

An Investigation of the Socio-Cultural Influence towards risky Sexual Behaviour among Adolescents in eSikhaleni High School

BY

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ABSTRACT

This study aims to investigate the socio-cultural influence towards the risky sexual behaviour of adolescents in eSikhaleni, in context of the prevalence of HIV/AIDS epidemic. The study will adapt a qualitative approach. It is an explanatory study goes beyond simple description to model empirically the phenomenon under study. The participants were drawn from two categories. The participants for the key informant interviews were selected purposively and they include community leaders, high schools principals and life orientation teachers. The adolescent's learners were selected using a snowball sampling technique. Data was analysed thematically, matrices were created using to content thematic analysis. The responses were grouped thematically. Broad categories were then generated to differentiate and explain the thoughts expressed by the respondents. Invitations to participate on the study were sent to respondents by submitting informed consent electronically and in person. When participants completed the structured interview they were not required to reveal their personal or contact details. The findings of the study reveals that risky sexual behavior amongst adolescents learners is as a result of a number of factors which include the diminishing role of parenting, death of morality in society, poverty and deprivation just to name a few. The recommendations advanced speak to the need for government to have a multipronged strategy of resolving the problem.

Key words: socio-cultural influence, risky sexual behaviour, adolescents, HIV/AIDS,

DECLARATION

I, **Zweli, N.** hereby declare that this dissertation submitted in fulfilment for the requirement of master's degree in Sociology at the University of Venda is my own study design and all reference materials contained therein have been duly acknowledged.

Sign.....

Date.....

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Dedication

This dissertation is dedicated to my late parents Mr Francis Nkuna and Mrs Nomsa Nkuna and my wife Mrs Thobile Nkuna.

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CHAPTER ONE

1.1 Introduction

According to the Human Science Research Council Survey (2005), young people who are sexually active have a high risk of being infected, incurring unwanted pregnancy, or acquiring other sexually transmitted diseases, which are indicative on the absence of condom use. Globally the spread of HIV/AIDS and other sexually transmitted infections (STIs) are increasingly affecting young people (Bankole, Ahmed, Neema, Ouedraogo and Konyani, 2007). In the United Nations of 2008 Global Report on the HIV and AIDS epidemic), around 5.7 million South Africans were estimated as having HIV or Aids, including 300 000 children under the age of 15 years. Approximately 350 000 people died from AIDS in South Africa in 2007. Women face a greater risk of HIV infection. On average in South Africa there are three women infected with HIV for every two men who are infected. The difference is greatest in the 15-24 age group, where three young women for every one young man are infected.

The prevalence of HIV/AIDS is regarded as both reproductive health and social concern for adolescents¹ in sub-Saharan Africa. Adolescent learners refers to young children in high school who are between the age of 15 to 21 (Rice and Dolgin, 2002). Adolescent learners are usually facing challenges of seeking for identity. This is critical stage where guidance is usually needed from parents. Several studies have shown that HIV/AIDS infections are prevalent among people between 15 to 24 years of age (Bauman, Karasz, and Hamilton, 2007; Bankole *et al.*, 2007). It is in this context that socio-cultural impact have been documented to influence sexual behaviour among adolescents particularly in South Africa (Ncetakalo, 2011).

¹The word 'Adolescence' comes from the Latin language adolescence which means 'to grow to maturity.' Growing to maturity includes: physical growth, attainment of a mature structure, the learning of physical characteristics, mental maturation and the development of secondary-sex characteristics (Pathan, 2010: 119).

1.2 Background of the study

The socio-cultural context contributes to legitimizing and giving meaning to the common assumptions, expectations and values that people hold in relation to their day-to-day activities. Some behaviour found to increase the vulnerability of people to HIV infection and adolescents pregnancy in South Africa include practices such as multiple and concurrent sexual partnering, age-disparate and intergenerational sex; dry sex practices; unequal gender power relations; high levels of sexual violence; on-going AIDS related stigma and denial and a variety of practices relating to cultural rites of passage around puberty, marriage and death (Leclerc-Madlala, Leickness and Allanise, 2009).

In 2005, the Commission for Africa noted that, tackling HIV and AIDS requires a holistic response that recognizes the wider cultural and social context (UNECA, 2008). Cultural factors that range from beliefs and values regarding courtship, sexual networking, contraceptive use, perspectives on sexual orientation, explanatory models for disease and misfortune and norms for gender and marital relations have all been shown to be factors in the various ways which HIV/AIDS impact on adolescent pregnancy in African societies (UNESCO, 2002). The study area under investigation is known as eSikhaleni (formerly eSkhawini) and is situated in Northern KwaZulu Natal province. The area of eSikhaleni is one of the areas which has always been recorded in Health Statistics as having the highest HIV/AIDS prevalence (Human Sciences Research Council, 2014).

Increasingly, the centrality of culture is being recognised as important to HIV/AIDS prevention, treatment, care and support. As noted by Nguyen, Klot, Philips and Pirkle, (2008), with culture having both positive and negative influences on health behaviour, international donors and policy makers are beginning to acknowledge the need for cultural approaches to the AIDS crisis. Thus, the development of cultural approaches to HIV/AIDS presents two major challenges for South Africa. Firstly, the multi-cultural nature of the country means that there is no single socio-cultural context in which the HIV/AIDS epidemic is occurring. Secondly, South Africa is also home to a rich tapestry

of racial, ethnic, religious and linguistic groups (Leclerc-Madlala *et al.*, 2009). As a result of colonial history and more recent migration, indigenous Africans have come to live alongside large populations of people with European, Asian and mixed descent, all of whom could lay claim to distinctive cultural practices and spiritual beliefs.

Whilst all South Africans are affected by the spread of HIV, the burden of the virus epidemic lies with the majority black African population and eSikhaleni is not an exception (Shisana, Rehle, Simbayi, Parker, Zuma, Bhana, Connoly, Jooste, Pillay, 2005; UNAIDS, 2007). Therefore, this study focuses on some socio-cultural aspects of life within eSikhaleni, where the majority black African population of South Africa, most of whom speak languages that are classified within the broad linguistic grouping of African languages. The second challenge involves the legitimacy of the culture concept. Whilst race was used in apartheid as the rationale for discrimination, notions of culture and cultural differences were legitimised by segregating the country into various 'homelands' (Leclerc-Madlala *et al.*, 2009). Within the homelands, the majority black South Africans could presumably find a space to give free expression to their own culture and language. During this era, language and culture were employed as strategies for cultural preservation and as instruments of resistance to reclaim and reaffirm an African identity (Garuba and Raditlhalo, 2008).

A desire to revive and re-dignify African culture and traditional practices, long denigrated through colonial and apartheid processes, has characterised the African Renaissance project of the immediate post-1994 democratic period. Today, the cultural terrain remains a highly contested terrain and public debates on culture are often avoided in anticipation of offending personal and political sensitivities. For purposes of this study, culture is defined in its most holistic sense following (Geertz, 1973), cited in Gorringe (2004) as, 'not only the arts and letters, but also modes of life, fundamental rights of the human being, value systems, and traditions and beliefs that are all suspended in webs of significance that people themselves have spun.

That said, programmes to educate adolescents about HIV/AIDS, shows prevalence of reluctance on condom use amongst sexually active adolescents in Africa (Exavery, Lutambi, Mubyazi, Kweka, Mbaruku and Masanja, 2011). The study by UNAIDS (2009), suggests that 15% of women in the world living with HIV are 15 to 24 years old, and 80% of them live in sub-Saharan Africa. The level of HIV prevalence among sexually active individuals is significantly high in South Africa (South African National HIV Survey, 2012). Risky sexual behaviour among youth is high in South Africa, in addition with low use of condoms in sexual intercourse relationships (Exavery, *et al.*, 2011). According to Kalichman, Simbaya, Kaufman, Cain and Jooste (2007), although the fight on HIV/AIDS in South Africa has shown a tremendous decline in the past decade, however, for Ncikalo (2011), socio-cultural behaviour among youngsters still persist on the prevalence of HIV/AIDS.

1.3 Statement of the problem

The prevalence of HIV/AIDS poses a serious challenge on social Behavioral health particularly among adolescents in South Africa. As a nation, South Africa has the best and most expensive programme tackling HIV/AIDS epidemic, with a tremendous decline result presently. Given the account on the decline outcome for the efforts tackling HIV/AIDS in South Africa, only very little data exist from social behaviour health perspective. However, it is the assumption of this present study that, while the HIV/AIDS epidemic still persist particularly in rural regions, the prevalence can better be understood from social Behavioral health aspect of the adolescents in eSikhaleni.

1.4 Purpose and significance of the study

This study will examine the socio-cultural impacts towards risky sexual behaviour amongst adolescents in eSikhaleni, in context of the prevalence of HIV/AIDS epidemic. Not much information has been provided on social Behavioral health of adolescents in rural KwaZulu Natal Province. Therefore, this study will provide data on socio-cultural influences of the sexual behaviours of adolescents in eSikhaleni. This study will also raise awareness about on how to tackle HIV/AIDS epidemic from a social Behavioral perspective. The study will benefit government departments, particularly the Department

of health in designing future programmes and policies aim at tackling social Behavioral health issues, as well as researchers and academics. Hence, the objectives and the key research questions of the study are as follow:

1.4.1. Objectives of the study

In order to achieve the purpose of this study, the following objectives were pursued:

- To assess the sexual attitudes² of the adolescents in eSikhaleni;
- To examine the sexual beliefs of the adolescents in eSikhaleni;
- To ascertain the role played by cultural values and norms on adolescents sexual attitudes and beliefs in eSikhaleni; and
- To understand the impact of the adolescent's sexual behaviour and attitudes on the prevalence of HIV/AIDS epidemic in eSikhaleni.

1.4.2 Research questions

In order to obtain answers that will address the research objectives, the following research questions were formulated:

- How are the sexual attitudes of the adolescents in eSikhaleni?
- What are the sexual beliefs of the adolescents in eSikhaleni?
- What role does cultural values and norms play on adolescents' sexual attitudes and beliefs in eSikhaleni?
- Does adolescent's sexual behaviour and attitudes have an impact on the prevalence of HIV/AIDS epidemic in eSikhaleni?

1.5 Research Methodology

This section will describe the research methodology that was used to answer the research questions that will helped achieve the study objectives. Research methodology provides a description of the precise techniques used to conduct the study and the

² Encyclopedia Britannica defines attitude as: 'predisposition to classify objects and events and to react to them with evaluative consistency.'

precise instruments that will be utilised, as well as the overall structure of the research draft.

1.5.1 Research approach

The approach of this study is qualitative in nature. A qualitative research methodology allows the study participants to share their views and experiences to expand theoretical and practical knowledge and suggest possible interventions (De Vaus, 2001). Specifically, qualitative methods were used to collect data through key informant interviews. Thus, the study focus on both primary data and secondary data, which are to in qualitative approach.

1.5.2 Research design

This is an explanatory study design. Research design is the overall strategy that a researcher chooses to integrate the different components of a study in a coherent and logical way, thereby, ensuring the researcher to effectively address the study problem; it also constitutes the blueprint for the collection, measurement, and analysis of data (De Vaus, 2001). The design of the entire study will first outline the study area, followed by entry into the study area, then the population the study abide on, the sampling techniques the study implement, the data collection and the instruments that was used in collecting the data, the data analysis and the ethical considerations. However, all the designed steps were followed thereby ensuring the study a scientific and logical flow.

1.5.3 Description of the study area

The field study was carried out in eSikhaleni (formerly known as eSkhawini), KwaZulu Natal Province, South Africa. eSikhaleni is a small city in Uthungulu District Municipality in the KwaZulu-Natal Province of South Africa. eSikhawini is located 2km off the N2 route. Richards Bay and Empangeni are closest towns, being both located 15-20 km away. It was established in 1976 as a black township consisting of middle-income residents. The population of eSikhaleni is 49265 with a racial profile of 99.8% blacks Africans and 0.1% coloured (Census, 2011).



Figure 1: <https://images.search.yahoo.com/yhs/search?p=Map+of+eSkhawini+township>

1.5.4 Entry into the study area

In cognisance that the study required the participation of adolescents in ESikhaleni, KwaZulu Natal Province, the researcher requested permission for study from the Education Department Municipality. A letter requesting permission to undertake the study was written to the District Municipality's Department, who after receiving the request granted permission to the researcher to conduct the study within the guidelines of the municipality.

1.5.5 The population

Population in research is the abstract idea of a large group of many cases from which a researcher draws a sample and to which results from a sample are generalised (Neuman, 2011). Research target population therefore, refers to the actual specified large group of many cases from which a researcher draws a sample and to which results from a sample are generalised (Neuman, 2011). In order to define a research

target population, a researcher specifies the unit being sampled, the geographical location, and the temporal boundaries of the population. Thus, eSikhaleni Township is a rural township. The population that was utilised for this study was drawn from the adolescent learners, high school principals, life orientation teachers and community leaders.

1.5.5.1 Sampling

A sample is a smaller set of cases a researcher selects from a large pool and generalizes to the population (Neuman, 2011). ESikhaleni is selected using purposive sampling because of its convenience for the study. The participants were drawn from two categories. Participants for the structured interview were selected using the snowball sampling technique. Thus, snowball sampling also called network, chain referral, or reputational sampling is a non-random sampling technique used for sampling cases in a network (Neuman, 2011). This sampling technique is based on an analogy to a snowball, which begins small, but becomes larger as it revolved on and pick up additional snow (Neuman, 2011). The participants' selected using snowball sampling technique were adolescent's learners who are sexually active and knowledgeable about the subject of the interview. The participants for the key informant interviews were sampled purposively and were community leaders, high schools principals and life orientation teachers. Purposive sampling is a non-random sample technique in which the researcher uses a wide range of methods to locate all possible cases of a highly specific and difficult to reach population (Neuman, 2011). The participants of the study were community leaders, high schools principals and life orientation teachers and adolescent's learners.

1.5.6 Data collection procedure

Data collection is the empirical evidence or information that researcher gathers carefully according to rules or established procedures (Neuman, 2011). This study will used qualitative data collection approach. Qualitative tools will helped the researcher to collect data through structured interviews, key informant interviews and literature search.

1.5.6.1 Structured interviews

Key informant interviews were used to obtain data from high school principals and life orientation teachers. (Neuman, 2011) indicates that a key informant, in field research, is a participant, with whom a field researcher develops a relationship and who tells about, or informs on the field. On the other hand, structured interviews are those interviews in which the questions asked are decided in advance (Neuman, 2011). Also, when used as an interviewing method, the interviewed questions are asked exactly as they were written, in the same sequence, using the same style, for all interviews. For this research, the formal interviews were helpful because participants for each category answered the same set of questions, and this helped the researcher to compare their responses.

