EXPLORING PERCEPTIONS AND EXPERIENCES OF YOUNG ADULTS REGARDING CONDOMS USE AS PREVENTION WITH-IN A JOHANNESBURG SOUTH COMMUNITY, SOUTH AFRICA

by

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I declare that the above dissertation is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references.

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I further declare that I have not previously submitted this work, or part of it, for examination at Unisa for another qualification or at any other higher education institution.

SIGNATURE DATE **01 March 2024**

DEDICATION

This dissertation is dedicated in memory of my late mother Emily Zodwa Simelane-Molungoa, my late father Jacob Thabiso Molungoa. I also like to dedicate this dissertation to my children Nalang, Anzisha and Taneva. You are the reason I wake up every day.

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ABSTRACT

The world has made notable progress towards the eradication of the human-immunodeficiency virus / acquired immunodeficiency syndrome (HIV and AIDS) pandemic in the past three decades, and condom use during sex has been a key driver. The recent UNAIDS (2023) global HIV & AIDS report shows that while the new HIV infections have declined, this is not fast enough and highly unsustainable to eradicate the epidemic as targeted by 2030.

This study explored perceptions and experiences of young adults regarding condom use as prevention against HIV in a Johannesburg community. Concepts from the Integrated Behavioural Model (IBM) and Social Learning Theory (SLT) were used to identify perceptions and experiences that influenced condom use among young adults. Furthermore, the study adopted a phenomenological design to attempt answer the research question. Using the purposive sampling technique, data were collected through observations, semi-structured interviews, participant journaling and a key-informant interview to achieve the research objectives. Thematic data analysis techniques were used to make sense the vast data for insights relating perception and experiences regarding condom use to prevent HIV among young adults.

The findings, in line with current research, show that irregular condom use among young adults is influenced by unsupportive socio-economic contexts; negative perceptions and experiences with public health facilities, health workers and the condoms issued from these facilities. Shortage of condoms at public and non-government organisations (NGOs) in the past years was found to potentially explain inconsistent condom use among the target population. The study proposes young adults-specific and appropriately resourced health centres at public clinics, in addition to supporting vulnerable young adults living in desperate socio-economic contexts. The study also recommends reimagined and more robust education and skill programmes on sexual health and condom use.

KEY TERMS: Young adults; Johannesburg Community; HIV prevention; perceptions; experiences; condom use.

LIST OF ABBREVIATIONS

AIDS	Acquired Immunodeficiency Syndrome
COVID-19	Coronavirus Disease 2019
CUSE	Condom Use Self-Efficacy
GUS	Genital Ulcer Syndrome
HIV	Human immunodeficiency virus
HSRC	Human Sciences Research Council
IBM	Integrated Behavioural Model
MDG	Millennium Development Goals
NDP	National Development Plan
NGO	Non-Government Organisation
NSP	National Strategic Plan
PHC	Primary Health Care
PLWHIV	People Living with HIV
SANAC	South African National AIDS Council
SLT	Social Learning Theory
Stats SA	Statistics South Africa
STIs	Sexually Transmitted Infections
UNAIDS	The United Nations Programme on HIV and AIDS
WHO	World Health Organisation

CONTENTS

CHAPTER 1

1. INTRODUCTION OF THE STUDY

1.1 INTRODUCTION

In this chapter, the researcher provides background of the study. The study examined human immunodeficiency virus/acquired immunodeficiency syndrome (HIV AND AIDS) from global perspective to Africa, particularly sub-Saharan Africa, and further zoom into South Africa, exploring Gauteng Province and Johannesburg the city in which the current study was conducted. The study sought to explore perceptions and experiences of young adults (18 to 25 years) regarding condoms use as prevention strategy against HIV. The study site was Orange Farm Young adults Centre, in the south of Johannesburg. Also, the chapter provides the problem statement, the rationale of the study, research purpose, the objectives for the study, main question, and sub-questions. It also covers the summary of the research process, key concepts, operational definitions and lastly, the limitation of the study.

1.2 BACKGROUND OF THE STUDY

The global community has repeatedly called for the end of HIV pandemic Joint United Programme on HIV/AIDS [UNAIDS] (2023). The call to end the epidemic was exemplified in Mapping HIV Prevalence in Sub-Saharan Africa between 2000 and 2017 (Dwyer-Lindgren, Cork, Sligar, Steuben, Wilson, Provest, Mayal, Vandertleide, Collison, Hall & Beihl *et al* 2019: 189-193). This is in the context of no cure for HIV, which continues to pose a serious public health concern, adversely impacting on our social, political, cultural, spiritual, and economic lives (van Dyk, Tlou & van Dyk 2017: 3; UNAIDS 2020: 6). In 2022, about 1.3 million people have become infected with HIV, with approximately 4, 000 new HIV infections having occurred among

young adults and girls aged 15-24 years per week globally and of these, 3,000 occurred in sub-Saharan Africa (Global HIV Prevention Coalition [GPC] 2022: 1; UNAIDS 2023: 1). Yet, even after condoms have been proven to be a strategic drive or a cornerstone of HIV preventions and are widely available, their level of use among young adults does not correspond with the widespread availability and knowledge of their value (Pinchoff, Beyer, Mutombo, Chowdhuri & Ngo 2017: 12; UNAIDS 2002: 15).

While new HIV infections have gone down by around 51% since the peak in 1995, the HIV infection decline rate is not fast enough to eradicate the epidemic as targeted (UNAIDS 2023: 2; WHO 2022: 2; Igumbor, Marinda & Simbayi 2020: 20-1375). The decrease in new infections is still far below the world 2030 target , with about 1.3 million people newly infected with HIV in 2022 globally (WHO 2023: 3; UNAIDS 2023: 4). According to the United Nations, since 1990, condom use has prevented an estimated 117 million new infections globally, about third (31%) of them in sub-Saharan Africa. Furthermore, UNAIDS (2023: 2) report illustrates that the decline (from 2.1 to 1.5 million or 31% decline) in new HIV infections between 2010 and 2022 is not sharp enough, with HIV prevalence rate remaining unsustainably high.

In sub-Saharan Africa, the region with the highest HIV prevalence in the world, home to about 66% of people of all ages living with HIV (WHO 2022: 2) by 2022, new infections declined between 22.5% and 51%, falling below the 2020 target of 75% (UNAIDS 2022: 5). The pace of decline in new infections needs to be fast-tracked to achieve the even steeper 2025 target of 82.5% reduction, against the 2010 baseline. These levels of reduction are necessary if we are to achieve the 95% reduction by 2030 (GPC 2022: 5; UNAIDS 2022: 8). The WHO (2022: 2) emphasises the need to increase our efforts and fights to lower HIV infection rates, particularly in sub-Saharan Africa by limiting exposure to risk factors, largely by correctly and extensively using condoms during sexual encounters.

In 2022, South Africa was reported to be home to approximately 7.8 million people living with HIV, a 12.7% HIV prevalence and HIV infections decreased by 45% in the country (The Human Science Research Council [HSRC] (2022:87); GPC 2022: 30; Bisnauth, Coovadia, Kawonga & Vearey 2023: 2). These infections were particularly rife among females, with almost a quarter (24%) of women between 15 and 49-years HIV positive, compared to 13% prevalence among their male counterparts (Mantell, Masvawure, Zech, *et al* 2022: 17. Furthermore, adolescent girls and young women (AGYW) (15-24 years old) are the face of these new infections among females. HIV poses a threat to achieving the new 2025 prevention targets of 95% (GPC 2022: 8).

The 90-90-90 targets, namely, *Knowledge of status*, *Receiving ART* and *Reaching viral suppression* stood at 94, 78 and 89%, respectively, also below the 2020 goals (Sabapathy, Blazer, Larmarange, Block, Floyd, Iwuji, Wirth, Ayles, Fidler, Kamya & Petersen 2022: 14-16). There were also about 200 000 new infections reported in 2021 in the country, still some way from the set target (Karim & Baxter 2022: 47). The new infections experienced by South Africa contribute one third (33%) of all new infections in East and Southern Africa, regardless of the widespread availability of condoms in the country (Shamu, Khupakonke, Farirai, Slabbert, Chidarikire, Guloba & Nkahwashu 2020: 1-10; UNAIDS 2022: 5).

Consistent and correct condoms usage is highly effective in preventing the transmission of HIV. Research has demonstrated that consistent condoms use can reduce the risk of HIV infection by up to 85% compared to individuals who do not use condoms. Despite their effectiveness, addressing misconceptions about condoms use is key in ultimately contributing to no infection rates of HIV transmission among young adults (Oppong Asante, Ampaw & Gyan 2024 : 75-84; McCarthy, Felix & Crowley 2024).

The HSRC (2022:87) focusing on HIV prevalence, incidence and behaviour in South Africa, reports that 32% of young adult males with multiple partners did not use condoms at their last sex encounter, and about 53% for young females did not use

condoms at their last sex encounter. Also, in the same study, it was found that 63% of those living with a partner reported not having used a condom at their last encounter. Furthermore, young adults who cohabited with a partner reported the least consistent condom use during sex – about 85% reported not use condoms consistently. New HIV cases are preventable with regular condom use during sexual encounters.

In Gauteng Province, the site of this study, is the most populous province in South Africa, home to around 15.8 million residents which accounts for 26.3% of the national population (Stats SA 2023). The progress toward the 90-90-90 in Gauteng stood at 89% knowledge of status, 72% receiving antiretroviral treatment (ART), 90% reaching viral suppression among young adults in 2020. The province contributed about 50% of the country's total HIV prevalence, with 12.4% incidence (The South African Health Review Report 2021). Regardless of the high efficacy of proper condom use in prevention of STIs and HIV, many young adults still have unprotected sex (Wong, Cheng, Miu, Ong, Chen & Loper 2018: 23). At this rate, the infections are not coming down fast enough to reach the new targets to ease the country and world from the public health scourge of HIV (UNAIDS 2022: 5). Regular condoms use during every sex encounter is key to meeting and improving the new targets target goals for 2030.

The City of Johannesburg was experiencing HIV prevalence rate of about 13% in 2020 (Van Schalkwyk, Dorrington, Seatlhodi, Velasquez, Feizzadeh, & Johnson 2021: 3, UNAIDS 2022: 5). Although there is a slight downward trend since 2017, the prevalence represented about 2 million people living with HIV, which is still a serious public health burden. The city's progress towards the 90-90-90 goals stood at 86% of knowing your status, 77% were on ART, 84% had suppressed viral loads in 2020. Of concern was a decrease in condom use among young women aged 15 to 24 years between 2018 and 2020 (Van Schalkwyk *et al* 2021: 3; UNAIDS 2020: 7-42). The report illustrates that new infections were approximately five times higher among 15- to 24-year-old females, compared to males. Also, the city has seen about

a 6% increase in total number of People Living with HIV (PLWH) between 2017 and 2020, a burden that could have been largely prevented by regular and correct use of condoms.

Closson, Dietrich, Lachowsky, Nkala, Palmer and Kaida (2018: 676), in their study conducted in Soweto, Johannesburg, point to risky sexual behaviours such as condomless sex as one of the main drivers of the new infections among young adults. Risky sexual behavioural factors including multiple sexual partners were also found to raise the risk of HIV infections among young adults (Wiyeh, Mome, Mahasha, Kongnyuy & 2020: 1). Wiyeh and colleagues further emphasise that male condoms, when used consistently, have between 80 to 95% ability to protect against HIV and STIs infections (Wiyeh, Mome, Mahasha & Kongnyuy 2020: 1). Female condoms have also been reported to provide about 95 % protection when used correctly during sexual intercourse (Beksinaska, Nkosi, Mabude, Mantell, Zulu, Milford & Smith & Wiyeh *et al* 2020: 1).

1.3 PROBLEM STATEMENT

South Africa remains the epicentre of HIV infections with 210 000 new cases reported in 2021 and 200 000 in 2022 (GPC 2022: 8). An etiological study among AGYW aged 15-24 years in South Africa by Mullick, Cox, Martin, Fipaza, and Ncube (2023: 68) found that 88.5% had sexual intercourse in the prior three months and 18.8% had used condoms consistently during those with partners , 33.8% had more than one partner, and 52.4% did not know their partner's HIV status, this being highest among those aged 18 t0 20 years (68%).

The HSRC (2018: 5) reports that evidence suggests that actual condom use is on the decline. Until the new infections are brought under control, the eradication of HIV infection, HIV and AIDS remain an unsustainable burden for the country's tight fiscus and its citizens in many ways. This was evident in the reduction of spending on HIV in 2022 country's budget from both international and domestic sources, dropping

back to the same level as in 2013. Funding amounted to approximately R377 billion in 2022, which was significantly below the R532 needed by 2025 (UNAIDS 2022: 5).

The struggle towards attainment of the 90-90-90 targets by 2020, partly explained by continued new HIV infection cases, showed that in Gauteng Province and the City of Johannesburg problems, are related to inconsistent condom use (Marinda & Simbayi 2020: 20-1375). The circumstances for irregular condom use to prevent HIV still warrant a continued systematic exploration, particularly in the ever-changing environment, including the consistent outbreak of other pandemics such as COVID-19, which are competing for resources. The continued effort to understanding issues around consistent condom use among young adults is further warranted in the context of the country's re-commitment to new steeper targets (95-95-95) by 2025. Consistent condom among young adults and other populations is proving difficult to achieve despite evidence of condom use having prevented about 120 million infections since 1990 (Venturas, Zamparini, Shaddock, Stacey, Murray, Richards, Kalla, Mohomed, Mohomed, Mer & Maposa 2021: 217-227).

While condom use as a measure to prevent HIV among young adults and all populations, has for many years been a subject of extensive research to establish circumstances that promote regular use, the need for ongoing research remains vital, with the impact of other public health emergencies (such as Covid-19) on HIV and AIDS management serving as a reminder for condom use researchers to remain persistent (Closson, *et al* 2018; Fernandez, Ruiter, Markham, & Kok 2019: 5).

Stakeholders are urged to increase efforts and fight to decrease HIV infection rates. Researchers still need to continue looking at how individual behaviour can reduce the risk of HIV infection by limiting exposure to risk factors such as not using condoms to prevent HIV. As Van Schalkwyk, Dorrington, Seatlhodi, Velasquez, Feizzadeh and Johnson (2021: 9) articulate, the quest for innovations in

understanding why people forego protection and place themselves at risk for contracting HIV remains urgent.

1.4 THE RATIONALE OF THE STUDY

The research is a contribution to the need for sustained research effort to understand contextual circumstances related to irregular or no condom use in the light HIV as a continuing significant public health challenge (Mindel, Naicker, Khanyile, Karim, Tomita & Garrett 2023: 33-39; WHO 2023: 2; UNAIDS 2021: 1). South Africa still accounts for a fourth of all new HIV infections in Southern Africa and almost 15.75% in the world . Most of these new infections are resulting from lack of condom use during sex among young adults. (GPC 2022: 5; WHO 2022: 3). Until the new infections are brought under control, the eradication of HIV infections remain an unsustainable burden for the country's tight fiscus and its citizens in many ways. (Chauhan, Fonollosa, Giralt, Artaraz, Randerson, Goldstein, Furtado, Smith, Sudharshan, Ahmed & Nair 2023: 1-15). This was evident in the reduction of spending on HIV in 2022 country's budget.

Furthermore, highlights the critical importance of understanding condom use among young adults, a demographic that plays a pivotal role in shaping public health outcomes. The findings underscore the multifaceted barriers that impact condom use, as well as positive influence of peer support. This study is part of a renewed commitment required to get the world and the country on track to bring HIV infection under control. The study provides local and contextual data of young adults' perceptions and experiences on condom use as prevention to HIV.

1.5 RESEARCH PURPOSE

In response to the public health concern over continued incidence of HIV and the associated risks, the study sought to explore perceptions and experiences of young

adults (18 to 25 years) regarding condom use as prevention to HIV in Gauteng, South Africa.

1.6 THE OBJECTIVES OF THE STUDY

- To describe the social context in which young adults (18 to 25 years) of a Johannesburg community, practice condom use as prevention against HIV.
- To explore the perceptions of young adults on condom use as prevention against HIV.
- To explore the experiences of the young adults regarding condoms use as prevention against HIV.
- To provide recommendations on how to enhance condom use among young adults to prevent HIV in Gauteng.

1.7 MAIN RESEARCH QUESTION AND SUB-QUESTIONS

- What are perceptions and experiences of young adults on condom use as prevention against HIV in a With in a Johannesburg South Community, South Africa?

1.7.1 Sub-questions

- What is the social context in which young adults of a Johannesburg community practice condom use as prevention against HIV?
- What are the perceptions of the young adults on condoms use as prevention against HIV?
- What are the experiences of the young adults regarding condoms use as prevention against HIV?

- How can we improve condom use among the young adults of Johannesburg community?

1.8 KEY CONCEPTS AND OPERATIONAL DEFINITIONS

Exploring – is to research or investigate a subject or an idea precisely (Brandon 2008 :1799-1865).

Young adults – "*spanning ages 18 to 25. This is a transitional period during the life course when young people are traditionally expected to become financially independent to establish romantic relationships and become parents, and to assume responsible roles as productive and engaged members of the community. A developmental view regards young adulthood as a period of normal and predictable biological and psychological maturation, with specific social roles and tasks expected of each cohort of young adults, determined by the characteristics of the society at a particular time in history*" (Bonnie, Stroud & Breiner 2015 : 17). This age group is particularly vulnerable due to combination of social, behavioural, and economic factors (Crankshasw, Chareka, Zambezi & Poku 2021: 113597).

HIV prevention – human immunodeficiency virus prevention (van Dyk, Tlou & van Dyk 2017).

Condom use – is one of the available option to way to protect oneself against sexually transmitted infections (HIV and STIs) and unwanted pregnancy. Condoms are a barrier contraceptive made from latex rubber, a synthetic rubber called polyisoprene, a very thin plastic called polyurethane (Porche 1998 : 91-91).

Perception – Perceptions are abilities to see, hear, become aware of soothing through the sense or the way in which something is regarded, understood and interpreted. An individual's decision-making of using condoms is greatly influenced

by perceived peer norms. This means perceptions of peer condoms use may also be modified by the relationship between self-efficacy and condoms-use intention (Wang & Chen 2022).

Experiences – Experiences are skills or knowledge as the result of active participation or practice. Association between condom use, and subjective emotional reactions differ for men and women. For women, condom use was associated with fewer positive and negative emotional reaction. Conversely, with men, condom use was associated with negative emotional reactions having unprotected sex was associated with greater negative experiences of hooking up (Wesche, Claxton & Waterman 2021).

1.9 CONCLUSION

The chapter attempted to provide the context underlying the study – the unsustainable new national HIV cases, in the context of the widespread availability of condoms as a preventative measure against HIV. The chapter provides background to the study, the research problem statement, rationale of the study, the study purpose, objectives, and the research questions. The summary of the research process, key concepts, operational definitions, and the limitations of the study were provided.

1.10 SUMMARY OF RESEARCH PROCESS

Chapter 1: This chapter focuses on the introduction, background of the study, problem statement, the rationale of the study, research purpose, the objectives for the study, main research questions, sub-questions, and conclusion.

Chapter 2: Presents key literature on condom use in prevention of HIV infection, among young adults (18-25 years old), and the conceptual framework that guided the study is provided.

Chapter 3: Outlines the research methodology and design. It also discusses the techniques followed to identify the participants for this study and how the area of the study was selected. The chapter then outlines how data were gathered, analysed and interpreted.

Chapter 4: In this chapter, the study findings are presented and discussed in line with the research questions.

Chapter 5: Conclusions, recommendations and limitations of this study are provided in this chapter.

CHAPTER 2

2. LITERATURE REVIEW

2.1 INTRODUCTION

This chapter presents an overview on HIV infection among young adults across the world and South Africa, particularly, Johannesburg in Gauteng Province. The chapter presentation, guided by the study purpose and research questions, follows the literature on perceptions and experiences of young adults on condom use as prevention to HIV, in relation to the social context. The literature review involved assessing what has already been researched on the topic, and what the key issues were in relation to the current study (Aveyard 2023: 4-8). The researcher also presents a conceptual framework that guided the study. The primary model underpinning the study was the Integrated Behavioural Model (IBM) by Montano, Kasprzyk and Fishbein (2015: 231). Also, the study used some constructs of the Social Learning Theory (SLT) for their value in understanding condom use behaviour.

2.2 HIV AND AIDS PANDEMIC AND CONDOM USE AMONG YOUNG ADULTS

Young adults are found to be disproportionately contributing to the total global HIV prevalence (Pandey & Galvani 2019: 809). Several studies globally have shown that HIV transmission among young adults presents an even more serious problem, with many engaging in unprotected and transactional sex without consistent use of condoms (Kharsany, Cawood, Lewis, Yende-Zuma, Khanyile, Puren, Madurai, Baxter, George, Govender, & Beckett 2019 : 2; Yusuf & Agwu 2021 : 457-471; Govindasamy, Seeley, Olaru, Wiyeh, Mathews & Ferrari 2020: 120; Youssef, Hallit, Sacre, Sacre, Salameh, Cherfan, Akel & Hleyhe 2021; UNICEF 2021; Mabaso; Maseko, Sewpaul, Naidoo, Jooste, Takatshana, Reddy, Zuma & Zungu 2021 :97).

In South Africa, young adults still encounter barriers, such as social stigma, lack of education, and access issues that influences consistent condom use during sexual intercourse (Wiyen *et al* 2020: 1; Manyaapelo, den Borne, Sifunda, Reddy 2019: 1938; Closson, Dietrich, Lachowsky *et al* 2018: 522). The WHO (2021) emphasises that there is a need to increase our efforts and fight to decrease HIV infection rates, particularly in sub-Saharan Africa, where the HIV prevalence is the highest in the world. Most importantly, individuals can reduce the risk of HIV infection by regularly using condoms (Pinchoff, Boyer, Mutombo, Chowdhuro & Ngo 2017: 12).

According to a recent study Modelling HIV Prevention and Treatment progress in five South African metropolitan districts 2021, the current pace of meeting the new proposed targets to reach (95-95-95) by 2030 is too slow (van Schalkwyk, Dorrington, Seatlhodi, Velasquez, Feizzadeh & Johnson 2021). The infections rates are not coming down fast enough to meet the new targets. This study shows that HIV infection rate among young adults in Johannesburg is quite high, with young adults contributing disproportionately to the total population's HIV prevalence in Johannesburg.

