

**GUIDELINES FOR EDUCATORS TOWARDS CURBING HIGH RISK BEHAVIOUR
LEADING TO HIV/AIDS IN SECONDARY SCHOOLS**

by

WELHEMINAH MMAWESI LESEJANE

MINI-DISSERTATION

Submitted in partial fulfilment of the degree

MAGISTER EDUCATIONIS



in

THE FACULTY OF EDUCATION AND NURSING

of the

RAND AFRIKAANS UNIVERSITY

Supervisor: Dr M C van Loggerenberg

JULY 2004

DEDICATION

This research is dedicated to my daughter and son, Omphile KV (10) and Gofaona B (8), and to Keneilwe C Tlholwe (16) and Abednog Auloti (19). It is also dedicated to all adolescents in secondary schools, especially those who participated in this research.



ACKNOWLEDGEMENTS

It is a distinct honour to direct my sincere thanks to the following persons for their significant motivation and encouragement.

Firstly, I want to thank my Grade 12 (matric) teachers, especially my then English teacher, Mrs A Peele, who insisted that I should not end my studies at matriculation level, and who encouraged me as I rose to the challenge. She even approached the rector of Tlhabane College of Education and requested that she admit me to her institution; at that stage, this was no easy task. Next, I have to thank all the lecturers who guided me through my tertiary studies, from Tlhabane College of Education and at the Rand Afrikaans University. Had they demotivated me, I would not be where I am today.

Then I want to express my appreciation to my sisters, nephews and niece who were always there for me when I had to travel from Rustenburg to Johannesburg to attend my lessons at the university that I regard the most highly, Rand Afrikaans University. My daughter, Omphile KV (10), and my son, Gofaona B (8), are to be thanked for their understanding and, most of all, for believing in me. My adorable mother, Mmamotlamo L has my gratitude for the way that she carried me when I could not carry myself: through tough times, I could not have carried on without her undying love, care and patience towards my kids when I was away from them.

I also want to thank the educators, learners and parents who participated in the interviews for this study. They contributed towards its success.

I also remember, with love and gratitude, my late beloved father, Ratlhapi T, and my late, honourable, one-and-only brother, Lekabe JC, who died untimely, one after the other, in the past two years. They were also supportive throughout my studies.

I would also like to thank my supervisor, Dr Marina van Loggerenberg, for her patience, guidance and support throughout my research study, and my language editor, Ruth Brown, for her work on the manuscript.

Above all, I thank the Lord, Almighty God, for wealth, wisdom and necessary courage and patience to finish this research. Most of all, I thank Him for His unconditional love and care for me throughout my life.

ABSTRACT

This research is undertaken as a reaction against the rapid spread of HIV-infection in South Africa. It is apparent that the majority of people, including secondary school adolescent learners in the North West Province still engage in sexual practices and attitudes that fan the situation.

In order to develop and implement successful prevention strategies such as guidelines for secondary schools, it is important to examine existing knowledge about HIV/AIDS and current behaviour, as well as to investigate and identify the factors that may influence behaviours that may lead to contracting HIV/AIDS. The literature review identified several psychosocial and cognitive factors associated with high-risk behaviours among adolescents in secondary schools. For example, adolescents with higher educational aspirations are less likely to engage in sexual behaviour and alcohol and drug abuse.

As a cognitive factor, knowledge is not necessarily sufficient to change high-risk behaviour; further, the social influence of peers can have an impact on adolescent sexual and other high-risk behaviours that may result in HIV infection. In addition, it is important to examine the cross-cultural relevance of these psychosocial factors and other factors related to the high-risk behaviours that fuel the spread of the HIV/AIDS pandemic.

In this research study, the semi-structured interviews were conducted with educators, learners and parents at three different secondary schools in the Bojanala region of North West Province. During the interviews, ethical measures were adhered to and steps were taken to ensure trustworthiness. The data collected was analysed, interpreted and discussed.

The findings were interpreted with respect to the aims stated in the first chapter of the research study. The findings revealed that there has been disconnectedness between parents and educators, and that learners have been taking advantage of the situation. Parents have been outside the process of teaching their children about sex-related matters, including HIV/AIDS.

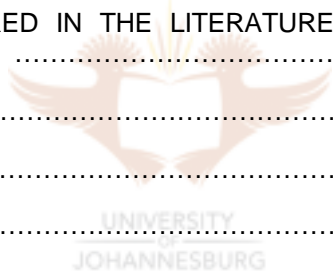
The recommendations from this study were made with specific reference to the educators, learners and parents. Guidelines were provided, according to themes and categories, and it was recommended that community agencies and organisations should assist the parents and educators in the effort to stop the spread of the HIV/AIDS pandemic.



TABLE OF CONTENTS

	<u>Page</u>
Dedication	ii
Acknowledgements	iii
Abstract	iv
Chapter 1: INTRODUCTION AND ORIENTATION	1
1.1 INTRODUCTION	1
1.2 BACKGROUND	3
1.3 RATIONALE	5
1.4 PROBLEM STATEMENT	6
1.5 RESEARCH QUESTION	7
1.6 AIMS AND OBJECTIVES	7
1.7 THE SIGNIFICANCE OF THE STUDY	7
1.8 PARADIGMATIC PERSPECTIVE	8
1.9 THEORETICAL ASSUMPTIONS	8
1.10 METHODOLOGICAL ASSUMPTIONS	8
1.11 RESEARCH METHODOLOGY AND DESIGN	9
1.12 DATA COLLECTION	9
1.13 ETHICAL MEASURES	9
1.14 CLARIFICATION OF CONCEPTS	9
1.15 OUTLINE OF CHAPTERS	10
1.16 SUMMARY	11

Chapter 2: LITERATURE REVIEW	12
2.1 INTRODUCTION	12
2.2 SCENARIO	12
2.3 WHAT IS HIGH-RISK BEHAVIOUR	14
2.3.1 Aggression	15
2.3.2 Alcohol and drug abuse	15
2.3.3 Bullying and teasing	17
2.3.4 Crime and rape	18
2.3.5 Sexual activity and sexual abuse	19
2.3.6 Sports activities and HIV transmission	21
2.4 HOW THE HI VIRUS IS SPREAD	22
2.5 POSSIBLE REASONS OFFERED IN THE LITERATURE FOR HIGH-RISK BEHAVIOUR	24
2.5.1 Cultural aspects of health	24
2.5.2 Extra-personal factors	25
2.5.3 Migrant labour	25
2.5.4 Perception of personal risk	27
2.5.5 Social network affiliation and peer norms	27
2.5.6 Unemployment	28
2.6 CLARIFICATION OF KEY CONCEPTS	28
2.6.1 Guidelines	29
2.6.2 Prevention	29
2.6.3 High-risk behaviours	29
2.6.4 HIV	29
2.6.5 AIDS	30
2.7 SUMMARY	31



Chapter 3: RESEARCH DESIGN AND METHODOLOGY	32
3.1 INTRODUCTION	32
3.2 PARADIGMATIC PERSPECTIVE	32
3.3 META-THEORETICAL ASSUMPTION	33
3.4 THEORETICAL ASSUMPTION	33
3.5 METHODOLOGICAL ASSUMPTION	34
3.6 RESEARCH METHODOLOGY AND DESIGN	35
3.7 A QUALITATIVE STRATEGY	35
3.8 METHODS OF DATA COLLECTION	37
3.8.1 Semi-structured interviews	37
3.8.2 Field notes from observation	38
3.8.3 Literature review	39
3.9 DATA ANALYSIS	40
3.10 ETHICAL MEASURES	40
3.11 RELIABILITY AND VALIDITY	40
3.12 THE RESEARCH PLAN	41
3.12.1 Communication	41
3.12.2 Interviews	42
3.12.3 Observation	43
3.12.4 Discussion	43
3.13 SUMMARY	43
Chapter 4: RESEARCH DESIGN AND METHODOLOGY	45
4.1 INTRODUCTION	45
4.2 PROTOCOL	45
4.2.1 Arrangement of interviews	45
4.2.2 Discussion with the district manager	47

4.2.3	Semi-structured interviews	48
4.2.3.1	<i>Educator interview at school A</i>	49
4.2.3.2	<i>Learner interview at school A</i>	51
4.2.3.3	<i>Parent interview at school A</i>	53
4.2.3.4	<i>Educator interview at school B</i>	55
4.2.3.5	<i>Learner interview at school B</i>	56
4.2.3.6	<i>Parent interview at school B</i>	58
4.2.3.7	<i>Educator interview at school C</i>	59
4.2.3.8	<i>Learner interview at school C</i>	61
4.2.3.9	<i>Parent interview at school C</i>	64
4.3	OBSERVATION	68
4.3.1	Observation during discussion	68
4.3.2	Observation and interviews	69
4.4	DATA ANALYSIS	71
4.4.1	Similarities arising in interviews	71
4.4.2	Differences arising in interviews	73
4.5	INTERPRETATION OF THE DATA	75
4.5.1	Economic aspects	75
4.5.1.1	<i>Poverty/job lessness</i>	75
4.5.1.2	<i>Migrant labour</i>	76
4.5.1.3	<i>Poor living conditions</i>	76
4.5.2	Emotional aspects	77
4.5.3	Environmental aspects	77
4.5.3.1	<i>The home, the structure and the quality of the family</i> ...	77
4.5.3.2	<i>The school</i>	79
4.5.3.3	<i>Urbanisation</i>	79
4.5.4	Social aspects	80



4.5.4.1	<i>Culture</i>	80
4.5.4.2	<i>Peer group conformity</i>	80
4.5.4.3	<i>Society</i>	81
4.5.5	Spiritual aspects	81
4.5.6	Psychological aspects	81
4.6	TRIANGULATION	81
4.7	SUMMARY	82
Chapter 5: FINDINGS, CONCLUSIONS, RECOMMENDATIONS AND GUIDELINES		83
5.1	INTRODUCTION	83
5.2	FINDINGS AND INTERPRETATION	83
5.2.1	Findings related to the first aim	83
5.2.2	Findings related to the second aim	84
5.2.3	Findings related to the third aim	87
5.2.4	Findings related to the fourth aim	89
5.3	CONCLUSIONS	90
5.4	RECOMMENDATIONS	91
5.4.1	Recommendations in relation to educators	91
5.4.2	Recommendations in relation to learners	92
5.4.3	Recommendations in relation to parents	92
5.4.4	Recommendations in relation to prevention	93
5.5	GUIDELINES AS PREVENTIVE MEASURES	93
5.5.1	Roles of the church	94
5.5.2	Roles of the home	95
5.5.3	Roles of the school	96
5.5.4	Roles of the society	97

5.6	LIMITATIONS OF THIS STUDY	97
5.7	SUGGESTIONS FOR FURTHER RESEARCH	98
5.8	SUMMARY	99
LIST OF SOURCES		100



CHAPTER 1

INTRODUCTION AND ORIENTATION

1.1 INTRODUCTION

The rapid spread of HIV/AIDS, a fatal illness, in South Africa is too awful for us to grasp. Effective management of sexually transmitted infections (STIs), which make people vulnerable to HIV, is critical in reducing the risk of HIV transmission. While our country is struggling to create jobs and overcome poverty, the epidemic is destroying the most productive members of our society: the adolescents.

Before contemplating the future, we must answer two crucial questions. Firstly, "Why has HIV spread so rapidly in South Africa?" and secondly, "Why is the impact so severe?". South Africa has experienced one of the fastest growth rates of the epidemic in the world. Again, while South Africa as a nation is highly susceptible to the spread of HIV and vulnerable to the impact of AIDS, there are segments in society, which are particularly susceptible and vulnerable. Susceptibility is defined as an individual's chance of becoming infected; the extent of susceptibility will be determined by the risk factors in the environment in which the individual lives and works. The aspects in question may be environmental, infra structural, cultural, economic or social. Vulnerability describes those features of the society that make it more or less likely that the increased rate of adult illness and death will adversely affect it, or segments of it; in South Africa, the highest rates of infection are amongst people between 15 and 44 years old. Because a sizeable percentage of South Africa's population is aged between these years, HIV/AIDS has the potential to have a devastating effect on social, economic and, above all, human development.

As far as the literature is concerned, statistics differ radically from source to source and since HIV/AIDS is a notifiable disease in South Africa, it is currently very difficult to make a realistic assessment of the actual status of HIV/AIDS in the country. There are significant variations in the HIV/AIDS prevalence rate by province: KwaZulu-Natal has consistently had the highest levels of HIV infection, although it appeared to have reached the ceiling in 1998 and 1999 at 32,5%. Mpumalanga

previously had the second highest rate of 30 percent but this dropped to 27,3% in 1999, putting the province behind the Free State. The infection rate in the latter, meanwhile, increased from 22,8% to 27,9%, (Whiteside & Sunter, 2000:50). Overall, the 1999 data reveal an increase in six provinces, a decrease in two and the status quo in one. It would appear that the epidemic in South Africa has a natural ceiling of around 30%, but provinces well below this ceiling are catching up. For this reason prevention programmes are vital to stop the increase continuing in those provinces, and also to bring down the rates in the two provinces, which are close to the maximum.

South Africa's mobile population and goods transport infrastructure are the means by which HIV has spread throughout the country. Using proper techniques epidemiologists are confident that they can take the antenatal clinic data and estimate HIV/AIDS prevalence levels in South African population. These can then be turned into absolute numbers. The current calculation of the total number of infected South Africans in the past, present and future is as follows:

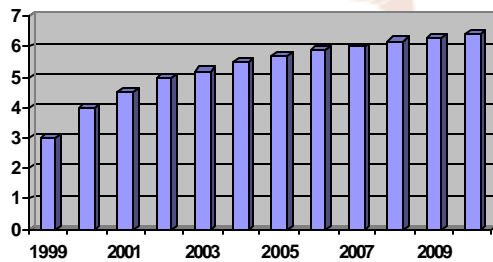


Figure 1.1: Total number of HIV -infected South Africans in millions (Whiteside et al, 2000:53)

One of the real benefits of data is in helping people to look into the future. South Africa probably has the largest number of HIV-infected people of any country in the world, but the tragedy is that this did not have to happen. South Africa was aware of the dangers posed by HIV/AIDS as early as 1985, but for too long we have closed our eyes as a nation, hoping the truth was not so real. For many years we have allowed HIV/AIDS to spread and at a rate which, in our country, is one of the fastest in the world. Every single day a further 1 500 people in South Africa get infected. It

is thus high time for every South African no longer to ignore, but to bear this in mind: HIV/AIDS is among us, it is real and it is spreading.

As yet there is no cure for HIV/AIDS. Nothing can prevent the infection except our own behaviour. Even the available medicines are there only to stabilise the infected people, not to cure them. We can only win against HIV/AIDS if we join hands together to save the nation, particularly the adolescents, since the adolescent's life is or might be, full of opportunities to enter into new experiences, to explore new relationships, to feel new resources of inner strength and ability. Adolescents have or might have more freedom to explore than when, as children, they were bound close to home. Older adolescents usually also have more freedom to venture than they will have at a later age when they must carry the responsibilities of a job and a family. For many, adolescence is also a time when youthful dreams of love and power have not been disturbed by the realities of life. Although adolescence is a time of great possibility, it is also a time when most young people must pay a price for the privilege of growing up. Their freedom to seize what life offers is curtailed both from without and from within; they are the people whose high-risk behaviour leads to HIV/AIDS.

1.2 BACKGROUND

Human Immunodeficiency Virus (HIV) was discovered by Dr Montagnier at the Pasteur Institute in Paris and by Dr Robert Gallo at the American National Cancer Institute (Graham, in Wilkinson, 1987). It is by no means clear how the virus originated. The first diagnosis of AIDS was made in the United States of America (USA) in 1981. At first it was thought to be a disease that affected only gay men, but by mid-1982 a number of cases had been found in Haitian immigrants in Miami, and some scientists thought it could have started in Haiti or been introduced from Africa. No creditable link with Haiti as the source of AIDS was ever established. It was certainly overlooked that there were many Haitian immigrants in the USA, which might indicate the presence of other risk factors, such as abuse and prostitution.

In 1982 Belgian doctors in Zaire reported patients with symptoms of AIDS, and this was taken as a conclusive proof of the African origin of AIDS. It was later reported that this research had isolated a virus called STLV-3 in African green monkeys and

that this had changed its structure and crossed over into the human population. According literature, however, no evidence of immune-deficiency in green monkeys was found, while animals in the west have been showing signs of immune-deficiency diseases similar to those of AIDS sufferers. Some people argue that there has never been a satisfactory explanation as to how the green monkey virus was supposed to have changed, or how it was transmitted to the human population at a time when the disease was already in existence in other countries.

On the evidence currently available, it is reasonable to conclude that no one can be certain exactly how and where AIDS originated. Clearly it is as new an epidemic in Africa as it is elsewhere in the world. Almost every country in the world has now reported cases of AIDS and there are a number of theories: that it is a mutation of an animal virus, that it is a man-made virus and even that it came from outer space. We may never know for certain. What we know for certain is how, once established in the human population, HIV/AIDS is transmitted from person to person. It can only be caught through infected blood or blood products (transfusions, for instance), through sexual contacts with infected persons, and from using hypodermic syringes, which carry the virus because they have previously been used by an infected person.

The official story in South Africa about HIV/AIDS began in 1985 when two men said to be homosexuals died of the disease. By December 1990 more than 600 cases of AIDS related deaths and 0.76% HIV infection rate amongst pregnant women was confirmed. In 1991, a national survey of women attending antenatal clinics found that only 0.8% was infected. By 1994, when the new government took power, the figure was 22,4%. During the last 10 years, the situation has become progressively worse, and sadly the number of people falling ill, dying and leaving their families is predicted to rise over the coming years. This will impact on South Africa in a number of important ways.

Since there is no known cure for AIDS, preventing the infection by HIV is critical. Each of us must exercise our individual and collective responsibility to take care of our own lives and to help children, especially teenagers, to care about theirs. If anything, both HIV/AIDS are on the increase, and with no cure in sight, the question is: How do we combat AIDS? The health of any nation is, to a certain extent, everybody's business.

Human behaviour is a key to health, and changes in behaviour have a profound influence on patterns of morbidity and mortality from HIV/AIDS. This fact is not a new discovery. From the earliest days of human history, behaviour has been the focus of most actions aiming to prevent and treat illness. Hamburg, (1989:49) support the above statement when he states that dietary and hygienic prescriptions are embedded in most religions, and rituals of mourning are undertaken by the bereaved to help them overcome stress. Again societal relations are regulated to strengthen supportive social network.

An impressive amount of literature has been produced, and both the public and the scientific community have become acutely aware of the need to influence behaviour if progress is to be made in promoting health, preventing HIV/AIDS, and stabilising those affected. This research is a part of those efforts. It aims to draw attention to those aspects which lead to high-risk behaviours, and which, until now, have received insufficient attention. Finally guidelines for prevention programmes/strategies will be drawn up. The main focus will be on secondary school learners, that is adolescents, as there is a widespread concern about the alarming rate of both infected and affected learners. The importance of guidance and counselling in the adolescent's encounters and developmental stages cannot be overemphasised. The roles of school guidance, the church, the home and the society become of utmost importance.

1.3 RATIONALE

Even if it may sound only partly true, it is believed that most South Africans ignore, and definitely do not fully face the problem, neither do they plan accordingly. Most South Africans are somewhat complacent when dealing with the hard facts presented to the nation by medical, academic, other individuals and organisations. We in South Africa have for too long conned ourselves into believing that we are a developed country. The reality of poverty and unemployment in the townships have been hidden to the employee and politicians by the artificial sand dunes built to hide the shacks from our view as we speed along the national roads. Thus, apart from the external threats with relevance to the spread of HIV/AIDS, certain internal factors must also be examined as part of the cause of HIV infections.

The title of this research is: "Guidelines for educators towards curbing high-risk behaviour leading to HIV/AIDS in secondary schools". This is not a bleak outlook, for the future does not have to be like the past. HIV spread can be prevented and we can deal with consequences of AIDS. The battle against HIV and AIDS will only be won by millions of initiatives at grassroots level. Some will be more effective than others, but every little bit will count.

According to the UNICEF study released on 3 July 2003, HIV/AIDS is a global issue and people at risk are particularly children and young people. Furthermore, the UNICEF study also shows that a survey carried out by 60 countries proves that more than half of those aged 15 to 24 have serious misconceptions about HIV/AIDS.

As far as the above information is concerned, it is without doubt important to state that adolescents need proper guidance, counselling and support, as they are in a difficult developmental phase. According to Gold (1994:6), an escalating number of adolescents is challenged by a lack of family bonds, the fact that basic needs are not being met, the AIDS pandemic, drugs and alcohol-related crimes. Raikane (1996:28) indicated that drugs and alcohol have a strong relationship with crime, frustration, aggression and low academic performance. Ferron (1990:72) adds bullying, delinquency, lack of motivation and peer pressure to the list. Lack of knowledge, poor skills and wrong attitudes are also contributory factors. Again, the fact that personality contributes to deviant behaviour cannot be overlooked. Thus support and guidance in the secondary school is mainly aimed at meeting the physical, social, emotional and educational needs of adolescents. Vocational guidance cannot be omitted from the list because its purpose is to assist each adolescent to make satisfactory adjustments to life, both in and out of school. Over and above this, it is a known fact that the disease is claiming many lives, young and old. Many of us have lost family members and neighbours.

1.4 PROBLEM STATEMENT

Throughout there are clear indications from literature, the daily news media and occurrences, that the spread of HIV infection is disastrous for future development in South Africa. The majority of sexually active people, including the adolescents, still engage in sexual practices and hold attitudes that aggravate the problem. It is also

doubtful whether sufficient research has been done to convince the government and non-governmental organizations (NGOs) of the need to be committed to develop and to sustain strategies to address social ills such as poverty, poor sanitation and immorality, which fan the spread of this pandemic. This research is therefore an attempt to develop measures or guidelines to prevent the monstrous disease causing the catastrophe: there is a need to have guidelines for the prevention of high-risk behaviour in the school curriculum, especially for the secondary schools.

1.5 RESEARCH QUESTION

The research question that I will attempt to answer in this mini-dissertation is “Which guidelines can be implemented in secondary schools that will serve to prevent the occurrence of high-risk behaviour in the learners?”

