PERCEPTIONS OF THE ASSOCIATION BETWEEN ALCOHOL MISUSE AND THE RISK OF HIV-INFECTION AMONG MALE YOUTHS IN SOSHANGUVE, GAUTENG PROVINCE

by

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The President of Uganda, Yoweri Kaguta Museveni, was introduced by Chinua Akukwe with these words:

> *Ladies and gentlemen, Uganda beat back the deadly ravages of HIV/AIDS because of the courageous and principled stand of one individual: Yoweri Museveni. This president more than 15 years ago decided to buck the traditional African proverb that a tree cannot make a forest. Mr Museveni became not only the proverbial tree in AIDS remedial efforts in Uganda but also constituted himself into a forest.... Many of us will be happy to save one, two, three or ten lives in our lifetime due to our direct actions. President Museveni has literally saved millions of lives in Uganda. He has also saved millions more in other parts of Africa by his bold, courageous and principled fight against HIV/AIDS.... President Museveni, you are without any doubt an icon and a living legend in the fight against HIV/AIDS in Africa* (De Waal 2006:94).

I thank you all.

DEDICATIONS

This dissertation of limited scope is dedicated to my loving wife

Nondumiso Machimana

and Tomtenda Nkateko Machimana, our son, who gave me the opportunity and support to pursue my academic dreams.

Silence your body to listen to your words
Silence your tongue to listen to your thoughts
Silence your thoughts to listen to your heart beating
Silence your heart to listen to your spirit
And silence your spirit, to listen to His spirit
In silence we leave many and be with the One (Hybels 2011:31)

DECLARATION

I, Eugene Gabriel Machimana, declare that **PERCEPTIONS OF THE ASSOCIATION BETWEEN ALCOHOL MISUSE AND THE RISK OF HIV-INFECTION AMONG MALE YOUTHS IN SOSHANGUVE, GAUTENG PROVINCE,** 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. This is my own work and has not previously been submitted before for any other degree at any other institution.

Eugene Gabriel Machimana

_____ _____

Signature **Date**

ABSTRACT

AIDS-related illnesses are the leading cause of deaths in South Africa. Alcohol misuse among male youths fuels the risk of Sexually Transmitted Infections (STIs), including HIV. Literature review was conducted on the association of alcohol misuse and the risk of contracting HIV among male youths. In this qualitative study fourteen male youths, all from Soshanguve in Gauteng province, participated in face-to-face interviews. The male youths who misuse alcohol show greater signs of indulging in risky sexual intercourse. In addition, the male youths who find their sexual partners at taverns were less likely to use condoms during sex. Other factors linked to alcohol misuse that hinder HIV-prevention include multiple sexual partners, transactional sex, men who have sex with men (MSM), young men's dominance over young women and non-use of condoms. The findings of this research project indicate the need of deliberate focus on alcohol misuse during HIV-prevention education. HIV-prevention interventions should pay attention to reducing sexual risk behaviour associated with alcohol misuse among young men.

Key terms

Alcohol misuse, HIV-infection, HIV-prevention, HIV transmission, HIV-vulnerable, male youths, qualitative research, risky sexual behaviour, role modelling and tavern.

LIST OF ACRONYMS AND ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Treatment
CEO	Chief Executive Officer
HBM	Health Belief Model
HIV	Human Immunodeficiency Virus
PPASA	Planned Parenthood Association of South Africa
STI	Sexually transmitted infection
UNAIDS	Joint United Nations Program on HIV and AIDS
UNISA	University of South Africa
WHO	World Health Organisation

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CHAPTER 1

ORIENTATION TO THE RESEARCH PROBLEM

1.1 INTRODUCTION

Community-based organisations such as LoveLife are tackling HIV-prevention amongst the youths across the country. A survey conducted by LoveLife (2008:4) shows that 94% of youths who participated in the study knew how to avoid HIV infection. However, they were persisting in risky sexual behaviours. Based on the facts reported in the study it is clear that HIV-prevention messages do not change behaviour on their own, hence there is a need to identify new points of intervention in HIV-prevention. Avert (2010:8) reports that the government has been promoting the use of condoms as one of the strategies in HIV-prevention, but "*is still falling short of what is possible"*. This statement was made by Barbara Hogan when comparing South Africa to the achievements of other countries of similar economic standing (Avert 2010:8). UNAIDS (2008:1) notes that South Africa has comprehensive policies and programmes to address the AIDS epidemic, however, some of these have not yet reached the maximum potential.

Subsequent to the condom drive, other HIV-prevention strategies have been employed such as promoting faithfulness, "*one-man-one-partner*" and abstinence. UNAIDS (2008:1) states that communication programmes are fundamental HIV-prevention strategies and these include Khomanani, Soul City and LoveLife. The HIV communication strategies have increased awareness, thus contributing to the success of curbing the spread of HIV to a certain degree. The continuing HIV prevalence has raised great interest in other risky behaviours, such as the association between alcohol misuse and the risk of HIV-infection among male youths.

South Africa is still faced with the challenge of the AIDS epidemic, yet there is a considerable amount of investment in health and sexuality education. The argument

raises interest in exploring other risk factors that may be contributing to the spread of HIV-infection. One such issue is alcohol misuse and its association with HIV transmission. Research conducted by Simbayi, Mwaba and Kalichman (2006:535) shows that there is a strong link between HIV risk behaviour and alcohol use in South Africa.

A youth survey conducted by Madu and Matla (2003:129) in Limpopo province indicated that 39% of youths between the ages of 15 and 19 years were regularly using alcohol. Other studies have indicated that 31% of university students admit to using alcohol (Flisher, Parry, Evans, Muller & Lombard 2003:62). The strong link between excessive alcohol consumption and HIV risk behaviour necessitate an in-depth understanding of this area so as to be able to adequately address the problem. The incidence of HIV peaks in youths aged between 15 and 24 years according to the study conducted by LoveLife (2008:4). Youths have shown to be susceptible to HIV-infection. Forut (2010:5) argues that alcohol use directly affects cognitive functions, thus reducing HIV risk perception. Youths who misuse alcohol have reduced self-control and the ability to process information, hence they are vulnerable to risky sexual practices. Unsafe sex, for instance, could expose youths to HIV-infection.

In observing youths' sexual debut in a national study, Shisana, Rehle, Simbayi, Zuma, Jooste, Pillay-van-Wyk, Mbelle, Van Zyl, Parker, Zungu, Pezi and the SABSSM III Implementation Team (2009:65) have urged that *"focus should be given to target young boys to delay their age of sexual debut. In particular, molding of masculine identities in ways which discourage early sexual experience"*. Given the health risk that alcohol misuse poses in the era of the AIDS epidemic, it is fitting that research should be conducted in this area so as to increase literature in the hope that this would give rise to more effective strategies to curb the impact of AIDS in South Africa. In this study, the researcher intended to explore perceptions of the association between alcohol misuse and the risk of HIV-infection among male youths at the Institute for Primary Health in Soshanguve. In this paper the term youths and adolescents are used interchangeably.

1.2 THE RESEARCH PROBLEM

HIV transmission among male youths who misuse alcohol is still a challenge in South Africa and this is the central research problem of this study. Southern Africa was the worst affected region within Sub-Saharan Africa, with eight countries recording an HIV prevalence of over 15% in 2005 (Pithey & Parry 2009:156). In the study conducted by Kalichman, Simbayi, Kaufman, Cain and Jooste (2007:141) it is estimated that two out of three people living with HIV, 40 million globally, are living in Sub-Saharan Africa. According to Shisana *et al* (2009:31) 8.7% of youths aged 15 to 24 years in South Africa are living with HIV. The researchers also indicate that in Gauteng province there are 10.1% of youths in the same age group living with HIV. The statistics highlight the enormity of the problem both in Sub-Saharan Africa and in South Africa.

The research was conducted in Soshanguve, an urban township in Gauteng province, South Africa. Kalichman *et al* (2006:299) reports that the highest HIV prevalence, which is 21%, in South Africa occurs among people living in townships and informal settlements. One of the challenges facing South Africa is alcohol misuse associated with HIV risk behaviour among male youths. Kalichman *et al* (2007:141) argues that the problem of HIV risk associated with alcohol use dates as far back as one hundred years and it cuts across social, cultural and economic barriers. They also explain that in the mid-1980s it was shown that alcohol use is related to sexual risks. Pithey and Parry (2009:156) affirm that in the year 2000, Sub-Saharan Africa was ranked amongst those with the most detrimental drinking patterns, associated with sexual risk behaviours, in the world.

The preliminary literature review suggests that male youths are at risk of contracting HIV as a result of misusing alcohol. If this trend is to continue without intervention it will have a negative impact on male youths who are part of the vital population group in South Africa. Male youths who are supported by the Institute for Primary Health need support and guidance in terms of dealing with the risk of contracting HIV due to alcohol misuse. The current study attempted to explore what has been done to support male youths who are confronted with the challenge of alcohol misuse and the risk of HIV infection.

The research problem was formulated as follows: Male youths between the ages of 16 and 20 years are at the risk of contracting HIV due to the misuse of alcohol.

1.3 THE PURPOSE AND OBJECTIVES OF THE STUDY

1.3.1 The purpose of the study

Preliminary literature review shows that Southern Africa has a challenge of HIV risk behaviour that is linked to the misuse of alcohol (Kalichman *et al* 2007:141). Alcohol associated with sexual risk behaviour poses a challenge to South Africa, where HIV transmission is rife. Kalichman *et al* (2006:301) reports that the percentage of males who engage in sexual intercourse after using alcohol is higher compared to that of females, which is 56% and 25% respectively. The higher percentages of male youths consuming alcohol in the sexual context necessitate further study because some of them have unprotected sex with unfamiliar partners. It is partly for this reason that a research was conducted at the Institute for Primary Health in Soshanguve, where they have male youths attending HIV-prevention programmes. Kalichman *et al* (2006:303) support this claim by pointing out the urgency of HIV-prevention interventions in South Africa. The HIV-prevention intervention strategies should also address the influence of alcohol in the spread of HIV.

Other studies (Parry, Rehm & Morojele 2010:82) confirm that there is conclusive evidence to link alcohol use with the spread of HIV. In South Africa an individual who drinks consumes on average 20 litres of alcohol per year, which is the highest volume compared to other countries in the world. Kalichman *et al* (2007:141) state that about 40% of South African males consume more alcohol, and indulge in HIV risk behaviour, compared to about 15% of their female counterparts. The age group that was targeted for the study is said to be at greater risk of contracting HIV, influenced by alcohol misuse, yet they are appropriate for HIV-prevention programmes. Many of them could be reached by HIV-prevention messages before they contract the virus.

The problem of alcohol consumption is increasing, yet it is associated with sexual risks that could transmit HIV. Nong (2011) states that the Institute for Primary Health engages with youths in their HIV-prevention programme and some of them are living with HIV. It was the interest of this study to explore the influence of alcohol misuse in HIV-infection at the institution. Kalichman *et al* (2006:301) have noted that people who have the pattern of excessive drinking of alcohol tend to indulge in unprotected sex for sensation. This includes both anal and vaginal sex, with the former being more dangerous in terms of the likelihood of transmitting HIV. Some people who misuse alcohol have either shared injecting equipment in the past or are likely to have had a sexual partner who is an injecting drug-user. This practice further complicates HIV-prevention strategies.

In the light of this scenario, the study could benefit the Institute for Primary Health when they develop HIV-programmes that are relevant for youths. The management of the Institute for Primary Health showed a great interest in the study during and after the negotiations for access. The main purpose of the study was to contribute scientific data for the institution to use when they develop policies and procedures to address the association between alcohol misuse and the risk of HIV-infection. The fact that the Institute for Primary Health has a hospice amongst its programmes alludes to the challenge of HIV-infections in this particular community. The HIV-prevention programme could benefit from this study as it could improve the intervention strategy before some of the youths are infected with HIV.

The researcher has a personal interest in the subject and this is part of the motivation for the study. The researcher grew up in a family where alcohol was misused, and this caused me pain. Through reading the researcher learned that alcohol misuse is associated with the prevalence and incidence of HIV (Parry *et al* 2010:82). The experience of working with youths and the personal pain relating to alcohol misuse in the family has motivated me to conduct a research project among male youths in the context of HIV prevalence.

1.3.2 The objectives of the study

The objectives of the study were:

1.3.2.1 To explore male youths' perceptions about their vulnerability to HIV-infection

1.3.2.2 To explore male youths' perceptions, knowledge, beliefs and impressions of alcohol misuse and HIV-prevention

1.3.2.3 To explore what has been done in preventing HIV-infections among male youths

1.3.2.4 To explore what needs to be done to prevent HIV-infections among male youths

1.4 RESEARCH QUESTIONS

The following section will discuss the research questions that the study sought to answer. The central question that this study aimed to answer was: **What are the perceptions of the association between alcohol misuse and the risk of HIV-infection among male youths in Soshanguve?**

1.4.1 Do male youths perceive themselves to be vulnerable to HIV-infection?

1.4.2 What are male youths' perceptions, knowledge, beliefs and impressions of alcohol misuse and HIV-prevention?

1.4.3 What has been done to assist male youths who are at risk of contracting HIV due to alcohol misuse?

1.4.4 What needs to be done to assist male youths in addressing HIV risk factor as a result of alcohol misuse?

1.5 DEFINITIONS OF KEY TERMS

Words may have different meanings for various people in different contexts. In this research project the following words will refer to:

TERM	DEFINITION
Alcohol use	refers to the frequency of alcohol use and/ or quantity used over a period of time (Galanter 2006:88).
Alcohol misuse	Some people who experience interpersonal, financial or social problems due to alcohol consumption are classified under the category of people misusing alcohol (Goldberg 2003:136). People who misuse alcohol may drink infrequently, however, they have problems when consuming alcohol at those times.
Substance misuse	refers to maladaptive behaviour leading to recurring impairment of judgement due to the misuse of drugs such as alcohol, marijuana and tobacco (Hanson, Venturelli & Fleckenstein 2009:51).
HIV-prevention	the educational and behavioural interventions to curb the spread of HIV-infection (Poindexter 2010:22). This includes educating people about how HIV is transmitted, because there is no medical cure.
HIV transmission	the act of passing on HIV-infected fluids to another person's mucous membranes or bloodstream (Poindexter 2010:13). This could occur in many ways, including unprotected vaginal or anal sexual intercourse, oral sex or blood contact.
HIV vulnerable	being at risk of contracting HIV due to alcohol use as a risk factor.
Male youth	male youths who were targeted for this study and are between the ages of 16 and 20 years.
Role modelling	someone whose character, life, behaviour is taken as a good example to follow (Brookes, Munro, O'Donoghue, O'Neill, & Thomson 2004:1048). In this context it is exemplary sexual behaviour of youths that stimulates others to follow.
Risky sexual behaviour	sexual practices that put people at risk of contracting HIV. The practices could range from swallowing semen, contact with menstrual blood, unprotected anal or vaginal sex. Van Dyk (2001:147) points out that HIV is highly concentrated in blood, semen and vaginal secretions.

1.6 THE CHOSEN STUDY SITE

The research project was conducted at the Institute for Primary Health in Soshanguve, Gauteng province. The researcher had to conduct the face-to-face interviews in the community of the research participants in order to understand their behaviour within their environment. Nong (2011), Chief Executive Officer, is one of the founding members of the Institute for Primary Health. The organisation was established in 1994 and it runs HIV-prevention programmes, including a hospice for AIDS patients who are terminally ill. The organisation aims at educating the public about the AIDS pandemic and also offers support to people infected and/or affected by HIV.

Monareng (2011) indicated that the HIV-prevention programme targets school-going youths and people who are training in Home-based Care at the Institute for Primary Health. The research participants were selected specifically from this group, because they are within the age group of 16 to 20 years. Monareng is one of the nursing sisters who assist with the practical training of people in Home-based Care. The organisation enjoys the support of local businesses and the local taxi association. For instance, some businesses donate food and the taxis assist with transport for both the patients and staff members of the Institute for Primary Health. Nong (2011) indicated that the Department of Health is among their key stakeholders as they fund the Home-based Care programme.

1.7 CONCLUSION

The first chapter presented an overview of the research project, where the research problem, the purpose and objectives of the study were discussed. The research questions were outlined and key terms were defined. The chapter was concluded by discussing the chosen study site. The following section will outline the chapters and subsequently be followed by chapter 2, which is the literature review. The literature review will put the study into a theoretical framework.

1.8 OUTLINE OF CHAPTERS

The rest of the dissertation is organised in the following way:

- **Chapter two** discusses the literature review which highlights previous research conducted about the association between alcohol misuse and the risk of HIV-infection. The chapter discusses various views about how excessive alcohol consumption prohibits HIV-prevention.

- **Chapter three** presents the methodology that was employed in the study and focuses on the qualitative research design, setting, sampling techniques and data collection tools that were used. It also discusses the measures to ensure the trustworthiness of the findings and concludes with the ethical considerations of the study.

- **Chapter four** provides the findings and this includes the verbatim transcriptions captured during the face-to-face interviews.

- **Chapter five** summaries and analyse the research findings. In this chapter the researcher analysed the data by using thematic analysis. Thematic analysis involves identifying emerging themes related to the research participants' perceptions with regard to alcohol misuse and the risk of HIV-infection. The identified common patterns in the data were interpreted according to the Social Learning Theory and Health Belief Model.

- **Chapter six** concludes the research and provides some recommendations that could strategically assist the organisation in addressing the challenges of the spread of HIV associated with alcohol. The researcher trusts that the recommendations of the research will help address HIV risk factors associated with alcohol misuse among male youths at the Institute for Primary Health.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The literature review highlights previous research conducted in the area of alcohol misuse and HIV risk behaviour. According to Babbie and Mouton (2001:565) it is important to place the current study in the context of the general body of scientific knowledge. The literature review discusses previous research that was conducted on the topic and point out general trends and counter-arguments with regard to the subject.

The review begins by explaining the developmental stage of the adolescents who participated in the research project. It explores the HIV risk associated with alcohol misuse and approaches for prevention. Chapter 2 concludes by discussing the theories that guide the analysis of the findings.

2.2 DEVELOPMENT AFTER CHILDHOOD

2.2.1 Adolescent stage

Swartz, De La Rey, Duncan and Townsend (2008:86) define adolescence as the stage of human development that is preceded by middle childhood and it is a process leading to adulthood. Santrock (2005:149) states that adolescence begins and ends between the ages of 10 and 21 years. Contrary to Santrock's explanation of adolescence, Gleitman, Fridlund and Reisberg (2000:511) argue that biologically boys reach adulthood at the age of seventeen in contrast to girls, who reach it at fifteen. Another view point is that in some cultures the beginning of biological puberty implies the beginning of adolescence. In some South Africa cultures, such as the Xhosa and Tsonga, circumcision of male youths marks the adolescent stage (Swartz, De La Rey & Duncan 2004:81). This viewpoint does not necessarily put an age to the definition of adolescence. A study conducted by Leclerc-Madlala (2002:23) among the Zulu youths report that adolescents, defined ages 13 to15, are

sexually active and some of them are HIV positive. For the purpose of the study the term adolescent or youth refer to people at the stage of human development between the ages of 16 and 20 years.

Swartz *et al* (2008:86) point out that adolescence is characterised by physical, emotional, and social changes. The emotional and social maturation process differs from individual to individual and it continues throughout the human life cycle. The maturation differences account for why some male youths still display adolescent behaviour even after turning seventeen. It also shows why adolescence cannot be limited to the age of seventeen, as explained by Gleitman *et al* (2000:511).

