

**AN INVESTIGATION OF THE CONDITIONS
SURROUNDING HIV/AIDS AMONG ADOLESCENTS AT
KWASOMKHELE, MTUBATUBA: A CASE STUDY**

BY

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DECLARATION

I LULEKA HYACINTH GQIBITOLE declare that this dissertation is my own work. It has not been submitted before for any degree at any University. Where use has been made of the scholarship of other authors, they have been duly acknowledged in the text.

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DATE

As the candidate's supervisor I hereby approve the submission of the dissertation for examination.

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PROF NTOMBELA N.H (supervisor)

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DATE

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RAMPHELE T.Z (co-supervisor)

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DATE

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DEDICATION

This research is dedicated to my daughter Qhama (8 years old) and my son Wonga (4 years old). They were my inspiration throughout the study. My angels, I promise to make up for all the hours I neglected you to focus on the study. I hope that one day you will understand my actions when you have to take over from where I left.

ABSTRACT

The KwaSomkhele Reserve, the rural area of Mtubatuba has had a noticeable increase of adolescents who got infected with HI-Virus in the area in recent years. Hence, the researcher became interested to investigate the conditions leading to increased HIV infections amongst adolescents. The reasons for the continued increase of HIV infections regardless of massive campaigns that were conducted in their area were investigated.

To give meaning to the objectives of the study, the sampling of 200 adolescents was targeted as participants in the initial stages of the research which included both school children and out of school adolescents. Availability sampling was chosen for this study. It is a method of choosing subjects who are available to find. The primary advantage of this method is that it is easy to carry out, relatively to other methods. Availability sampling is a non-probability sampling. The subjects in the non-probability sampling are also selected conveniently for the ease of data and it entails lower costs (Othman et al, 2013:133). However, due to the challenges that were experienced with the Department of Education in terms of the protocols to be followed, only 100 out of school youth as participants were interviewed. It was discovered that the adolescents of KwaSomkhele were aware of HIV/AIDS through HIV/AIDS programs that had been conducted by different government departments in their area, but most of them chose to ignore the information given to them.

Conclusions were drawn and recommendations were made based on the objectives of the study and theories that were used. The researcher has learnt that adolescents are the most vulnerable group in our society because they are faced with the critical transition of moving from puberty stage to adulthood. That transition sometimes forced them to take

uninformed decisions and engaged in reckless and risky behaviors which could sometimes lead some of them to be infected by HI-Virus. As a solution to that, the researcher suggests the involvement of stakeholders in providing the necessary support and promoting good and acceptable behaviors by adolescents.

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CHAPTER ONE

1. INTRODUCTION TO THE STUDY

1.1. INTRODUCTION

Since its emergence in 1980, Acquired Immune-deficiency Syndrome (AIDS) had become an increasingly serious health threat that had caused worldwide panic. In spite of this, many people are reluctant to adopt safe sex practices to eliminate the likelihood of being infected with the Human Immunodeficiency Virus. The study focused on the conditions leading to increased HIV infections among adolescents at KwaSomkhele rural area of Mtubatuba, due to the fact that there had been a noticeable increase of adolescents who got infected with HIV/AIDS in the area in recent years. The study argued that most of the HIV infections could be preventable if only the adolescents could strictly follow the ABC (abstain, be faithful or condomise) approach, and at least the advent of ART (Antiretroviral Therapy) had significantly transitioned the HIV/AIDS epidemic from a deadly disease to a chronically managed illness similar to diabetes, epilepsy, and other life-long illnesses (UNAIDS, 2010).

The community of KwaSomkhele is poor just like many other rural areas. It is a community which is characterized by unemployment and illiteracy where many adolescents dropped out of school before they reached grade twelve, putting pressure on the already depleted resources in the area. As a result, many turned to drugs and alcohol as a pastime, which made them vulnerable to sexual abuse and became careless when it comes to sex. Despite these social realities, the study argued that the KwaSomkhele community, just like any other community in South Africa, was well aware of HIV/AIDS

because awareness campaigns had reached every corner of the community, including schools.

Given that, the study investigated, firstly, the conditions that lead to the increased HIV infections among adolescents regardless of massive awareness campaigns conducted in their area. Secondly, evaluated the risky behaviors the adolescents engaged themselves in that contributed in the spread of the disease in the area. Finally, it examined the adolescents' in-depth understanding of those risky behaviors and the knowledge and experiences they had regarding HIV/AIDS issues.

1.2. STATEMENT OF THE PROBLEM

South Africa as a whole had experienced the eruption of the HIV/AIDS epidemic, especially in rural areas, and the area of KwaSomkhele was not exceptional. The experiences and risky behaviors the adolescents engaged themselves in at KwaSomkhele Reserve deserve to be observed because many government departments and non - government organizations (NGOs) had made a number of efforts to initiate programs with information on precautionary measures to combat the spread of AIDS, but the area is still facing a challenge of high HIV/AIDS prevalence among adolescents.

Therefore, the conditions leading to increased HIV infections among adolescents of KwaSomkhele were investigated, and reasons why HIV/AIDS prevalence was still high in that group were provided.

1.3. MOTIVATION FOR THE STUDY

In the recent past, the researcher has dealt with a number of adolescents who were either infected with or affected by HIV/AIDS. In our interaction it had become apparent that a majority of them knew about HIV/AIDS, how it was transmitted and they were also aware of some prevention strategies. Therefore, the study was motivated by the need to gain insight into why there were still new infections among the adolescents even though they had unlimited access to HIV/AIDS programs. The idea to do this research was triggered by the question why is HIV/AIDS still escalating among adolescents at KwaSomkhele Reserve while there were HIV/AIDS programs conducted by relevant government departments and NGOs in the area.