1.6 AIMS AND OBJECTIVES

There are four principle aims of this research. Firstly I aim to investigate and identify high-risk behaviour by means of a literature review, interviews and observation. Then I will describe the concept of high-risk behaviour, as found in my literature study, define in terms used in this study, delineate the causes of infection by the HI virus and analyse the observation and interviewing data in the findings of this research.

I will also try to uncover the reasons for the high-risk behaviour (HRB) in secondary schools, and lastly I will develop guidelines for educators to assist them in teaching how taking preventive measures which enable adolescents to make responsible and informed choices.

1.7 THE SIGNIFICANCE OF THE STUDY

The importance of this study is to enhance the importance of sound knowledge, the practice of positive values, attitudes, behaviour and skills in the individual and the community. Another significant aspect is that the study will aim to bring about a transformation in society in the interest of promoting a human culture, underpinned by the striving for a fully inclusive, egalitarian society, free of all unjust discrimination, as enshrined in the constitution. Further, this research promotes the realisation of individual learners’ potential by strengthening and integrating their capacity to

develop healthy relationships, their ability to make informed and responsible decisions, and their pleasure in the co-ordinated expression of their intellectual, physical, spiritual, emotional and moral powers.

1.8 THE PARADIGMATIC PERSPECTIVE

A paradigmatic perspective grows out of a particular problem that needs to be reached (Schulman, 1990:4). In this research, therefore, the focus will be on the dimensions of the adolescent in his totality with regard to school and societal environment. The researcher has a strong belief that adolescents form part of the family and community and, as such, they do not live as separate entities. In order to build a happy and responsible society, consideration must be given to the needs, problems and challenges that adolescents are faced with as individuals.

1.9 THEORETICAL ASSUMPTIONS

Bates (1994:12) states that theoretical assumptions are testable, offer epistemic pronouncement about the research field and form part of the lives of the adolescents. It is assumed that adolescents need to be prevented from high-risk behaviour (HRB) in order to win the battle against the spread of HIV/AIDS. These high-risk behaviours are partly related to the adolescents' developmental stage with its inherent challenges. Yet Smith in Seroka (1992:245) states that many youngsters experience additional problems on account of various other external factors.

1.10 METHODOLOGICAL ASSUMPTION

As is always the case with researchers, the assumption about this research is that it is purposive in that what will be investigated in this research can reach the stated goal. This research is functional in nature, in that its purpose is to improve the behaviour of adolescents and thereby their lives. This functional approach acknowledges the fact that the knowledge generated in this research project should be utilised and applied in social and educational practices with adolescents and their teachers, their parents and peer group, as well as other settings such as church, home and society where adolescents are involved.

1.11 RESEARCH METHODOLOGY AND DESIGN

The choice of method for research is determined by the nature of the problem to be studied. In this research, the research method will include qualitative strategies such as interviews, observations and reading. The first phase of the research will focus on investigating, identifying and describing HRB. The second will focus on finding the reasons for high-risk behaviour leading to HIV/AIDS and the impact of this monstrous illness on those adolescent learners who are infected or affected by the virus. The third phase will be concerned with an analysis of the findings and lastly, some guidelines about preventative measures that could be implemented in order to deal with that high-risk behaviour that leads to the contraction of HIV/AIDS will be developed.

1.12 DATA COLLECTION

A qualitative strategy will be used to collect data. This will include a literature overview of books and magazines, journals, newspapers etc in order to establish the current views about the illness, and its impact on secondary school learners, as well as to ascertain the reasons for and a description of high-risk behaviour. Interviews and field notes will be taken during interviews with parents of adolescents and their teachers in order to uncover trends in HRB, and notes will be made during the observation by the researcher of learners in their classes. These strategies and methods will be fully described in Chapter 3.

1.13 ETHICAL MEASURES

The researcher will adhere to the ethics of research, that is, to protect participants' rights. In order to satisfy the demands of ethical research, the following measures will be followed. Firstly, all participation will be voluntary; then confidentiality and anonymity will be assured. Further, permission to conduct interviews will be asked from the concerned persons, and lastly the researcher will strictly adhere to honesty. A summary of the research report will be sent to the participants in this research.

1.14 CLARIFICATION OF CONCEPTS

The following concepts will be briefly defined here and then thoroughly investigated in the literature overview:

Acquired immunodeficiency syndrome (AIDS) is the description of a variety of conditions that form the syndrome. “Acquired” means that the virus is not spread through casual or inadvertent contact as are flu or chickenpox. In order to be infected, a person has to do something (or have something done to them), which exposes them to the virus. “Immunodeficiency” describes the attack of the virus on a person’s immune system, making it less capable of fighting infection: the immune system is said to become deficient. “Syndrome” describes that AIDS is not just one disease, but it presents itself as a number of diseases that come about as the immune system fails. Hence, it is regarded as a syndrome.

Guidelines can be defined as directing principles or standards. One can also define a guideline as a directing motion of something.

High-risk behaviour (HRB) is a composite term that needs to be reduced to its components. High means great, intense, extreme or powerful; risk is exposure to mischance or chance of injury or loss; and behaviour is a way of conducting oneself. High-risk behaviour might therefore be defined as a way of conducting oneself in an intense or extreme way that increases exposure to mischance or chance of injury or loss.

HIV is an acronym for the human immunodeficiency virus.

The concepts of hindering, stopping or dealing with are embodied in the word **prevention**.

1.15 OUTLINE OF CHAPTERS

Chapter one offers an introduction to the study, sketching the scenario or background to the problem to be studied, the rationale for the research, the problem statement and the research question, a paradigmatic perspective, the theoretical and methodological assumptions, and the aims and objectives of the study, as well as its significance.

The focus in Chapter two will be on the literature review of high-risk behaviour that could possibly lead to HIV/AIDS. It will describe the investigation, identification and description of suspected high-risk behaviours such as drugs and alcohol abuse, sexual abuse, bullying and teasing, as well as aggression, and whatever other

information could be found in the literature. Chapter three discusses the research design and methodology. This includes a rationale for adopting a qualitative research strategy, and the methods of data collection from observations and interviews.

In the following chapter the data collected about high-risk behaviour and its possible reasons, will be written down and described, analysed and discussed. In the last chapter, five, the empirical findings of the study will be discussed and interpreted, conclusions and recommendations will be made and guidelines, as preventative measures in order to win the battle against HIV/AIDS, will be put forward.

1.16 SUMMARY

This chapter presents a brief exposition of the study and includes an introduction, background, rationale, problem statement, aims and objectives. A summary of the research method and design has been given, and the paradigmatic perspective, theoretical assumption and methodological assumptions are included. Key concepts are also clarified. Ethical measures to be followed are indicated. In fact, its aim was to give a general orientation of the whole study as a basis for the development of other chapters. The next chapter will present the review of the literature that is related to the study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, the focus will be on literature that studies high-risk behaviour that could possibly lead to HIV/AIDS. This will concern the investigation, identification and description of high risk behaviours suspected, such as aggression, alcohol and drug abuse, bullying and teasing, crime and violence, sexual activity (and abuse), and sports activities.

2.2 SCENARIO

As public concern about the HIV epidemic rises, individuals are likely to feel inundated with HIV/AIDS information from the media and other sources. While media attention has markedly helped increase the general awareness of AIDS in various populations, there has not necessarily been a comparable increase in the quality of specific knowledge. One reason for this has been the failure to speak frankly, clearly and specifically about high-risk behaviour and preventive measures. In addition, Ostrow explains that early conceptualisation of risk groups and inaccurate assumptions about their characteristics facilitated the denial of personal risk among certain individuals (1990:62).

Furthermore, Ostrow (1990:61) believes that the youth, that is young people, are recognised to be at a higher risk of contracting AIDS because of their particularly strong sense of invulnerability, their tendency to experiment with sex and drugs and the possibility that they have been sheltered from adult sources of information. The long incubation period in HIV-related disease means that they very rarely see apparent infection in their peers, which may contribute to their inaccurate perception of invulnerability. The especially powerful role of social factors such as support networks and perceived peer norms in teenagers' lives must be taken into account when planning interventions. Gay or drug-using young people may be at an even greater risk because of being isolated from mainstream society.

Educators can attempt to overcome the selffulfilling negativism of such isolated

youth by integrating them into supportive non-sexual social networks and providing positive models of healthy, loving relationships. The provision of supportive non-threatening socializing opportunities may in itself help build social skills, norms and values.

According to O'Leary's findings (2002:113), statistics on sexually transmitted disease (STD) and unintended pregnancies provide clear evidence of the consequences of unprotected sexual intercourse among adolescents. Individuals in the age group 13-24 years of age comprised 15% of the HIV infections reported June 1999. Failure to use condoms is especially likely among adolescents who have been sexually active during early adolescence. The younger adolescents are the first time they have sexual intercourse the less likely they are to use condoms on that occasion, and on subsequent occasions.

O'Leary reported that although the use of latex condoms can substantially reduce the risk of contracting a STD, including the HIV, most sexually active adolescents do not use condoms consistently (2002:113). Adolescents often feel invulnerable and do not perceive themselves to be at risk. Accordingly it may be difficult to convince them that their sexual involvement at a young age may have adverse consequences for them personally. It may also be difficult to persuade adolescents to practice abstinence if they have decided to be sexually active (O'Leary, 2002:113).

In spite of this, the sexual involvement of adolescents and the consequences of such involvement are pressing problems that need to be addressed. Leukeveld, Battjies & Amsel, (1990:158) agree with O'Leary, saying that "for developmental reasons, a great many students do not see themselves at risk for AIDS. Sexual identity and sexual functioning are not well established until late adolescence and early adulthood. For younger adolescents feelings and fears surrounding sexual behaviour are strong. Homosexuality is a singular uncomfortable topic for adolescent males. Adolescents' difficulties in acknowledging and planning ahead for their own behaviour have long been recognised as a factor contributing to unintended pregnancies".

On the other hand, according to Kelly (1987, quoted by Leukeveld et al 1990:88), the use of drugs, and intravenous needle use among adolescents who attend school

regularly is reportedly rare, and few young people in school intend to inject drugs. Thus messages about anal intercourse, condom use, and needle sharing while not rejected outright, seem remote and irrelevant to many students. Secondly, even when students attend and learn from AIDS education programmes, there may be no application of the new knowledge to prevent HIV transmission. For all age groups, changes in knowledge alone have not been reliably associated with behaviour change.

2.3 WHAT IS HIGH RISK BEHAVIOUR?

High-risk behaviour is defined as a way of conducting oneself in an intense or extreme way and thus increasing the chance of exposure to mischance, injury or loss. Speaking at an AIDS Youth Camp Literacy Awards, Sindani described the following behaviours as risky: alcohol and drug abuse, bullying and teasing, and sexual activity and abuse. Included in this last category were the following: anal sex with or without a condom, having sex with many partners (or sex with someone who possibly has several sex partners themselves including casual sex or sex with a prostitute), vaginal sex with someone who injects drugs or has anal sex, unprotected sex (without using condom), and protected sex with an infected person, as well as unprotected sex with a person whose sexual history you do not know. Sharing needles and syringes for drugs is also classified as high-risk behaviour.

As already reported in chapter one, Gold (1994:6) believes that an escalating number of adolescents is challenged by lack of family bonds, the fact that basic needs are not being met, drugs and alcohol abuse, and crime related activities. All these may lead to HIV/AIDS infection. Raikane (1996:28) links drugs and alcohol with crime, frustration, aggression and low academic performance; while Ferron (1990:72) adds bullying and delinquency to the list. Such adolescents need proper guidance, counselling and support as they are in a difficult developmental phase. Further, the fact that personality contributes to deviant behaviour cannot be overlooked, and violence is another risk factor.

2.3.1 Aggression

Aggression implies that an individual makes blind attacks as a reaction to frustration. It is the sign that the teenager has not learnt how to deal with others in a socially acceptable way (Kurtner, 1997:93). Based on the National Policy on HIV/AIDS, the Department of Education guidelines for educators state that the risk of HIV transmission is much higher in cases of rape, or stabbing with a needle or blade, especially if more than one person is involved: these are very serious incidents of aggression. Again, "Sex that is demanded by an educator from a learner or by a learner from another learner without consent, that is aggressively, is rape which is a serious offence".

2.3.2 Alcohol and drug abuse

Alcohol as a drug includes a number of drinks containing ethyl alcohol such as beer, wine and distilled spirits. The content ethyl alcohol ranges from 4% in beers to 40% in distilled spirits. A person who drinks and always stays drunk has an attitude of "who cares". As a result of being drunk, a person's self esteem is boosted and he becomes less inhibited. Of all the drugs, alcohol is the most commonly abused by people from all walks of life (Hamburg, 1990:78). Further the effects of alcohol abuse are not only limited to the person concerned, but extend to others, particularly family members. In supporting the above statement, Weiten (1989:89) says: "Alcohol affects many people, the addicted person and his or her family suffers, and society in general suffers the loss of the person's productivity and may have to pay for the person's support through the welfare system. The effects of alcohol extend to school learners, particularly the adolescents who are known to perform poorly due to the use of alcohol".

Weiten further lists the symptoms by which an alcohol and drugs abuser can be recognised (1989:92). In the first place, there are physical symptoms. There is a change in the person's level of activity, the person is excessively active or passive and shows an increase or decrease in weight together with decrease or increase in appetite. Then there are emotional changes such as nervousness, inappropriate giggling, loss of self-respect, mood swings such as from happiness to depression, anxiety, violence and outbursts of rage may be present. Lastly, Weiten highlights the

social change that may accompany alcohol abuse. He says that social withdrawal characterises an abuser of alcohol.

Callison (1990:161) confirms that when we drink, we become less sensitive to personal and social standards and expectations, as well as less aware of deviation from them. Thus we are less likely to experience self-criticism, feelings of guilt and shame for behaviour that we would not accept when we are sober.

Rutus in Nhlapa (2003:8) concurs, saying that “the use of drugs is considered to have reached a level of abuse if the user continues using them despite the fact that their use result in personal, social, occupational, psychological and physical problems. For example, if a learner misses school or does not do his school work on account of being under the influence of drugs, it means the person is drug addicted and abusing drugs”.

There has been a great deal of speculation about the role of alcohol and drugs in unsafe behaviour as quoted by Kelly, Parker & Stephen (2000:207). Further, Kelly et al (2000:207) reported a 32% increase in frequency of unprotected anal intercourse and bisexual substance abusers and that two thirds of their sample were “always” intoxicated during unprotected and intercourse.

However, Weatherburn (2000:38, in Kelly et al (2000:207) argued the above statements by quoting a study in the United States which found that while 30% of the sample used alcohol in sexual encounters, there was no statistically significant difference between alcohol users and nonusers in the prevalence of risky sex. In addition to this, Kelly et al (2000:208) said that “in those who used alcohol, there was close-response effect with quantity of alcohol and sexual safety”. Thus, while multiple substance users may be at higher risk than nonusers, other factors may account for or interact with substance use. Factors, which possibly contribute towards deviant behaviour, will be discussed further in Chapter 4.

The relative risks and benefits of alcohol consumption are likely to vary across the life span. During adolescence and early adulthood, motor vehicle crashes represent the most serious consequences of alcohol use as well as the leading cause of mortality for this age group. Again, alcohol use often accompanied by other “risky”

or outright health damaging behaviour and isolating unique effects to other psychological and social problems as well as many adverse psychosocial outcomes, e.g. disrupted family life, impaired work performance, crime, psychological disorder.

Furthermore because alcohol use, particularly heavy drinking, has marked deleterious effects on psychomotor and cognitive functioning, sexual assault victims are probably less capable of either physically or verbally thwarting or attack. Kelly et al, (2000:203) says that there are data indicating that a drinking woman is perceived as more sexually available and that bar victimization of women appears to be frequent occurrence.

Leukeveld et al (1990:198) emphasise the fact that the age of drug use is generally considered to be a strong correlate of deviance. The younger the person is when she begins to use drugs; the more likely she is to be proceed to dysfunctional drug abuse and other behaviour problems. Drugs enhance the individual's risk for developing AIDS in multiple ways: Alcohol (poppers), amphetamines, and marijuana are all known to suppress the body's immune system. Nitrates lead to a depletion of the helper T-cells by direct injury to these cells, they are also known as contractors in the development of various forms of cancer.

In addition, Leukeveld et al (1990:71) suggest that the use of drugs to enhance sex may make it difficult to practice safe sex. Drugs, which cause muscle relaxation, decrease judgement, and decreased pain sensitivity may make the participants less aware of the trauma involved in certain physical acts.

Leukeveld et al (1990:71) go on to state that young women drug users are at increased risk for the following medical problems: infections, anaemia, sexually transmitted diseases including HIV, hepatitis, hypertension, diabetes, urinary tract infections, gynaecological problems and dental disease including abscesses.

2.3.3 Bullying and teasing

According to Longman's dictionary of contemporary English (1987), a bully is a person (especially a schoolboy) who uses his strength to hurt weaker children or to make them afraid. To act as a bully means having the intention of forcing someone to do something. Teasing means to make fun of a person playfully or unkindly.

Many adolescents experience some bullying occasionally, particularly when they enter a new environment such as change of school. Bullying involves physical harassment while teasing is mostly related to emotions.

In some schools, bullying of a newcomer is unfortunately seen as kind of primitive initiation ceremony and testing situation. The majority of those bullied at school are able to overcome this with a reasonable degree of resilience. However, bullying sometimes become prolonged and can affect the victim so severely as to lead to homicide or suicide attempts, or even successful suicide. Thus boys especially, tend to go in for physical bullying, while girls often favour more subtle forms of mental torment (Kurtner, 1997:102).

Kurtner (1997:102) believes that adolescents at boarding schools, where parents rarely visit or who are isolated by race, religion or colour, are liable to be most affected by bullying. It is often made worse when the individual is shy, sensitive, or unable to confide in anyone about it. Teenagers may often not confess to being bullied because they are ashamed about it or even frightened. Therefore Kurtner urges that parents should suspect bullying if the adolescents are fearful of going to school, become anxious or depressed, show a decline in their schoolwork, or are reluctant to talk about school activities and have few friends.

2.3.4 Crime and rape

The North West Extraordinary Provincial Gazette (1999:6) describes crime as an offence, which is punishable by law. It is a bad immoral act, while violence is violent conduct or treatment that harms the person of the victim, for example assault and rape. According to Whiteside et al (2000:65) crime and gang violence are now the main source of conflict in South Africa. As a consequence, rape and gang violence have become extremely patent methods of spreading HIV and most unfortunately this has extended to high schools. In 1998, 49280 rapes and 4851 cases of sexual assault were reported. When the 179 incest reports are added to these figures, a total of 54 310 sexual crimes were officially recorded in that year.

In the opinion of Whiteside et al (2000:65), the definition of rape is too narrow, and as crime it is seriously underreported. Information revealed by a study conducted by

the Institute of Security Studies found that in only 29% of rape cases did the woman tell anyone. Further, obviously rape has associated with it much higher odds of HIV transmission because the victim is more likely to bleed as a result of being forcibly violated.

2.3.5 Sexual activity and sexual abuse

Sexual abuse means the abuse of a person targeting their sexual organs, e.g. rape, touching their private parts, or inserting objects in their private parts (North West Extraordinary Provincial Gazette, 1995:5). Sexual patterns, on the other hand, are about the number and type of people with whom an individual has sex. In most societies, the circle of partners is usually quite small. The broader it is, the more possible it is for a virus like HIV to spread (Whiteside et al, 2000:60).

Whiteside et al believe that in South Africa, the social upheavals of modern times have considerably raised the potential number of sexual partners that the average person is expected to have during his or her lifetime. A third factor, concurrent partnership, greatly assists the spread of the HI virus. Thus, the man who has a simultaneous sexual relationship with several women is more likely to transmit the virus (or have the virus transmitted to him) than the man who practices serial monogamy, that is regularly changes partners but is faithful to one at a time. In conclusion, a mobile society like South Africa, particularly along the main transport arteries, offers great scope for concurrent partners.

Whiteside et al emphasises that there are plenty of data to show that South Africans, especially the poorer ones, have higher levels of STDs than the citizens of other countries (2000:60). Moreover, many of the STD cases in South Africa never get treated. In his research more than 50% of antenatal clinic attendees had been found to be infected with at least one STD, and up to 15% are sero- positive for syphilis, compared to three percent in Botswana.

Ostrow (2000:172) says, "in determining possible points of intervention, one of the areas that may be amenable to modification is the situation or context of risk. Risk situations may include bathhouses, bars, dance parties, and bathrooms". Situation is important in that it affects attitudes, beliefs and behaviours, and may be context

specific, as may substance use. He calls a subset of these “3d theory” “it was dark, I was drunk, and I didn’t have a condom”.

The issue of state and context-dependent learning may also be a contributor: skills and knowledge learned in one context may not be recalled in another, since the situation may act as a learning cue. Indeed the situation may interact with cognitions, affects, and partners to account for a substantial proportion of the variance of risk (Ostrow, 2000:202).

Although all sexually active persons are at some risk for negative sexual outcomes or “sexual risks”, adolescents are a group at great risk (Hutchinson, 1992:2). According to the Alan Guttmacher Institute, every year nearly one million unintended pregnancies and more than three million new cases of sexually transmitted diseases occur among adolescents (quoted by Hutchinson, 2002:51).

Female adolescents face even greater risk for STD transmission than their male peers and older adult women (Donovants 1993; Hatcher et al 1994, Panchaud et al 2000 in Hutchinson, 2002:237). Furthermore, undiagnosed and untreated STDs in women may result in pelvic inflammatory disease, increased risk for ectopic pregnancy, or infertility. Again, many STDs can increase the likelihood, of HIV transmission if an individual is exposed to an infected partner. As a result of such social and biological vulnerability, adolescent females exhibit some of the highest STD rates of any age. Forty percent of Chlamydia cases are reported among adolescents.

Rotharam et al (1995), cited by Hutchinson et al (2002:3), say that adolescents face significant risk for STDs and HIV infection. This significant risk for STDs and HIV among adolescents is not surprising, given their sexual behaviour. Kann et al (2000:3) confirm this by stating that more than half of all high school students (53%) have had sexual intercourse. He further states that rates of sexual activity vary by age, ethnicity, and urbanity. Furthermore, Kann et al (2000:3) emphasise that urban and minority youth report earlier ages of sexual initiation and higher overall rates of sexual activity at even younger ages, than their non-urban peers. Thus, urban teens, who become sexually active at young ages are at particular high risk for STDs and HIV.