The youths who were targeted to participate in the research project are at the adolescent stage and moving into adulthood. The adolescent stage signifies the process of sexual maturation. Gleitman *et al* (2000:512) point out that the process of sexual maturation leads to the formation of romantic attachment among adolescents. In life cycle all human beings have to go through this phase with the experiences it presents. The male youths who participated in the study are at the age where they will be forming or have formed romantic relationships. The adolescent stage presents challenges in the era of the AIDS pandemic depending on how youths conduct themselves. The challenges that come with the adolescent stage are discussed in detail in the following sub-headings. It is for this reason that this particular age group has been chosen to participate in the research project.

2.2.2 Cognitive development and implications of the changes

Swartz *et al* (2008:88) affirm that Piaget's stages of cognitive development portray adolescents as youths who can think in an abstract way, as well as think idealistically and logically. Abstract thinking enables adolescents to solve problems, whereas idealism helps them to construct images of themselves, others and the social world. Gleitman *et al* (2000:512) argue that the development of abstract thinking is critical for adolescents, because this stage is characterised by emotional stress. The fact that adolescents can think critically at this stage is important as they go through the emotional life cycle phase.

Moreover, adolescents are egocentric, that is, they think of themselves as unique and special. Swartz *et al* (2008:89) caution that the challenge of unrealistic ideas about themselves could have destructive consequences in the context of the AIDS pandemic. Egocentrism may lead some adolescents to think that they are so unique and special that they cannot be infected by HIV, but only others. It is unrealistic ideas such as these that expose youths to the risk of HIV-infection, especially in the light of the fuelling factor of alcohol misuse.

2.2.3 Identity versus identity confusion

Erickson's theory of human development posits that human beings go through eight stages from infancy to old age. The following section discusses the fifth stage of Erickson's eight stages of psychosocial development, which is identity versus identity confusion. According to Erickson this stage is relevant for adolescents aged between 10 and 20 years (Santrock 2005:135).

Erickson in (Swartz *et al* 2008:89) proposes that each stage of human development involves a crisis. The crisis experienced by adolescents relate to the struggle of experimenting with conflicting ideas. For example, adolescents are moving from the security of childhood into the autonomous adult identity and this creates a crisis. At the childhood stage basic trust is developed when needs are met, however, adolescents have to establish their own sense of self, an identity. Myers (2011:170) asserts that the process of forming identity involves asking questions such as "*Who am I as an individual?"* and *"What do I believe in?"* At this stage adolescents integrate their past, present and future potential in order to form a single identity of self. The identity stage is resolved when there is a dependable and secure sense of oneself, an identity.

In support of Erickson's theory, Gleitman *et al* (2000:513) state that youths are confronted with challenges as they discover who and what they really are as they go through what Erickson calls the identity crisis. When youths explore their social roles it becomes important for them to identify with particular groupings, which ultimately

influence their lives. Swartz *et al* (2008:88) indicate that the problem-solving skills, as described by Piaget, becomes critical for the adolescent to resolve in this stage. Over time adolescents develop formal-operational thinking skills, which help them to think logically. As they mature they are able to apply reason before acting, therefore this stage is resolved by planning actively.

Swartz *et al* (2008:90) caution that if this stage is not resolved it results in identity confusion. However, a good and stable mature identity develops when this stage is resolved. Myers (2011:170) states that identity confusion manifests itself in various forms such as social isolation and loss of group identity. This may be seen when a young adult struggles to form a close relationship which has a capacity for intimate love.

2.2.4 Psychosexual personality development

Sigmund Freud asserts that instincts are fundamental drives that determine personality. Humankind according to Freud constantly have to satisfy life instincts such as the need for food, water, air and sex in order to ensure growth and development (Swartz *et al* 2004:166). Sex is regarded as the primary motivation, according to Freud, as most of our behaviour is pleasure-seeking. The theory suggests that human beings constantly attempt to suppress sexual desires. Freud's theory states that sexual urges repressed clash violently with one's unconscious prohibitions and therefore cause conflict in the adolescent stage (Gleitman *et al* 2000:512).

At adolescent stage there are many hormonal changes that mark the stage called genital stage. Swartz *et al* (2004:169) affirm that during the genital stage adolescents enter into heterosexual relationships outside their families. When adolescents wrestle with the sexual drive and the need to satisfy it, they become vulnerable to exploring with sex. Myers (2011:422) affirms that unresolved conflicts in the psychosexual stages could emerge as maladaptive behaviour in the adult stage. The genital stage could be confusing to many youths if they don't have some support to help them cope with the changes.

2.2.5 Sexual relationships and HIV risk

Some adolescents start to form romantic relationships, some of which may expose them to the risk of contracting HIV. According to Swartz *et al* (2008:92) about 51% of adolescents experiment with penetrative sex and they report a high number of sexual partners at this stage. Teenage pregnancy is high in many South African communities, as reported by Swartz *et al* (2008:93). The fact that there is a high incidence of teenage pregnancy point to unsafe sex among youths. The risk of contracting HIV is complicated when some of the adolescents abuse alcohol. Kalichman *et al* (2006:301) state that amongst those that indulge in unprotected sex in seeking sensation, some individuals are reported to be influenced by having abused alcohol. The practice is therefore associated with failure to apply preventative methods against HIV-infection.

2.2.6 Risk-taking behaviours

In the context of this research substance abuse refers to deliberate and improper use of drugs which alter mood, perception and behaviour (Goldberg 2003:5). Alcohol, heroin and marijuana are some of the examples of drugs which alter emotional, physical, intellectual and social functioning skills. Substance abuse, referring to alcohol in this study, is a common challenge among youths. Swartz *et al* (2008:93) warns that alcohol and drug abuse are reported to be on the increase in South Africa, particularly among youths who make up a quarter of all who are currently abusing substances. In a study conducted by the South African Community Epidemiology Network on Drug Use Project in three cities, namely Cape Town, Durban and Gauteng, they found relatively high numbers of adolescent patients who needed medical care after abusing alcohol and other drug-related substances, 24%, 21% and 18% respectively (Swartz *et al* 2008:93). The research project was worth exploring in Gauteng, although it seemed least affected in comparison to Cape Town and Durban. The risk of HIV-infection caused by alcohol misuse is just as real in Gauteng as any other part of the country, however. Kalichman *et al* (2006:301) indicate that some individuals who consume alcohol are inclined to have multiple sex partners, to have had a history of sexually transmitted infection (STI) and of genital ulcers.

Swartz *et al* (2008:94) further indicate that not only is alcohol abuse problematic in curbing HIV, but it also causes mental problems, and academic problems, that is, both in achievement and attendance. It is worth highlighting these problems, although the focus of this document is HIV risk-taking behaviour as a result of alcohol misuse and the prohibition of HIV-prevention. Some of the male youths who participated in the research project are still studying, so the impact could be devastating for their academic life.

2.3 ALCOHOL MISUSE AND HIV RISK

2.3.1 Alcohol misuse and HIV prevalence in South Africa

Alcohol use is associated with risk behaviour, which is often a factor in STIs, including HIV. Kalichman *et al* (2006:298) state that some people, those who drink alcohol sometimes, have sex with unfamiliar partners and they are likely to have unprotected sex. Studies such as the one mentioned above show that there is a relationship between substance misuse and sexual risk behaviour. In South Africa alcohol is by far the most misused form of a drug compared to other substances such as marijuana. In South Africa an individual who drinks alcohol consumes on average 20 litres per year, which is the highest volume compared to other countries in the world (Kalichman *et al* 2007:141). South African males consume more alcohol compared to women, and male youths between the ages of 10 and 21 are even more vulnerable.

South Africa has the highest HIV-infection numbers in Sub-Saharan Africa. In 2008 it was estimated that South Africa had an HIV prevalence of about 5.2 million (Shisana *et al* 2009:30). The study also estimates that about 2.5% of youths aged 15 to 19 years are living with HIV in this country. The age group 15 to 19 years includes the target group for this research project. HIV occurrences are dependent on the direct contact between people living with HIV and susceptible individuals. The transmission of HIV between such individuals occurs in different places and in various forms. The following section elaborates on the association between alcohol misuse and HIV prevalence in this country.

2.3.1.1 Alcohol, drinking establishments and transactional sex

Kalichman, Simbayi, Vermaak, Jooste and Cain (2008:55) assert that in South Africa many people contract HIV in the context of substance abuse, with alcohol being the main substance misused. Taverns, beer halls and informal drinking establishments represent high-risk venues for HIV, because some people meet new sexual partners there. In this study the words tavern and shebeen were used interchangeably. People who were interviewed in a study by Kalichman *et al* (2008:56) report having had two or more sexual partners if they met them at the taverns where they drink and socialise. Juma and Klot (2011:5) claim that adolescents who have multiple partners are mainly motivated by peer pressure to prove that they are normal and masculine. The research participants indicated that they usually drink before they have unprotected vaginal sex with non-regular sex partners.

The sexual behaviour at taverns take various forms, such as consensual or transactional sex and rape. In a study conducted in Soweto and Hammanskraal, Gauteng province in South Africa, a woman commented that sometimes when she goes to taverns she is raped by a person she knows, and the rapist *"does not know if you have AIDS"* (Wojcicki 2002:281). The following quote expresses the feeling of another victim of rape, who participated in the same study:

> *He found me outside coming from the toilet. He Grabbed me.... I tried to fight for myself but there was no one because I was also drunk and there was no help* (Wojcicki 2002:281).

Rape is risky sexual activity in the era of the HIV pandemic, especially if a condom is not used during the rape. Tavern owners in Soweto do not think that the women who visit taverns to exchange sex for money are causing problems. Dunkle, Jewkes, Nduna, Jama, Levin, Sikweyiya and Koss (2007:1236) define the practice whereby women receive money or gifts in exchange of sex as transactional sex. The people in Soweto refer to women who exchange sex for money as "*bayaphandela imali",* which is translated as *"they are trying to help themselves to get money"* (Wojcicki

2002:273). One woman described the way she managed to sleep with many men she meets at taverns as follows:

> *I actually don't sleep with all men that I meet. I pick a man whom I will sleep with for that whole weekend. The following weekend, I get another one* (Wojcicki 2002:274).

Some men who have many sexual partners are more likely to have met some of their sex partners at the shebeen and misuse alcohol more frequently. Kalichman *et al* (2008:58) warns that people who met their sex partners at the shebeen reported having been previously diagnosed with STIs. When unprotected sex takes place in the context of alcohol misuse it poses the danger of transmitting HIV. Norris, Kitali and Worby (2009:1174) declare that transactional sex has increased the probability of spreading STIs.

Kalichman *et al* (2008:56) indicate that about 92% of the high-risk venues for HIV rarely have condoms for people to use. The unavailability or limited stock of condoms in taverns hinders the HIV-prevention programme. Another factor that restricts condom use is inaccessibility. The negative attitude of clinic staff makes it difficult for youths to access free condoms provided at the clinics (Karim & Karim 2010:162). Condoms are put in a public space in many clinics, which gives young people no privacy to access them. Karim and Karim (2010:195) mention that distributing condoms in taverns will improve accessibility for young people. Distributing condoms at taverns will also address the issue of the limited operating hours of clinics.

Moreover, the other challenge is that some men prefer not to use a condom and they offer women more money in exchange for this unprotected sex. Wojcicki (2002:282) states that women accept R150 or R200 for sex without a condom when they are at taverns as opposed to receiving only a little money for sex with a condom. The highlighted challenges hint at the need for the development of HIV-prevention programmes that will specifically target taverns.

2.3.1.2 Men who have sex with men

HIV is a virus that infects people indiscriminately of sexual orientation. In 1980 the first cases of AIDS were recorded among homosexuals in South Africa (Karim & Karim 2010:123). Subsequently, HIV has spread across all human beings regardless of age, gender and race. According to Poindexter (2012:6) men who have sex with men (MSM) have high cases of new HIV infections (53%) compared to heterosexuals whose new infection rate is 31% per year. The issue of MSM is in line with this study, especially in cases whereby young men misuse alcohol. Alcohol misuse is known to promote risky sexual behaviour, which exposes young men to HIV.

A study conducted by Lane, Raymond, Dladla, Rasethe, Struthers, McFarland and McIntyre (2009:626) suggest that there is a high rate of unprotected anal intercourse between men in Soweto. In addition, African men who have sex with men are about four times more likely to be infected with HIV than the general population. MSM is the population group most at risk in other parts of Africa, where homosexuality is illegal, unlike in South Africa (Lane *et al* 2009:626). In 1994 homosexuality was decriminalised in South Africa, hence the government included MSM in the HIV and STI National Strategic Plan.

Lane *et al* (2009:627) argue that same-sex sex is stigmatised and this causes some people to hide their *"gay"* or *"bisexual"* identity from their families, friends or female partners. Some gay men have sex with women to keep their identities hidden. Lane *et al* (2009:129) state that HIV prevalence in gay men is about 11.7%, which is higher than those with bisexual (6.4%) or straight identities (10.6%). In contrast to the South African condition the study conducted in the United States of America (US) reflects that gay men mostly abuse drugs rather than alcohol (Stall, Paul, Greenwood, Pollack, Bein, Crosby, Mills, Binson, Coates & Catania 2001:1598). In this particular study there was no conclusive evidence to explain why drugs were common among gay men.

Lane *et al* (2009:631) claim that some men exchange sex for alcohol. The researcher did not find many documents discussing transactional sex between men

and men, but it is happening. According to Dunkle *et al* (2007:1236) much of what we know about transactional sex is from women's perspective, because *"we have little information on transactional sex from men's perspective".* Alcohol plays a role in promoting some risky transactional sex in the townships. It is imperative to include gay-identified men in HIV prevention programmes in order to prevent the spread of HIV (Lane *et al* 631). In South Africa there are no legal barriers to including MSM in HIV-prevention programmes.

2.3.2 Effects of alcohol

Alcohol is a drug that depresses the nervous system. Nolen-Hoeksema (2008:629) states that alcohol affects the brain on two different levels. A low dose of alcohol tends to make users more self-confident, more relaxed and perhaps slightly joyful. Gaining self-confidence is one of the factors that attract male youths to alcohol. In contrast, high doses of alcohol cause symptoms such as depression, fatigue and lethargy, decreased motivation, sleep disturbances, depressed mood and confusion (Nolen-Hoeksema 2008:630). The impairment of judgment caused by alcohol consumption leads to reduced cognitive functioning and risk perception, which makes youths vulnerable to risky sexual behaviour that may expose them to HIV-infection. The continual use of alcohol leads to dependency, which is often labelled alcoholism. Hanson *et al* (2009:197) define alcoholism as the consequence of the use of alcohol over time, which results in physical and psychological addiction. Alcoholism complicates health conditions for people living with HIV.

2.3.2.1 Alcohol suppresses immune system

The immune system serves to protect the host from invading pathogens and safeguard the internal body (Karim & Karim 2010:128). However, the human body is frequently attacked by infectious agents such as viruses, bacteria and protozoa. The infectious agents enter the body through various means, such as exposed skin and blood. It is important to keep the body healthy for the immune system to function at its optimum. Van Dyk (2001:367) reports that alcohol, like other drug-related substances, has been proven to suppress the immune system and lowers the CD4 cell count. The CD4 cells are the defensive cells in the immune system. Poindexter

(2010:6) cautions that when the CD4 cell count is lower than 200, an HIV-infected person is vulnerable to AIDS-related opportunistic illnesses and death. Shuper, Neuman, Kanteres, Baliunas, Joharchi and Rehm (2010:164) conducted a study which supports that alcohol, though mainly through excessive drinking, worsens the condition of the person living with HIV.

Besides suppressing the immune system, alcohol is known for increasing secondary infections and illnesses such as pneumocystis carinnii pneumonia, according to Van Dyk (2001:367). Alcohol may cause hepatitis and liver damage and it delays recovery from opportunistic diseases. There is no evidence to show that moderate alcohol drinking is directly harmful as it alleviates stress and anxiety. However, it is advisable for people living with HIV to abstain from drinking alcohol. Karim and Karim (2010:541) attest that heavy drinking negatively affects adherence to medication regimes, and alcohol may have adverse interaction with the medication of AIDS patients.

2.3.2.2 Physiological effects

Alcohol has physiological effects on the human body even if it is taken in low doses (Maisto, Galizio & Connors 2011:208). When people are drinking alcohol they in general urinate a lot, because alcohol hampers the secretion of antidiuretic hormones, which regulate urination intervals. Maisto *et al* (2011:208) indicate that heavy drinking damages the stomach mucosa, thus negatively affecting the secretion of gastric juices which is responsible for appetite stimulation. People who drink alcohol heavily usually eat less and this negatively affects the medication regime of people who are on treatment. For example, antiretroviral treatment prevents HIV transmission and the treatment works well with a balanced diet (Alcorn 2011:3).

Furthermore, Hanson *et al* (2009:177) argue that in less affluent communities, where there is misuse of alcohol, some people suffer from malnutrition. Malnutrition is caused by the lack of a balanced diet, and alcohol does not provide nutrients such as vitamins and proteins. Maisto *et al* (2011:209) explain a hangover as *"minor*

withdrawal syndrome [from alcohol]*"* which may present symptoms such as headache, dizziness, nausea, vomiting and fatigue. Part of the explanation of some of the symptoms is that a person has little water in the body, in other words he becomes dehydrated because much of the water is lost through increased urination (Hanson *et al* 2009:170). Continual misuse of alcohol may compromise important organs in the body, example, liver, kidneys and heart to mention a few.. The conditions mentioned above, such as malnutrition, further compromise the immune system of people living with HIV.

2.3.2.3 Alcohol's effects on male sexual organs

Alcohol misuse lowers social restrain, but it also obstructs sexual functioning. The inflammation of prostate glands, known as prostatitis, is caused by the use of alcohol over a prolonged period of time (Hanson *et al* 2009:176). When a male has prostatitis, he cannot maintain erection during sexual stimulation. Hanson *et al* (2009:176) mention that regular alcohol misuse lowers the sperm count in the testicles and this condition is known as atrophy. Both prostatitis and atrophy have undesirable effects, because it will negatively affect the male's sexual performance. The conditions described above suggest that although a male individual may not have social inhibitions when it comes to soliciting sex after drinking alcohol, he may be hindered from performing if his sex organ is damaged.

Galanter (2006:79) reports on a study that established that some adolescents who are sexually active used alcohol before their last sexual intercourse, are 27.8% Whites and 17.8% Blacks. The percentage of Black male adolescents who showed association between intoxication and sex is more than double that of their female counterparts, 24.2% and 10.4% respectively. The situation depicted above present a number of challenges in the era of the AIDS pandemic. Some of the adolescents who abused alcohol reported unplanned sex and unprotected sex, which may have exposed them to HIV (Galanter 2006:80). Alcohol use and alcohol disorders increase over time. Some of the male youths may suffer damage to their sexual organs later in life if they continue to misuse alcohol.

2.3.2.4 Psychological effects

Alcohol changes emotions and mood, but its effects vary from individual to individual and also depend on the amount of alcohol intake on a given occasion (Maisto *et al* 2011:213). When evaluating mood swings, it is important to look at the state of an individual before he or she starts drinking. Initially, when people drink the first glass, they may feel thrilled and friendly. Kalichman, Simbayi, Vermaak, Jooste and Cain (2008:57) report about a research participant who said, *"I feel sexual after I have been drinking. Sex is better after been drinking."* In contrast to the initial feelings, it is common for people to report feelings of anger and fatigue as they drink more alcohol (Maisto *et al* 2011:213). Excessive drinking impairs cognitive functions, causes disorganised thinking and poorer tolerance of irritation. Hanson *et al* (2009:173) remarks that over many years alcohol may cause irrevocable damage to the brain, resulting in mental disorders. This may hinder people living with HIV from making sound decisions concerning their health, for instance irregular intake of ARVs.