The fact that AIDS is not a notified disease in South Africa, has made it difficult for those infected and affected to openly talk about it. The researcher was, therefore, motivated by the need to find out whether exposure to HIV/AIDS programs contributed to awareness and better understanding of the disease.

1.4. THE OBJECTIVES OF THE STUDY:

- i. To investigate the conditions leading to increased HIV infections among adolescents of KwaSomkhele.
- ii. To establish the risky behaviors the adolescents engaged themselves in, that contributed to the spread of HIV/AIDS.
- iii. To understand adolescents' in-depth understanding of those risky behaviors.
- iv. To establish adolescents' knowledge and experiences regarding HIV/AIDS issues.

1.5. KEY QUESTIONS TO BE ANSWERED

- i. Which conditions lead to increased HIV infections among adolescents at KwaSomkhele?
- ii. How the adolescents' behavior contribute to the spread of HIV/AIDS?
- iii. Do adolescents understand that their behaviors could lead to the spread of HIV/AIDS?
- v. What do adolescents know about HIV/AIDS?

1.6. DEFINITION OF CONCEPTS

The following were concepts and terms that were used in the study:

1.6.1. HIV – HIV stands for Human Immunodeficiency Virus, a virus that causes AIDS. It should be noted that viruses such as HIV cannot grow or reproduce on their own, they need to infect the cells of a living organism in order to make new copies of themselves (van Dyk, 2005:10). Therefore, almost everybody who is infected with HIV develops AIDS and dies, but ARV treatment had been discovered to prolong the lives of people who have AIDS, limiting the damages in the immune system.

1.6.2. AIDS – It stands for Acquired Immune Deficiency Syndrome. It is a syndrome of opportunistic diseases, infections and certain cancers – all of which have the ability to kill the infected person in the final stages of the disease (van Dyk 2005:4). This means that AIDS is a fatal disease caused by several related viruses that severely impair the body's immune response to infections and it passes from one to another mostly through risky behaviors.

1.6.3. ADOLESCENCE - It is a bridge between childhood to adulthood (Weiten, 1992:400). It is the time of heightened sexual risk, not only because young people are experimenting with new found sexuality, but because they are inexperienced in communicating their sexual needs and desires to their partners. Shaffer et al (2014:509) further explained that adolescence is the development period of transition from childhood to early adulthood, entered approximately at the age of 10-12 years ending at 18-19yrs of age.

1.7. SIGNIFICANCE OF THE STUDY

- The study is significant in many ways. Firstly, it is only when adolescents fully understood how their behaviors lead to the spread of HIV/AIDS, that new infections could be prevented. The study would only make the adolescents at KwaSomkhele area aware of their role in fighting the disease, but would also help the neighboring areas to follow the suit.
- Secondly, understanding the knowledge gap among the adolescents would help the government and the NGOs to design the programs that are relevant for a particular group in a society thereby enhancing practical actions to combat the disease.
- Thirdly, the study would benefit the multidisciplinary team that provides comprehensive care to HIV positive people with information on their needs, and recognizing adolescents' needs might offer an opportunity for service providers to explore alternative management interventions on HIV/AIDS among HIV positive adolescents.
- Finally, moreover, the study might benefit the participants themselves, emotionally and psychologically as they narrate their personal experiences of living with HIV/AIDS in a conducive and safe place.

1.8. RESEARCH METHODOLOGY

Research methodology is a process used to collect information and data for the purpose of making business decisions. It also includes interviews surveys and other research techniques and could include both present and historical information. Henning et al (2007:36) also described methodology as a coherent group of methods that compliments one another to deliver data and findings that will suit the research purpose.

The research methodology was based on the strategy the researcher was going to follow in conducting the research. It described the design and the sampling method the researcher was going to use, how to collect the data, analyze, and interpret it. Qualitative research approach was used in this study, which was a more open method that used a range of evidence to discover new issues. Its openness added value to the validity and reliability of the findings. It was also used to explore the behaviors, emotions, perceptions and experiences of the participants through direct interviews that were purposively selected for this study.

1.8.1. EXPLORATORY RESEARCH DESIGN

The study was undertaken using exploratory research design as it involved creativity, open mindedness, flexibility and investigative stance. According to Mahmud (2012:36), exploratory research design provides the researcher with the insight and understanding that is needed into a topic and it enables a more systematic study to be carried out subsequently. This design frequently used qualitative research method which was more open to using a range of evidence and discovering new issues (Neuman 1997:19). Terre Blanche et al (2006:44) concurred with the above that an exploratory study is utilized "to make preliminary investigations into relatively unknown areas of research. According to Creswell (2009:232), qualitative research approach is an approach that is used to explore and understand the meaning of individuals and groups ascribed to a social or human problem. (Othman et al, 2013:8) concurred with the above stating that qualitative research method is a very projective technique which includes in-depth interviews, focus groups and the findings are useful for the purpose of generating ideas for solving a problem.