Meeting the new targets will ease the world from the HIV burden. Proper and regular condom use during sexual intercourse remains a key and affordable measure to the prevention of new HIV infections among young adults and all population (Chan 2018: 6). There are many factors driving young adults to engage in condomless sex. For an example, religious beliefs and stigma are still said to be some of the factors linked to inconsistent condom use, driving up the HIV pandemic, particularly among young adults in South Africa (Wiyeh *et al* 2020).

2.2.1 Socio-economic status of young adults and condom use

Research has also reported socio-economic status of young adults as a mediator of condom use (Haffejee, Maughan-Brown, Buthelezi & Kharsany 2018; Kanda & Mash 2018; Mabaso, Sokhela, Mohlabane, Chibi, Zuma & Simbayi 2018; Mthembu *et al* 2019). A study by Haffejee, Maughan-Brown, Buthelezi and Kharsany (2018: 109), sampling South African university students, revealed that young adults are getting into risky relationships as a means of survival. They would seek partners, mostly male, as breadwinners, for day-to-day survival, making it difficult for them to negotiate when and how to have sex (Haffejee *et al* 2018: 109). This is a relationship of imbalance which reduces the female student's power to negotiate safer sex, leaving men in control (Haffejee *et al* 2018: 109-118; Mabaso *et al* 2018: 1-7). Moreover, the socio-economic inequality that is in favour of employed male partners has been a driver of HIV infections among young adults, particularly females (Haffejee *et al* 2018: 109; Mabaso *et al* 2018: 1-7). Furthermore, Kanda and Mash (2018) found that young adult females not using condoms to become pregnant to qualify for government Child Support Grant.

Mthembu *et al* (2019: 247), profiling risky sexual behaviours among South African university students (18-24 years), reveal respondents comparing themselves to their wealthier peers and feeling deprived. The poorer young adults indicated that they would engage in sexual relationships in exchange for material possessions. In addition, Zgambo, Arabiat and Ireson's (2022) study of young adults (18-24 years old) in a Southern African context report participants citing poverty and lack of money to buy condoms as reason for condomless sex, depending on boyfriends or early marriage for survival and consequently, losing their ability to negotiate sex and condom use during sex. Young South African adults who received adequate family financial support reported a higher rate of consistent condom use than those who received inadequate financial support (Ajayi, Omonaiye & Nwogwugwu 2022). These findings support those of an earlier study by Mojola (2014) where she reported risky (sex without condom) sexual behavioural among young women that

involved transactional sex with older wealthier men. Zgambo *et al* (2022) recommend prevention strategies targeting young adults' social and economic vulnerabilities. These strategies will enhance young adults' personal and social skills, and knowledge for the prevention of HIV transmission.

2.2.2 Political, socio-economic climate and condoms use among young adults

Blankenship *et al* (2000: 18) demonstrate that political and socio-economic factors can be barriers or facilitators of condom use by influencing availability, acceptability and accessibility of condoms. Measures can be taken at the highest level to encourage and even reward use of condoms against infections. In their survey of 18 African countries, Hamidouche, Ante-Testard, Baggaley, Temime and Jean (2022: 11) found that a huge inequality in condom use existed between richer and poorer countries, with the poorest reporting five times less condom use than their rich counterpart. This points to society-level poverty as a barrier to condom use.

Muthoni, Kneipp, Gichane, Caiola, Pettifor and Williams (2020: 3395) conducted a systematic review of adolescent girls and young women in sub-Saharan Africa. They report that structural interventions that rewarded behaviour had significance in reducing HIV incidence and prevalence among this population group. Reward schemes such as conditional cash transfers to encourage sustained school attendance and limiting risky behaviour such as condomless sex saw decrease in HIV infections among young women. In their systematic review of 10-year literature (2005-2015), incentive-based interventions that focused on keeping young people in secondary school were found to hold promise in the reduction of HIV infections (Mason-Jones, Sinclair, Mathews, Kagee, Hillman & Lombard 2016: 17).

The University of Free State (UFS) study on *Social and Structural Vulnerability as a Barrier in HIV and/or AIDS Communication Campaigns* findings indicated that there were some strategic gaps in the HIV and/or AIDS prevention and mitigation

interventions at the UFS. Various contributing factors served as barriers to the success of HIV and/or AIDS campaigns at the university. These barriers manifested from the students' perceptions about the risks of the virus, knowledge about the virus and strategies to protect themselves. The study found that lack of adequate financial investment and resourcing of the unit, explained some of its weak campaigns to meaningfully educate students of the risks posed by HIV. The study explains that it was not only about the development of an HIV and/or AIDS campaign but also about backing it up with needed resources and implementing it with an effective and integrated communication package, (Kunguma, Pelser, Tanyi & Muhame 2018).

2.2.3 Religious influences on condoms use

Aventin, Gordon, Laurenzi *et al* (2022: 17) conceptual model identifies religious beliefs as key barrier to condom use in sub-Saharan Africa. Haffejee and Maksudi (2020: 40) found an increased risk of HIV infection among refugee women in South Africa, related to their religious beliefs discouraging condom use. Munea, Alene, Debelew, and Sibhat (2022) confirm this finding in their study, with participants echoing that family planning methods such as condom use is against their religious doctrine, and therefore forbidden.

2.2.4 Social-cultural and gender norms

Madiba and Ngwenya (2017) found that in some cultural practices, gender inequality is linked to inconsistent condom use and increase vulnerability to HIV Infection. They further assert that living in a patriarchal society such as South Africa, where young and older women play little to no part in sexual decision-making, leaves them vulnerable to HIV infection. They are three times more likely to be infected than men. Decisions like using a condom or not during sexual activity is still a male decision. Females are fearful of the consequences for insisting on condom use with their partners. Ademiluka (2018: 339) avers that patriarchy as a system positions the male as a "household head", who decides on matters of the household, and which

the women must follow. This cultural norm and practice have also found their way in intimate young adult relationships, where the decisions including when to use condoms during sex is made by men. Moyo and Rusinga (2017: 10), studying contraceptive knowledge, attitudes and practices among adolescents in Zimbabwe, report of an overwhelming number (94%) of male participants having not used condoms because they thought condoms deprived them of their male role or identity in society.

This finding is supported by the study, “getting to zero HIV AND AIDS” in Zambia, where society regarded acceptable as nature for men to be promiscuous, permitted to have multiple sex partners, and placing the onus of faithfulness on women (McMahan, Lombe, Evans, Enelamah, Chu, Simms, Verkamp-Ruthven, Martinez, Mweemba, LaForest & Weiss 2022). This acceptable gender imbalance further disempowers young women to negotiate condom use with their promiscuous partners, leaving them vulnerable to STI and HIV infection.

These disempowering cultural norms and practices have shown to even impact on young women’s self-efficacy. Closson *et al* (2018: 671), in their comprehensive review of prevention literature focusing on the influence of sexual self-efficacy on condom use among young adults in sub-Saharan Africa, found that young men had a high condom use self-efficacy (CUSE) than young women. This finding of young females less likely to insist on condom use can be better understood in the context of patriarchy discussions (Closson *et al* 2018: 671).

2.2.5 Relationship power imbalance

Closely related to the skewed cultural practices biased against women is the normative inequality in power distribution between male and female relationships. This power imbalance in decision-making often involves threats, physical assault, mistrust, jealousy, and controlling behaviour from the male partner. The female is regarded an inferior partner in the relationship. This has been found to link with

inconsistent condom use during sexual intercourse, with males controlling condom use decision (Kusunoki & Barber 2020; Zuma, Seeley, Hlongwane, Chimbindi, Sher, Floyd, Birdthistle & Shahmanesh 2022). Studies have shown that often this imbalance has seen the female partners experience physical, emotional, sexual abuse when they insist on condoms use (Kusunoki & Barber 2020; Mulaudzi & Jubuli 2018; Field 2020; Zuma *et al* 2022).

Zgombo, Arabiat and Ireson (2022) study among young adults (15 to 24 years) in Malawi found in Gauteng Province that the interaction between gender expectations disempowered females. They identified that male dominance in relationships disempowered female participants to negotiate safe condom usage. This finding supports an earlier study conducted in Nigeria, which pointed to cultural practices that accepted engagement in casual and risky sexual behaviour among young males, including concurrent sexual relationships (Adetutu *et al* 2021: 10).

2.2.6 Stigmatisation of non-traditional family planning practices

The patriarchal norms also tend to stigmatise non-traditional family strategies including condom use (Sitonga, Nomatshila, Phalane, Chitha & Mabunda 2022: 4). Females who opt to use condoms as a family planning measure are frowned upon and perceived as promiscuous resulting in discouraging condom use. In many societies, virginity before marriage is held in high regard and promotion of condom use is often seen as going against this cultural value (Munea *et al* 2022: 23-28). This confirms Mulumeoderhwa's (2018: 95) findings, in a Southern African context, where participants (boys 16-years old) did not expect their female partners (or potential) to request and insist on condom use as that would suggest that they were unfaithful or slept around. The decision on condom use was considered a male right, with female initiative to condom use frowned upon as unacceptable in general.

2.2.7 Sex education on condom use in schools and communities

Sex education (or lack of) has also been reported to drive condom use (Butts, Kayukwa, Langlie, Rodriguez, Alcaide, Chitalu, Weiss, Jones 2018; Mavhu *et al* 2018). Lack of school-based sexuality education was found to associate insufficient knowledge regarding safer sex practices among young Zambian adults (Butts *et al* 2018). Moreover, Mavhu *et al* (2018) report lack of knowledge around HIV and infections particularly among young Zimbabwean males as a driver of condomless sex. A study on perspectives of learners in Black South African communities with high teenage pregnancy prevalence by Mayeza and Vincent (2019: 476-482) found that school sex education was not effective as it focused on discouraging sexual activity rather than promoting safer sex practices. Also, they noted that sex educators in these schools were seen as figure of authority, almost like conservative parents, not comfortable to discuss sexuality openly and directly in class. They conclude that the approach defeated the purpose of sex education as it was intended. A study conducted in six Southern African countries noted that while sex education policies in these countries are progressive; they are not matched in implementation. The policies are not fully implemented owing to conflicting sociocultural values of different stakeholders, particularly educators not being comfortable with providing sex education (Chawhanda, Ogunlela, Mapuroma *et al* 2021: 66).

2.3 PERCEIVED RISK OF YOUNG ADULTS AND CONDOM USE

Studies in South Africa have reported the perception of risk by young adults to be a mediator for condom use during sex (Ajayi, Ismail & Akpan 2019 : 1-11; Alayi, Omonaiye & Nwogwugwu 2021; Driver, Katz, Manyeki, Mungala, Otiso, Mugo, McClelland, Kohler, Simoni, Inwan & Wilson 2022 : 1-14; Mthembu, Maharaj & Rademeyer 2019 : 244-253). Therefore, how young adults view condoms will influence their decision on condom use.

2.3.1 Poor quality/defective condoms

A qualitative study by Mthembu *et al* (2019: 244) exploring the decline in use of condoms among South African young adults found that one of the determinants discouraging condoms use was the perception that free condoms provided by government were of *poor quality* and that free condoms are not as dependable. In the same vein, the perception of poor quality and dependability of free-issued condoms is confirmed by Mulaudzi and Jubuli (2018) in their investigation into the attitudes towards government-issued condoms among university students. The study found that the community's perceptions of government-provided condoms revealed that people are hesitant to trust that condoms will prevent them against infections.

The government-issued condoms were reported by young adults to also voice those breaks during sex because they are cheap. Reports of these condoms being too oily, and smelly have also been recorded among young adults. These perceptions lead them to have sex without using condoms (Mbelle, Mabaso, Chauke *et al* 2018: 2). The perception of poor quality of government-issued condoms is closely related to the attitude that using free condoms was perceived as *lowering personal status* among peers (Kanda & Mash 2018).

Mulumeoderhwa (2018: 94), studying young male attitudes on condom use in Southern African context, reports perceptions by participants practising condomless sex as they believed condoms are unreliable, ineffective (have holes) and using them may run the risk of contracting sexual diseases such HIV. This is supported by Kanda and Mash (2018) study in a similar context, where beliefs among young adults included myths such as condoms cause HIV, trigger pain in the kidneys and cause worms in the body.

Furthermore, Moyo and Rusinga (2017: 10), studying contraceptive knowledge, attitudes and practices among adolescents in Zimbabwe, found majority of female participants believed female condoms caused menstrual disruptions, and not likely to use them regularly.

Shrader, Peters, Jefferson *et al* (2021) suggest that condom distribution and promotion programmes should proactively address public concerns regarding condoms. Creation of Male Condom Acceptability Scale must understand condom users' needs. Condoms perceived as being of poor quality is mentioned as a factor in young adults not using condoms for prevention of HIV.

2.3.2 Peer Influences on condoms use

A South African study explored socio-economic, cultural and environmental factors influencing young women's vulnerability to HIV among young city women aged 18 to 24 years. The study showed that peer pressure to engage in multiple concurrent sexual partners were the main factors that influenced vulnerability to HIV, in the context of underlying poor socio-economic conditions (Tlhako 2016). This vulnerability was also characterised by irregular or non-condom use during sexual encounters. Behavioural and social change interventions were recommended as long-term measures.

2.3.3 Self-efficacy

Self-efficacy is defined as one's beliefs in capabilities to meet specific behaviour or performance attainment (Dilorio, Dudley, Soet, Watkins & Maibach, 2000; Montano, Kasprzyk & Fishbein 2015: 231). In other words, self-efficacy is the individual's confidence in their ability to perform a particular behaviour despite challenges or possible barriers along the path – condom use during sexual intercourse, in this instance. Dilorio and colleagues (2000), in their study of condom use among college

students, found that students with high confidence (high self-efficacy) in using condoms were more likely to do so than their less confident counterparts. This relationship between condom use and self-efficacy is also supported by findings of a study that assessed correlation between self-efficacy and condom use (Snead, O'Leary, Mandel, Kourtis, Wiener, Jamieson, Warner, Malotte, Klausner, O'Donnell & Rietmeijer 2014).

2.3.4 'Long-term,' 'steady' and 'monogamous' relationships and condom use

It has also been reported that young adults who regarded their relationships as steady and monogamous tend to not use condoms, as they 'trusted' their partners (Fehr, Vidourek & King 2015; Lehmiller & Loerger 2014). Sexual partners are reported to likely, unsuspectingly acquire STIs from their partners owing to the high prevalence of infidelity (Kirkby *et al* 2022).

Norris, Carey, Guthrie, Rich, Krieger, Kaplan, and Carrey (2021: 365) report heterosexual women (19-28 years old) to associate the high risk of HIV and STIs with irregular partners and, were presenting stronger intentions to use condoms with such partners. However, when they believed to be in a monogamous relationship, with emotional attachment, the perception of risk reduces, with less intentions to use a condom during sex. This was confirmed by Raidoo, Tschann, Elia, Kaneshiro, and Soon 2020: 51) study involving women between 14-24 years old, which found that among the women, condom use was common with new partners or casual partners.

2.3.5 Physical attractiveness of sexual partners and condom use

In another study, Sarno, and Mohr (2020: 564) report unlikely use of a condom during sex among young men having sex with men were a perception of low risk of STI infection was associated with their sexual partners who were considered physically attractive or perceived as having positive/attractive attributes. Also, Eleftheriou, Bullock, Graham, Skakoon-Sparling, and Ingham (2019: 9), studying the

relationship between partner superficial (by looking at the male photo from the front) attractiveness and condom use among heterosexual women between the ages of 18 to 32 years, reported that the more attractive the man was considered to be, it was less likely that women intended to use a condom during sex.

2.4 EXPERIENCES ON CONDOM USE AMONG YOUNG ADULTS

2.4.1 First-time failure

Unsuccessful first-time experience trying to use a condom during sex was also found to influence subsequent decision to use a condom during next sex encounter. Gwala (2019) reports lack of confidence in young adults' ability to put a condom on their partners as a factor in their non-condom sexual encounters among South African university students.

2.4.2 Decreased sexual pleasure

The pursuit of sexual pleasure is a common motivator for both men and women when having sex (Regan & Berscheid 1999). Large research has documented sexual pleasure as a mediator of condom use particularly among young adults (Gallo, Nguyen, Luff, Luong & Casterline 2021; Kanda & Mash 2018; Fehr, Vidourek, King & Nabors 2018; Stone, Graham, Anstee, Newby & Ingham 2018; Yarber, Milhausen & Bevers 2018; Mthembu *et al* 2019: 244-253).

Gallo and colleagues (2022: 6), comparing an erotogenic condom and a standard condom, mention reports by both men and women of relative experiences of decreased sexual pleasure with the standard condom. The standard issued condom was reported to be interfering with sexual pleasure. Similarly, Kanda and Mash (2018) exploring reasons for inconsistent condom use by young adults (18-28 years) in a Southern African context found those who did not use condoms regularly cited reduced sexual pleasure as a factor. This was further confirmed by Fehr *et al* (2018)

in their study on perceived barriers and benefits of condom use among young adults, where participants reported sex as unnatural feeling when using condoms. Also, Mthembu *et al* (2019: 244-253) record reports about the government-provided condoms which were less desired by young adults' sexual partners as they were deemed to reduce sexual pleasure and felt unnatural.

Yarber *et al* (2018) report that both male and female young adult participants cited male condoms as reducing sensation on female partners. Female participants mention that condoms decrease sexual arousal as condoms dry out and this leads to use frequent use of condoms. Mbelle, Mabaso, Chauke, Sigidi, Naidoo and Sifunda (2018: 2) report that both male and female young adult participants echoed that the female condom is unpleasant and a "turn off".

2.4.3 Multiple sexual partners factors, casual and transactional relationships

Having multiple concurrent partners, in "no-strings attached" arrangements, alongside long-term relationships has been reported to associate with less condom use. In such arrangements, partners are permitted to have sexual relationships with third parties (Kirkeby, Lehmiller & Marks 2022). Usadolo and Usadolo (2018) explain that sexual activities with multiple partners are one of the high-risk behaviours associated with high HIV prevalence, as this risky behaviour is not matched with regular condom use. Griner, Thompson, Vamos, Vamos, Logan, Vazquez-Otero, and Daley (2017: 647) posit that young adults engage in risky sexual behaviours such as occasional and casual sexual activities with friends without using condoms, increasing chances of STIs or HIV infections - so called "friends with benefits."

A study conducted in Soweto, examining the association between extra-curricular activities and Young adults' risky sexual behaviour, found that 46% of the young adults reported to have two or more simultaneous sexual partners (Wet-Billings *et al* 2018). Fifty-three percent (53%) of the participants had not used a condom at their last sexual activity (Wet-Billings *et al* 2018).

Sitonga, Nomatshila, Phalane, Chitha and Mabunda (2022: 4) observe lower levels of condom use in transactional sex encounters among sex workers, where they reported that insistence on condom use with clients affected their income. In other words, condomless sex meant higher financial returns for them, as per demands by clients. Another recent study among sex workers in Soweto reports that women are threatened with violence by their clients if they insist on condom use, and clients offer to pay more money for unprotected sex (Huschke & Coetzee 2020).

2.4.4 Age-disparate relationships

Linked to the risky phenomenon of multiple simultaneous relationships, is the *age-disparate* relationship type, where a huge age gap exists between partners, often with the female partner much younger than the male (Toska, , Cluver, Boyes, Pantelic, & Kuo 2015; Mabaso, Mlangeni, Makola Oladimeji, Naidoo, Naidoo, Chibi, Zuma & Simbayi 2021). Toska *et al* (2015) in a quantitative study on condom use among South African adolescents (10-19 years), found a correlation between age-disparate relationships and reduced condom use. A large-scale South African study by Mabaso *et al* (2021) illustrates a pattern of unprotected sex and increase in HIV infections among adolescent girls and young women with sexual partners who were five years or older than their age. This was attributed to the lack of power by young women to negotiate safe sexual encounters.

2.5 THE CONCEPTUAL FRAMEWORK APPLIED

The aim of the current study was to explore perceptions and experiences of young adults on condom use to prevent HIV infection. Perceptions and experiences have been documented to influence the use (or lack of) condoms during sexual intercourse among young adults and subsequently, decrease or increase in HIV

infections in that population (Mabaso *et al* 2021: 97; Driver *et al* 2022: 1-14; Mthembu *et al* 2019 : 244-253). To achieve this purpose, the study was guided by theoretical perspectives from the IBM and Social Learning Theory (SLT), whose integral concepts were useful to frame, and holistically understand the young adults' behaviour towards use of condoms. It has been acknowledged that the behaviour around condom use and HIV prevention in general is an interplay between individual and environmental or meso-level influences (Aventin *et al* 2022: 1-22). This conceptual framework allowed the researcher to understand the perceptions of young adults from across these levels. Approaches that have emphasised the individual over the environmental or contextual focus, and vice versa, have been shown to achieve only limited understanding of condom use behaviour patterns (Phillips & Pirkle 2011:577). The adopted perspectives assisted in the conceptualisation of the study processes, procedures and protocols (Ngulube 2018: 1-23).

2.5.1 INTEGRATED BEHAVIOURAL MODEL (IBM)

The IBM is a social and behaviour change theory developed by Montano and Kasprzyk (2015: 104 109). The IBM is derived from the theory of Planned Behaviour (TPB), and it is also, an extension of the TPB which is an extension of the Reasoned Action (TRA). The key components of the IBM are (attitudes, social norms and perceived behaviour control). The IBM also, combines concepts of social behaviour change theories of Planned Behaviour, Health Belief Model, Social Ecological Model, and earlier theories that are often used in the study of condoms use and HIV prevention behaviour. More importantly, the IBM balances out some of the limitations that were identified in the studies of condoms use to HIV prevention (Fishbein & Ajzen 2005 : 71- 94; Conner 2020: 1- 18; Skinner, Tiro & Champion 2015: 1- 34). Theory of Reasoned Action (TRA), the Theory of Planned Behaviour (TPB), and the Integrated Behaviour Model (IBM) these are interconnected and provide a thorough understanding of how attitudes, intentions, and external factors influence healthy behaviour, particularly in the context of HIV prevention. TRA

focuses on the attitudes and social norms influencing intentions, TPB adds perceived behavioural control, and IBM further incorporated knowledge, skills and external constraints. This integrated understanding is crucial for capturing the complexity of factors driving condom use as preventive behaviour (Fishbein & Ajzen 2005 : 71- 94; Conner 2020: 1- 18; Skinner, Tiro & Champion 2015: 1- 34, Montano & Kasprzyk 2015: 104 109).