2.3.3 Alcohol misuse and the risk for HIV-infection among male youths

The misuse of alcohol largely poses as a health risk to an individual, especially in the era of the AIDS pandemic. A study conducted by Weir, Pailman, Mahlalela, Coetzee, Meidany and Boerna (2003:899) in a township in Cape Town found that 94% of the people who participated in that study reported that places that sell alcohol were the most common places where people met new casual sexual partners. Furthermore, the above study indicates that only 60% of these research participants had used a condom in their last sexual encounter. The 40% of people who did not use condoms during sex stood a chance of contracting HIV if either of the partners was living with the virus. Kalichman *et al* (2007:142) report that males are more likely to drink than females and subsequently have unprotected sex with different partners. It is behaviours like this that puts male youths at risk of contracting HIV, especially when intoxicated.

2.3.3.1 Initiation to alcohol consumption and subsequent misuse

Recent trends show that youths living in cities start drinking as young as 13 years (Stueve & O'Donnell 2005:887). The age in which youths start drinking alcohol plays

a role in terms of the immediate later risk-taking behaviour. Some youths who are initiated to alcohol at adolescent stage tend to have a lifetime alcohol misuse and dependence problems. The counter argument by Galanter (2006:32) claims that it is debatable whether early initiation to alcohol will result in alcohol problems or if it is an early sign of a potential problem. The potential problem of alcohol misuse may be complicated by factors such as genetic and family characteristics. This means that families that have history of alcohol misuse usually pass it on to their young ones.

Researchers have different standards of defining "*risky drinking."* Morejele, Kachieng'a, Mokoko, Nkoko, Parry, Nkowane, Moshia and Saxena (2006:218) suggest that when a male drinks more than five standard drinks per day during the weekend, this could be classified as harmful drinking. Females only need to drink at least three standard drinks per day for their behaviour to be defined as risky. Stueve and O'Donnell (2005:887) warn that risky drinking increases the chance of exposure to HIV and other STIs, such as gonorrhea. Early alcohol misuse among youths may affect judgment, school performance and expose them to risk-taking environments such as taverns. Stueve and O'Donnell (2005:891) further caution that early alcohol misuse expose urban youths to risk-taking behaviours that may endanger their health and wellbeing. Male youths who start drinking early in life usually report alcohol problems, multiple sex partners, unprotected sex and being drunk during sexual intercourse.

It is important to target male youths with HIV-prevention programmes before they start misusing alcohol or initiating sex with their partners (Stueve & O'Donnell 2005:891). In some cases alcohol drinking is a warning sign of potential risky sexual behaviours that may spread HIV. It is therefore better to delay the initial consumption of alcohol and of initiating sexual intercourse among youths.

2.3.3.2 Association of alcohol misuse and sexual transmitted infections

Research (Cook & Clark 2005:156) shows that as early as 1901 there was an association between alcohol misuse and the risk of contracting sexually transmitted infections (STIs) like syphilis. Karim and Karim (2010:216) define sexually

transmitted infections as infections caused by bacteria, fungi, protozoa and viruses that are passed on through sex. Cook and Clark (2005:156) further state that recent studies affirm that youths who misuse alcohol are more likely to report cases of STIs. The drinking pattern plays a role in risk-taking behaviour that leads to the spread of STIs. People who occasionally consume wine during dinner are less at risk compared to youths who are often intoxicated at parties and subsequently engage in sex with multiple partners.

Alcohol misuse puts youths in danger of contracting HIV, because of its effect on behaviour or its adverse effect on the immune system (Cook & Clark 2005:160). For example, according to karim and Karim (2010:217) STIs may cause inflammation of the genitals and increase the susceptibility to HIV infection. Untreated STIs accelerate the rate of progression of HIV to AIDS diseases in people living with HIV (Karim & Karim 2010:217). Young people aged 15 to 24 years who report having unusual genital discharge and genital ulcers are more at risk to HIV infection (Pettifor, Rees, Kleinschmidt, Steffenson, MacPhail, Hlongwa-Madikizela, Vermaak & Padian 2005:1532). The duration of the progression of HIV to AIDS is dependent on the effectiveness or the health of the immune system among other things.

Identifying and treating STIs is crucial in addressing the risk of HIV transmission (Karim & Karim 2010:49). It is equally important for young people to minimise the risk of transmitting STIs by not having sex without protection. STIs can also force young men to abstain from sex out of feelings of guilt, but the guilt helps in preventing the spread of the disease. A young man infected with herpes said the following about the impact of STI on sexuality:

> *Having an STD* [Sexually Transmitted Disease] *had affected my sexual life because when I have intercourse I feel scared of passing the HVS* [Human Papiloma Virus] *on to the woman I'm with and I don't enjoy the experience the same way I used to* (Newton & McCabe 2005:866).

Male condoms can prevent the transmission of the hepatitis B virus, which is smaller than the HIV in size (Karim & Karim 2010:185). It is therefore recommended that condoms be used properly when youths engage in sexual intercourse. In South

Africa condoms are available free of charge through the public sector, through Non-Profit Organisations (NPO) and through commercial distributors (Karim & Karim 2010:187).

2.3.4 Multiple sexual partners, alcohol misuse and HIV risk

A study conducted by Simbayi *et al* (2006:536) has shown that 16.2% of people with multiple partners were significantly more likely to report alcohol consumption than were 8.3% of people with one partner, who do not consume alcohol. The study also found that people who frequently used alcohol were less likely to use condoms during sex. The findings of this study are supported by a study conducted internationally, which indicates that people who drink heavily are more likely to engage in sexual intercourse with multiple partners (Rutledge, Siebert & Wilke 2008:58). Juma and Klot (2011:5) claim that young men view multiple partners as a *"strategic"* and *"recreational"* way of ensuring the availability of women to satisfy their sexual needs. Young men tend to have multiple partners in order to protect themselves against disappointment as they will have options of which women to have sex with. Heavy drinkers have been found to have more sexual partners than non-users of alcohol and this poses the risk of transmitting HIV.

Research has shown that the misuse of alcohol not only influences HIV risk behaviour, but can also have detrimental effects on individuals who are already living with HIV. Van Dyk (2001:367) asserts that the use of alcohol is linked to the suppression of the immune system, lowering of the CD4 cell count as well as increased chances of contracting other STIs. Heavy drinking among people living with HIV affects their immune system negatively, thus accelerating the rate of transition to the AIDS stage, which is the final phase of the disease.

Furthermore, caution should also be taken when reading the findings of most studies conducted on alcohol and risky sexual behaviour. Most of the studies cited above do not establish causality. Pretorius (2007:82) explains that the studies simply show that there is a link between alcohol misuse and HIV risk behaviour, but one cannot

assume that because a relationship exists between two variables that the one necessarily causes the other.

2.3.5 Alcohol and masculinity

The concept of masculinity was originated in the mid 1980s and it has created a link in terms of research in men's studies (Connell & Messerschmidt 2005:829). Masculinities are created both at the social and psychological levels and it is understood to be patterns of practice that perpetuate the dominance of men over women. The practice of dominance by men over women is structurally supported and in some African societies women are subjected to violence daily (Ratele 2008:515). In South Africa economic and social inequality is seen as one of the factors that makes African women vulnerable to structural dominance by men (Albertyn 2003:597). Oppong, Oppong and Odotei (2006:8) point out that women were most intensely impacted by the decline of the economy in Ghana. Linked to the concept of gender inequality in African societies, women find themselves most at risk from HIV-infection. It is therefore critical to explore the role of the masculinity factor in the context of HIV risk among male youths. Gender inequity that violates the sexual rights of women poses HIV risks for both parties. Connell and Messerschmidt (2005:833) point out that masculinity is used to study men's health practice, such as sexual risk behaviour.

A report of a study conducted by the World Health Organisation (WHO) (UNAIDS 2008) indicates that alcohol consumption is regarded as part of a lifestyle, that it is central to social life and functional sexual encounters. Alcohol is believed to signify maleness. The research findings state that in South Africa, *"being able to hold one's drink and drink heavily were regarded as sign of masculinity"* (Forut 2010:2). International Center for Alcohol Policies (2010:1) report that some heavy drinkers give an excuse, under the influence of alcohol, for their irresponsible behaviour, including risky sex, which is considered socially unacceptable. Male youths buy alcohol for women as a symbol that they have money and with the hope of getting sexual favours, including unprotected sex. It is sexual encounters in the context described above that hinder HIV-prevention.

The belief that alcohol stimulates sexual desire contributes to its consumption before sexual intercourse. Nolen-Hoeksema (2008:630) reasons that alcohol may impair sexual judgment and expose the user to the risk of HIV-infection. Forut (2010:4) suggests that *"masculinity"* is linked to having multiple partners, drinking alcohol and engaging in promiscuous behaviour. Harrison, O'Sullivan, Hoffman, Dolzal and Morrell (2006:715) state that men tend to have their first sexual intercourse at a younger age and have more sexual partners compared to women. This is a negative expression of masculinity and sometimes it is associated with sexual coercion that makes women vulnerable to HIV-infection. In addition, rape cases are reported in situations where men want to enforce their masculinity over women (Ratele 2008:516). For instance, a woman was gang-raped at a bus terminus in Swaziland because she wore a miniskirt. Ratele (2008:516) reports similar gender-based sexual violence at a Johannesburg taxi rank, where people inserted their fingers in a woman's vagina for wearing a miniskirt.

The misconception that without alcohol a person cannot engage in sex fuels the spread of HIV. As far back as during Shakespeare's time history then showed and current studies now show that excessive alcohol use hinders sexual performance. Maisto *et al* (2011:214) quotes Shakespeare saying, *"It* [alcohol] *provokes and unprovokes, it provokes the* [sexual] *desire, but it takes away from the* [sexual] *performance."* The idea that alcohol stimulates sexual desire is passed on from generation to generation in informal talk. Recent experimental studies have consistently confirmed that alcohol misuse impedes sexual arousal in men (Maisto *et al* 2011:215). Chhabra, Ghost and Sharma (2007:5) agree that sexual risk behaviour associated with alcohol misuse is the most critical factor in the spread of HIV among youths. In fact, they further suggest that alcohol is the most common substance abused by youths. Shisana *et al* (2009:86) assert that this creates a concern in an era when AIDS is the leading cause of death among youths aged 15 to 24 years.

It is critical to engage men in the process of combating gender-based violence against women. The Diocese of Oudtshoorn, Cape Town, Keimoes and De Aar

(DOCKDA) is one of the organisations that have pioneered projects that engage men in addressing gender-based violence in the Northern Cape. DOCKDA (2011:1) aims at addressing the spread of HIV by including men in the gender-based violence projects. Men are actively involved as facilitators in some of the workshops in order to curb gender-based violence against women. The engagement of men will be of benefit to both genders in South Africa, where different forms of negative expressions of masculinity are displayed against women. Ratele (2008:519) adds that more men are challenging *"masculinity"* and this a positive step in addressing HIV risk.

2.4 PREVENTION OF HIV TRANSMISSION

HIV is transmitted from a positive individual to a negative individual in a number of ways. Ndinga-Mavumba and Pharoah (2008:171) write that HIV can be transmitted sexually or through direct contact with infected blood. An example of this can be transmission through blood transfusions or through the use of contaminated needles. National Institute on Alcohol Abuse and Alcoholism (2002:1) attest that alcohol is linked to two main modes of HIV transmission, namely high-risk sexual behaviours and injecting drug use. Although there are several ways in which HIV can be transmitted, Piot (2003:5) argues that HIV is mainly transmitted through unprotected sexual intercourse with an infected person. It is wise for individuals to practice safer sex and avoid contaminated needles in order to prevent HIV-infection. Because of the argument that HIV is transmitted mainly through sexual intercourse, the focus of this study was on sexual risk behaviour under the influence of alcohol rather than ascertaining other risk behaviours associated with HIV.

Ndinga-Muvumba and Pharoah (2008:39) state that South Africa has reached the peak of the AIDS pandemic and sexual behaviour change is non-negotiable for moving forward in tackling the disease. HIV-prevention programmes that are aimed at empowering youths are critically needed. The organisation LoveLife (2008:7) advocates the holistic engagement of youths in HIV-prevention programmes by addressing issues such as poverty, gender inequality, positive role models and effective communication. Zoliwe Cutalele, the LoveLife Ground-Breaker, highlights

the importance of understanding youths by saying, *"You need to understand the way in which young people communicate with each other, otherwise they'll switch off"* (Love Life 2008:10). Parents cannot negate their responsibility to facilitate social learning and raise awareness of HIV with their adolescents, otherwise adolescents will rely on their peers for HIV information, which may be misleading and to the detriment of preventative programmes (Perrino, Gonzalez-Soldevilla, Pantin & Szapocznik 2000:86). The communication about sexuality between the parents and adolescents should be sufficient to build the confidence to talk about the subject by the two parties.

Moreover, in understanding youths it is also vital to recognize that at adolescent stage their cognitive development increases. Van Dyk (2001:182) points out that as youths develop they need support in building their decision-making skills, especially given the peer pressure and personal stress they encounter. Well-developed youths who are empowered in every aspect of their life, such as economic and gender relations, are most likely to make good decisions about their lives. Empowered youths will play a pivotal role in HIV-prevention as they make good decisions in terms of sexual behaviour.

2.4.1 Antiretroviral therapy and HIV-prevention

Until recently antiretroviral therapy (ART) was mainly used for reducing the HIV viral load in the blood system of a person living with HIV (Van Dyk 2001:37). If the HIV viral load of a person on ART was prevented from increasing in the blood, this was an indication that the virus was being managed well. ART prevents the rapid development of active HIV, which leads to the AIDS stage. When a patient is at the AIDS stage he/she is vulnerable to opportunistic diseases such as Tuberculosis (TB). ART was used to improve the immune system, thus preventing opportunistic diseases such as TB, which is the leading cause of AIDS related-deaths in South Africa, from progressing rapidly (Karim & Karim 2010:52).

Alcorn (2011:3) argues that new study (Treatment as Prevention) shows that ART prevents up to 96% HIV infections. The drive to turn treatment to prevention brings

new hope in the fight against HIV, because ART can now be used for HIV-prevention purposes. The study of treatment as prevention was conducted in Malawi, Zimbabwe, Botswana, Kenya, South Africa, Brazil, Thailand, the US and India and 1763 serodiscordant couples participated (Alcorn 2011:3). In African region women were mostly HIV positive between the serodiscordant couples, meaning either of the partners was HIV positive and the other HIV negative. Treatment could have full impact in preventing HIV if delivery of health care is improved and the rights of people living with HIV are respected (Alcorn 2011:5). Karim and Karim (2010:52) state that in South Africa prevention of opportunistic diseases will remain critical in the fight against the spread of HIV. The following sub-topics discuss various HIV preventative strategies in detail.

2.4.2 The male condom

AIDS is a preventable disease if people take correct measures against HIV-infection. It is scientifically established that people who use condoms correctly have managed to prevent the transmission of HIV. Van Dyk (2001:145) asserts that condoms are safe and they provide a high level of protection against HIV and other STIs if they are used consistently and correctly. Lancet (2007:615) reports that condoms offer about 80% to 90% protection against sexual transmission of HIV. Shisana *et al* (2009:73) report that a large percentage of youths aged 15 to 24 years show a very strong orientation towards condom use and appreciation of its preventative measure. Condom use is often initiated by the male partner, but the preventative benefits are for both partners involved in sexual intercourse. Albertyn (2003:600) states that male partners decide the conditions and time of sex, *"giving women little opportunity to discuss or practice safe sex."* Practices such as this perpetuate gender inequality whereby males dominate their female counterparts in sexual relations and how it should be conducted.

It is recommended that condoms be used regularly even if both or either of the sex partners is HIV positive. Van Dyk (2001:146) cautions that HIV-infected people may re-infect themselves with other strains of the virus if they neglect using condoms. Other risk involves contracting STIs, which further weakens the compromised

immune system of a person living with HIV. Condoms therefore remain a critical part of HIV-prevention.

2.4.3 Alcohol misuse and HIV risk

There is a clear relationship between alcohol misuse and HIV transmission. A study conducted amongst school-going adolescents concerning substance abuse indicates that more than a third of male students in Cape Town and over half of male students in Durban report binge drinking and drug abuse, making them vulnerable to risky sexual behaviour (Parry, Myers & Thiede 2003:137). The HIV risk behaviour gives cause for concern because youths are the country's future workforce.

Kalichman *et al* (2006:301) claim that drinking patterns with drug injection and or risky sex behaviours are major modes of HIV transmission. Woods (2004:95) warns that male youths who are injecting drugs are at a higher risk of contracting HIV from contaminated injecting equipment, because they may not have the knowledge and skills to protect themselves. An adolescent may lack experience of the effects of alcohol and their sexual exploration makes them even more vulnerable.

Inexperienced adolescents are sometimes influenced by their peers in risky sexual behaviour. Santrock (2005:153) explains the theory about adolescents being confused about their identity if they do not adequately explore it. In such cases they may be swallowed up by the crowd, meaning peers, playing a role in influencing risky sexual behaviours (Shisana *et al* 2009:64). The theory of adolescent development was informative to this research, as many of the research participants were at this stage.

Evian (2003:97) mentions that substance abuse encourages youths to have unsafe sex. Alcohol specifically impairs their judgment and, as a result, they are less cautious when under the influence. The study by Parry *et al* (2003:137) also confirms that youths participate in unsafe sex when they are intoxicated. The concept of masculinity highlighted above is deeply entrenched within our society and as such male youths take on roles that are *"culturally acceptable."* Many male youths

therefore engage in risky sexual behaviours not for the behaviours themselves, but to gain approval in society.

2.4.4 Alcoholism treatment as HIV-prevention

The National Institute on Alcohol Abuse and Alcoholism (2002:2) asserts that HIV patients who are treated for alcohol abuse show signs of decrease in consumption of other drugs that have an equally negative impact on the immune system. The treatment of alcohol and other drug abuse forms part of the primary HIV-prevention strategy. Alcohol misuse increases susceptibility to some STIs, such as syphilis and gonorrhoea, which facilitate HIV infection. It is worth noting that alcohol does not directly cause STIs, nevertheless alcohol misuse increases sex-risk behaviour (Rees, Saitz, Horton & Samet 2001:132). The National Institute on Alcohol Abuse and Alcoholism (2002:3) claims that alcohol abuse is associated with delays in seeking treatment and non-adherence to HIV medication. It is therefore suggested that treating alcohol abuse will reduce the risk for AIDS patients.

2.4.5 Newer approach to HIV-prevention

The fight against HIV-infection forces institutions to find innovative ways to combat the virus. Studies about the promotion of male circumcision as a preventative measure have been conducted in South Africa and other countries such as Kenya and Uganda. Lancet (2007:615) expounds that in Uganda and Kenya male circumcision halved the risk of males contracting HIV through heterosexual intercourse. According to the study by Lancet (2007:617) in Johannesburg HIV risk is reduced by 60% as a result of male circumcision. It is worth noting that the male youths who participated in the study were between the ages of 18 and 24 years. Pelzer, Simbayi, Banyini and Kekana (2011:2) warn that although circumcision reduces the risk of HIV-infection, the process may be undermined by individuals who neglect to use condoms or who increase the number of their sexual partners. It is important that old preventative measures be adhered to while newer approaches are introduced in the battle against HIV. Pelzer *et al* (2011:2) point out that there is a difference between a clinical circumcision procedure, which is provided with counselling before and after surgery, and a traditional approach. Traditional methods

are not necessarily accompanied by pre- and post-counselling, which is imperative for HIV-prevention. Lancet (2007:617) affirms that condom use remains critical as an HIV-prevention strategy given that circumcision does not provide 100% protection against HIV-infection. The correct, consistent use of condoms and male circumcision will reduce the risk of contracting HIV by high percentages, as suggested above.