1.8.2. POPULATION

The research was conducted at KwaSomkhele Reserve, a rural area of Mtubatuba, which is 60km from Empangeni and 50km from Richardsbay. The area of KwaSomkhele is populated and dominated by Zulu speaking people and it has 412 households/families with a total population of 2,614 which is made up of people from 1 to over 90 years. From the population mentioned above, the adolescents between ages 11-20 years constitute a total number of 726, taking into consideration that psychologically there are children who mature particularly early and others particularly late. Weiten (1992:40) agreed that some children mature early that

is 11 years for girls and 13 years for boys, particularly late between the age of 19-20years and they often feel uneasy about it.

1.8.3. SAMPLING

Sampling is the process of selecting a suitable sample of population from which it is taken, for the purpose of determining characteristics of the whole population (Singh, 2007:102). It is also used to study the relationship between the population and the samples drawn from it (Bless & Higson - Smith, 1995:86). Availability sampling was chosen for this study. It is a method of choosing subjects who are available or easy to find would be used. The primary advantage of this method is that it is easy to carry out, relatively to other methods. The subjects in the non-probability sampling are also selected conveniently for the ease of data and it entails lower costs (Othman et al, 2013:133). Availability sampling is a non-probability sampling. According to Kruger and Welman (1999:48), in a non-probability sampling, not all the elements have a chance of being included in the project unlike probability sampling whereby any element or a number of population would be included in the sample. That confirmed researcher's intention of using only a certain sample of population (which is a group of adolescents).

A sample of 200 participants from a population of 726 adolescents, both from schools and the out of school youth from the community was initially considered, but due to problems experienced with the Department of Education, the sample of participants went down to 100 which constituted only adolescents out of school. Most of these out of school adolescents dropped out of school due to truancy and some of them due to poor financial circumstances. The reason for this sample was that the researcher was interested in the adolescents' responses as they were regarded as the most vulnerable group in the adolescent stage where curiosity and

experimentation was very high, and they were also seen as a crucial group that was about to enter adulthood. Some of these adolescents were ready to get to tertiary education where they would be facing all sorts of challenges and later the work place. Adolescent group is different in terms of thinking and understanding. Therefore, the researcher examined participants' level of awareness about HIV/AIDS and their attitudes around it. The real names of the participants were withheld to ensure anonymity and confidentiality.

1.8.4. DATA COLLECTION OF THE STUDY

According to Terre Blanche et al (2006:52), qualitative data collection is a method that allows the researcher to build up an understanding of phenomena through observing particular instances as they emerge in specific contexts. Therefore, direct interviews with adolescents were conducted where a number of well thought and relevant open ended questions were asked to solicit relevant responses from them and to understand their situations related to HIV/AIDS. A personal interview involves direct contact with the participant who is asked to answer questions relating to a research problem. The advantage of the personal interview is that, the interviewers would be in complete control of the interview situation and that someone else does not provide responses on behalf of the participant (Huysamen, 1994:146).

The interviews were conducted in IsiZulu, which is the spoken language at KwaSomkhele and notes were taken with a view to writing a more complete report afterwards. Good notes are the bricks and mortar of the research, once written, the notes are private and valuable and the researcher should treat them with care and confidentiality (Neuman, 1997:363). Translation was considered of all responses, to make them carry clear and exact meanings in English text.

1.8.5. DATA ANALYSIS AND INTERPRETATION OF THE STUDY

Data is the basic material with which the researcher's work, and for a researcher to have valid conclusions for his/her research, he/she needs to have a sound data to analyse and interpret (Terre Blanche et al, 2006:51). The main aim of data analysis is to transform information into an answer to the original research question (Ibid, 2006:52). Data analysis is made through qualitative design that helps validate feelings, emotions, attitudes and experiences of the respondents. Once all the information obtained from the interviews has been gathered, it would be analysed and be critically reviewed to detect errors, mistakes and bias which can influence the results of the investigations. Therefore, the notes on participants' responses were taken which were later translated to release the findings.

The interviews conducted in IsiZulu were translated into English to form part of the research and all the appropriate information gathered from one-on-one interviews were interpreted to establish facts about data collected. The researcher then interpreted the data collected for the purpose of drawing more achievable conclusions on how much of, and in which manner the goal had been achieved. Babbie and Wagenaar, (1992:107) concurred with the above, they mentioned that all data collected be manipulated for the purpose of drawing conclusions that reflect interests, ideas, and theories that initiated the inquiry.

1.8.6. ETHICAL CONSIDERATIONS

Participants have a right to refuse to participate and a right to privacy (De Waal et al 2000:243). These are the rights the researcher respected because HIV/AIDS is regarded as one of the most sensitive issues. Therefore, the researcher expected that some participants might feel uncomfortable to divulge some information. That is why the participation in this research was voluntary and confidential.

1.8.6.1. **Confidentiality** - The issue of confidentiality together with the complexity of the situation of people infected with and affected by HIV/AIDS demands a very sensitive approach. Thus, in order to maintain that confidentiality, participants' true identities were not revealed.

1.8.6.2. **Informed Consent** - Consent forms were designed and given to all participants before - hand. The forms stated clearly how the information would be used so that participants could feel comfortable with the whole process.

1.8.6.3. **Right to privacy**

Participants have a right to refuse to participate and a right to privacy (De Waal et al 2000:243). The researcher expected that some participants would feel uncomfortable to divulge some information as they considered HIV/AIDS as the most sensitive issue. For that reason, participants' identities remained anonymous to protect them from emotional harm, that is, their identities were disguised as much as possible.