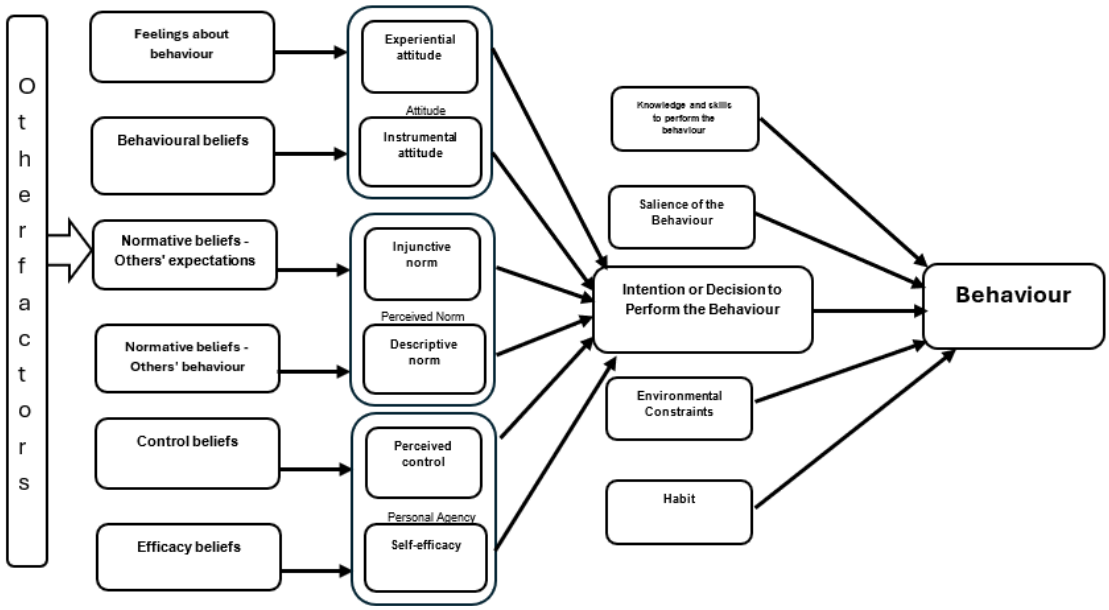
The concepts that make up the IBM span individual and structural-level elements that helped to adequately address the aspects of interest in the current study such as *intention* to use condoms, *attitudes* to condoms use, *perceived norms* regarding condoms, personal *agency* and condoms use, *perceived control on condoms use, environmental constraints to condom use, self-efficacy on condoms use-knowledge, and capacity and alternative protective strategies* (Montano *et al* 2015: 231; Fishbein & Ajzen 2005: 71- 94).

The IBM posits that there are key ingredients that affect individuals to carry out behaviour, and at the centre is the *intention* to perform the behaviour – to use a condom. This intention to perform the behaviour is in turn influenced by *attitude, perceived norms and personal agency* (Montano *et al* 2015; Fishbein & Ajzen 2005: 71- 94). The second key ingredient to behavioural change is an individual's *knowledge and skills* to carry out the behaviour (to use a condom). In other words, if an individual does not know what and how to do it, they are unlikely to carry out the behaviour. Furthermore, the IBM suggests that such behaviour should be important to the individual and in the forefront of their thoughts (*behaviour salience*). In addition, the IBM postulates that there should be no *environmental or societal constraints* that make the behaviour performance difficult. A study evaluating the effect of an intervention to increase condom use among 18 to 30-year-old Zimbabweans guided by IBM constructs, comprehensively explained condom use behaviours in relation to HIV prevention (Montano *et al* 2015: 231; Skinner, Tiro & Champion 2015:). The IBM allowed the study to explore perceptions, experiences, cognitive, cultural, religious, socio-economic, social value-system perspective, and

elements that have been identified by several studies to understand condom use in the context of preventing HIV infections among Young adults in general.

In the current study, the IBM provided a clearer lens to exploring social behaviour concepts such as gender power relations, socialisation, reproductive health (condom use), peer group-pressure, role identification and social memberships, stigma and discrimination and their condom behaviour influence among young adults. The last key ingredient necessary to effect behaviour change is *habit*. Habit becomes habitual with supportive conditions, made possible when all the key ingredients outlined here are met (Montano *et al* 2015; Skinner, Tiro & Champion 2015). The constructs are defined and unpacked next.

Figure1- Integrated Behaviour Model



Adapted from Montano, Kasprzyk & Fishbein 2015

2.5.2 Application of IBM in understanding condom use behaviour

2.5.2.1 Intention to use condoms

The IBM defines *intention* as a decision by the individual to perform behaviour, such as condom use. According to Montano *et al* (2015), this is the most important predictor that a desired behaviour will materialise. The *intention* is explained as function of *attitudes toward behaviour*, *perceived norms* and *personal agency* (Montano *et al* 2015). A study by Choi, LeGrand, Dong, Muessing and Weideman (2019: 50-60) on condom use intentions among young black men who have sex with men, applied the IBM to measure sexual risk behaviours. Analysis was conducted to determine if condom use correlated with self-efficacy, norms, attitudes, intentions, environmental constraints, and condomless intercourse. Also, it sought to determine if *intention* mediated the relationship between constructs of self-efficacy, perceived norms and attitudes. The results showed that the IBM was a useful lens to understand the interplay between to concepts of self-efficacy, perceived norms, attitudes, and the actual condom use were mediated by *intention*. The use of IBM proved equally useful in the current study in exploring the concept, for those who positively perceived condoms as a prevention measure against HIV.

2.5.2.2 Attitude to condoms use

The IBM defines *attitude* as one's overall perception of advantageous or unfavourable outcome for performing the act. The attitude is further formed by one's *experiential* or *emotional* response to the idea of performing the act. Also, it is defined as the individual's *cognitive* or *instrumental* beliefs about the outcome of behaviour, which influences the overall intention to perform the act, such as condom use (Montano *et al* 2015; Baker 1996: 528- 542). So, if the individual attitude towards condom use is a favourable one, they are likely to perform the behaviour. Conserve, Alemu, Yamanis, Maman, and Kajula (2018), in a qualitative exploration of social network influence on men's HIV testing behaviour and HIV self-testing (HIVST)

willingness in Tanzania, found IBM useful to identify *positive attitude* and high personal agency as moderators of participation in HIVST and confirmatory HIV testing. The study used attitudes, and personal agency constructs which are related to men's willingness to self-test. Accordingly, the current study, using the IBM lens, explored the young adults' attitude to condom use in preventing HIV infection.

2.5.2.3 Perceived norms regarding condoms use

In the framework, *perceived norms* are also considered to shape the individual's attitude to perform the act such as condom use. Perceived norms are explained as the social pressure that the individual feels to perform or NOT perform a particular act (Montano *et al* 2015: 231; Baker 1996: 528- 542). These authors explain that these social pressures can take the form *injunctive* or *descriptive norms.* Injunctive norms are explained as those cultural and socially determined and agreed standards that almost prescribe how people should act in each situation. And those individuals who do not comply with these standards, are often negatively judged. The injunctive norms, in other words, shape the individual's perceptions of what behaviours are approved or disapproved by others around them. Based on the perception, they decide whether to perform the act of using a condom or not. *Descriptive norms*, instead, involve pattern of behaviour that the individual observes around them – the behaviour of others in their circle or network. Based on the individual's perception of the descriptive norm, the individual will or will not carry out the behaviour, considering other conditions (Montano *et al* 2015: 231; Baker 1996: 528- 542).

2.5.2.4 Personal agency and condoms use

Related to the concept of perceived norms in moderation of behaviour (condom use), is the concept *personal agency*. Montano *et al* (2015) define *personal agency* as an individual's capacity to originate and direct actions for given purposes. *Personal agency* refers to the sense that the individual has, that they are the one causing or generating an action and perceives themselves as the subject influencing

their own actions and life circumstances (Gallagher 2020: 15; Bandura 2006: 164). Two key elements of personal agency are *self-efficacy and perceived control. Self-efficacy* is defined as the individual's belief in her/his capacity, skill and effectiveness to performing specific tasks to yield specific outcome (Montano *et al* 2015).

Self-efficacy is one's beliefs in their own capabilities to perform a specific action required to attain a desired outcome (Bandura 1986; Dilorio *et al* 2000; Luszczynska & Schwarzer 2015). Behaviour is dependent on individual's efficacy beliefs, which in turn determine which behaviours one chooses to perform, how much effort they would put forth in what they do; how long they can continue in the face of difficulties and setbacks; their resilience and bounce-back capacities after suffering failures or setbacks; and, whether their thought patterns are self-hindering or self-aiding (Bandura, 1986; Bandura, Evans & Huberman 1988; Dilorio *et al* 2000). Individuals with a strong sense of efficacy focus their attention on how to master tasks, while those with self-doubts dwell on all the things that can go wrong (Bandura, 1986; De Vries, Dijkstra & Kuhlman 1988). Put differently, according to Bandura and colleagues (1988), a person's belief in their ability to succeed can shape how they think, act and feel. As discussed in the context of SLT, behaviour is learned in social groups or contexts through reinforcement. These social groupings and contexts are the individual's major source of reinforcement (Fagan & Wexler 1987; Koutroubas & Galanakis 2022).

Does the individual have a belief in their skill and effectiveness to use a condom during a sexual encounter?

Related to the concept of self-efficacy is the concept of *perceived control* by the individual, where an individual's perceived amount of control over behavioural performance moderates their likelihood to act. Montano *et al* (2015) explain that *perceived control* is about the individual's perception of the degree to which various environmental or societal factors make it easy or difficult to perform a behaviour.

The concept of personal agency proved useful in framing conversations with participants in the current study.

2.6 SOCIAL LEARNING THEORY (SLT)

The SLT emphasises that individuals learn from the environment through the process of observing and evaluating behaviour of their role models, and the consequences of those behaviours. The theory refers to the idea of learning taking place in a social context (Bandura 1986). It is an interplay between the personal/cognitive, behavioural and environmental factors that determine the individual's actions (Ventura-Miranda, Alcaraz-Córdoba, Alcaraz-Córdoba, Molina-Torres, Fernandez-Medina & Ruíz-Fernández 2023: 8-9). Central to the theory, and of interest to the current study was the construct *social or environmental barriers and/or opportunities*, and the interplay with *self-efficacy* as introduced earlier (Ventura-Miranda *et al* 2023: 8-9).

The SLT postulates that individuals, communities and other environmental factors influenced each other in the production of behaviour. In other words, self-efficacy should be understood in social context to understand the whole expression of behaviour (Bandura, Evans & Huberman 1988; Fagan & Wexler 1987; Koutroubas & Galanakis 2022).

Bandura (1986) illustrates that the SLT construct of environment includes a wide range of issues that can interact with personal and other individual-level factors (such as self-efficacy) to explain behaviour – condom use in the current study. The theory premises that there are interchanges between the individual's psychological processes, the environment and behaviour. Environmental influences including socio-structural factors, such economic, educational conditions and socio-economic status, affect behaviours through their impact on people's cognitions (Bandura 1986; Ventura-Miranda *et al* 2023: 8-9). As Dzewaltowski, Estabrooks and Johnston (2002: 542-543) explain, *"these environmental influence might influence individual's*

psychosocial processes and subsequent behaviours in multiple ways: *the individual's feelings of connection with people in the environment*; *one's feelings of autonomy in the environment that support taking control over one's own actions*; *skill-building opportunities in the environment*; and *healthy norms that refer to group norms in the environment, suggesting that a health behaviour is a normative one".* "*They continue that these environmental characteristics might be represented through the behaviours and cognitions of leaders, educators or caregivers. The behaviours of educators or caregivers might, in turn, influence the cognitions and behaviours of their students, congregants or patients*" (Dzewaltowski *et al* 2002: 543). In other words, when explaining individual actions such as condom use, their self-efficacy perceptions may work in concert with this environment and/or its representatives.

These environmental factors can be either barriers or facilitators to individual's eventual decision to adopt certain behaviour such as condom use (Ventura-Miranda *et al* 2023: 8-9). The current study was interested in understanding how individual efficacy interacted with strong social and environmental settings to influence behaviour on condom use.

The next section will further demonstrate the application of the SLT constructs of environment and its interplay with self-efficacy, and how they were used to guide the current study – exploring condom use perceptions and experiences among young adults in a particular South African context.

2.6.1 Application of the environment construct and self-efficacy in understanding condom use behaviour

Dilorio *et al* (2000) demonstrate the usefulness of the self-efficacy construct in understanding health behaviour such as HIV prevention and HIV risk-reduction practices. Their study reports that a strong sense of efficacy has shown to be an important variable in the prediction of condom use among college students. More specifically, they found that a significant ***relationship between self-efficacy and***

condom use behaviour. Participants with high self-efficacy and expressing confidence in using condoms were found to be more likely to use condoms to prevent HIV infection and other sexually transmitted infections, compared to those participants expressing low confidence on condom use.

Several other studies have demonstrated the value of the self-efficacy construct in understanding condom use behaviour (Mpondo, Ruiter, van den Borne, & Reddy 2015; Haffe, Koorbanally & Corona 2018). The studies support the link between condoms use *self-efficacy and the actual behaviour* of condom use (Mpondo, Ruiter, van den Borne, & Reddy 2015; Haffe *et al* 2018). Furthermore, Mpondo *et al* (2015) found that among females aged between 18 and 35 years old, with high confidence *condom use self-efficacy* was linked to actual increasing and consistent condom use. Haffe *et al* (2018) report the self-efficacy construct as useful to understand condom use behaviour in the so-called steady or serious relationships, with regular condom use. Participants with high self-efficacy were found to negotiate condom use even in long-term relationships. High condoms use self-efficacy was also linked to improved condom use negotiation skills or what they call condoms use negotiation efficacy (Haffe *et al* 2018).

de Vries, Kremers and Lippke (2018) illustrate how the interaction between individuals and environmental factors play an important part in informing health care/prevention promotions such as condoms use. Ajayi, Omonainye and Nwogwugwu (2022) also demonstrate the interplay of the self-efficacy and the environment construct to understand condom use in their study exploring barriers and facilitators of consistent condom use among adolescents and young adults in South Africa. They reported that a high proportion of young adults that presented high self-efficacy for HIV prevention were significantly and more likely to use condoms consistently, compared to young adults who presented low confidence in their ability to prevent HIV. This pattern persisted among both male and female participants. This was regardless of challenges and barriers presented by their communities. Using social variables such as family structure and family

socio-economic status, and alcohol use, Ajayi *et al* (2022) found that most participants (19-24 years old) with high self-efficacy felt confident of in their ability to prevent HIV infections and other STIs, even where they considered family support to be inadequate. In addition, half of the respondents had high condom use efficacy regardless of their inadequate social support. However, condom use efficacy improved where family financial support was greater. In other words, as Dzewaltowski *et al* (2002) explain, in a family environment that supported the individual in taking control over their own actions (feelings of autonomy), individuals used condoms even more consistently (Bandura 1986: 197).

Substance use as an example of environmental construct was also found to be an important variable to understanding condom use efficacy (Dilorio *et al* 2000). The hypothesis is that young adults who engage in sexual encounters induced by drugs or alcohol are likely to use condom less frequently. Wang, Lui, Vega, Waldrop and Garris (2018) found that even low frequency drinking university students were at an increased risk of condomless sexual encounters, and therefore, STIs, where there is low condom efficacy was identified. This finding is important to the current study in understanding the contexts of condomless sex among the target audience.

Another way the environment influences individual's psychosocial processes is through the *individual feelings of connection with people in the environment* (Bandura 1986). These feelings of belonging or connecting with peers or other networks can influence individual behaviour such as condom use. A study exploring factors influencing young women's vulnerability to HIV in a South African urban context reported pressure to belong to a peer group that approved of multiple sexual partners increased the participants' vulnerability to HIV (Tlhako 2016). This peer-influenced vulnerability included irregular condom use. The interplay between of self-efficacy and peer influence on condom use was illustrated by a study in Southern African context which showed young adults were more likely to use condoms where the peer network expected them to, and vice versa (Njau, Mtweve, Barongo, Manongi, Chugulu, Msuya, Mwampeta, Kiwale, Lekule, & Jalipa 2007).

Peer influence appeared to positively influence current condom use by individuals where they perceived their peers (15-24 years old) to be using condoms, when compared to condom non-users (Calhoun, Mirzoyants, Thuku, Benova, Delvaux, van den Akker, McGuire, Onyango, & Speizer 2022).

Skill-building opportunities in the environment was also identified as an example of the environment construct that interacts with individual behaviour (Bandura 1986; Ventura-Miranda *et al* 2023: 8-9). According to the theory, this interacts with an individual's capability beliefs to explain behaviour, such as condom use or non-use. Skill-building opportunities such as sex education on condoms use in schools and communities were found to positively influence condom use behaviour (Butts *et al* 2018; Mavhu *et al* 2018). Sex education has been reported as to drive up condom use, while lack of school or community-based sexuality education was found to associate with insufficient knowledge regarding safer sex practices among young adults (Butts *et al* 2018). Furthermore, Mavhu *et al* (2018) report insufficient knowledge around HIV and infections among young males as a driver of condomless sex. A study on perspectives of learners in Black South African communities with high teenage pregnancy prevalence (Mayeza & Vincent 2019: 476-482) found an ineffective school sex education was linked with inadequate information in matters of sexuality and healthy sexual practices. Conservative sex educators tasked with educating about safe sexual practices, deviated from the sex education curriculum, and instead discouraged pupils not to have sex, defeating the whole intention of introducing the intervention. The participants reported inadequate knowledge on safe sex such as proper use of condoms, owing to absence of proper training in the school. This is supported by a study conducted in six Southern African countries, which noted that while sex education policies in these countries were progressive, they were not matched in implementation. The policies were not fully implemented owing to conflicting sociocultural values of different stakeholders, particularly educators not being comfortable with providing sex education (Chawhanda *et al* 2021: 66). According to the Bandura (1986), lack of knowledge on how carry out an

act, such as proper condom use, would affect the individual's confidence in using condoms, and likely not to use a condom in their next sexual encounter.

This construct was important, in line with the objectives of the current study, to determine how personal knowledge and perceptions on condoms influenced their use as a measure to prevent HIV. Knowledge about condom would be obtained from skill-building programmes such as school and/or community sexual reproductive health education programmes.

Group norms are also cited in the Social Learning Theory as an example of the environment construct that influence individual behaviour (Bandura 1986; Ventura-Miranda *et al* 2023: 8-9). The group code that could influence individual behaviour such as condom use include political, religious, economic, and educational formations. Using the SLT, studies were able to isolate religion as a driver of irregular condom use, having influence on individual's beliefs in condom use efficacy (Aventin *et al* 2022: 17). In addition, Aventin *et al* (2022: 16) identify religious beliefs as key barrier to condom use in sub-Saharan Africa. This finding is also echoed by Ndayishimiye *et al* (2020), who cite sexual reproductive health service staff complaining about religious leaders and family members discouraging or even preventing adolescents from health-seeking behaviour. Instead, religious leaders tend to promote abstinence and discourage use of protective means. In such contexts, where religious health norms are almost prescriptive, individuals are expected to comply with the group norm prevailing over individual autonomy. Compliance with the group norms often is often associated with irregular or non-condom use by members during sexual encounters (Shaw & El-Bassel 2014). Shaw and El-Bassel (2014), examining the influence of religion on sexual HIV risk, report lower rates of condom use during sexual encounters in stances where religious norms were opposed to condom sales and use.

Accessibility of services is an environmental factor in the framework that is supposed to influence individual condom use behaviour (Ventura-Miranda *et al*

2023: 8-9). The hypothesis is that easier access to condoms, coupled with high self-efficacy and other facilitators, would be linked to improved condom use and vice versa. Ndayishimiye *et al* (2020), in their study of accessibility of sexual reproductive health services in sub-Saharan context, report limited accessibility of services to young adults. Reproductive health service providers admit lack of adequate time to interact with young adults seeking services owing to staff shortages. Staff shortages and lack of adequately skilled staff were also cited as contributors to inadequate access to services, such as condom distributions (Geary, Gómez-Olivé, Kahn, Tollman & Norris 2014). Inaccessibility included appropriateness of services for the target audience, such as Young adults-friendliness. Aventin *et al* (2022: 17) emphasise the lack of adolescent-friendly and community-based sexual reproductive health services as a barrier to regular condom use. This was an important construct for the current study on the young adults' experiences around condom use.

Using accessibility as a socio-cultural environmental variable to study factors affecting young adults (18-25 years) sexual reproductive health behaviour, Adetutu, Asa, Solanke, Aroke, and Okunlola (2021:13) report participants complaining about health service staff discriminating against emerging adults when they attend clinics for services and information. Moreover, young adults tend to be dismissed as lustful when they seek sexual health information, and therefore, discouraging them to return. This lack of access to information and condoms was reported in some cases as the reason for not using condoms during sexual encounters.

Munea *et al* (2022: 5-8) found that young adults in rural Ethiopia could not access sexual reproductive health services as pre-marital sex is considered a taboo in that section of society. They report that the decision to visit a health facility for any condition is often made by parents who will accompany the Young adults if the need arises. This effectively rendered sexual reproductive health services such as contraception inaccessible to young people. Individual decision-making in such context was near impossible, with families having to decide on their behalf – if and

when to use contraceptives. The study potentially linked the problems of access with teenage and unwanted pregnancies prevalent among Ethiopian women who lived in communities with a lower proportion of contraceptive users (Birhanu, Kebede, Kahsay & Belachew 2019). Positive attitude among health staff about condom use and private, self-service condom distribution points were cited as facilitators of condom use among young adults in Southern Africa (Aventin *et al* 2022: 17). This construct was of interest to the current study to understand the context of irregular or non-condom use among young adults.

The SLT postulates that facilitators and impediments of condom use can be at structural, economic, political, and socio-cultural level, affecting self-efficacy for prevention of HIV (Bandura 1986; Ravelo, Sanchez, Cyrus *et al* 2022; Blankenship *et al* 2000; Dzewaltowski *et al* 2002). These broad societal influences can present themselves to the individual through representatives such as cultural officers, sexual reproductive health workers, development workers, school educators, and spiritual/religious officers. The individual's interaction with these structural representatives may affect their belief, perception and behaviour towards HIV, such as condom use – whether to use a condom during sexual encounters or not. Unavailability of condoms at a local clinic might be because of religious pressure groups against premarital sex or an influential conservative political leadership not allocating budget for condom procurement (Dzewaltowski *et al* 2002).