2.4.6 HIV-prevention and alcohol policy consideration

According to Fassin and Scheider (2003:495) South Africa has moved away from the political position Thabo Mbeki had taken when he inferred that HIV was not the exclusive cause of AIDS. Ledwaba (2010:12) remarks that the current political leadership accepts that HIV causes AIDS and it is investing R40 billion annually in the antiretroviral therapy programme. The government's new stance on the AIDS pandemic is putting South Africa on good terms with the health profession. However, alcohol is putting an economic burden of over R8.7 billion per year on the medical resources (Parry *et al* 2003:137). Youths who misuse alcohol contribute to the economic cost of the country. The economic costs are incurred in treatment, trauma, mortality and crime.

Parry *et al* (2003:139) also hold the opinion that a large proportion of South Africans consume alcohol. The problem of excessive alcohol consumption highlights the need to enforce policies concerning alcohol in order to reduce the cost associated with drinking, for example, the high medical cost of treatment and youths dropping out of school. Parry (2005:22) suggests that increasing the minimum legal age for purchasing alcohol to 21 years will help reduce some of the risk behaviours among youths. Increasing taxes and restricting hours for selling alcohol will make it difficult for youths to access alcohol and this could reduce the risk of HIV-infection. These are some of the strategies that will have an effect on addressing the challenges of the spread of HIV associated with alcohol misuse.

2.5 THEORIES

2.5.1 Social learning theory

In order to better frame this study, Albert Bandura's (1986) Social Learning theory was used. According to Bandura, behaviour is a result of the interaction between cognition, behaviour, environment and physiology (Airhihenbuwa & Obregon 2000:7). Bandura's theory links with the study because alcohol affects both cognition and behaviour. Adolescents are vulnerable to judgment impairment under the influence of alcohol with the risk of engaging in unprotected sex. Brannon and Feist (2004:400) argue that Social Learning theory explains alcohol consumption as a socially learned behaviour through modelling. Schultz and Schultz (2005:406) assert that Bandura developed the Social Learning theory for the purpose of modifying learned behaviours that are regarded as unwanted in society. Risky sexual behaviour associated with alcohol misuse may be addressed through the Social Learning theory.

The role modelling concept as described by Bandura suggests that learning occurs through observation. The theory did not only clarify how male youths get involved in alcohol misuse and HIV risk behaviour, but also gives guidance to the process of modifying unwanted behaviour. The theory also explains how perceptions are formed and maintained. The process of forming perceptions could take place intentionally or accidentally. Schultz and Schultz (2005:407) suggest that *"we learn by observing other people and patterning our behaviour after theirs."* Pervin and John (2001:454) state that the person who is being observed is called a model. The process occurs through imitation and identification. Imitation implies superficial repetition of behaviours, whereas identification involves incorporating the entire pattern of behaviour that is being observed. Through modelling it is possible to acquire new behaviour to strengthen or weaken existing response. The qualitative method that was employed in the study allowed the researcher to observe the behaviour of the research participants in their environment during the face-to-face interviewing sessions. The researcher heard from and observed the research participants about what informs male youths' behaviour towards alcohol misuse and HIV risk behaviour.

2.5.2 Health Belief Model

The second theory which was be used in this study is the Health Belief Model (HBM). Maville and Huerta (2008:44) indicate that the Health Belief Model is mainly aligned with health protection rather than health promotion. The Health Belief Model gives an understanding of the likelihood of people to take appropriate action to prevent diseases, including HIV. It also gives understanding of health risk behaviour and perceptions, in this context risking contracting HIV after misusing alcohol. Brannon and Feist (2004:45) state that the origin of the Health Belief Model is attributed to the work of Geoffrey Hochbaum (1958).

The Health Belief Model posits that behaviour change, especially health-related, is mostly determined by three major factors. Firstly, the individual must feel threatened by the current behaviour. Secondly, the individual must believe that a change in behaviour will yield beneficial outcomes at an acceptable cost. Thirdly, the individual must believe that he/she is capable of implementing the change (Walker 2004:6).

Maville and Huerta (2008:45) suggest that perceived susceptibility to disease or disability influences the response to engage in preventative health behaviour. For example, if male youths perceive alcohol misuse as making them vulnerable to HIV risk behaviour they could take preventative actions against HIV. The Health Belief Model therefore helped the researcher to understand whether male youths perceive themselves to be vulnerable to HIV-infection as a result of alcohol misuse.

People seek health care when they perceive that they are susceptible to illness. Brannon and Feist (2004:47) state that the perceived severity of the disease or disability plays a role in how people respond to health-threatening conditions. For example, if people perceive the severity of the disease such as AIDS, it may motivate patients to go on Antiretroviral Treatment (ART). In the context of the study the Health Belief Model helped the researcher explore the responses of the research participants toward alcohol misuse and risky sexual behaviour given the severity of HIV-infection. The perceived benefit of health-enhancing behaviours is a factor in the Health Belief Model. Edelman and Mandle (1994:248) argue that the perceived barriers to health behaviours, including financial costs, influence whether a patient

will take preventative action against health threats, such as HIV. Poverty stricken communities are less likely to take health preventative measures due to a lack of financial resources. It will be interesting to explore how this literature informs the findings of the research given the challenges as outlined above.

2.6 CONCLUSION

The literature review highlighted that alcohol misuse among male youths is associated with HIV risk behaviour as stated by Kalichman *et al* (2006:298). The stage of development for youths was explored in detail. Various researchers concur that alcohol misuse prohibits HIV-prevention among male youths. The negative impact of alcohol misuse in the context of HIV was discussed and the statistics further highlighted the challenge. It is apparent that the battle against HIV still continues and newer preventative strategies, such as male circumcision, will improve the prevention strategy if accompanied by existing methods. For example, condom use should not be neglected in favour of circumcision because both methods complement each other. The following chapter will discuss the methodology used in this study.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

The qualitative research method was appropriate for this explorative study. Chapter 3 outlines the methodology which was followed and focuses on research design, sampling design, procedures and the measures to ensure trustworthiness of the findings. It discusses data collection and data analysis procedure. The chapter concludes by highlighting the ethical considerations of the study.

3.2 RESEARCH DESIGN

The qualitative design emphasis on studying human actions within their natural environment and using small samples. In this study, the qualitative methodological design was used. The use of the qualitative paradigm was appropriate in this study as the researcher was interested in obtaining an in-depth insight into and understanding of the perceptions of the association between alcohol misuse and the risk of HIV-infection among male youths (Babbie & Mouton 2001:271). Glesne (2006:5) indicates that this design allows the researcher to contextualize and interpret the complexity of the experiences, feelings and thoughts from the male youths' perspective rather than from the researcher's perspective. Henning, Van Rensburg and Smit (2004:2) assert that the choice of qualitative study allows the researcher to look deeper into the subject, rather than just finding the statistical effects.

Guided individual face-to-face interviews were conducted to obtain data. Furthermore, the face-to-face interviews facilitated the process of obtaining in-depth information about risky sexual behaviours that prohibits HIV-prevention. The male youths' risky behaviours were discussed in the context of alcohol consumption and sex. The report of the study should be understood within the theoretical background as discussed above. Hofstee (2006:120) points out that a well-explained research

design gives theoretical background to the study method for a research project. The research design was applicable to the study as it focused on a small group of research participants. The following section will expand on the details of the sampling process and the size of the research participant group.

3.3 SAMPLING DESIGN

The sample comprises fourteen male youths between the ages of 16 and 20 years. Mathebula (2002:43) reports about a study conducted by the Planned Parenthood Association of South Africa (PPASA) which reveals that the first sexual intercourse usually takes place at the age of 15 or 16 years. This justifies the age group that the sample covers. The sample that was selected was well-informed, and was enlightening about the phenomenon being studied. The research participants were recruited from the Institute for Primary Health in Soshanguve.

Purposive sampling was used in this study. Silverman (2005:129) argues that purposive sampling allows the researcher to select research participants that illustrate some feature or process in which the research is interested. The researcher used the criterion of saturation by means of the snowball method to conduct face-to-face interviews. The criterion of saturation allows the researcher to interview as many people as possible until no new or relevant data emerges in the interviews (Carlsen & Glenton 2011:3). The criterion of saturation is criticised for not advising on the number of interviews to be done before reaching saturation. In September 2011 the researcher recruited six male youths who fit the selection criteria for the research project. After interviewing them they referred their friends who they thought would also give valuable input into the research project.

The snowball provided the sample an opportunity to refer others based on similar characteristics (Shimma, Nogueira-Martins & Nogueira-Martins 2010:1). The face-to-face interviews were concluded when the content started to show repetition and this is how the fourteen research participants were chosen. The research participants that were selected were available throughout the scheduled face-to-face interviews. They were also relevant to the research project.

The interaction the researcher had with the institution afforded the opportunity to establish rapport with the male youths. When it came to choosing the research participants for the face-to-face interviews the researcher was already familiar with some of them. The researcher was aware that some of them have engaged in unprotected sex, based on the information shared by the gatekeeper (Nong 2011). The gatekeeper did not disclose the personal details of the individuals in order to protect their identity. The researcher was confident that such a sample would provide in-depth responses to the face-to-face interview questions.

3.3.1 Procedure, permission and ethical clearance

Before this research was conducted ethical clearance was requested from, and granted by the University of South Africa (UNISA) in September 2011. In April 2011 the researcher obtained permission to conduct face-to-face interviews with male youths from the Institute for Primary Health. The researcher requested permission to conduct face-to-face interviews from the Chief Executive Officer of the Institute for Primary Health over the telephone. The telephonic conversation was followed by a meeting where the researcher presented a letter in order to formalise the arrangement (see appendix B). All the research participants were informed about the purpose of the study, what was expected as well as required of them to participate in the study. The research participants were informed that they had the right to withdraw at any stage of the study should they wish to do so for any reason. Bouma and Ling (2004:197) state that research participants should be reminded of their freedom to withdraw without penalty. During the face-to-face interviews there was no research participant who indicated that he wanted to withdraw from the study at any point. In an event where a research participant would have wanted to withdraw the researcher would not have persuaded him to continue, because that would have constituted pressure and rendered the face-to-face interviews unethical.

Informed consent was obtained from the research participants prior to conducting the face-to-face interviews (see appendix D). The research participants were assured that their names and/or any identifying information would be kept confidential and

this is discussed in detail under ethical consideration. Once research participants consented to participating in the research project and having their face-to-face interviews tape-recorded, they were interviewed in a private office using the interview guide. The face-to-face interviews were conducted in English and they were approximately 45 to 60 minutes long. On completion of the face-to-face interviews, the researcher transcribed the recordings verbatim.

3.4 MEASURES TO ENSURE TRUSTWORTHINESS

3.4.1 Reflexivity

Reflexivity is an important component of qualitative research as it requires the researcher to constantly reflect on his feelings so as to avoid contaminating the research process. It allows the researcher to examine himself and his feelings as he attempts to understand the phenomenon being studied. Glesne (2006:9) indicates that in so doing the researcher is able to immerse himself in the research, thus being in a better position to come up with *"thick descriptions"* of the phenomenon being studied.

3.4.2 Reflectiveness

The researcher was aware of his own stereotypes and biases with regard to the topic chosen. This awareness allowed me the opportunity to conduct deep introspection about these biases and stereotypes. The researcher believes that awareness of stereotypes and biases helped him to be sensitive to the male youths as well as allowed the researcher to treat them with the dignity and integrity they deserved. The researcher endeavoured at all times to immerse himself in the research in the hope of truly understanding the behaviour of the male youths. Rasmussen, Ostergaard and Beckmann (2006:116) assert that it is necessary for the researcher to be involved in qualitative methods. The researcher also kept a research journal on his experiences and feelings as he progressed through the research process so as to be able to view the male youths' behaviour through the participants' world and not through his own views.

3.4.3 Credibility

Rasmussen *et al* (2006:117) affirms that openness and transparency are critical elements in qualitative research. These elements must be applied to all features of the research process. The findings of the study must allow the reader to check whether the research is credible or not. The full transcripts of the research participants' interviews will be made available in order to judge the quality of the face-to-face interviews.

The researcher ensured that the research participants that were selected provided in-depth data when answering the research questions (Rasmussen *et al* 2006:117). The credibility of the research participants and their statements confirm the reliability of the research. The male youths were given room to share their experiences openly.

3.4.4 Validity

Silverman (2005:210) defines validity as the truth deduced from social phenomena to which it refers as accurately as possible. The study is considered valid because it fully measures the concepts it outlined. Lyons and Coyle (2007:142) argue that, in a qualitative study, validity means the researcher builds up an argument and presents evidence from the data collected in the field. The findings focused on the likelihood of the phenomenon under study, alcohol misuse prohibiting HIV-prevention, rather than the certainty because they cannot be generalized (Lyons & Coyle 2007:143). The findings were analysed in-depth and in context in relation to the research participants. The researcher endeavoured to report accurate findings of the research even when summarizing the data.

3.4.5 Authenticity

Byrne-Armstrong, Higgs and Horrsfall (2001:62) state that the authenticity involves the method of engagement. In order to achieve authenticity the researcher needed to have an in-depth understanding of the research method, how to implement and achieve authenticity. The researcher needed to have heightened awareness of his own as well as research participants' experiences and perceptions of the research process. The report includes direct quotes from the face-to-face interviews. Lyons

and Coyle (2007:164) suggest that this measure will be part of the process of ensuring that the researcher does not *"misrepresent"* the accounts and experiences of the research participants. The integration of the research participants' direct quotes in the findings enhances the authenticity of the research project.

In addition, the authenticity of the data was ensured by asking some of the research participants to read the interpretation of the data collected during the face-to-face interviews and agree whether it is dependable. It was critical for the researcher to be objective when analysing and reporting the findings. Babbie and Mouton (2001:122) claim that a true reflection of the meaning of the phenomenon under study ensures the trustworthiness of qualitative research. The measures discussed above were adhered to throughout the study in order to achieve validity and trustworthiness of the findings.

3.5 DATA COLLECTION PROCEDURES

3.5.1 Interview guide

Data was collected through the use of the interview guide. Neuman (1997:32) states that qualitative method collects data in the form of words. The interview guide was used in this research because the study is exploratory in its nature. Dyer (2006:31) asserts that interview differs from ordinary conversation, because the interviewer works within ethical guides that help to protect the research participant from exploitation or psychological harm as a result of taking part in the research. Howitt and Cramer (2008:304) support this argument by stating that interviews are a highly specialised form of conversation that take place in a specific context different from normal conversation. In this case it was an academic context and the interviews required skills, planning and appreciation of the issues involved in order to conduct successful research. The researcher was confident of his ability to conduct the study given the academic training undertaken, the experience acquired over the years and the planning that has gone into this study.

Dyer (2006:31) affirms that the researcher plans the general direction of the face-to-face interviews beforehand, using the research questions to formulate the guide. The

interview guide serves as a checklist to ensure that all the required topics are covered. For example, the opening question was the broad topic of this research project: What are male youths' perceptions of the association between alcohol misuse and the risk of HIV-infection? The main question was followed by probing questions (see appendix F). The interview guide process is flexible, hence some of the questions that the researcher asked were follow-ups on the responses given by the research participants.

Furthermore, Dyer (2006:32) states that the interviewer has to retain a level of control of the face-to-face interviews, yet allowing the research participants to initiate new topics within the scope of the research topic. Howitt and Cramer (2008:304) emphasise this point by declaring that the guided interviews are much more one-sided in terms of the input, the interviewer is there to probe and guide the process. It is imperative to listen attentively in order to question and probe effectively.

The face-to-face interview process acknowledges that the research participants have knowledge of the research topic, hence they were chosen on the basis of their invaluable potential to contribute to the research project. The rich data provided by the participants confirms this claim (see chapter 4). Qualitative method is interested in the richness of data, which is effectively accessed through the interview guide. The face-to-face interview process allowed the researcher to explore a variety of aspects of the topic. Some of the issues that were probed further came out based on the responses of the research participants. The interview guide allowed the researcher to cover all the key concepts that had to be covered and allowed for in-depth collection of data.

3.5.2 Field observation

The face-to-face interviews gave the researcher an opportunity to observe and take field notes of the social interaction of the research participants in their natural environment. Howitt and Cramer (2008:304) state that, although the face-to-face interviews will be tape-recorded, it is still important to take notes in order to refer during the face-to-face interviews and use them when writing transcriptions for

analysis. Howitt and Cramer (2008:316) indicate that notes also help in keeping record of non-verbal communication, which is important for analysing the findings. The researcher kept a research journal that detailed the research process and the information gathered during the face-to-face interviews. The examples of non-verbal communication that were observed include facial expressions of the research participants, gestures, pauses and the tone of the spoken words. The field notes were used to write a descriptive report. Field observation notes gave the researcher non-verbal information that cannot be easily obtained through tape-recorded interviews.

3.5.3 Content analysis on literature

The study was explorative and therefore literature review was conducted before conducting the field research. Babbie and Mouton (2001:80) assert that literature review leads to insight and comprehension of the subject under study. The content was analysed by identifying emerging themes in order to obtain insight into and an in-depth understanding of how alcohol prohibits HIV-prevention among male youths (Babbie & Mouton 2001:383). The emerging themes were integrated in the process of analysing the findings.

3.6 DATA ANALYSIS

3.6.1 Transcribing interviews and the interview notes

The face-to-face interviews were tape-recorded and transcripts were stored safely. The researcher personally transcribed the recording in order to protect the raw data from the general public. Personal information that may lead to identification of the research participants was disguised in the transcriptions, for example place of residence.

The interview notes captured information such as body language of the research participants and field observations, including interaction between the research participants. Howitt and Cramer (2008:310) point out that paralinguistic elements of language provide evidence of how the words are interpreted by the research

participants in conversation. For example, "*Errrr*" implies a deliberate search for an appropriate meaning, whereas "*Er*" may suggest that the research participant forgot the word he wanted to say.

Paralinguistic and extralinguistic features were incorporated into the sentence where they occurred during the face-to-face interviews [facial expressions, gestures, smile, pause, laughter, loudly or softly]. In order to have rich information for in-depth analysis, the researcher took into account how the words were spoken, as highlighted above. Howitt and Cramer (2008:316) advise that only those features of the speech which are to be analysed should be transcribed. It was critical for the researcher to transcribe the recording the same day, while the memory of the field experience was still fresh in the mind.

3.6.2 Content analysis

The data for this study was analysed using thematic analysis. Thematic analysis involves several steps. The first step involves reading and rereading the transcriptions in order to obtain an overall feeling of the research participants' responses. The second step involves identifying research and emerging themes related to the research participants' perceptions of the association between alcohol misuse and the risk of HIV-infection. The process involves identifying common patterns in the data that was interpreted according to the Social Learning theory and Health Belief Model (Neuman 1997:426).

The emerging themes were grouped and named accordingly. From the emerging themes, meanings were formulated and clustered into sub-themes. The researcher marked segments that relate with the same highlighter in order to be able to group the themes. The researcher cut the notes and placed them in various folders according to the identified themes. Flick, Von Kardorff and Steinke (2004:256) state that this helps to classify the different patterns in data according to analytical themes. Braun and Clarke (2006:92) affirm that the last step involves integrating all emerging themes into an in-depth description of the male youths' perceptions. The analysis

was concluded by summarising and presenting the findings of the research. The researcher integrated quotations and observations when reporting the findings.