1.9. CONCLUSION

This chapter has reflected on procedures and strategies that the researcher had considered when planning the research. The planning included sampling which was the selection of participants, the population where the sampling was chosen, data collection where the researcher collected relevant information from willing participants in the form of interviews, and data analysis where information from those interviews were analysed to form a constructive and a credible research study. The researcher also made sure that the research ethics relevant to this study were kept up to date to prevent any emotional harm.

The significance of this study was also covered in this chapter, which was the motive behind this research for example, to investigate the conditions that put the adolescents at KwaSomkhele Reserve at the risk of contracting HIV/AIDS. Therefore, the researcher's goal was to make sure that these adolescents, that is, sexually active or not received adequate Aids information to prevent contracting HIV/AIDS as much as they could. But attention was paid especially to the sexually active adolescents to help them slow down the high risk behaviors by substituting them with safer behaviors.

CHAPTER TWO

2. LITERATURE REVIEW

2.1. INTRODUCTION

Literature review is a collection of the literature relevant to a particular topic. It gives an overview of the field of enquiry and what the prevailing theories and hypotheses are.

The study showed that unlike other citizens, adolescents did not practice safe sex, generally due to peer pressure to engage in early and unprotected intercourse. Most of them have negative perceptions about condoms, low perceptions about the personal risks involved and low perceived self-efficacy in preventive behavior. In essence, the problem investigated in this research pertained to the fact that a lot had been said about HIV/AIDS, its dangers and precautionary measures to be taken, however, HIV/AIDS prevalence is still higher among adolescents at KwaSomkhele. Therefore, the study addressed the plight of adolescents with regard to HIV/AIDS. These included effective HIV/AIDS education and lifeskills programs that could not only concentrate on the dissemination of information on HIV/AIDS, but also on programs that could help them become responsible individuals. The researcher investigated whether these HIV/AIDS programs provided a healthy balance between knowledge, values, attitudes and expected actions. In this regard, the study explored ways in which the youth could become responsible and active members of the society in the fight against HIV/AIDS.

The AIDS epidemic had affected a large number of adolescents throughout South Africa, leading to serious social, psychological, economic and educational problems. Young people seemed to be particularly at risk of contracting HIV/AIDS and an estimation by mid - 2002 was that over 11 million young people between the ages of 15 and 24 had HIV/AIDS. Around half of the infections happened in the above-mentioned group. It was also reported that young women under the age of 20 years were the most affected in the spread of HIV through sexual contacts with men of the same age, which resulted in young girls being HIV positive and also pregnant.

Aggleton et al (1992:142) concurred with the above. He stated that risky sexual practices were still widespread among young people, which was the reason why the country is still experiencing a high rate of teenage pregnancy and the rising rate of sexually transmitted infections. He further mentioned that as much as there was a lot of information on the risks concerning sexual transmission of HIV among young people. Many young women's safety could be problematic if they play a subordinate role in sexual encounters.

Kofi Annan, former secretary general of the United Nations (Baylor, 2007:3) argued that "The global AIDS pandemic is one of the greatest challenges facing our generation. It is a new global emergency - an unprecedented threat to human development requiring sustained action and commitment over the long term". He further stated that more people were becoming infected with the virus than they were dying from it, resulting in more people living with the disease and the number of infections and deaths remained unnecessarily high. (ibid Baylor, 2007:3)

The above-mentioned sentiment was shared by the Department of Education which stated in 1999 that in South Africa HIV is spread mainly through sexual contact between men and women and estimated that 7 million South Africans under the age of 20 were HIV positive and that lead to serious psychological, social, economic and educational problems. According to the study conducted in 1999 (Baylor, 2007:304), youths' drive to explore sexuality made adolescents a crucial group in the HIV/AIDS study. The likelihood that the youth did not practice safer sex left them at the risk of being infected by HIV. That was of great concern because youth knew about sexual protection through television, radio, newspapers and other awareness programs. The youth appeared to have a high level of awareness about HIV/AIDS but that had not translated into substantial behavior change. In other words, their knowledge and awareness did not help in the prevention and reduction of the disease.

Chimbidi (2011) concurred with the above. He mentioned that HIV/AIDS remained a major global public health challenge with a total of 33,4 million people living with HIV in the world. He further stated that South Africa has the highest number of people living with HIV/AIDS in the world (5,7 million), with KwaZulu Natal bearing the brunt of the prevalence. Studies at the Africa Centre for Health and Population Studies showed that in 2005 the overall HIV prevalence among the general population was 27% among 15 - 50 year old females and 14% among 15 - 54 years males.

Therefore, the study reviewed the literature concerning the reasons why there was still escalation of new HIV infections among adolescents in the area of KwaSomkhele at Mtubatuba. Comparisons and contrast on different views and opinions on HIV/AIDS and adolescents issues were also established, thus enabling the researcher to

provide own conclusions and how the researcher's study could be related to other studies and the literature on HIV/AIDS in general.

2.2. DIFFERENT VIEWS ON HIV/AIDS AND ADOLESCENTS

2.2.1. PARENTS' VIEWS

Adolescence is an intense social period and the peer involvement becomes a dominant factor in the lives of the adolescents, yet they still rely on their parents in many areas of their lives including the fundamental values they have to adhere to. According to the World Health Organisation (1992:17), in most cultures and communities parents were the most important role players in terms of educating children about social and sexual behaviors. However, irrespective of the information the adolescents received, they sometimes reject what the adults have taught them and seek their role models elsewhere from their peers. As role models, parents were there to listen to adolescents' fears and concerns and to change the youth's perception about the realities of HIV/AIDS in order to stem this pandemic, because young people need to be aware of the consequences of risky behaviors.