A study by Ravelo *et al* (2022) assessing associations between cultural norms and HIV self-efficacy found that societal norms that promoted gender equality were linked with high HIV prevention practices such as condom use, prevailing over self-efficacy. On the contrary, in contexts where society promoted differentiated gender norms such as female self-silencing and feminine passiveness, HIV self-efficacy did not mediate for such cultural influence. Measures can be taken at the highest level to encourage and even reward use of condoms against infections as demonstrated by Hamidouche and colleagues (2022: 11). There is a positive influence of structural-level factors such as cash incentive and reward schemes on

individual condom use behaviour (Muthoni *et al* 2020; Mason-Jones *et al* 2016). Positive structural and other contextual influences interacted with self-efficacy to promote condom use.

Kunguma and colleagues (2018) show how social and structural vulnerability becomes a barrier in HIV communication campaigns and messaging pointing to strategic leadership gaps. The structural weaknesses in the messaging around HIV and AIDS prevention and mitigation strategies manifested in students' misperceptions about the risks posed by the virus. The weaknesses in the planning and execution of the campaigns, owing to inadequate resourcing, were found to affect HIV efficacy among young adult participants.

2.7 CONCLUSION

This review has explored the empirical research related to young adults' perceptions and experiences regarding condom use in the context of HIV infections. The section also provided a comprehensive overview of the theories and concepts that underpinned the study – providing a lens to the study design procedures and making sense of the findings. The analysis of the selected literature revealed both positive and negative perceptions regarding condom use as a preventative measure against HIV, and how these perceptions connect with the social and structural contexts in which individuals live. Furthermore, the review of studies demonstrated how socio-economic status, religious codes, cultural practices and politics, interplay with personal attributes to influence individual perceptions and behaviour on condom use as a prevention measure against HIV and other STIs.

The chapter also discussed how useful concepts from the IBM and the SLT are in understanding behaviour on condom use beyond the level of the individual. Important concepts from the IBM covered an included behavioural beliefs, social experiences/interactions, intention, attitude, risk perceptions, social norms, perceived control, self-efficacy and, normative beliefs. The construct of *environment*

(Bandura 1986), as a key influencer of behaviour, was important to understand how individuals perceive behaviour such as condom use. In addition to identifying personal elements such as self-efficacy and condom use behaviour, the SLT was found to be very useful in identifying both social and environmental factors, like, the family environment and condom use by the individual, substance use as an environmental construct and its effect on individual condom behaviour, longing for connection with people in the environment and its influence on personal behaviour, accessibility of services in the environment and condom use.

The application of theoretical perspectives provided valuable insight into understanding perceptions, behaviour changes, and experiences related to condom use as a preventive measure against HIV.

CHAPTER 3

3. RESEARCH METHODOLOGY AND DESIGN

3.1 INTRODUCTION

This chapter describes the design approach that the study adopted to answer the research question – perceptions and experiences of young adults regarding condom use as a prevention against HIV, in the context of unsustainable new cases of HIV in the country. In this section, the researcher explains the methodology and design procedures used in conducting the study. The researcher explains and justifies the adoption of the broad qualitative exploratory approach to the study, and in particular, the value of phenomenological design techniques. The chapter starts by outlining the study setting, and then continues to describe the study population selection, sampling techniques and sample size. Data collection and analyses techniques are then presented. Procedures to determine the trustworthiness and credibility of information gathered are explained. Lastly, steps that were taken to observe the necessary ethical protocols are explained.

3.2 QUALITATIVE EXPLORATORY APPROACH

Lincoln and Denzin (2000) explain that qualitative designs and related data collection procedures allow for capture of direct quotations about people's personal perspectives and lived experiences and therefore much more reliable account of their experience. Furthermore, Creswell (2003 : 182) adds that qualitative research is an approach for exploring and understanding the meaning that individuals or groups ascribe to a social or human problem. Qualitative research takes place in the natural setting (Babbie 2016 :113). The researcher was on site where she actively participated and interacted with the research participants and gathered first-hand information about issues surrounding condom use. The qualitative research involves

sustained interaction with the participants in their own language and their natural settings, as this helps to understand participant's world (De Vos, Delport, Fourche' & Strydom 2011), which is an important component in attempting to answer the study question.

Heritage (2011: 263-270) argues that people create shared meanings through their interactions, and those meanings become a reality for them. In this study, the researcher was directly involved, interacting with the young adults, and therefore, understanding better, their personal perceptions and experiences (Van den Berg, Hendricks & Hatcher 2013: 111-125) regarding condoms use as prevention to HIV in the environment in which they function. In these social interactions between the researcher and the target population, Heritage (2011: 263-270) explains that meanings of things such as the use of condoms arise, and these meanings are handled and modified through an interpretative process. Van den Berg *et al* (2013: 111-125) emphasise that, if these social exchanges are handled correctly, the qualitative process can unfold naturally, unmanipulated and uncontrolled. He maintains that the researcher should be ready to pursue new paths of discovery as they emerge, not stuck to a pre-planned path. Van den Berg, Hendricks, Hatcher, Peacock, Godona and Dworkin (2013: 111-125) further highlight that the researcher who engages in this form of inquiry supports a way of looking at research as individual meaning-making, and the importance of honouring the complexity of a situation. The researcher was open to whatever emerged from the process and probed for clarity as she sought to fully understand the perceptions on condoms as a measure to prevent HIV.

As the researcher was interested in the wholeness of the experience rather than on parts, the qualitative approach allowed for generating of holistic and 'thick descriptions' of first-person perceptions and experiences of young adults rather than measurements (Moustakas 1994; Lincoln & Denzin 2000).

The researcher adopted the qualitative exploratory approach to the study based on phenomenological design procedures. The researcher wanted to explore the perceptions and experiences of young adults on condom use to prevent HIV. The approach is qualitatively exploratory as it aimed to examine the phenomenon of interest and illuminate how a phenomenon is manifested and the design was useful to help uncover the nature of the phenomenon understudy (Hunter, McCallum & Howes 2019). In addition, Stebbins (2001) defines social exploratory research as a methodological approach that is broad-ranging, purposive and systematic, designed to maximise an understanding of aspect of social life. The current study sought to maximise understanding of perceptions of young adults regarding the use of condoms to prevent HIV.

The current study approach was also qualitatively exploratory in nature as it sought to obtain detailed accounts about condom use among young adults, gathering a vivid picture of their perceptions and experiences. Willis, Sullivan-Bolyai, Knafl and Cohen (2016) define qualitative exploratory design as a research approach based on principles of naturalistic inquiry, where varied shared experiences among people are recognised, and these shared experiences allow for reporting of findings in a comprehensive thematic summary. More importantly, the qualitative approach allows the researcher to interpret common themes, moving beyond what individual participants reported, clustering together common ideas from multiple individuals to represent the data (Willis *et al* 2016). The purpose of adopting qualitative exploratory approach in this study was to describe the perceptions and experiences of young adults regarding condom use in a ‘thick’ way, for a deep understanding of their lived world – the detailed description of their perceptions and experiences of condom use as prevention against HIV, looking for common themes (Lincoln & Denzin 2000).

3.3 THE STUDY DESIGN

3.3.1 *Phenomenology*

Within the qualitative approach, the researcher used hermeneutical phenomenological research design techniques to conduct the study. Creswell (2007: 59) and Van Manen (2017: 775-779) define hermeneutical phenomenology as a methodological design intended to understand people's lived experiences – asking the question, *what is the phenomenon or lived experience like?* These lived experiences are often expressed by way of examples, not reflections (Van Manen, 2017: 775-779). Wilson (2015) explains that conducting hermeneutical phenomenological research involves studying the way that a person experiences or understands his or her world as real or meaningful. Hermeneutical phenomenology is about uncovering and explaining the deeper human aspects of the situation, participants mood, sensations, and emotions (Wilson 2015: 38; Creswell 2007: 59). Hermeneutical phenomenological research seeks to identify and describe phenomena through how they are perceived by the actor, through inductive qualitative approaches such as interviews, discussions, participant observation and representing the phenomena from the perspective of the research participants.

Here the researcher was interested in the details about the participants' perceptions and their lived experiences on condom use as a prevention measure against HIV. Hermeneutical phenomenological inquiry is also concerned with the study of experience from the perspective of the individual, and through "bracketing" procedures, the researcher's assumptions and preconceptions about the phenomenon are mitigated (Creswell 2007: 59; Lester 1999).

Streubert-Speziale and Carpenter (2007: 35) explain "bracketing" as a methodological device in phenomenological inquiry that requires deliberate putting aside one's own beliefs about the phenomenon under inquiry. In this study, the data

gathering tools were designed to allow the respondents to share their perceptions and experiences without interruptions, with the researcher using follow-ups for clarity, without interpreting or reformulating the participants' personal experiences.

3.4 STUDY SETTING

The researcher explored several potential study sites in Gauteng Province, and the City of Johannesburg in particular, which failed to meet the 90-90-90 targets for 2020 and yet experiencing an unsustainable count of new HIV infections (Pillay & Johnson 2021: 1-5). The researcher purposefully, eventually settled for the *New LoveLife Trust*, Orange Farm Y-Centre (the first of two potential Young adults' services centres to respond to the request for permission (see Annexure A) to conduct interviews at their facilities). The Young adults centre was selected for its potential to provide the researcher access to the target audience, in line with the study's central research question. Owing to the limited resources available to the researcher, the choice of study site was between two Y-Centres – Sandton and Orange Farm, between 50 and 75 kilometres from the researcher's base. The selected Young adults Centre proved to be an information-rich site, as evidenced in the next chapter.

The authority to grant permission to conduct research at any of their centres resides with a provincial coordinator, with the issue of a letter (see Annexure B).

The study site was in Orange Farm, a township in the Gauteng Province, in the City of Johannesburg, approximately 50 kilometres south of the city. Orange Farm is a typical South African township facing a variety of developmental challenges such poor infrastructure and high unemployment among its Young adults, with the latest labour report estimating unemployment rate among 15 to 24-year-olds, the highest (59.6%) among all the economically active age groups in the country (Statistics South Africa 2022a).

Orange Farm community began in the late 1980s as a response to housing shortages in Johannesburg. Many residents came from rural areas or overcrowded townships, seeking employment opportunities in the city. The settlement grew rapidly as people set informal dwellings due to lack of affordable housing in formal urban areas. After the end of apartheid in 1994, Johannesburg experienced a significant increase in urbanisation, with more people moving to informal settlements like Orange Farm. Over the years, the South African government has worked to improve housing and infrastructure in Orange Farm. This includes building formal housing under the Reconstruction and Development Programme (RDP), and providing electricity, running water, and sanitation. However, progress has been uneven, and many residents still live in poor conditions. Civil society organisations have been active in advocating for better housing, service delivery, and social welfare. Local organisations also focus on addressing issues like unemployment, HIV/AIDS awareness, and gender-based violence (Naidoo 2010; Lawton 2014; Hansen 2005).

The study specifically took place at the Young adults Centre – Orange Farm Y-Centre, one of many such centres around the country. The Centre is non-profit Young adult's organisation that was established in 1999 as a joint initiative of leading South African NGOs, private foundations and the South African government. The target audience usually visits the Y-Centre for services and programmes including nutrition, sexual reproductive health and rights, TB, STIs, mental health, teen pregnancy, menstrual health and hygiene, drug and substance abuse prevention; HIV and AIDS prevention initiatives; sport and recreational facilities; entertainment, arts and culture programmes; counselling support and other psychosocial support; referrals to other Young adults-friendly facilities.

The researcher, once granted permission, found a safe space at the centre for interviewing consenting young adults.

3.5 STUDY POPULATION

The study population comprised young adults 18 to 25 years old, females, and males who use the services of the Y-Centre. A key informant, who was 55 years old, had 21 working in the Youth centre. The target participants were found to be part of the age segment that still presents a disproportionately high new HIV infections in the country (Risher, Cori, Reniers, Marston, Calvert, Crampin, Dadirai, Dube, Gregson, Herbst & Lutalo 2021; Statistics South Africa 2022b).

In addition to on-site observation, a key informant was also invited to participate and to provide the background and context before interviewing young adult participants (Patino & Ferreira 2018). In line with objectives the study, the key informant provided the context and insights into condom use among young adults in the community (see Annexure C). Using different sources of information obtain deeper and wider perspective and insight into the issue of interest (Guion, Diehl & McDonald 2011; Mandizadza & Moyo 2021).

3.6 SAMPLING AND SAMPLE SIZE

3.6.1 Sampling

Qualitative sampling plan describes how many observations, interviews, focus group discussions or cases are needed to ensure that the findings will contribute rich data, and the sampling of participants is always deliberate (Moser & Korstjens 2018). The sampling is determined by conceptual requirements and not primarily by representativeness (Higginbottom 2004: 7; Moser & Korstjens 2018: 9-18). In qualitative research, the size of the sample is among other things, underpinned by theoretical or conceptual frameworks that provide the lens through which phenomena can be viewed (Denscombe 2021: 154). Purposive sampling techniques were used in the current study, where selection of participants was based on the researcher's judgement about which potential participants will be most informative about the unit under study (Denscombe 2021: 82; Moser & Korstjens 2018: 9-18; Higginbottom 2004: 7).

Guided by the study objectives to explore perceptions of young adults regarding condom use, the researcher purposefully recruited the young adults who visited the Young adults centre for a variety of services and recreational programmes, likely to have experienced the phenomenon under study – condom use. In line with the study focus, young adults between the ages of 18 and 25 years old were recruited. The sampling was purposive on the basis that the participants were recruited and selected for interviews based on their membership to the age category presenting higher rates of new HIV infections than other population segments (Statistics South Africa 2021), typical informants (Seawright & Gerring 2008: 294-308) given the focus of the study and were potentially information-rich regarding condom use as prevention measure against HIV.

The Y-Centre was purposefully targeted as a study site as it primarily attracted users of age in which the current study was interested. The users visited the centre for

Young adults-relevant services including sexual reproductive health, HIV and AIDS prevention and recreational programmes. Similarly, the young adults who were approached at the centre were invariably within the age category in which the current study was interested. Denscombe (2021: 70) explains purposive sampling as a way of getting the best information by selecting people almost certainly had experienced or expertise to provide quality information and valuable insights on the research topic. In this study, the targeted participants were between the ages of 18 and 25 years, the age group experiencing the highest HIV incidence in the country in 2022 (Statistics South Africa 2022). In addition, this age group was most likely to have experienced condoms use in some way or another, offering an opportunity for the researcher to learn the most about condom use against HIV. Individuals falling within this age range were invited to participate in the study, in line with the inclusion or exclusion criteria of selecting participants in phenomenological research designs (Denscombe 2021: 87).

The researcher identified and screened participants potentially of age 18 to 25 years visiting the Young adults centre for a variety of services. Those who did not meet the target age criteria, or were unwilling to participate, were excluded and those meeting the age criteria and willing to participate were invited for an extended sit-down interview (Seidman 2013: 402-407). Phenomenologists are interested in common features and data from only a few individuals who have experienced the phenomenon and can provide a detailed account of their experience to uncover the core elements of the phenomenon.

3.6.2 Sample Size

In qualitative research, where sampling is purposive because participants would be information-rich, it is difficult to estimate the exact sample size, and as a rule of thumb, the sample should be sufficient in size for the purposes of the research and be comparable with the sample size of similar pieces of research (Denscombe 2021; 70-86; Staller 2021: 897). Deciding on sample size in qualitative research is an

arbitrary exercise (Hennink & Kasiser 2020: 115). And more specifically, in phenomenological research, the sample size is typically small as the focus in phenomenology is on exploring the lived experiences of individuals who have encountered a particular phenomenon, rather than generalising to a larger population, ranging from 5 to 25 participants (Schreier 2018: 84-87). While the sample size while usually small should be big enough to provide the richest information to help answer the central research question (Moser & Korstjens 2018: 10; Schreier, 2018: 84-87). The phenomenological methodological approach is often associated with small sample sizes because of the semi-structured nature of the interviewing and the subsequent information-rich data generated (Denscombe 2021: 70-87).

A key principle guiding decision on the sample size for qualitative research such as the design undertaken in the current study, was data saturation. Data saturation entails the collection of qualitative data to the point where a sense of closure is attained because new data yield redundant information (Moser & Korstjens, 2018 :11; Low 2019 : 131-139). That is, participant recruitment will continue until a point where there is no advantage to further data collection because it no longer contributes to discovering new analytical information (Denscombe 2014: 328; Hennink, Kaiser & Marcon 2017).

The researcher sampled ten participants for semi-structured interviews. Some researchers report of data saturation in qualitative interviews of between seven and 20 participants (Hennink *et al* 2017). Schreier (2018) reports data saturation as being between 5 to 25 participants. Typical sample sizes for phenomenological studies, according to Starks and Trinidad (2007: 1375), range from one to ten persons. Moser and Korstjens (2018:11) contend that while phenomenological studies generally require fewer than ten semi-structured interviews, qualitative designs do not always mean small sample numbers, and the researcher and their research team will jointly decide when data saturation has been reached. In this study, the researcher continued recruiting participants until the data began to

saturate after the fifth participant. In the current study, the recruitment of participants was rounded off at the tenth participant, with themes still repeating (Hennink, Kaiser & Marcon *et al* 2017). There are several ways to determine data saturation, and in the current study, the researcher relied on own personal lens and data source triangulation do determine that there was no more new data or new themes emerging (Fusch & Ness 2015). The personal lens is subjective and a representation of the researcher's personal views. The researchers relied on field notes generated during the interviews to establish the recurrence of themes and no additional themes emerging after the fifth participant. Personal journals, in addition to the semi-structured interviews, were used to triangulate the data. The subsequent analysis of the journal entries that were returned revealed all the themes that were recurring in the participants.

3.7 DATA COLLECTION

3.7.1 Permission from the institution

The researcher was granted research permission by the University of South Africa's (Unisa) College of Human Sciences Research Ethics Review Committee. More importantly, the researcher complied with all the requirements for protection of participants and their personal information used for the purposes of the study (Unisa 2016) (see Annexure D). The researcher also received permission to conduct the research study at the Orange Farm Y-Centre (see Annexure B). The community centre manager provided the researcher a safe space to conduct interviews with the consenting participants.

3.7.2 Data Collection Process

The research questions, nested within the theoretical literature, guided the data collection process, which included observation, semi-structured interviews,

administration of personal journals, and key informant interview. Face to face in-depth interviews were conducted over a period of five days. Participants retained the journaling booklets for one week, making daily entries during that time. The key-informant interview was carried out once permission had been granted. In interviews conducted, the English language was used as the primary medium of communication and translated to Sesotho and IsiZulu languages was used when required. This provided more clarity and enhanced understanding to participants as the researcher is proficient in those official languages. This choice was made to ensure consistency in data collection and to facilitate clear understanding between the researcher and the participants. Additionally, English was selected as it is widely and understood by the participants involved in the (Orange Farm Y-Centre) community centre. Using a common language also enabled more accurate transcription and analysis of the data, ensuring that the findings could be interpreted without the added complexity of translation or linguistic variations.

A. Observation

The observation procedure was guided by the research sub-question: *What is the social context in which young adults of a Johannesburg community practice condom use as prevention to HIV?* It was a one-time, cursory on-site observation to help better understand or 'get a sense' of spaces and context within which study participants live (Byrne 2021; Hancock, Algozzine & Lim 2021; Yin 2003). Getting sense of the context through observation preceded the study's primary mode of data collection, which was semi-structured interviews and personal diaries. Through the on-site observation, the researcher in the current study was able to outline community characteristics that could potentially shape perceptions and behaviour on condom use. McMillan and Schumacher (2010) explain that observation facilitates understanding of the context and the participants' behaviour. The researcher developed an unobtrusive one-time observation protocol to sketch community characteristics that would enrich the conversations with the young adults on condom use in the semi-structured interviews that followed (see Annexure E).

B. Semi-structured interviews

Semi-structured interviews as data collection tool in phenomenological research designs offer important advantages, as they allow the participants to 'bring forth the phenomenon from their consciousness and give it expression' (Guerrero-Castañeda, Menezes & Ojeda-Vargas 2017:3). Thomas (2021) warns against inadequate preparation for interviewing as this will likely result in failure to capture the individuals experience of the phenomenon. In the current study, face-to-face, and semi-structured interview was the primary data collection method. The semi-structured interviews proved to be efficient in collecting data. Dense details of the interviewees' experiences and perspectives on the use of condom as a measure to prevent HIV. Osborne and Grant-Smith (2021) observe that semi-structured interview is a powerful method to generate meaning from complex, often messy data such as those generated from less structured, open-ended questions. Because it is less structured, one of the most important benefits of semi-structured interview is that it helps to uncover more detailed and semi-structured information (Mears 2012; Showkat & Parveen 2017). This interview protocol allowed the researcher in the current study to 'probe deeply the experiences and perceptions of participants' (Ellis 2016: 128; Osborne and Grant-Smith 2021) in a conversational manner. Seidman (2013) further explains that through using semi-structured interviewing, with the broad open-ended questions, the researcher is able to solicit a bit of storytelling to establish the purpose and focus of the interview (see Annexure G). Thereafter, the researcher allowed the interview to flow, using follow-up questions for clarification and completeness. In the current study, the researcher posed the semi-structured interview questions to the participants, in line with the research objectives, as follows: *What do you think of the use of condoms to prevent HIV?* This was to elicit the participant's views or perceptions. The researcher then used probes on themes that were emerging for clarity. In with the second objective of the study to elicit participants experiences on condom use, the researcher posed the question: *What*

are some of the experiences in condoms use to prevent HIV, if any? This was followed by probes to encourage more detail on the points that the participant made. To establish if the participant was a regular condom user, the researcher asked (and subsequently also probed further): *Did you use a condom every time you had sexual intercourse? In the last two months or so?* Then, the researcher further nudged for any specific aspects (ir)regular use of condoms if they did not come out of the previous questions: *What motivated or discouraged you to use condoms during sexually intercourse*? The conversation also sought to elicit the participants' views on improving use of condoms to prevent HIV among young adults, and the researcher posed the question: *What do you think can be done to assist you to improve use of condoms to prevent HIV?* Probes were used where clarity on emerging themes was necessary.