3.7 ETHICAL CONSIDERATION

3.7.1 Permission to conduct research at the institution

Gaining access to the research participants involved negotiations with the gatekeeper. Neuman (1997:454) claims that gatekeepers may refuse access unless they receive information on the subject. The researcher negotiated access to interview male youths who are supported and trained by the Institute for Primary Health in Soshanguve. Nong (2011), the Chief Executive Officer (CEO) of the Institute for Primary Health, who has the authority to control access, represent the management of the institution. If there were demands that were going to violate research ethics, the researcher would have had to renegotiate with the CEO as gatekeepers relax some of their requirements when they are engaged further. In an extreme situation in which the demands of the gatekeepers violate the ethical standards, then the researcher would have had to leave the site and find a new one. Access to the research participants was granted without imposing demands to the research process.

Neuman (1997:375) highlights the importance of informing the gatekeepers and the research participants about the details of the project, including the duration of the process in order to prepare them for closure of the research relationship. The researcher informed both the gatekeepers and the research participants from the start about the duration of the interviews. The gatekeepers were informed about the details of the face-to-face interview process during the negotiations for access. The research participants were informed during the sampling process and this gave all the parties an opportunity to make informed decisions about the research project. Bryne-Armstrong, Higgs and Horsfall (2001:181) affirm that when a researcher discusses the details of the research with the gatekeepers, it prevents *"spoiling the field"* for other researchers. Some gatekeepers are open and understanding when they feel they are not being deceived by the researcher. At the end of the research

project, the researcher thanked the CEO for the co-operation and for giving access before leaving the site.

3.7.2 Deception

Neuman (1997:449) defines deception as the misrepresentation of information or identity and it is undesirable if a researcher is to uphold ethical standards. The researcher identified himself as a researcher to the research participants and explained the purpose of the study. Babbie and Mouton (2001:525) state that it is important to explain the details and the reason for conducting the research so that the research participants could make an informed decision about their participation. Neuman (1997:449) agrees that ethical researchers should disclose the full details of the purpose of the research project. The researcher did not withhold or offer incorrect information and the research participants agreed to participate based on the correct understanding of the requirements of the research project.

3.7.3 Voluntary participation and informed consent

Participation in the study was completely voluntary. The research participants were given information about this study by detailing what the study entails and what was required of them. Babbie and Mouton (2001:521) assert that no one should be compelled to participate in a study. The research participants were informed that they could refuse to participate in the study and that refusal to participate would not interfere with the support they were receiving from the institution. Nobody was forced to participate or answer a question that made him feel uncomfortable. The researcher skipped the questions that made the research participants uncomfortable or were difficult for them to answer. For example, participant 7 struggled to answer why he thought condom use reduced sexual pleasure. In response to the question participant 7 said, "*Er!* [long pause]*. I can't explain, let's skip this question.*" I think he found it difficult to explain because he is still a virgin. Participant 10 struggled to explain why male youths do not use condoms although they are accessible in taverns where male youths drink alcohol. Participant 10 responded by saying, "*Eish! I do not know what to say. I do not know how to answer this one*." The researcher accepted that some male youths could not answer all the questions adequately,

especially if they felt they had limited knowledge relating to a specific question or if they chose not to answer.

Moreover, the research participants were also informed that they had the right to withdraw at any stage during the study, even after signing the consent form. These views are supported by Flick, Von Kardorff and Steinke (2004:335), who state that research participants have the right to withdraw the data collected. All the research participants who agreed to be part of this study were given a consent form to fill in and sign. The male youths who were under the age of 18 years were interviewed only after their guardian had signed the assent form on their behalf (see appendix E). Unisa (2007:12) states that assent forms are signed in order to protect the rights and interests of the vulnerable research participants. Only once the research participants have signed the consent form did they participate in the study.

3.7.4 Confidentiality

Personal information gathered in the face-to-face interviews was kept confidential from the general public. To ensure confidentiality, transcriptions were coded in order to ensure the anonymity of the research participants. The data was kept locked in a safe place at all times, where it could only be accessed by the researcher. No identifying information was included in the transcriptions. The research participants' details remained anonymous when reporting findings about the study. Participant numbers were used when writing the report in an attempt to hide the identity of the research participants. Neuman (1997:453) asserts that it is imperative to protect the identity of the research participants when doing field research. Equally important is the protection of the data provided by the research participants.

3.7.5 Physical and psychological harm

Social research has the potential to cause harm to the research participants. Harm could be inflicted on the research participants either physically or psychologically, and if this happens the research violates the code of ethics. In this research project, measures were taken to ensure the safety of the research participants. The safety measures included using a safe building and furniture for the research project. Flick

et al (2004:337) states that research participants should not be endangered or disadvantaged by participating in the research project.

It was in the best interests of the research participants not to cause any psychological harm either. The psychological protection is vital in social research because Neuman (1997:446) maintains that the risk of physical harm is rare. Careful measures were taken to ensure that the research participants are not harmed in any way, psychologically or otherwise. The research participants were not subjected to deliberate stress- or anxiety-inducing conditions during the face-to-face interviews.

The research participants were debriefed after conducting the face-to-face interviews. The research participants were given an opportunity to express how they felt about the face-to-face interviews as part of the debriefing process. There was no need to invite a professional counsellor for the research participants because they did not experience distress as a result of participating in this study.

3.8 CONCLUSION

Chapter 3 discussed the qualitative methodology that was employed in the research project. The research project was conducted under the ethical guides of social studies and the permission was by granted by Unisa and the Institute for Primary Health. The researcher had enough time for planning and consultation before the field research was conducted. The qualitative research method was appropriate for this explorative study as it allowed for in-depth understating of the research topic.

The following chapter will discuss the findings of the study. It will highlight the emerging themes and the interpretation of the research.

CHAPTER 4

FINDINGS

4.1 INTRODUCTION

The researcher visited the field to conduct face-to-face interviews with the male youths. The data was collected from fourteen research participants living in Soshanguve. There are four main themes that emerged during the face-to-face interviews, when the research participants answered the research questions (see appendix E for the interview guide). Chapter four discusses the characteristics of the research participants. The findings of the research project are presented under the following themes, as set out in chapter 1 (1.3.2):

- The male youths' perceptions about their vulnerability to HIV-infection
- The male youths' perceptions, knowledge, beliefs and impressions of alcohol misuse and HIV-prevention
- The male youths who are at risk of contracting HIV due to alcohol misuse receive support
- The research participants' suggestions of what needs to be done to improve the services for male youths who are at risk of contracting HIV as a result of alcohol misuse

4.2 CHARACTERISTICS OF THE SAMPLE

The following section discusses the characteristics of the male youths who participated in the study. The main common characteristic for the research participants is that they are all Africans. They speak three different African languages among themselves, that is IsiZulu, Setswana and Xitsonga. The researcher is familiar with the three languages, but the face-to-face interviews were nevertheless conducted in English because all participants understand it. The research participants are mainly divided into two categories, as described below:

4.2.1 Male youths in school

The common characteristic of the eleven male youths at school is that they are all at high school level. The research participants are between Grades 10 and 12 of their high school studies. They are attending various schools in the Soshanguve area. The research participants have attended several HIV and AIDS workshops at the Institute for Primary Health.

Apart from the workshops, the male youths participate in the extramural activities provided by the centre, for example soccer and singing. They are the beneficiaries of the social support provided by the centre, which includes meals and food parcels.

4.2.2 Male youths out of school

The three male youths who are out of school have completed Grade 12, but they could not further their studies due to financial constraints. The research participants shared briefly about their social circumstances during the introductory session of the face-to-face interviews. The male youths out of school volunteer their services at the Institute for Primary Health as Peer Educators. They have attended various workshops on HIV and AIDS Education at the centre. In addition, these research participants assist with organising the meals and food parcels that are provided for youths who are supported by the Institute for Primary Health.

4.3 THEME 1: THE MALE YOUTHS' PERCEPTIONS ABOUT THEIR VULNERABILITY TO HIV-INFECTION

4.3.1 Knowledge about HIV transmission

The perceptions of the male youths about their vulnerability to contracting HIV vary according to their level of understanding of how the virus is transmitted. Many of the male youths who participated in the study believe they cannot contract the virus, because they know what it all about. They perceive their knowledge about HIV as being enough to protect them from contracting the virus, without necessarily understanding the practical process of HIV prevention. The following are verbatim

reports of the research participants who felt that their knowledge of HIV is good enough to protect them against the virus:

> *Aaah ....* [hesitant] *no, I do not think I can get AIDS because I know what AIDS is. And have been taught a lot about AIDS and I understand it and I know what I must do and not do in order to get HIV* (Participant 1).

Participant 8 believes that the educational information and the support he gets from his brother equips him with skills to make better sexual decisions. He explains this in the extract below:

> *Aah, because I am getting information. Even now I have two brothers, they are guiding me through things that I am doing. Like now, let's say I have a problem, I could go to my brother and ask him. Brother, I have this problem, so, so, so, so, so, how could I solve it? Then he tells me you can solve it by doing this and that*.

The influence of peers in risky sexual relations is acknowledged, however, participant 10 is able to withstand it. The extract below substantiated his stand:

> *Er .... no. Firstly at school they taught me that if you do not want to be infected you must abstain, use a condom and do not listen to peer pressure. When people pressurise you to do something that you do not want, you must be aware that whatever you do has consequences. You should not be led by other people. I am not involved in sex*.

4.3.2 Sexual intercourse and the risk of contracting HIV

Eleven male youths seem to have a clear understanding that they are susceptible to contracting HIV unless they take precautionary measures. The male youths make cautious decisions about taking care of themselves and delaying sexual intercourse. Some of them are motivated by the need to study before they could explore sexual relations and they intend to use protection whenever they start having sex. The expressions below are responses to the following question, "Do you think you can get HIV?"

> *No! Because I know there is HIV, so I will not sleep around with girls without using a condom. I must use a condom* (Participant 12).

A similar idea was expressed by participant 13 in the quotation below:

> *No, I am still a child to get HIV. I am* [have] *not slept around. Sleeping with other girls around; I am still fine*.

Participant 5 was the only research participant who is in gay relationship. However they do not practice anal sex. The following excerpt from the face-to-face interviews express his ideas about HIV prevention:

> *Me, I do not think, because me, I do not like some sexuality or something you go shebeens and drink. Me and my partner, I told him you must work and make your goals because nowadays youths do not listen. If you do not listen I move on with my life. I go to school, I read my books and I become something* (Participant 5).

> *No* [Hesitant] *because I do not do those things* [kissing and sex] (Participant 6).

> *No, because I am safe* [from HIV]*. I take care of myself everywhere I go* (Participant 7).

Participant 2 believes that he is protected from HIV, because he has one partner. In the face-to-face interviews it was not clear if his sex partner also has a similar belief in order to ensure that they are both protected. He said the following about his risk to contracting HIV:

> *Er.... I am protecting myself by having one partner*.

One of the research participants understood that HIV may be contracted in other ways beside sexual intercourse. Participant 11 indicated that he will protect himself even at work place in order to avoid HIV-infection through contaminated blood:

> *No, I do not want it* [HIV]*! I won't get it! I will protect myself* [against HIV] *by Choice and Lovers' Plus. When I am old and have to work in*

emergency situation to help people, I will wear hands gloves in order to protect myself. I will be careful.

4.3.3 Vulnerability to contracting HIV

Only one research participant acknowledged that he may contract HIV through sexual intercourse. What is common about the perceptions of these male youths about their vulnerability is that they think they may contract HIV through contaminated blood, except for participant 3, who spoke about the risk through sex. The research participants were asked the following question in order to ascertain their perceptions about vulnerability to HIV, "Can a healthy looking male youth have HIV?" The first two extracts from the face-to-face interviews show that the research participants think that they may only contract HIV through contaminated blood:

> *Ja, I think I can get it* [HIV]*. Aah mina* [me] *I think maybe when my friend is injured or something. When I touch his blood, I think I can get infected* [with HIV] *in that way, because I am not yet sexually active* (Participant 9).

> *Yes, I can get it* [HIV]*. Because HIV and AIDS I can find it in a situation, maybe in that situation I will not be aware that I will have HIV and AIDS. For example, if I can use a needle which stabbed someone who is infected with HIV I can also get it* (Participant 14).

Participant 3 is aware that he can contract HIV by having multiple sex partners. He highlights that he may find himself sleeping around if he bows to peer pressure:

> *I can get HIV like, like while talking to my friends while they are forcing me to sleep with a girl. To sleep with a girl with errr…. without thinking. Like er, is like er being pressurised with guys. Telling you that girl is like this and this. I have slept with her, so do the same thing. In that way I can contract HIV and AIDS*.

4.4 THEME 2: THE MALE YOUTHS' PERCEPTIONS, KNOWLEDGE, BELIEFS AND IMPRESSIONS OF ALCOHOL MISUSE AND HIV-PREVENTION

When discussing theme 2 there were various sub-themes that emerged during the face-to-face interviews. The sub-themes are discussed separately in this section.

4.4.1 Knowledge about impact of alcohol misuse in HIV-prevention

The researcher asked the research participants the following question: "How could alcohol misuse facilitate the risk of contracting HIV?" The following quotes reflect the sentiments about the role of alcohol misuse in hindering HIV-prevention:

> *At the same time, they* [male youths] *go to their* [girls'] *homes and sleep with them. And in a drunk situation, whereby they do not even use condoms. When they do not use condoms ....* [short pause] *…. there is more possibility of getting infected with HIV and others* [other sexually transmitted infections]. *And they are enjoying themselves in a wrong way, whereby they get drunk, smoking drugs; after that they lose their control, doing wrong things in order to be known and find out that they are not famous, being notorious, known with bad things.*
>
> *And others I might say is lack of knowledge. The problem is lack of knowledge. Not knowing much about this HIV or not taking it seriously this issue. Because if you can tell them that HIV is there and is alive and is killing people, they do not take it seriously. They will tell you, ah! Leave us alone! We want to enjoy our lives, we want to live our life. If we live our life, so there is no one who must tell in which way must we live it.*
>
> *Because they think that condoms are just there to fool them, but if they can get flesh to flesh that is the right way. Sex was made to be flesh to flesh. Thinking that they are invisible, there is no disease that can affect* [infect] *them.....* [long pause] (Participant 1).

Participant 2 supports the claim that lack of knowledge makes male youths vulnerable to HIV:

> [HIV] *Is an infection that affects our society. Mainly the youths because where we are um....* [he paused] *in fact where we are you cannot say there is no knowledge. We do not care about the information that we have*.
>
> *Male youths can be infected with HIV while sleeping with women without using a condom* [He leant closer to the table]. *Others can contract HIV while they are forcing the woman to sleep with them without being asking her to sleep with her and then ...* [paused when he saw me writing notes] (Participant 3).

The following responses highlight the risk of meeting a sexual partner at a tavern, whose HIV status one does not know:

> *HIV infection, er…. you see youths, us, we like alcohol and go to shebeens and drink alcohol. Some days when you have stress you drink alcohol, you think about something. You meet someone like a girl in shebeen, you talk to her. You buy her alcohol to drink and after she is drunk you take her. You tell her, let's go to see my place and you go there.*

> *You sleep together, during the night you start touching, hugging and he is drunk. He is drunk and he is not in his senses and they start touching each other. They have sex without using a condom and that is how he contract AIDS. At the end they regret that he did not use protection when he slept with her. You find that a person contracted HIV without knowing. When he goes to a doctor to test, the results come as HIV positive. He get stressed and start doing drugs and alcohol and sleep with someone, a girl or a boy, and spread the virus all over the world* (Participant 5).

In emphasising the sexual risk after getting a sexual partner from a tavern, participant 9 noted:

> *HIV risk for my side as well as a person like us, male youths, we have this problem like after drinking er ....* [pause] …. *we have this thing of we do not think. We do not think with our mind by the time after drinking. All we do we just do the next morning, we regret what we did* [have sex]*. Like when I am drunk, I can sleep with a lady not knowing her status, not knowing where she comes from. I just pick her in the club or tavern somewhere and then after that I take her to my home. The next morning she wakes up at my home and then days later I find out that I am HIV positive for not being responsible for my actions. So HIV risk, ja, is when we do things that we do not understand, but maybe because sometimes we do it when we want to impress people*.

> *HIV risk, eish, I understand, if you sleep with a girl you must use a condom. If you do not use a condom you will be in trouble. You do not know the* [HIV] *status of this girl* (Participant 12).

Participant 7 indicated that male youths could be protected from HIV-infection if they used condoms when they indulged in sexual intercourse, even after misusing alcohol:

They will be safe if they go to the shebeen and condomise if they have sex.

4.4.2 Alcohol misuse among male youths

Most of the research participants believe that alcohol misuse can facilitate sexual risk. Only one research participant made it clear that alcohol in itself does not pose HIV risk, that it is the risky behaviour of the male youths when they are intoxicated that does. The following is what the research participants had to say in response to this question, "How could alcohol misuse facilitate the risk of contracting HIV?":

> *Um, more, most people, they can be vulnerable to HIV, it means that when they are stressed at home, they are abused. When they are abused at their home, they think that the easiest way to solve their problems is to have sex or drink alcohol; after drinking alcohol and having sex* (Participant 1).

> *The alcohol. The alcohol can facilitate in, in …. er …. the alcohol can facilitate in the risk of HIV and AIDS by drinking it a lot. Because as male we, we differ by drinking this alcohol. Some when they have drink alcohol, they no longer know who they are. So we differ, so somebody who drinks alcohol too much is no longer being sober, can contract an HIV because he does not know what he does after drinking alcohol* (Participant 3).

Participant 4 explains how some male youths expose themselves to HIV under the influence of alcohol:

> *Um, when you are drunk at taverns you get a girl and you start talking with her; at long you buy booze* [alcohol] *for her* [interruption when a cell rang]*. As I said you get a girl at the tavern, you take her and you forget to use a condom. And that girl has AIDS, you forgot to use a condom and you have sex. When you go to the clinic tomorrow and check yourself you have AIDS and you won't remember it was the girl you got at the tavern*.

The following excerpts affirm the ideas expressed above:

> *Alcohol, when you drink a lot of alcohol, it can lead you to things that you are not suppose to do. Because these nowadays, let's say a*

certain girl is a target they [male youths] *pick her and they go to the tavern and buy her a lot of alcohol. They drink and after drinking is where they start to have sex with her because of alcohol* [holding his own hands]. *She can't see who is sleeping with her because she is drunk* (Participant 8).

Alcohol destroy our mind. After drinking we do things that we do not understand, things that we will regret later. Then we end up being sexually active with somebody who is infected [with HIV]. *Alcohol, ja, from my side is the main purpose for many young men to have* [be infected with] *HIV in this time* (Participant 9).

Firstly, they can get it because when they drunk; usually youths go to taverns and clubs where they drink. After drinking we all lose control, then we fall into sex. After that we regret that we did something that we were not prepared for. It is not because we wanted to do it, but is because of alcohol. After drinking alcohol, you cannot control yourself (Participant10).

Participant 11 was the only one who mentioned that alcohol on its own cannot expose male youths to HIV-infection. He understands the distinction between alcohol misuse and the risk of contracting HIV because of risky sexual behaviour:

They can get it [HIV] *by having sex. But those who drink alcohol only cannot get HIV*.

4.4.3 Training highlights the link between alcohol misuse and the spread of HIV

The research participants reported that they have heard about an association between alcohol misuse and HIV risk. The researcher asked the following question, which led to the formulation of this sub-theme, "Do HIV awareness campaigns highlight the connection between alcohol misuse and the risk of contracting HIV?" The Institute for Primary Health and some TV programmes on HIV-prevention do address the topic as reflected in the quotations below:

Jaaa ... they come with information and put them into the board, explaining them that if you drink, if you drink a lot of alcohol the best thing for you to do is to go home and sleep, or rather do things that are, or rather get into things that are not good for you because you know

> *that when you drink alcohol then consequences to do things that are not interesting or good. You will most, you will mostly do bad things and end up, one of those bad things is to contract HIV* (Participant 1).