Other qualitative data were generated from desk review, content analyses of published and unpublished works including policy documents. A literature search is a well thought out and organized search for literature published on a topic (Neuman, 2011). A well-structured literature search is the most effective and efficient way to locate sound data on the subject under study.

1.5.7 Data analysis

Qualitative method of analysis revolves around describing the characteristics. Thus, data editing, was done before the actual analysis. Thus, data analysis is a process of bringing order, structure, and meaning to the mass of collected data (De Vos *et al.*, 2011). For the qualitative data, collected through key informants, structured interviews and literature search, matrices were created using content thematic analysis. The interviewed data was transcribed by the researchers. All transcripts were read and then re-read to identify common words, phrases and perceptions that were coded. These common codes produced patterns, which were categorised accordingly under themes.

1.5.8 Ethical issues

For the purpose of approval, this proposal was submitted (through the head of department) to the Higher Degrees Committee of the University of Venda School of Human and Social Sciences prior to the execution of the research project for presentation. Once accepted and approved by the school, the proposal was sent to the University Higher Degrees Committee and then to the University's research office for ethical clearance before the study was conducted. Soon after the University approval, an application letter for research requisition was written to the Municipality Department of Education for research permission. The researcher issued informed consent form to all the participants that participated in this study requesting for their voluntary participation. The consent form explained what the research entails and the importance of their participation in its success. Their participation was strictly voluntary, which, therefore, implies that any participant who wanted to pull out for any reason personal to him/ her were allowed to do so. All information provided by the participants for this study was treated in strict confidentiality and for academic purposes only.

1.6 Chapter Outline

Chapter One deals with introduction of the study, background of the study, statement of the problem, purpose of the study, specific objectives of the study, research questions and significance of the study. **Chapter Two** provides the literature review from existing literature on socio-cultural impact on sexual behaviour among adolescents in context of the prevalence of HIV/AIDS epidemic. The chapter also review the socio-cultural theory and social learning theory as the theoretical framework guiding this study. **Chapter Three** provides the framework of the methodology, research approach, design, description of the study area, entry into the study area, population, sampling techniques, data collection and the instruments, data analysis and ethical issues. **Chapter Four** focuses on the data presentation and analysis, which is followed by the summary of the study findings. Lastly, **Chapter Five** discusses the issues that would emerge from the study findings. It will discuss the findings in line with the objectives and research questions of the study and relates them to the literature reviewed, the theoretical

framework and the broader social context. The chapter will also consist of the study conclusion and recommendations that will come out of the findings. Lastly, **Chapter Six** is on conclusions and recommendations

Chapter Two

Literature Review and Theoretical Framework

2.1 Introduction

In investigating the socio-cultural influence on sexual behaviour among adolescents, various international and local literature on sexual behaviour of adolescents³ required will be thoroughly engaged. The primary focus of this chapter will be on the discourse of adolescent sexual behaviour and health development; gender inequalities; stigma, denial, exclusion and discrimination; substance abuse; dry sex or vaginal douching; and cultural practices and ritual activity. Lastly, the literature on the relationship between teenage sexual behaviour and the growing teenage pregnancy; sociology of the family; child support grant in South Africa; teenage sexual behaviour and health development; the effects of teenage pregnancy; communal child rearing practices; patterns and beliefs; the social construction of teenage pregnancy and teenage motherhood; and the theoretical framework guiding this study.

If we wish to understand sexual risk behaviour in Southern Africa, we need to consider the interactive effects of factors at three levels: within the person, within his or her proximal context, and within the distal context. Personal factors include cognitions and feelings relating to sexual behaviour and HIV/AIDS, as well as thoughts about one's self (such as self-efficacy and self-esteem). The proximal context comprises interpersonal relationships and the physical and organisational environment. The distal context includes culture and structural factors.

2.2 Sexual Health as a global Challenge

Sexual health is a serious public concern with long-term implications, especially amongst adolescent learners in South Africa (also see Stevenson and Mumford,

³ A well known psychologist, Erickson (1959, 1968), refer adolescent age, as period of 'Identity crisis'. Freud (1950), known as Father of Psychology, regarded 'adolescence as the genital stage of Psychosexuality.'

2007:474). A growing body of evidence points to the complexity of risky sexual behaviour. HIV risk behaviour is influenced by factors at three levels: within the person, within the proximal context (interpersonal relationships and physical and organisational environment) and within the distal context culture and structural factors (Eatona, Flishera, and Aaro, 2003: 149). As argued by Amoateng, Kalule-Sabiti and Arkaah (2014: 487), in recent year's considerable attention has focused on adolescent sexual behaviour in general, especially, in sub-Saharan Africa, and how risky behaviours contribute to poor sexual health outcomes. According to Marie Stopes International Worldwide (2002), the health risks which these adolescents are exposed to, include, sexually transmitted infections, unplanned pregnancies, unsafe abortions, and untimely death.

According to the World Bank Report of 2000, the poorest, most underdeveloped region in the world, Sub-Saharan Africa, faces by far the highest rate of HIV infections. Although this region accounts for only 10% of the world's population, 85% of AIDS deaths have occurred here. As noted by Adler and Quolo (1999), the fastest-growing infection rates was among young people. Their statistics further show that in 1998, the HIV infection rates among South Africans aged 14–19 years and 20–24 years were 21.0% and 26.1%, with percentage increases from 1997 of 65.4% and 32.5%, respectively. To date the situation has increased severely with adolescents recording about 40% of new HIV infections.

Statistics from the UNAIDS (2002) have shown that there is an uptrend in the rates of sexually transmitted infections among adolescents. The disturbing trend is that young females, especially adolescent learners from poor households are the victims of sexually transmitted diseases such as HIV. According to the 2007 UNAIDS Report, approximately 59% female and 41% male are the victims of such infections. The situation was reported as worse in KZN because no fewer than 17,260 learners got pregnant in one year in and 60 pregnancy were recorded from one school and 45 000 nation-wide a year (Sowetan, March 11, 2011). Such statistics paint a tepid picture that all the initiatives such as Love Life have completely failed to address the challenge of risky sexual behaviour amongst adolescents. As noted by Francis (2004), 12 years ago

that there is an increase in number of learners in primary & secondary schools in SA living with HIV. To date, the situation has worsened considering the number of new infections.

It is against this backdrop of risky sexual behaviours amongst South Africa's youth and concerns about the health outcomes of such behaviours that we undertake the present study. The aim of the study is to examine the impact of selected socio-economic factors on adolescent risky sexual behaviours. Specifically, the study examines the effects of such factors as family structure, living arrangements, culture, peer influence, alcohol and drug use on embarking on risky sexual behaviour by adolescent learners.

2.3 Poverty and its relationships to sexual behaviour and attitudes

“Even though it is the case that poverty is linked to AIDS, in the sense that Africa is poor and they have a lot of AIDS, it's not necessarily the case that improving poverty - at least in the short run, that improving exports and improving development - it's not necessarily the case that that's going to lead to a decline in HIV prevalence”. Emily Oster

It has been suggested that in South Africa the most significant vector for predicting sustained adoption of risk prevention measures is socio-economic background (Kelly and Parker, 2000: 27). Hence, poverty is often the reason for the commodification of sex, in which women in dire economic circumstances agree to sexual relationships with men in exchange for financial support (Adams and Marshall, 1998). As pinpointed last year in 2016 by the Deputy President of South Africa, the biggest social challenge facing South Africa of lately is the “Blesee” syndrome. This involve a relationship between older rich man with young girls. The older boyfriend with money offers both status and the kinds of gifts and financial assistance that parents cannot afford (Kelly and Parker, 2000). The exchange of sex for money or gifts means that sex happens on the man's terms—which usually means without a condom (Abdool Karim, 1998; Adams and Marshall, 1998).

According to Hartell (2005) in Ndebele (2008), poor young people start their sexual experience at an even younger age, lacking knowledge and skills to protect themselves. It was evident in this young. His opinion is further confirmed by Brook et al, 2006 in Ndebele (2008); Breinbauer and Maddalene, 2005; Simbayiet al, 2004 that poor socio economic conditions and lack of opportunities; poor school environment can enhance high-risk sexual behaviour. The USAID (2-09) report also revealed that poverty is associated with high-risk behaviors, such as rape and unsafe sex in exchange for monetary incentives. These behaviors put young women at risk of unintended pregnancy and sexually transmitted infections such as HIV, which in turn affect their reproductive health.

2.4 The Information challenge in sexual health

According to the Alan Guttmacher Institute (2001) and Burgess, Dziegieleski and Green (2005), sex education in public schools often missed the target by dwelling on abstinence and denying students the information they really needed when they became sexually active. It is in the adolescence stage, sexual behaviors are developing and becoming established (Bayley, 2003). According to Crockett, Rafaelli and Moilanen, (2003), during this stage both sexual ideation and engagement in a spectrum of sexual behavior increase such as talking about sex, sexual intimacy, solitary masturbation, oral sex, and sexual intercourse (also see Chi, Yu & Winter, 2012). Past research has shown that parent child communication regarding topics of sexuality is of fundamental importance. Further research has shown that parent child communication regarding topics of sexuality is of fundamental importance. Hence van Den Bergh (2008) argue that HIV risk behaviour generally exacerbated by the breakdown of family systems.

In South Africa, the problem of poor communication between adolescents and parents remains a huge challenge. Studies conducted by Boulton & Cunningham, (1991); Kau, (1991); Kelly, (2000); Kelly & Parker, (2000); Visser et al., (1995) and Wood, Maepa, and Jewkes, (1997) reveal that parents often refuse to talk to adolescents and they give them only vague injunctions rather than information, and may even punish them for

raising the subject. According to Wood et al. (1997B), when there is poor communication within the family about sex, both supervision and lack of supervision from parents may contribute to unsafe sexual behaviour. On the contrary, studies by De Gaston, Jensen, Weed and Tanas (1994:267) and UNICEF (2004:2) revealed that there is no correlation between the amount of knowledge and change in Behavioral patterns. This is a very interesting study that warrants a broader intellectual engagement in the future.

Contemporary adolescents are faced with potentially severe consequences for engaging in risky sexual behaviors and research suggests that parents are a primary source of influence on adolescent sexual attitudes and behavior (Fitzharris & Werner-Wilson, 2004). Dittus, Miller, Kotchick, & Forehand (2004) reported on the ever growing rate of sexually transmitted diseases and found that effective sexual communication, monitoring and parental involvement led to a decrease in sexual risk-taking behavior of children.

However, by the parent denying the adolescent sexual information does not mean that the adolescents will not access such information. As noted by McManus and Dhar (2008), many adolescent are expose to sex and pornography through various television channels, cell phones and Internet cafes. According to AIDS activists, sex education helps to make adolescents cautious against the dangers of experimenting with sex at a young age, sensitising them and also warning them about the potential exposure to deadly diseases. Many parents are hesitant to talk about sex with their teenage children at home; even mothers hesitate to talk to daughters about something as simple as menstruation.

2.5 Adolescent sexual behaviour and health development

Sexual intercourse at an early age, having multiple sexual partners, and unprotected sex put adolescents at risk of sexually transmitted infections (STI) and of unwanted pregnancy. Since the mid-1990s, some of these behaviours have become less prevalent, while the prevalence of others has not changed or has increased

(Rotermann, 2008). However, trends differ by age and jurisdiction. Literature on adolescent sexual behaviour has been motivated, largely, by the health and social problems that may result when young people have unprotected sexual intercourse (Shell and Zeitlin, 2000; Jewkes and Abrahams, 2000). Prevention efforts aimed at meeting general health objectives have focused on delaying sexual onset among adolescents who have not had sex and promoting condom use among adolescents who are sexually active (Family Planning Perspectives, 2000). Although the proportion of adolescents who delay sexual onset and those who use condoms have increased somewhat, (Family Planning Perspectives, 2000), a great deal of risky sexual behaviour continues. In Australia, the United Kingdom and the United States, Nigeria and South Africa, approximately 25% of 15 year-olds and 50% of 17 year olds have had sex (UNICEF, 2001).

2.6 Peer Pressure

Peer pressure is something everyone will face in school. You have to really go by what you think is the right thing to do. Turn to the friends you trust the most when you are put in a compromising situation. If your friends are making the wrong decision, then turn to your parents.

The challenge of peer pressure on sexual behavior of adolescents has been the discourse dominating the international and national literature for some time now. Vergnani and Frank (1998:182) argue that most adolescents do not receive direct formal lessons or talks about sexuality and sex education from their parents or teachers. Rather, what they know about sexuality and sex comes from what they see and hear from their siblings, peers and the media. According to Khosa (2004), group conformity, competition, curiosity, unemployment and irresponsible parents could lead to early initiation of sexual activities.

Parents play a very crucial role in the child upbringing, which, in turn is a yardstick of whether a child will be successful in future or not. In South Africa the biggest contributor to adolescents' embarking on risky sexual behaviors is the HIV/AIDS pandemic which has left many households parentless. In fact, it is the most ever devastating epidemic in South African history that has negatively impacted on the livelihoods of the people.

According to (Fitzharris and WernerWilson, 2004), in the absence of parent figures, adolescents are susceptible to various forms of risky sexual behaviors.

2.7 Gender inequalities

“I grew up in traditional black patriarchal culture and there is no doubt that I’m going to take a great many unconscious, but present, patriarchal complicities to the grave because it so deeply ensconced in how I look at the world. Therefore, very much like alcoholism, drug addiction, or racism patriarchy is a disease and we are in perennial recovery and relapse. So you have to get up every morning and struggle against it.” — Cornel West, *Breaking Bread: Insurgent Black Intellectual Life*

Patriarchal social arrangements ultimately serve to merge power and privilege into the hands of men while simultaneously curtailing the autonomy of women. The gender dynamics that result from this system put women in South Africa at greater risk of HIV infection than their male counterparts. These inequalities have serious implications for choices that women are able to make in their lives, and provide a supportive backdrop for gender based violence. In the first instance, it affects women’s capacity to decide with whom, when and how sexual intercourse takes place (Pettifor *et al.*, 2004). Indeed, such decisions are frequently constrained by coercion and violence in the women’s relationships with men (Jewkes and Abrahams, 2000).

Young girls are often coerced by older men, including male school teachers, into having their first sexual experience with them (Shell and Zeitlin, 2000). Second, women are generally not socialised to initiate sexual activity. This task is normally considered to be part of a man’s role (Varga, 1997). Third, men perceive themselves to be naturally superior to women and often consider it a cultural right to have multiple partners. Such behaviour is generally equated with notions of normative masculinity (Eaton *et al.*, 2003). Finally, women are commonly implicated for bringing HIV into a relationship, while their male counterparts are culturally absolved of blame for the disease (Leclerc-Madlala, 2002).