C. Personal journals

In addition to the semi-structured interviews, personal journals were also used as data collection tool. Personal journals are useful in providing rich descriptions of lived experiences and can uncover the meaning and essence of the phenomenon as experienced by the individual (Morrell-Scott 2018). Furthermore, personal journals can be used as a data collection tool in phenomenological research, where individuals offer reflections and accounts of events and descriptions of experiences and perceptions (Chabon & Lee-Wilkerson 2006; Morrell-Scott 2018). Also important, is that personal journals are valuable as data collection tools for stigmatised subjects such as sexual activities – like if, when and how they use condoms (Hensel, Selby, Tanner, & Fortenberry 2016). Moreover, journals have been proven to yield rich qualitative data, when used correctly (Hayman, Wilkes & Jackson 2012). Personal diaries are useful when used in addition to other data collection methods owing to the uncertainty that the participant will write their journals as per the briefing (Meth 2003: 196). Some would write long entries, others will write short, while others will not write within the expected period. In this study, personal journals were used to allow the participants space and autonomy to share what they want, where they want and when, changing the researcher-participant

power dynamic linked to face-face interviews (Meth 2003: 196). In addition, Meth (2003: 196) maintains that in face-to-face interviews, the researcher can sometimes be a bit of an interrogator, asking questions and the participants given the role of answering. The data were used to triangulate responses from the face-to-face interviews (see Annexure H (a).

At the end of the semi-structured interviews, the researcher spend time explaining how to use the journal. The ten participants were given journal booklets and a pen. The participants were coached on how to journal, providing a comfortable and safe way on expressing own views and managing expectations about journal content was made clear. Each journal had a guide pasted inside the journal booklet (see Annexure H (b) . Allowed time, space and autonomy, the participants were asked to respond to the same questions that were shared with them during the semi-structured interviews. In that time provided, participants were encouraged to 'write their story,' at their own pace, in as much detail they wanted. The participants kept the journaling booklets with them for a period of a minimum period of one month to 'download' their experiences, feelings and perceptions at their own time and in their private spaces.

The researcher reminded them that they were not forced to complete the journals, and they were also not compelled share journal entries with the researcher if they were not comfortable to do so.

After a month, three of the ten participants were prepared to share their journal entries with the researcher. Once the researcher made copies of the journal entries, the journal booklets were returned to the participants to keep. Some of the participants had not made any entries in the month that they had the journals and intended to share with the researcher if, and when there is something to share. However, two participants had not responded to the researcher's request whether they were ready to share. Meth (2003: 202) notes that one major limitation of using the personal journal is the effort and time diary keeping demands of its respondents and keeping a diary can be perceived as time consuming and frustrating. This can explain the low response by participants in the current study.

The data from the completed journal entries were coded and analysed together with the face-to-face interview data, and emerging themes dealt together against the relevant research sub-question.

D. Key-Informant Interviews

In line with the first objective of the study, the researcher recruited two key informants that were associated with the Y-Centre for insight into the social context wherein condom use is practiced. Romero and Flandrick (2019) state that key informants in qualitative research are experts in a particular subject and they have first-hand knowledge and an understanding which can provide insight on the nature of problems. One of the identified key-informant declined to participate, citing research exhaustion (Ashley 2021:270). The researcher interviewed the centre manager, responsible among other things, for the implementation of HIV prevention campaigns in the community. With prior consent, a semi-structured, face-to-face interview was administered, and audio recorded. She provided the necessary background and context to condom use to prevent HIV among young adults. She also suggested recommendations for solutions. Selecting a right key-informant is particularly important in a qualitative study as this enhances the understanding as well as background to the study and the context of the topic (Patino & Ferreira 2018; Kumar 1989). Also, the key informant data provide a wider and different angle to that of the target audience, improving the credibility of the data (Guion, Diehl & McDonald 2011; Mandizadza & Moyo (2021). Furthermore, Mandizadza and Moyo (2021), in their phenomenological study of experiences of cancer stigma among people living with cancer, found it useful interviewing key informants as they interacted with the cancer patients during consultations over long periods. In relation to the key informant's course of work, the researcher asked the following questions:

- *Can you please tell me what you think about young adults' perceptions regarding condoms use as prevention against HIV?*

- *What do young adults say about their experiences regarding condoms use as prevention against HIV?*
- *What do you think can be done to assist young adults to improve their condom use in preventing HIV infection?*

Each of these open questions were followed with further probing questions for clarity and detail (see Annexure I).

3.8 DATA ANALYSIS

The researcher was interested in views, perceptions and experiences by young adults that would help understand irregular condom use, which could potentially explain the continued HIV incidence. The analysis focused on messages that seemed to shed light of young adults' behaviour on condom use against HIV. To bring meaning to the vast amount of text generated from the interactions with the participants, Coffey and Atkinson (1996) argue that there is no single right way to analyse qualitative data, but several ways. This study used thematic data analysis techniques to sort and sift through the data set to identify similar phrases and/or relationships and therefore, making meaning of the data in relation to the research question (Lester, Cho & Lochmiller 2020).

The operationalisation of the thematic data analysis in the study involved several, but non-linear phases along the line suggested by Lester *et al* (2020) and Maguire and Delahunt (2017). First, the researcher prepared and organised the data for analysis. This involved the researcher's naming and coding of audio files systematically, and storing in one location, preparing them for the next step. The researcher then transcribed the data. Microsoft Word processor was used to transcribe each interview. This involved verbatim capturing of responses from the participants, as accurately as possible. The researcher transcribed the audio-recorded interviews from all ten participants and the key-informant, as well as skimming of the journal booklets. This provided an opportunity for the researcher to

familiarise oneself with the data set, deepening the researcher's familiarity with the respondents' perspectives (Lester *et al* 2020). The next activity was becoming familiar with the data. Familiarising myself with the data involved reading the interview transcripts and the journal entries several times, taking notes of initial ideas. Then, the researcher coded the data. This involved manually, sentence-by-sentence, open-coding the text and then analysing. Descriptive words or phrases that attach meaning to the data were used, in line with the study interest. The codes were then refined from descriptive phrases to theoretical ideas discussed in the conceptual framework section. Then the codes were developed into categories and categories into themes. This involved grouping similar codes into conceptual categories. Lester *et al* (2020:101) explain the importance of this phase as a process of understanding how the individual codes interrelate and contrast with one another, and these relationships and contrasts are captured in the categories. The categories bring together the codes that are related conceptually. Categories were compared and contrasted, and themes, theoretically aligned to the objectives of the study, were formed out of related categories.

3.9 TRUSTWORTHINESS AND CREDIBILITY OF FINDINGS

There are several measures that qualitative research can adopt to ensure that their findings can be *trusted*, which are different from those in quantitative research. The *trustworthiness* assessment aims to establish whether the findings are credible, transferable, dependable, and confirmable (Korstjens & Moser 2018). In addition, Korstjens and Moser (2018) contend that credibility of findings can be ensured by using strategies such as triangulation of data sources and methods. Accordingly, the researcher in the current study used triangulation of data sources and methods by using face-to-face interviews, key-informant interviews and participant journals. This provided a more credible account of experiences and perceptions of young adults regarding condom use as prevention to HIV as documented in this report. Also, the researcher used the "rich description" technique to paint a vivid picture of the context, location, participants' perceptions, and experiences on condom use, as

trustworthiness strategy, to provide the reader with a deeper, complete and compelling findings (Connelly 2016: 435).

To ensure dependability and confirmability, the researcher has kept the interviews recordings and field notes for the research supervisor and examiners to access, should a need require (Nguyen *et al* 2021).

3.9.1 Reflexivity and potential biases

Reflexivity allows for greater transparency and self-awareness, helping to minimise biases and enhance the integrity of the research. It is essential to acknowledge reflexivity-the process of reflecting on how the research's background, experiences, and assumptions may have influenced the research process (Berger 2015: 219-234). Since the interviews were conducted in English, and not all participants may have been equally proficient in the language, there is a potential for language-related biases. Participants who were less comfortable with English may have struggled to fully express their thoughts, leading to incomplete or skewed data. Additionally, nuances and meanings may have been lost during communication. Participants' journaling practices could also be influenced by factors such as their comfort with writing, their perception of the study's goals, or the level of detail they felt was expected of them. These factors might have affected the depth and quality of the journal entries, leading to variations in the data collected. To minimize these biases, several strategies were employed, such as reflecting on personal assumptions throughout the research process, using open-ended questions to encourage authentic responses, and regularly consulting with supervisor to ensure a balanced interpretation of data. Despite these efforts, it remains important to recognize that all research is influenced by the context in which it is conducted, and these potential biases may have impacted the findings in various ways.

3.10 ETHICAL CONSIDERATIONS

3.10.1 Main Description

The researcher complied with all the requirements for protection of personal information (POPI) of participants outlined by the university for research purposes (UNISA 2016). The study was medium and high-risk study as it involved human participants directly, with the potential risk of emotional trauma, psychosocial discomfort owing to the stigmatised subject of personal sexual activity. Young adults are also seen as a vulnerable group owing to the socio-economic challenges like poverty, unemployment and violence which could let them reprioritise HIV prevention and make them vulnerable to HIV infection. Steps were taken to mitigate emotional trauma and psychosocial discomfort.

This was a very sensitive topic as participants were required to share sensitive information on their personal lives (on condoms use prevention). As part of the preparation for the interviews, the nature of the study and questions were shared with the Orange Farm Y-Centre LoveLife, Community Centres Management including social workers/counsellors. In case of emotional distress, the researcher made prior arrangements with Orange Farm Y-Centre LoveLife, Community Centre social worker/counsellors so that distressed participants may be referred for counselling. Furthermore, the Orange Farm Y-Centre LoveLife, Community Centre was selected for data collection as the centre had social workers contracted by the Social Development. A social worker/counsellor signed the confidentiality agreement form. Also, at the beginning of the interviews, the participants were made aware that the type of questions can evoke painful or sad emotions. Participants were informed of the availability of counselling services. The researcher neither used any aggressive approaches nor intimidations in interacting with the participants.

A safe (physically and psychosocially) area was selected to conduct the semi-structured interviews at the Orange Farm Y-Centre LoveLife, Community Centre,

where these psychosocial services could be accessed in case of any unforeseen risks. It was also chosen owing to the familiarity and trust established owing to their involvement and accessing the services of the Orange Farm Y-Centre LoveLife, Community Centre over time.

- ***Voluntary participation, anonymity and confidentiality***

The informed consent were given to the participant and a key-informant 10 to 15 minutes prior to interviews with the set of questions (participant information sheet and consent to participate agreement form). This was to facilitate clarification, informed consent, risk mitigation, and voluntarily participation. Upon commencing with the interview, informed consent was obtained by reading out, confirming consent to be interviewed and permission to audio-record the interview (see Annexure (C).

The researcher had negotiated with the Orange Farm Y-Centre to provide psychosocial support services during and after all interviews, and further referrals if needed. Anonymity and confidentiality of the participants interviews were managed carefully during and after the research dissemination of findings (see Annexure J (D). No participants' names and any form of identity were used. Instead, a numbering system was used to identify each participant (UNISA's Policy on Research Ethics 2016).

As semi-structured and a key informant interviews were conducted face-to-face, the researcher complied with the Covid-19 protocols applicable at the time (UNISA, 2020; Research, Postgraduate, Innovation and Commercialisation-COVID 19).

Research was conducted in an honest, fair and transparent manner. The researcher was honest about her own limitations (for example as an older person, married), competencies, belief systems, values, and needs. Most importantly, the researcher did not abuse her position or knowledge for personal power or gain (Researcher's

Declaration to Adhere to the Unisa Code of Conduct Regarding the Ethics of the Proposed research 2017).

- ***Practical Implementation***

In line with the UNISA research policy, the researcher requested consent from potential participants (Annexure C) in the form of a signed permission. The participant consent form clearly stated the participants' rights in the research and protection of those rights, including the right to terminate the interview at any point should they so wish (UNISA 2020). The duration of the interviews were between 45 and 60 minutes.

Anonymity and confidentiality of the participants interviews were managed carefully during and after the research as well as dissemination of findings (Annexure J (d). More importantly, the researcher explained that if the participants felt the ethical principles were violated, they may stop participating at any time. That includes reporting the researcher to the UNISA Ethics Committee (Code of Ethics for Research in UNISA's Policy on Research Ethics 2020).

As required by policy, the researcher ensured that she is the only person able to match the identity of participants, journals and voice recordings during and after the interviews. Moreover, data were stored safely, and password protected. All hard copies were kept in a secured place and locked (Researcher's Declaration to Adhere to the Unisa Code of Conduct Regarding the Ethics of the Proposed research 2017).

- ***Possible harm***

The researcher monitored possible harm and risks including questions which may be experienced as psychosocial stressful or upsetting or even re-traumatised owing to some prior trauma around HIV prevention, and ensure the necessary psychosocial services was available during and after interviews (Research's Declaration to Adhere to the UNISA Code of Conduct Regarding the Ethics of the Proposed Research 2017). Moreover, the researcher repeatedly informed the participants of their right to stop the interview at any point they felt the interviews become uncomfortable and even stressful.

No personal identifiable information was collected about participants from available records (e.g., medical records, personal data). There were no inducements or incentives encouraging participants to be involved in the research (Researcher's Declaration to Adhere to the Unisa Code of Conduct Regarding the Ethics of the Proposed research 2017). Moreover, the researcher made prior arrangements with the Orange Farm Y-Centre management to manage any possibility of emotionally distress through their counselling services.

- ***Action to Manage and Reduce Harm***

A safe space was made available to the researcher to conduct the interviews. Voluntarily participation was facilitated by informing participants that they can end or leave the interview at any moment without any negative consequences. A pilot study was conducted with three participants among young adults aged 18 to 25 years to consider possible re-formulation of questions to prevent any possible harm and risks.

The researcher respected and protected the rights and interests of participants at every stage and level of research (UNISA Policy on Research Ethics 2016). As stated by UNISA Policy on Research Ethics (2016), research that will lead to unnecessary physical, social or psychological harm should not be undertaken. The

researcher ensured that the risks are assessed and that adequate precautions were taken to minimise and mitigate risks. This was achieved by treating research participants as unique human beings within the context of their community systems and embrace the constitutional values of human dignity, equality, social justice, and fairness. The researcher also respected research participants' cultural differences and respected what was sacred and secret by tradition (UNISA Policy on Research Ethics 2016).

The researcher was also honest and respected her own actions in research and did not impose her views, beliefs or seek personal sexual/economic gain from participants or anybody for that matter (UNISA Policy on Research Ethics 2016). The UNISA Policy on Research Ethics was made available to the participants as it can help them make an informed decision regarding their participation (UNISA Policy on Research Ethics 2016). Moreover, the researcher did not commit plagiarism, piracy, falsification, or the fabrication of the findings at any stage of the research (UNISA Policy on Research Ethics 2016).

3.11 CONCLUSION

This chapter presented the rationale for the qualitative research design procedures to explore perceptions and experiences of young adults on condom use to prevent HIV. The study sought to gain an in-depth understanding on how perceptions and experiences regarding condom use as a measure against HIV, influenced young adults' behaviour on the use of condoms during sexual encounters. By triangulating data collection tools of cursory observation, semi-structured interviews and personal journals, the research sought to capture a multi-dimensional and comprehensive understanding of the complexities and nuances in the perceptions and attitude on condom use.

The integration of cursory observation as a tool allowed for initial insights into the natural setting the young adults live in, as it provided valuable contextual information

was laying the foundation for subsequent data collection methods. The semi-structured interviews were the primary methodological tool valuable to draw rich narratives and deep reflections from the participants. The personal diaries allowed the participants to capture their thoughts, emotions and experiences in their own words, providing an additional angle to understanding the young adults' behaviour regarding condom use to prevent HIV. The section further described the study setting, study population, sampling data, and data analysis, among others.

CHAPTER 4

4. PRESENTATION AND DISCUSSION OF THE STUDY FINDINGS

4.1 INTRODUCTION

This chapter presents the findings and discussion of the study, which explore young adults' perceptions and experiences regarding condom use as a preventive measure against HIV. The qualitative approach provided valuable insights into participants' experiences, offering a deeper understanding of the factors influencing their behaviour in relation to condom use within their lived context (addressing research sub-questions 1, 2, 3 and 4). Additionally, the chapter presents the participants' perspectives on how condom use can be improved.

The chapter also, presents an analysis of themes and patterns that emerged from the analysis of the semi-structured interviews and personal journal entries of the participants. First, the researcher paints the social context observed as per the observation protocol. The data were analysed thematically, guided by the study main research question: *What are the perceptions and experiences of young adults on condom use as a prevention of HIV?*

4.2 PARTICIPANTS' BIOGRAPHICAL PROFILE

The study involved ten participants and one key informant, from Orange Farm Extension 6, south of Johannesburg. The participants, all residing within the same community, were between the age of 18 and 24 years. The key informant, who was 55 years old, had 21 years of experience working with adolescents and young adults at the community centre, providing valuable additional insights into the researched topic.

Orange Farm Extension – Community characteristics

The study was located at Y-centre, a community centre in Orange Farm extension six (6), Johannesburg. Sampled participants were young adults between 18 and 24 years old and a key-informant working at the Y-centre, in the community centre. Participants were both females and males using or residing next to the community centre. Detailed biographical profiles of participants are outlined in Table 4.1.

Table 4.1: Participants' biographical profiles

Participant	Age	Gender	Location	Educational	Employed
1	18	Female	Orange Farm ext.6	Grade 12	No
2	20	Female	Orange Farm ext.6	Grade 12	No
3	20	Female	Orange Farm ext.6	Matric	Volunteer as a ground breaker
4	22	Female	Orange Farm ext.6	Matric	Volunteer as a ground breaker
5	22	Male	Orange Farm ext.6	Matric	No
6	20	Male	Orange Farm ext.6	Matric	No
7	18	Male	Orange Farm ext.6	Grade 11	No
8	23	Female	Orange Farm ext.6	Matric	No
9	22	Male	Orange Farm ext.6	Grade 11	No
10	24	Male	Orange Farm ext.6	Matric	Yes
Key-Informant	55	Female	Vaal	Tertiary Education	Yes

4.3 ADDRESSING QUESTIONS OF THE STUDY AND DISCUSSIONS OF RESULTS

4.3.1 SOCIAL CONTEXT IN WHICH YOUNG ADULTS PRACTICE CONDOM USE

Extension 6 is part of the greater Orange Farm settlement, lying about 50 kilometres south of the Johannesburg metro, was founded in the late 1980s, and among the youngest of the South African townships. Taking the journey to the study site from the west of Johannesburg where I reside, is via the N1 highway, the national route that connects the cities of Johannesburg and Cape Town in the south of the country. The highway looks world class, the surface is tarred perfect to hug the tyre rubber, and the ride is enjoyable. It takes about 20 minutes on the highway until the Grasmere Toll Plaza, where I detour onto a local road leading into the township.

Two hundred metres off the highway, is the local road, a section of the regional road R553, where there is a dramatic change of infrastructure. The surface of this road is covered with red sand and mud carried on to the road by the rains that were experienced in that part of the country since late November 2022. Road markings at an intersection at the entrance of Orange Farm from the north is completely covered with sand and caged mud about 15 centimetres high. Thanks to the high clearance of the vehicle that I used; I make through the intersection easily. From here, the next turn is about 5 kilometres away into Orange Farm Extension 6, where one is greeted by throngs of people, mostly young, signalling arrival in the settlement. This was surprising given that this was a normal workday. I then remembered that unemployment rate from the then national survey (Stats SA 2022: 134) was about 60% among the Young adults. As it turned out, of the six study participants who have completed matric but not enrolled for tertiary education, only one is employed, the rest cannot find employment - over 80% unemployment among the participants (see Table 4.1).

The tarred streets, marked by potholes and horizontal hand-dug trenches characterised road surfaces. I later learned that the trenches are meant to serve as traffic calming measures to protect children from speeding cars. Young adults are

also routinely seen in front of houses with washing tubs doing laundry. Water from recent rains has pooled inside, making it difficult to determine the extent of the trench and, therefore, difficult to navigate. Loose sand from the side of the unpaved side-walks has been washed onto the roads by rain and wind, over a long period, as there were no storm drains to channel stormwater.

Arriving at the Young adults Centre, from which the study was conducted, one is met by an imposing two-story structure that was once very colourful. It has been battered by many seasons of rains and wind, now purple, red, blue and I think yellow paint flakes hanging off the walls. A group of young males are playing soccer on a dilapidated basketball court, without baskets though. A netball court lies unused besides basketball court, also poles without hoops. The green paint that covered the concrete/asphalt surfaces of both courts is also peeling off revealing the not so appealing grey colour of concrete underneath. A sound of a choir reverberates from the second-floor hall of one of the structures making up the Young adults Centre complex. Steadily, people move in and out of the Young adults' centre, some going to the spaza shop at the street corner, other coming in to join in on the activities. Otherwise, the premises are neatly kept, with the security guard welcoming and directing me to the manager's office to announce my presence as per prior arrangements.

I was welcomed and introduced to her assistants who have been briefed of my presence as a Unisa student conducting research, who will be canvassing and inviting people for interviews.

4.3.2 PERCEPTIONS OF YOUNG ADULTS REGARDING CONDOM USE

The analysis of the interviews and personal journals data revealed several key themes related to the participants' perceptions of condom use. The nature of the themes that emerged from the semi-structured interviews and personal journals highlight a complex interplay of elements that influence condom use decisions

among young adults. The analysis of the data revealed the following themes: *attitude* and *role of condoms to prevent HIV; perception of risk and condom use; attitude towards free-issued condoms; self-efficacy and lack of knowledge and skill about female condoms; gender norms and condom use.*

4.3.2.1 Attitude about condoms and HIV prevention

Most of the participants expressed elevated levels of awareness and positive attitude about the role of condoms as a measure to prevent HIV during sexual intercourse. Participants viewed condom use as necessary and responsible behaviour for protection against HIV and other STIs. They saw condoms as an important part of their sexual health toolkit and prioritised their use during sexual encounters. Participant 5, a 22 year-old male, in response to the study sub-question 2 expressed that:

> "*We always use condoms because we do not want another child and getting infected or infecting my baby mama with HIV or STIs. I am not perfect, but I respect my girlfriend."*

This is echoed by Participant 1, an 18-year-old in Grade 11, when she said that:

> "*Condoms can help in preventing HIV, STIs and getting pregnant. You will never know someone's status by just looking at them. In order to be safe, one must always use condoms during sexual intercourse.*"

Participant 4 underscores the importance of condom use during sexual intercourse to prevent HIV and other STIs.