> *Mainly they cover such issues, but youths do not take information from an older person. They need their peers to explain to them so that they could understand. When the information is presented by their peers they easily accept it* (Participant 2).

> *Let's say when we are watching television, they can show you a male and female while they are drinking from a night club. After drinking alcohol they will show you while they are at home having sex, while they are drunk. So some HIV campaign they show you how young people can contract an HIV while they are drinking alcohol and losing themselves to contract HIV and AIDS* (Participant 3).

The following quotations further illustrate the point of the association of alcohol misuse and HIV risk:

> *Ja, at school, especially at LO* [Life Orientation], *they use cartoons to show us that alcohol can make you regret. Firstly, they show nice people going to the clubs, drinking alcohol. Thereafter they have lost control and go to the mall and have sex, and thereafter we regret. Alcohol relates to HIV because after drinking we do not have control and that is how we get HIV.*

> *In the community they give us pamphlets, especially youths. They show us how a person can be infected with HIV, how it spreads and they show us how to prevent it. When they give us this they also want volunteers to assist people who are affected by HIV* (Participant 10).

Participant 14 highlights that alcohol does not cause HIV, although there is an association between alcohol misuse and the spread of the virus:

> *Yes, they show that, because they put many posters that show that HIV and AIDS they are two different things. Especially when it comes to campaign they will show that you cannot get HIV with alcohol, but with other things that will confuse your mind you can get it. Or maybe the things like prostitutes and not using a condom. Alcohol, you can drink it, but when you are aware that HIV is there you can avoid it, avoid HIV and AIDS and go on with your alcoholic life*.

Only one research participant claims that he hasn't heard about the link between alcohol misuse and the risk of contracting HIV.

> *Aah, normally I haven't heard them speak about it* [the association of alcohol misuse and HIV-infection]*, but they speak about HIV and how it is transmitted* (Participant 8).

4.4.4 The use of condoms during sexual intercourse

There were two participants who reported that failure to use condoms is attributed to females who complain that it is painful. Others fail to use condoms because they have sex under the influence of alcohol. Participant 1 was the only one who was sceptical about the use of condoms, because they may burst during sex and this poses the risk of one contracting HIV. He recommends that people should be faithful to one partner as a method of preventing the spread of HIV. The following extracts illustrate male youths' perceptions of condom use:

> *We don't* [use condoms]*, we don't the same,* [and] *some girls do not want condoms. Some boys want condom more than the girls. You find that we do not listen. Some* [young women] *say condom is painful. Some they say I do not want condom; condom, it damage me, you see* (Participant 5).

> *People say they cannot eat a banana with its covers* [comparing this to sex with a condom]*. They are only fooling themselves* (Participant 12).

> *Aaah .... the use of ....* [pause] …. *using condoms during sex; they are ....* [pause] …. *there is much risk of getting HIV because they can burst at any time, because you never know when will they burst. But the safe thing to do is to be faithful to one partner* (Participant 1).

> *For me, I will say not, but for others they say so. They like doing without it, meaning that people who use alcohol will never use a condom* (Participant 2).

Despise the reluctance of some male youths to use condoms, participant 6 still thinks, *"It is good* [to use condoms] *because it protect against AIDS."* Proper and consistent use of condoms is one of the methods of preventing HIV, although there is evidence that shows that male youths neglect it:

> *Aah .... from the way I see things, I think that many of the youths do not use condoms, because when looking around you see many young females pregnant. That is the sign showing that there is no condom use there* (Participant 6).

> *It is a very good thing because we need condoms when it comes to some situation. Because now more people are infected with HIV and AIDS. HIV and AIDS you can find it wherever you go. More people will get it in sex without a protection* (Participant 14).

Some male youths coerce their sexual partners into having unprotected sex. Participant 14 made the following comment when responding to the question of the use of condoms:

> *Yes, they always use condoms. But others they just avoid to use a condom, because for example maybe a boy can tell a girl that we must have sex and that girl does not want to have sex. She will say, I am not ready to have sex with someone. That boy will say, if you do not have sex with me without a condom, it shows that you do not love me. You just came here to maybe ....* [pause] *…. play with me or use me*.

4.4.5 The effect of condoms during sexual intercourse

Participant 11 and participant 1 indicated that the use of condoms during sex does not reduce sexual pleasure. In addition they indicated that condoms are good for preventing the spread of HIV:

> *It is still nice* [to have sex with a condom]*, but you will not be infected with sickness. It helps* [in preventing HIV infection] (Participant 11).

> *No, as I was saying, using condoms and not using condoms, the* [sexual] *pleasure is the same. There is no difference* (Participant 1).

The overwhelming majority of the research participants think that condoms reduce sexual pleasure. Many of them responded to this question based on what they have heard from their friends as opposed to their personal experience. This shows that there is some form of peer influence, which may negatively affect the sexual behaviour of these male youths when they start indulging in sexual intercourse:

> *According to ....* [shy to answer] … *to what my friends are telling me I think it* [condom] *reduce ....* [pause] …. *it reduce it* [sexual pleasure]. *They say condoms is like ....* [pause] …. *you do not feel the nice, the nicer thing that someone can feel while he is not wearing a condom. Like while you are wearing a condom, while you are having sex wearing a condom is like eating a sweet inside a plastic. While you eat a sweet inside a plastic, it does not have, you cannot hear the sweetness of that sweet, so you cannot feel it* (Participant 3).

> *Ja, I have heard from my friend saying that it is not nice having sex with a condom on, but it is nice flesh to flesh. He also wanted to get me involve in sexual relations, but I told him that I do not do those things for now* (Participant 8).

> *Ja, I think so. Because many people, especially at the tavern, they do not use it* [condom]*. They think it* [sex] *will not be nice. They like* [sex] *flesh to flesh* (Participant 10).

> *It depends, because many people they prefer to have sex without condoms. They do not practice that thing maybe to have sex with condom. They like to have unprotected sex* (Participant 14).

4.4.6 Accessibility to condoms at taverns

It is reported that some male youths indulge in sexual intercourse after misusing alcohol in taverns. Many taverns do not provide condoms according to the report of some of the research participants. The research participants explained in their own words when they responded to the following question, “Are condoms accessible in areas where male youths drink alcohol?”:

> *Normally at the taverns is* [condoms are] *not available, because they know that people are coming to drink and not do* [have sex] *those things that they are doing. But they* [people who drink alcohol] *know that they are not coming to drink, but they came for their own things* [sex] *like this and this. So those who want to do* [have sex] *it will be doing their own thing* (Participant 8).

The situations where there are no condoms in taverns increase the risk of facilitating the spread of HIV. It is, however, noted that some shops and health facilitates in the townships do provide condoms:

> *Aaah .... most of most of the places where people drink alcohol the condoms are not accessible. They are accessible in shops where do not sell alcohol, whereby they sell condoms and they do not give them free* (Participant 1).

> *No, I do not think so* [shouting outside, causing a disruption]*. There are shops, like Shoprite, in our community as well we have sisters go around giving people condoms and stuff* (Participant 2).

In responding to the question of the availability of condoms, participant 3 indicated that some male youths prefer Lovers' Plus and Trust, because they think these are more reliable and safe:

> *Er, for, like now the youths, the new generation, they go to the supermarket and buy condoms. They no longer want to use the Choice. They need some, they need expensive condoms like Lover's Plus, Trust and ....* [pause] *…. so when they see Choice at the Tuck shop or the clinic they leave it. They ignore it, they think this one it cannot do good for me. Ja, there is no condoms in such places like taverns. Like in township taverns there are no condoms*.

Very few places that sell alcohol provide condoms, according to some of the male youths who participated in the study. The challenge in regard to the use of condoms is that some male youths prefer to have sex *"flesh to flesh"*, especially after drinking alcohol. The extracts below highlight such challenges:

> *Ja, er, ja. They are mainly available at the clinics, pubs, taverns, ja, they are available. But mostly youths do not use them, they prefer flesh to flesh. They do not prefer condoms* (Participant 10).

> *Yes, everywhere there are condoms. At taverns there are condoms, at hospitals and at the shop you can get a condom. Everywhere there are condoms* (Participant 4).

> *No! Not all shebeens, in some they* [condoms] *are available* (Participant 5).

> *Ja, they are available at shops, taverns. They also available at tuck shops for free. They also put them in toilets, because they know that*

> *when people are drunk they can just decide to have sex. If they do not want it they do not take it* (Participant 11).

> *Yes, but some places. Many places* [taverns] *do not have condoms; those that have condoms put them in the toilet or at their counters* (Participant 14).

4.5 THEME 3: THE MALE YOUTHS WHO ARE AT RISK OF CONTRACTING HIV DUE TO ALCOHOL MISUSE RECEIVE SUPPORT

The above-mentioned theme, theme 3, was derived from the following questions which were asked during the face-to-face interviews: "How do male youths cope with the challenges of the risk of contracting HIV?" "How does the Institute for Primary Health support male youths?" Some of the responses to these questions were quoted in the following sub-headings.

4.5.1 Individual HIV-prevention strategy

The male youths who are of the opinion that HIV can be prevented suggested several steps that an individual should take. The male youths understand that they need support in preventing-HIV, but they felt that individuals must take to responsibility, either by abstaining from sex, using condoms or being faithful to one partner. Participant's 1 response highlights how important it is for male youths to take an initiative in HIV-prevention, "*Using condoms, or abstaining and being faithful to one partner and waiting for the right time to have sex, which is after marriage*." Participant 2 was more open and personal about the matter when he said, "*Er .... I am protecting myself* [against HIV] *by having one* [sex] *partner*."

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

> *By before, er* [hesitant] *if you want to protect yourself, before you sleep with a girl, you should maybe go to a clinic and have a* [an HIV] *test. After that you get all the information you can* [have sex].

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

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

4.5.2 Organisational intervention in HIV-prevention

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

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

The value of academic education is highlighted below:

> *They advise youths that do not have sex, go to school, you are still a kid. Read and have your goals, don't like girls. Don't try to impress girls with money, you are still a kid and you are under your mom and your father* (Participant 5).

The Institute for Primary Health involves male youths in physical activities:

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

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

Participant 13 indicated that the male youths who are living with HIV receive both training and medical support:

> *They train them* [male youths] *and they always take them for treatment* [for HIV].

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

4.6 THEME 4: THE RESEARCH PARTICIPANTS' SUGGESTIONS OF WHAT NEEDS TO BE DONE TO IMPROVE THE SERVICES FOR MALE YOUTHS WHO ARE AT RISK OF CONTRACTING HIVAS A RESULT OF ALCOHOL MISUSE

4.6.1 Educational strategies

In addressing theme 4, the male youths were asked the following question, "What could be done to improve the support for male youths who misuse alcohol at the risk of HIV-infection?" The research participants affirmed that something positive could be done to assist male youths in preventing the risk of contracting HIV. The male youths believe that educational programmes could be improved at the Institute for Primary Health by introducing various strategies. It was suggested that the Trainers at the Institute for Primary Health should offer HIV education at schools. Some of the male youths feel that they need Life Coaches who are dedicated to offer them support. The following are direct quotations from the face-to-face interviews:

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

> *Like doing some workshops at schools to guide young people about this HIV and AIDS and the alcohol. How it* [HIV and AIDS] *affects and*

> *how it destroys a young person, while she or he is young* (Participant 3).

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

> *They* [The Institute for Primary Health] *do teach us about sex and that we should abstain. They should also teach us about alcohol and how it affects the body. This will help us to stay away from alcohol*.

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

> *Get posters to shebeens and shopping centres. Go to the mall and advise youths not to go to shebeens when they are under age, but they must go when they are grown up. Go* [Youths must go] *to school and don't go to shebeens*.

> *Maybe send the posters to each and every household, that will show that stop unprotected sex. Avoid to have more drinks. Drink water more than beer* (Participant 14).

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

> *Er …. at times they* [male youths] *do not listen, but they give them the condoms. They tell them how to be free with AIDS and go to school too. They teach them about HIV and AIDS*.

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

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

> *Errr ....* [he was thinking] …. *to show all people who are here, the people who are infected with HIV they must stop drinking and having sex. They must stop "mujolo"* [sexual relationships] *because some of them they go ....* [pause] *…. like school kids they go the passages and kiss each other. It is not good* (Participant 7).

4.6.2 Activities-linked HIV-prevention strategies

A number of research participants suggested that HIV-prevention strategies should be linked to certain activities that male youths will enjoy. They acknowledged that the Institute for Primary Health is already implementing some of the activities. The research participants feel that the proposed activities will attract male youths to the Institute and get them interested in HIV and AIDS education messages. Beyond the attendance of the activities the respondents believe that male youths will change their sexual behaviour for the better. The following are direct quotations from some of the research participants who responded to the question of, "What could be done to improve HIV-prevention among male youths?":

> *I think they* [Institute for Primary Health] *have done a lot because there are the activities. Like during the* [school] *holidays, we come here every holiday. We do lots of activities, like there are others doing soccer. Like they take us and group us. After grouping us they teach us about those things* [HIV and AIDS] *and say you must not do one two, one two* (Participant 8).

> *I think they should give them* [male youths] *more activities than they are giving, because now is just singing and soccer only. Most of the*

people they do not love singing or playing soccer, but there are these games that they like. I think maybe if they could introduce more games, more youths will come.

Ok like, I could say dancing. Most of the youths here in Soshanguve, they like dancing. Dancing can [take] *many young men off the street. Dancing, dramas er ....* [pause] …. *poetry, ja, many things* (Participant 9).

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

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

4.7 CONCLUSION

Chapter four discussed the characteristics of the male youths who participated in the face-to-face interviews. The extracts of the verbatim transcriptions were also captured in this chapter. The responses of the research participants to the interview questions led the researcher to draw the following conclusions:

The male youths know about the association of alcohol misuse and the risk of contracting HIV, yet many of them remain vulnerable to the disease. Their knowledge of risky sexual behaviours does not always translate into HIV-preventative actions, especially when under the influence of alcohol.

The male youths appreciate the HIV support programme provided by the Institute for Primary Health. The research participants recommended a number of ideas that could be introduced in order to improve the services of the Institute for Primary Health. The research participants believe that the improved services will contribute to the prevention of HIV infection associated with alcohol misuse. Chapter five interprets and consolidates the findings of the research project.

CHAPTER 5

SUMMARY AND INTERPRETATION OF THE FINDINGS

5.1 INTRODUCTION

The chapter will give the summary and interpretation of the findings that were presented in chapter 4. In summary, this study explored the perceptions of the association between alcohol misuse and the risk of HIV-infection among male youths in Soshanguve, Gauteng province. The findings are critically analysed according to the emerging themes and sub-themes as outlined in chapter 4 (4.1).

There were four questions that the study wanted to answer and they are outlined, as mentioned, in chapter 1 (1.4). The following four questions were derived from the above-mentioned aim of the study:

- Do male youths perceive themselves to be vulnerable to HIV-infection?
- What are male youths' perceptions, knowledge, beliefs and impressions of alcohol misuse and HIV-prevention?
- What has been done to assist male youths who are at risk of contracting HIV due to alcohol misuse?
- What needs to be done to assist male youths in addressing HIV risk factors as a result of alcohol misuse?

Chapter 5 analyses the findings in relation to these questions. The participants' allocated numbers were used to refer to the direct quotes gathered during the face-to-face interviews. Neuman (1997:363) states that it is critical to protect the confidentiality of the research participants and to ensure that they remain anonymous. The researcher upheld ethical standards, including confidentiality, throughout the research process. The first theme discussed below relates to the first question as mentioned above and the subsequent themes will follow a similar order.

5.2 THE MALE YOUTHS' PERCEPTIONS ABOUT THEIR VULNERABILITY TO HIV-INFECTION

5.2.1 Knowledge about HIV transmission

The male youths who participated in the research project know about HIV and how it is transmitted. All the research participants, fourteen in number, have attended workshops where they were taught about HIV and how it is transmitted. The Institute for Primary Health empowers the male youths with information and some of them receive support from their brothers. The male youths who are still at school also attend Life Orientation periods, which complement other HIV programmes in terms of imparting knowledge.

The research participants emphasised the importance of knowledge in order to appropriately address the risk of contracting HIV. Participant 1 remarks that a lack of knowledge affects the transmission of HIV: "*The problem is lack of knowledge. Not knowing much about this HIV or not taking it seriously this issue*." The critical issue in regard to knowledge is for the male youths to correctly use the information gathered. Knowledge that is not put into practice has no effect in addressing HIV. Participant 2 lends support to the idea expressed by participant 1 and this is what he had to say:

> [HIV] *Is an infection that affects our society, mainly the youths, because where we are um ....* [He paused] …. *in fact, where we are you cannot say there is no knowledge. We do not care about the information that we have*.

Having discussed the importance of knowledge in preventing HIV transmission, caution against apathy towards HIV should be exercised. HIV information in itself should not become a hindrance to prevention, as highlighted in the following extract. Participant 1 went on to state that he is confident about his knowledge of HIV and therefore he does not believe that he can contract the disease. In his own words, he explained, "*Aaah ....* [hesitant] …. *no, I do not think I can get AIDS because I know what is AIDS*" (Participant 1). In chapter 2 the research discussed the challenge of egocentrism, which leads adolescents to *"personal myth."* Swartz *et al* (2004:76) define personal myths as a belief that one is unique and special and it relates to the false idea of being invincible. In the context of HIV, adolescents may falsely believe

that they are special and they may not become infected with the virus. The findings of the face-to-face interviews, in regard to the issue of adolescents' personal myth, concur with the studies discussed in the literature review. In the following extract, participant 1 was speaking for other male youths, but his thoughts relates to the literature review in chapter 2 (2.2.2), "*Sex was made to be flesh to flesh. Thinking that they* [male youths] *are invisible, there is no disease that can affect them ....* [long pause]" (Participant 1).

The personal myths among male youths contribute to HIV transmission, although some of them have knowledge about the subject (Swartz *et al* 2004:76). The data collected in the field was consistent with other studies when indicating that HIV is transmitted mainly through sexual intercourse. Another common mode of HIV transmission that was mentioned by the research participants is the exchange of contaminated blood. Participants 9 and 14 expressed the following respectively: *"Touching* [contaminated] *blood of a friend or someone who is infected* [with HIV]*." "When a car crash, you will find more people being injured and the* [contaminated] *blood will spread all over and that can cause HIV."* Poindexter (2010:15) supports the assertion that HIV transmission through blood is common when people expose themselves to contaminated blood. Karim and Karim (2010:290) state that HIV is mainly transmitted sexually and the presence of sexually transmitted diseases (STIs) fuels the spread of the virus.

5.2.2 Sexual intercourse and the risk of contracting HIV

All the research participants, except for one, indicated that they cannot get HIV as they are taking the necessary precautions. The HIV-preventative measures highlighted by the research participants include sexual abstinence, the use of condoms during sexual intercourse, being faithful to one partner and abstaining from misusing alcohol. The following extract illustrates the risky sexual acts that expose male youths to HIV, "*Male youths can be infected with HIV while sleeping with women without using a condom* [He leans closer to the table]" (Participant 3). Another male youth noted the following in support of the idea expressed above,

"*Some get it* [HIV]*, they go and have sex with others. They do not know if you have sex or not, you have HIV or not"* (Participant 4).