2.8 Stigma, denial, exclusion and discrimination

Rates of denial are still high in South Africa and continue to present an enormous challenge to tackling the epidemic (Leclerc-Madlala *et al.*, 2009). Cultural manifestations of denial, AIDS-related stigmas and discrimination varies from culture to culture (UNESCO/UNAIDS, 2002). Even so, in many traditional African cultures, illness is attributed to spirits and supernatural forces (Aids Weekly, 2001; van Dyk, 2001), and these beliefs may be associated with stigmatising afflicted persons. Schoepf (1995) argued that the meanings ascribed to heterosexual penetrative sex with ejaculation contribute to the denial of risk. Heterosexual penetrative sex is considered as 'normal and natural', and is invested in cosmological significance, strongly valued by many as the essence of life, beauty and survival of the individual, family and community (Schoepf, 1995). These significations according to Schoepf (1995) contribute to the denial of risk, to stigmatisation of the afflicted and their families and to withdrawal of social support.

To quote the words of Theodore Kaczynski "Our society tends to regard as a sickness any mode of thought or behavior that is inconvenient for the system and this is plausible because when an individual doesn't fit into the system it causes pain to the individual as well as problems for the system. Thus the manipulation of an individual to adjust him to the system is seen as a cure for a sickness and therefore as good." Theodore J. Kaczynski. As elsewhere, HIV/AIDS is widely perceived to be an outcome of sexual excess and low moral character. At the time when those infected really need social support the most, people living with HIV/AIDS who reveal their status are often subjugated to victimisation and discrimination (Rankin *et al.*, 2005; Siyam'kela Project, 2003). This happens everywhere starting from their own homes, within the communities they live in, as well as at work. Consequently, there is a strong culture of silence by people living with HIV/AIDS because of fear of rejection and isolation from both close relatives and the community at large (Johnston, 2001). The stigma is particularly more severe for women than for men (Petros *et al.*, 2006; Skinner and Mfecane, 2004). One of the consequences of the problem of ongoing stigma, exclusion and discrimination of people living with HIV/AIDS

is that it forces those who are infected to hide their condition by going ‘underground’ and to continue engaging in high-risk behaviour (Qwana *et al.*, 2001; Strydom, 2000).

2.9 Substance abuse

South Africa, like most other countries in southern Africa, consumes great quantities of alcohol (Leclerc-Madlala *et al.*, 2009). Like in other parts of the world, alcohol use has a long history in southern Africa, dating back hundreds of years and spanning social, cultural and economic spectrums (Nielsen *et al.*, 1989). Alcohol has long been used during cultural rituals and ceremonies to celebrate various occasions, ranging from weddings, the birth of children, during initiation, during harvests and after people have passed away. Indeed, such occasions are also used extensively for sexual networking (Pattman, 2001). It is estimated that South Africans consume 6 billion litres of alcohol per year (Patta, 2008). There is growing local empirical evidence that suggests a link between substance abuse and HIV infection.

A number of studies have advanced the alcohol-risky sex hypothesis and have found some evidence which supports the hypothesis that alcohol intake increases sexual risk-taking behaviour (Fisher *et al.*, 2007; Kalichman *et al.*, 2007; 2008; Kiene *et al.*, 2008; Morojele *et al.*, 2005). When alcohol or any other illicit drug is consumed in excessive amounts, it has been found to inhibit a person’s ability to engage in safer sex practices such as using condoms correctly and consistently (Leclerc-Madlala *et al.*, 2009). Thus, a person under the influence of alcohol or drugs is highly unlikely to be able to protect him or herself from being infected by HIV when having sexual intercourse with an infected person (Leclerc-Madlala *et al.*, 2009). With both alcohol and drug use on the increase in South Africa, the HIV infections linked to this route are also bound to increase. In particular, the use of hard drugs such as cocaine, mandrax (especially in the Western Cape Province of South Africa) and dagga among the youth appear to be growing rapidly (Parry *et al.*, 2004).

2.10 Dry sex or vaginal douching

Dry sex or vaginal douching is practiced primarily for increasing the sexual pleasure of men (Baleta, 1999 cited by (Leclerc-Madlala *et al.*, 2009). Pleasing men in this way is important to women, either for economic survival as in the case of sex workers (Abdool-Karim *et al.*, 1995 cited Leclerc-Madlala *et al.*, 2009), or for maintaining a good marriage, as in the case of a wife meeting the sexual desires of her husband. The combination system of polygyny, patrilocality and patriliney with bride wealth prescribe certain cultural expectations of the 'young wife' that are steeped in norms and values that effectively promote cultural ideals aimed at pleasing her husband. Cultural conceptions of what it means to be a 'young wife' and a woman usually conform to notions of femininity as sexually innocent and inhibited. According to (Leclerc-Madlala, 2002) and (Levin, 2005) in the context of cultural influences in modifying vaginal function, this behaviour usually conforms to pervasive patriarchal cultural concepts that 'wet sex' is indicative of female infidelity, uncleanliness, possible infection and moral 'looseness' on the part of the woman. This practice often involves either cleaning the vagina with a variety of substances, including antiseptics and detergents, or inserting traditional herbs into the vagina and drying it with paper or cotton prior to or after having sexual intercourse (Louria *et al.*, 2000). Some drying and tightening agents are used as 'love potions' to retain the affections of a partner. These practices have implications for the acceptability of HIV prevention strategies such as the use of condoms and vaginal microbicides (Bagnol and Mariano, 2008; Morar *et al.*, 2003).

2.11 Cultural practices and ritual activity

A host of rituals surrounding the life transitions of birth, puberty, marriage and death have been identified as cultural factors specific to the African continent that are influencing the spread of HIV (UNECA, 2008). In South Africa, these include the following: Traditional male circumcision, virginity testing, fertility and virility testing, fertility obligation, Post-partum sex and breastfeeding taboos, death rites and Indigenous healing practices. Culture comprises aspects such as traditions, the norms of the larger society, the social discourse within a society, shared beliefs and values, and variations in such factors across subgroups and segments of the population.

Structural factors include legal, political, economic or organisational elements of society. The importance of cultural and structural factors and the neglect of such factors in health behaviour research have been recognised in recent publications (see Cockerham, 1997; Dressler & Oths, 1997; Eakin, 1997).

2.12 Theoretical framework

Several major theories of behaviour have been applied to understanding HIV-risk behaviour. These include the Health Belief Model (Becker, 1974, 1988; Janz & Becker, 1984; Rosenstock, 1966); the Theory of Reasoned Action (Ajzen and Fishbein, 1980) and its revised form, the Theory of Planned Behaviour (Ajzen, 1985); and Social Cognitive Learning Theory¹ (Bandura, 1986, 1991). These theories (dubbed “social-cognitive” within the health psychology literature) mainly deal with factors within the triad: behaviour, personal factors, interpersonal factors and processes.

This study is guided by the socio-cultural theory and social learning theory. The choice of these theories is informed by the fact that none of the one single theory can explain, holistically, the socio-cultural impact on sexual behaviour among adolescents in Ongoye and ESikhaleni high schools: in context of the prevalence of HIV/AIDS epidemic. Vygotsky’s sociocultural theory of human learning describes learning as a social process and the origination of human intelligence in society or culture (Vygotsky, 1978). Bandura’s social learning theory will enable the understanding of influencing behaviour for children (Bandura and Walters, 1963). These theories will help the study to make contributions towards this theoretical model thereby providing possible interventions either recommendations that would circumvent the problem of HIV/AIDS from social Behavioral perspectives.

The major theme of Vygotsky’s theoretical framework is that social interaction plays a fundamental role in the development of cognition. Vygotsky believed everything is learned on two levels. First, through interaction with others, and then integrated into the individual’s mental structure. Every function in the child’s cultural development appears twice: first, on the social level, and later, on the individual level; first, between people

(interpsychological) and then inside the child (intrapsychological). This applies equally to voluntary attention, to logical memory, and to the formation of concepts (Vygotsky, 1978). All the higher functions originate as actual relationships between individuals. (Vygotsky, 1978). The second aspect of Vygotsky's theory is the idea that the potential for cognitive development is limited to a "zone of proximal development" (ZPD). This "zone" is the area of exploration for which the student is cognitively prepared, but requires help and social interaction to fully develop (Briner, 1999). A teacher or more experienced peer is able to provide the learner with "scaffolding" to support the student's evolving understanding of knowledge domains or development of complex skills. Collaborative learning, discourse, modelling, and scaffolding are strategies for supporting the intellectual knowledge and skills of learners and facilitating intentional learning.

While socio-cultural theory tie the focus of the prevalence of HIV/AIDS to social Behavioral health context, on the other hand, the social learning theory help in understanding the development of the Behavioral model. Bandura's social learning theory that was develop during the 1960s and 1970s thus emphasizes "the reciprocal interaction between cognitive, Behavioral and environmental determinants of human behaviour" (Bandura, 1977). Social learning theory stipulates that individuals learn new behaviour by watching others in a social situation, absorb it and then imitate that behaviour. The social learning theory is based on four fundamental principles consisting of differential association, definitions, differential reinforcements and imitation (Akers and Sellers, 2004). With respect to differential association, those with whom they are in contact with, both directly and indirectly, expose people to acceptable and unacceptable behaviour as well as a variety of Behavioral models. Individual's immediate social circle generate Behavioral models, which become a source of imitating behaviour. The immediate social circle includes family, friends, teachers, neighbours and church groups. These social groups communicate attitudes, views, values that an individual can adopt and inculcate. They also spell out appropriate social Behavioral codes of conduct (Akers and Sellers, 2004).

The other fundamental principle is definitions; definitions are what an individual interprets to be acceptable behaviour and correct values and attitudes for themselves. Definitions are usually developed and reinforced through the process of differential association. If definitions conform to conventional and traditional values, then certain behaviours and actions would automatically be reduced. For instance, if definitions approve violent and criminal actions it would encourage an individual to adopt this path of Behavioral conduct (Akers and Sellers, 2004). The third is the differential reinforcement; differential reinforcement can be described as the process by which individuals experience and anticipate the consequences of their actions. If the consequences are unpleasant, it might hinder the future occurrence of the same behaviour (Akers and Sellers, 2004).

Reinforcement of values, attitudes and beliefs acquired through differential association and imitation can be either positive or negative. Positive reinforcement increases the likelihood of the same behaviour through pleasant outcomes and rewards. While negative reinforcement tries to remove or reduce behaviour from occurring through punishment and harsh negative consequences. Reinforcement thus, contributes towards the repetition of that behavior. Reinforcements usually come from society and outside surroundings i.e., their interactions with peer groups and family members (Akers and Sellers, 2004). Finally, the last element is imitation. With respect to imitation, individuals engage in behaviours previously witnessed from others. People observe characteristics of the models, their behaviour and the aftermath of that behaviour, and then imitate them. To a larger extent, the people with whom one is in immediate contact will become sources of imitations (Akers and Sellers, 2004).

2.13 Conclusion

From the engagement with both the international and local literature on the challenges associated with adolescents to be prone to risky sexual behaviour, it is evident from the vast literature that this problem is persistent. It is in this context that a broader strategy is required in educating the adolescents about risky sexual behaviour. In countries where religion is at the centre of values and norms, adolescents are not prone to early

risky sexual encounters because they are regarded as being against the morals of society. Having said that, it will be important for all stakeholders (government, civil society organisations, churches, community and traditional leaders) to engage with each other to try and solve this ever elusive challenge of adolescents getting involve in risky sexual behaviour.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter aims to present the methodology⁴ that was used in collecting and analysing data for this study. Research methodology provides a description of the precise techniques used to conduct the study and the precise instruments that will be utilised, as well as the overall structure of the research draft. The strengths and weaknesses of any research study depend mainly on its methodologies. For any study to be accepted, it is important that the methodology used is correct and appropriate the subject or theme to be investigated should give direction to the methodology or methodologies to be adopted. The onus is on the researcher to clearly expound the methods to be employed. The chapter outlines the rationale for selecting qualitative research methods and techniques. Further discussed are issues pertaining to the relationship between the researcher and the respondents, access issues, data analysis methods and the limitations of the research

3.2 Research approach

The approach of this study is qualitative in nature. A qualitative research methodology allowed the study participants to share their views and experiences to expand theoretical and practical knowledge and suggest possible interventions (De Vaus, 2001). Specifically, qualitative methods were used to collect data through key informant interviews. Thus, the study will focused on both primary data and secondary data, which were collected using qualitative approach. The preliminary aim of this study is to examine the socio-cultural impacts towards risky sexual behaviour amongst adolescents in eSikhaleni, in context of the prevalence of HIV/AIDS epidemic.

⁴ Research methodology is defined as different approaches to systematic inquiry developed within a paradigm with associated epistemological assumptions (Punch, 2000:50)

Through a highlight of themes, this study will use a qualitative form of collecting data for the actual experiences derived from a personal perspective cannot be derived from a quantitative form. The reason behind considering a qualitative research method is the fact it is a means for exploring and understanding the meanings individuals or groups ascribe to a social or human problem, involves emerging questions and procedures, data typically collected in the participants setting (Creswell, 2007: 4). According to Greenstein (2003) the main weakness in using a qualitative research method is that the size of the sample may not be generalisable.

The aim of qualitative studies is to provide illumination and understanding of complex psychosocial issues and are most useful for answering humanistic “why” and “how” questions” (Marshal, 1996) Qualitative research presents data as a descriptive narration and attempts to understand phenomena in ‘natural settings’(Marshal, 1996). Qualitative researchers believe that the task of a qualitative research is to acquire insight and develop understanding and getting close to the data in order to understand participants point of view (Clark, 1999). Qualitative research seeks to preserve the integrity of narrative data and attempts to use the data to exemplify unusual core themes embedded in contexts (Mertens, 2006). On the other hand, quantitative research utilises statistical results represented by statistical records and aims to “test pre-determined hypotheses and produce generalizable results.

A basic distinction between qualitative and quantitative research is the methods used to collect, analyse and present information. Atkinson *et al* (2003) describes qualitative research as “a form of social inquiry that focuses on the way people interpret and make sense of their experiences and the world in which they live. It presents information with words, in a descriptive narrative. It attempts to understand phenomena in ‘natural settings’.” “This method is helpful for answering more mechanistic *what* questions” (Marshal, 1996). One shortcoming when it comes to conducting qualitative research is the fact that “ ethical considerations are thought to be greater for those conducting qualitative research, given the direct contact researchers have with people, their

personal lives and the issues of confidentiality that arise out of this” (Crix, 2004: 120). This is extensively relevant for this study as it is geared towards understanding and touching on the prospect of political violence and its effects, which is a very sensitive issue.