According to Ostrow (1990:61), young adolescents are recognised to be at risk of AIDS because of their particularly strong sense of invulnerability, their tendency to experiment with sex and drugs, and the possibility that they have been sheltered from adult sources of information. The long incubation period in HIV-related disease in their peers may contribute to their inaccurate perception of freedom from risk. Withholding complete information about prevention from them only increases young people's risk. This will be discussed later on in Chapter 4 under possible reasons for high-risk behaviours.

Prostitution is one type of sex work in what is referred to as the sex industry. (Campbell, in Ostrow, 1990:121). In addition to prostitutes, sex industry workers include exotic dancers, models, escorts, porn actresses, and workers in massage parlours. Prostitution can be defined as the exchange of sexual services for money or things of monetary value, such as drugs. In the act of prostitution, women exchange access to their bodies for material gain. Usually the arrangement is negotiated and money exchanged before the service is provided. The person who provides the service is a prostitute. Prostitutes who make their contacts for sexual services on the street are referred to as streetwalkers. The client is sometimes referred to as a "John" (Ostrow, 1990:121).

There is another type of exchange that pertains to the relationship between a prostitute and a pimp. Prostitutes sometimes give money to a pimp in exchange for protection and affection. Streetwalkers, often adolescents, tend to have pimps more often than other types of prostitutes because of their need for protection on the street. In addition, prostitutes, like gays and drug users, suffer stigmatisation because of their deviant status in society. All groups have been further stigmatised because of their implied involvement in the spread of AIDS. Ostrow (1990:122) stresses that prostitution is of particular interest to a discussion of behaviour and AIDS, since prostitutes have been implicated in the spread HIV/AIDS and are considered to be a data source on heterosexual transmission.

2.3.6 Sports activities and HIV transmission

Sport is an outdoor or indoor game, competition, or activity carried on by rules and needing bodily effort and skill (North West Extraordinary Provincial Gazette, 1999:8).

According to Whiteside and Sunter (2000:14), the theoretical possibility of HIV transmission through open bleeding wounds in contact sports has been recognised by sports physicians. The first case of possible HIV transmission as a result of sports participation was published in 1990. This involved an Italian soccer player in whom the HI virus was detected the week after a traumatic incident during a soccer match. In the match, the player collided with another player who was later documented as being HIV positive. Both players sustained open bleeding wounds resulting in a possible mixing of blood. There is a need to establish clear guidelines for the prevention of HIV transmission during sport participation: an issue that should be foremost in the minds of sports administrators and participants is the risk of HIV transmission.

Since the issue on HIV transmission during participation in sport extends to school, it is argued in the North West Extraordinary Provincial Gazette (1999:8) that current scientific evidence suggests that the risk of HIV transmission during sport from saliva, sweat, tears, urine, respiratory droplets, handshaking, swimming pool water, communication, bath water toilets, food or drinking water is insignificant. The statement about the insignificance of the risk of transmission during teaching, sport and play activities, however, holds true only if universal precautions are adhered to. Contact sports such as boxing and rugby would probably be regarded as sports representing a higher risk of HIV transmission than other sports, although the inherent risk of transmission during any such sport is very low.

2.4 HOW THE HI VIRUS IS SPREAD

HIV is an infectious disease, but there are only certain situations in which people who have the virus can pass it to other people. The most common way for this transmission to occur is through sexual intercourse, because the virus survives in sperm and vaginal fluids. Babies born to mothers with HIV can also become infected just before birth and during breast-feeding. Infected blood can spread the virus, for example if it splashes on broken skin, or if friends or family members share blades, razors or toothbrushes. Another method of transmission of the virus is between drug addicts when persons who share needles can infect each other. The last way in which the Department of Education Guidelines for Educators on HIV/AIDS suggests that the virus can be transmitted is by the blood used in transfusions. Although this

blood is treated against the virus, errors sometimes happen and occasionally blood transfusions may be a cause of infection.

Hubley (1990:25) adds the following to the list supplied by the Department of Education. He explains that sexually transmitted diseases, and any sores or tears on the penis or the walls of the vagina can increase the chance of HIV transmission. One common cause is the presence of sexually transmitted genital ulcers around the sexual organs, which provide breaks in the skin through which the HIV can pass. The pus or exudates from sores are rich in white blood cells and HIV.

There is also evidence from some studies that a circumcised male has a lower risk of acquiring sexually transmitted diseases and HIV from sexual intercourse. This may be because the HIV is retained in the folds of the foreskin, but not all studies have confirmed this. There is also a possibility that the HIV might be transferred from person to person if the same knife is used for circumcision without sterilisation between persons.

Another of the factors that Hubley suggests is tissue and organ transplants: Any exchange of infected tissue such as skin grafts and organ transplants could theoretically provide a mechanism for transmission of HIV from an infected donor. There is no evidence that this has played an important role in the past, but it needs to be taken into account in advice for HIV antibody positive persons.

Oral sex, in Hubley's opinion, probably carries greater risk of transmission of HIV than kissing. However there is very little evidence on the risks of different kinds of oral sex. Sucking the genitals of a person with HIV can lead to a larger quantity of HIV entering the mouth than would take place during kissing. This might lead to infection if the mouth has sores or cuts.

Mouth to mouth resuscitation might pose a risk for first aid workers when a victim is infected with the HIV. In normal situations the risk is similar to kissing and very low. There may be a small risk when the patient is bleeding and the first aid worker swallows blood.

Alternative research has shown that certain social conditions make it more likely that high rates of HIV/AIDS will occur. These include poverty, malnutrition, poor

sanitation and hygiene, violence, including violent and abusive behaviour, high youth unemployment, migrant labour and break down of family life, sexual promiscuity as much as sexual activity among teenagers, and high rates of sexually transmitted infections (STIs). All these factors are present in South Africa. To prevent such a catastrophe gaining hold, steps will have to be taken by the existing generation.

2.5 POSSIBLE REASONS OFFERED IN THE LITERATURE FOR HIGH RISK BEHAVIOUR

A survey of the literature offers the following as possible factors in the engagement in high-risk behaviour

2.5.1 Cultural aspects of health

All communities understand health in terms of their culture. Culture shapes the ways in which people make sense of the causes and manifestation of health, disease and illness. People's perception of healing and recovery are also directly informed by their culture. The questions "What is health?" "What is illness?" "How do people come to feel ill?" and "What do they do about it?" are complex and have been the subject of many social and behavioural studies (Hemel, Morgan et al, 1985, Radley, 1994) quoted by Gilbert (1996:46).

In fact, according to the above authors, culture defines what is acceptable in a particular community. It shapes our behaviour and is closely linked to traditions, customs and beliefs. Culture is not an individual thing but always takes place in a social context. It varies from community to community and is never static. Many different cultures and subcultures can co-exist within any particular society.

The above facts about culture correlate with O'Leary's view (2002:113) when he says that adolescents may refuse to practice abstinence if they hold negative beliefs about its consequences, including the belief that they might lose their romantic partner, or if it conflicts with their community or social norms. Therefore O'Leary (2002:133) urges that future studies should also consider whether abstinence interventions might be especially effective in certain cultural or ethnic groups. Abstinence messages must anticipate the fact that adolescents are members of subcultures with specific meanings for and sensibilities about sexual behaviours.

For example, urban gay runaways attach markedly different meanings and sensibilities about sexual behaviours to those of rural youth. However, labelling sexual intercourse as deviant in populations of adolescents', where the majority of practice sexual intercourse, would be in error.

2.5.2 Extra-personal factors

Many HIV prevention interventions attempt to modify the behaviours implicated in HIV transmission, such as risky sex and drug use (especially injections) directly. However sex and substance abuse behaviours are influenced by many extra personal factors that reside at the environmental, structural and super structural levels. Environmental factors related to HIV transmission include poor living conditions, lack of social services, and underemployment (Deninson et al, 1998 in O'Leary, 2002:161).

Another personal factor that contributes to risky behaviour is sexual impulse control. Sexual impulse control is a complex behavioural characteristic which itself may be related to a broad set of bio-behavioural factors including personality traits, environment, psychoactive substance use, partnership status, and affect. When individuals are sexually compulsive or "addicted", the immediate gratification or relief of tension resulting from a sexual encounter temporarily overshadows the potential negative consequences. For example, many of those participants who reported persistence in high-risk sexual behaviour stated that the behaviours were too enjoyable for them to stop, even though they were aware of the risks involved (Ostrow, 1990:48)

2.5.3 Migrant labour

According to de Coito (quoted by Williams, 1999:31) factors that lead to disruption to communities and separation of couples in stable relationships are known to enhance the spread of sexually transmitted disease. Migrant labour thus carries special risks to the workers themselves, their families at home and their partners in local communities.

Comment: RB: We need the date of de Coito's publication.

The above mentioned authors state that commercial sex is a prominent feature around many South African mines where thousands of male migrant workers live in

single sex hostels, a situation widely regarded as a key factor in the high STD rates in mining communities. Lurie is quoted by Williams (1999) as saying that the effect of this population movement is compounded the fact that many migrants – particularly those working on the gold mines – work far away from their rural families, are housed in single sex hostels and have relatively easy access to cheap alcohol and commercial sex workers. It is therefore not surprising that South Africa faces an HIV and STD epidemic of extreme proportions.

Comment: R B: Date? Page number?

In the same way, adolescents who lead dysfunctional or disorganised lives are at higher risk for HIV. They tend to reflect a spectrum of a youth that includes the growing number of runaways who show up in major cities and get involved in drugs, crime and prostitution. Also included in this category are homeless youth who are members of homeless families, hard core unemployed youth, and adolescents who are heavily in the poly drug abuse or hustling activities; and sexually abused teens (Leukeveld et al, 1990:269).

Peterson (2000:130) declared that, among the adolescent-runaway and homeless sub-population, HIV positiveness ranges from 2% to 17% and considerable evidence demonstrates that a sizable proportion of runaway and homeless adolescents engage in behaviours associated with transmission of HIV. Having multiple sex partners is characteristic of this adolescent sub-group. Furthermore, a far greater proportion of runaways have had more than 10 sexual partners during their lifetime than comparative national samples.

One of the most alarming risk factors among runaway and homeless youth is their inconsistent use of condoms. Consistent condom use among runaways is low, about 20 % and STDs are common among homeless youth. Also alarming is the high level of alcohol and drug use among these youth. Yates in Peterson et al (2000:133) found that 84% of homeless and runaway youth use alcohol and drugs. Although alcohol and non-injection drug use are not directly linked to HIV infection, use of drugs and alcohol can greatly influence adolescents' sexual risk behaviours. In addition, many adolescents who are still functional at home and in school are experimenting with drugs and sex and therefore are difficult to engage, because they are alienated from the mainstream service and delivery system.

2.5.4 Perception of personal risk

It has been noted that individuals tend to underestimate their own vulnerability and operate under an “optimistic bias” regarding their health. Teenagers, for example, may have difficulty applying biological knowledge of sex and pregnancy to their behaviour, believing as they characteristically do that “it (pregnancy) won’t happen to me”. For sexually transmitted diseases, risk perception may be related to individual’s views of their partners (Ostrow, 1999:45).

2.5.5 Social network affiliation and peer norms

In their study of teenage behaviours Duryea and Okwumabua (Ostrow, 1990:47), reported that teenagers’ thoughts regarding whether or not they would ride to a party with a drunk friend were four times more likely to be social in nature (e.g. “Who will be at the party that I like?”) than specifically health related (e.g. “I might get killed”). Davis (1993:215) adds “peer pressure can lead to undesirable behaviour such as drug taking or involvement in criminal activities, drinking alcohol and involvement with street gangs”. Adolescents tend to be so eager to please others and be popular that some develop popularity neurosis.

Parents also appear to serve as buffers for adolescents, moderating the effects of peer pressure and environmental influences on sexual activity. Girls who talk to parents about sexual topics are more likely to have conservative sexual values and less likely to have initiated sex, compared with girls who mostly talked to their friends about sex. All the same, girls who talk to parents about when they should have sex are less influenced by whether they thought their peers had initiated sex early or later (Hutchinson, 2002:238).

O’ Leary (2002:86) also indicates that STDs and sexually transmitted HIV are similarly influenced by a number of demographic, economic, social, behavioural and attitudinal factors which interact with each other synergistically. These factors also impact the rates of STD and HIV. A youthful age composition in a population – with large percentages being in sexually active age groups – is conducive to high rates of STD and HIV. An economy with high proportions of the population in poverty is conducive to both STD and HIV transmission. Similarly, economics marked by high

levels of inequality are conducive to high rates of both STD and HIV.

Furthermore, youthful age composition, low or high sex ratios, poverty, high levels of inequality tend to occur together in societies and mutually reinforce each other. Individuals that engage in high-risk sexual behaviours with other high-risk individuals tend to be at risk for both other STD and HIV. Individuals who practice high-risk behaviours tend to seek out others like themselves and these persons are often found in the same social and sexual networks-mutually reinforcing each other's risk for STD and HIV. Societal attitudes toward sexuality and sexually transmitted diseases constitute another set of factors that affect both STD and HIV similarly and synergistically. Lack of open conversation about sexuality and STD hinders primary prevention efforts, and effective health care seeking and acceptable health service provision for STD, which in turn mutually reinforce their negative impact on higher STD rates (Eng & Butler, 1997 in O' Leary, 2002:87).

2.5.6 Unemployment

Moller (1992:159) says that unemployment wears many different faces. In general, different approaches to resolving unemployment problems may be required for men and women. Unemployed men tend to be more aggressive when it comes to airing their frustrations, women more retiring. Hence men are more inclined to react in socially unacceptable ways. At the same time men are less accepting of state interventions to assist the unemployment. The second greatest risk group concerns the youthful unemployed, particularly young men. Their greatest frustration appears to be boredom stamina from inability to make a meaningful contribution to society and to prove them. Both grasp at risk suffer from problems of marginalization, loss of pride and self-esteem.

2.6 CLARIFICATION OF KEY CONCEPTS

Clarifications from the literature of key concepts dealt with in this mini-dissertation are presented below.

2.6.1 Guidelines

According to the meaning provided by Sindani, guidelines are directing principles, or a standard on how a person (adolescent) especially should behaving order to be safer from acquiring HIV / AIDS. Further, a guideline can still be defined as directing motion for winning the battle against the spread of HIV/AIDS.

2.6.2 Prevention

According to Longman Dictionary of Contemporary English, to prevent is to hinder, stop or deal with. In view to prevention, minister of transport, Dullah Omar says that prevention is the key to beating AIDS. This refers to the concept used worldwide in the context of HIV/AIDS to indicate standard infection control procedures or precautionary measures aimed at preventing or reducing HIV transmission from one person to another. These include procedures concerning basic hygiene and the wearing of protective clothing, such as latex or rubber gloves or plastic bags when there is a risk of exposure to blood-borne pathogens or bloodstained body fluids (Provincial Policy on HIV/AIDS, for learners and educators, 1999:17).

2.6.3 High-risk behaviours

High-risk behaviours are deviant behaviours such as aggression, alcohol and drug abuse, bullying and teasing, crime and violence, sexual activity and abuse (Hamburg et al, 1990:93)

2.6.4 HIV

HIV is an acronym for human immunodeficiency virus. The HIV is a very small germ or organism, called a virus, with which people become infected. The HI virus only survives and multiples in body fluids, such as sperm vaginal fluid, breast milk, blood and saliva. Human beings can only be infected through contact with infected body fluid. The body's natural ability to fight illness, the body's defence against infections, is called the immune system. HIV attacks the immune system and reduces the body's resistance to all kinds of illnesses, including flu, diarrhoea, pneumonia, tuberculosis and certain cancers. That is why HIV is called the human immunodeficiency virus.

HIV eventually makes the body so weak that it cannot fight sickness and so causes death. Usually people die between five and ten years after becoming infected, but some HIV-infected people do live longer (Webb, 1995:105). In addition, Wilkinson (1997:640) explains that if HIV antibodies are found in your blood, you are described as being antibody positive. This means you have been in contact with HIV person and that your immune system has developed antibodies. It means that you are a carrier of the virus and are therefore able to infect other people in certain ways, particularly through sexual transmission or, in the case of drug users, the sharing of needles. There are basically three possible classifications for people with HIV infection. They may be perfectly well, or they may have one or more illnesses, or they may be placed in the category of having AIDS related complex (ARC) or they may have AIDS. Whichever category the person is in, he or she will face very similar problems. As with any illness, evidence suggests that the more people blame themselves for having the infection, the more likely they are to become ill.

Thus people with HIV infection will also need to change their social life making sure that they rest, gets plenty of sleep and moderate any behaviour which puts their own health at risk. Such behaviour includes smoking drinking and drug abuse. Furthermore, basically HIV attacks the immune system, disabling it and leaving the body vulnerable to certain opportunistic infections.

2.6.5 AIDS

The full name for AIDS is acquired immune-deficiency syndrome. As the name implies, it is a disease caused by a deficiency in the body's immunity system. It is a syndrome because there is a range of different symptoms, which are not always found in each case. It is acquired because, unlike immune deficiency caused by a through diseases or drug side effects, AIDS is an infectious disease caused by a virus, which is spread, from person to a person through a variety of routes (Hubley, 1990:1)

In addition to the above definition, Webb (1995:105) defines AIDS as a final stage of HIV-infection and this is what causes a person to die. He further explains that people with AIDS usually have several different illnesses at the same time. These differ from person to person. The word syndrome means that several symptoms

occur at the same time. It is used to emphasise that people with AIDS have many signs and symptoms, because they suffer from several illnesses at once. Finally, according to Webb (1995:106), AIDS is not actually a single disease.

2.7 SUMMARY

This chapter has reviewed many studies concerning adolescents' high-risk behaviours. Throughout history certain adolescents have engaged in sexual intercourse and contracted sexually transmitted diseases, one of the latest of which is HIV. Currently almost 3000 adolescents have been diagnosed with AIDS and more than 1600 youth have been identified as positive for the human immunodeficiency virus. There are several theories that attempt to explain the relationship between alcohol use and high-risk sexual behaviours. One interpretation is that alcohol is a sexual disinhibitor that may place individuals at greater risk of becoming infected with STDs including HIV through unsafe sex. Another interpretation is that chronic alcohol use may serve as a marker for individuals who tend to practice a constellation of high-risk behaviours (CHRB). Both theories stress the effects of alcohol use as influencing high-risk sexual behaviours. One study reported that daily alcohol use was associated with not using condoms while moderate use of alcohol was associated with having multiple sexual partners.

The availability of drugs in low-income neighbourhoods places segments of the population at risk for addiction in drug use and HIV infection. Furthermore, the lack of affordable housing exacerbates the spread of diseases and contributes to the general state of homelessness that affects the most vulnerable segments of the poor black population, the adolescents finally has been noted that adolescents tend to underestimate their own vulnerability, operating under an "optimistic bias" regarding their health. As such, adolescents are at a high risk for HIV.

In conclusion, it seems likely that the number of people, infected with HIV (adolescents in particular) will continue to rise. Thus there is an increasing demand for guidelines as preventative programme designed specifically for adolescents in order to win the battle against the spread of HIV/AIDS.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In this chapter, the design and research methodology used in the study will be discussed. These include a qualitative strategy and data collection by means of a literature interview and observation methods. It is important to note at this point that looking at only one form of data collection during research might create a bias and/or over-generalisation which can compromise the results of the process (Best, 1977:156)

3.2. PARADIGMATIC PERSPECTIVE

As already discussed before, a paradigmatic perspective grows out of a particular problem that needs to be reached (Schulman, 1990:4). Therefore, in this research the focus will be on the adolescent in his totality with regard to school and societal environment. From the researcher's point of view, adolescents form part of the family and community and do not live as separate entities. Consideration must be given, therefore, to the needs, problems and challenges that adolescents face as individuals in order to build a happy and responsible society. An example of such a challenge is the HIV pandemic which is a second focus of this research. The researcher believes that an holistic approach to the study is best suited to studying the phenomenon. Again the researcher has a strong belief in her own qualities and those of the participants in generating scientific knowledge on the phenomenon for the advancement of educational guidance to assist teachers especially the Life Skills teacher, and to mobilize resources on HIV/AIDS that are available in order to facilitate guidance and counselling in schools. These are the teachers who provide primary education to the learners. In the following paragraphs, the researcher's paradigmatic perspective – meta-theoretical, theoretical and methodological assumptions – will be reflected.

3.3 META-THEORETICAL ASSUMPTION

The following meta-theoretical assumptions will guide the researcher in this study. In the first place, Van Zyl (1977:216) sees the child, from an educational perspective, as a person in need of support in order to give expression to his humanity. Support from van Zyl's position for this study links directly with guidance of adolescents by the Life Skills counsellor and the responsibility of parents in the bringing up of their children to be responsible adults.

Brannen (1992:52) concurs with van Zyl, believing that human adolescents are dependent on proper education, at school and at home so as to reach self-actualisation. However every child should be given optimism. In order for children to become independent adults and to function effectively in making responsible and informed decisions, they need to develop towards the education goal (Mwamwenda, 1994:124). There is a need, therefore, to bear in mind that every child has an active role in this process.

3.4 THEORETICAL ASSUMPTION

According to Botes (1993:12), a theoretical assumption is testable and offers epistemic pronouncement about the research field. These assumptions form part of the existing and accepted theory of a discipline. However in this study it is assumed that adolescents need to be guided in order to prevent them from high-risk behaviours that may lead to the acquisition of HIV/AIDS. These high-risk behaviours are partly related to the adolescent's developmental stage with its inherent challenges. Again, adolescents are considered to be the ones at great risk for HIV/AIDS due to the fact that they are operating under an "optimistic bias" regarding their own health. Therefore there is a need for guidelines as preventative measures in order to win the battle against HIV/AIDS.