> "*I know that condoms prevents one from being infected with HIV and STIs. I always have them in my pocket when I visit my boyfriend. I also do not want to get pregnant.*"

The positive perception and awareness among participants that condom use is important to prevent HIV and other STIs, was related to their intention and use of condoms during sexual intercourse. This finding is in line with the constructs of the

IBM, of *attitude* and *intention* (Montano *et al* 2015: 109-117). The model posits if one's attitude or perception of an event is as favourable, it influences their intention to perform the act. Participants in the current study viewed using condom during sex as beneficial (preventing HIV/STIs), and planned (intention) to use them, but proceeded to use condoms during sexual intercourse. This is also consistent with studies that found a connection between the IBM principles of intention and attitude about condom use and HIV prevention and the actual use during sexual intercourse (Okwu 2022: 20-24).

4.3.2.2 Attitudes towards free condoms

The analysis of the data also revealed a negative attitude towards government-issued free condoms by the participants. The participants held a belief that the government-issued free condoms were generally of poor quality and often defective.

> "*I do not trust free condoms, although I sometimes use them. I do not want the free condoms especially the ones from the public clinic. I rather get them from the Y-centre or somewhere."* (Participant 6)

Participant 5 agrees. He lamented as follows:

> "*I do not trust condoms from the clinic/s. Even now I prefer to buy condoms from the shops or get them from the Y-centre. My baby mama fell pregnant, and we were using a condom. A condom broke open, burst, while we were having sex. It was one of those free one from the public clinic/s.*

Participant 10 also reported *"situation where a condom burst, but it was only that one time.*

The IBM postulates that a perception of an unfavourable outcome by the individual is likely to a decision not to carry out the behaviour (Montano *et al* 2015: 117-118). This finding from the current study is in line with previous studies where participants

did not believe government-issued condoms would protect them against infections including HIV, leading to inconsistent use of condoms during sexual intercourse among young adults (Mulaudzi & Jabuli 2018: 11531).

Participant 6 sums up the negative attitude towards government as he says the

> " *Health workers are not trustworthy; they can just pinch holes on condoms. I do not trust the government ones seriously."*

4.3.2.3 Self-efficacy – knowledge and skill to use female condom

The IBM and the SLT view high condom efficacy as a vital marker of the actual use of condom during sexual intercourse. The current study findings resonate with those of previous studies (Montano & Kasprzyk 2015: 231; Bandura 1986: 101; Ventura-Miranda *et al* 2023: 8-9: 129-132) explain condom efficacy as an individual's belief in their ability to negotiate condom use and use condoms correctly and consistently in preventing HIV transmission.

While participants perceived condoms as key to prevention of STIs, some reported lack of knowledge and skills to use the female condom. When the male condoms are unavailable, the female condom is not an option as they do not know how to use it.

Participant 3 pointed out that

> "*As females we are afraid to start using female condoms. Maybe is because we do not have information or knowledge/trainings about how to use female condoms. I know that they are also effective, but I do not prefer them at all."*

Showing frustration, Participant 7 lamented that

> "*Every time you attend workshops on HIV and AIDS awareness day, it is male condoms on promotion and training on how to use a condom. That is not right."* (laughing) "*I have to be able to insert my female condom and be ready."*

> "*We also need people to train people on how to use female condom. It is not fair that females must carry male's condom every time*" (Participant 6).

The IBM identifies self-efficacy, coupled with knowledge and skill as important principles to behaviour change such as condom use (Montano *et al* 2015: 111). Knowledge and skills are key ingredients to carry out an act, without which individuals are unlikely to use the female condom. The participants in the current

study mentioned that even in the absence of male condoms in some instances, owing to lack of skill on how to use the female condom, they risked condomless sex. This finding agrees with prior studies which cited lack of knowledge in the use of the female condom and its limited use during sexual intercourse (Schuyler, Masvawure, Smit *et al* 2016: 263; Haffejee & Maharajh 2019: 9). Shitindi, Millanzi and Herman (2023: 6-14), in sub-Saharan context, found that previous training, knowledge and attitude related significantly to their intentional practices of female condom use.

Skill-building opportunities in the environment is a vital SLT principle in understanding individual behaviour such as use of the female condom (Bandura, 1986: 197). Skill-building opportunities such as sex education in schools and/or communities were found to interact with self-efficacy to influence behaviour such as condom use (Butts *et al* 2018: 8-9). The participants in the current study mention that owing to adequate training on the application of male condoms, their self-belief and use of male condoms has improved. But they reported that they did not receive adequate training on the use of the female condom and did not feel confident to use the condoms even when they were the only condoms available. As Participant 8 explains,

> "… *used to take a box of [male] condoms from the Y-centre but now it is very difficult to get condoms from the centre. They have female condoms available, and I cannot use female condoms.*

4.3.2.4 Gender norms, relationship power imbalance and condom use

Group gender norm is another important construct in the SLT, that helps us understand individual behaviour such as condom use (Bandura 1986: 198). Participant 7 expressed that in society, condom use decision was:

> "*viewed as the responsibility of the male partner to provide protection during sex."*

Participant 9 shines light on the issue of *relationship power imbalance* when he says:

> *"as a guy, it is important you [the guy] maintain control in a relationship. Initiating condom use is one of them [things a man must control]."*

The finding is consistent with several studies that noted irregular condom use behaviour among young adults owing to group gender norms expressed in cultural or religious codes (Haffejee & Maksudi, 2020: 4; Munea *et al* 2022: 5). Socio-cultural gender norms that are biased in favour of males, disenfranchising women from initiating and negotiating healthy sexual behaviour, negatively influencing self-efficacy, were found to associate with low condom use during sexual encounters (Shaw & El-Basel 2014: 1588-1589). Zuma *et al* (2022: 5-6) found it inconsistent that the females in heterogenous relationships are marginalised in decision-making regarding condom use. In line with the finding by the current study, Closson *et al* (2018: 5) found low condom use efficacy among young women when compared to their male counterparts, and this was explained by disempowering cultural norms and practices in the sub-Saharan context.

4.3.3 EXPERIENCES OF YOUNG ADULTS REGARDING CONDOM USE

In this section, the researcher presents findings emerging from both the interviews and journals entries, in response to the research sub-question: *What are the experiences of young adults using condoms as prevention to HIV?* Three themes emerged from the analysis: accessibility of condoms, stigmatisation of young adults accessing condoms and defective condoms.

4.3.3.1 Accessibility of condoms

Accessibility, as an example of the *environment* construct in SLT, can interplay with personal and other individual-level factors, such as self-efficacy to explain condom use behaviour (Bandura 1986: 121). In other words, theory would assert, the easier the access to condoms, coupled with high self-efficacy and other enablers, the higher the levels and regularity of condom use. The findings from the interviews and personal journals revealed access to condoms as an issue. The key informant, the manager at the Young adults Community Centre, noted irregular supply of condoms since the outbreak of COVID-19 pandemic:

> "Since *from April 2022 up to date we have shortages mainly on male condoms. The centre is no longer receiving the usual or more supply especially on male condoms from the Gauteng Department of Health. Young people will come to the centre and ask "hey mama, we do not see you anymore in our corners "HOTSPOTS" what is going on? This is what we are facing every day; they need condoms. We are told that 'due to COVID-19 epidemic most of the budgets were minimised.' It seems or sounds as if HIV and AIDS is no longer a priority even for our government. Yet people are being infected by HIV every day. We all know that young people are more vulnerable both males and females in regard to HIV infection. Centres like us have been fighting to eradicate HIV/AIDS for years. We also know that people have or had attitudes on condoms usage, but I can tell you that for the past five years or more… we can see and hear that young people are trying and willing to protect themselves from HIV and STIs by using condoms*."

But now there no condoms at the Young adults Centre for them to access. In the same vein, the participants agreed with the manager as follows:

> *During COVID-19, everything was bad, we could not even access the Y-centre and clinics to get condoms. It is 2023, we are still struggling to get condoms in our Y-centre. I do not even want to mention getting them in our public clinics. We need condoms to protect ourselves. There is nothing we*

can do [to protect themselves during sex] *if we cannot find them… "smiling""* (Participant 7).

Participants 4 mentions of inconsistent condom use during sex because of shortages in condoms:

"*Not getting condoms when I need them discourages me from using condoms consistently. There must be no shortages of condoms in the Young adult's centre. Condoms must always be available. I like the* [Young adults] *Centre."*

Participant 3 agrees on the shortages of condoms, that:

"*There are times now when we do not get condoms from the Y-centre, even when we go to the clinics, they do not have condoms available. I can say since from beginning of COVID-19 lockdowns. I do not know hey…, they are supplied by Department of Health, we do not know what is really going on because they do not talk to us. If they say condoms are not available, they are not available. Sometimes we do not have money to buy condoms from the shops. Do you understand what will happen if I do not have condoms and unable to buy them? I will engage in sexual intercourse without condoms. That is a risk.*"

This finding supports earlier studies in similar context, which found a link between availability of condoms and consistency of use among young adults (Ndayishimiye *et al* 2020: 5-8).

Participants in the current study also reported inaccessibility of condoms in terms of distribution points which are not Young adults friendly at the public health facilities. The inappropriateness of condom distribution point is and its negative influence on access to condoms by young adults is explained by the SLT as the environment within which individual behaviour is carried out, and this environment will either promote or discourage that behaviour (Bandura 1986: 121).

Participant 3 expresses frustration with the placement of condoms at the public clinic that

> "*Condoms are placed in front counters, and everybody can see you when you take condoms. The setup in the clinics is not good at all. You will have to pass people to go in front and get condoms. Everyone will see you taking condom. Neighbour's like, the aunties, Gogo's, and peers will tell everybody that they saw you taking condoms from the public clinic. It is worse if the health worker stays in the community. Getting condoms from the community clinic is a no, no.*"
>
> [The] *"health workers will always give you a dirty look* [when one goes in to fetch condoms] (Participant 6).

Earlier studies (Geary *et al* 2014: 5-8) found that public contraception services (like condom distribution) that are not appropriate for the target audience explained low condom use among young adults.

4.3.3.2 Stigmatisation of young adults using condoms

Another theme emerging from the analysis also explained by the environmental concept of the SLT, and closely related to theme on accessibility of condoms, was stigmatisation of young adults using condoms.

> "*Male partners still feel that if a woman is caring condoms with her, it is not okay. Male partners will give you names like "isifebe" meaning sleeps around. You are a female always ready for sex, which is not acceptable to males.*" (Participant 7)

Participant 8 (female) says that:

> *"You see some even say going to the clinics to get condoms is like you are already sick with HIV or AIDS."*

The key informant emphasises the stigmatisation of young adults at the public clinics when she says that,

> *"Young people do not want or like to go to public clinics for anything regarding their sexual encounters. Young people still say they are still stigmatised and discriminated by health workers when they want condoms in the clinics. Condoms are placed in open and in front where everyone can see if you take condoms."*

The finding supports previous studies which have established that condoms are widely accepted as an effective tool for preventing sexually transmitted infections (HIV, STIs) and unintended pregnancies, but their use can be stigmatised in some cultures, with negative consequences (MacQeen 2017: 1; Haffejee & Maharajh 2018: 2). Stigma discourages young adults to access condoms and therefore, not use them during sexual encounters. MacQeen (2017: 3) cite participants complaining about their experiences of feeling marked out by health workers and adults consulting the public health facilities. This finding confirm several studies that cite patriarchal norms that frown upon women who use family planning measures outside marriages, labelling them as promiscuous if they insist on condom use (Sitonga *et al* 2022: 4; Mulumeoderhwa 2018: 90; Munea *et al* 2022: 5-8). They found that this society-level stigma discouraged young adults to easily access public reproductive health services like condoms for contraception.

4.3.3.3 Defective government-issued condoms

The analysis of the interviews and personal journal data entries also revealed reports of condom failure, which influenced their subsequent attitude and behaviour around condom use. The concepts of *instrumental* and *experiential attitude* in the IBM help explain the decision or *intention* not to use a condom in subsequent sexual activity after experience of unfavourable outcomes from the previous use of a condom. The model explains that *instrumental* attitude is driven by one's mental belief about the outcomes of a specific behaviour, and the *experiential attitude* as driven by one's emotional response to the idea of performing the behaviour. Participant 5 shared their experience as follows:

> "*My baby mother fell pregnant, and we were using a condom. A condom broke open, it burst while we were having sex. It was one of those free ones from the public clinics. I do not trust condoms from the clinics. Even now I prefer to buy condoms from the shops.*"

Participant 6 explained that

> "*A friend of mine told me he had rash around his private part after using free condoms from the public clinic. Even to date I do not want to use those condoms.*"

Condoms can fail for a variety of reasons such as undetected manufacturer defects, poor handling in shipment, substandard storage conditions, leading to failure at point of use (Amogne, Sanders, Belihu, Sundewall & Agardh 2022: 3). The finding is consistent with a large-scale study reviewing issues linked to condom use failure by Jabr, Di Stefano, Greco, Santantonio and Fiore (2020: 4) where they report problems such as condom breakage, slippage, wrong condom application, erection loss, difficulties with fit and feel, and use of expired condoms.

4.3.4 WAYS TO IMPROVE OR ENHANCE CONDOMS USE AMONG YOUNG ADULTS TO PREVENT HIV

This section presents findings informed by the research sub-question: *How can we improve condom use among the young adults in the community*? Themes emerged from the data analysis: Young adults-friendly sexual reproductive health facilities; de-stigmatization of condom use; knowledge and skill-building on condom use.

4.3.4.1 Young adults-friendly sexual reproductive health facilities

Lack of Young adults-friendly public health facilities were mentioned by participants as a barrier to consistent access to condoms and can explain the irregular use of condoms during sexual encounters. The SLT concept of *environment* as a facilitator or demoraliser of behaviour explains how unfavourable conditions in the community influence individuals to change their own environment – affecting personal attitudes and self-belief in carrying out behaviour such as persisting on accessing condoms (Mukwevho, Maputle & Ramathuba 2023: 7).

Participant 1(female) requests that Gauteng Health Department should

> "*… provide regular sessions at the Y-centre [Young adults Centre], as this will help us to learn how to protect our self in a friendly environment."*
>
> *"We really do not want to go to the public health centre like the community clinic"* (Participant 9)*.*

Proposing ways to improve condom use among young adults, the key informant, managing the Young adults centre for over 20 years, says that

> "*Young people are free and feel welcomed at the Y-centre. We also take condoms to the "HOTSPOTS," namely, taxi ranks, taverns, hairdressers, and schools around the community. I am telling you…They even ask as 'when are*

we coming back?' It is sad really because I know and understand that the Y-centre clinic used to be one of the safest places for young people to get help without feeling being judged.

Centres like [designed specifically with Young adults in mind] *have been fighting to eradicate HIV and AIDS for years. We also know that people have or had attitudes on condoms usage, but I can tell you that for the past five years or more… we can see and hear that young people are trying and willing to protect themselves from HIV and STIs by using condoms.*

Participant 4 supports the view by the key informant about Young adults-clinic that used to operate at the Young adults centre and emphasised as follows:

"We need our Y-centre clinic back."

By 'our,' she was referring to how age-appropriate and Young adults friendly the clinic was.

The suggestion by the participants is in line with the studies by Aventin *et al* (2022) and Munea *et al* (2022: 5-8) where adolescent-friendly community-based sexual reproductive health services were found to improve access and participation in contraception programmes by young adults.

4.3.4.2 De-stigmatization of condom use

According to the conceptual perspectives used by the current study, social expectations deriving from prescriptive and observed norms can orientate individual behaviour (Aventin *et al* 2022: 13 ; Shitindi *et al* 2023: 2). Where emerging adults are pressured, even indirectly, behaviour is likely to align with the pressures. However, pressures on Young adults to stay celibate until marriage have not stopped them to engage in sexual activity, but only for them to risk STIs as they are discouraged to access condoms.

Participants in the current study suggested that condoms must be widely available in open public spaces with no policing by anyone. To encourage young adults to access and use of condoms without anyone judging them, the Department of Health can

> *"Make condoms available through an online or mobile application that must be free or affordable for young adults. Young people feared being judged by community members and even peers for using condoms or collecting condoms from public facilities."* (Participant 3)

Studies have found that more private ways of accessing sexual reproductive health services such as condoms have helped young people avoid shame and stigma that they experienced when accessing condoms openly from public clinics (Lan, Lightfoot, Gere, Taboada & Milburn 2023: 23; Aventin *et al* 2022: 17). They found the use of digital interventions critical for public health crises. Use of digital media to engage young people lead to overall improved results in health promotion efforts targeting young people.

4.3.4.3 Knowledge and skill-building on condom use

Participants underscored the importance of providing young adults with tools and resources they need to practice safe sex, as this can work towards reducing the spread of HIV and other sexually transmitted infections among them. Knowledge and skills are cognitive (knowledge) and behavioural (skill) aspects that interplay with other favourable environmental factors to influence adoption and sustaining of individual behaviour (Ventura-Miranda *et al* 2023: 8-9).

Participant 4 points to the need for knowledge and skills as necessary to improve condom use when she says that:

> *"We need to have trainings to have positive attitudes towards condoms, such as seeing them as a responsible and caring behaviour. We also need training about HIV testing and how to protect each other from being infected with HIV and STIs. Educational sessions must not [only] focus on condom use to prevent HIV, but also include or emphasise the use of condoms in preventing STIs and other sexually transmitted diseases."*

Participant 9 concurred that the Department of Heath must

> *"Bring people to motivate and encourage condoms use in the Y-centre…they must provide regular sessions which will help us to learn how to protect ourselves."*

The key informant also expressed the successes the Young adults Centre had using peer educators, and continued funding of this initiative is vital in reaching the target market – young adults. He says that

> "*The volunteer "ground breakers" at the Y-Centre provide outreach programmes for young people in the community. They also distribute condoms around what they call "HOTSPOTS" in the community* [where young adults frequent] (see Annexure K).

This suggestion is supported by a study by Wong and colleagues (2018) which found that peer education programmes can be effective in promoting safe sex practices and reducing stigma around condom use. Also, peer education in public health interventions. Peer educators can help to reduce the fear and anxiety associated with discussing sexual health and will provide young adults with practical information on how to use condoms correctly (Mayeza & Vincent, 2019: 476-482).

4.4 CONCLUSION

In this chapter, findings of the study were presented and discussed, guided by the research objectives and questions. The chapter presented valuable insights in the social context within which condom use to prevent HIV is practised. The social context is somewhat distressed, characterised by high levels of unemployment among the target group, failing and poorly maintained infrastructure. The chapter presented participants' perceptions regarding condom use as a measure to prevent against HIV, and illustrated how these perceptions influence their condom use patterns. Also, the chapter presented and discussed the young adults' lived experiences regarding condom use. It is apparent that lack of ready access, stigmatisation (particularly of female Young adults), condom defects or incorrect use affected young adults' consistent use of condoms. Lastly, the chapter presented the participants' views on ways they believe can enhance condom use among young adults, such as resourcing of Young adults-friendly sexual reproductive facilities such as the LoveLife Y-Centre for access of condoms, information and making condom use fashionable.

CHAPTER 5

5. CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

5.1 INTRODUCTION

This chapter provides important conclusions in the context of the study purpose and research questions, the key literature and the conceptual perspectives that guided it and the key findings. The chapter puts forward recommendations emerging from the findings. And lastly, the limitations of the study are provided.

The study sprung from the public health concern that the country continues to experience unsustainable levels of new HIV cases among young adults, despite the guarantees that condom use during sex is an effective way to prevent STIs in general. Furthermore, the study sought to explore the perceptions and experiences of young adults regarding condom use as a prevention against HIV, with the view to come up with specific and targeted interventions to promote regular condom use, and therefore, curb the HIV incidence and reduce the burden of the disease on society.

The overwhelming negative health outcomes related to the HIV burden for individuals has been well documented, and yet, it appears young adults still do not use condoms consistently, regardless of their proven efficacy and against HIV. This study presents evidence that indicates a decline in condom use, and this decrease in condom use could explain the persistence in new HIV cases, which are slowing down the efforts to rid the country of the burden in time. The country remains the epicentre of the pandemic, contributing a disturbing one-fifth of the world's HIV infections and one third of the sub-Saharan infections. This study, as part of the revived commitment required by the country and the world to bring HIV infections

back under control, sought to provide insight into young adults' perceptions regarding condom use as a prevention measure.

The current study adds to the existing research concerned about the continued incidence of HIV in the context of widely accessible preventative measure such as condom use during sex. The study was guided by the research question: *What are the perceptions and experiences of young adults on condom use as prevention to HIV, in a With in a Johannesburg South Community, South Africa?* And more specifically, the study attempted to answer the research sub-questions:

- *What is the social context in which young adults practice condom use as prevention against HIV?*
- *What are the perceptions of the young adults on condoms use as prevention against HIV?*
- *What are the experiences of young adults using condoms as prevention against HIV?*
- *How can we improve condom use among the young adults?*

While the questions are not new, they remain important and continue to help refresh and refocus efforts to eradicate the HIV disease burden.

The researcher used existing theoretical and empirical literature to approach the research question. The comprehensive concepts from the IBM and the SLT helped the researcher with the design of the study and also in the examination of the data from the collection protocol.

The study, in the main, confirms the findings from earlier studies on the potential influence of the social context on individual behaviour; the positive attitude about condoms as a measure to prevent HIV, matched by intention to use condoms every time during sexual encounters. Also, the study corroborates previous studies that found that negative experiences by young adults regarding condoms were linked to reduced or irregular condom use.

The study findings are summarised in the next section.

5.2 SUMMARY OF THE STUDY FINDINGS ACCORDING TO OBJECTIVES

This study, adopting qualitative exploratory design procedures, explored the perceptions and experiences of young adults on condom use to prevent HIV infection. Through triangulation of semi-structured interviews, site observations and personal journals, the study explored, from these multiple dimensions, the participants' knowledge, attitudes and beliefs on condoms, their experiences with condom use and their suggestions for improving condom use among young adults. Their social context was scanned prior to situate the participants' views and experiences on condom use and HIV prevention. Insights from the key informant, also gathered before the primary interviews, helped the researcher make better sense of the participants' views and experiences on condoms and HIV.