3.3 Research design

This is an exploratory study design. A sampling design encompasses a description of a population, sample and the sampling technique used in conducting the study. This part of the study will mainly explore the population used in conducting this study and the methods used in attaining the sample for this study. The purpose of exploratory study is to gain better understanding of a particular phenomenon.

Research design is the overall strategy that a researcher chooses to integrate the different components of a study in a coherent and logical way, thereby, ensuring the researcher to effectively address the study problem; it also constitutes the blueprint for the collection, measurement, and analysis of data (De Vaus, 2001). A research design is a “blue print or master plan about how the entire study will be conducted (Abiwu, 2015). Lotz (2009) in *NRF evaluation Centre (2005)* describes research as the systematic process of collecting and analysing information to give a thorough understanding of the subject in context. It is foundation for every study. It comprises of various approaches to be employed in solving the research problem, the information pertaining to the research problem and the time-frame of the study. Bhattacherejee (2012) describes a research design as a detail plan about how the researcher will go about conducting the study in terms of how data was collected. Page and Meyer (2004:41) provide a detailed description of research design, it is defined as a plan, which the researcher uses to obtain participants and collect information from the participants with the purpose of reaching conclusions about the research problem. (Babbie and Mouton, 2001: Asika 2004: Creswell: 2009) opined that the research design answered the research questions validly, objectively, accurately and economically. According to Golafshani (2003), validity is important for the ‘integrity of the conclusions that are generated from a piece of research’ and is about the methods

of conducting a research. Therefore, the technique by which a qualitative study can be evaluated or regarded reliable is to check whether how and to what extent consistent methods and procedures are used.

The design of the entire study will first outline the study area, followed by entry into the study area, then the population the study abide on, the sampling techniques the study implement, the data collection and the instruments that was used in collecting the data, the data analysis and the ethical considerations. However, all the designed steps were followed thereby ensuring the study a scientific and logical flow.

3.4 Description of the study area

The field study was carried out in eSikhaleni, KwaZulu Natal Province, South Africa. eSikhaleni is a small city in Uthungulu District Municipality in the KwaZulu-Natal Province of South Africa. The area of eSikhaleni is located 2km off the N2 route. Richards Bay and Empangeni are closest towns, being both located 15-20 km away. It was established in 1976 as a black township consisting of middle income residents. The population of eSikhaleni, South Africa is 49265 with a racial profile of 99.8% blacks Africans and 0.1% coloured (Census 2011).

3.5 Entry into the study area

Due to the fact that this study will require the participation of adolescents in eSikhaleni, KwaZulu Natal Province, the researcher will request for study permission from the municipality. In order to achieve that, an application letter for study requisition was written to the Education Department of the municipality, who will then respond to the researcher with a permission grant letter to conduct the study within the guidelines of the municipality.

3.6 The population

Population in research is the abstract idea of a large group of many cases from which a researcher draws a sample and to which results from a sample are generalised (Neuman, 2011). Research target population therefore, refers to the actual specified large group of many cases from which a researcher draws a sample and to which

results from a sample are generalised (Neuman, 2011). In order to define a research target population, a researcher specifies the unit being sampled, the geographical location, and the temporal boundaries of the population. Population refers to a group of people with common features that a researcher is interested in (Salaria, 2012; and Abiwu, 2015). It can also be individuals in a particular group or restricted aspect of the group. Huysamen (1997:2) defines a population as the total collection of individual who has attributes in common to which the research hypotheses refer. Grinnel and Williams (1990:124) define a population as the totality of persons or objects that a study is concerned with. Similarly, Asika, (1991; 39) gave rationale for drawing sample from population, to drive home his point, he gave the following example

Powers et al. (1983:235) defined a population as the total set of entities in which all the measurements of interest to the researcher are presented. Huysamen (1997: 2) also defined a population as the total set from which the individual or units of the study are chosen and have the attributes in common to which the research hypothesis refers maintains. Bless and Higson-Smith (2000:85) see a population as a set of elements that the research focuses on and to which the obtained results should be generalized. Grinnel and Williams (1990: 124) further defined a population as the totality of persons or objects that a study is concerned with. It mainly refers to the entire group of people, events or things of interest the researcher wishes to investigate. Thus, ESikhaleni township is a rural township. The population that was used for this study was drawn from the adolescents, community leaders and high schools principals.

3.7 Sampling techniques

A sample is a smaller set of cases a researcher selects from a large pool and generalizes to the population (Neuman, 2011). eSikhaleni is selected using purposive sampling because of its convenience for the study. The participants were drawn from two categories. Participants for the structured interview were selected using the snowball sampling technique. Thus, snowball sampling also called network, chain referral, or reputational sampling is a non-random sampling technique used for sampling cases in a network (Neuman, 2011). Snowballing method according Creswell (1998:

119) identifies cases in the interest of people who know individuals who can contribute to the field of study. This sampling technique is based on an analogy to a snowball, which begins small, but becomes larger as it revolved on and pick up additional snow (Neuman, 2011). The participant's selected using snowball sampling technique were the adolescent's learners who are sexually active and knowledgeable about the subject of the interview.

The participants for the key informant interviews were sampled purposively. Purposive sampling is a non-random sample technique in which the researcher uses a wide range of methods to locate all possible cases of a highly specific and difficult to reach population (Neuman, 2011). According to Odoh (2015), purposive sampling is a nonprobability sampling technique whereby the respondents or participants are chosen based on their knowledge or judgment regarding the topic under investigation. Odoh (2015) adds that purposive sampling is a type of nonprobability sampling which conforms to certain standards or criteria. Singh and Masuku (2013) also defined purposive sampling as a nonprobability sampling where the individuals or the participants are selected according to the purpose.

The participants are community leaders, high schools principals and life orientation teachers. Marshal recommends purposive sampling in qualitative research, stating that people are not equally good at observing, understanding and interpreting their own and other people's behaviour. "Qualitative researchers recognise that some informants are 'richer' than others and that these people are more likely to provide insight and understanding for the researcher" (Marshal, 1996).

3.8 Data collection

Research data collection is the empirical evidence or information that researcher gathers carefully according to rules or established procedures (Neuman, 2011). This study will used qualitative data collection approach. Qualitative tools will helped the researcher to collect data through structured interviews, key informant interviews and literature search.

3.8.1 Structured interviews

Key informant interviews used to obtain data were high school principals, life orientation teachers and community leaders. (Neuman, 2011) indicates that a key informant, in field research, is a participant, with whom a field researcher develops a relationship and who tells about, or informs on the field. On the other hand, structured interviews are those interviews in which the questions asked are decided in advance (Neuman, 2011). When used as an interviewing method, the interviewed questions were asked exactly as they were written, in the same sequence, using the same style, for all interviews.

For this research, the formal interviews were helpful because participants for each category were able to answer the same set of questions, and this helped the researcher to compare their responses. Interviewing is the predominant mode of data or information collection in qualitative research. Sideman (1998: 1) states that one interviews because one is interested in other people's stories. Every word that people use in telling their stories is a microcosm of their consciousness. All interviews are interactional events and interviews were deeply and unavoidably implicated in creating meanings that ostensibly reside within participants (Manning, in Holstein and Gubriun, 1995:31). Interviewing the participant involves description of the experiences, but also involves reflection on the description and it is technique based on the assumption that in this way individuals can impart a great deal of information about themselves, and that the information given represents the ways in which the respondents experience and make sense of the social world. Kvale (in Sewell, 2001: 1) defines qualitative interviews as attempts to understand the world from the participant's point of view, to unfold the meaning of peoples experiences [and] to uncover their lived world prior to scientific explanations.

3.9 Data analysis

Qualitative method of analysis revolves around describing the characteristics. Thus, data editing, was done before the actual analysis. Thus, data analysis is a process of bringing order, structure, and meaning to the mass of collected data (De Vos *et al.*,

2011). For the qualitative data, collected through key informants, structured interviews and literature search, matrices were created using content thematic analysis. A manual thematic analysis was used which entails the use of different themes in engaging and evaluating the data. It is useful because it minimally organises data set in detail. However, frequently it goes further than this, and interprets various aspects of the research topic (Braun and Clarke, 2006:79). The interviewed data was carefully transcribed by the researcher. All transcripts were read and then reread to identify common words, phrases and perceptions that were coded. These common codes produced patterns, which were categorized accordingly under themes.

3.10 Ethical issues

For the purpose of approval, this proposal was submitted (through the head of department) to the Higher Degrees Committee of the School of Human and Social Sciences prior to the execution of the research project for presentation. Once accepted and approved by the school, the proposal was sent to the University Higher Degrees Committee and then to the University's research office for ethical clearance before the study was conducted. Soon after the University of Venda approval, an application letter for research requisition was written to the eSikhaleni schools and Community leaders requesting for permission to conduct research. The researcher issued an informed consent form to all the participants that participated in this study requesting for their voluntary participation. The consent form also explained what the research entails and the importance of their participation in its success. Their participation was strictly voluntary, which, therefore, implies that any participant who wanted to pull out for any reason personal to him/ her would allow to do so. All information provided by the participants for this study was treated in strict confidentiality and for academic purposes only.

3.11 Conclusion

The chapter discussed the research processes and procedures that were followed in carrying out this study. In this chapter the sample, population and the data collection methods were discussed. The preceding chapter will provide a detail account of the

responses generated from the interviews with respondents. Where the researcher feels it is important to quote the respondents verbatim that will be done in order to enable the reader to understand the respondents' true sentiments.

Chapter Four

Data Analysis

4.1 Introduction

This chapter presents the results generated from the data analysis based on the research tool that was administered to the participants. The results are presented in a thematic fashion. Each theme is discussed with reference to the obtained data and comparisons are made where necessary to be able to create a basis for any conclusions that are drawn. The qualitative analysis of the responses from participants is presented in a narrative form.

4.2 Data Analysis

The data generated from the interview schedules that were distributed to community leaders, high school principals, adolescent learners and life orientation teachers is firstly analysed question by question, taking into consideration various responses of the respondents. Secondly, the data was then thematically analysed in order to generate summaries of the respondents' views.

4.2.1 The first question posed to respondents to their opinion on the sexual attitudes of the adolescents in eSikhaleni.

4.2.1.1 Community Leaders Responses

Respondent A community leader came out very strong that young children have become victims of sexual activities. **Respondent A** went to highlight that the addiction of the adolescence stage that has made young people to lose opportunities in life. Furthermore, the loss of concentration in school is leading to failing, unplanned pregnancies and drug addiction has caused all young children to be valiant. **Respondent B** opined that the youth of today is too independent to be advised what to do and they do not attach much value to physical sexual contact and the possibilities thereafter. Furthermore, **Respondent C** adolescences have mixed feelings towards sex issues as well as their sexual attitudes, they feel that being engaged in early sex makes you fit in to the peers and thus they practice unsafe sex. Still on the sexual attitudes of

adolescents, **Respondent D**, came out very strong and said, “with the rise of teenage pregnancies and escalating HIV infections, it is almost easy to deduct that the sexual attitude of adolescents is at uncontrollable proportions”. Furthermore, the respondent went on to pinpoint that the adolescents seem to be experimenting with sex and pornography at an early stage. **Respondent E** also concur with all other community respondents that there are too many contributors to this rise which includes social media, television (music video) which promotes certain attitudes. **Respondent F** opinion is that most of adolescents stay with their grandparents and they do not get enough attention from their grandparents. Respondent F opinion is that they usually get it from their peers and some parents are shy to talk about sex to their children.

4.2.1.2 High School Principals

The responses generated from high school principals send a strong signal that there is a need for continuous education on issues relating to sex amongst adolescent learners. To quote **Respondent A** opening statement “Knowledge is power”. This principal went on to suggest that if the adolescents can be knowledgeable towards sex education the prevalence of HIV/AIDS epidemic will decrease in Esikhaleni adolescents and that adolescents should be encouraged to involve themselves in sports activities. **Respondent B** opinion is that the adolescents at Esikhaleni are experimenting more with sexual intercourse and this happens between themselves and their older counterparts.

As far as **Respondents C** is concerned, “the sexual attitude of adolescents in Esikhaleni is that very conservative this is evident in that there is less discussion about it. Sexuality area in life orientation programs”. The principal further elaborated that the sexuality in terms behaviour is evident in the high pregnancy rate the social activity rate. Furthermore, the social activities including parties and the activities thereafter indicate that the youth is more active. **Respondent D** view is that adolescent learners are attracted to males by material things. The underlying reason for such vulnerability being the socio-economic status of the learners. This opinion is also popular in South Africa with the rise of the “Blessers” vocabulary. **Respondents E** had little to say and the respondent opinion is

that adolescents view sex as a good and as activity that is morally acceptable in society. Lastly, **Respondent F** opinion is that “Sexually active- adolescents are sexually active at their stage of adolescent they fight with parents causing them stay away from home. In the event there are not in their home they seek refuge their peers and expose themselves in sexual encounters”

4.2.1.3 Adolescent Learners

Since the main trust of the research is on investigating the sexual attitudes of adolescents’ learners, their opinion carries more weight because the researcher is getting first-hand information on the discourse under investigation. In response to the question, **Respondent A** came out very strongly and said, “My opinion is they seem to lack fundamental knowledge about how to behave or deal with challenges that beset them during this adolescent stage, their Behavioral patterns leave much to be desired. They must be taught as to how to deal with this stage”. **Respondent B** went on to point out that the sexual attitudes of the adolescents in Esikhaleni is high, it increases year by year, the maternity rates are also very high of many individuals indulge themselves in sexual inter-relations at a younger age.

In responding to the question, **Respondent C** said, “According to my views these youngster’s don’t value and respect themselves the way they should. They have lost the meaning of what sex is, when two have it, who to have it with and how to have it the right way. Of which it is the reason why the rate of teenage pregnancy and teenage disclosed with HIV increasing”. **Respondent D** also concur with other respondents that many young teenagers in eSikhaleni tend to have various sexual attitudes. **Respondents C** direct words are “They tend to think they to think are smart and wise enough to disobey the elders disciplines and warnings. They usually make decisions on how they feel about sexual matters and listen to their peers in what they want to do. What is critical about this is taking decisions on your own with having no guilt conscience on what the outcomes might be and how they’ll make people like parents feel. They have their theory on what sexual intercourse and how they’ll behave towards doing it, they see themselves experts in this field”.