Mishra (2009:148) concurred with the above when he stated that parents are really important role players in changing youth's perception about HIV/AIDS. He argued that parents, instead of talking about positive aspects with adolescents such as sexual love, intimacy, pleasure, they spent too much time overemphasizing the negative aspects of sex like unwanted pregnancies and sexually transmitted infections.

Moore et al (1996:107) concurred with the above, they stated that parents go through a difficult experience watching their children transform from being children to sexually aware young people, fearing for their physical and emotional safety. These concerns were heightened by the fact that sometimes children had to move away from home either to tertiary institutions or to look for jobs to interact and socialize with peer groups. That was the stage where their decisions were being influenced by their friends instead of listening to their parent's advices.

2.2.1(a) BARRIERS TO PARENTS GIVING OUT INFORMATION

Moore et al (1996:107) argued that most parents felt very embarrassed to talk about sex including the prevention of sexually transmitted disease of which they had a big role to play in those issues. They said that just because the parents of today were taught by their parents that sex was an embarrassment, they also thought that embarrassment is still operative in the current generation. As a result, parents felt that it was better for sex education to be left to schools and health care services. Parents, because of the information young people got from different angles, decreased their confidence in their capacity to provide sound information and took it for granted that the young people "knew it all". Some parents had fears that giving adolescents information would give them a permission to go out and try it all.

Parents believed that it was best to keep children ignorant to make sure that they restrained from sexual acts and the most difficult barrier of all the barriers was when young people challenged parents own values. They found it very painful to see their values being rejected, labeled as being uninteresting and old-

fashioned by their children because they believed that their values contribute to shape up children's sexual behaviors and also offer guidance in this critical stage of adolescence. Many parents also felt that their stricter ideas and values served no purpose on adolescents instead they took that information as something to rebel against. They always compared parents' approval on sexual activities to that of their peers and they found peers as more supportive than their parents (Ibid 1996:108).

2.2.1 (b) WHAT COULD PARENTS DO

According to Moore et al (1996:108), despite what had been mentioned above, parents still remained an important influence in developing adolescents and shaping of their children's emerging sexuality. They explained that parents should be open enough to discuss issues as they arise because that could help a lot to establish the role of a parent before it becomes complicated. Furthermore, because of the fact that parents might not always be there to tell adolescents what to do, at least they should make sure that they offer opportunities for independent learning that would help in building safe and responsible behavior.

They further suggested that because parents felt embarrassed to talk to their children about HIV/AIDS, teenage pregnancy and contraceptives, they should at least leave the information lying around in all corners of the house for children to have an access to. They also suggested that watching television program with your children sometimes helped in minimizing the burden on parents' shoulders in bringing up topics out of a blue and parents should take that opportunity to discuss issues arising from that particular program. They also advised that parents, as much as they were entitled to

express their own views and values to their children, they should not attempt to impose those values "at all costs" because they limit young people an opportunity to develop personally (Ibid 1996:110).

2.2.2. HEALTH CARE SERVICES FOR ADOLESCENTS

According to Muuss (1990:308), AIDS is just one of the numerous sexually transmitted diseases which the adolescents, because of their sexual behaviors which include sex with multiple partners and without condoms as well as drug related behaviors), were at the risk of transmitting the disease. He further stated that adolescents' health beliefs were likely to influence their responses to the AIDS epidemic. The idea of adolescents being asymptomatic carriers of a deadly disease might be a particularly hard one for them to accept, more specifically AIDS.

Kauffman and Lindauer (2004:42) highlighted that the South African government identified HIV/AIDS awareness as the special Presidential Lead Project. As a result, the budget was doubled in order to combat AIDS through educational programs in schools and in public that involved free condom distribution by clinics which were considered as chief beneficiaries of the budget. They further mentioned that there was a perception of lack of professionalism among health workers who sometimes struggled to put their professional ethics above their moral ones. Their unprofessional attitudes pushed young people away from Health Care Centers especially those who were sexually active and who were in need of methods necessary to protect them from contracting HIV/AIDS, and those attitudes lead to poor relations between health workers and patients especially adolescents. In some clinics young people got strange looks from the nurses when they came for condoms or contraception because of

their age. Nurses were abrupt, not helpful, and made the youth feel too young to be sexually active. The youth then became too intimidated to go to the clinic and as a result they often practiced unsafe sex (Ibid 2004:144).

Mishra (2009:184) shared the same sentiment. He mentioned that according to reports, confidentiality in the health setting had been reported as a huge problem. People were stigmatized and discriminated against, their status were disclosed anywhere and to anyone. This resulted in people becoming fearful of being tested for HIV and then they were more likely to pass the infection to someone else without knowing.

2.2.3. RELIGIOUS VIEWS ON HIV/AIDS

A survey among South Africans revealed that 19,7% people believed that their pastors and priests would not be able to help them with HIV/AIDS issues. Many of them still found it difficult to counsel HIV positive people because of the ignorance they still have about the AIDS pandemic. The role of religion in the fight against HIV/AIDS was often complicated by various problems and those problems were centered around the churches not willing to become involved. Their unwillingness prevented people from seeking spiritual counseling and when they disclosed their status some were condemned by their church (Van Dyk 2000:326).