Smith in Seroka (1992:30) argues that many youngsters experience additional problems on account of various external factors. These may be social, such as poverty, poor sanitation and immorality, which fan the spread of HIV/AIDS pandemic. Thus, there is a need to have guidelines for the prevention of these high-risk behaviours in the school curriculum especially for the secondary schools. It is also important for the Life Skills teacher in the school to help adolescents to their optimal

self-actualisation, which includes concentrating on schoolwork and their development as human beings. In order to achieve this, a feeling of worthiness should be stimulated. Frustrated and troubled adolescents should also be motivated to develop positive attitudes towards schooling and life in general by making them to understand the value of education and morality, and preparing them to wait for what lies ahead of them cheerfully and eagerly (Ferron, 1990:12).

3.5 METHODOLOGICAL ASSUMPTION

Parmet (1993:36) indicates that the researcher always assumes that research is purposive and that what she investigates can achieve her goal, and this is the case with the researcher in this study. The purpose of this research, however, is to describe high-risk behaviour found in the literature study by clarifying the concept, to uncover the reasons for high-risk behaviour in secondary schools that may lead to infection by the HI virus and to analyse the data from the literature, the interviews and observation data that form the findings of this research. The ultimate goal is to develop guidelines for educators to assist them in teaching what would eventually enable adolescents to make responsible and informed choices. Parents too will benefit out these guidelines through their involvement in the education of their children.

This research is functional in nature in that its purpose is to improve the behaviour of adolescents, which should lead to the betterment of their lives. One cannot deny the fact that adolescents have, or might have, more freedom to explore than when, as children, they were bound close to home. Thus the adolescent's life is, or might be, full of opportunities to enter into new experiences, to explore new relationships, and to feel new resources of inner strength and ability. Their freedom to seize what life offers, however, is curtailed both from without and from within.

Although adolescence is a time of great possibility, it is also the time when most young people must pay a price for privilege of growing up (Mwamwenda, 1994:157). This price may be exacted in the fact that adolescents' behaviour may put them at high risk of contracting HIV/AIDS. They need to be guided, both at school and at home, in the promotion of the realisation of their potential as individuals by strengthening their capacity to develop healthy relationships, their ability to make

informed and responsible decisions, and their pleasure in the expression of coordination of their intellectual, physical, spiritual, emotional and moral powers.

This functional approach acknowledges the fact that the knowledge generated in this research project should be utilised and applied in social and educational practice with adolescents and their teachers, parents, peer group and in other settings, for example church, home and the parts of society where adolescents are involved.

3.6 RESEARCH METHODOLOGY AND DESIGN

The choice of the methodology is determined by the nature of the problem to be studied. Brinko (1991:14) remarks that each approach is uniquely suited to the particular aims and problems of that research. In this research, the research method will include a qualitative strategy that is explorative, descriptive and contextual in nature.

As mentioned, the first phase of the research will focus on investigating, identifying and describing HRB. The second phase will focus on finding the reasons for high-risk behaviour leading to HIV/AIDS and the impact of this monstrous illness on adolescent learners; that is the experience of adolescents who are infected or affected by the virus. The third phase will be concerned with an analysis of the findings and fourthly some guidelines about preventative measures that could be taken in order to deal with high-risk behaviour leading to the contraction of HIV/AIDS will be developed.

3.7 A QUALITATIVE STRATEGY

According to Banyard and Miller (1998:497), qualitative methods can provide researchers with conceptual roadmaps in previous uncharted territory. They also explain this method as being a powerful tool for understanding the “why” of human behaviour. This research aims to investigate why adolescents indulge in high-risk behaviour. Another reason for choosing this strategy is that qualitative methods are consistent with and reflective of a social constructivist position, in which people (adolescents in this case) perceive, experience, and make sense of the events in their lives (Banyard & Miller 1998:497). The focus will be on the adolescent's

perceptions, experiences and perspectives about HRB that lead to the spread of HIV/ AIDS pandemic.

Another reason that this method has been decided upon is that the research is non-experimental, and the environment, which will be selected will be the one that the child is used to so that the context of the research does not create a problem. Further, research becomes more qualitative when it focuses on children in their natural surroundings (Scott & Usher, 1999:91; Kortwohl, 1993:355; Greig & Taylor, 1999:48).

The following are the considerations in the process of this strategy. The knowledge, skills, values and attitudes of adolescents towards those high-risk behaviours related to the HIV/AIDS pandemic will be taken into account. Greig and Taylor (1999:43) indicate that qualitative methods assist in generating theory that is grounded in the sources of data collection, for example, reading, interviews and observations. Scientific objectivity is not an option and is regarded an impossible stance as the construction of personal meaning forms an integral part of the research method. Further, Banyard and Miller (1998:498) mention that this research process is ideally based on collaboration and mutual learning. Therefore the participants are not the only ones that are learning, but the researcher learns from the participants about their way of doing or behaving.

In fact, qualitative methods are closely related to social change and action, and therefore action research provides a useful tool for this method of inquiry. The term, action research, was introduced by Kurt Lewin in the 1940s as a general approach towards solving some of the problems of society which he perceived and was concerned about at that time (Oxford, 1992: Banister et al, 1994). These authors explain that action research is an apt term because its methods are designed to cope with the tension between the need to solve pressing problems such as the high-risk behaviours that may lead to the contraction of HIV/AIDS, the focus of this research, and the need to advance scientific understanding of social systems.

Argyris et al and Mariow (in Newbrough, 1995) note that action research is the best way to combine knowledge and practice. Taylor and Banister et al (1994) suggest that the immediate need is to understand the reasons and causes behind the high-

risk behaviour of adolescents that expose them to the HIV/AIDS pandemic; and thereafter to develop preventive guidelines that would lead to the desired improvement in behaviour that might win the battle against the spread of HIV/AIDS. Qualitative action research considers the person in totality; it adopts an ecological paradigm and understands that research is an interactive process that involves collaboration which constitute genuine engagement, commitment, mutual respect, reciprocity, and participants and the potential transcendent product that might emerge from the relationship (Raush, as quoted by Moraba, 2000:49).

3.8 METHODS OF DATA COLLECTION

The researcher will not consider only one method of qualitative data collection for the purpose of this research. Data will be collected through the implementation of a qualitative strategy that includes the following qualitative methods of research: firstly a literature view will be undertaken, that is the reading of books, magazines, journals, newspapers etc. which may inform the topic of the research. Then data will be collected from interviews, and lastly field notes made during observation will be a source of information.

The use of more than one method will be useful in reducing the possibility of prejudice or bias that might arise. It will also be easier for the researcher to cross check later, especially when capturing perceptions on knowledge, skills, values and attitudes. Again the use of more than one data collection method will make it easier for the researcher to cross check the data in the event of inadequate data being generated on the subject. Details of the methods of data collection are given below.

3.8.1 Semi-structured interviews

Interviews will be conducted with the following people individually: firstly adolescent learners, whether infected or affected or even neither of the two conditions, since they are the ones at high-risk of contracting HIV/AIDS, which is the burning issue for researching this topic. This will include 5-8 learners from grade 10, 11 and 12. Then interviews will be conducted with 58 parents of adolescent learners, since they are the ones to lay the foundation of educating their children at home. Children, including adolescents, bring ready formed beliefs and attitudes to school, for instance with regard to alcohol, smoking and sexuality. In other words, they are not

attitudinal virgins; and these attitudes are moulded in the home. Lastly, 5-8 Life Skills teachers from the school who are in contact with affected learners on daily basis will also be interviewed.

One question will be asked in one way or another of all the above-mentioned people with the aim of acquiring both information and better understanding. In ensuring the reliability of capturing data, the researcher will ensure that data is gathered from all the participants under similar conditions. However, the researcher will make sure that the atmosphere under which the interview is conducted is conducive to obtaining the information sought.

The interview method is a convenient one as it enables the researcher to probe more deeply on specific issues. This is due to the fact that it involves face-to-face method of communication, and there is an advantage in being able to see the facial expression of an interviewee. The behaviour and perceptions of adolescents in their natural and familiar surroundings can play a prominent role in revealing the level of truthfulness during the interview.

At this point it is important for the researcher to note Greig and Taylor's view when they say that children like to be interviewed (1999:127). Thus the researcher must be loud and clear about the information she needs. Further, during the interview process, the researcher needs to have the skill to identify the important facts from less important information. Another important aspect required from the researcher is the skill to build on the information elicited and to ask follow-up questions of the respondents. In this research, the researcher will be interested on the knowledge, skills, values and attitudes that the participants have acquired about HRB that fan the spread of HIV/AIDS pandemic.

3.8.2 Field notes from observations

Krefting (1990:221) recommends that in an interview situation, observation can be another method of collecting data. As has already been mentioned, the researcher is able to observe the respondent's behaviours, revealing the truthfulness of their beliefs, perception and attitudes in their natural environment.

The record of what has been observed will be kept, and the information obtained will be fruitful in the research finding. This is in line with Scott and Usher (1999:99) who say that the key to successful observation is the establishment of rapport to gain the trust of the adolescents. In support, Guba and Lincoln (1990:214) indicate that field notes are also useful in describing the researcher's observation and experiences during interviews. It is important for the effective use of this method that the researcher is sure of what she needs to achieve at the end.

3.8.3 Literature review

The literature review includes reading of books, magazines, journals, etc. which have a bearing on the subject of the research. According to Lindhard (1987:127), all researchers should take note of previous work done in their fields to improve the research done and to implement a new paradigm in the field of research. Therefore, the discussion about the findings of this research will be based on the relevant literature and information obtained (Merriam, 1991:61).

Taylor and Greig (1999:57) emphasise that the literature review is an important part of any research. Best (1977:27) motivates the above statement by stating that general reading assists the researcher in clarifying the goal of the study clearly. In this way the researcher will attain a well-defined direction as to what comes next and be able to draw a proper conclusion about the problem at the end. Key concepts will also be identified and described. This will be helpful in constructing a theoretical framework of the study to supplement the theory obtained from the data, at a later stage. For the purpose of this research, the literature review will be subjected to assumptions, which are internally and externally consistent (Parmer, 1993:46).

3.9 DATA ANALYSIS

All information obtained through reading, interviews and observation are subjected to data analysis. Kerlinger (1986:481) supports the above statement by stating that a full record of all interviews and observations should be kept. Data analysis will be done by analysing the transcripts and information recorded.

3.10 ETHICAL MEASURES

Kruger (1994:24) indicates that concerns about validity and reliability are common to all forms of research, as is the concern that the investigation should be conducted in an ethical manner. The researcher will therefore adhere to the ethics of research, which serves as guidelines that alert researchers to the ethical dimensions of their work (Merriam, 1991:178).

In order to satisfy the demands of ethical research, the following measures will be followed:

- All participants will be voluntary. This means that no one shall be forced into the interview without his/her consent.
- Confidentiality and anonymity will be assured. Thus all the information obtained from the participants will be kept strictly as being confidential unless otherwise the participant does not mind. Again, no-one's name will be mentioned.
- Permission will be asked from the concerned persons to conduct interviews. For the sake of mutual respect, it is always advisable to ask the permission when intending to conduct interview. This promotes good relationships.
- The researcher will strictly adhere to honesty. The agreement made between the researcher and the participants shall be honoured.

A summary of the report at the conclusion of the research will be sent to the participants. Silverman (1993:24) warns that if researchers do not do this, then they are no better than peeping Toms.

3.11 RELIABILITY AND VALIDITY

In an interview, the researcher is present to observe non-verbal behaviour and to assess the validity of the respondents' answers. Reliability and validity are often difficult to determine due to the absence of controlled and structured measuring (Behr, 1977:79). Thus in this research, a semi-structured interview will be used with the aim to explore precisely those areas where the interviewer perceives gaps,

contradictions and difficulties in the relationship between learners, parents and teachers (Burman in Banister et al, 1994). Banister maintains that the advantage of using this less structured approach is that the questions can be tailored to suit the position and comments of the interviewee. The semi-structured interview is both open and flexible, and it documents perspectives not usually represented. Furthermore, this approach can empower disadvantaged groups by validating and publicising their views (Burman in Banister et al, 1994).

Yet interviews can be time consuming and costly at times. Errors can also creep in when recording what was said, or when the interviewer misunderstands the interviewee leading to interviewer bias. When conducting the interview, it is of utmost importance to take note of the relevance of the study to the particular respondents. Again, the study and the questions asked should be presented to the participants as relevant, and the respondents should feel that their contributions to the study are valued.

Therefore, in this study, the researcher will bring the results to the attention of the participants to check and comment on interpretations made for validation. A discussion will also be held with independent professionals to comment on the reliability and validity of the study. Observation of the situations will also be used to ensure reliability and validity of the study. Thereafter a detailed description of what happened will be provided.

3.12 THE RESEARCH PLAN

The researcher plans to undertake the following steps for the success of this study. Firstly it is necessary to communicate with the relevant people for permission to conduct interviews. Next these interviews will be scheduled and held, and during the interviews observations will be made. Lastly, there will be an opportunity for discussion about the feedback from the interviews.

3.12.1 Communication

Communication is a two way process of sharing information. In this research, the first form of communication was in a letter for permission to conduct interviews sent

to the manager of the school district. The topic of the research and the reasons (already discussed) for the research were indicated in the letter.

Next, a short discussion was held with the principal to explain the prevailing circumstances and the need to gain knowledge about what already exists in terms of HIV/AIDS-related matters. Other people whose permission was asked to participate in the interviews are learners, parents and teachers, who are consulted separately. The same respect applies to them as to the principal and the district manager regarding discussion of the topic and the reasons for researching it. They were also made aware of their rights as set out in this chapter.

3.12.2 Interviews

The next step is to move to the interviews conducted with volunteers. Each group is interviewed separately, to avoid intimidation that may arise. At this point it should be borne in mind that the reason for taking these people in groups is that the group serves the purpose of an emotional support network for the individual. Again, people within groups experience themselves as belonging together and groups can be very good for affirming the individual.

The semi-structured interview, an open-ended interview, is conducted after school. According to Banister et al (1994), interviews are conducted for the following main reasons: firstly the interview offers an opportunity to discover the subjective meanings of participants. Secondly, the interviews permit exploration of issues that may be too complex to investigate through a quantitative process. Next, an interview is a salutary lesson in research involvement and practice. Then, research is done “with” instead of “on” the person who is viewed as a participant rather than a research subject. Lastly, the issues and questions raised by the interviewees are responded to and followed up, including those questions that may not have been anticipated. Attention is focussed on the question on the table, which is, “What do you think is meant by high-risk behaviour leading to HIV/AIDS pandemic and how do you think should we go about trying to prevent this?” All the groups are asked this question. The level of understanding and maturity of the participants is considered. Focus is on knowledge, skills, values and attitudes of participants about the table, and on flexibility as a way of generating more information. When using the interview

as a research tool, space must be created for unforeseen circumstances such as heat, an uncomfortable location in which to conduct the interview and even the cancellation or extensions of interviews. During the interview process the data obtained is recorded for analysis purpose.

3.12.3 Observation

Learners are observed in their natural environment acting out their beliefs, perceptions and attitudes. Learners' behaviours while they are out of the school premises are also observed. A record of what is being seen is done for analysis purpose too. The fact that "actions speak louder than words" is taken into consideration during the observation process.

3.12.4 Discussion

A meeting was organised to discuss the feedback from the findings of the research with learners, parents, and teachers, respectively, who participated in the interview. In the meeting feedback about the interpretation of the findings was given.

3.13 SUMMARY

This chapter focused on the plan for the research design and methodology of this study. These include a qualitative research strategy and data collecting methods such as reading, interviews and observation. Literature review was not overlooked, based on Lindhard's comments when he says that "all researchers should take note of previous work done in their fields to improve the research done and to implement a new paradigm in the field of research" (1987:127).

Banyard and Miller (1998) indicate that qualitative methods are employed in the study because they are consistent with the core values of the field of community psychology. The researcher planned to conduct interviews and observe the respondents, the learners, especially in their natural environment, about their beliefs and perceptions on the topic. They were also observed while they were outside the school for comparison purposes.

The interviews conducted were semi-structured, the advantages of the semi-structured interview as research method being the fact that there is room for

flexibility during the interview. The interviewer is present to observe non-verbal behaviour and to assess the validity of the respondents' answers. It is important to note that throughout the study, the researcher formed part of this process and that all observations made may be coloured by her ideological stance. Thus, action research was identified as a useful tool for this qualitative method of inquiry because its process is designed to cope with the tension between the need to solve pressing problems and to advance scientific understanding of social systems.



CHAPTER 4

DATA COLLECTION AND ANALYSIS

4.1 INTRODUCTION

This chapter will focus on data collection and analysis. The data about high-risk behaviour by secondary school learners whose behaviour may lead to the contracting of HIV/AIDS was collected using a qualitative strategy. The data have been written down, described, analysed and discussed in this chapter. The accompanying reasons for this HRB are also not ignored. The findings are interpreted by integrating the information gathered from the literature review, interviews and observation. Ultimately an integrative approach through corroboration of data will be considered.

4.2 PROTOCOL

A description of the protocol observed in the empirical data collection is set out below.

4.2.1 Arrangement of the interviews

Several schools were approached on this note, but some showed reluctance to become involved in the research, seemingly due to failing to understand the purpose of this exercise, even though it was clearly outlined, and for their own personal interest. Once more the cultural boundaries at some schools became an issue in that people who were selected to participate chose to respond with shallow information that did not really help in the research.

For this reason, the researcher decided to do a follow-up whereby she personally consulted three principals of secondary schools other than those that had participated in the research, to discuss and request for permission to hold interviews in their schools. According to the recent demarcation, two of these three secondary schools fall in the Bojanala West region and one in the Central region. The two regions fall under Rustenburg district in the North West Province.



Each principal was given an official letter requesting permission, which included her participation in the interview, and some educator and learner involvement. The matter was then brought to the attention of the teachers and the learners, separately, at the schools concerned. Parents who have children at the above secondary schools were also visited and invited to participate, and they all agreed to be interviewed.

At school A, only four educators including the principal agreed to be interviewed. The researcher had to contact individual learners and only three agreed to be interviewed. Therefore at school A data was collected with four educators, three learners and six parents, all individually.

Although all the educators at school B seemed to have an interest in the project, some claimed that their workload did not allow them to participate, even if the interview were to be held after school. Of the seven educators who were free and accepted the invitation to be interviewed, four subsequently decided to decline. Data was then collected with three educators, including the principal as part of the staff at this school.

Most of the learners at school B apparently lacked the confidence to become involved in the interview. Only one learner visited the researcher privately at her home, indicating that she was happy to be interviewed. Again the researcher contacted five learners individually and they all agreed to be interviewed. When the process of interview was about to start, three learners decided to decline, and as a result data at the school was collected with three learners, a number equal to that of educators.

All the parents who were visited and invited responded positively and data was collected from them. The only problem was the preferred language for the interview, but then they became relaxed and comfortable after they were informed that they are free to switch to their home language or, preferably, Setswana the common language in the community. They were five in number.

At school C all selected educators, learners and parents who were visited and invited agreed to be interviewed. Likewise they were interviewed individually.

According to the ethical considerations, all participants agreed to take part in the interviews voluntarily, and the researcher undertook to handle the results confidentially.

4.2.2 Discussion with the district manager

In order to obtain his permission, a discussion was also held with the district (or area) manager. According to the area manager most of the cases reported from different schools about the behaviours of learners which are considered risky in terms of contracting HIV/AIDS are as follows: alcohol and drugs taking, bullying amongst learners, teenage pregnancies of which according to him denotes that learners do have sex and, in addition, do not use condoms.

As far as the district manager is concerned, most of the learners involved in these cases are from poor families. In some cases some of these learners engage in sexual activities with strangers, like contractors who have just come to reconstruct roads and thereafter pass by. The main reason for this behaviour appears to be to try and find money to survive. Others are doing all these things due to lack of parental care. He further said that there are some instances where a learner (or some learners) became the victims of this monstrous illness due to peer pressure influence. All that this kind of learner wants to achieve is to please his or her friends so that he or she can win their trust and then belong to the group.

Furthermore, according to the district manager, there are some instances where the school itself does not have a good reputation. He gave an example of one of the schools in his area (the district of which he warned me not to mention in my report). Although the site manager (principal) they have sent is a powerful and determined person, both learners and educators are problematic. The thing is, this school has been known to be difficult to manage for years and years, and educators and learners appear to want to keep that bad standard. Educators fall in love with learners and others even share bottles of liquor or cigarettes with them. Consequently it becomes difficult for educators to discipline learners. The fact is that they have lost their authority. The district manager concluded by saying that they are presently handling a case where an educator is accused of having raped a learner at this very same school.

In fact, the area manager was impressed to realise that there is someone who cares about what is happening in secondary schools in terms of the high-risk behaviours that may lead to contracting HIV/ AIDS, and who would like to come up with guidelines towards the prevention of these high-risk behaviours. He permitted and encouraged the researcher to go and do further research at the selected schools. Lastly, his comment in terms of the context of this research is that secondary school curriculum must cover HIV/AIDS programmes.

4.2.3 Semi-structured interviews

Interviews were held with volunteering educators, learners and parents, separately, at the selected secondary schools. Only one question as already mentioned before was asked which reads as follows; “What do you think is meant by high-risk behaviours leading to HIV/AIDS pandemic and how do you think should we go about trying to prevent it?”

At this juncture all the interviewees seemed to be relaxed at their respective groups. This is because most people enjoy sharing information with people who are their equals. Thus, the researcher decided not to interview educators, learners and parents simultaneously as this might result in unwanted behaviours such as intimidation that might cause an inferiority complex. Vygotsky, the founder of participatory learning, postulates that children’s reasoning capabilities are not similar. It is therefore necessary to also focus on the impact of the socio-economic background of the child and on all other factors. Vygotsky’s concept of inter subjectivity (Rogoff, 1990:58) between children (or adolescents) and their more skilled partners and their challenging exploring peers, is relevant. Inter subjectivity as a process of development, involves cognitive, social and emotional exchange. If adolescents are guided to participate frankly in a discussion about matters related to AIDS, they could form inter subjective support groups. This is because the interview brings different persons and personalities together.

The researcher explained to the interviewees that the tape recorder is used only to help her not to forget some crucial information, and that the information will be transcribed and retrieved on the same date. Interviews were to be conducted after school. All participants at all selected schools arrived in time at the agreed areas.