Still on the same question, **Respondent E** opinion is that the most adolescent learners are not afraid of sex at eSikhaleni and that peer pressure is the compelling reason that makes them to be sexual active at an early stage. The learner sum it up by saying “They are doing sex to please their friends not bothering about the consequences. They are now taking sex as their good lifestyle”. **Respondent F** also felt that adolescents in eSikhaleni have high sexual attitudes and they do not consider the end results of their sexual behaviour at the end. **Respondent G** also attested that the adolescent sexual attitude at eSikhaleni is extremely high because children do not get the advice from their parents at the early age. Furthermore, **Respondent G** also mentioned that little girls should be advised at an early age about sex and this can lead to sexual Behavioral changes amongst teens. This respondent further apportion the blame to parents who do not spend time educating their children about sex and other moral stuff.

4.2.1.4 Life Orientation Teachers

Respondent A felt that there are number of reasons that compel adolescents to experience sex. As someone who has been an adolescence before, experiencing new things in life is bound to happen when you are a teenager. This respondent went on to highlight that what is happening in eSikhaleni is not unique, other areas are also experiencing the same problem around adolescent sexual behaviour. **Respondent B** opinion is that adolescence have a tendency to associate being involve in sexual experiences as something that is cool. This respondent also apportioned the blame to peer pressure which leads to adolescents making wrong decisions and choices which in turn often results in early pregnancy. **Respondent C** pointed out that the dress code of adults has a significant bearing on the sexual attitudes of adolescents. To quote the respondents words “adults have explicate display of the way they dress themselves, more apparently female adults usually wear revealing clothing in the presence of young adolescent females. To a greater extent most parents are also failing to advise their young adults about the challenging circumstances these youngsters might come across as they experience hormonal changes”.

Respondent D view is that adolescent learners at eSikhaleni are highly active in sexual activities, to them sex is like the way of releasing stress which emanates from different factors. It is the way of entertaining one another or a tool of being loved by a partner or accepted by peers. As far as **Respondent E** is concerned, teens are very interested in knowing more about sex and when they are taught about it in various learning areas they are attentive and show that they know more about it. To some when taught they would like to experience it. This respondent went on to highlight that even at school it is common to catch learners indulging in sexual activities during broad day light and they are not even intimidated by the teachers presence. Lastly, **Respondent F** said that sexual attitudes of the adolescents in our location is highly alarming in a sense that every teenager wants to be sexual active and it is considered to be the coolest thing to do.

4.2.2 The second question posed to respondents relates to what they think influences adolescents sexual behaviours in eSikhaleni.

4.2.2.1 Community Leaders

Respondent A was of the view that peer pressure, poverty and orphanism influences adolescents sexual behaviours in eSikhaleni. To quote Respondent A words, “When teenagers go through hard times they actually feel like quitting. It is during this time that they are vulnerable to peer pressure. Due to the fact that they come from broken home where poverty is rife, they tend to fall for a trap of entering in a relationship with older men (more especially girls) just trying to get some money to feed their families and siblings”. **Respondent B** put the blame on the prevalent lifestyle where everyone exercise self-control without control by parents. **Respondent B** went to highlight that the number of rights accorded to children have increased as compared to the decreasing rights of adults and parents and the government ought to be blame in this regard.

Respondent C apportioned the blame to media, peers and the conditions under which they reside which in this case is the informal settlement. Most families are in living with these adolescents in overcrowded and unhygienic informal settlements where engaging

in early sexual activities is a means of survival for many families. **Respondent D** and **E** also cited the television programs, social media and poverty as the biggest influence in sexual attitudes of adolescents. To quote **Respondent D** words, “The government has done an injustice to adolescents by passing a bill for minors to engage in sexual activities with their peers, as long as it was consensual”. **Respondent F** affirmed most Respondent views with regard to what influences the sexual behaviour of adolescents in eSikhaleni. To quote **Respondent F** statement, “I would say the media especially television and social media influences their sexual behaviour. Peer pressure also plays a great role in their sexual behaviour of adolescences. They are free to talk to one another rather than seeking information from the elders”.

4.2.2.2 High School Principals

Respondent A cited that what influences adolescents sexual behaviours in eSikhaleni is experimentation, hormonal changes, peer pressure and the media. **Respondent B** identified peer pressure as the main influence in adolescent’s sexual behaviours and the social events also contributes to the abuse of drugs. As far as **Respondent C** is concerned, the problem is nationwide and government intervention is required. This respondent cited poverty and child headed household as having a significant influence on adolescents sexual behaviours. Poverty is the main reason that is actually driving these adolescents to become sexual active at an early age.

Respondent D blame the parent as having an influence adolescents sexual behaviours because most parents are cohabiting and adolescents are exposed to these sort of illicit marriages. **Respondents E** attributes the blame to peer pressure and drinking of alcohol. To quote the statement made by **Respondent E**, “Peers claim to know it all after the intercourse and influence others to attempt it and when adolescents use alcohol they cannot control their nerves and can easily be pushed to sexual activity”. **Respondent F** also concur that amongst others, the pivotal influences are peer pressure lack of communication between adolescents and parents and openness in educating learners, by either parents or educators. From the responses, it is clear that social class or life style factors

lead adolescent to end up engaging in sexual intercourse because they are attracted to working people who are enjoying life, which in turn exposed them to sexual activities.

4.2.2.2 Adolescent Learners

As far as what adolescents learners think influences their sexual behaviours in eSikhaleni, **Respondent A** identified peer pressure, exposure to drugs and alcohol, abuse in homes, poverty, and discrimination in the society. **Respondent B** was of the view that the environment that surrounds them is the cause of the problem. **Respondent B** went on to suggest that the lack of sexual education and campaigns that help build their characters is paving way to unwanted sexual behaviours. The respondent attributed part of the problem to alcohol and drugs abuse. Lastly, the learner also felt that parents are also not playing their roles the way they should and in essence, they are not telling their children the truth in preparing them for the real world.

Respondent C view is that it is the peers mostly who influences sexual behaviours in eSikhaleni because they literally share knowledge on what one may know about a certain expect, pertaining sexual issues. Others try to adapt various sexual behaviours that their peers do. The learner made this example “ if one is involved in many relationships for one to test on how different people are sexually and one will be influenced as well. Another thing that influences these behaviours is the media of eSikhaleni. Adolescents have excess to the internet which make them exposed to pornography. In these sites, they will learn tips and new behaviours towards sex, which will makes the passionate in trying to do these and also on TV’s and social media”. **Respondent D** felt that some of a young ones are the breadwinners too their families so they themselves having blesses to get money. So those blesses does not give the free money they have to exchange it by sexual intercourse. Some are forced to have sex because they want to live high life standard.

Respondent E blame the problem of the attitudes of adolescents sexual behaviour on the influence is the environment they live in which in turn make them to do things like western people. **Respondent F** attributes the problem to the dying African culture. To quote the learners statement, “If girls go to the ritual of testing, they will remain as virgins, and none of this would exist. What is making things worse is that they no longer respect their

culture. Peer pressure also adds to the problem because some does or do horrible things, because they see that their friends doing them as well”. **Respondent G** felt that the problem is caused by parents who are not talking to their children about sexual related issues. In quoting the learner statement “unguided desire of materialistic love from the elderly men and women e.g sugar daddy/ ben 10 syndrome, the lack of life skills and positive self-esteem and inability to wait or work for rewards is a serious problem in eSikhaleni”.

4.2.2.3 Life Orientation Teachers

As far as what life orientation teachers think influences their sexual behaviours in eSikhaleni, **Respondent A** view is that a lot of ignorance is evident as there are not enough awareness and teen development programmes for the adolescent youngsters. The life orientation teacher proposed that that there is a need to invite uneducated youngsters because they are the ones that influence their peers about ignoring sexual abstinence by convincing them that they are grown enough to be involved in sexual behaviourism. **Respondent B** cited the socio economics factors. The teacher felt that unemployment results to parent failing to take care of their children. Furthermore, the teacher was of the view that environmental factors such as overcrowding in households have a significant bearing on sexual attitudes of adolescent. Part of the problem was attributed to social grants because when adolescents start receiving social grants, the more the number of children they have. Lastly, social media which include the posting of pictures of nude/naked people (pornography) and movies played late night when parents are asleep was seen also a problem.

Respondent C attributed the problem of the attitudes of adolescent learners to fame, money from the elderly, influence of the others and peer pressure. **Respondent D** also attributes the problem to friends and peers influence. The teacher felt that when they see their peers engaging in such behaviours, so as to belong to a group they have to do what friends do. The teacher also felt that some programmes on television and magazines display explicit sex, and teens will see as if it is a good thing since it is shown on television. An important point made by the teacher is that the family and community harbors the responsibility to correct the situation. **Respondent E** opined that

the influence on adolescent sexual behaviours is caused by the feeling of being not left out on the group and not being cool. So the influence is on socialising and seeing the alarming pregnancy rate looking on adults is also another influence because having a girlfriend is seen as style in their age. One factor that just kills it all is the use of alcohol and drugs.

4.2.3 The third question posed to respondents relates to their opinion on the extent to which social factors influence adolescent's sexual behaviour in eSikhaleni?

4.2.3.1 Community Leaders

Respondent A felt that social factors eg family and society such as divorce or death in the family. Family responsibility, family pressure to succeed, stigma, poverty, financial difficulties and gender discrimination also has an impact on the young-agers which leads to adolescents sexual behaviour in Esikhaleni. The community leader went on to cite that some children live under depression/pressure, fear and disability which lead to them to look at themselves as failures. Some learners condemn themselves because of where they come from and situations they are facing and the ones they live under.

Respondent B came out very strong and articulated that a human being is a social being. To quote the respondent words, "In order for one to be accept to others one has to conform to some codes of behaviour exhibited by those he/she was to be associated with. It is for this reason that adolescents end up getting into subcultures they themselves would not have got into. Its peer pressure".

As far as Respondent C, social factors influence sexual behaviour to a very large extent since there is poverty, high HIV/AIDS, leading to child headed households and overcrowding. **Respondent D** in his/her statement said "I can safely say to a great extent social factors would include the current socio-economic state which leave many people prone to poverty and therefore body- imagining and sexual behaviour becomes normalised and easily accessible". **Respondent E** was succinct and apportioned the blame to social media and poverty. Lastly, **Respondent F** also confirmed that social

factors influences adolescence sexual behaviour a lot. His words were “There is a lot of entertainment in and around Esikhaleni. Substances such as alcohol and that drug abuse such as inyaope has taken its toll among the adolescents”.

4.2.3.2 High School Principals

As far to the extent to which social factors influence adolescent’s sexual behaviour in eSikhaleni, **Respondent A** felt that to a large extent poor parenting, poverty and peer pressure are major contributors. Respondent B also affirmed that to great extent the social factors have a driving element in influencing people’s behaviour. **Respondent C** opinion is that most of families have poor background and the standard of education with most families are low. To a larger extent, a number of people live one house and there is no privacy and adolescents are brought up by their grandmothers. It is the upbringing without a parent that **Respondent D** see as a problem because it results in adolescents losing their morals. The principals words sum it up, “Adolescent become pregnant without fathers, males impregnate girls and leave them and sexual behaviour results in criminal elements in order to fit in the groups”.

Respondent E felt that things such as night clubs and alcohol consumption contribute seriously in adolescents sexual activities. Furthermore, the respondent went on to highlight that the high prevalence of taverns in township has contributed to adolescent being exposed to sexual activities, and it is in these taverns that they get the first taste of sexual experience. Notwithstanding that, television programs also contributed because not all parents guide against age restriction in television programs that are not suitable for adolescent pupils. Lastly, Respondent F opined that social factors radically influence learner or adolescents e.g poverty in the family alcoholic parents and lack or parenthood.

4.2.3.3 Adolescent Learners

As far to the extent to which social factors influence adolescent’s sexual behaviour in eSikhaleni, Respondent A felt that to a very high and rapidly growing extent as the attitudes and behaviours explain or define the character of the teenagers in coherence with their cultures, beliefs and norms as adolescents/ as children. Because of many

individuals indulging themselves in sexual relations, this increases the HIV/AIDS pandemic in the area. **Respondent B** opined that social factors influence adolescent's sexual behaviour in eSikhaleni, to the extent where the kids don't understand the value of life or how to handle themselves, for them being a teenager means house, parties, late nights and drugs. They intend to forget that they is school and a life after it just because they are befitted by current situations and living the good life, no preparing for the future and the outcomes of not preparing for it. **Respondent C** view is that the influence is to the extent in which they end up having various consequences and challenges they are going to face. These factors are the ones that end up changing other life they are living.

Respondent D came out strongly an apportioned the blame to poverty and unemployment. The learner is of the view that poverty can make the adolescent to do extreme things like being prostitute just to get money, so that they could meet up with the lifestyle that other people have/live. Secondly, unemployment goes together with poverty in terms of influencing their adolescent sexual behaviour. **Respondent E** said that young people are being affected by poverty since they are unemployed, so people who are wealthy can help them and take advantage of their weakness and wants a favour of sex. Automatically they are being exposed to HIV/AIDS some they promise to give young ones jobs after sexual intercourse. **Respondent F** also felt that it affect the teens, especially young girls who end up getting pregnant and being HIV positive and that is the end of the day, they end up having no proper future. Lastly, **Respondent G** view is that the problem is largely spread in broken families because of their vulnerability to poverty.

4.2.3.4 Life Orientation Teachers

With regard to the extent to which social factors influence adolescent's sexual behaviour in eSikhaleni, **Respondent A** view is that it influences it to the extent where norms and values that guide us how to live are no longer important because one might argue that those morals won't make him/her financially stable. These social factors push them to all kind of dangers such as HIV/AIDS. **Respondent B** view is that it influences it to the

extent to which poor family relationships lead children to seek love out of family and it is through such negligence that sometimes they are sometimes raped by close family members and parents turn a blind eye on it.

Respondents C felt that the influence is in a sense that every weekend corner to corner of eSikhaleni there are night entertainments those they play a very big role in influencing adolescent sexual behaviour. **Respondent D** opined that when you watch people act on television, for example in ‘soapies’, you may believe that what the actors are saying or doing on screen their normal behaviour they may try to copy this behaviour, not realising that it is meant to shock the audience and keep them watching . The respondent went on to blame some lyrics of songs that are very explicit when they show sexual attraction. **Respondent E** also attested that social factors are a big influence on adolescents sexual behaviour in this location because the problem starts there when they are in groups socialising being sexually active is regarded as being cool or in style. Lastly, **Respondent F** felt that the social factors influence adolescence behaviour to an extent these factors became something they believe it makes them commit to sexual behaviors.

4.2.4 The fourth question posed to respondents relates to how would they rank the social factors that influence adolescent’s sexual behaviour by order of importance in eSikhaleni.

