub>2</sub> It is true, when you keep quiet, it's unfair to the guy, because you arouse his hormones.

F<sub>3</sub> You know Joe, if you are a guy, you should read the face of a woman, then you will be able to tell if she loves you or not.

ML<sub>5</sub> Sometimes, the girls are wearing these mini's, then the way some of them sit, it is tempting to guys, and they invite trouble. Sometimes, girls entice men, for example, when in night bashes, a girl speaks to you, and she starts hugging you -----, you know, then as a guy, you start thinking, she wants me.

F<sub>2</sub> No, sometimes it is her way of speaking. *(sounds defensive or aggressive from voice here.)*

ML<sub>4</sub> In friendship, guys, take advantage of friendship sometimes. He will date a female friend, then rape her, because she trusts him, he knows it will be difficult to tell her friends, that so and so raped me.

It happens also at night parties, especially after guys have used liquor, and some, drugs, they grab these girls outside, into isolated areas and start raping them, even in the toilets.

GIRLS LOOK EMBARRASSED.

-----  
WHAT DO TEENS SAY ABOUT **HOMOSEXUALITY**.  
-----

ML<sub>4</sub> I don't know where to start, but I think it is a bad thing.

{ F<sub>3</sub> Well, I have no problem about it, ---- it is life-style. I have some friend who are hom's, they are quite nice, sweat, normal people.

{ F<sub>3</sub> I would not judge homo's. Some people say, I wanna explore everything, then later decide, whether I wanna be homo or bisexual. It does not hurt anybody, it depends on an individual

ML<sub>4</sub> I think that is madness. Such people need to see a psychiatrist, because, sex, is always on your mind as a man. Nobody was created, man for man, but it has always been the opposite. Anyway, those guys are accepted these days, even by the government, so, there is nothing we can do about it.

\* **VIRGINITY**.

Laughter and giggling -----

ML<sub>4</sub> I think virginity is a good thing, but there are very few out there. Most guys think, if I say I am a virgin,, what will my friends think? They will think I am boring, I don't have style.

same male.  
W1

Girls also did not worry about this virginity thing, it is only nowadays, when everybody speaks about it, that they start thinking about it, and say "shit" I wish I never slept with anybody.

F1 Some girls will laugh at you, but you feel proud of yourself ----- yaha.

F2 When you are a virgin, then you should look for friends who are also virgins, so that they don't, kinda like----- laugh at you. When you are a virgin, you don't have to behave like a widow, kinda like, isolate yourself -----, not partying, you should still go out.

W1 If you are my sister, I recommend that, "you don't have to break that thing ", but if you are just a street girl -----ah, I don't care if you lose your virginity.

W2 No, that is not the right attitude, you should treat every girl like your own sister.

W1 If you are a virgin, do you still have a boyfriend ?  
-----.

F2 YES.

W1 For what purpose ?

F3 Yes, just to cuddle -----, enjoy a drink together -----.  
Some guys are disciplined, they know a relationship is not only about sex. You can have a man, there are many things you can do with a woman, it's not only about sex. ----- sex sex all the time -----, you should not only think about sex.

W1 If you are a guy, and you don't perform well, girls will say, you are boring, -----, you need to explore.

F4 It will be boring, only if a girl wants to have sex.  
-----.

W4 I believe, in a relationship, you must talk and agree on things  
~~MULTIPLE-SEXPARTNERS~~  
GIGGLING -----.

F3 If you have more than one, then it means, there are no emotions, that is why you can do it with many other persons.----- If you love the guy, you do it with him ----, you don' want to do it with other guys.

F2 Some girls do it with other guys because of frustration, by the current boyfriend.

W1 You love women for different reasons. Some girls are party animals. If the one you love does not want to go partying with you, you don't have to worry.  
GIRLS OBJECT.. and the researcher calls them to order, to give him a chance.  
Girls are like taxis, you miss one, you catch the next taxi.  
LAGHTER

F3 She refuses to go to a party with you, you ask her nicely, sweetly, let's go to the party please.

W4 I think is bad. In a relationship, you need to communicate, agree with her, and plead with her.  
When you mess around, Joe, you are putting your health at risk for disease, and staff like that.

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F<sub>1</sub> It is betraying your girlfriend. She discovers, she will not trust you anymore. You know, you hurt her. You lve Joe, the next thing you find him with Thandeka.

W<sub>1</sub> As long as you mess around, far from her, and even if she gets to know, you lie to her, she will believe you because she has not caught you herself. You protect your lie.  
The day she discovers, the bomb will explode

F<sub>3</sub> How would you feel, if it is your woman, doing that to you ?

W<sub>1</sub> I will feel very bad.

F<sub>3</sub> Now, why do it to her ?

W<sub>4</sub> I believe, guys who mess around, are guys who have never been hurt by a woman, because the minute you have been there, you will know, how the next person feels.  
COHABITATION. '
   
↓

W<sub>1</sub> I don't prefer it, if you stay with your girlfriend under one roof, it is restrictive. Your have no freedom to do " hit and run ".