Shisana *et al* (2009:39) declare that early unprotected sexual debut increases the chances of HIV-infection among youths. Karim and Karim (2010:159) affirm that youths who are engaged in early sexual debut increases the risk factor of contracting HIV. In chapter 1 (1.1) the researcher highlighted that male youths who delay their first experience of sexual intercourse are contributing to the reduction in the spread of HIV. Male youths who delay their first sexual intercourse are in fact practicing abstinence, which is an option for some. Participant 1, who is 19 years old, regards himself as a *"child"* and this helps him not to entertain sexual relations that may expose him to HIV. Participant 1 said he cannot get HIV for now because, *"…. I am still a child to get HIV. I am* [have] *not slept around.* In the absence of a cure for HIV, *"Abstinence is the best to prevent HIV infection"* (Poindexter 2010:22). Abstinence is not always practical for all adolescents, hence they mentioned other options that suited them as individuals. For example, some adolescents prefer to use condoms for preventing HIV.

Participant 11 chooses to use condoms to prevent HIV-infection. Participant 11 understood that one may contract HIV through risky sexual behaviour and contaminated blood. He pointed out that although he is using condoms to protect himself against HIV, he still needed to take measures against exposing himself to contaminated blood. In the literature review it was highlighted that HIV-infected blood may become the mode of transmitting the virus between an infected and an uninfected adolescent. Alcohol and drug-risk behaviour contribute to transmitting HIV when injecting drug users exchange needles (Rees *et al* 2001:130). The research participants understand that HIV is mainly transmitted through sexual intercourse. It is transmitted through the exchange of contaminated blood as well as other modes, which are all equally dangerous.

5.2.3 Vulnerability to contracting HIV

Most of the male youths who participated, apart from a few individuals, in the study perceive themselves to be *"safe"* from HIV unless if they were to be accidentally infected with contaminated blood. It is understandable that some male youths think they cannot get HIV sexually because they are abstaining from sex. The issue of personal myth becomes of concern in cases where some male youths are sexually active, yet ignoring the taking of HIV-preventative measures such as condom use.

Participant 6 said the following in terms of the youth's vulnerability to HIV, *"People get HIV through sex and blood. If you* [are] *injured and your blood mix with someone's blood you can get HIV."* Sexual intercourse increases the vulnerability of male youths to HIV-infection and studies in chapter 2 show that most of them are infected through sex. Shuper *et al* (2010:159) report that youths are vulnerable to HIV mainly through unsafe vaginal and anal sexual intercourse with an infected person. In this context unsafe sex refers to sexual intercourse without a condom.

Participant 3 is one of the few individuals who acknowledged his vulnerability to HIV-infection through sex. In his own words participant 3 said, "*I can get HIV like, like while talking to my friends while they are forcing me to sleep with a girl."* He introduces the element of peer pressure to his vulnerability to HIV. Participant 10 supports him by saying, *"We are encouraged by peer pressure* [to indulge in risky sex]*."* It is worth noting that the role of peer pressure was discussed in chapter 2 (2.4), when addressing HIV-prevention. It is critical to empower male youths with social skills so that they can cope with peer pressure, thus make good decisions in relation to sexual matters.

Van Dyk (2001:32-33) mentions the following myths in relation to vulnerability to HIV:

- Donating blood
- Living with an AIDS patient
- Normal (dry) kissing
- Sharing food and a bath with an HIV-infected person
- Casual skin contact such as handshaking
- Pets or insects such as mosquitoes

Some of the male youths mentioned myths as a cause of their vulnerability to HIV. The examples of the myths that emerged in the face-to-face interviews are listed below:

- *They can get it* [HIV] *through kiss* (Participant 6).
- *I can get it* [HIV] *by touching someone* (Participant 11).

5.3 THE MALE YOUTHS' PERCEPTIONS, KNOWLEDGE, BELIEFS AND IMPRESSIONS OF ALCOHOL MISUSE AND HIV-PREVENTION

5.3.1 Knowledge about impact of alcohol misuse in HIV-prevention

The research participants indicated that alcohol has a negative impact on HIV-prevention. They highlighted that some male youths indulge in unprotected sex when they are intoxicated from alcohol. Unprotected sex, that is sexual intercourse without a condom, is a hindrance to HIV-prevention. Unprotected sex which is connected to alcohol misuse is one of the ways in which the spread of the HIV pandemic in South Africa is perpetuated. The following quotation illustrates the point:

> *Because you drink alcohol, overdose, and then you get some girls outside* [the tavern]*. Then that girls go with you at home, sleep with you and you do not condomise, so you can get HIV* (Participant 7).

Participant's 7 comment is consistent with the findings of studies reviewed in chapter 2. For example, Kalichman *et al* (2007:141) state that unprotected sex with different partners is common among people who misuse alcohol. Alcohol misuse is reported to encourage male youths to have multiple sexual partners. The concept of multiple sexual partners could either refer to one male youth having more than one female sexual partner or vice versa. An example of this is given in the following explanation:

> *They* [male youths] *drink and after drinking is where they start to have sex with her because of alcohol* [holding his own hands]. *She can't see who is sleeping with her because she is drunk* (Participant 8).

Morejele *et al* (2006:218) articulate that alcohol misuse is associated with HIV-infection, which has without fail been linked to the risky behaviour of having multiple sexual partners. In some cases multiple sexual partners relates to the power play, where male youths use their masculinity to dominate women. Jabu, a male student, reports how he ensnared a female student into having sex against her will:

> *I invited her into my room .... once she was in my room, I started to make my move. I touched her hand, and when she did not pull away, I started playing with her fingers. Next thing we were kissing and we had sex* (Juma & Klot 2011:90).

In this study the male youths know the risk of HIV is associated with alcohol misuse. They are aware of safe sex, although the research findings nevertheless still report cases of unprotected sex among male youths.

5.3.2 Alcohol misuse among male youths

Most of the research participants are aware of the dangers of the misuse of alcohol among male youths. The research participants warn that alcohol misuse may expose male youths to HIV and interfere with their academic development. Participant 11 was the only research participant who explicitly made a distinction between alcohol misuse and the risk behaviour. His point highlights that alcohol itself does not transmit HIV, but in fact the sexual risk associated with the misuse of alcohol. Participant 11 commented, "*They can get it* [HIV] *by having sex. But those who drink alcohol only cannot get HIV.*" The following extract shows the feelings of the male youth about alcohol misuse:

> *As youths we should abstain* [from sex and alcohol]*, use condom, er ....* [pause] …. *more especially when we talk about alcohol. Alcohol is not good for youths because you cannot control yourself after drinking. I suggest we stop drinking alcohol. We should just be youths and attend school so that in the near future we will get good things that we also need* (Participant 10).

Participant 9 concurs about the dangers of alcohol, but recommends that male youths must just avoid misusing alcohol:

> *"Mina"* [Me] *my advice to him I will say er ….* [hesitant] *I can't say stop drinking, but I will say do not drink overdose. Because alcohol abuse could lead to HIV, because like you are sexually active and you sleep with whoever you like. My advice to you is that, do not drink overdose and be responsible*.

The research participants in the study are living in an urban township, Soshanguve. People living in urban townships and informal settlements are more vulnerable to HIV in South Africa. Kalichman *et al* (2008:55) state that HIV in South Africa is exacerbated by substance misuse, with alcohol being the most misused substance. Kalichman *et al* (2006:299) suggest that alcohol is the most commonly misused substance and 39% of male youths aged between 10 and 21 years drink alcohol. The studies mentioned above support the findings of this current study in Soshanguve, Gauteng province.

Moreover, alcohol misuse and unsafe sexual behaviour are associated with specific populations and specific risk situations. Rees *et al* (2001:132) assert that alcohol is associated with HIV sexual risk behaviour in drug users. Some people who misuse alcohol are more prone to having a history of using injecting drugs (Kalichman *et al* 2006:301). Participant 5's comments support what literature documented, *"You see when they* [male youths who misuse alcohol] *use injection, after I have used the injection, I pass it to someone with blood."* Contaminated blood exchange is a known mode of HIV transmission.

5.3.3 Training highlights the link between alcohol misuse and the spread of HIV

All the research participants, except for one, have attended HIV workshops, where the association of alcohol misuse and the risk of HIV were communicated. The Institute for Primary Health presents such workshops and some male youths had an opportunity to hear about the subject at school and on TV. The male youths acknowledged the HIV risk associated with alcohol misuse and they are keen to learn more about the subject. The risk extends beyond HIV, because alcohol misuse on its own has the potential to damage the liver. Participant 11's remark is consistent with the review of the literature in chapter 2 (2.3.2), *"They do teach us that when you*

drink alcohol, it damages the liver." The following quotation highlights sexual risk behaviour associated with alcohol misuse:

> *Ja! They show that when you are drinking you will end up being sexually active. They are trying to stop it. They are saying drink safe. Do not drink until you are drunk or do not drink overdose, because you will end up sexually active with somebody who is infected and get HIV. That is the problem* (Participant 9).

Shuper *et al* (2010:159) establish that young men who misuse alcohol before they have sex have greater potential of being exposed to HIV-risky sexual behaviour. Alcohol weakens the immune system, thus increasing the biological susceptibility to HIV (Parry *et al* 2010:84). Subsequently, alcohol misuse speeds up the progression of HIV to the AIDS stage. Lately research shows that STIs among young people are connected to alcohol misuse (Cook & Clark 2005:156). These theories were discussed in detail in chapter 2 and they concur with the verbatim transcription gathered during face-to-face interviews.

The following quotation summarises the information concerning the way young men feel about the connection between alcohol misuse and HIV risk:

> *Alcohol relates to HIV because after drinking we do not have control and that is how we get HIV. In the community they give us pamphlets, especially youths. They show us how a person can be infected with HIV, how it spreads and they show us how to prevent it. When they give us this they also want volunteers to assist people who are affected by HIV* (Participant 10).

It is clear that there is a link between alcohol misuse and risky sexual behaviour (Rees *et al* 2001:133). Both the literature review and field data agree on the negative impact of alcohol misuse in HIV-prevention. Pelzer *et al* (2011:2) affirm that sub-Saharan Africa is particularly affected by alcohol misuse and its connection to HIV risk behaviour.

5.3.4 The use of condoms during sexual intercourse

The majority of the research participants emphasised the point that male youths do not use condoms. Some of the excuse given for not using condoms relate to the youths' mythical analogies. For example, *"people say they cannot eat a banana with its covers. They are only fooling themselves"* (Participant 12). Few individuals have made their stand, where this is contrary to the myths about condom use. Participant 11 said, *"I feel good about it, so that I should not be sick. So that I should not be infected with HIV."* Participant 11's opinion about condoms is in agreement with literature in regard to the value of condoms. The Health Belief Model indicates that perceived severity of illness encourages people to take proactive steps against diseases (Feist 2004:47).

According to Lancet (2007:615) condoms serve as protection (80 to 90%) against HIV if they are used consistently and properly. The concern of condoms bursting that was raised by some male youths show that they did not use it correctly. Lancet (2007:617) expounds on condom use and links its added value to male circumcision, meaning that male circumcision contributes significantly in HIV-prevention if it is complemented with proper and consistent condom use. The question that arises about male circumcision is whether it has or will have a negative impact on the use of condoms among male youths. This issue did not surface in this current study as it was not the main focus, but this is worth exploring in future research.

Some male youths find themselves in a dilemma, especially when a female rejects the use of a condom during sexual intercourse. *"Some* [young women] *say condom is painful. Some they say I do not want condom, condom it damage me, you see"* (Participant 5). Karim and Karim (2010:193) report of young women of 15 to 24 years who complain that male condoms make sex less pleasurable. The negative attitude towards condoms will discourage male youths from using condoms during sexual intercourse. Participant 13 warns that some male youths' failure to use condoms is due to alcohol misuse: *"They do not use them* [condoms]. *Because when they get drunk, they want to enjoy what they are doing. If you are drunk you cannot even think about a condom."*

Poindexter (2010:23) advises that abstinence from risk-taking behaviour is not an option for all male youths and therefore proper and consistent use of condoms during vaginal and anal sex is vital. The following quotation shows a situation in which male youths risk contracting HIV:

> *Yes, they* [male youths] *"always" use condoms. But others, they just avoid to use a condom, because for example maybe a boy can tell a girl that we must have sex and that girl does not want to have sex. She will say I am not ready to have sex with someone. That boy will say if you do not have sex with me without a condom, it shows that you do not love me. You just came here to maybe ….* [pause] …. *play with me or use me* (Participant 14).

The quotation above shows how some male youths coerce young women into having sex without a condom. As reported in the research findings, sometimes male youths use alcohol to *"buy sex."* Norris *et al* (2009:1167) confirm that in some cases sex is used in exchange for alcohol, food or gifts and it is referred to as transactional sex. Transactional sex is commonly reported from women's perspective, however, young men-to-young men transactional sex occur over alcohol (Lane *et al* 2009:631). In this study only one research participant reported to be involved in a same-sex relationship, but is not necessarily involved in transactional sex.

In summary, many adolescents do not use condoms, notwithstanding its value in HIV-prevention. When male youths avoid using condoms they increase the probability of contracting STIs, including HIV.

5.3.5 The effect of condoms during sexual intercourse

The majority of the research participants feel that using condoms during sexual intercourse reduce sexual pleasure. Some of the research participants related their own personal experience with using condoms during sex, but others heard about it from their friends. The following two excerpts show the contrasting views about condoms: *"Ja, they* [condoms] *reduce it* [sexual pleasure] [soft voice]*"* (Participant 8). "*No, as I was saying, using condoms and not using condoms, the* [sexual] *pleasure is the same. There is no difference"* (Participant 1). There are a number of factors that affect adolescents' perceptions about condom use, such as:

> *Like while you are wearing a condom, while you are having sex wearing a condom is like eating a sweet inside a plastic. While you eat a sweet inside a plastic, it does not have; you cannot hear the sweetness of that sweet, so you cannot feel it* (Participant 3).

The above-mentioned stereotypical analogy hinders HIV-prevention. Karim and Karim (2010:193) report similar analogies about condom use among youths, *"taking a shower while wearing a raincoat"* or *"eating a sweet with a wrapper on."* Condoms make sex less pleasurable for male youths, based on the agreement between the literature and field research. Participant 10 claims that young men who misuse alcohol at taverns find sex with a condom not *"nice."* In his view, he "…. *think so, because many people, especially at the tavern, they do not use it* [condoms]*. They think it* [sex] *will not be nice. They like* [sex] *flesh to flesh"* (Participant 10).

Kalichman *et al* (2008:58) highlight that individuals who meet their sex partners at taverns report cases of STIs, including HIV. Cases of STIs among male youths are an indication that a condom was not used during vaginal or anal sexual intercourse. Such cases support the claim made by participant 10. The report below insists on the opinion that male youths prefer unprotected sex:

> *It depends, because many people* [male youths] *they prefer to have sex without condoms. They do not practice that thing maybe to have sex with condom. They like to have unprotected sex* (Participant 14).

Poindexter (2010:186) asserts that male condoms are largely under men's control and this gives women less power to negotiate safe sex. The gender power imbalance gives young men the unfair advantage of deciding on the use of condoms. As discussed in chapter 2 (2.3.5), young women find themselves in a compromising situation when it comes to negotiating safe sex. Karim and Karim (2010:162) affirm that women with controlling male partners are at greater risk for contracting the HIV infection, including STIs.

5.3.6 Accessibility to condoms at taverns

The majority of the research participants declared without hesitation that most taverns do not provide condoms. The following are typical responses of the male youths to the question of the availability of condoms: *"No! Not all shebeens, in some they* [condoms] *are available"* (Participant 5). *"Not all over, but somewhere they* [condoms] *are available"* (Participant 13). The responses of the male youths are in line with a study conducted in Cape Town, which found that 92% of the taverns do not provide condoms for their customers (Kalichman *et al* 2008:56). The situation is of concern in terms of HIV-prevention, because some male youths meet their sexual partners at taverns. When condoms are not available they may risk HIV-infection.

The quotation below highlights the risk of meeting sexual partners at a tavern where condoms are not available:

> *Normally at the taverns is* [condoms are] *not available, because they know that people are coming to drink and not do* [have sex] *those things that they are doing. But they* [people who drink alcohol] *know that they are not coming to drink but they came for their own things* [sex] *like this and this. So those who want to do* [have sex] *it will be doing their own thing* (Participant 8).

Young men who meet sex partners at taverns have an increased chance of engaging in risky sexual behaviour, especially because condoms are not always readily available (Kalichman *et al* 2008:56). Some male youths indicated that they cannot afford to buy condoms that are available at retail shops. "*They* [condoms] *are accessible in shops where do not sell alcohol, whereby they sell condoms and they do not give them free"* (Participant 1).

The following are some barriers to condom use among South African youths aged 15-24 years (Karim & Karim 2010:193-194):

- Availability and accessibility
- Psychological factors, that is pessimistic individuals hardly ever use condoms
- Perceived hindrance to sexual pleasure

5.4 THE MALE YOUTHS WHO ARE AT RISK OF CONTRACTING HIV DUE TO ALCOHOL MISUSE RECEIVE SUPPORT

All the research participants acknowledge that they received support, on dealing with HIV risk, from the Institute for Primary Health. Participant 8 commented about the Institute for Primary Health, "*It supports male youths because it helps us to stay away from trouble*." In this context staying away from trouble includes abstaining from alcohol and risky sexual behaviour. The notion expressed above is confirmed by participant 14 when he said, *"They* [The Institute for Primary Health] *support them with many things. Many things like giving them T-shirts of stop HIV and AIDS*." The support offered to the male youths extends to their social needs as they are given food at the centre, which is much needed by youths from poorer families. Part of the food is donated by local businesses, as discussed in chapter 1 (1.6) and this broadens the support that the male youths receive.

The following comment further highlighted that male youths receive information and medical support from the organisation, "*They train them* [male youths] *and they always take them for treatment* [for HIV]" (Participant 13). The male youths appreciate this kind of support as it is a positive contribution to preventing HIV and this will go a long way towards remedying the impact of the virus. The understanding of the male youths about the value of support is in agreement with literature review. The organisation LoveLife (2008:10) indicates that there is a need for knowledge and information that helps youths deal with life-changing scenarios.

The research participants recognise that if no structured support was offered by the organisation many of them would be engaged in activities that might expose them to HIV. The following quotation highlights the point:

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

Van Dyk (2001:251) argues that it is of paramount importance to build a strong support system that will allow youths to share their experiences in a friendly environment. The support system should be designed within the cultural context of the adolescents (Poindexter 2010:50). For example, in some cultures individuality is more valued than communal structures. The research participants seemed to like communal support as they emphasised the value of group workshops and team sports. The communal support structure could be derived from the concept of *"ubuntu",* simply translated as "togetherness," which is common among African cultures (Wojcicki 2002:271). Participant 5's comment shows that male youths have an understanding that the support should be viewed in the broader context, that involves family relations:

> *They advise youths that do not have sex, go to school, you are still a kid. Read and have your goals, don't like girls. Don't try to impress girls with money, you are still a kid and you are under your mom and your father.*

Chapter 2 (2.4) discussed the importance of involving the significant other parties, for example parents, in HIV-prevention programmes for male youths. More research recommends involvement of parents and families in adolescents' HIV-prevention programmes (Perrino *et al* 2000:81). It is creditable to see an agreement between literature and field data on the subject of providing support for male youth.

5.5 THE RESEARCH PARTICIPANTS' SUGGESTIONS OF WHAT NEEDS TO BE DONE TO IMPROVE THE SERVICES FOR MALE YOUTHS WHO ARE AT RISK OF CONTRACTING HIVAS A RESULT OF ALCOHOL MISUSE

5.5.1 Educational strategies

Male youths value the support offered by the Institute for Primary Health, however, they felt more could be done to improve the service. The male youths recommend that there should be more workshops, that they should be linked to Life Coaches, who will mentor and guide them in life choices. Participant 12's sentiment was shared by other research participants, *"If we could have more group discussions to*

guide each other, like LoveLife." The main concerns in relation to life choices were about alcohol misuse and risky sexual behaviours among male youths.