Since the researcher promised not to disclose the names of the school nor the names of the participants, the following symbols will be used:

SCHOOL A: Educators

Learners

Parents

SCHOOL B: Educators

Learners

Parents

SCHOOL C: Educators

Learners

Parents

Interviews were held on three consecutive days at the above three schools respectively. Each interview session, whether for educators, learners or parents, took one hour. The semi-structured interview is used with the aim of creating a frank, open and interactive mode. Again, the participants have the opportunity to discuss, answer and pose questions related to the phenomenon. Furthermore, the interviewer is able to identify what is in the respondent's minds and generates data that must be collected (Patton, 1990:278; Gesne & Peshkin, 1992:75; Silverman, 1993:190; Cormack, 2000:20).

4.2.3.1 Educator interview at school A

Everyone was seated around the table in the principal's office, and they were all greeted and thanked for being ready. Then the question was asked to them. The general response was that there are three types of learners in this school as far as the concept of HIV/ AIDS pandemic is concerned: those who believe that it will pass, meaning that to them it is a "pass-and-go" illness like lepers. Then there are those who believe that they cannot get infected at their age, while others are hopeless and do not see brighter future for themselves. Yet others are still doubtful and have

wrong concepts about it; they are still in the denial stage, as to whether it really exists.

Theory about life is like practice. As the interview went on, one educator pointed out that, it should be noted that the rural area in which this particular school is found, has no recreation facilities. The only common means of recreation is soccer and to a limited extent, netball. Almost all the youth that have no interest in these sporting activities look for something else to keep themselves busy. The absence of recreation facilities results in students' failing to explore other avenues in line with their interests and potentials. They only have to prove their worth in purely academic work and failing which there is no alternative. So other talents, rather than academic, emerge because of lack of opportunities. This includes alcohol and drug taking, making love with many partners and other things that would leave poor child into dangerous situation, she concluded.

This was a challenge to others to be more open and relaxed and as a result the interview became interesting and informative. One teacher added that there are lot of shebeens in the community that happen to take the place of recreational facilities which make the abuse of alcohol by youth, including the learners, the order of the day. This is due to the fact that, to a large extent, parents have lost control over their children; they cannot discipline them anymore. The principal, who was also amongst these educators, sounded furious when he was responding to a probing question. He said, "...an adolescent that comes home drunk indeed cannot take heed of his parents' authority". The same applies to a drunken student who cannot be on time for his lessons or accept the fact that he is to abide by the rules and regulations laid down at school. As a result his life becomes a series of conflicts. The principal also indicated that, according to his records, most learners are raised by single parents.

In terms of high rates of sexual risk behaviours and negative outcomes among adolescent learners, educators also believe that parents have no influence over the sexual behaviour of their adolescent children. Several well-designed studies have found that parents' sexual values and sexual communication with their children exert significant influences on adolescents' attitudes towards sexuality, their initiation and participation in sexual activity, and their use of contraceptives and condoms (e.g. Jaccord & Dittus 2000; Jaccord, Dittus & Gordon, 1996; Miller, Norton, Fan &

Christopherson, 1998). Based on the standard of living among the community members, most parents seem to lack the communication skills and self-confidence necessary to effectively communicate about sexual topics with their children. Even if many recognise the importance of communication and want to communicate with their children, they lacked good sexual communication role models in their own lives and as such are unaware of how and when to initiate sexual conversations. This contributes towards the difficulty of learners who are sexually active changing their attitudes toward sexual risk even if they are being taught about the dangers of its outcomes at school.

Finally, the general feelings of these educators was that family professionals need to raise awareness among all parents in the community that STDs and HIV are widespread and that all adolescents are at risk. Parents need both information and opportunities to practice communication skills, and examine their own fears and attitudes towards sexuality in order to create a family environment that normalises and promotes communication so as to assist the school in educating their children. AIDS education should start as early as towards the end of a junior primary phase, since by the age of 10-12 many young children have accumulated a surprising amount of information about sex, much of which is totally distorted and comes from television programmes, movies, their peers and the society.

4.2.3.2 *Learner interview at school A*

These learners preferred to sit in a form of a circle. They did not like to be interviewed in the principal's office so one of the classrooms which, was considered to be conducive (cool) was used. The researcher firstly greeted them and introduced her to them once more. They also in turn had to introduce themselves. Seemingly it was hard to all of them as it was the first time they had become involved in an interview. We started to talk about general things that happen around, in the television and the radio news. The reason was to make them feel at home.

Then the very same question that had been asked of the educators was posed and discussed. Their response was that they were aware of HIV/AIDS and how it spreads. The thing is one cannot avoid getting it as by using the needle, which was used by someone who is HIV/AIDS positive. What if at home I use a needle which

was used by my brother or sister and I do not know that my brother or my sister is HIV positive? Even at school we come across many piercing things, and we are not wearing gloves or plastic thing all the times. Again, when you play during sports period or even in the weekends at the grounds it is difficult to play and to guard yourself not to be injured by something or even your player partner.

In terms of falling in love and then having sex at a young age and before marriage, these learners came up with analysing views. One said, myself I do not mind to fall pregnant because I don't know what I am going to do after my matric. My parents are poor, so they cannot pay university or even college fees. At least if I can have a baby, I will be busy with something and I think is good to have a child at young age because sometimes they say your muscles became stiff. Again, I don't think anyone would employ me anyway. Maybe if I get pregnant I won't have to think about studying.

Another shocking or scaring piece of news was a concern of another learner about her friend. She said: "My friend too told me that her parents are always fighting. They don't care what happens to her. She thinks if she gets pregnant she'll have a baby to love and to love her back. And her boyfriend will have to live with her then she can get away from home. She says she does not prevent and her boyfriend does not like condom. She says she does not want to lose her boyfriend and she does not believe that at their age they can get HIV/AIDS. So, is this possible that they can get HIV/AIDS at their age for the first time they have sex?"

This child actually wanted to know whether it is possible to acquire HIV/AIDS if it is the first time you have sex with a partner who is also having sex for the first time. It gave the researcher the impression that these kids have heard about AIDS either from their teachers, radio, television or even their peers, but they still lack the truth about it. Hence proper guidance and counselling is needed.

The interview became hotter and hotter. One big thing so impressing about these learners is that, although they were only three in number (two girls and a boy), they were very powerful in speaking. They were very honest. The boy who was sitting between the girls indicated Ma'am you may think I'm joking, but I'm not joking. Myself I fear, I may get HIV/AIDS, so I try by all means to watch my ways, to avoid to

fall in love with many girls, I do not drink liquor even if I can go to a shebeen house on a party, I hate cigarettes. The problem is, every girl in the school seems to be after me now. They seem so sure of themselves and myself there is only one girl for me I love her very much. We used driven by another very strong force that comes from our sexual organs and we could not stop it. Which means age also tells a person that you are old to can have sex.

4.2.3.3 Parent interview at school A

These parents had no stress about what was going to take place, interview or not, as long as communication would be in preferably in Setswana as being promised. Anyway, these poor illiterate parents were not to be blamed even though it was going to be a bit tougher for the researcher to translate sentence by sentence or the whole idea into English when recording. In the same way as before, parents were also greeted and welcomed. They were all in time as their appointment time followed that of the learners.

The researcher introduced herself and to let them introduce themselves too. The subject of the day and the aims and objectives thereof were explained as already done to each of them at the time they were invited to the interview. Thereafter the question was posed in English as it was written, and then translated in Setswana to make it easier for them to understand.

One of them who sounded to be representing all of them and the majority of community members responded; "Rona tot a bolwetse job a AIDS re bo tsaya jaaka bolwetse jwa boswagadi. Lebaka ke gore matshwao a jona ga a farologane ka gope le a boswaadi." Translated into English: "We actually take this illness, aids as boswagadi, which is the illness that attacks widows and widowers should they not be cured after the death of the spouse. The reason is that the symptoms of this illness do not differ with those of boswagadi."

These parents had a strong belief that even if most of the adolescents especially those who are still at school are not married, they can still be the most targets group to this illness because of their behaviour and insensitivity. They said "Bana ba rona ba ba mo dikolong tse dikgolo, tse le di bitsang di high school, ba dira dilo tse di makatsang e bile gab a boi. Ga ba itse go farologanya mogolo le ngwana, sa bona

ba gopotse madi (tshelete) fa bal eng teng. Ga ba leba thuto, ba labile diaparo le gona tse di senolang mebele ya bona. Lefoko la gago o le motsadi ga le utlwale, go utlwala la tsala.

Se se botlhoko ka bona ke go tsaya o, kajeno kamoso o, mo labofelong motho o iphitlhelang a le mo mathateng a bolwetse jo. Baswela ba kajeno le bona gab a tshwane le ba maloba, gab a ikilele, mo ba gogelang bana ba rona ka madi (tshelete) ba bob a re dilo di fetogile, tlabologo e tsene.

Botlhokatiro le jona bo tsentse letsogo, ka jalo bato ba leka ditsela tsa go iphidisa e nngwe ya tsona ke go rekisa bojalwa (nnotagi) mo e leng gore bosigo le motshegare go duma digumba-gumba tse di biletsang bana ko majalweng. Pheleletso e nna e e sa itumediseng ba bangwe ba tsuba matekwane, ke nthagaraga. Barutabana ba bangwe le bona ba nna mo di-sportong. Se se diragalang ke se se bonweng ke motswana fa a re “kgori e bona lee lerapo (kgole) ga e le bone”.

Translated into English: “Our children, especially those who are in secondary school, which we normally call high schools, do things which are amazing and they don’t even have fear. They can’t differentiate an elder/parent from a young person - what they just think about is money wherever they are. They are not focusing on education, rather on clothes moreover, those that expose their bodies. Your word as a parent does not have weight (meaning), only those of a friend (peer).

What is most hurting about them is to change partners day by day of which they at the end find themselves as victims of this monstrous disease, “boswagadi” currently known as AIDS. Every widows and widowers of oldest days, they are not sensitive in such a way that they even led the kids into temptation, using money and therefore claim that things have changed, civilization has arrived (commenced).

Joblessness too has become the order of the day whereby people try many ways to earn a living. The most common one is the selling of liquor that is usually accompanied by Kwaito music to attract young and older adolescents. Almost every corner of the streets in the village has a shebeen house. Therefore the whole village is covered with noisy Kwaito drama music day and night. At last some of these children end up taking in drugs, the commonest and available one being matekwane.

Some of the teachers do engage themselves with learners at these shebeen houses. In fact there is a lot of corruption. They all agreed on this fact.

4.2.3.4 Educator interview at school B

To start with, the tape recorder at this school was not used as planned. The reason for this was the inconsistency of electric current due to the weather. Hence the researcher had to jot down whatever was said and as a result, the researcher had to request the interviewees to short and to the point in order to avoid time consuming. According to educators at this school high-risk behaviours leading to the spread of HIV/AIDS pandemic include

- The use of one and the same razorblade by traditional doctors on all patients. Hair saloon owners, especially home-based ones, and even the learners themselves, can also commit this risk when they do each other.
- Sharing of needles or piercing utensils/instruments by intravenous drugs users.
- Coming into contact with an HIV-infected blood of an injured person especially during sports activities.
- Falling in love at early stage of development too can make a responsible decision about sex.
- Changing or mixing partners randomly.
- Teenage pregnancy, which symbolises no use of condom.
- Bullying and teasing amongst learners, which ultimately result into serious injuries.
- Assault, which involves dangerous weapons.

In motivating the above reasons, these educators emphasised that almost 75% of adolescents happen to fall in love without the experience to make an informed and responsible decision about sex. Some of them just fall in love to please friends, while others just want to taste as to how do others feel about sex. They are almost

vulnerable and they themselves think invulnerable to being attacked by HIV/AIDS especially at their age. It is at this stage that most of them demand democracy from elder people, including their parents, and then exercise these democratic rights in a wrong way.

At the same time, it is at this stage that most parents start to neglect their children but rather put more responsibilities on them such as taking care of their younger brothers and sisters while they are away from home, or taking care of their ill brothers and sisters at home. By so doing, the learner starts to consider himself/herself as being an independent adult who can to a certain extent find a living by himself/herself. Consequently such an adolescent child ends up mixing with prostitutes or living an unsafe life. Usually girls are the most targeted group as they are likely to be defenceless in most cases. These teachers continued by stating that a feeling of loneliness, and a poor relationship between the child and the parents, single parenting as much as poverty leads poor children to fall in love at an early developmental stage and therefore to practice unsafe sex (sex without condom). They are not even threatened by pregnancy.

4.2.3.5 *Learner interview at school B*

At the beginning, these learners seemed ashamed to answer the question posed to them which of course is the same question posed to the interviewees at school A. The reason may be that they were still nervous. At last one of them responded; "I think high-risk behaviours leading to getting HIV/AIDS is whereby one was the needle which was used by an HIV infected person for a stubbing instrument having that person's blood to someone. Again HIV/AIDS can spread from one person to another helping a person with a wound without wearing gloves.

Another learner added by saying HIV/AIDS can still enter the person through fighting with someone or attacking someone using a very harmful instrument. In actual fact, these learners have heard and had people addressing them on HIV/AIDS-related matters. This was highlighted in their response when the researcher probed for some more information to test their knowledge skills and attitudes (perception) about risky behaviours that can lead into contracting this illness. They seemed to have different perceptions/attitudes due to the influence from their different home

backgrounds, especially when they had to explain how their knowledge of AIDS from different sources has been put into practice, in other words, do they consider AIDS in their sexual behaviour.

One learner said: "Well, at no extra cost, you can get sexually transmitted diseases such as syphilis, gonorrhoea, genital warts as well as HIV when you have sex. Some people even get allergic reactions to the latex on condoms. So sometimes it's much easier to ignore thinking about these things and just do what you feel like at the time. Meaning that you have no choice because even the condom does have problems, and as human being you've got feelings." Another learner added with excitement, "Besides, you have to socialise, and for many years, in fact when human race made its first appearance members of the opposite sex have wanted to pair up. Even our parents did that because there was no AIDS by then. Maybe we should agree that AIDS is a political disease or "boswagadi" which according to our parents it is a killer disease which catches someone whose wife or husband has died and is not healed immediately. This learner concluded by referring me (the researcher) to 1 Corinthians 7 which says a woman cannot live without a man, which, of course, also applies to a man.

Because the researcher realised that all these learners belong to families who practise the Christian religion, and realised that this learner has misinterpreted the Scripture, she had to respond immediately in response the researcher also referred the learners back to 1 Corinthians 7:32-34 which differentiate between married and unmarried person and also advised all of them to go and re-read 1 Corinthians 10:11-12 thoroughly. Another learner disagreed with the idea of the risk in the use of condom. This learner indicated that condoms are thoroughly sealed and well protected as they are covered. Highly educated professional scientists are designing them. It is just that some boys do not want to use them and others do not use them correctly. They say they cannot enjoy the sweetness of sex and the parents were waiting. Generally speaking, all these participants believe that AIDS can be cured if the government can put more pressure into finding out as to what or who caused it.

4.2.3.6 Parent interview at school B

With these parents, the interview did not take long as it was already late in the afternoon. Like the educators, the parents too tried to be short and concise. Most of their opinions about acquiring HIV/AIDS were based on youth death cases. They mentioned the following factors as being risky and conceded as being the case as far as the youth (adolescents) death cases are concerned.

- Falling in love with strangers like contractors, for example, in the village there are who have just come to improve our roads. These people attract our children with money and they change from one to another. Some even leave the school and follow these people and when they come back, they are very ill and then die.
- Moving around at night, going to shebeen houses or parties and then spending the whole night there exposes them to rapist.
- Drinking alcoholic drinks like beers and using drugs. Some even fight using dangerous instruments or bottles while being under the influence of alcohol and drugs.
- Sleeping with multiple partners with or without using condoms. Here they clearly indicated to have small holes at the end, which you can only see if you pour water into. One parent stressed that she experienced it after receiving them from AIDS awareness campaign. Since then she cannot even advise her children about using a condom since she lacks confidence on it. Another parent indicated that a condom even have (diboko) and this is also revealed if you can pour water on it.
- These parents also blamed television programmes like pornography and stories, which shows passion. According to these parents these films make adolescents to become sexually active while they are still not ready.
- Mixing with wrong friends with a feeling of belonging to the group, that is doing what age group people do.

- Children (adolescents) who are left alone at home and the parents are working far away from them. Homes of these kind of adolescents tend to be where all these rubbish things are done.
- Poverty being the major cause for everyone, especially adolescents to go and look for money to buy food and beautiful clothes like those of her friends.
- These parents suggested that there should be recreational facilities like libraries in every community to keep these children busy. They also urge that genuine religious education be taught strongly at schools as it was done before. They also indicated to belong to Christian religion by also quoting from the Bible. Train up a child in the way that he should go, when he is old, he will not depart from it (Proverbs 22:6) and the same wisdom is proclaimed in the very same Bible. Let the children come before the Lord, for the Kingdom of God belongs to them. The school and the home as much as the church should join hands together to teach these children the word of God. They concluded and it was the end of the interview with them. The researcher appreciated them for being patient to wait until late.

4.2.3.7 Educator interview at school C

In view of the question under the discussion, educators at the above-mentioned schools reported that most adolescents are exposed to high-risk behaviours by the social-economic background of their families. Thus, according to these educators as they tried to motivate the above statement it is more of thought, especially that of an adolescent who sleeps without food at times involuntarily to go to the street and try what others try on the street to get food on her table as much as nice clothes.

They also indicated that, over and above, they try by all means to teach their learners about HIV/AIDS and how to behave so as to fight against contracting it, but still other learners seen to be ignorant if not pressurized by certain conditions. One of these participants quoted one author whom he labelled as the father of psychoanalysis, by the name of Sigmund Freud. He said according to the abovementioned author, sexual decision could only or mostly be taken in the ID level of personality. Remember that this level is irrational and pleasure seeking.

In interpreting the above author's statements, according to this participant, it means at times it is hard to use a condom especially for adolescents even if within reach. In other words it is like the person would say I did have it, I forgot about it meaning that adolescents, end up with so many lfs but it cannot be undone. Others supported him by pointing out that even with adults you may find some or one who say: I don't prefer it, its not wise to eat covered sweets what if it burst or I prefer to look into the general physique of the partner at that moment so as to determine whether I should use it or not.

One of the participants indicated that he himself has a friend whose name he could not disclose. He did, however, disclose to us that his friend one day said to him. "My friend I want to break news with you and I need your favour". He said he became curious and then shocked after hearing what he did not expect from his friend. What shocked him was that his friend told him that he has joined a gang, which is gambling about sex and they usually use adolescents. So the favour he needed from him was that he must coach clever adolescents at school to come to their operating (training) centre because they have realised that adolescents are fast-money makers because of their flexibility. They usually pay according to performance. The educator did not want to tell much about his response to his friend but what he said was that adults too, who are supposed to behave like parents in front of adolescents especially are not fair and honest. They abuse poor kids and pretend that nothing wrong is happening. He indicated that his friend told him that when it comes to the idea of AIDS, he and his gang believe that a person only becomes infected when he thinks about it, so that is why they themselves have chosen not to think about it and that is normally what they use to teach their clients and trainees. According to this educator, it sometimes become hard for the school to get the children on the right track whereas the society outside is busy misleading them.

These participants also mentioned that some newspapers show photographs that humiliate human nature and even television programmes such as pornography; music shows where the musician's outfit is transparent or very short in such a way that is so embarrassing. As far as these experiences of these educators are concerned, there are some adolescent learners who are ready to imitate all these

bad behaviours. Hence, there is a fact to say that what the adolescents practice is what exist in the society.

They further declared that the story of Yizo Yizo shown on the television brought about different misconceptions on the part of the learners. This is also the case with the story titled “Ke Nako” was also shown on SABC 2. These stories, and others which they did not mention by name, brought about an increase rate of crime in most secondary schools; including their school as they indicated, since most of the secondary school condemn their general academic performance.

The increased number of squatter camps around Rustenburg, particularly in the mines, tends to be risky for the learners in the opinion of these participants (educators) in the sense that adolescents tend to underestimate their own vulnerability and therefore concentrate on money seeking. Furthermore according to these participants (educators) the existence of these squatter camps has brought about the availability of drugs in low prices, and it allows most adolescents (learners) to explore with them.

Finally, these educators find it to be imperative for learners to receive education about AIDS and how to behave well from all angles /corners of the world. Thus it is the responsibility of the home, the school, the church and the society at large to see to it that learners receive good education on how they should behave well in order to be safe from contracting HIV/AIDS and other health threatening diseases.

4.2.3.8 *Learner interview at school C*

These learners listed the following as being high-risk behaviours leading to the spread of HIV/AIDS

- Taking alcohol and using drugs substances like smoking spirits or dagga
- Having multiple partners
- Rape
- Assault or bullying
- Culture

- Sharing needles

In response to the question based on their personal attitude and behaviour, they appeared to have different opinions, although generally speaking they believe everyone has personal reasons for getting involved in behaviours, which are so risky. One of the participants (learners) reported:

“Ma’am, our family backgrounds and our parents are not the same. Like myself my father is the only person who is working and we are seven. I am the first born, so my father always tells me that I am old enough to look for a job. He always says this when he is drunk and I get bored because he himself wastes money in alcohol drinking. My mother does not have a word. So, things like this can cause you to move away from home and then look for someone who can help you with money because there is no job. Most people are not working. Another respondent (learner) also indicated; Ma’am myself my parents are all not working, so as “ngita” (young boy) I have to do something to bring food to eat at home. But we have to go through tough time and myself I actually hate to touch or even see someone’s blood.

The researcher asks them if they believe they can acquire HIV and how would they feel if that can be the case. Basically, they all believe HIV/AIDS exists and destroys many people’s life. They heard about this from newspapers, radio, and television and even from the teachers. Some even discussed it with their parents and this was so impressive to hear that some parents discuss about HIV/AIDS with their children. Although they all seemed to be doubtful to admit those who indicated have been informed about it at their respective homes, just shook their heads saying “It’s possible” and one completed by saying: “I would be very sad and hopeless about life”.