Chitando (2007:19), described churches as insensitive and judgemental institutions that made people run-away from them. When the HIV pandemic first broke out in the 1980s, the church immediately distanced itself from it which prevented it in many ways from being constructively involved. The church even struggled to address the subject of human sexuality in an open and liberating way as a result the bible was read to an

extent that it condemned people living with HIV because they were regarded as being sexually promiscuous.

In Haddad (2011:369), Jill Olivier and Paula Clifford mentioned that there were some religions who took HIV/AIDS on a positive angle by providing care and support to infected and affected people. They mentioned that in 2001 there was a major international conference for churches and church related organizations to decide on an action plan in trying to help those impacted by the pandemic. They also mentioned that religious leaders were also seen most of the time leaving their comfort zones (church buildings) going out to the communities to provide their time and support to the suffering communities. Their main aim was to reclaim the struggle of human dignity and to share the suffering people living with HIV/AIDS were experiencing.

Mbithi (1991:15), he looked at religion in a positive light. He saw it as an institution that gave its members a sense of security in life, ensuring them that whatever happens in their lives the church would be there to support them. It also encouraged people to know who they are, how to act in different situations and how to solve their own problems. He also believed that there were people who found religion more useful and meaningful in their lives.

2.2.4. PEER PRESSURE AMONG ADOLESCENTS

In recent years numbers of people living with HIV/AIDS had been doubling even though few cases had been reported. Winkler (2003:17) mentioned that young people between 15 - 24 years old were especially at risk of HIV/AIDS and it was estimated that more than 150 teenagers in South Africa were being infected with HIV on a daily basis.

Therefore, due to that, young people became exposed to the risks of HIV as many men chose younger age groups as their sexual partners. Furthermore, there was a mistaken belief by many men that younger girls were less likely to contract HIV and that, having sex with a virgin could cure AIDS of which according to estimations, at least two (2) young adults became HIV infected per hour irrespective of the available information on prevention.

Young people in the rural communities of KwaSomkhele came from destitute families where some of their special needs were difficult to be met such as special needs on the promotion of safer sex and the fight against drug abuse. As a result they involved themselves in unsafe sex just to get money and material things in order for them to survive.

Aggleton et al (1992:143) argued that most adolescents under the age of consent started to involve themselves in sexual relationships because they tested their sexual identities, what they needed to know was hidden from them and also they did not have personal experience to draw on. As a result, they ended up having unsafe sex with more pressure from men.

Van Dyk (2005:188) also argued that peer pressure played a critical role on adolescent's lives due to the fact that they had an intense desire to belong such as approval of their friends, to be accepted, and to satisfy their needs. Peer groups more or less pressurized adolescents into conforming to the behaviors and values of the group, and sometimes these values coincided with those of the parents, which then lead to adolescents experiencing some stress and depression. When adolescents were depressed, they sometimes turned to unacceptable activities such as unprotected sex which

could possibly lead to unwanted pregnancies and transmission of AIDS and other sexually transmitted infections.

Therefore, peer education and peer based campaigns should be used as means of promoting behavior change on adolescents in this era of AIDS and also be used to get the difficult-to-reach young people outside schools and by clubs (Moore et al 1996:111).

2.2.5. ROLE OF MEDIA ON ADOLESCENTS AND HIV/AIDS

Media had been regarded as an effective way to teach young people about HIV/AIDS and it had also played an important role in the prevention of HIV/AIDS in South Africa through awareness campaigns and educational talk shows on television, radios and newspapers. It was reported that there were certain TV programs that were mostly watched by the young people where they learnt a lot about how to talk to their partners about safe sex, how to talk openly to their parents about HIV/AIDS and helping them to make right choices about sexual behaviors like Soul City, Soul Buddyz, Khomanani, Siyanqoba, Take5 and Zola7.

It was noticed that radios and televisions had initiated interesting sex education programs that were relevant to young people such as talk show programs where young people were allowed to call and shared views on relationship problems relating to AIDS and sexuality, while offering protection at the same time. These programs had been found to have positive impact in relation to the prevention of sexually transmitted diseases for young people. This is the same as the internet, it is a self paced learning opportunity that could provide privacy, exposure and access to websites

to help adolescents to get an additional information on sex education.

Moore et al (1996:116) argued that media had also a negative influence on adolescents. They said that media's key function was to appeal and entertain rather than to educate people and unfortunately its unavoidable appeal affected young people so badly. Media was even prohibited by the South African government from exposing young people to sexuality by abusing ways like advertising and music. It was noticed that the way it put the information together, it did not protect the privacy of young people of which it knew that the information could be easily gained while watching television, listening to the radio, internet or reading newspapers.

Cellphone ownership and the frequent use of internet websites were also found to have a negative impact on adolescents. It was reported that most young people used their cellphones everyday talking, sending and receiving text messages which had highly explicit pornographic pictures and videos. In this way adolescents became exposed to sexual activities which later made them sexually active, putting them at the risk of contracting HIV/AIDS.

2.3. RISKY BEHAVIOURS AMONG ADOLESCENTS

According to Aggleton et al (1992:142), risky sexual practices were still widespread among young people, which was the reason why the country is still experiencing a high rate of teenage pregnancy and the rising rate of sexually transmitted infections. He further mentioned that as much as there was lot of information on the risks concerning sexual transmission of HIV among young people, many young women's safety

could be problematic if they decided to play subordinate role in sexual encounters.