The data generated from all the respondents is analysed in a table format below:

	Very Less Important	Less Important	Neutral	Important	Very important
Community Leaders	Cellphones, school dropouts	Culture, community, Divorce of parents	Social gatherings, prevalence of taverns	Alcohol and drug abuse, Parenting,	Socio-economic factors Poverty, drugs like liquor, unemployment,
High School Principals	Televisions and social	Rebelliousness, night clubbing	Family	Overcrowding in informal	Socio-economic factors Poverty,

	networks			settlements, Alcohol and drug abuse, Parenting, Social media, Old people proposing to young female, media	drugs like liquor, unemployment, Peer pressure
Adolescent Learners	Social networks	Social media	Education	Alcohol and drug abuse, Parenting, Social media, Old people proposing to young female, media	Socio-economic factors Poverty, drugs like liquor, unemployment, peer pressure, family
Life Orientation Teachers	Abuse from family			Lack of education, alcohol and drug abuse, Parenting, Social media, sex in exchange of material things	Social factors, economic conditions, Poverty, drugs like liquor, unemployment, Peer pressure, family

Table 1: Ranking of social factors by order of importance

4.2.5 The fifth question posed to respondents relates to the role they think cultural values and norms play on adolescents' sexual behaviour

4.2.5.1 Community Leaders

Respondent A felt that it influences the teenagers to keep themselves safe. e.g cultural activities include traditional reed dance and ceremony which gathers female and young girls to keep themselves as virgins and wait for the right man. This will encourage young girls to reach their adulthood. It is then important to encourage young girls to be interested in culture school, hard-work so that they can have brighter future than to run around in the streets and wasting the future that is ahead of them. Norms also affect the way the child moulds and structure their future. **Respondent B** opinion is that culture is

not static it changes with the passage of time. Emphasising education and cultural values would go long way towards providing guidance to young girls, particularly if such values are based on principle.

Respondent C view is that cultural values can play a great role in Esikhaleni, but due to the nature of settlement in Esikhaleni people have lost identity due to the multicultural settlement and mixed cultures are residing there. Culture can able young girls to rise above the current socio-economic challenges which they face daily in their lives which leave many people prone to poverty. Through the prioritisation of cultural values and norms girls will stop imagining sexual behaviour to be norm and regard is a taboo until they become married. As far as **Respondent D** is concerned, cultural values have an effect that is two-fold. The first is that it speaks of preservation, respect, for ones body and condemns sex before marriage. The other part is that it instils a sense of fear and disgust to adolescents with much rational. In other words, it does not sometimes address what it should address, instead it creates a sense of rebellion from a mind of an inquisitive teenager. **Respondent E** opinion is that “As a community leader, I think cultural values and norms play a great in the upbringing of adolescents. If there is a good family structure few adolescents will indulge themselves in sexual behaviour like encouraging festival Umkhosi Womhlanga and boys initiation”

4.2.5.2 High School Principals

Respondent A came out very strong that cultural values and norms are somewhat diluted by the law, it is difficult to single them out without putting into careful cognisance and consideration the arm of the law. While we sometimes try to use cultural values and norms, singly, you have to marry them with the various laws, i.e. that is the constitution etc. therefore they play a very limited role. **Respondent B** opinion is that to certain extent they play a role of minimising high sexual behaviour among our adolescent groups. They serve a positive guiding tools because it is through such cultural norms that we are also able to curb negatives of being sexual active.

Respondent C highlighted that the cultural values must be infused in all subjects because we do not have elders that will assist culturally. **Respondent D** did not have an opinion in this regard and **Respondent E** felt that cultural values do play a huge role in moulding adolescents, cultural teaches adolescents good behaviour and cultural values inhabit some of early sexual behaviour. Lastly, **Respondent F** also affirmed that cultural values do play an important part and went to site the reed dance (Umkhosi Womhlanga) as an example.

4.2.5.3 Adolescents Learners

In as far as the role played by cultural values and norms play on adolescents' sexual behaviour, **Respondent A** came out very strong and said, "I think the cultural values play a good role in keeping or abstaining or protecting them against teenage pregnancies and abuse. On the contrary, though it turns out as the opposite of the implied/purpose as others come back having pregnancies for example, e.g in reed-dance cultures for Zulu girls. However, the norms does play also a huge role as it creates, mould and shapes the behaviour of the child/adolescent from childhood". **Respondent B** opinion is that the culture brings good respect and behaviour but not all the families follow and practice them so not all of them get the rich information and meaning of what being a Zulu girl is or a Zulu being is. Religion also promotes good morals but then again not all choose to believe.

Respondent C opinion is some cultural values and norms play an important role in building up a better well-being and personality type in adolescents. A good example of the values is chastity and virginity. This may be opposed by other values and norms in promoting adolescents sexual behaviours. For an example, a guy may persuade/convince a girl in not refraining from sex not keeping themselves virgins because it is worthless or even invented certain unknown inventions that will make one change her mind or their norms which may oppose other peoples values and norms. **Respondent D** also felt that cultural values and norms also play by cultural values, because they have rules and all that but the problem is that the people with adolescent do not follow the rules and respect them the way they should. **Respondent F** also affirm that cultural values and norms can play a big role, because cultures teach people how to behave, care for yourself, how to respect others and yourself. Culture can play vital

role because if people still believe in their cultures and beliefs, young girls would not have three children at the age of 16.

On the contrary, **Respondent E** view is that cultures can influence adolescents in a negative manner when elder want cows they let their young ones to marry even into a polygamous family. This practice disregard the right of young girls to choose their own lifetime partners. Lastly, **Respondent G** view is that through culture children can learn to wait for right time to venture into correct stages in life and that they can grow into taking pride in themselves.

4.2.5.4 Life Orientation Teachers

As the role played by cultural values and norms play on adolescents' sexual behaviour, Respondent A felt that programmes such as brothers for life influences and develop young makes perception about early and their commitment and abstinence from sexual behaviour until the time and life achievements have been met. The respondent further went on to highlight that cultural events and activities such as Umhlanga, umemulo, ukukhuliswa help a lot of young girls to abstain. **Respondent B** view is they play a huge role in that it teaches them self-respect, discipline and the love of self, it also teaches them to priorities and waiting for the right time. **Respondent C** in response to the question said, "As a former life orientation teacher, I think cultural values and norms oat to play a pivotal role but since this new generation give no respect and meaning on cultural values and values". **Respondent D** cited that each culture has rules or values around sexuality. In Xhosa and Zulu culture, when a girl begins menstruation she is no longer allowed to play or spend time with boys. In several initiation ceremonies, girls are told to remain virgins until they are married and want to have children. Many cultures teach that women should only marry one man. **Respondent E** opinion is that cultural values like ukukholwa, plays a huge role in conserving ones girl virginity hence they do not commit themselves in any of sexual behaviours. As for norms, in our society it is one of those elements that are missing but somehow they do play an important role in guiding youngsters not to commit themselves in any sexual behaviour. Only one life orientation

teacher did not respond to the question and the absence of the response does not have any significant bearing on the results.

4.2.6 The fifth question posed to respondents relates to the extent to which sexual behaviour and attitudes of adolescents' impact on the prevalence of HIV/AIDS epidemic in eSikhaleni?

4.2.6.1 Community Leaders

Respondent A opinion is that it impact HIV/AIDS prevalence to a very high extent and as a behaviour defines/explains the role played by these teenagers with their religion, beliefs, culture and norms of children. **Respondent B** also confirmed that evidence has shown that a lot of female students in particular contract HIV during their adolescence. This indicates that children become sexually active early on in life without using protection in the form of condoms. **Respondent C** also attested that it impacts to a greater extent since you find high pregnancy rate of adolescences and high-rate of HIV/AIDS. Sexual activity is also used some as means of income. **Respondent D** statement "I don't have the statistics of Esikhaleni specifically but because this area is in the KZN province with many industrial areas surrounding it, a University nearby and the social ills before all of us, I can safely say it that it impacts greatly to the prevalence of HIV/AIDS", sums it up. **Respondent E** view is that the youth forms the majority of the population of Esikhaleni. If adolescents are impacted with sexual education, the epidemic of HIV/AIDS in Esikhaleni will decrease by involving them in sports activities. Lastly, Respondent F response is striking because of his words "I would not know to what extent exactly, as I don't know peoples statuses".

4.2.6.2 High School Principals

According to **Respondent A**, looking at the fact that there is high pregnancy rate in Esikhaleni you get the sense that they are not using protection and this will result in high HIV and AIDS infection. **Respondent B** opinion is that the adolescents are much aware of HIV and AIDS because of more campaigns have been done. **Respondent C** also felt that sexual behaviours of adolescents increase chances of contaminating HIV/AIDS,

Spread HIV/AIDS and Expose adolescents to HIV/AIDS(become at risk). Lastly, **Respondent D** view is that during night clubbing adolescents may consume alcohol and end up engaging in sexual intercourse without use of protection. Adolescents may engage in sex in exchange for drugs during night clubbing and furthermore they may sleep with elder people who may already contracted HIV/AIDS. Both **Respondents E and F** did not respond to the question which is also not significant that much.

4.2.6.3 Adolescent Learners

Respondent A view is that the extent to which the rate of HIV/AIDS and teenage pregnancy is increasing is alarming. The learner went on to point that the epidemic will never be contained the way these youngsters handle themselves. Some are influenced by friends having the mentality of that they can control and take decisions on their own which leads to youngsters getting HIV/AIDS. **Respondent B** opinion is that these attitudes and behaviours will have a major impact in the prevalence of HIV/AIDS epidemic in eSikhaleni because the adolescents learners will engage in sex, some with it even a use of protection or contraceptives, then they'll get exposed to HIV/AIDS and fall pregnant. **Respondents C** sum it up by saying "These children with adolescent that have engaged themselves in sexual behaviour, some of them end up getting HIV and tend to spread it more and more on others since they don't even condomise".

Respondent D pinpointed that investigators have said that on the past years HIV/AIDS increased but some of them they were lacking education about this fatal disease. Those who are teaching the young ones are playing a vital role and this decreases the number of young ones to expose themselves to sex. **Respondent E** attested that the sexual behavior of adolescents increases the percentage of teen being positive, because they engage themselves in unsafe practise. As far as **Respondent F** is concerned, young and old relationships lead to engaging in unprotected sexual interaction for gains and immediate satisfaction. Lastly, Respondent G felt these attitudes of adolescents would have a very positive impact on HIV/AIDS epidemic; it promotes a positive sexual mind set hence the epidemic is increasing.

4.2.6.4 Life Orientation Teachers

Respondent A opinion is that sexual behaviour and attitudes have contributed a lot as they don't use contraception's and other protections they therefore contaminant illness easily. Most young parents are ready infected then give birth to infected babies.

Respondent B said for sure it has an impact because usually when they are out to socialise they turn to be irresponsible. **Respondent C** also affirmed that teens increase rate of HIV/AIDS infection, teenagers are not afraid of STIs and HIV/AIDS. Lastly, **Respondent D** concur will all respondents by articulating that adolescents impact on the prevalence of HIV/AIDS epidemics in eSikhaleni is hampered by their behaviour in sexual activities, These sexual behaviours and attitudes in sexual activities without the knowledge of protecting themselves.

4.2.7 The sixth question posed to respondents relates to what needs to be done to change the behaviour and attitudes of adolescent's towards sex in eSikhaleni?

4.2.7.1 Community Leaders

Respondent A answered this question using these words, "Children need to be groom, foster the parentless, be a mother to the motherless, be a father to the fatherless, teach them the word of God, let them know how much it is a sin to meet a man before marriage and tell them about the grace and mercy, they will have because of self-respect but they should also remember that to find what you seek in the road of life, the best proverb of it all is that which says leave no stone unturned". **Respondent B** felt that there is nothing that would work better than educating adolescents both to the danger of HIV and the value of life. This will help children consciously protect their lives because of the value they shall have a hash to it. **Respondent C** opinion is that sex education should be done properly in life orientation and coupled with health education so that they understand the health impact of their behaviour. The campaigns on sexual behaviour should be driven by the different organisations ie churches, NGOs, and the political parties.

Respondent D and E also felt that life orientation subjects should address what it needs to without reservation and fear. Openness about sexuality and sexual behaviour of adolescents. They went on to suggest that life orientation subjects should address what it needs to without reservation and fear. Openness about sexuality and sexual behaviour of adolescents. Lastly, **Respondent F** did not offer any response to the question.

4.2.7.2 High School Principals

Respondent A did not responded to the question and **Respondent B** opined that sex should not be treated as a taboo. Furthermore, sex cannot be seen as a scare tactic, youngsters should know that beyond HIV/AIDS and pregnancy, that sexual intercourse is for pleasure but make them understand the value of sex. **Respondent C** view is that there is a need of open parent education towards sexual attitudes and behaviours. Things such as sex, sex education and youth open engagement should be encouraged. **Respondent D** felt that subject orientation must have topics that deal with sexual attitudes. Furthermore, **Respondent E** highlighted that adults need to be exemplary and adults need to change their attitude first and be able to teach what is right to adolescents. Lastly, Respondent F came out strongly that night clubs must not admit people under age of 18 and need to adhere to that rule. Taverns must control the level of noise in order to discourage interest to young people to visit it.

4.2.7.3 Adolescent Learners

As far as what needs to be done to change the behaviour and attitudes of adolescent's towards sex in eSikhaleni, **Respondent A** words are a mouthful "Teach children about the harmful side effects of indulging themselves in sexual behaviour that is pre-mature. Create awareness committees in communities. Provide protection by education of the sexually transmitted diseases and abstinence. Due to a foresaid reasons, it has grown into colossal levels". **Respondent B** words are "Sex education is the only solution, parents and teachers being able to talk to their teenagers about sex and how to value themselves the way they should, and help them practise good morals. More campaign and motivation speaking based on sex education". As far as **Respondent C** is concerned, there should be

exhibitions where these matters will be discussed thoroughly and dealt, with involving love life candidates and these exhibitions need to have people who will have testimonies of the same situations. **Respondent D** opinion is that parents should discipline their children. The learner went to point out that AIDS awareness campaigns, regular AIDS checks up has to be done in school and the governments should set rules for one adolescent children. The respondents view are also affirmed by **Respondent E** who said “Most of adolescents need to be gathered together and be taught about of sex and that they must use condoms when having sex. But they should not only be taught about sex but they also need healing from what really makes them to be sexual active. Because some are the victims of poverty which lead to them engulfing on sex to benefit monetary favours”.