In terms of preventing in order to win the battle against this disease, those who used to discuss sexual risk behaviour with their parents have a strong belief on consistent use of a condom before marriage or else delaying sexual activities. This information was not new to all of them, as they all have learnt about this information on how to prevent from the media and the pamphlets on HIV/AIDS. Yet idea of abstaining or delaying raised many questions in their minds. One of the questions they asked was “How can one abstain or delay sexual intercourse with someone because if you love

someone he/she loves and do not want to lose because if you love someone it means you want to be with him/her all the time, share experiences of life and never hurt him/her.”

The researcher responded immediately, saying, a few years ago if you were, say, sixteen years old and not having sex you were made to feel odd, left out, and even thought of as a bit of a weirdo. But, attitudes are changing. Today if you say No to sex, you are no longer considered the ultimate in uncool. Others may even respect and envy you, and think it's really cool that you know your own mind enough to say No. The problem is that saying No isn't easy. There is no right or wrong age to start having sex. The important thing is for you to be happy with the decision you've made after giving it the serious thought it deserves. After all it's your life that would be destroyed.

Like other learners interviewed previously, the issue of sex seem to be interesting here. One participant announced loudly: Wanting sex is a very natural force and that's why children who are still growing want to experiment with sex quite early – it's pre-programmed into us all it's just this so called HIV/AIDS disease it's a political disease which is done with the aim of minimizing the number of blacks.

Lastly, the researcher wanted to know how culture, as they indicated, could lead someone into acquiring HIV/AIDS. They could not answer this question straight but give example of nations, which their names cannot be written down here as I promise to follow ethical measures. These nations, according to these learners, are allowed by their culture to marry more than one wife and no one is to question it. Again, it seems that culture does not allow the parents to discuss with us about sexual related matters and that is where the damage in the mother-child relationship starts. Even if you as a child may question or say something related to sex the parents become so embarrassed.

In this case these learners, insisted that parents should also be taught about the importance of discussing sexual related matters and the risk-thereof. They further emphasised that parents should also be advised as to when and how to talk about this, that is differentiate age level and also set example on how to behave. Teacher

behaviour in this regard should also be exemplary, because immediately they see that parents or teachers are not acting accordingly, they will also do like wise.

4.2.3.9 Parent interview at school C

Amongst these parents were retired professionals and non-professionals that is, the retired nurse and teacher, the taxi-owner who was once a bus driver, the pastor, two women who are running small-business enterprises, selling at the front gate of the school, and the rest were just parents who are interested and committed to the community matters. Hence this was a very interesting and challenging combination and thus it made this research meaningful.

When the question was posed to them, they all agreed on the following behaviours of adolescents to be of high-risk in contracting HIV/AIDS pandemic.

- The ways the adolescents dress, especially girls, even while they are at school expose them to danger. They wear short dresses or outfits, which reveal their physique and they usually say its fashion. This is due to peer influence and the designers are also to be warned about the patterns they assign. One parent who was supported by others motivates it like this. "Setswana sa maloba as re moraba go jewa o o weleng, ba kajeno ba re tlhathwa go rekwa e e bonwang". Explanation: In other words, the motive behind this Setswana idiom is that every Tom, Dick and Harry who just passes by become attracted and would therefore like to have a taste on what he sees.
- The majority of adolescent learners are inquisitive. They like to experiment with so-called sugar-daddy/babe irrespective of their personal experience about sex. They like to please or do what others do so as to belong to the group. One parent also used the Setswana proverb, which says; "Kgori e bona lee lerapo ga e le bone".

This parent continued by saying "they think and believe that they are clever whereas they are in darkness. They make love with elder people only to have money and they do not think of any danger they might fall into."

The parent, who is a retired nurse, pointed out the standard of technology and this raised many ideas with the others in terms of technology, she said: “unlike before in our day, the standard of technology has brought about improvements and on the other hand, many problems. The issue of contraceptives including condom use seem to have brought about negative impact, particularly in the adolescents’ behaviour. Seemingly to them it means they are free to fall in love as they wish, change from one partner to the other or even mix partners. They are not even aware that a condom is not hundred percent safe since it can still slip. To them, theory is like practice that is, they know there are sexually transmitted diseases (STDs), including the killer one, HIV/AIDS, but they don’t practice what they know about how to prevent from contracting it. They focus only on birth control.”

Others who added that some even go to the extent of trying to help others to do abortion, using very strong chemicals, supported this. “Botlhoko-tsebe bo kwa godimo thata, bana ba lekeletsa dilo tse di maswe. Botshelo bo tlhakatlhakane go feta lefoko.” Translation: Crime is too high; children (adolescents) are trying out (experimenting with) unwanted things that are of course very dangerous. Life is so complicated, more than the word.

- Again, in terms of technology, they all agree on the availability and the use of cellular phones by secondary school learners especially. In the opinion of these parents, cellular phones give the adolescents access to communicate with strangers anywhere at anytime, even while at school. Hence the cellular phone makes it very possible and easy for these children to fall in love with people of whose love history they are not aware.
- Community status in terms of development can also lead to bringing about the spread of HIV/AIDS. This is due to the fact that contractors who come to bring development, especially in rural areas often fall in love with these young people especially secondary school learners. They normally attract them with money.
- Poor sanitation.
- Alcohol and drug abusers who share needles also result raping.

- Too much trust between partners at times causes people especially adolescents to be ignorant to check if the condom has been properly applied. Girl partners are even shy to talk about using condom. One participant emphasised that even if the condom is used consistently there is need to check for expiry date.
- Entertainment: As far as these parents are concerned, the music industry relies heavily on sex appeal to promote records. Thus, this encourages adolescent children to enjoy conversation about love and romance and for those who are in urban areas, they like to go to the movies to see love stories and get excited over sentimental films. As a result for them, the best programmes on TV are about real-life relationships.
- Sharing toothbrush: this is the biggest mistake ever committed by many members of the families due to too much trust. Adolescents also do commit this mistake when they have run away from their families on their own. One of the parents proclaimed “Le sepeiti”, this is an object inserted in the anus of the person and then pour some water mixed with something to loosen the person’s stomach, as a possibility.
- Government-support grant: in the experience of the parents some adolescents just need to have babies so that they can get child support grant. This made them to make wrong choice in terms of partners.

These parents mentioned many things that of course were already mentioned by others like poverty, migration labour, etc. Therefore the researcher decided not to entertain them here as they are already on record.

Preventative measure as outlined by these parents:

- In terms of developments to be made, for example in the contract is to come in the village, the community including the adolescents should be called to a meeting and be (briefed) informed about what is expected of them in terms of their behaviour. In other words, community-centred theory should be applied. The parent who raised this fact concluded: “If this does not happen, then in

most cases the community particularly the adolescents become the victim of the circumstances.

- HIV/AIDS lessons should be taught everywhere, and should be included in the sermons by all pastors at their respective churches. The pastor who was present, voicing his concern about the situation, raised this idea. He said: "Some youth are still on denial stage. They think they cannot get infected at their age, especially that they are churchgoers. Others are sort of pessimistic, that is hopeless about changing attitudes. "They are in a breakdown stage", he said. "Therefore they are drinking hopelessly. Yet some parents do not want to talk about AIDS or hear the pastor uttering the word AIDS in the church. They are primitive-minded in such a way that they can even confront you like the one who came to my place after church and say: "Moruti o seka wa tlhola o re senyetsa nako. O tlaa re tshabisa kereke fa o tlontlolla kereke ya Modimo ka go tlisa dilo tsa lefatshe le gona tsa kwa mananeng mo kerekeng". Translated in English: "Pastor, you should never ever waste our time. You will forbid us to attend the church if you undermine the church of God by bringing to it rubbish things of life"

Others, including the researcher, became so sad and the researcher consoled and encouraged this pastor by quoting these words: "The pastor is looked upon as the person that must help to bring 'release for prisoners' and new freedom for the 'broken victims' of alcohol (Catanzaro, 1968:189). Therefore he should insist on church activities that reduce the likelihood of alcohol consumption and other terrible things. Also, Anderson (1987:24) regards the task of the pastor as an input that recognises and appreciates the power that vitalises and directs life functions and purposes towards the preservation of life. Again these parents agreed upon the following to can be helpful in preventing the spread of HIV pandemic.

- Family lessons: If the parents themselves are shy to talk about HIV/AIDS or sexual related matters, they should invite someone to come and conduct these lessons. This should also be the case in secondary schools. The lessons need to be ongoing, that is, they need not target the time when there is a problem.

- Secondly, if possible, this family may invite its family friend to the discussion lessons. The person who would be conducting the lesson, say the nurse or social worker should encourage the families to choose amongst them those who would conduct the lessons (Mutual learning). Those lessons should also be extended to schools (secondary) by the concerned (involved) secondary school learners of the two families.
- There is a need for comfort and sympathy for those who are hopeless about life; we all have to pray for them to be showered with the Glory of God. They also need to be counselled. Counsellors should be invited in secondary schools.
- Those who are already infected should also be encouraged to take part in prayer functions. This would encourage those who are still not sure about their state of health pertaining to HIV, to go and test and thereafter to be firm.

As indicated by these parents it becomes a great challenge to everyone of us when those who already are infected confess.

4.3 PARTICIPANT OBSERVATION

According to Marshall and Rossman (1989:79), Gresne and Peshkin (1992:44) and Sarantakos (1998:218), observation entails the systematic description of events, behaviours and artefacts in the social setting chosen for the study. Denzin also describes participant observation as a field strategy that simultaneously combines document analysis, interviews and introspection (1989:157).

In this research, therefore, observation has been chosen to obtain data in cases where the participants were unable to offer information. The way that the participants communicate and interact, as well as how they behave during the interview, were observed to obtain clues and pointers of other deeper feelings.

4.3.1 Observation during discussion

During the discussion with the district manager, the researcher could deduce the following facts (impression) about him:

- That he was relaxed and assertive about his position as a district manager.
- He is committed to his own office work and also to matters pertaining to the running of the schools in his district.
- He is a sensible and an honest man. When there is a push to call a spade a spade he does so. For example, he commented:” Educators fall in love with learners and some even share glasses of liquor or cigarettes with them, while others even go to an extent of raping them. So, how can they have confidence to discipline them? As far as the motive behind this comment is concerned, it entails that according to the district manager, educators, too, need to be counselled as they, too, lack discipline with respect to guarding against spreading and contracting HIV/AIDS.
- In terms of his skills, knowledge, attitude and values towards the topic, he sounded to be very informed and confident. In short, he is skilful and knowledgeable.
- Even though he could not mention it himself, the impression that the researcher got about his management style is that he adheres to the strategy of managing by wandering around (MBWA).
- Over and above this, the researcher was impressed about the set-up of his office. Files were arranged alphabetically according to the names of the schools in his district. This denotes that he always know where to refer from.
- Finally, this district manager is a courageous man and therefore encouraged the researcher to go ahead with her topic. He himself too happily and willingly made some input on the research topic of which helped a lot in this research.

4.3.2 Observation and interviews

As mentioned previously, the interviews were also be accompanied by observation: participants were observed during the interviews for introspection purposes. That is, the educators’, the learners’ and the parents’ skills, knowledge attitudes and values toward high-risk behaviours leading to the spread of HIV/AIDS pandemic.

Although the above-mentioned participants were interviewed separately at their respective schools, here the researcher will report as if they were together, but should there be a remarkable difference in the findings, then that will be taken into account.

Educators seemed to be reluctant to commit themselves to the research, possibly due to the slogan coming from all angles of life about “children’s rights”. Seemingly learners are abusing their rights, and most educators and parents lack the motivation to discipline them. They do not accompany these rights with their responsibilities but instead use them as a threat to both educators and parents. Yet there are parents who are over-protective of their children and thus support learners in abusing their rights. Parents, too, run away from their responsibilities and teachers use this as a scapegoat when dealing with learners.

Many times negative non-verbal messages and even verbal messages were sent between home and school. Educators and parents blamed each other for the immense problems in their schools and many times the child was forgotten with regard to guidance and counselling. Parents were empowered during the discussion held as they began to challenge teachers’ behaviour towards their children. They were encouraged and advised to join hands in educating learners about risky behaviours related to HIV/AIDS.

Educators started to realise the importance of involving other community stakeholders (professional community figures) at their respective schools and even to make the opportunity in their school’s programme (time-table) to invite such stakeholders to come and talk with the learners about high-risk behaviours that may lead to HIV/AIDS. They also realised the importance of Life Skills as one of the subjects to be taught at school. The parents who participated in the study perceived how their bad childhood experiences could be repeated in their children’s lives if they did not make a conscious decision to make life different for their children. That is, talk about sexual related matters with their children and allow them to question wherever they need to, so that by understanding the issues they might be empowered to make right informed decisions. Some parents even insisted that education about sexual related matters, and matters pertaining to HRB that may lead to contracting HIV/AIDS should start at senior primary schools.

4.4 DATA ANALYSIS

Data analysis is the process of selecting, sorting, sharpening, focusing and discarding the empirical data gathered (Marshall & Rossman, 1989:112; Miles & Huberman; 1994:10; Hitchcock & Hughes; 1995:292; Sarantakos, 1998:313 and Thakathi, 2001:82). In this research, the mass of collected data is analysed and interpreted with the purpose of bringing order and structure to information gathered during the interviews and observation.

To obtain and report quality findings in the qualitative research process, the researcher has to apply coding to the process of data analysis. According to Strauss and Corbin (1990:212), coding entails the breaking down of data, conceptualising and putting it together in new ways. Three types of coding are identified, namely open coding (the initial coding), axial coding (utilising the initial coding to focus on common themes found in conversation) and lastly selective coding (scanning coded data for causes that illustrates themes and comparing or contrasting data). In this research, the data were sifted for similarities and dissimilarities through applying coding.

4.4.1 Similarities arising in interviews

There were issues upon which the three separate groups in each school, educators, learners and parents, displayed a markedly similar attitude. These are tabulated below.

SIMILARITIES		
<i>School A</i>	<i>School B</i>	<i>School C</i>
Educators		
Confusion about HIV/AIDS; they think that HIV/AIDS is a "pass-and-go" illness.	Confusion about HIV/AIDS; they think that HIV/AIDS can be cured, like "boswagadi".	Confusion about HIV/AIDS.
Parents not respected – no discipline; lacked parent/child communication; single parenting.	Neglect by parents; poor parent-child relationships; single parenting.	No communication between parents and their children about sexual activities; single parents.
Alcohol and drug abuse.	Alcohol and drug abuse.	Alcohol and drug abuse.

Falling in love at an early age.	Inexperienced love affairs.	
No condom use.	No condom use.	No condom use – ignorance.
Sharing partners.	Sharing partners.	Sharing partners and prostitutes.
Sharing same needles by intravenous drug users.	Sharing same razorblade by traditional healers.	-
Parents not exemplary.	-	Imitation of parents; pupils lack role models in the home.
Television programmes a contributory factor	-	-
Standard of living (poverty) a contributory factor.	Poverty.	Poverty and joblessness.
-	Peer group conformity	Peer group conformity.
-	Migrant labour.	Migrant labour.

Learners		
No condom use; Ignorance on how to use a condom; belief that pregnancy is not a threat.	No condom use; disagreement about using a condom; lack of confidence in condoms.	No condom use – lack of confidence in condoms.
Use of harmful instruments.	Fighting with dangerous instruments.	Sharing needles.
Still doubtful about HIV/AIDS.	Think that HIV/AIDS may be curable like “boswagadi”.	Believe that HIV/AIDS exists, but can still be ignored.
Stage of development makes them want to explore sex.	Stage of development makes them want to explore.	Stage of development makes them want to explore.
Modern life contributes; there is music about love on CDs and television.	Television films like pornography contribute to the problem.	-
Sharing partners.	Exchange and sharing of partners.	Falling in love with multiple partners.
Alcohol and drug abuse.	Alcohol and drug abuse.	Alcohol and drug abuse.
Poverty is a contributory factor.	Poverty is a contributory factor.	Poverty is a contributory factor.
Peer pressure influence.	Peer pressure influence.	Peer pressure influence.
Distance away that parents work.	Lack of parental care; parents are not working.	Parents not working; crime results.
Parents		
Single parenting.	Single parenting.	Single parenting.

Learners lack respect.	Learners lack respect.	Learners lack respect.
Parents leave their responsibilities to adolescent children.	Lack of parental care,	Adolescents carry the responsibility of caring for their young brothers and sisters.
Peer pressure influence; want to please friends.	Peer pressure influence; company of bad friends.	Peer pressure influence; listen to friends, but not to parents.
Alcohol and drug abuse.	Alcohol and drug abuse.	Alcohol and drug abuse.
No sensitivity on the part of children; learners want to experiment.	Adolescents are very curious about lovemaking; they want to explore.	Adolescent children are too greedy about money; they want to explore with dangerous things.
Sharing partners; greedy about money.	Falling in love with multiple partners.	Sharing and exchanging partners randomly.
Lack of consciousness; adolescents just see what they want and never think about the after-effects thereof.	Rape; unsafe sex; no use of condoms; no confidence in condoms.	Promiscuity of men; too much trust in partners causes ignorance about using condoms.
Migrant labour.	Migrant labour.	Migrant labour.
Television programmes	Television programmes.	Technology includes availability of cellular phones and television.
Joblessness.	Joblessness.	Poverty.

4.4.2 Differences arising in interviews



In the same way, differences between the groups in the different schools that emerged from the study are tabulated, starting on the following page.

DIFFERENCES		
School A	School B	School C
Educators		
No recreational facilities.	Bullying and teasing, assaults.	Personality contributes towards deviant behaviour.
Parents run away from their responsibilities.	Home-based saloons, where the necessary precautionary measures are taken.	Prostitution: adults misleading children.
Rural life.	Coming into contact with HIV infected blood.	Music shows.
	Urbanisation.	Increase in the number of squatter camps.

No condom use.	Rural life and urbanisation
----------------	-----------------------------

Learners		
Have knowledge about HIV/AIDS, but believe that it can be cured.	AIDS is “boswagadi” – meaning that it does not actually exist.	Believe that HIV/AIDS exists and that it kills.
Modern life a contributory factor.	Misinterpret the scripture from the Christian Bible; pastors should do their work.	Crime and violence.
Some sports activities still unsafe.	Lack of adequate recreational facilities a contributory factor.	Believe that everyone has a special reason for indulging in high-risk behaviour.
Standard of living (poverty) a contributory factor.	Feeling of loneliness can cause someone to look for a partner or turn to alcohol or drug abuse.	Too much family responsibility can cause someone to do something that is bad for his/her health.
	No gloves when helping an injured person.	Agreed that sex before marriage is a sin; abstinence should be practiced.
	Condoms have unhealthy chalk on them.	Educated and brilliant professionals design condoms; they should be good.
	Culture is a contributory factor.	



Parents		
Believe that AIDS is “boswagadi”	Falling in love with strangers like contractors.	HIV/AIDS lessons must be taught everywhere.
Educators not disciplining learners, but rather misleading them.	Condoms have worms.	
	There should be recreational facilities.	
	The school, the home, the church should join hands in educating learners about HIV/AIDS.	
	Religion should be taught at school.	

4.5 INTERPRETATION OF THE DATA

Data obtained from literature, interviews and observation declare the following to be high-risk behaviours, which may lead into the contracting or spreading HIV/AIDS pandemic: alcohol and drug abuse; assault/aggression; bullying; crime; prostitution; rape; sexual activities; sharing of needles/piercing instruments such as a knife or blade; teenage pregnancy and the direct contact of infected blood with uninfected blood through open sores.

For all behaviour there is a reason or a cause generally called motivation. As with all behaviour, there may be various reasons that people behave in a risky way, particularly the adolescents who are the focus of this research. Although some factors have been mentioned in the literature review, it is important to examine the inter-play of the factors contributing to adolescents' high-risk behaviour that may lead to the spread or contraction of HIV/AIDS. According to the general view of all the participants, which is also supported by the literature, the following factors play a role in causing adolescents to behave in such a risky way.

4.5.1 Economic aspects

There are various economic issues, which appear to play a role in the high-risk behaviours under discussion.

4.5.1.1 Poverty/Joblessness

Rising unemployment means more of our people face poverty. Poverty is also a reaction to high food prices and transport costs. The price of maize has doubled, while the price of chicken, meat and foods soared: this spells hunger for many people. Many people live in shacks without water, electricity or adequate refuse removal, their children cannot afford school fees, and they cannot get decent health care. It challenges adolescents to go and look for food out "there", no matter how risky it might be. Thus, poverty worsens the AIDS epidemic. Anti-retrovirals and other medicines would let people suffering from this disease, adolescents in this case, to live longer; but they are not affordable. Poor people cannot afford good

food and clean water. Rising joblessness shuts millions of people, especially the youth out of education, careers and a stable family life.

4.5.1.2 Migrant labour

According to many participants, many adolescents started behaving in a risky way, possibly taking alcohol and sometimes drugs, because of finding themselves free from parental supervision as a result of their parents' participation in the migrant labour system. It is believed that this lack of parental supervision is a contributory cause of defiant behaviour. In this case the parents, who go away selling their labour, leave the children alone at home. Drinking alcohol, is a prime example of defiant behaviour that may start initially as a way of pleasing friends and thus conforming to the peer group's demands; secondly it is a way of reliving the tension created by shouldering the responsibility of looking after the younger brothers and sisters. This is a time when such adolescents take advantage of being the elder one by misusing the money sent by parents to cater for their needs at home.

On the other hand, some parents neglect their children, having left them to seek work. Seeing that they receive neither money nor food from their parents, the eldest child takes up the responsibility of looking after the younger ones. Sometimes this responsibility leaves the child frustrated and hopeless, and may result in alcohol and drug-abuse, sexual abuse, criminal offence and even falling pregnant at teenage age in the case of girls

4.5.1.3 Poor living conditions

Some learners from poor families take alcohol and drugs, and other girls reported that they do not mind being pregnant because they feel frustrated financially as a result of their poor economic background. Uys in Seroka (1992:28) says that the more intelligent the child is, the more frustrated he becomes if financially unsettled. The intelligent child is fully aware that his hopes will never be realized no matter how capable and diligent he is. Hence, with his ambitions so frustrated, the young person resorts to doing bad things like taking alcohol as a means of coping with the situation.