In addition they suggested that the Trainers at the Institute for Primary Health should visit their schools more often in order to strengthen the support. The findings of this study point out the outcry of male youths for the need of role models. The NGO LoveLife (2008:7) noted that youths feel there is a lack of role models at community level and in the media. The Institute for Primary Health may have a greater impact in the community if they use peers as role models to model positive sexual behaviour. LoveLife (2008:8) is among the pioneering organisations that are modelling peer education in HIV-prevention programmes. In line with Bandura's Social Learning Theory, role modelling serves to strengthen a particular behaviour (Schultz and Schultz 2005:407). In this case role modelling could be used to encourage male youths not to misuse alcohol and avoid risky sexual behaviour.

The research participants mentioned that they are taught about alcohol misuse and its association with the spread of HIV, as reflected in the findings in chapter 4. It emerged in this study that the male youths would like to receive more information and education about the effects of alcohol and its relationship with HIV. The male youths have witnessed some of the devastating effects of alcohol misuse in their community, hence they suggest:

> *They* [The Institute for Primary Health] *do teach us about sex and that we should abstain. They should also teach us about alcohol and how it affects the body. This will help us to stay away from alcohol* (Participant 10).

HIV-prevention programmes that are targeted for youths should adequately tackle alcohol misuse and the risky sexual behaviour associated with it (National Institute on Alcohol Abuse and Alcoholism 2002:3). The link of alcohol information to HIV-prevention programmes will strengthen the existing interventions. Participant 5 substantiated this stand when he said:

> *Get posters to shebeens and shopping centres. Go to the mall and advise youths not to go to shebeens when they are under age, but they*

must go when they are grown up. Go [Youths must go] *to school and don't go to shebeens*.

Other studies affirm that discouraging underage drinking may eliminate problems related to alcohol misuse, including HIV-infections (Parry 2005:22). It is critical also to target the taverns with HIV-prevention strategies, because some risky sexual behaviour emanates from or occurs in such places. Kalichman *et al* (2007:141) state that HIV-prevention interventions that are designed specifically for young men who misuse alcohol will improve the services for this target group.

5.5.2 Activities-linked HIV-prevention strategies

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

> *They should teach us drama. When they see that you are able, they must call a professional, perhaps one day you will be on TV* (Participant 11).

> *Ok, like, I could say dancing. Most of the youths here in Soshanguve, they like dancing. Dancing can* [take] *many young men off the street. Dancing, dramas er ....* [pause] …. *poetry, ja, many things* (Participant 9).

Drama was one of those activities about which the research participants had conflicting views. The confusing message about drama is that some research participants indicated that the organisation was already providing it, whilst some of them suggested it as a new activity. All research participants have a common view about its value and they recommend it as part of the youths' activities. Literature encourages these activities, and in addition suggest that sport coaches should have appropriate information and education about HIV-transmission (Van Dyk 2001:195). The sports coaches could use some of the time they spend on the sport field to

educate the young men about HIV. They should also use the information to prevent the spread of HIV through blood transfusions, especially when there is an injury on the field. It was evident in chapter 4 that the male youths are aware of and concerned about contracting HIV through contaminated blood.

Moreover, Karim and Karim (2010:319) assert that risky sexual behaviour is linked to how young people use their leisure time. Community organisations that provide structured activities for young men are assisting with getting them to use their leisure time constructively, thus avoiding engaging in risky sexual behaviour. LoveLife (2008:7) states that good TV programmes like *"Imagine Afrika"* are inspirational to youths and they can dispel HIV myths.

It is therefore recommended that the Institute for Primary Health should consider the suggestions proposed by the male youths. Chances are the male youths will buy into or take ownership of these activities, as they themselves recommended them.

5.6 CONCLUSION

The research findings of the study are consistent with the literature review as discussed in chapter 2. Male youths are at risk of contracting HIV as a result of misusing alcohol. Many of them are aware of HIV-preventative methods, but their behaviour is not always in harmony with such practices, for example condom use during sexual intercourse. The following chapter will conclude the study and will also give recommendations on policy and practice for the Institute for Primary Health.

CHAPTER 6

CONCLUSION

6.1 INTRODUCTION

The analysis of the findings of the research was discussed in the previous chapter. Chapter 6 will discuss the limitations of the study and suggestions for further research. Finally, recommendations for policy and practice are made to assist the Institute for Primary Health in implementing their HIV-prevention programme.

6.2 LIMITATION OF THE STUDY

There are limitations that I identified as I planned the research, that is, culture[1] and time. The common language spoken in the community is Setswana while some of the people speak IsiZulu and other African languages. The researcher therefore allowed the research participants to express themselves in their mother tongue when they struggled to express certain words in English. The research participants mainly spoke English, but a few of them used words that are limited to the vernacular.

The researcher negotiated with both the management and the research participants for the interviews to be conducted after school hours. The research was conducted in September 2011, before the learners sat for the exam, as the researcher did not want to disturb the learners at that time.

Initially the researcher wanted to interview six research participants, but fourteen research participants were interviewed. This was in line with the recommendations of the Unisa Ethics Committee. The findings of this qualitative study cannot be generalised to the broader community. This is one of the limitations of a qualitative research, meaning the findings are applicable to the research participants.

[1] Culture also relates to language in this context

6.3 RECOMMENDATIONS

The research findings point to the challenges of alcohol misuse among male youths, which makes them susceptible to HIV. The problem of alcohol misuse and the association of HIV-infection should be explored further from different perspectives. The following are proposed themes that could be researched further in order to contribute knowledge in the HIV field:

- How alcohol misuse exposes male learners to HIV risk, which prohibits educational achievement at school
- The contribution of community organisations in the reduction of HIV risk behaviours through structured youth activities, like sports, for example
- The question of whether male circumcision has or will have a negative impact on the use of condoms among male youths

The recommendations for policy and practice are made at two levels and they are discussed separately below, that is at the local level of the Institute for Primary Health and National Health Level:

6.3.1 Intervention at Local: Institute for Primary Health

- Capacitate the staff of the Institute for Primary Health so they can give support and monitor the HIV-prevention programme at an informed level. In essence the human resource is available, it just needs to be capacitated and mobilised to take an active role in the Institute for Primary Health HIV-prevention programme.
- Address gender/ power play and cultural issues as part of life skills. These are some of the elements that fuel the spread of HIV, particularly with young women who cannot negotiate condom use with their male counterparts.
- Introduce holistic intervention strategy, which includes condom distribution and education on the use of the condom as a key component in HIV-prevention.
- Find creative ways to encourage male youths to attend HIV-prevention workshops, which cover the subject of alcohol misuse. This should be done

without coercing the male youths to do so. For example, offer certificates of attendance as an incentive and male youths could use them in their CVs when applying for employment.

- Introduce voluntary HIV-testing, that respects the rights of an individual, by him giving his consent to being tested. Consent should be given after pre-test counselling, which seeks to inform male youths about AIDS and the implications of being tested.
- Inspire male youths who received support from the Institute for Primary Health to commit to serve the organisations as mentors to their peers.

6.3.2 Intervention at National Health Level

- Increasing the minimum legal age for purchasing alcohol from 18 to 21 years could help to reduce some of the risky behaviours among male youths.
- Hiking alcohol taxes, thus increasing its retail price, could deter some male youths from abusing it.
- Restricting hours for selling alcohol will limit its accessibility to male youths.

As outlined above, these are some of the strategies that could have a positive effect on addressing the challenges of HIV-infections among male youths.

6.4 CONCLUSION

In conclusion, the researcher reiterates that alcohol misuse is associated with the transmission of HIV. The problem of excessive alcohol consumption and unsafe sex is a challenge for South African young men in particular, who were the target audience of this study. The findings of the research project help to better understand the dynamics of alcohol misuse and HIV-infections among male youths. There are various viewpoints regarding alcohol misuse and the risk of contracting HIV. It is remarkable that some of the views of the male youths coincide with the studies conducted by other researchers. The face-to-face findings shows that male youths think of themselves as being invincible, as if they “may not” be infected with HIV. It is egocentrism that leads to personal myths which makes some male youths to engage in risky sexual behaviour, for example sex without a condom.

The HIV-prevention programme of the Institute for Primary Health is designed for youths, who are at the prime stage of their lives. Male youths need more than just the HIV information in order to cope with the social challenges, which are complicated by the dynamics of alcohol misuse and the HIV pandemic. The information gathered during the face-to-face interviews could be used to improve the HIV-prevention programme of the organisation. Finally, the HIV-prevention programme of the organisation is a critical intervention, but it has areas that still require improvement. The above-mentioned recommendations could assist with improving the Institute for Primary Health's HIV-prevention programme.

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APPENDICES

APPENDIX A: UNISA ETHICS COMMITTEE APPROVAL

UNISA
Department of Sociology
College of Human Science

Proposed title: *Perceptions of the association between alcohol misuse and the risk of HIV-infection among male youths in Soshanguve*

Principal investigator: Eugene G Machimana 33270376
Reviewed and processed as: Class approval (see paragraph 10.7 of the UNISA Guidelines for Ethics Review)

Approval status recommended by reviewers: Approved

The Higher Degrees Committee of the Department of Sociology has reviewed the proposal and considers the methodological, technical and ethical aspects of the proposal to be appropriate to the task proposed. Approval is hereby granted for the candidate to proceed with the study in strict accordance with the approved proposal and the ethics policy of the University of South Africa.

In addition, the candidate should heed to the following:

- To only start this research study after obtaining informed consent from the research participants
- To carry out the research according to good practice and in an ethical manner
- To maintain the confidentiality of all data collected from or about research participants, and maintain secure procedures for the protection of privacy
- To work in close collaboration with his supervisor and to record the way in which the ethical guidelines as suggested in the proposal has been implemented in the study
- To notify the Committee in writing immediately if any change to the study is proposed and await approval before proceeding with the proposed change

- To notify the Committee in writing immediately if any adverse event occurs.

Kind regards

G E Du Plessis (Prof)
M & DPhil Coordinator
Department of Sociology
Tel + 27 12 429 6507

APPENDIX B: REQUEST FOR ACCESS

P. O. Box 14644
Sinoville
0129
4 April 2011

Attention: Mrs Margaret Nong
Institute for Primary Health
P. O. Box 1133
Pretoria
0001

Dear Mrs Nong

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT INSTITUTE FOR PRIMARY HEALTH

My name is Eugene Machimana. I am enrolled in the MA degree Social Behavioural Studies in HIV and AIDS at the University of South Africa (UNISA).

I am working on my MA research, which focuses on exploring the perceptions of the association between alcohol misuse and the risk of HIV-infection among male youths, aged between 16 and 20 years. The information that will be gathered in relation to the research will help in gaining insight into and understanding of prevention of the spread of HIV. The final report of the research will be submitted to UNISA as part of the requirement for my academic study.

I hereby request permission to interview at least twelve male youths who are supported by the Institute for Primary Health organisation. The plan is to select at least twelve male youths who will participate in the face-to-face interviews, that is, those male youths who will potentially provide rich information in relation to the topic. The face-to-face interview will be tape-recorded in order to capture as much detail as possible. Participation in this research is voluntary and the face-to-face interview will be about an hour long. The prospective research participants will be given information about this study by detailing what the research entails and what will be

required of them. The male youths will be asked to sign the consent form if they agree to participate in the research.

I will personally transcribe the information in order to protect the identity of the research participants from becoming known to the general public. The data will be kept locked in a safe place at all times, where it can only be accessed by me. I will use axial coding, which will ensure the confidentiality and anonymity of the research participants. No identifying information will be present in the transcriptions.

The research participants' details will remain anonymous, when the findings of the study are reported. Participant numbers will be used when writing the report in an attempt to hide the identity of the research participants. It is imperative to protect the identity of the research participants when doing field research. Equally important is to protect the data provided by the research participants.

The data for this study will be analysed using thematic analysis. This involves several steps. The first step involves reading and re-reading the transcriptions in order to obtain an overall feeling for the research participant's responses. The second step involves identifying research and emerging themes related to the research participants' perceptions in regard to alcohol misuse as a risk factor prohibiting HIV-prevention. This process involves identifying common patterns in data and it will be interpreted accordingly. The data will then be coded by taking a segment of the text and labelling it according to meaningful axial coding.

The research participants will be asked to read the interpretation and agree whether it is dependable before the final research findings are presented. It is critical for me to be objective when analysing and reporting the findings. A workshop will be organised to present the final findings after it had been submitted to the university. The final copy of the dissertation will be made available at the UNISA library.

UNISA is aware of, and has given permission for this research. If you have any questions about the project you may contact Mr Phillip Nhlanhla (Supervisor) at telephone number (012) 429 3275.

Thank you for your kind assistance.

Eugene Machimana

Student No. 3327 0376

Cell : 083 687 0181

Email : eugenemachimana@gmail.com

APPENDIX C: INSTITUTE FOR PRIMARY HEALTH ACCESS LETTER

Institute for Primary Health
C3104 Telkom Building Aubrey
Matlala Road Soshanguve,
P. O. Box 1133, Pretoria, 0001
Telephone (012) 799 5871
Fax : (086)5800142
Email: iph@mail.com

Association Incorporated under Section 21, Co. Reg. No 96/09968/08;
Welfare Reg. No. 007 537NPO, PBO No.930011175, PMO 138.03.05

27 April 2011

Dear Sir

Confirmation to do research

Thanks for your interest in our organisation. It is our pleasure to grant you the opportunity to run your research at our organisation.

God Bless you.

Yours in community development

Margaret Nong

CEO

APPENDIX D: INTERVIEW CONSENT FORM

Dear Research participant

My name is Eugene Machimana. I am enrolled in the MA degree Social Behavioural Studies in HIV and AIDS at the University of South Africa (UNISA).

Aim

My MA research focuses on exploring the perceptions of the association between alcohol misuse and the risk of HIV-infection among male youths, aged between 16 and 20 years. I would like to interview you, that is, ask you questions on alcohol misuse as a risk factor prohibiting HIV-prevention. The aim of the research is to understand the perceptions of male youths on the topic as stated above.

You have been specifically chosen to participate in this research, because your contribution will be invaluable. Overall, at least twelve male youths will be included in this research. Participation in this research is voluntary and the face-to-face interview will be about an hour long.

Confidentiality

The face-to-face interview will be audio-taped and I shall personally transcribe the tape. All of the information that I obtain from you will be kept confidential. Your name and other identifying information will not be used in any reports on or of the research. You may still be identifiable to others on the audio recording, but the tape will remain with me, in a safe private place, and will be destroyed after the completion of my research. I will use participant numbers when writing up the findings in order to guarantee confidentiality.

You can refuse to answer any questions or stop the face-to-face interview at any time. Withdrawing from the project will not result in any negative consequences for you. Your participation poses no risk to you.

The management of Institute for Primary Health is aware of, and have given their consent, for this research. If you have questions about the project you may contact Mrs Margaret Nong at telephone number (012) 799 2085.

DO YOU WISH TO PARTICIPATE?

Please write your full names and sign below if you consent to the face-to-face interview and agree to the audio-taping of the face-to-face interview. You will be given a copy of this form.

I shall also ask you to confirm your consent on the tape when we start with the face-to-face interview.

REPLY SLIP

I, ... hereby consent to the face-to-face interview as explained above and agree to the audio-taping of the face-to-face interview.

SIGNATURE ..... **DATE** .....

Thank you for your cooperation.

Kind regards

Eugene Machimana
Student No. 3327 0376

Cell : 083 687 0181
Email : eugenemachimana@gmail.com

APPENDIX E: INTERVIEW ASSENT FORM

Dear Guardian

My name is Eugene Machimana. I am enrolled in the MA degree Social Behavioural Studies in HIV and AIDS at the University of South Africa (UNISA).

Aim

My MA research focuses on exploring the perceptions of the association between alcohol misuse and the risk of HIV-infection among male youths, aged between 16 and 20 years. I would like to interview male youths who are aged 16 and 17 years who are in your care. The male youths who will be selected for the research project will participate in face-to-face interview, that is, I will ask them questions relating to alcohol misuse as a risk factor towards HIV-prevention. The aim of the research is to understand the perceptions of male youths on the topic as stated above.

The male youths will be specifically chosen to participate in this research, because their contribution will be invaluable. Overall, at least twelve male youths will be included in this research. Participation in this research is voluntary and the face-to-face interview will be about an hour long.

Confidentiality

The face-to-face interview will be audio-taped and I shall personally transcribe the tape. All of the information that I obtain from the research participants will be kept confidential. The name and other identifying information will not be used in any reports on or of the research. The research participants may still be identifiable to others on the audio recording, but the tape will remain with me and will be destroyed after the completion of my research. I will use participant numbers when writing the findings in order to guarantee confidentiality.

The research participants may refuse to answer any questions or stop the face-to-face interview at any time. Withdrawing from the project will not result in any

negative consequences for them. Participation in this research poses no risk to the male youths.

UNISA is aware of, and has given permission for this research. If you have questions about the project you may contact Mr Phillip Nhlanhla (Supervisor) at telephone number (012) 429 3275.

DO YOU GIVE PERMISSION FOR THE MALE YOUTH TO PARTICIPATE IN THE RESEARCH?

Please write your full names and sign below if you give permission for the male youths to be interviewed and agree to the audio-taping of the face-to-face interview. You will be given a copy of this form.

REPLY SLIP

I, ... hereby give permission for ..... in my care to be interviewed as explained above and agree to the audio-taping of the face-to-face interview.

SIGNATURE: ..... **DATE**: .....

POSITION : .....

Thank you for your cooperation.

Kind regards

Eugene Machimana

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APPENDIX F: INTERVIEW GUIDE

The central question that was asked in the face-to-face interviews is: **what are the perceptions of the association between alcohol misuse and the risk of HIV-infection among male youths in Soshanguve?** The basic face-to-face interview skills (such as listening, reflection and eye contact) were applied and when asking questions. The research questions were followed by probing questions.

1. **Introduction**

- Greetings: How are you doing?
- Are you comfortable to participate in the face-to-face interview?
- Could you please sign the consent form?
- Thank you for giving your time and effort to participate in this research.

2. **HIV-infection risk**

- What is your understanding of HIV-infection risk?
- How do you think male youths can be infected with HIV?
- How could male youths protect themselves from getting infected with HIV?
- Are male youths exposed to HIV awareness programme?
- Can a healthy looking male youth have HIV?
- Do you think you can get HIV?

3. **Alcohol misuse and HIV-prevention**

- How could alcohol misuse facilitate the risk of contracting HIV?
- How do you feel about the risk of contracting HIV as a result of misusing alcohol?
- Do HIV awareness campaigns highlight the connection between alcohol misuse and the risk of contracting HIV?
- Are condoms accessible in areas where male youths drink alcohol?
- How do you feel about the use condoms during sex?
- Does condom use reduce sexual pleasure?
- What would you say to a male youth who is sexually active and misuse alcohol?

4. **Relations and sexual behaviour**

- Do you have a girlfriend?
- Have you had a vaginal sex with someone?
- What influenced you when you first had vaginal sex?
- Have you had sex with someone other than your first sexual partner?
- What is your feeling about the various methods of preventing HIV?
- Have you had sex after drinking alcohol?

5. **The support offered to male youths who are at risk of contracting HIV**
    - What are the challenges that face male youths, who are ready to have sexual relations?
    - How do male youths cope with the challenges of the risk of contracting HIV?
    - How does the Institute for Primary Health supports male youths?
    - What could be done to improve the support for male youths who misuse alcohol at the risk of HIV-infection?
    - Is there anything you would like to share in the context of alcohol misuse and HIV-infection?

The face-to-face interview was concluded by acknowledging the research participants for giving their time and actively participating in this research.

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