Stine (2007:4) agreed to the above and further mentioned that HIV/AIDS is now the leading killer of young people in their most sexually active years. Worldwide 68 million people were HIV infected which included people aged 15 - 49, and 25 million of that had already died of AIDS and about half were women.

The following, are the activities adolescents indulge in which place them in a heightened position of contracting HIV/AIDS.

2.3.1. ALCOHOL AND DRUG USE

Alcohol use and HIV related sexual risk behaviors were growing problems that affected most sectors of the community in South Africa. It was observed that adolescents were particularly affected by both alcohol problems and related HIV infections. Peer pressure had been discovered to be the most crucial factor in the initiation of alcohol and drug use although there was no clear consensus on the role of peers in relation to alcohol and drug dependence. Dekker and Lemmer (1998:197) explained that during adolescent stage, different feelings were being experienced and one of those feelings was the inferiority complex. Therefore, for the adolescents to be recognized and to be in control of any situation they opted for alcohol and drugs. The recent research in South Africa showed that adolescents started to experiment with alcohol and drugs at a very young age and today many adolescents start to experiment with drugs and alcohol at the age of 10 or 11 and this phenomenon increased at an alarming rate. Adolescents at this stage were desperately looking for love and attention, and parents often neglected their

children, which then resulted to the emotional trauma that lead adolescents to substance abuse.

Selikow et al (2005:55) referred to the adolescent stage as the period of finding new relationships, time of exploration and adventure, experiencing new things and a period where adolescents try to discover more about themselves. They also argued that the use of dagga, drugs and alcohol was linked to risky sexual behaviors like getting drunk or high on drugs increased the chances that a person would not use a condom or he/she could easily forget a condom or became too drunk to worry about condoms. Young people frequently attended parties, raves and discos where alcohol, dagga and drugs could be used, which made them become less able to control themselves. This, therefore, means that young people in general did not realize that they had a relatively high chance of getting HIV/AIDS from those kinds of behaviors. Substance abuse increased the risk of HIV infections because when they were under the influence, people took more risks, act more carelessly and were less likely to protect themselves from contracting the disease.

According to Plant & Plant (1992:7), initial drug use by adolescents had been widely attributed to curiosity, and curiosity was strongly influenced by social factors such as peer pressure and mass media coverage of drug issues. They also argued that it was clear that young people were more likely than older people to take risks and to test their limits to the full. This, therefore, means that sometimes such risk-taking involved serious drug use which had added to the steadily spreading of the AIDS pandemic.

Van Dyk (2005:188) concurred with the above when he stated that during adolescent stage, adolescents become aware of their sexuality and that they could understand that certain behaviors like engaging in sex and use of drugs had serious consequences, but they often did not believe that those consequences would affect them. He further stated that adolescence stage played a large role in their interpersonal relationships and their sexual orientation. Peer groups served as a source of information to young people and also provided them with an opportunity to socialize. He also mentioned that because adolescents have not yet developed self confidence and independence to make their own choices, they easily involved themselves in excessive conformity which could lead to high risk behavior such as alcohol and drug abuse, smoking and other antisocial behaviors.

Adolescents' use of alcohol may sometimes be a way in which males demonstrate their masculinity and females as a way of displaying their rejection of the traditional female role. That was observed in the absence of both male and female figures in the family where they are expected to fulfill their role of giving necessary support to those young people.

2.3.2. NON-CONDOM USE AMONG ADOLESCENTS

One of the most important sexual risk behaviors associated with HIV/AIDS was not using a condom. Each year there was an escalation of new infections which showed that either people were not learning the message about the dangers of HIV or were unable to act on it. Mishra (2009:150) argued that many people were dangerously ignorant about HIVirus.

Chimbidi Natsayi (2011), an epidemiologist at Africa Centre argued that despite the high prevalence among young people and millions of rand having been poured into promoting the use of condoms to prevent the spread of HIV/AIDS, young people did not seem to be taking the message seriously. Natsayi further stated that in the rural setting of Kwazulu Natal, about 52% of sexually active young people aged between 15 and 24 years reported ever using condoms with most recent partners in the previous year. Furthermore, young people who had a partner older by at least a year, had a low chance of using condoms (for both males and females) compared to those whose partners were the same age. If it was to be believed that Natsayi's statement was true, then it proved that there is still a problem to be addressed concerning the HIV/AIDS awareness programs conducted in Kwazulu Natal.

According to Page et al (2006:5), the national survey of HIV and sexual behaviors among the ages of 15 to 24 showed that many youth became so confident that they did not have HIV even before they got tested. That attitude would lead to a person not to insist on condom use for sexual intercourse and could easily spread the virus. Van Dyk (2005:334) shared the same sentiment that condom use by adolescents was seen as an awkward interruption

in the "heat of the moment". They felt that sex with a condom was like masturbation because they believed that sex involved an exchange of fluids. Adolescents also believed that failure to release body fluids during sex could lead to ill-health or bad skin.

Mashego (2004:35) concurred with the above and mentioned that there were misconceptions among our traditional communities about the use of condoms and that was the result of lack of knowledge or information. He further mentioned that some cultures believed that using condoms during sexual intercourse might remain in the vagina and suffocate the woman as it moved through the body to the throat. The majority of people prefer sex without condom as they believed that semen contained important vitamins which play a big role in the development of the fetus in the womb

Aggleton et al (1995:78) argued that young people had emerged slowly as a risk group for HIV/AIDS. They also believed that encouraging the maintenance of low-risk behavior among adolescents was not an easy task, for example, while many young people were aware of the importance of condom use, condom use was still low and inconsistent.