Respondent F said that “The only thing that need to be done is that people must go back to their roots. Years ago when people still followed their culture a girl could not sleep with a boy, until they are married, and a girl could not give birth while it stays at her house. All in all that would be a solution if people go back to their culture and beliefs and stop living like western people”.

4.2.7.4 Life Orientation Teachers

Respondent A is of the view that there is a need for establishment of strong social structure to guide children through the development stages in education sector religious sectors, communities and more organised recreation. **Respondent B** had a strong opinion which says, “Promotion of cultural activities for the young ladies. Develop programmes for motivation for the young boys. Parents community members should take initiative towards lecturing rather advising their youngsters about sexual awareness and the risks of early adolescent sexual behaviours. Have love life members come creates awareness in both public and private schools of eSikhaleni”. As far as **Respondent C** is concerned, adolescents need to be taught values, introduce to rewarding activities in order to promote healthy practises whilst implementing awareness campaigns. **Respondent D** opinion is that cultural values should be brought back and adolescents be encouraged to go back to our roots so we will make a good generation of tomorrow. **Respondent E** view is that the most important way to change the behaviour and attitudes towards sex in eSikhaleni is to educate people about being sexually active and to raise the awareness against the consequences of being sexually active. Lastly, **Respondent F** said that there should be

awareness programmes at school and communities. Furthermore, parents must be open and talk about sexuality so that teens will understand the myths and facts about sexuality.

4.2.8 The sixth question posed to respondents relates to the role that should be played by the principals, life orientation teachers and community in ensuring that adolescent learners change their sexual behaviour and attitude

4.2.8.1 Community Leaders

The community leaders views on the role that need to be played by stakeholders in ensuring that adolescents learners change their sexual behaviour and attitude can be summarised as follow:

All these individuals as principals, teachers, community leaders, and church leaders have to do is to play a role. Give these young children hope for the future and keep persuading them with motivation and psychologise them. And last but nothing else but always let them know that “Constant efforts and frequent mistakes are stepping stones to genius. And its always the best.

Principals should start with their teachers. Particularly male teachers, not to have sexual contact with learners. Life orientation teachers must raise awareness to the children of the dangers and negative influences they are to encounter among various quarters. The community at large which includes children, teachers, principals and community leaders have to work hand in hand to safeguard its. They should remove the stigma attached to the relationships of adolescence and educate them properly on sexuality issues and the impact of early engagement in sex and multiple partners.

Change is a long process, especially in the fast paced times we find ourselves in nowadays. However, as various stakeholders we can work together to open up transparent dialog about ensuring that adolescents learners change their sexual behaviour and attitude. In doing so, we need not be judgmental and fearful. All

stakeholders should come together to change adolescents sexual behaviour and attitude towards sex. They should encourage the adolescents to be fully involved in sports, attending extra classes and encourage to take full responsibility in every activities.

4.2.8.2 High School Principals

The high school principals were explicit that youngsters need to be educated about a sex way that will be helpful and not use it a scare tactic. Furthermore, sexual education and open engagement, youth talk shows should be prioritized. It is of significant importance to ensure that we get the youth themselves to join the discussion. It is also crucial that workshops be conducted where adolescent learners can be told about the consequences of their sexual behaviour and attitudes. Awareness campaigns on early sexual behaviours involving different stakeholders such as nurses, doctors and social workers are also important. School principals must always ensure that pupils are at school. In the event that the child is absent it must be reported immediately to parents, teachers need to be vocal on dangers of sexual intercourse and warn learners. The parents must in turn ensure that they do not need to feed children food that stimulate their body. Parents must control children when watching TV and discourage them when watching programs not suitable for them. Social workers must also play a fundamental role. Life orientation educators to educate whole-heartedly and parent to be taught as to how to deal with adolescents at this stage.

4.2.8.3 Adolescents Learners

The adolescent learners were of the view that open communication between parents and adolescents on sex education is crucial. What need to dominate sexual education is the point that sex is not bad, but how to know when it is the right time to have it and taking care or handle yourself after it is. Learners also need to make it a point that the decisions they make will have a good impact in their life's. Adults should carry on giving on giving learners advices and having seminars that they can help to combat our sexual behaviours and attitudes. The only solution to this is to have people who have also experiencing same situations, this will help some adolescent learners to see the

dangers of involving them in sexual behaviours and attitudes that are not good. Lastly, we need to be educated about the negative effect irresponsible sexual behaviour on our lives.

4.2.8.4 Life Orientation Teachers

As far as the life orientation teachers are concerned, principals must combine tea curing schemes about sex to students at school and counsellors. Life orientation teachers when comes to sexual topic must speak the truth about it and not being ashamed of the topic. Community must also teach young ones making youth schemes empowerment and make something that will keep them busy and not expose themselves to sexual things. Nowadays life orientation teachers, do not teach children how to live and take care of themselves. Life orientation must play their part on teaching children the way to use.

Organised lessons, Community dialogs, Recreational facilities with various programmes and sound family ties. We need to have educators integrate lessons and or taught subjects with adolescents ignorance and homonical changes. Link both discipline and motivation about sexual behaviours to learners so they understand the phase in which they have came across. As life orientation teachers we also need to have competitions for rewarding well behaving learners. The talk-shows involving the victims of active sexual behaviours and various instillation of self-discipline practices. They should use all they could to inform or educate adolescent learners to change their sexual behaviour and attitude. Those in media should ensure that their role is to educate and teach adolescent learners about being active in sexual activities and raise awareness in sexual life. Lastly, there is a need to teaching about the consequences of sexual behaviours.

4.3 Conclusion

It came out very strong from the analysis of the results that socio-economic factors play a huge role in the sexual behavior of adolescents in eSikhaleni. The results paint a tepid picture of an area that is engulfed with poverty, unemployment, alcohol and drug abuse. Part of the risky lifestyle highlighted by the respondents from the findings emanate from peer pressure, social media and the music videos available at the youth disposals. Night clubbing was also identified as having a contribution to risky sexual behaviour of adolescents in eSikhaleni. Hence, most respondents felt that there is a need for sex education to be done properly in life orientation. It must not only stop in class, such initiatives should go beyond the classroom to communities, churches and families. Such will require open communication between parents, adolescents, community leaders, high school principals and the government intervention is also a necessity.

Chapter Five

Discussion of and Interpretation of Results

5.1 Introduction

This chapter is based on the findings of the study generated from fieldwork interactions with community leaders, high school principals, adolescent learners and life orientation teachers at eSikhaleni. Initially, the researcher set out to examine the socio-cultural impacts towards risky sexual behaviour amongst adolescents in eSikhaleni, in context of the prevalence of HIV/AIDS epidemic. In order to be able aim, the researcher had to asses the sexual attitudes and beliefs of the adolescents, ascertain the role played by cultural values and norms on adolescents' sexual attitudes and beliefs and also understand the impact of the adolescent's sexual behaviour and attitudes on the prevalence of HIV/AIDS epidemic in eSikhaleni.

5.2 Discussion of Results

The discussion and interpretation of results is in line with the studies conducted by other researchers on the socio-cultural impact towards risky sexual behaviour amongst adolescents. The discussion and interpretation exercise took into consideration the initial problem statement that was advanced, which stated that: "The prevalence of HIV/AIDS poses a serious challenge on social Behavioral health particularly among adolescents in South Africa. As a nation, South Africa has the best and most expensive programme tackling HIV/AIDS epidemic, with a tremendous decline result presently. Given the account on the decline outcome for the efforts tackling HIV/AIDS in South Africa, only very little data exist from social behaviour health perspective. However, it is the assumption of this present study that, while the HIV/AIDS epidemic still persist particularly in rural regions, the prevalence can better be understood from social Behavioral health aspect of the adolescents in eSikhaleni".

5.2.1 Society as a problem

The problem of young people getting involved in risky sexual behaviors is not only a South African challenge, it in fact a global challenge. A study conducted by McManus and Dhar (2008) on adolescent school girls' knowledge, perceptions and attitudes

towards STIs/HIV and safer sex practice and sex education in India revealed that sexually Transmitted Infections (STI's), including HIV (Human Immunodeficiency Virus) mainly affects sexually active young people. Young adults aged 15–29 years, account for 32% of AIDS (Acquired Immunodeficiency Syndrome) cases reported in India and the number of young women living with HIV/AIDS is twice that of young men. The aim of the study was to evaluate and to explore their current sexual behaviour in India. This is also confirmed by the findings of this study that also discovered that adolescents are prone to high-risk sexual activities. There are a number of factors that were identified to be the reason for indulging in such behaviors. Poverty, family, society etc.

From the findings of the study, adolescent learners came out very strong that poverty is the reason that tempts young people to get involve in risky sexual behaviours is because of the availability availability of blesse. The legacy of apartheid left deep imprints in our society and the ghost of inequality continue to haunt our society. The problem was also compounded by the problem of HIV/AIDS that has continue to ravaged communities in the last 2 decades. To date most families are now child-headed households. Hence, South African society is a problem.

As outlined by many adolescence learner in the data analysis section some young girls are the breadwinners to their families so they have blesses to get money. Most blesses do not give the free money they have to exchange it by sexual intercourse and in some instances they are forced to have sex because they want to live high life standard. The findings of study is in line with the findings of Cebekhulu from the University of KwaZulu-Natal in his article titled “The Gold Diggers”. Cebekhulu’s (2013) findings also confirmed that young women engage in transactional sex with older, often wrinkly, men, in return for expensive gifts and a high-rolling party lifestyle with entry to the city’s most glittering events. He further pointed out that although these young women have the world at their feet, or at least the material world, they want more and they want it now. And they’re getting it by having transactional sex. His solution to the problem is that we might not be able stop the Blesse culture, but perhaps it can be managed. He suggested that we need to start at schools so that this culture does not spread to

universities because children are getting to universities having already grown up too fast. Something needs to be done about these men that take advantage of young women.” His findings is in line with the findings of various studies have shown that most female adolescents from schools in poorer communities engage in unprotected sex with older partners from outside the school system (see Shisana et al, 2009; Frank et al, 2008; Chatterji, Murray, London and Anglewicz, 2005; Ganyaza-Twala & Seager, 2005; LeClerc-Madlala, 2003).

To quote some of the student interviewees in a study by Cebekhulu (2013), “Everybody wants to be an ‘It Girl’. That girl that everybody knows, the top socialite and that one with the most of everything. You cannot get your parents to take you to every party. They probably would not even let you go. An older man offers independence. They might give me things but they allow me freedom that my parents never could”. University of KwaZulu-Natal Student.

“I don’t feel bad about sleeping with a man in exchange for something because at the end of the day, we are both happy. I am in a flashy car every day, I have my nails and hair done and I look amazing.” Durban University of Technology student

5.2.2 Home as the root cause of risky sexual behaviors amongst adolescence

“No adolescent ever wants to be understood, which is why they complain about being misunderstood all the time.”

— Stephen Fry, *Moab Is My Washpot*

From the opinions generated from the respondents during the fieldwork, the first issue that came out very strong pertains to the inability of many families in eSikhaleni to provide proper guidance to their adolescent. In the end such lack of guidance has a significance bearing on the youth embarking on risky sexual behaviours which in turn jeopardises their future. This finding is in line with a study conducted by Brown (1998) conducted on the relationship between parental involvement in an adolescent life and possibilities of risky sexual behaviours. The findings of Brown’s study confirm that key factor for risky adolescent behaviour starts in the home. Adolescents who felt a strong sense of closeness to their parents and to their school, and adolescents whose parents put high expectations on them for academic success had a lesser chance of becoming

involved in risky behavior. Furthermore, a study conducted by Salama (2011) of Xhosa speaking adolescents in Cape Town children whose relationship with their parents was poor also reported attitudes that placed them at risk for HIV infection in other words, children's attitudes to early sexual activity, condom use, sex with older adults, etc. were associated with parental relationships.

5.2.3 Demise of Cultural values and norms

The findings of this study pinpoints that the demise of cultural values and norms has had a significant impact on the behaviour of adolescents, especially at eSikhaleni. Most respondents cited the importance of traditional cultural values that are supposed to be renewed in society. For an example, the reed dance was single out as the most important cultural practice that instill right behaviour amongst young teens not to involve themselves in early sexual encounters. This finding is in line with Sapire (1988) study that confirmed that cultural beliefs within Black communities can prevent young people from gaining more information about sexuality, because culturally parents could not discuss sexual information with their children. A study conducted by Robinson, Dortzbach, Kiiti, Amalemba, Rakama, Hayman and Wamae (1996) identified the importance of involving other stakeholders such as church leaders in enhancing behavioral change as a solution.

5.2.4 Link between risk sexual behaviour amongst Adolescent Learners and lack of knowledge

A number of studies revealed that access and use of health information could influence adolescents' attitudes toward risky sexual practices. Odujinrin and Akinkuade (1991) examined adolescents' knowledge of AIDS, their attitudes, beliefs and preventive measures adopted by them. The study affirmed that accurate information could lead to attitude change and behaviour modification. Studies conducted a decade earlier in South Africa reveals that risky sexual behaviours are a result of the lack of awareness of what constitutes risky behavior and also the lack of accurate information about AIDS and sexuality; lack of personal skills for safe (see Sarker et al, 2005; Barden-O'Fallon et al, 2004; Pettifor et al, 2004; Macintyre et al, 2004). Furthermore, a study conducted by

Kau (1988) also revealed that concrete sexual education and related information were not made available to the youth until they were faced with the trauma of unwanted pregnancies, birth complications and Sexually Transmitted Infections (STIs) due to wrong decisions and misconceptions about contraceptives (Sapire 1988; Kau 1988).

The findings of this study also reveals that there is a need for a robust information dissemination on the discourse of risky sexual behavioral practices amongst adolescents learners and this should be an initiative from family, school and community at large. This finding is in line with that of the World Health Organisation (2002) which concluded that adolescents' sexuality information needs and services have been a major concern and challenge to the international community for over a decade. This is as a result of the growing awareness of young peoples' relatively high risk of exposure to inaccurate or incomplete information about issues such as sex, HIV and other sexually transmitted infections (STIs), pregnancy, abortion, maternal complications, female genital mutilation and so on (also see World Health Organization, 2002).

Contrary, the findings of this study reveal that the endemic problem of sexual Behavioral risk amongst adolescent learners cannot be solely be attributed to the lack of knowledge of what constitutes risky behaviour. From the analysis of adolescents learners responses, one would have expected the adolescent's learners to point out that the reason why they find themselves getting involve in risky sexual behavior is because of the lack of knowledge about the healthy behavior but that was not the case. From the adolescents learners, it came out very strong that they have full access to information about risky sexual behaviours but they are driven by poverty and peer pressure to indulge is such behaviour.