The responses both from the interviews and their journal entries (where journals entries were made) were integrated during data analysis against the guiding research sub-question and objective. In addition, the triangulation of data sources proved useful as some participant's responses were elicited from only one data generation technique, not always both. Where the participant gave the same response in both face-to-face interview and the journal, the researcher used one for illustration.

In line with the aim and objectives, the study makes the following key findings:

5.2.1 Objective 1: Social context in which young adults practice condom use as prevention to HIV

According to the SLT, the social context or environment is a significant factor in understanding individual behaviour (Bandura 2006; 1986), and in line with the

existing literature. This context can influence condom use behaviour among the target audience, such as involvement in condomless transactional sex for material benefit (Haffejee, Maughan-Brown, Buthelezi & Kharsany 2018; Kanda & Mash 2018; Mabaso *et al* 2018; Mthembu *et al* 2019). The data collected through interviews and observations provided insights into the role that the context plays in the practice of safe sex. From the study, socio-economic factors such as unemployment, lack of health care facilities, lack of recreational facilities and decaying infrastructure characterised the young adults' community.

Unemployment, as part of a socio-economic environment, was rife among participants, with almost all of them idling after completing matric. This is significant in the context of shortage and/or difficulty in accessing condoms at public clinics. One of the participants who was employed mentioned that they often bought condoms when they were unavailable at the Young adults Centre because condoms have been in short supply in the past few years. Both the young adult participants and the key informant link the shortage in condoms to the arrival of the COVID-19 pandemic in 2020. This link between condom shortage and COVID-19 from 2021 has since been confirmed the Provincial Health Department and also, some of the participants are still in school and still under care of parents or guardians, which makes it near impossible for them to buy condoms, with the general shortage of condoms at the Young adults Centre.

The lack of services for young adults evident in the community is embodied by the physical deterioration of the LoveLife Young adults Centre, which was once the centre of hype of activity for a comprehensive Young adults-appropriate health services, including condoms use training and condoms supply. Reduction in funding has been accompanied by shortage or skeletal Young adults services from the centre, including lack of physical maintenance for the centre itself. For example, the sports facilities at the centre have basically collapsed, and without organised activities that used to characterise the centre, young adults were left roaming the streets without the '*protection'* the Young adults Centre usually provided. This decay

and collapse in both physical and services is mirrored the broader community of Orange Farm Extension 6. The general conditions such as general Young adults unemployment and poor conditions of infrastructure, lack of Young adults-friendly public health services and recreational facilities characterise the context within which young adults are grappling reproductive health issues, including condom use supply and education, regardless of their socio-economic status. This could be useful to understand the unsatisfactory rate of condom use during sex among young adults in similar contexts.

5.2.2 Objective 2: Perceptions of the young adults regarding condoms use as prevention to HIV

The findings show that the young adults understood and recognised that condom use during sexual encounters is an effective measure against STIs in general, including prevention of HIV. However, while the target audience recognised the importance of condoms in preventing HIV transmission, there were also negative perceptions that might provide insights into the decline in condom use among the target population. This finding confirms both the theoretical and the empirical literature linking the recognition of condoms as an effective measure against HIV infection and the intention to use during sexual encounters.

While there was a general understanding among young adults that condoms prevent HIV infections, and STIs in general, the current study revealed a general negative perception of poor quality of the government-issued free condoms. The participants indicated they preferred to buy their own condoms than source the free condoms at the public clinics. This perception of poor quality of the government-issued free condoms appeared to be linked with the mistrust of the health workers at the public clinics by the young adults. The participants raised a suspicion that the public health workers could be tampering with the condoms. This finding of perception of poor quality of government-issued condoms and its link to inconsistent condom use

confirms the existing literature on irregular condom use among young adults in similar contexts (Mbelle *et al* 2018).

Instead, the current study revealed that participants showed trust in the health workers at the *age-appropriate and friendly* LoveLife Young adults Centre, and also believed that the condoms from the Young adults Centre were of better quality. This is interesting that the condoms accessed at the centre were also supplied by the provincial health department. The SLT explains that favourable environmental factors as such the Young adults-friendly staff at the Young adults centre can drive positive behaviour such as accessing of condoms and their subsequent use by young adults, and vice versa (Ventura-Miranda *et al* 2023: 8-9). This perception of uncaring public health workers at the public clinics is an important insight that could help understand the observed decline in condom use among the target group.

The current study also revealed low efficacy, knowledge and skill in the use of the female condom. This was particularly important for the female participants and their agency in condom use decision-making. None of the female participants was knowledgeable and confident enough to use the female condom, and therefore, unable to negotiate its use during sexual encounters. As a result, they did not even try access to them from the clinics or the Young adults centre. Instead, they accessed the male condom. The IBM and the SLT used here help explain how condom efficacy serves as an important marker to the actual use, where low self-efficacy is linked with low condom use, vice versa (Montano *et al* 2015: 231; Bandura 1986: 2006). This finding is in agreement with the extant literature, where the perception of difficulty and the limited use of the female condom could contribute to the general decline in condom use and the unsustainable new HIV cases.

The perception of gender norm bias against women were also found to be a barrier to regular use of condoms. The female participants raised the frustration that they were not expected to initiate and negotiate condom use during sex, as they were often stigmatised as promiscuous and immoral if they took the initiative.

5.2.3 Objective 3: Experiences of young adults using condoms as prevention to HIV

The lack of consistent access to condoms by young adults was also found to be a barrier to regular condom use. Young adults in this community preferred to access condoms from the LoveLife Young adults Centre, or via the centre's Young adults volunteers found in *hotspots* around the community. However, for the last couple of years the young adults have experienced shortage of supply of condoms from the Young adults Centre. The shortage has been linked to the advent of the COVID-19 pandemic by authorities. The local public clinic, although not the preferred source of condoms among young adults, was also experiencing shortage of supply of condoms for the same reason. This lack of steady supply meant irregular use of condoms, particularly for the majority of Young adults who are unemployed and cannot afford to purchase condoms, potentially explaining the decline in the rate of condom use. The prospect of visiting the condom distribution points with the chances of being told *out of stock* was discouraging, resulting in less or no attempt to access the health facilities by the young adults, and risking condomless sex in the process.

Linked to the shortage of condoms experienced, the young adults also experienced stigmatisation by health workers at the local clinic, discouraging condom access visits. If not verbalised, the stigmatisation of the young adults took the form of unfriendly and uninviting gaze from the healthcare professionals on condom dispensing points. The stigmatisation of young females by the male colleagues was also found in the current study to influence regular use of condoms. This finding aligns with extensive literature that has reported on how stigmatisation of public access of condoms and other sexual contraception services by young adults has demotivated them to visit the facilities (Munea, Alene, Debelew, & Sibhat 2022: 8-9). Moreover, the stigmatisation of young females in particular stems from patriarchal cultural norms that frown upon sexual activity outside marriage, which

does not support reproductive health measures such as contraception. This is explained by the conceptual perspective used here as a critical barrier to positive health behaviour such as condom use during sexual encounters (Ventura-Miranda *et al* 2023: 8-9).

5.2.4 Objective 3: Ways to improve or enhance condom use among the young adults to prevent HIV

The participants advance improvement strategies that they believe will address their needs and are sustainable in curbing of new STIs and HIV cases. There is a need to establish and appropriately resource, more Young adults-friendly sexual reproductive and healthy life-promoting facilities, similar to the LoveLife Young adults Centre. Resourcing such centres with necessary health worker capacity, facilities equipment and around the clock service will go a long way in improving access and use of condoms by young adults.

Strategies to destigmatise of condom use by young adults by health workers and the community in general were also suggested. The use of Young adults brigades on sexual health matters for Young adults, such the LoveLife *ground breakers* should be used and adequately resourced. They were found to make condom access and use fashionable, and therefore, encouraging many Young adults to disapprove condomless sex.

The findings also indicate a need for sustained knowledge and skill-building on condom use in general and the female condom in particular. Increased efficacy and appropriate condom use in general will reduce unpleasant experiences such as breakage and slip-off during sex. Most importantly, a better understanding of the use of the female condom will empower the young female to initiate and better negotiate use, therefore, limiting failures and risks linked to inappropriate use of the condom.

5.3 STUDY IMPLICATIONS AND RECOMMENDATIONS

The study provided insight into the perceptions and experiences of young adults regarding condom use as a prevention measure against HIV. The study contributes, particularly methodologically, to the renewed commitment to eradicate the HIV and AIDS disease burden, after generally missing the 2020 targets as a city and country. That the disease is still a public health concern, with worrying level of new HIV cases

reported, the findings will be useful to the policy makers and health programme, campaign designers and implementers. Understanding the young adults' perceptions regarding condom use will help fashion strategies to enhance regular condom use during sexual encounters by among young adults, and therefore, curb the spread of HIV.

Based on the study findings, implications include:

1. A reconceptualisation of a more sustained and robust public messaging campaign targeted at young adults' perception of the quality and effectiveness of the public-issued condoms in preventing STIs. The current communication campaigns appear to be ineffective in presenting the government-issued condoms as of acceptable quality. Such a campaign must also relook at the lingering negative experiences and/or perceptions that the public health workers are not supportive of sexually active emerging adults.

2. The public clinics should be modelled into Young adults-friendly centres where the health workers are inviting of young adults for a variety of health services including access to and training on the use of contraceptives, including condoms. The training on the use of contraceptives should pay special attention on how to use the female condom.

3. The study potentially contributes to improvement of behavioural change interventions on condoms use to prevent new HIV incidence. Also, the findings of the study must seize the interest of policy makers, social teachers, NGOs, social movements, civil society organisations, and community leaders in how they can improve interventions in promoting condom use to prevent HIV among adults in local contexts.

4. An interdisciplinary, community-wide intervention to destigmatise access of condoms and use by adults at public facilities is necessary. It is important to address the stigma at community level to complement health department initiatives to creating Young adults welcoming service workers. The

comprehensive approach to address the stigma will include examination of community socio-cultural factors that contribute the stigmatisation of condom use; the media and the promotion and repackaging of positive messaging on condom use among young adults; reimaging of Young adults sexual education programmes to cultivate persistence condom use. Without a multi-stakeholder community approach to Young adults reproductive health care and contraception, the stigmatisation is likely to continue, and likely to translate into lower levels of condom use among young adults.

5.4 LIMITATIONS

Limitation of this study included:

- The inherent bias associated with interpreting or reporting on subjective experiences or interpretations of reality by individuals. Therefore, the possibility that a different researcher may reach different conclusions from the same data still exists.

- While the participants provide important insight into the condom use phenomenon, users need to be careful to make broad generalisations outside the study site and population.

- Time was a serious limitation in this study. More time would have allowed for a bigger sample size, and possibly multiple interviews, as a form of checking for accuracy – member checking. Also, more time would have allowed for a longer administration period of the personal journals, and possibly a production of a much deeper insight into the condom use phenomenon.

- Possible response bias is also a limitation in the current study. Owing to the sensitive nature of the topic, participants who were more comfortable with or had positive experiences with condoms use may have been more likely to participate in the study. This potential response bias may affect the representation of diverse perspectives within the population group.

5.5 FUTURE RESEARCH

A future study should be designed for a multiple iteration of the interviews and observation protocols, as well as long-term personal journal administration, with various data points. Such a design will allow for a more natural setting interactions between the researcher and the participants, than a once-off interview, cursory observation, or a short-term journal entry would normally achieve.

5.6 CONCLUSION

The current study adds to the existing research concerned about the continued incidence of HIV in the context of widely accessible preventative measure such as condom use during sex. The study was guided by the research question: *What are the perceptions and experiences of young adults on condom use as prevention to HIV, in a With in a Johannesburg South Community, South Africa?*

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The study, in the main, confirms the findings from earlier studies on the potential influence of the social context on individual behaviour; the positive attitude about condoms as a measure to prevent HIV, matched by intention to use condoms every time during sexual encounters. Also, the study confirms previous studies that found that negative experiences by young adults regarding condoms were linked to reduced or irregular condom use.

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ANNEXURE A: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

PERMISSION LETTER

Request for permission to conduct research at: The New Trust, also known as “”

Research title:

Exploring perceptions and experiences of young adults on condoms use as prevention to HIV in a With in a Johannesburg South Community, South Africa.

Researcher:

Student number: 34443797

Title: Exploring perceptions and experiences of young adults on condoms use as prevention to

HIV in a With in a Johannesburg South Community, South Africa.

Date: 10 November 2022

Address: Orange Farm Y-Centre

Plot 5, Orangedale, 9381 Extension 6A

Johannesburg, Gauteng

To: Mr T Livhadi

Position: Provincial Programmes Operations Manager

Contact person’s telephone: 0724698316/011 523 1012; **Email address**: tlivhadhi@.org.za

Dear Mr T Livhadi

The aim of the study is to explore perceptions and experiences of young adults on condoms use as prevention to HIV in a With in a Johannesburg South Community, South Africa

The study will investigate the factors that influence young adults' condom use behaviour in prevention of HIV; capture the context in which young adults (18 to 25 years) practice condoms

use as prevention to HIV; explore perceptions of young adults not practicing condom use as prevention against HIV; and discuss ways to improve condoms use amongst the young adults.

Interview process:

The interview will be face to face and no longer than 90 minutes. The potential participants will be ten (10) individuals (both young males and females) who use services from your Centre. The researcher will also interview three key-informants involved with the Young adults service facility. All interviews will take place in a confidential and safe space allocated to the researcher. Before commencing with the interviews, informed consent will be obtained by reading out and confirming consent to continue with interviews. I request to conduct the interviews between November 2022 and January 2023. All the information will be kept confidential and kept in a safe place.

There are potential risks given the nature of questions posed, covering sensitive and personal issues such as sex life, condom use, and dealing with HIV prevention. I request a safe space on the premises of the Orange Farm Y-Centre , Community Centre to conduct the interviews. This will reduce possible harm or risks to both participants and the researcher. It will also be a confidential space of which only the manager and researcher will know the nature of the activities to avoid identification and stigma.

I also request access to psychosocial support (social worker/counsellor) services during and after all interviews, should the participants require assistance. The

researcher will, as required by policy, ensure that she is the only person able to match the identity of participants, and voice recordings during the interviews and after.

The insights from this study will potentially contribute to improvement of behaviour change interventions on condoms use to prevent HIV incidence and assist community healthy lifestyle activists, such as you, in promoting condoms use to prevent HIV amongst young adults.

The research findings would be reported accurately and truthfully. All records and study material would be preserved and protected. Also, the researcher will employ rich descriptive techniques to paint a vivid and accurate picture of the context, location, and the study participants (but concealing identities) to avoid any misrepresentations. The researcher will provide a copy of the study to your organization for its participation the study.

Should you have any questions or concerns regarding the interview process and the study or if any difficulties arise from this study, you are free to contact the researcher, Muriel Lebohang Molungoa-Monyela at 34443797@mylife.unisa.ac.za or 071 225 6859 or contact my supervisor Mr, Leon Roets at roetshjl@unisa.ac.za or Tel: 012 4296975.

Yours sincerely

Muriel Lebohang Molungoa-Monyela.

loveLife

New loveLife Trust
tel +27 (0)11 523 1000
fax +27 (0)11 523 1001
48 wierda rd west,
wierda valley, sandton, 2196
po box 45, parklands, 2121,
south africa
www.lovelife.org.za

ANNEXURE B: PERMISSION

Permission letter:

conducting research at Orange Farm Young adults Centre

The matter above has reference:

That Gauteng Province hereby given permission to Muriel Lebohang Molungoa-Monyela 34443797@mylife.unisa.ac.za a student at University of South Africa to conduct research as per the contents below.

Title of the study: “Exploring perceptions and experiences of young adults (18 to 25 years) regarding condoms use as prevention to HIV at Orange farm Y-Centre community Centre in a With in a Johannesburg South Community, South Africa”.

A brief information about .

The New Trust () was formed in 1999 as a private public partnership between the South African Government, private sector, and various non-government organisations. Over the years, the vision of the organisation has moved from HIV awareness, education, and inspiration for healthy living to being a leader in Young adults Health promotion. Health is defined as a “state of complete physical, mental and social well-being “(www.who.int/about/mission/en).The program offering consists of various programs under three main pillars namely:

- Healthy lifestyle
- Sports and Active lifestyles
- Young adults Leadership Development
- seeks to promote social activism for healthy living, active lifestyle, and HIV consciousness among young people, through information, education and awareness campaigns, behavioural change programmes, and Young adults development initiatives.

has presence in all nine provinces of South Africa and reaches on average 1.2 million young people between the ages of 10-24 each year.

Looking forward to hosting you.

Regards.

Thilivhali (Thili) Livhadi

…….

Gauteng Provincial Programmes & Operations Manager

0724698316/011
523 1012
tlivhadhi@.org.za

Powering the FUTURE

loveLife

ANNEXURE C: KEY-INFORMANT PARTICIPANT INFORMATION SHEET

KEY-INFORMANT PARTICIPANT INFORMATION SHEET

Date: 21 November 2022

Title: Exploring perceptions and experiences of young adults regarding condoms use as prevention to HIV in a With in a Johannesburg South Community, South Africa.

Dear Prospective Participant

Student researcher

My name is **Muriel Lebohang Molungoa-Monyela.** I am a student at UNISA, student number: 34443797. I am conducting interviews for my study in Master of Social Behaviour Studies HIV AND AIDS research. I am inviting you to participate in my study entitled, exploring perceptions and experience of young adults on condoms use as prevention to HIV in a With in a Johannesburg South Community, South Africa. Please note that this study is self-funded.

WHAT IS THE PURPOSE OF THE STUDY?

The study seeks to explore perceptions and experiences of young adults regarding condoms use as prevention to HIV in a With in a Johannesburg South Community, South Africa.

WHY AM I BEING INVITED TO PARTICIPATE?

The decrease in new HIV infections is not happening fast enough to eradicate the epidemic as targeted. HIV remains a serious public health concern.

You have been invited as a key role player in the promotion of healthy lifestyle, HIV consciousness and behaviour change among Young adults. We would like to hear your opinion and views on young adults' perceptions and experiences regarding use of condoms as prevention of HIV.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

You are requested to participate in an interview will be face-to face or telephonically. The interview is scheduled for 60 to 90 minutes. The interview will be audio-recorded with your prior consent. During the interview you will be asked the following questions:

- *Can you please tell me what you think about young adults' perceptions regarding condoms use as prevention against HIV?*
- *What do young adults say about their experiences regarding condoms use as prevention against HIV?*
- *What do you think can be done to assist young adults to improve their condom use in preventing HIV infection?*

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

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www.unisa.ac.

Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

The study intends to gather insights in young adults' (18 to 25 years) condom use behaviour. The findings from the study will potentially contribute to improvement of behaviour change interventions on condoms use to prevent new HIV incidence.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

The researcher will be asking sensitive and personal questions such as sex life, condom use, and dealing with HIV prevention. Referrals for counselling will be arranged with a social worker at the Y-Centre for minimising the likelihood of emotional trauma that may occur during the interviews. The researcher will, as required by policy, ensure that she is the only person able to match the identity of participants, journals, and voice recordings during the interviews and after. And data will be stored safely, and password protected.

All hard copies will be kept in a secured place and locked (Researcher's Declaration to Adhere to the Unisa Code of Conduct Regarding the Ethics of the Proposed research 2017).

You will not be exposed to questions which may be experienced as stressful or upsetting, or to procedures which may have unpleasant or harmful side effects (*Research's Declaration to Adhere to the UNISA Code of Conduct Regarding the Ethics of the Proposed Research 2017*). The researcher will repeatedly inform the participant of their right to stop the interview at any point they feel the interview or journaling stressful. The researcher pledges to prevent loss, damage and/or unauthorized access of participant's information as required by Protection of Personal Information *(POPI) Act, No. 4 of 2013*). The consent form along with the interview guide will be shared with the prospective participants indicating the agreement to the interview (UNISA 2016). There will be no inducements or incentives to encourage participants to be involved in the research (*Researcher's*

Declaration to Adhere to the Unisa Code of Conduct Regarding the Ethics of the Proposed research 2017).

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

Anonymity and confidentiality of the participant's interview will be managed carefully during and after the research dissemination of findings. Your name will not be recorded anywhere, and no one will be able to connect you to the answers you give. Your answers will be given a code number, or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings. You have the right to insist that your name will not be recorder anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research.

Your answers may be reviewed by people responsible for making sure that research is done properly, including the transcriber, external coder, and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

The research findings would be reported accurately and truthfully. All records and study material would be preserved and protected. Also, to improve the study trustworthiness, the researcher will employ rich descriptive techniques to paint a vivid and accurate picture of the context, location, and the study participants (without revealing their identity) to avoid any misrepresentations. The researcher will provide a copy of the study to your organization for its participation the study.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of your answers will be stored by the researcher for a minimum period of five years in a locked cupboard/filing cabinet in Johannesburg, for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. The hard copies will be shredded and/or electronic copies will be permanently deleted from the hard drive of the computer using a relevant software programme.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

No, you will not receive any payment. There will be no incentives given for participating in this study.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Review Committee of the *[identify the relevant ERC],* Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Muriel Lebohang Molungoa-Monyela or 34443797@mylife.unisa.ac.za . The findings are accessible from December 2024. Should you require any further information or want to contact the researcher about any aspect of this study, please contact Muriel Lebohang Molungoa-Monyela, email address 34443797@mylife.unisa.ac.za

Should you have concerns about the way in which the research has been conducted, you may contact Mr. Leon Roets, roetshjl@unisa.ac.za

or 012 429 6975.

If you have any ethical concerns, you can also contact the UNISA research ethics chairperson of the College of Human Sciences.

Name: Prof K Khan

Email: khankb@unisa.ac.za

Telephone: 012 4296549

Thank you for taking time to read this information sheet and for participating in this study.