4.5.2 Emotional aspects

The main emotional aspect that plays a role in whether or not an adolescent engages in high-risk behaviour that may lead to HIV/AIDS is their level of maturity. Adolescents experience many emotions as they relate to their parents, their teachers, peers and society at large. The emotions may be aggressive and inhibitory (fear anxiety and worry, or joyous in nature). During early adolescence, outbursts of anger and physical violence are common. Some of the factors responsible for adolescents' anger are being talked about, being teased, relationship with the opposite sex, certain persons at school, unfairness, parental interference in their affairs and unreasonable control over what they should wear, when they should be home and who should be their friends.

During early adolescence, both girls and boys worry about sexual development about being under- or overweight, and about their schoolwork and examination. As a consequence of their sexual maturity, they are able to fall in love with members of opposite sex, with whom they engage in pleasurable activities such as being alone together, petting, kissing and in some cases consumption of their relationship with sexual intercourse. This scored high in most of the learners' responses when asked about their sexual risk behaviour. They almost said: we want to enjoy or explore, we don't want to lose our beloved partners, our stage of development allow us to do and so forth.

4.5.3 Environmental aspects

Several aspects of the environment in which they live may lead to adolescents becoming involved in high-risk behaviour that may lead to contracting HIV/AIDS.

4.5.3.1 The home, the structure and the quality of the family

Every child likes to be in a home where mutual love, acceptance and trust reign. The absence of these creates a threat to the adolescent who, as a result, feels rejected and must look for comfort and acceptance elsewhere. This is often common in adolescents who are raised by single parents, stepfamilies and or adoptive parents. The young person experiences unhappiness in the family when no exemplary behaviour patterns are provided, for example in respect of drinking. As a

result, such adolescents take to drinking and other risky behaviour as a means to a friendlier world. In this way families may cause adolescents to become rebellious against parental values and attitudes, and as a result, children, including the adolescents bring to school already formed beliefs and attitudes: they are not attitudinal virgins with regard to issues such as drinking alcohol, smoking and sexuality.

A child who does not receive love and good care from his parents is unlikely to have respect for them, and will extend this perception to all other figures of authority including his teachers and school itself. Often parents are unable to control their children who transfer their way of relating at home to the outside world including the school.

Furthermore, lack of parental care often results in promiscuity. Indiscriminate, casual contact with a number of partners is a more favoured method of social defiance with girls than boys, who are more likely to steal or be aggressive. The leading example is the boy who during the interview indicated that he himself hate to touch or even see someone's blood, but due to certain circumstances at his home, like joblessness on the part of his parents, he chooses to commit crime. Promiscuous behaviour, contrary to the beliefs of some adults, is not a product of insatiable sexual appetite, but of a desire for closeness and affection. Indeed, many promiscuous girls experience little in the way sexual satisfaction since they frequently have unthinking and uncaring partners.

For teenagers of both sexes who live on the street or who live alone, that is without parental care, promiscuity becomes a way to make a living. Where such behaviour occurs in a more conventional family setting, it illustrates several facts about the teenager. Firstly herself esteem is so low that she is prepared to offer herself sexually to anyone who asks, since she sees this as the only way of gaining their approval. Alternatively she may be wishing to establish herself as someone of importance with her peer group, having been rejected by them. Most importantly, such an adolescent is seeking affection approval from casual encounters which she cannot obtain form her family.

4.5.3.2 *The school*

For various reasons schools may also be sources of lack of discipline and misbehaviour among learners, particularly adolescents. If the classes are large and overcrowded, which is the case in most of secondary schools in the Central region of the Rustenburg district, it is difficult for the teachers to maintain control. Undesirable behaviour on the part of adolescents in such classes may well be a result of their being uncomfortable and therefore not able to concentrate. Misbehaviours in this context may actually be a way of releasing tension.

Again, some schools, like that which was mentioned by the district manager during discussion with him, have a reputation for defiance and rebellion among their learners. The very same fact was raised by one of the principals during the interview as being the case in his school. The learners who attend the school uphold the established traditions in such schools. Educators who commit misconduct may also be the reason or cause of the misbehaviour of learners. Also, the type of the curriculum offered by the school, often due to poor or lack of facilities may also be a source of misbehaviour, for the curriculum offered is either not sufficiently challenging, or is too difficult for some of the students, which is likely to cause frustration and result in misbehaviour as a way of passing time and venting that frustration. Such problems are usually found in schools of rural areas.

4.5.3.3 *Urbanisation*

The rapid increase in the rate at which black Africans moved to large towns exacerbated existing housing shortage for both single workers and families. The housing crisis is not merely the outcome of lack of facilities for an expanding urban African population. Housing is an important determinant for labour supply and productivity. Housing within townships is overcrowded as householders take lodgers to supplement low incomes. Backyard shacks are erected and squatter settlements are established on vacant land around the industrial centres, as it is the case in Rustenburg. These often set the scene for wanton irresponsible behaviours, including sexual immorality.

4.5.4 Social aspects

Three principle social aspects arise from the analysis of the data that was gathered in the course of this study.

4.5.4.1 Culture

The socio-cultural background is sometimes held responsible for the adolescents resorting to risky behaviour, for example where parents from culturally different points of view display conflict about, say, drinking by disagreeing and showing ambivalence towards alcohol and drug practices. With no definite direction provided, the adolescents become frustrated and experience stress. The taking of alcohol becomes the only solution. Also, parents who show negative attitudes and some misconceptions about the use of condoms will also pass these misconceptions onto his/her adolescent child. Referring back to interviews, there were parents who believed condoms to have negative impact on the lives of people.

4.5.4.2 Peer group conformity

Every young person feels the need to become independent from his parents, to belong to a group with which he/she identifies, a case of so-called peer group identity. At all times such young people aim at challenging adults. It does not matter whether they have similar or different origins, the teenager complies with the group's demands and the young adolescent would go to the extent of disappointing parents rather than losing peer group identity. It has been reported by most parents, and even by the educators, that adolescent learners have no discipline and respect. All what they do is to please one another. Meaning that if going to shebeen houses and then taking alcohol and drugs, and even making love is what the group prescribes, the young adolescent has no alternative but to do likewise. The alternative is being rejected. According to Mwamwenda (1989:46), adolescents tend to be under considerably greater stress than younger children and this creates a problem: they cannot handle the frustrations. In response to the question about their risky behaviour, such as drinking, the general answer was: "We want to socialise", or "Because our other friends do it". Thus, for the adolescent to enjoy a healthy and sound personality – he should feel socially accepted by the group with which he identifies.

4.5.4.3 Society

Most respondents pointed out that television programming such as pornography films, and other stories and music are very influential on the adolescents' behaviour. They are ready to practice what they see through media in real life. Children are exposed to crime, prostitution, rape and violence. Thus, they do feel scared to become involved in these things in their practical life situations.

4.5.5 Spiritual aspects

The church, as an integral part of society, needs to do better than any other role player in addressing the problem of sexuality and sexual behaviour for the following reasons: The church is one of the biggest influences, other than the process of urbanisation, which led to changed norms, values and cultural systems in society. The church stands accused and is guilty as charged for saying to the black communities: "Initiation schools are unchristian", because these were the only places where formal teaching on sexuality to the youth were given.

4.5.6 Psychological aspects

These aspects include extra-personal factors like sexual impulse control. Learners reported that they sometimes find themselves engaged in sexual intercourse because they could not control their feelings. They start pointing fingers at their stage of development as a reason that they can no longer wait. But the fact is, this is more of a psychological than a physical reality, especially if you look at the idea of ignoring the use of condoms. For example: "I do not want to think about HIV/ AIDS because when I think about it, it will catch up on me". "I cannot eat the covered sweets, otherwise I will not enjoy." "I will lose my beloved partner if I can't satisfy her/him," and "Others will think I am stupid". Finally, "[a] condom has a hde, worms and even chalk" which implies that it is not safer.

4.6 TRIANGULATION

To ensure the validity and reliability of data collected, the field observation should be corroborated. Data was obtained from interviews, observations and literature review. Therefore the different data that was collected from various participants in various

schools was compiled and compared with literature review to form quality, triangulated data.

4.7 SUMMARY

This chapter contains a description of the data collection process used in this research study, as well as an analysis of that data. After describing the protocols observed, it provides a detailed report back of the data that emanated from the nine focus group interviews held at three different schools. Next, the observations made in the course of the interviews are provided, and this is followed by a comparison of the data analysed, showing the similarities and differences in that data. The data is then interpreted, and the categories arrived at are provided: economic aspects, emotional aspects, environmental aspects, social aspects, spiritual aspects and psychological aspects. Finally there is a note about the use of triangulation in the study.



CHAPTER 5

FINDINGS, CONCLUSIONS, RECOMMENDATIONS AND GUIDELINES

5.1 INTRODUCTION

In the previous chapter the data collected about high-risk behaviours, and the possible reasons for these behaviours, were written down, and then described, analysed, discussed and interpreted. Berg in Ditini (1998:26) explains that findings describe what the data reveal: this chapter discusses and interprets the findings of the literature review, as well as the empirical findings of the study, those from the interviews and the observation.

These findings will be then related to the research problem that was stated in Chapter one, and to the purpose of the study. After that, conclusions drawn from the study will be explained, recommendations regarding guidelines for educators to adopt as preventive measures in the battle against HIV/AIDS in secondary schools will be suggested and the perceived limitations of this research study will then be detailed. In addition, suggestions for further research with regard to high-risk behaviours that lead to the spread of the HIV/AIDS pandemic will be made.

5.2 FINDINGS AND INTERPRETATIONS

The following findings arise in response to the literature review, the responses to the interviews and the observations, and they will be interpreted according to the aims stated in Chapter 1.

5.2.1 Findings related to the first aim

The first aim of this study was to investigate and identify high-risk behaviour in secondary schools from a survey of the relevant literature, from interviews and from observations. The findings indicate that most adolescent victims of HIV/AIDS practice a constellation of HRBs including the abuse of alcohol and drugs; aggression in the form of assault; crime and violence; rape; both sexual activity and abuse, and sports activities. Reducing the risk of HIV-infection amongst sexually

active adolescents requires the identification of factors associated with HIV-related sexual risk-taking, which means recognising the dangers associated with failing to use a condom, or having more than one sexual partner. Understanding the influences that shape behaviour is important in developing preventive measures against unwanted risky behaviour that exposes young people to HIV/AIDS. In addition to the information elicited from the literature, the practice of traditional healers of using the same razor blade on different people was mentioned in an interview as a contributory factor to the spread of HIV/AIDS.

5.2.2 Findings in relation to the second aim

The second aim was to describe high-risk behaviour as found in the literature review in chapter two by defining in terms of the causing or getting infected by the HI virus and analysing the interview and observation data of chapter four.

In respect of the above aim, the findings from both literature review and the analysed data collected revealed the interplay between almost all the forms of high-risk behaviour mentioned in paragraph 5.2.1. That is that one risk factor occurs as a result of the other one. All in all, as an intoxicating drug, alcohol appears to play a critical role in most HRBs.

To start with, there are several theories uncovered in the literature review that attempt to explain the relationship between alcohol use and other high-risk behaviour factors. One interpretation is that alcohol is a sexual disinhibitor that may place adolescents at greater risk of becoming infected with STDs, including HIV, through sex without a condom. Another interpretation is that chronic alcohol and drug use may serve as a marker for individual adolescents who tend to commit crime and to rape. In turn, drunken girls or even some boys often become victims of rape.

The exchange of needles for drugs has emerged as a major factor in HIV risk-taking. One study reported that daily use of alcohol was associated with not using a condom, while moderate use of alcohol was associated with having multiple partners. Trading sex for drugs or money often involves having sex with multiple anonymous partners, thereby increasing the risk of HIV and unwanted pregnancies for girls.

The response from the interview and the observation session indicated that educators, learners and parents alike have similar knowledge of high-risk behaviours that may lead to the contraction of HIV, as highlighted in the literature review. Further, although educators are aware of the risky behaviour displayed by the adolescent learners, they show reluctance, or lack the confidence, to intervene by discouraging the behaviour and guiding the learners.

It was also found that educators often become demotivated and blunted in their dealings with adolescent learners and their parents. It would be an advantage to link workshops dealing with motivation and with stress to those offering strategies for managing such situations. It appears that educators feel unsafe and confused on how to approach the subject, believing that the learners' opinions and fears are personal. They fear that they might infringe the rights of the learners, which is against the law in terms of the Constitution of South Africa.

Educators believe that they alone cannot bear the responsibility of dealing with the issue of HIV/AIDS in relation to the learners' behaviour, as they are not health specialists and have many things to deal with at school. They need support from other community agencies, including the parents. They have realised the importance of involving the parents in the education of their children after discussion with them. The parents, too, became empowered after discussion with the educators. The researched realised that most educators became reluctant to commit themselves to the interviews; others decided to offer shallow information; while yet others declined to participate. The reason might be that the use of the tape-recorder intimidated them.

Although the learners have knowledge of the HRBs related to HIV, they are still not ready to change their attitude and behaviours. Thus the researcher believes that even though they have the knowledge, knowledge alone does not ensure change in long-term attitudes towards sexual behaviour. The misconceptions about AIDS and the use of condoms contribute towards their deviant behaviour. Some still think that HIV/AIDS could be cured if the government were to put more pressure on those who are searching for a cure. In other words, they have perceived beliefs and attitudes associated with HIV-related sexual risk-taking: the belief that condoms have a negative impact on sexual enjoyment; the attitude that using a condom is

embarrassing; the opinion that condom use does not negate the risk of HIV as condoms have holes and worms, and are of a low quality; and the perception that a partner will believe that a request to use a condom is evidence of unfaithfulness.

Some learners believe that if they do not conform to peer group standards, they will be viewed as cowards. It was apparent that learners tend to take advantage of the disconnection between parents and educators. The researcher believes that this can only be avoided if parents and educators communicate on a regular basis and join hands in educating the adolescents about high-risk behaviours with regard to the HI virus.

During interviews, educators indicated that some parents lack adequate communication skills to discuss topics related to sexual activities that lead to HIV/AIDS. They need to be empowered in this regard. Learners, during interviews, said that although they had been receiving education about HIV/AIDS, there had been no opportunity to ask questions. In the interviews, they were free and relaxed and enjoyed discussing matters related to sex. At times they showed honesty, despite the fact that some pretended to be giving information about their friends. The reason for this might be that they were unconvinced that they would remain anonymous.

The discussion appeared to lead them to realise the importance of changing their attitudes towards high-risk sexual behaviour and taking other risks regarding HIV transmission. There were some learners who appeared to have little hope for a brighter future. Pregnancy is not a threat.

Generally speaking, the learners realised the importance of receiving education regarding HRBs that lead to the escalation of the HIV/AIDS pandemic. They seemed to enjoy sharing information in the interviews and indicated that they would like to learn more from specialist professionals, saying that the educators' way of teaching had been boring.

Although parents are aware of the existence of HIV/AIDS and the HRBs associated with it, some still appear doubtful. The researcher noted that some parents are still removed from the process of teaching their children about sex-related activities, including HIV/AIDS, since they still have some misconceptions about it. They also

lack adequate knowledge in this regard. Those who are doubtful believe that it is “boswagadi”. The reason might be that they are illiterate and that the information provided by the government through medium of pamphlets and television programmes, for instance, is above their level of understanding.

The researcher finds it essential that education about HIV/AIDS, and the risky behaviours that lead to its contraction, should be culturally based to accommodate everybody. Parents must also be empowered with good communication skills to enable them to talk with their children about sex-related activities and HIV. It seemed that parents are unhappy about the behaviour of the adolescents, and some blame educators for the state of affairs, thinking that the educators have been too permissive. Some of the parents mentioned that educators themselves lacked self-discipline, involving themselves sexually with learners and frequenting shebeens.

The impression is that there is a disconnection between the parents and the educators. This is revealed in the way that they blamed each other for neglecting the adolescent children. The researcher finds it important that the issue of parent-teacher relationships needs to be emphasised, for the lack thereof hampers the process of positively influencing the adolescent learners towards behaviour change. After discussion, the parents and educators realised the importance of work together for the benefit of the adolescent learners. Other community agencies need to become involved in order to shape the adolescents emotionally, physically, socially and spiritually.

5.2.3 Findings with regard to the third aim

The third aim was to uncover, in the same process, the reasons for high-risk behaviour in secondary schools. Key aspects revealed in the literature review were economic, emotional, environmental, social, spiritual and psychological. The interviews and observation confirmed the findings of the literature review.

Additional findings from the empirical research were that the teenage years are a time of constant change and confusion, during which adolescents struggle to form their own identity. They need care and support as they wrestle with the values they grew up with and the ever-changing values of society. Most parents complained

about the adolescents' style of clothing, which they labelled as "fashion". Both educators and parents complained that adolescents have no respect.

Typically, adolescents are both self-centred and self-conscious. The added pressure of having the "right look" (whatever that may be) only adds to their shaky sense of self. Other pressures that they contend with are fitting into a group; pleasing parents while being torn by feelings of wanting to separate from them adds to their feelings of anxiety; and facing problems that include HIV, poverty, abuse, and crime. With all the anxieties and pressures facing adolescents today, they practise high-risk behaviours that include alcohol- and drug-abuse, as these activities appear to offer easy solutions to their problems. Using alcohol and drugs provides adolescents with social outlets: a coping mechanism to deal with painful feelings, a confidence builder, and automatic peer group acceptance. Most importantly it gives them an instant identity: they become a part of the rotten society.

In a sense, adolescents abandon the difficult process of figuring out who they are going to be. They often measure who they are by how much substance they use and who they become. It is imperative that a continuum of care is created for these young people. In the view of the researcher, the range of this care would include proper guidance and counselling to enable them to make responsible and informed choices in respect of the high-risk behaviours set out in paragraph 5.2.1. Such responsibility should not be the responsibility of the educators alone: leaders from all walks of life should stand alongside them in the effort to rescue these adolescents.

The researcher aligns herself with those respondents that believed that community organisations such as the church, the home and the community at large should support the school in shouldering this responsibility. One way of addressing the crisis is in the school curriculum where, in secondary schools especially, a fortnightly or monthly conference that deals with issues surrounding the HIV/AIDS pandemic should be held. All the community stakeholders should play an active role in shaping and supporting the young people towards behaviour change, by spelling out the message to them.

5.2.4 Findings in conjunction with the fourth aim

The fourth aim is concerned with developing guidelines for educators to assist them in taking preventive measure that would eventually enable adolescents to make responsible and informed choices in order to win the battle against HIV/AIDS. All the information from the literature review stresses that until now there is no known cure for HIV/AIDS, yet each year a new cohort of young people are growing to adulthood and sexual activity. Preventing new infections must remain the first prize, for it is more cost effective than treatment. Prevention, as they say, is better than cure.

All the forms of research indicate that, while there has been a substantial number of primary prevention interventions, such as a supply of condoms, there has been far less attention paid to the recognition of the importance of a continuum of care for teenage learners. In other words, adolescents have not been receiving unconditional attention in respect of behaviours associated with their stage of development.

Further, there is significant consensus in the literature review and the interviews on the need for networking with other secondary schools and community agencies, including the involvement of the parents. Such networking could be established through locally based initiatives such as conferences or youth camps, and learner-to-learner empowerment with support from education department districts and regional managers. It is a central theme of this research that the school as an institution can be profitably used to educate children – adolescents in this case – about HIV/AIDS and the related risks, and further that the school cannot be isolated from other organisations and society at large. Other organisations and community agencies, including the parents, need to be mobilised in the system of educating adolescents about the risks associated with the high-risk behaviours that lead to HIV/AIDS.

Other themes arising from the interviews with participants highlighted the need to establish family relationships, and to teach the learners about the Word of God in the form of the integration of religious education in schools, always taking into consideration the demands of both learners and the community: community-centred theory needs to be applied. It was also suggested that teachers should receive life-skills training about HIV/AIDS over a prolonged period. By the time that they go

back to schools, it is hoped that they will train both learners and fellow staff members in running workshops. Concern was also expressed about the fact that while the government supplies free condoms, this does not guarantee usage; the question was posed: "How will the situation be in the coming years and who will be held responsible for this?"

5.3 CONCLUSIONS

The purpose of this research study is to investigate and identify, describe and analyse high-risk behaviours, the possible reasons therefore, and to develop guidelines as preventive measures in order to win the battle against HIV/AIDS in secondary schools. The research is motivated by the facts that throughout there are clear indications from literature, the media and occurrences that the spread of the HI virus is disastrous for the future development of South Africa. The majority of sexually active people, including adolescents, still engage in sexual practices and adopt attitudes that aggravate the situation. The findings from the interviews and observation detailed in chapter four confirm the accuracy of the data derived from the literature.

It seems likely that as the number of adolescents practising high-risk behaviours that lead to the escalation of the HIV/AIDS pandemic continues to increase, something more than a mere health education campaign is needed to prevent the situation from deteriorating from bad to worse. In the absence of treatment and cure, as indicated in the literature, we must turn to prevention as our main hope. (It should be noted that if the prevention programmes already designed had been successful, the need for this research would not have arisen.) The principle of successful prevention is ensuring that people (adolescents, in this case) are not exposed to the disease or, if they are, that they are not susceptible to the virus.

Identifying prevention as a goal is the easy part. The difficult part is deciding on a plan of action. The researcher urges that guidelines be formulated for educators that will help them to address high-risk behaviours; these guidelines, which will be proposed in this chapter, should inform the development of secondary school curricula. There is a variety of reasons that secondary schools should be targeted

for the implementation of the guidelines: firstly they have the potential to play an important role in reducing high-risk sexual behaviours among learners.

Schools are the only institutions in our society that are regularly attended by most young people: nearly 95% of all youth aged between 6 and 18 years are enrolled in elementary or secondary schools. Further, virtually all young people attend school before they initiate risk-taking behaviours. It is only once they are enrolled at secondary school that the majority of learners begin adopting high-risk behaviours, including sexual intercourse. Additionally, schools are suitable for educating youth, particularly about topic areas such as sexuality, about concepts that are relevant to their developmental stage, in this case adolescence. They are also well suited to develop young people holistically – emotionally, physically, psychologically, spiritually and socially. The responsibility does not, however, end at the school, but involves the wider community including moral and religious groups.

5.4 RECOMMENDATIONS

The following recommendations emerge from the literature review, the interviews and the observations.