In essence, this finding is in line with Hartell (2005) finding that despite the increase of knowledge among adolescents, HIV infections continue to rise. In fact, adolescents do not always practice safe sex and such can be witness through the ever growing teenage pregnancy rates in South Africa. Based on this finding, the researcher can deduce that

South Africa has gone a long way in terms of education adolescents about risky sexual behavior.

5.2.5 Peer Pressure as a challenge

“Peer pressure and social norms are powerful influences on behaviour, and they are classic excuses”. Andrew Lansley

A study conducted by Pathan (2010) on the sexual attitudes of adolescents towards risky sexual behaviour reveals that attitude towards self is the most dominating one especially during adolescence, as pupils become more conscious about themselves, their appearance and are sensitive towards reaction of others towards them. From the findings of the study it also became clear that peer pressure plays a significant role the sexual Behavioral attitudes of adolescents lend. As mentioned in the discussion, adolescent learners tend to think they are smart and wise enough to disobey the elders disciplines and warnings. They usually make decisions on how they feel about sexual matters and listen to their peers in what they want to do. What is critical about this is taking decisions on your own with having no guilt conscience on what the outcomes might be and how they will make people like parents feel. Studies conducted by Le and Kato, (2006); Pedlow and Carey, (2004); and Eaton et al, (2003) who discovered that sexual behaviors’ of adolescents are peer-driven corroborate this finding.

Furthermore, a study conducted by Mwamwenda (2004) also confirm the results of this study that peer pressure is a major contributor towards risky sexual behaamongst adolescents. His finding is that conformity with peers give adolescents a sense of belonging, which is important to them. He further went on to point that there is room for innovation, but this must conform with the basic structure or meet the approval of peers. His conclusion is that adolescents tend to be idealistic and look for perfection in themselves, society and its institutions and others, including parents and older folk. This also seems to be the case in this investigation.

5.2.6 Alcohol and Drug abuse

In the last 10 years in South Africa, we have witnessed a new culture of partying that has emerged amongst young people. This culture involves being involved in heavy drinking spree and other substance abuse, which, in most instances have been fatal. A study conducted by Jessor, Donovan and Costa (1991) also confirmed that adolescents who engage in risky behaviour are more likely to have peers who engage in other problem behaviours, e.g. Alcohol, drug use. In this stud, high school principals, life orientation teachers, community leaders and adolescent learners also raised this issue during interviews. Furthermore, a study conducted by Cook and Clark (2005) on the relationship between risky sexual behaviour and sexual transmitted diseases also revealed that there is a direct relationship between alcohol use and increased risk of HIV infection in South Africa. Lastly, a study conducted in Gauteng and Western Cape by King et al (2004) also linked alcohol and drug abuse to sexual abuse, risky sexual behaviour and having multiple sexual partners.

5.3 Linking the Theoretical Framework to the findings of the study

Having discussed and interpret the results generated from the data analysis stage, it thus become imperative to revisit the theoretical foundation underpinning this study. The purpose of this exercise to ascertain whether the proposed theory advanced in chapter two is appropriate to the findings of the study. As noted by Karl Marx cited in Foster (1949), theory is posterior to facts, it is invented afterwards to fit the facts. The findings of the study reveal that social interaction plays a significant role in adolescent getting involved in risky sexual behaviors. This is in line with Vygotsky's theory that social interaction plays a fundamental role in the development of cognition. While socio-cultural theory tie the focus of the prevalence of HIV/AIDS to social Behavioral health context, on the other hand, the social learning theory help in understanding the development of the Behavioral model.

From the findings of this study, the socio-economic and cultural impacts were identified as having the major impact in adolescent learners getting involved in risky sexual behaviors. The theory that fit the findings of the study is Vygotsky's socio-cultural theory

of human learning as a social process and the origination of human intelligence in society or culture. The major theme of Vygotsky's theoretical framework that fit the findings is that social interaction plays a fundamental role in the development of cognition. Adolescent attitudes towards engaging in risky sexual learners is learned at a social level (interaction with the others e.g. peers) and later at an individual level. This was eminent from the findings of the study.

The other theories that were found to support the findings of this study is the theory of Planned Behaviour and the Social Cognitive Learning Theory. The choice of these theories is informed by the fact that none of the one single theory can explain, holistically, the socio-cultural impact on sexual behaviour among adolescents in eSikhaleni high schools: in context of the prevalence of HIV/AIDS epidemic. Alfred Bandura's social learning theory also fit in the study because it provides an understanding of the factors that influence adolescent attitudes towards engaging in risky sexual behaviour. Social learning theory stipulates that individuals learn new behaviour by watching others in a social situation, absorb it and then imitate that behaviour. Bandura's social learning is based on four fundamental principles consisting of differential association, definitions, differential reinforcements and imitation. These principles were identified in the findings of the study and were thoroughly engaged in the discussion.

5.4 Conclusion

A number of issues have emerged from the discussion and interpretation of results, which, clearly pinpoint the importance of the discourse of adolescents getting involved in risky sexual behaviour, especially in the context of HIV/AIDS pandemic. Despite the vast literature that is available on risky sexual behaviour amongst adolescents, in South Africa we seem to be lacking on the policy framework regarding interventions. Very little from the policy framework emanated from the South Africa literature with regard to the problem statement advanced.

Chapter Six

Conclusion and Recommendations

My dear young people, I can see the light in your eyes, the energy in your bodies, and the hope that is in your spirit. I know it is not I, but you who will make the future. It is you, not I, who will fix our wrongs and carry forward all that is right in the world.

Nelson Mandela [2002]

6.1 Introduction

This study will examine the socio-cultural impacts towards risky sexual behaviour amongst adolescents in eSikhaleni, in context of the prevalence of HIV/AIDS epidemic. Not much information has been provided on social Behavioral health of adolescents in rural KwaZulu Natal Province. Therefore, this study will provide data on socio-cultural influences of the sexual behaviours of adolescents in eSikhaleni. This study will also raise awareness about on how to tackle HIV/AIDS epidemic from a social Behavioral perspective. The study will benefit government departments, particularly the Department of health in designing future programmes and policies aim at tackling social Behavioral health issues, as well as researchers and academics. Hence, the objectives and the key research questions of the study are as follow

6.2 Reiterating the Problem Statement

The prevalence of HIV/AIDS poses a serious challenge on social Behavioral health particularly among adolescents in South Africa. As a nation, South Africa has the best and most expensive programme tackling HIV/AIDS epidemic, with a tremendous decline result presently. Given the account on the decline outcome for the efforts tackling HIV/AIDS in South Africa, only very little data exist from social behaviour health perspective. However, it is the assumption of this present study that, while the HIV/AIDS epidemic still persist particularly in rural regions, the prevalence can better be understood from social Behavioral health aspect of the adolescents in eSikhaleni.

6.3 Reiterating the Objectives of the study

In order to achieve the purpose of this study, the following objectives were pursued:

- To assess the sexual attitudes of the adolescents in eSikhaleni;
- To examine the sexual beliefs of the adolescents in eSikhaleni;
- To ascertain the role played by cultural values and norms on adolescents sexual attitudes and beliefs in eSikhaleni; and
- To understand the impact of the adolescent's sexual behaviour and attitudes on the prevalence of HIV/AIDS epidemic in eSikhaleni.

6.4 Conclusion and Recommendations

6.4.1 Conclusion

The recommendations emanating from the findings that can assist in addressing the challenges associated with risky sexual behaviour amongst adolescents can be classified as: strengthening the community and family pillars; addressing the peer challenge amongst adolescents; rethinking the role of cultural values and norms in our society; and a need for robust educational campaigns on sexual behavior and implementing a multipronged poverty alleviation strategy for adolescent learners in vulnerable households.

6.4.2 Recommendations

- **Strengthening the Community and Family pillars**

There is need for more aggressive efforts by all stakeholders-parents, teachers, government and non-governmental agencies to provide sexual information to adolescent girls so that an entire generation might not go into extinction because of the consequences of risky sexual behaviours. If the in-school adolescent girls have access to libraries (school and public) that are fully equipped with a variety of sexual Behavioral attitudes materials, they would be favourably disposed towards attitudes. Health talks, symposia, seminars could provide avenue for in-school adolescent girls to have access to sexual Behavioral information that could affect their attitude towards sexual behaviour.

Poor parental monitoring and parent child coercive interactions were associated with having deviant peers and risky sexual behaviour. Less availability of parental figures in the family was directly associated with risky sexual behaviour and poor parental monitoring.

- **Addressing the Peer Pressure challenge amongst adolescence**

It became clear from the data analysis and the findings of the study section that the challenge associated with pressure was ranked amongst the major contributors to adolescents embarking on risky sexual behaviour. Peer pressure is so powerful that it can even overcome the strongest values imparted by a the family to a child. It is worse at an adolescent stage because the young person is prone and vulnerable to influence from other peers. As indicated by respondents, parties and night clubbing are now seen as the spaces where peer pressure manifests itself to a greater extent in our society. In an area such as eSikhaleni where poverty resides in many households, adolescents are more vulnerable.

- **Rethinking the role of cultural values and norms in society**

Cultural values and norms play a very important role in any healthy society. It provides provides knowledge and wisdom, which, are essential for the physical and intellectual existence of human being. It preserves knowledge and wisdom that is transmitted from generation to generation. Take for instance, the role played by the reed dance in preserving the virginity of young girls in a Zulu and Swazi nations. In essence, culture delineates the future of an adolescent and shape the attitude towards not getting involve in sexual behaviour before the right time, of which in this case is the marriage. A decision of an adolescent to progress in life and be successful in his or her career is heavily reliant on the decision of whether to be sexually active at an early stage or late stage. It is evident that culture makes us and we also make of what culture should look like. In the absence of culture, social relations disappeared and solutions to problems such adolescent getting involved in risky sexual behaviours will remain a utopian and a distant thing.

- **A need for Robust Education campaigns on sexual behavior**

In order to address the challenge of adolescents embarking on risky sexual behaviours, there is a serious need to assist adolescents to understand their individual, family, and community values. This entails the need to go back to basics by offering age-and culturally appropriate sexual health information. However, that can only be possible if there is coo-operation between all community stakeholders, including government. What most people tend to ignore is that the decision to get or not involve in risky sexual behaviour vest upon the adolescents possessing skills in communication, refusal, and negotiation of sex. In the absence of such skills, the probability of getting involve in risky sexual behaviour are very high. Whatever decisions these education campaigns arrives at, these decisions ought to address social risk of the adolescents rather than rehearsing on the problem. In essence, they ought to provide medically accurate information about the effects of getting involve in risky sexual behaviour as an adolescent.

- **Implementing a multipronged poverty alleviation strategy for adolescent learners in vulnerable households**

The biggest challenge facing many households in South Africa and globally is the inability to feed their families. Taking the children to schools is another additional burden that faces most families. It is in this context that the African National Congress led government has embarked on a massive rollout of social grants to qualifying households and individuals, Despite the growing amount spent on social grants, poverty still remained in many households where most adolescent leaners reside. Interventions such as feeding schemes at school have also not yielded results because poverty is also confine the in the household. A multipronged welfare strategy targeting such vulnerable households seems to be the only option that has not yet been explore and such need to be explore.

6.5 Limitations of the Study

As study without limitations is not worth to be called good research. In this study, a number of limitations were encountered by the researcher in successfully completing the study. Firstly, as far as the sampling framework is concerned, the researcher would have loved to use a probability sampling technique so that the results can be generalized to the entire population. However due to time constraints and the huge financial implications associated with undertaking such research, the researcher opted to use a non-probability sampling techniques which are purposive and snowball. Secondly, the sample size is too small to deduce any real conclusion from it and it is not representative of race which confines the problem under investigation to one race which in this case is the African race group. Thirdly, the research was conducted in only one area which is eSikhaleni which also has its uniqueness, and the results therefore cannot be generalised to others. The results of this research may also not be generalised to larger groups, and apply only to the high school adolescents learners. In future, it is proposed that at a PhD level, a broader sampling framework will be engaged and mixed methods research will be undertaken.

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Appendix A

Interview Schedule

Please tick where appropriate

<u>Adolescent learner</u>	
<u>High school principal</u>	
<u>Life orientation teacher</u>	
<u>Community leader</u>	

1. What is your opinion on the sexual attitudes of the adolescents in eSikhaleni?

2. What do you think influences adolescents sexual behaviours in eSikhaleni?

3. In your own opinion, to what extent do social factors influence adolescent's sexual behaviour in eSikhaleni?

4. If you were to identify the social factors that influence adolescent's sexual behaviour in eSikhaleni by it importance, how would the identification be?

5. As an adolescent learner/high schools principals/life orientation teacher/community leader, what role do you think cultural values and norms play on adolescents' sexual behaviours?

6. To what extent do sexual behaviour and attitudes of adolescents' impact on the prevalence of HIV/AIDS epidemic in eSikhaleni?

7. In your opinion, what needs to be done to change the behaviour and attitudes of adolescent's towards sex in eSikhaleni?

8. What role should be played by the principals, life orientation teachers and community in ensuring that adolescent learners change their sexual behaviour and attitude?

Thank you for your co-operation your participation is greatly appreciated and the information supplied by you will be treated confidentially.

Appendix B

Consent form

My name is Zweli, N. A research student at the University of Venda registered for Master's degree in Sociology Department, School of Human and Social Sciences. The research I am conducting focuses on the *Investigation of the Socio-Cultural influence towards Risky Sexual Behaviour among Adolescents in eSikhaleni High School*.

I am requesting for your participation in this study. Any information you provide will be very helpful to the study and treated in strict confidentiality and anonymity. Please note that your participation is strictly voluntary, which therefore implies that you can choose to pull out for any reason personal to you.

Signature of Researcher _____ **Date** _____

I.....have read and understood the contents of this invitation to participate in this study. I hereby confirm my voluntary consent to participate in the study.

Respondent signature _____ **Date** _____

Appendix C

To: Director of Personnel and Social Services,
Uthungulu District Municipality
KwaZulu-Natal Province,
21/10/2016

Dear Sir/ Madam

REQUEST FOR STUDY REQUISITION/ PERMISSION

I write to request for your permission to conduct a study in your District (Uthungulu District). I am Mr. Zweli N. (student no. **15018573**) a registered Masters student in the School of Human and Social Sciences, Sociology Department, University of Venda. The study title is: *Investigation of the Socio-Cultural influence towards Risky Sexual Behaviour among Adolescents in eSikhaleni High School.*

Kindly grant me the permission and all necessary assistance I may require in this regards and any information obtained would be treated in strict confidentiality and for academic purposes only.

Sign.....

Date.....

Student

Sign.....

Date.....

Supervisor