WHAT IS THAT ? It means, messing around with other girls. You see, there is a girlfriend and sexual partner. A girlfriend, is the girl you love, and sexual partner, is a girl you meet at the street, you invite her into your flat, use her for that time, you don't even care to know her name that time.

F<sub>4</sub> Those teens who live with their guys, say, they do it, if the guy is not honest, and he runs around with other girls, it makes you jealous, then you want to keep him for yourself.

F<sub>5</sub> If you stay with your man, he will not marry you, because he knows you already.

F<sub>6</sub> It is a way to remain faithful to one partner, because this guy, is always with you

Observation: Informants very brief in responding to questions on STDs, HIV, AIDS, use of condoms, use of contraceptives. They sound either bored or exhausted / disinterested.

Use of contraceptives: Majority shows ignorance as well, because they say they use condoms, instead of discussing contraceptives.

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WHAT IS THE VIEW OF TEENS ABOUT USE OF CONTRACEPTIVES ?

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- F<sub>1</sub> Teens know they should use contraceptives, because they use condoms, when they do it. They also go to the clinic for a check up, and for the after pill when they suspect they are pregnant.

WHY ARE THE GUYS QUIET ?

W<sub>4</sub> It is because this family planning, is a female thing.

F<sub>2</sub> No, it is unfair. If you love your woman you must ask her and say sweetie, do you use contraceptives ?

W<sub>4</sub> Ah --- we guys never think of that.

WHAT IS THE PERCEPTION OF TEENS ABOUT USE OF CONDOMS ?

F<sub>3</sub> Yes, teens use condoms.

W<sub>1</sub> Yes, even if they go to the night parties, they take condoms along ----- in case of a hit and run.

LAUGHTER.

M<sub>4</sub> Yeah, you never know as a guy what will happen, after you have heard a few beers.  
 † So, you check on your friends and ask, anyone with raincoats ?

HOW WOULD YOU EXPLAIN STD'S ? *(Sexually transmitted diseases)*

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W<sub>3</sub> STD'S ? -----I am not sure, what it is.

W<sub>2</sub> When it<sup>is</sup> painful when you urinate, and you see pus coming out your pipe, then you should know you have this disease.

HOW DID YOU KNOW THIS ?

W<sub>2</sub> Because I had this problem, and I did not know what it is, my friends said I should go to the clinic. At the clinic, they told me I have STD, then, they gave me tablets to clean my blood.

F<sub>1</sub> Our teacher at school, told us about a cauliflower on the private parts.  
 THE OTHERS LAUGH AT HER.

Researcher } Give her a chance.

F<sub>2</sub> Yes, when you see a cauliflower, then you have STD.

W<sub>3</sub> At school, they tell us more about HIV and AIDS, not STD.

AND WHAT IS HIV?

F<sub>2</sub> All I know, is that, HIV is a killer, and AIDS, is a killer also.



IS THERE A LINK BETWEEN STDs, HIV and AIDS ?

F<sub>5</sub> No, each one is a separate disease, you either get STD or HIV.

W<sub>2</sub> At the clinic, when I had STD, they told me that, STD, is an early stage of HIV.

IS AIDS, A THREAT TO SOCIETY ?

W<sub>1</sub> At our school, they said, AIDS, reduces the number of people in the society.

Also that, people with AIDS, die at the age of 30 years.

W<sub>3</sub> When a woman is pregnant, and she has this AIDS or HIV staff, she gets a miscarriage, or the baby becomes a cripple.

W<sub>4</sub> What I know is that, there is no cure for AIDS, you get it, you die.

W<sub>1</sub> Is it true that, when you exchange tooth brushes, you get AIDS ?

F<sub>1</sub> No, it is not true, you get it, when you sleep around.

F<sub>2</sub> You also get this disease, when you do not condomise.

WHAT DO YOU THINK ABOUT THE SEX EDUCATION PROGRAMMES OFFERED AT YOUR SCHOOLS ?

W<sub>1</sub> Like I mentioned earlier on, at our school, we get sex education, only during the first term.  
A The HIV person is invited to the school, only once a year, which is not enough.

W<sub>3</sub> At our school, they tell us more about AIDS, and HIV, in the library, there are newspaper cuttings, pamphlets and magazines on these two diseases.

F<sub>3</sub> At school, they teach us about sex education, but for more information, we get it from friends.

F<sub>1</sub> At our schools, by the time they tell us about sexuality and sex, we, already have information from the other sources like TV, newspapers friends and magazines, when they teach us, we ignore them, because we know already.

M<sub>1</sub> Yes, we pretend as if we are listening, we know, we have the information already from the street and the teacher is not aware.

W<sub>3</sub> You know how teens are, they sometimes forget what the guidance teacher says, because, it is only during the first school term.

General observation The younger informants are not intimidated by the fact, the older informants are older in age, they participated freely in the discussions. There was one female informant who chose to sit in the second row and not behind the others. She kept quiet throughout the focus group interview.