5.4.1 Recommendations relating to educators

It is essential that educators communicate with parents about their children's behaviours and performances on a regular basis, for parental involvement is an important factor contributing to the effectiveness of schools. Educators should also learn skills that will equip them to successfully mobilise parents and learners: motivational and stress management workshops, as well as strategic planning meetings, should be conducted. Further, it is important that educators show concern for learners; particularly those who make what appear to be excessive demands or who tend to manifest behaviour problems. The right teacher may help young people overcome handicaps and make the most of their talents and interests. Teachers need to be aware of their own behaviours: some abuse alcohol, and others even abuse the learners. Complaints were noted from the district/regional manager and from parents about corruption in secondary schools – both educators and learners.

The school and educators ought to form partnerships with other community agencies and community agencies and organisations such as the home, the church and society at large. When teaching learners about HIV/AIDS, teachers and health workers should avoid lecturing without offering the opportunity for learners to ask questions, and so avoid misconceptions. Merret and Wheldall (1990:89) say that they believe that attempting to bring about behaviour and attitude change in learners who are sitting still and docile is bound to fail.

5.4.2 Recommendations in relation to learners

It is recommended that youth camps or conferences should be organised to encourage learner-to-learner education, for this will offer them a role to play in HIV/AIDS education, it will expose them to the risks involved and may well result in improved behaviour and the setting of a good example. Life skills education by educators and other prominent members of society may not really address the problem at a grassroots level, but if the learners themselves were involved in the organisation, the chances of success would be enhanced: they would really take ownership of the knowledge.

It is important to educate the learners not only to use precautions and practice safe sex, but also to learn about the social and personal advantages of abstinence. Adolescents need guidance and counselling to enable them to be supported morally through patience and care. They need to learn to respect educators and their parents, as well as people around them. It is practical that adequate recreational facilities be provided to keep the young people busy, and to offer them alternatives to becoming involved in high-risk behaviours that may lead to their becoming infected with the HI virus. It is also recommended that they be encouraged to attend church.

5.4.3 Recommendations in relation to parents

It is seen as vital that parents do not abdicate their responsibility of running the family to their adolescent children, and that they should not neglect their teenagers, but should show love, care and support towards them. Further, parents should set a good example for their children regarding behaviour and attitudes.

In their own homes, parents should seek to talk openly with their children about sex-related activities, as well as the facts about HIV/AIDS. They need to take some responsibility for this education, and not leave it to the educators. However hard they may find it to broach the subject, parents need to remember that it is the lives of their children that are at stake.

Parents need to be equipped with adequate skills and knowledge to convey the necessary information to their children: in this way a whole-family and community-based approach to HIV/AIDS education can be adopted. Education about HIV/AIDS should be culturally based to accommodate everybody. Illiterate parents whose thoughts are centred around culture still think that AIDS is curable, as they relate it to “boswagadi” – education of the parents is an important consideration.

5.4.4 Recommendations in relation to prevention

The most important way to prevent the spread of HIV/AIDS is for people, including adolescents, to ensure that their sexual behaviour does not put them at risk. For the research, it appears that two major changes in sexual behaviour are required: firstly there needs to be a reduction in the number of sexual partners and a move away from high-risk to low-risk behaviours; and then the practice of abstinence must be emphasised.

For adolescents who are very sexually active and cannot practice abstinence, condoms should be readily available, affordable and of acceptable quality to accommodate them. Further, knowledge of what constitutes risky behaviour is an essential prerequisite to voluntary, health-promoting behaviour change. Education that aims solely at an increase in knowledge is apparently limited in its ability to induce and maintain alterations in sexual and other risk-taking behaviour. In particular, it is critical to develop interventions for the prevention of transmission of the HI virus, and for deterring behaviours that put health at risk in adolescents.

5.5 GUIDELINES AS PREVENTATIVE MEASURES

The following guidelines are suggested as preventative measures in the attempt to address the reduction of high-risk behaviours amongst learners.

5.5.1 Roles of the church

In the area of non-formal education, religion and moral education have a role to play. Religion is concerned with morality, and the equipping of a person with religion includes equipping him with appropriate moral training. Moral education, however, is concerned with public issues. It tries to educate adolescents to make sensible judgements about behaviour that is likely to affect those around them. In the Christian religious, there is teaching about obedience to God and His commandments, as found in the Bible (1985).

If religion is a private hobby, unconnected with public issues, then its beliefs will not be acceptable as a basis for moral discussion and moral education. The researcher believes that the Bible has a real place in the curriculum of the school, especially the secondary school, not only in religious education, but also in the humanities courses, which are known by various names. Again, the researcher also believes that the Bible is not the private possession of any community, for most of it was spoken out on public streets and open to the world: What it records was done in a 'corner'.

Passages from the Bible teach positively about sexuality: our maleness and femaleness. Genesis 1:26 say that God made man, "male and female" that is sexually and physically, emotionally and psychologically different. What a God! Our young people need to accept that they are male and female, that they will have different sexual fantasies and bodily experiences as they grow along, and that these would function normally with the hormones that God built into their bodies.

The Bible emphasises that the youth should be taught the way that they should go, so that when they are old they do not depart from it. Proverbs 11:14 further declare that where there is no counselling, the people – even adolescents – perish, but when counselling is provided there is safety. The church stands as counsellor to the youth – when youth lack counselling, it means the church is not there.

The fall of man in Genesis 3 came because of lust, the lust of the eyes. Adolescents need not flee away from their sexuality, but from lust and the uncontrolled, undisciplined and irresponsible flattery created by lust (2 Timothy 4:22). These teachings need to be included in catechism and inhibition programmes for youth, as well as at youth clubs and conference programmes yearly, and regularly in sermons

as well, so that they are adequately covered. Among other things, the youth need to be trained concerning how to handle sexuality and why they should wait before becoming sexually active. Many Christian young people do not know the emotional, relational, physical and spiritual reasons for waiting. They feel that it is out of touch with their biological clock that is long ready. The above guidelines have highlighted the roles of the church, and the researcher once more urges educators to incorporate the teaching of the Word of God into school programmes through the involvement of the pastors of local churches.

5.5.2 Roles of the home

The home has a particular role to play in the informal education of children for, by the time they start school, they have already formed beliefs and attitudes concerning such issues as alcohol, smoking and sexuality. On the other hand, parents who take no interest in their teenagers produce just as many problems: it is important that parents should set an example for their children.

As a parent, insist that your teenager display appropriate values and attitudes of love, respect, loyalty, honesty, commitment, unselfishness, patience and tolerance in their relationships with family members, educators and friends. Positive and acceptable behaviour needs to be praised. Parents have the primary responsibility for teaching their children what is right and what is wrong, what is acceptable and what is unacceptable.

It is not true that teaching young people about sex and sexuality makes them promiscuous. It shows maturity to talk about sexuality in a straightforward and responsible way. In order to understand the concept, "sexuality", one needs to define "sex" and "sexuality". Sex indicates whether a person is male or female, based on their physical differences. Sex also refers to the act of intercourse. Sexuality, on the other hand, is the total of a person's inherited characteristics, knowledge, attitudes, experience and behaviour, as they relate to being a man or a woman. Sexuality affects all areas of our lives and includes our physical bodies, sexual intercourse, feelings and attitudes, our beliefs and values, the way we dress, the decisions we make, inherited characteristics, relationships between people, and

the social and spiritual spheres of people's lives. All these aspects determine our sexuality: the way we perceive ourselves as men and women.

Parents should encourage their teenagers to appreciate themselves and to feel good and confident about who they are and what they look like. It is very important to prepare girls for menstruation and boys for erection and wet dreams before they happen. Teenagers should be encouraged to take responsibility for their bodies and for everything that can happen to them, and parents should advise them to abstain from sex or postpone sex until they are adults with a job, and are married or ready to have a committed and fulfilling relationship.

Teenagers who are not prepared to abstain from sex, or who are already sexually active, should be taught to be responsible towards themselves and others by using condoms in all sexual encounters. This will reduce the chances of their contracting sexually transmitted diseases, including HIV/AIDS. In addition, they will protect themselves from such negative consequences of sex as teenage pregnancy or contracting STDs, including HIV. Parents should set an example for their children, and educators should take advantage of the opportunities offered by the home in seeking to reduce the incidence of high-risk behaviours.

5.5.3 Roles of the school

The primary role of the school is one of formal education of the learners. In an attempt to prevent learners in secondary schools from engaging in high-risk behaviours, educators should pay attention to specific issues in their teaching practice. They should prepare their lessons thoroughly, exercising control over the quality of their work and meeting the needs of the school. There should be a greater degree of flexibility built into the school programme and curricula, and recreational activities should be made available under supervision of the educators.

Further in order to prevent and combat alcohol and drug abuse, the school governing body and the educators should seek to foster relationships with the parents of learners, involving parents in their children's education, and they should give attention to improving inadequate communication with parents. The school can also organise camps and conferences for young people so as to offer a support mechanism to lonely adolescents. Another way of introducing new social

perspectives for young people is participation in-group sports projects, but it is important to educate learners who participate in sport of any kind of the need to take responsibility during their play. A firm, consistent stand should be taken against substance abusers at school so as to guard against the formation of undesirable groups.

Educators should set an example of responsible behaviour, because in doing so, they will protect their families, colleagues, learners and themselves. There must be an end to the practice of male educators demanding sex with schoolgirls. It is a disciplinary offence, and it is against the law.

5.5.4 Roles of the society

The younger generation needs to be supplied with relevant and adequate information regarding high-risk behaviours that may lead to contracting HIV/AIDS. They need to be trained to be self-reliant and not to expect the government to attend to their needs all of the time. As expected, there will be many problems arising from the social interaction of adolescents and other members of society – where this happens, social guidance and counselling should be provided. Vocational guidance may also be needed in cases where there is a concern regarding tertiary education.

The government should address social ills such as poverty, poor sanitation, joblessness, poor housing, and a poor standard of education, especially in the rural areas, in order to stop the spread of HIV/AIDS. Prostitution should also be discouraged. All professionals, and leaders from all walks of life, should strive for the common goal of assisting the school towards preventing learners from practicing high-risk behaviours that may lead to HIV/AIDS.

5.6 LIMITATIONS OF THIS STUDY

The researcher was faced with a number of difficulties throughout the duration of the study. The central limitation of the study appeared to be one of time, as the researcher was unable to reach all the schools in the region. Again, the reluctance of educators in committing themselves to the interviews, and their declining to participate in the interviews was unexpected as the researcher anticipated that they would be eager to share information that would ultimately benefit them. Further, the

researcher expected to hear more information from educators, as they are in regular contact with the adolescent learners, and it is at school that most teenagers form new relationships and display different behaviours.

At some schools, people selected to participate in the study chose to respond to questions with shallow answers, which did not really help the research. As a result, the researcher had to spend additional time approaching other schools to participate in the research.

New methods emerged during interviews in order for the study to continue. The researcher intended to use the tape recorder throughout the interview sessions at all the schools in order to save time. Due to circumstances beyond her control, this did not happen, and as a result the length of time that the researcher was involved with other participants also appeared to be a limitation. The actual goal of the study started taking shape when it was time for the researcher to leave the field. The distance from the library also proved to be a problem, as it restricted the researcher to a limited range of sources.

5.7 SUGGESTIONS FOR FURTHER RESEARCH

Although the focus of this research targeted secondary school learners - learners between the ages of 14 and 18 years - they are not the only group at a high-risk of contracting HIV/AIDS. In order to widen the scope of the research, it might profitably to move from the exclusive focus on secondary school learners to research students at higher education institutions such as colleges of education, technikons and universities. Such expanded focus might include research on how secondary schools, colleges of education and universities can serve as complementary components in a co-ordinated community-wide HIV/AIDS awareness and prevention effort.

Another line of research might concentrate on evaluating interventions that simultaneously address related risks: for example, alcohol and drug use, sexual activity, unintended pregnancy and sexually transmitted diseases, including HIV/AIDS.

5.8 SUMMARY

Chapter 1 provided the background and rationale of the research. It also stated the research problem; the aims of the research; the research methodology and its design; and the division of the chapters in the study. Its purpose was to provide a general orientation of the whole study as a basis for the development of other chapters.

Chapter 2 offers a literature review that explores adolescents' high-risk behaviours. Many theories attempt to explain the relationship between alcohol use and high-risk sexual behaviour.

Chapter three explains the research design and methodology. A qualitative strategy, which includes reading, interviews and observation was the method of choice.

The data that were collected from interviews and observation is set out in Chapter 4. These data specifically address high-risk behaviours that may lead to contracting HIV/AIDS; the possible reasons for those behaviours were investigated. The overall impression with regard to the responses was carefully analysed, interpreted and categorised, and the constant comparative method was applied by integrating the literature review with the data from the interviews and observations. Many aspects, economic, emotional, environmental, spiritual and social, were considered. Kruger (1994:136) recommends that if themes arise repeatedly, reports should be structured and written around those themes.

This last chapter concludes and summarises the whole research study. A summary of what has been discussed in other chapters is provided; and the findings and interpretations of data collected from the literature review, the interviews and observations are outlined. These interpretations were done in accordance with the aims of the study that were stated in Chapter 1. Recommendations were offered with respect to the respondents, that is the educators, the learners and the parents. Finally the researcher indicated her view of the limitations of the research and presented her suggestions for further research. Lastly, which was the main aim of the research, was to offer guidelines for preventative measures against high-risk endeavours that might help to win the battle against HIV/AIDS in secondary schools.

LIST OF SOURCES

ARTHUR, T (1997): The psychology of adolescence. Boston: MacMillan.

BANISTER, P; BURMAN, E; PARKER, L; TAYLOR, M and TINDALL, C (1994):
Qualitative Methods in Psychology – a research guide. Buckingham: Open
University.

BANYARD, VL & MILLER, KE (1998): The powerful potential of qualitative research
for community psychology. *American Journal of Community Psychology*,
26(4), pp 484- 505.

BATES, C (1994): Still building activities for alcohol and drug education. Boston:
Jones & Bartlett.

BEHR, A (1997): Methods and techniques in education and psychological research.
Pretoria: Van Schaik.

BEST, B (1997): Research in education (3rd ed.). Trenton: Prentice Hall.
Johannesburg: CADRE.

Comment: RB: Initials?

BOTES, AC (1993): A functional approach in nursing. Johannesburg: Rand
Afrikaans University.

BRANNEN, J (1992): Mixing methods – qualitative and quantitative research.
Aldershot: Avebur.

BRINKO, KT (1991): Practically speaking – a source book for instructional
consultants in higher education. Still Water, Oklahoma: New Forums Press.

CALLISON, W (1990): Identifying characteristics of students at risk. Lancaster, PA:
Technomic.

CATANZARO, RJ (1968): Alcoholism – the total treatment approach. Springfield:
Charles C Thomas Publishers.

DAVIS, CAH (1993): A comparative study of teaching strategies for multicultural
students based on teacher type, grade level and exposure to training. Ann
Arbor, Michigan: UMI Dissertation Information Service.

- DENZIN, NK (1989): *Treating Alcoholism – An Alcoholics Anonymous approach*. London: Sage Publications.
- DITINI, MF (1998): *Parents' and teachers' views on parental involvement in Atteridgeville schools*. Johannesburg: Rand Afrikaans University.
- FERRON, O (1990): *Guidance and counselling for tertiary students*. Durban: Butterworths.
- GESNE, C and PESHKIN, A (1992): *Becoming qualitative researchers – an introduction*. London: Longman.
- GILBERT, L (1996): *Society, health and disease: an introductory reader for the health professionals*. Randburg SA: Ravan Press.
- GOLD, B (1994): *Exploring organisational behaviour: Cases, reading and experiences*. London: Dryden.
- GOLDBLOOM, RB (1990): *Preventing disease – beyond the rhetoric*. New York: Springer.
- GREIG, A and TAYLOR, J (1999): *Doing research with children*. London: Sage.
- GUBA, and LINCOLN, YS (1990): *Handbook of qualitative research*. London: Sage.
- HAMBURG, D (1989): *Health and behaviour: Selected perspectives*. Cambridge: Cambridge University Press.
- HITCHCOCK, G and HUGHES, D (1995): *Research and the teacher – a qualitative introduction to a school based research*. London & New York: Routledge.
- HUBLEY, J (1990): *The AIDS Handbook: a guide to the understanding and prevention of AIDS and HIV*. London: MacMillan.
- HUTCHINSON, MK (2002): *The influence of sexual risk communication between parents and daughters on sexual risk behaviour*. Volume 57.

JACCARD, J and DITTUS, P (2000): Adolescent perceptions of maternal approval of birth control and sexual risk behaviour. *American Journal of Public Health*, 90, 1426-1430.

JACCARD, J; DITTUS, P and GORDON, V (1996): Maternal correlates of adolescent sexual and contraceptive behaviour. *Family Planning Perspectives*, 28, 159-165.

KANN, L; WARREN, C; HARRIS, W; COLLINS, J and WILLIAMS, B (2000): Youth risk behavior surveillance. *Morbidity and Mortality Weekly Report*. Volume 49, Number 5505, p 1-96.

KELLY, JA (1987): *Treating child-abusive families: Interventions based on skills-training principles*. New York: Guilford.

KELLY, JA (1995): *Changing HIV risk behaviour: Practical strategies*. New York: Guildford.

KELLY, K; PARKER, W & OYSSI, S (2002): *Pathway to action, a literature review: Save the children*. Johannesburg: CADRE.

KELLY, K; PARKER, W & STEPHEN, G (2000): *HIV/AIDS economics and governance*. Johannesburg: CADRE.

KORTWOHL, (1993): *Researching society and culture*. London: Sage.

KREFTING, L (1990): *Methodology for the social and behavioural sciences*. Midrand: Southern Book Publication.

KRUGER, RA (1994): *Focus Groups – a practical guide for applied research*. Pretoria: Van Schaik.

KURTNER, L (1997): *Making sense of your teenager*. Pietermaritzburg: MacMillan.

LEUKEVELD, CG; BATTJIES, RJ & AMSEL, Z (1990): *AIDS and intravenous drug use: Community intervention and prevention*. New York: Hemisphere.

LINDHART, N (1987): *Careers choice – a guide for parents, teachers and other advisers*. Cape Town: College Tutorial Press.

LONGMAN (1987): Dictionary of Contemporary English. United Kingdom: Longman Group.

MARSHALL, C and ROSSMAN, GB (1999): Designing qualitative research. Washington: Sage Publications.

MERRET, F & WHELDALL, K (1990): Positive teaching in the primary and secondary school. London: Chapman.

MERRIAM, SB (1991): A case study research in education – a qualitative approach. San Francisco: Jossey-Bass.

MILES, M and HUBERMAN, J (1994): An expanded source book for qualitative data analysis. London: Sage.

MILLER, BC; NORTON, MC; FAN, I and Christopherson, CP (1998): Pubertal development, parental communication and sexual values in relation to adolescent sexual behaviour. *Journal of Early Adolescence*, 18, 27-52.

MOLLER, V (1993): Quality of life in unemployment – a survey evaluation of black township dwellers. Pretoria: Human Sciences Research Council.

MORABA, MI (2000): Alcohol abuse in black schools: Guidelines for counselling. Johannesburg: Rand Afrikaans University.

MWAMWENDA, TS (1995): Educational psychology. Durban: MacMillan.

NHLAPO, LT (2003): Adolescents' experience of leaving school before completing Grade 12. Johannesburg: Rand Afrikaans University.

NORTHWEST EXTRAORDINARY PROVINCIAL GAZETTE (1999): A partnership of hope around HIV/AIDS. Volume 242, Number 5426. Mmabatho: MacMillan.

NORTHWEST PROVINCE DEPARTMENT OF EDUCATION (2001): Guidelines on the development of safety policy in schools. Mmabatho: MacMillan.

O'LEARY, A (2002): Beyond condoms: Alternative approaches to HIV prevention. New York: Kluwer Academic.

- OSTROW, DG (1990): Behavioural aspects of AIDS. New York: Plenum.
- PARMET, HS (1993): JFK – The Presidency of John F Kennedy. New York: Dial Press.
- PATTON, MQ (1990): Qualitative evaluation and research methods (2nd ed). London: Sage.
- PETERSON, JL and CLEMENTE, RJ (2000): Handbook of HIV prevention. New York: Kluwer/Plenum.
- RAIKANE, R (1996): A parent's guide for life skills: Sexuality and HIV/AIDS. Unpublished paper presented at a workshop.
- SARANTAKOS, S (1998): Social research (2nd ed,). Basingstoke: MacMillan.
- SCHULMAN, M (1991): Passionate mind: Brining up an intelligent and creative child. New York: Free Press.
- SCOTT, and USHER, R (1999): Research Education – data, methods and theory in education enquiry. London: Cassel.
- SEROKA, SK (1992): External factors in the career choices of school leavers in Lebowa. (Unpublished M Ed mini-dissertation). Johannesburg: Rand Afrikaans University.
- SILVERMAN, D (1993): Interpreting qualitative data – Methods for analysing talk, text and interaction. London: Sage.
- SINDANI, V (1992): Speech delivered at AIDS Youth Camp Literacy Awards.
- STRAUSS, A and CORBIN, J (1995): Basics of qualitative research – grounded theory, procedures and techniques. Newburg Park, California: Sage.
- THAKATHI, T (2001): Communication strategies of women principals of secondary schools. Pretoria: Unisa.
- THE HOLY BIBLE (1985): 3rd South African edition. Cape Town: Bible Society of South Africa.

VAN ZYL, AJ (1994): The Foundation for Education, Science and Technology - A Review 1950-1994. Pretoria: Foundation for Education, Science and Technology.

WEBB, P (1995): Health, promotion and patient education: A professional guide. Toronto: Singular.

WEITEN, W (1989): Psychology: Themes and variations. Pacific Grove, CA: Cole

WEITEN, W (1998): Psychology applied to modern life: Adjustments in the 90s. Pacific Grove, CA: Cole.

WHITESIDE, A & SUNTER, C (2000): Aids: the challenge for South Africa. Cape Town: Human and Rousseau.

WILKINSON, G (1987): Let's discuss AIDS. London: Wayland.

WILLIAMS, BG (1999): Managing HIV/AIDS in South Africa. Carletonville: MacMillan.