Muriel Lebohang Molungoa-Monyela

ANNEXURE D: UNISA ETHICAL CLEARANCE

4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.
5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines, and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.
7. No fieldwork activities may continue after the expiry date **(31 October 2023).** Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **34443797_CREC_CHS_2022** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,

Signature: 

Signature: PP

Prof. KB Khan
CHS Research Ethics Committee Chairperson
Email: khankb@unisa.ac.za
Tel: (012) 429 8210

Prof ZZ Nkosi
Acting-Exécutive Dean: CHS
E-mail: nkosizz@unisa.ac.za
Tel: 012 429 6 758

ANNEXURE E : OBSERVATION GUIDE

What are the study site characteristics, infrastructure, artefacts, etc? And what can they tell us about young adults' daily lives?

Study setting #:

Date:

Time:

1. What is the geographic location of the community?
2. Community settlement type - formal or informal?
5. Community infrastructure – water, electricity, sanitation, etc.?
6. Community economic activity – factories, mines, trade, etc.?
7. Community recreational facilities and resources – playgrounds, parks, libraries,

ANNEXURE F: PARTICIPANTS INFORMATION SHEET

Date: 08 December 2022

Title: Exploring perceptions and experiences of young adults regarding condoms use as prevention to HIV in a With in a Johannesburg South Community, South Africa.

Dear Prospective Participant

Student researcher

My name is **Muriel Lebohang Molungoa-Monyela.** I am a student at UNISA, student number: 34443797. I am conducting interviews for my study in Master of Social Behaviour Studies HIV AND AIDS research. I am inviting you to participate in my study entitled, exploring perceptions and experience of young adults on condoms use as prevention to HIV in a With in a Johannesburg South Community, South Africa. Please note that this study is self-funded.

WHAT IS THE PURPOSE OF THE STUDY?

The study seeks to explore perceptions and experiences of young adults regarding condoms use as prevention to HIV in a With in a Johannesburg South Community, South Africa.

WHY AM I BEING INVITED TO PARTICIPATE?

The decrease in new HIV infections is not happening fast enough to eradicate the epidemic as targeted. HIV remains a serious public health concern.

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www.unisa.ac.

You have been invited as a key role player in the promotion of healthy lifestyle, HIV consciousness and behaviour change among Young adults. We would like to hear your opinion and views on young adults' perceptions and experiences regarding use of condoms as prevention of HIV.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

You are requested to participate in an interview will be face-to face or telephonically. The interview is scheduled for 60 to 90 minutes. The interview will be audio-recorded with your prior consent. During the interview you will be asked the following questions*:*

- *What do you think of the use of condoms to prevent HIV?*
- *What are some of your experiences in condoms use to prevent HIV?*
- *Did you use a condom every time you had sexual intercourse? In the last two months or so?*
- *What motivated or discouraged you to use condoms during sexually intercourse?*
- *What do you think can be done to assist you to improve use of condoms to prevent HIV?*

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participation. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a written consent form. You are free to withdraw at any time and without giving a reason.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

The study intends to gather insights in young adults' (18 to 25 years) condom use behaviour. The findings from the study will potentially contribute to improvement of behaviour change interventions on condoms use to prevent new HIV incidence.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

The researcher will be asking sensitive and personal questions such as sex life, condom use, and dealing with HIV prevention. Referrals for counselling will be arranged with a social worker at the Y-Centre for minimising the likelihood of emotional trauma that may occur during the interviews. The researcher will, as required by policy, ensure that she is the only person able to match the identity of participants, journals, and voice recordings during the interviews and after. And data will be stored safely, and password protected.

All hard copies will be kept in a secured place and locked (Researcher's Declaration to Adhere to the Unisa Code of Conduct Regarding the Ethics of the Proposed research 2017).

You will not be exposed to questions which may be experienced as stressful or upsetting, or to procedures which may have unpleasant or harmful side effects (*Research's Declaration to Adhere to the UNISA Code of Conduct Regarding the Ethics of the Proposed Research 2017*). The researcher will repeatedly inform the participant of their right to stop the interview at any point they feel the interview or journaling stressful. The researcher pledges to prevent loss, damage and/or unauthorized access of participant's information as required by Protection of Personal Information *(POPI) Act, No. 4 of 2013*). The consent form along with the interview guide will be shared with the prospective participants indicating the agreement to the interview (UNISA 2016). There will be no inducements or incentives to encourage participants to be involved in the research (*Researcher's Declaration to Adhere to the Unisa Code of Conduct Regarding the Ethics of the Proposed research 2017*).

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

Anonymity and confidentiality of the participant's interview will be managed carefully during and after the research dissemination of findings. Your name will not be recorded anywhere, and no one will be able to connect you to the answers you give. Your answers will be given a code number, or a pseudonym and you will be referred to in this way in the data, any publications, or other research reporting methods such as conference proceedings. You have the right to insist that your name will not be recorder anywhere and that no one, apart from the researcher and identified members of the research team, will know about your involvement in this research.

Your answers may be reviewed by people responsible for making sure that research is done properly, including the transcriber, external coder, and members of the Research Ethics Review Committee. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

The research findings would be reported accurately and truthfully. All records and study material would be preserved and protected. Also, to improve the study trustworthiness, the researcher will employ rich descriptive techniques to paint a vivid and accurate picture of the context, location, and the study participants (without revealing their identity) to avoid any misrepresentations. The researcher will provide a copy of the study to your organization for its participation the study.

HOW WILL THE RESEARCHER(S) PROTECT THE SECURITY OF DATA?

Hard copies of your answers will be stored by the researcher for a minimum period of five years in a locked cupboard/filing cabinet in Johannesburg, for future research or academic purposes; electronic information will be stored on a password protected computer. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable. The hard copies will be shredded and/or electronic copies will be permanently deleted from the hard drive of the computer using a relevant software programme.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

No, you will not receive any payment. There will be no incentives given for participating in this study.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

This study has received written approval from the Research Ethics Review Committee of the *[identify the relevant ERC],* Unisa. A copy of the approval letter can be obtained from the researcher if you so wish.

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Muriel Lebohang Molungoa-Monyela or 34443797@mylife.unisa.ac.za The findings are accessible from December 2024. Should you require any further information or want to contact the researcher about any aspect of this study, please contact Muriel Lebohang Molungoa-Monyela, email address 34443797@mylife.unisa.ac.za

Should you have concerns about the way in which the research has been conducted, you may contact Mr. Leon Roets, roetshjl@unisa.ac.za or 012 429 6975.

If you have any ethical concerns, you can also contact the UNISA research ethics chairperson of the College of Human Sciences.

Name: Prof. K Khan

Email: khankb@unisa.ac.za

Telephone: 0124296549

Thank you for taking time to read this information sheet and for participating in this study.

Muriel Lebohang Molungoa-Monyela

ANNEXURE G : PARTICIPANT INTERVIEW GUIDE

PARTICIPANT INTERVIEW GUIDE (Semi-structured interview guide)

Interview Site:

Interview #:

Interviewee:

Age:

Gender:

Population sub-group:

Language:

Date:

Time:

Please take your time. I will not interrupt you, and I will take some notes after you have finished telling me about yourself.

Questions

Q1: What do you think of the use of condoms to prevent HIV?

Probes- on topic/themes that emerge

Q2: What are some of the experiences in condoms use to prevent HIV, if any?

Probes- on topic/themes that emerge

Q3: Did you use a condom every time you had sexual intercourse? In the last two months or so?

Probes- on topic/themes that emerge

Q4: What motivated or discouraged you to use condoms during sexually intercourse?

Probes- on topic/themes that emerge

Q5: What do you think can be done to assist you to improve use of condoms to prevent HIV?

Probes- on topic/themes that emerge

ANNEXURE H (a) : JOURNAL BOOKLET GUIDE

Interview Site:

Interviewee:

Age:

Gender:

Population sub-group:

Language:

Date:

Questions

Q1: What do you think of the use of condoms to prevent HIV?

Q2: What are some of the experiences in condoms use to prevent HIV, if any?

Q3: : Did you use a condom every time you had sexual intercourse? In the last two months or so?

Q4: What motivated or discouraged you to use condoms during sexually intercourse?

Q5: What do you think can be done to assist you to improve use of condoms to prevent HIV?

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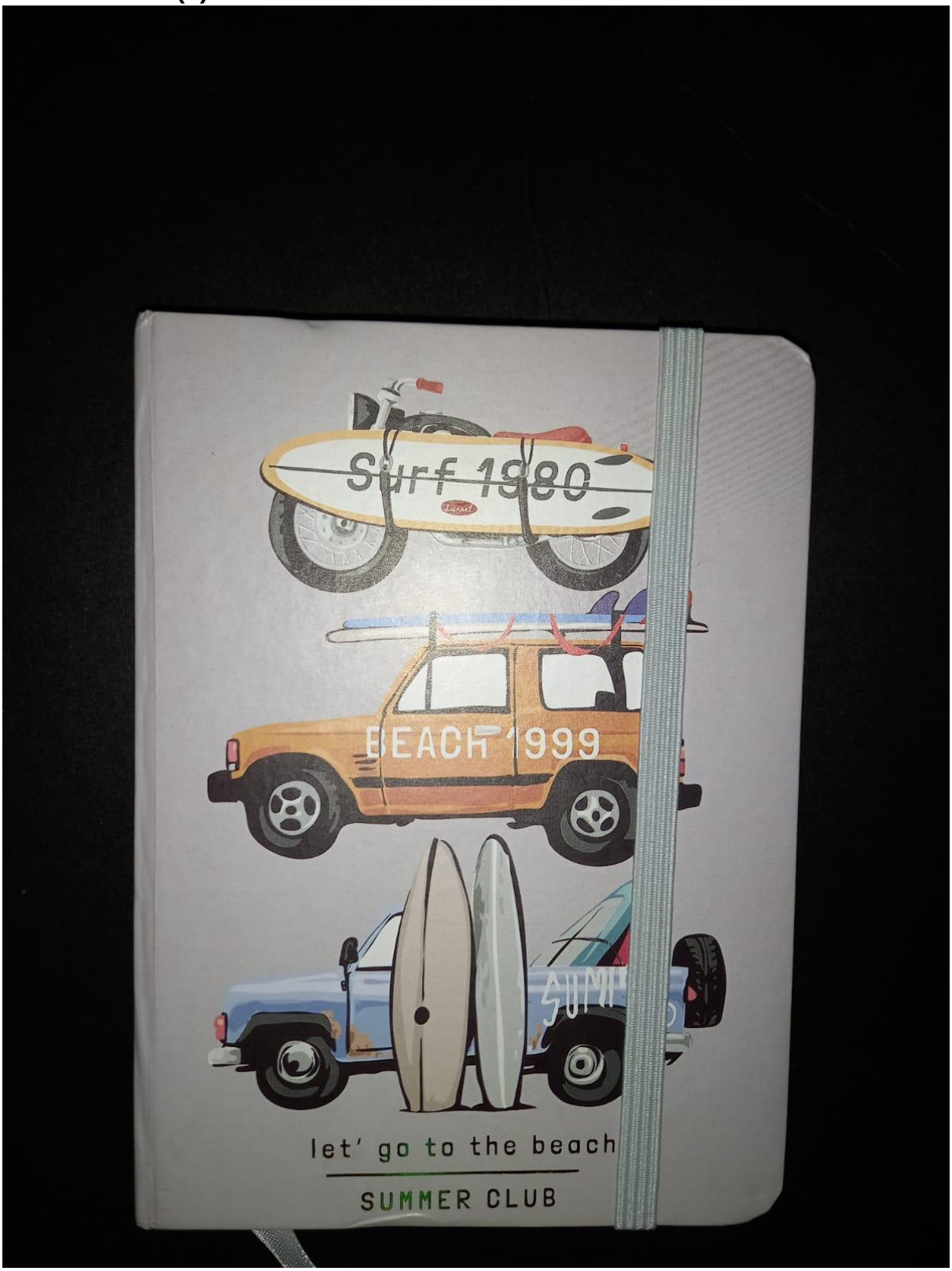
ANNEXURE H (b) : JOURNAL BOOKLET



ANNEXURE I: KEY-INFORMANT GUIDE

Interview Site:

Interviewee designation/position:

Name of the organisation:

Age:

Gender:

Population sub-group:

Language:

Date:

Time:

Q1: Can you please tell me what you think about young adult's perceptions regarding condoms use as prevention against HIV?

Probes- on topic/themes that emerge

Q2: What do young adults say about their experiences regarding condoms use as prevention against HIV?

Probes- on topic/themes that emerge

Q3: What do you think can be done to assist young adults to improve

their condom use in preventing HIV infection? Probes- on topic/themes

that emerge Thank you very much for your time.

ANNEXURE J (a) : KEY-INFORMANT CONSENT FORM

Key-Informant Consent to Participate Agreement Form

Request to schedule an appointment for 60-90 minutes:

Title:

Name:

Surname:

Position:

Organisation: Orange Farm Y-Centre Community Centre

Date:

My name is **Muriel Lebohang Molungoa-Monyela.** I am a student at UNISA, conducting key informant interview for my Master of Social Behaviour Studies HIV AND AIDS research, student number: 34443797.

Invitation to participate in key informant interview:

I would appreciate if you could participate as a key informant in this study. The study entitled, exploring perceptions and experience of young adults on condoms use as prevention to HIV. Please note that this study is self-funded.

Introducing the topic:

This research study seeks to perceptions and experiences of young adults on condoms use as prevention to HIV in a With in a Johannesburg South Community, South Africa.

Objectives:

To capture the context in which young adults (18 to 25 years) practice condoms use as prevention to HIV; To explore the perceptions of the young adults' use of

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condoms as prevention to HIV and to discuss ways to improve condoms use amongst the young adults of a Johannesburg community.

Interview process:

The interview will be no longer than 90 minutes, face to face or telephonic. There are two main questions and three probing questions. If there are any questions you do not feel comfortable answering, you are free not to answer them. I will move to the next question if you agree. Also, with your permission, I will audiotape the interview, as it will save time and make sure I do not miss anything you say.

The research findings would be reported accurately and truthfully. All records and any material would be preserved and protected. Also, the researcher will employ rich descriptive techniques to paint a vivid and accurate picture of the context, location, and the study participants to avoid any misrepresentations. The researcher will provide a copy of the study to your organization for its participation the study.

All the information will be confidential. I will not use your real name when I record the information. I will keep the data in a safe place. Only my supervisor, social workers/counsellors, and I, will have access to this information. Anonymity and confidentiality of the participants interviews will be managed carefully during and after the research dissemination of findings. If the participants feel the ethical principles are being violated, they may stop participating at any time. That includes reporting the researcher to the UNISA Ethics Committee (Code of Ethics for Research in *UNISA's Policy on Research Ethics 2020*).

My contact details:

Cell numbers: 0712256859

Email address: 34443797@mylife.unisa.ac.za

ANNEXURE J (b) : CONSENT TO PARTICIPATE IN THIS STUDY

I, …… (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interviews with a digital device or an audio record.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname …… (please print)

Participant Signature…….. Date……

Researcher's Name & Surname…… (please print)

Researcher's signature……...Date……

ANNEXURE J (c): PARTICIPANT CONSENT FORM

Consent to Participate Agreement Form

PARTICIPATE NUMBER : 01

Date:

My name is **Muriel Lebohang Molungoa-Monyela.** I am a student at UNISA, conducting interviews for my Master of Social Behaviour Studies HIV AND AIDS research, student number: 34443797.

Invitation to participate in interview:

I would appreciate if you could participate in this study. The study entitled, exploring perceptions and experience of young adults on condoms use as prevention to HIV.

Please note that this study is self-funded.

Introducing the topic:

University of South Afri
Preller Street, Muckleneuk Ridge, City of Tshwar
PO Box 392 UNISA 0003 South Afri
Telephone: +27 12 429 3111 Facsimile: +27 12 429 415
www.unisa.ac.

This research study seeks to perceptions and experiences of young adults on condoms use as prevention to HIV in a With in a Johannesburg South Community, South Africa.

Objectives:

To capture the context in which young adults (18 to 25 years) practice condoms use as prevention to HIV; To explore the perceptions of the young adults' use of condoms as prevention to HIV and to discuss ways to improve condoms use amongst the young adults of a Johannesburg community.

Interview process:

The interview will be no longer than 90 minutes, face to face or telephonic. There are two main questions and three probing questions. If there are any questions you do not feel comfortable answering, you are free not to answer them. I will move to the next question if you agree. Also, with your permission, I will audiotape the interview, as it will save time and make sure I do not miss anything you say.

The research findings would be reported accurately and truthfully. All records and any material would be preserved and protected. Also, the researcher will employ rich descriptive techniques to paint a vivid and accurate picture of the context, location, and the study participants to avoid any misrepresentations. The researcher will provide a copy of the study to your organization for its participation the study.

All the information will be confidential. I will not use your real name when I record the information. I will keep the data in a safe place. Only my supervisor, social workers/counsellors, and I, will have access to this information. Anonymity and confidentiality of the participants interviews will be managed carefully during and after the research dissemination of findings. If the participants feel the ethical principles are being violated, they may stop participating at any time. That includes reporting the researcher to the UNISA Ethics Committee (Code of Ethics for Research in *UNISA's Policy on Research Ethics 2020*).

My contact details:

Cell numbers: 0712256859

Email address: 34443797@mylife.unisa.ac.za

CONSENT TO PARTICIPATE IN THIS STUDY

I, …… (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet.

I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving a reason.

I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.

I agree to the recording of the interviews with a digital device or an audio record.

I have received a signed copy of the informed consent agreement.

Participant Name & Surname …… (please print)

Participant Signature…….. Date……

Researcher's Name & Surname…… (please print)

Researcher's signature……...Date……

ANNEXURE J (d): CONFIDENTIALITY AGREEMENT

Confidentiality Agreement

You have been asked to assist in providing psychosocial counselling and support for **Muriel Lebohang Molungoa-Monyela** on the research project*,* ***Exploring perceptions and experiences of young adults regarding condoms use as prevention to HIV****.* The ethical guidelines of this study require that you read and sign this form, signifying that you are willing to enter into a confidentiality agreement with respect to this service provided to research participants.

In order to protect confidentiality, you are to treat all personal identifiers and/or information to any 3rd parties with utmost confidentiality as of participants who wish to remain anonymous. You will also adhere to the ethical conduct as upheld by your organisation.

By signing below, you agree not to reveal any information about the research and participants without informed consent and permission from the researcher and its participants. Furthermore, you agree not to discuss anything regarding the participants with anyone other than the researcher.

By signing below, you are indicating that you have read and understand the above agreement and that you will follow all of the specified conditions.

Name: Thilivhali Livhadi

Contact Telephone: 0724698316

Contact E-mail: tlivhadhi@.org.za

Signature: 

Date: 28 November 2022

ANNEXURE J (d): CONFIDENTIALITY AGREEMENT

Confidentiality Agreement

You have been asked to assist in providing psychosocial counselling and support for **Muriel Lebohang Molungoa-Monyela** on the research project*,* ***Exploring perceptions and experiences of young adults regarding condoms use as prevention to HIV****.* The ethical guidelines of this study require that you read and sign this form, signifying that you are willing to enter into a confidentiality agreement with respect to this service provided to research participants.

In order to protect confidentiality, you are to treat all personal identifiers and/or information to any 3rd parties with utmost confidentiality as of participants who wish to remain anonymous. You will also adhere to the ethical conduct as upheld by your organisation.

By signing below, you agree not to reveal any information about the research and participants without informed consent and permission from the researcher and its participants. Furthermore, you agree not to discuss anything regarding the participants with anyone other than the researcher.

By signing below, you are indicating that you have read and understand the above agreement and that you will follow all of the specified conditions.

Name: Thilivhali Livhadi

Contact Telephone: 0724698316

Contact E-mail: tlivhadhi@.org.za

Signature: 

Date: 28 November 2022

ANNEXURE K: Y-CENTRE GROUND BREAKERS DISTRIBUTING CONDOMS AMONG PEERS AND "HOTSPOTS" COMMUNITY MEMBERS

https://www.facebook.com/orangefarm/posts/this-national-sticondomawarenessweek-we-encourage-everyone-who-is-sexually-activ/3848337285230656/

“HOTSPOTS” Community taxi rank, ground breakers distributing condoms in the community”

https://www.facebook.com/orangefarm/posts/this-national-sticondomawarenessweek-we-encourage-everyone-who-is-sexually-activ/3848337285230656/


Decrease new HIV Infections

ANNEXURE L: TURNITIN SIMILARITY INDEX AND RECEIPT

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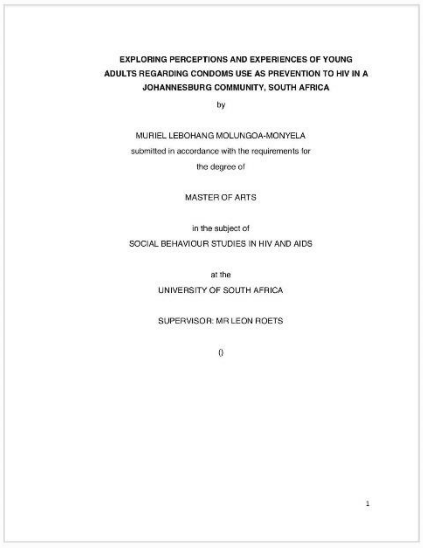

EXPLORING PERCEPTIONS AND EXPERIENCES OF YOUNG ADULTS REGARDING CONDOMS USE AS PREVENTION TO HIV IN A JOHANNESBURG COMMUNITY, SOUTH AFRICA

by

MURIEL LEBOHANG MOLUNGOA-MONYELA

submitted in accordance with the requirements for the degree of

MASTER OF ARTS

in the subject of

SOCIAL BEHAVIOUR STUDIES IN HIV AND AIDS

at the

UNIVERSITY OF SOUTH AFRICA

SUPERVISOR: MR LEON ROETS

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ANNEXURE M: LANGUAGE EDITING CERTIFICATE

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16 January 2024

TO WHOM IT MAY CONCERN

This certificate serves to confirm that I have edited M Monyela's dissertation entitled, **EXPLORING PERCEPTIONS AND EXPERIENCES OF YOUNG ADULTS REGARDING CONDOMS USE AS PREVENTION TO HIV IN A JOHANNESBURG COMMUNITY, SOUTH AFRICA.**

I found the work easy and intriguing to read. Much of my editing basically dealt with obstructionist technical aspects of language, which could have otherwise compromised smooth reading as well as the sense of the information being conveyed. I hope that the work will be found to be of an acceptable standard. I am a member of Professional Editors' Guild.

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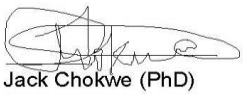

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