The majority of South African young people started their sexual activity in their mid-teens. Sexual risk - taking among this group was well documented and included a tendency towards multiple sex partners and a non use of condoms, and such behaviors had implications for risk of HIV infections (Kauffman and Lindauer 2004:150). They further mentioned that in 1995, 98 million condoms were distributed nationally to all provinces in South Africa via clinics, community health centers, hospitals and they believed that condoms were freely available 34to young people in South Africa, but what was less known

were the challenges young people were facing in terms of negotiating for condom use. Adolescents often feared to ask for condoms at their local clinics because sometimes they come from the same community with some of the health staff, who knew them (Ibid 2004:136).

It was reported that high levels of HIV/AIDS and unwanted pregnancies among young people were still a pressing public health problems and a major challenge facing South Africa. It was estimated that 4,6 million people were living with HIV/AIDS and the rate of new infections was towering among young people. It was for this reason that the dual protection (which involves the use of condoms and contraception) was promoted. The main aim of this dual protection was to prevent unwanted pregnancies, HIV and sexually transmitted diseases and could be achieved by the continuous use of condoms alone or by simultaneous use of condoms with another method of contraceptive. Therefore, prevention programs as one (1) of the intervention strategies should make sure that there is an increase on the promotion of the use of condoms for protection against this dual risk.

2.3.3. MULTIPLE PARTNERS

Moore et al (1996:34) highlighted that adolescence had been regarded as a period of sexual experimentation by some adolescents where a pattern of sexual liberalism had been observed. Sexual liberalism involved casual sex, multiple partnering and untruthful representation of past sexual history to new partners which then placed young people at serious risk of contracting HIV/AIDS. They further mentioned that adolescents were likely to have more than one partner in their lifetime as compared to the previous generation of their mothers. They were reported to have begun their sexual lives earlier than

their parents which then lead to a delay in marriage (Ibid 1996:26).

As a result the HIV/AIDS & STI National Strategic Plan for South Africa (NSP 2007-2011) took an initiative on HIV/AIDS interventions focusing on young people as a specific target group and safer sexual practices. The policy also regarded the multiple social partnerships as behaviors that signify the considerable increase of HIV transmission. Its main aim was to reduce the number of sexual partners particularly on adolescent males who were found to be vulnerable to HIV infections through multiple sexual partnerships. They also aimed at reducing the rate of new infections by 50% by the year 2011.

2.3.4. SEXUAL VIOLENCE

Research in South Africa showed that gender power inequalities were believed to be playing a key role in the HIV pandemic through their effects on women's power in sexual relationships. It also showed that extensive sexual violence in which young women lived in anticipation of harassment and coerced sex was escalating and had gone hand in hand with the spread of HIV/AIDS. It was estimated that 1 out of 3 women were raped almost everyday and the reports showed that in Johannesburg particularly, 40% of men between the age of 20-29 were HIV positive. It was also reported that young people between the ages of 15 - 24 years experienced forced sex with their most recent partners that lessened the likelihood of using condoms and increased the risk of HIV infections.

According to Maree & Ebersohn (2002:239), violence started with the nature of relationships between girls (as early as twelve) and boys who started engaging in sexual activities earlier than girls, which was regarded as one of many elements in South Africa's complex social mix that determined the trust and spread of HIV/AIDS.

Adolescents' sexuality was characterized by strongly unequal gender relations and hostility towards the other gender. Therefore, the lack of communication between partners on sexual issues became limited or non-existent. Violent male behavior combined with young women's limited understanding of their bodies and of the mechanics of sexual intercourse, directly affects these people's capacity to protect themselves from unwanted sexual intercourse. Women's refusal to sex or an attempt to negotiate for condom use, sometimes resulted in men being suspicious of women and accused them of infidelity.

They further mentioned that it was boys who determined when and how sex occurred and they sought to justify rape because they perceived that young girls had sex with older men for material gain, which put them in a situation whereby they were unable to refuse sex or discuss safer sex with their 'sugar daddies' for fear of violence or loss of income. Due to power dynamics that existed within relationships, women were being dominated by their male partners and their freedom of expression was being suppressed (Ibid 2002:240).

According to Salkind (2006:338), by the age of 14, 50% of girls started dating and have had sexual intercourse. This was experienced through date rape relationships which sometimes included psychological, physical and sexual violence. Date rape had been associated with young people dating significantly older men, where there

was drug and alcohol use on the date, miscommunication about whether the woman was interested in sex or not and the degree to which he spent a lot of money on the woman.

Aggleton et al (1992:155) confirmed to the above by mentioning that young women especially those who had decided to take a positive stand on the issue of HIV/AIDS by negotiating safer sex, had put themselves in the risk of becoming the victims of domestic violence, abuse or the loss of a partner with a profound social and economic consequences.

Heywood (2011) highlighted that in a study of HIV incidence among young women in KwaZulu-Natal that was recently published showed that HIV incidence was 6,5-100 person per year among rural women. He further highlighted that according to the reports released by Statistics South Africa, an epidemic of violence among young people was alarming which lead to early deaths for far too many.

2.4. BARRIERS TO HIV PREVENTION

2.4.1. CULTURE RELATED FACTORS

Culture had been identified as a primary barrier to the prevention of the spread of HIV/AIDS in traditional societies. It had been noted on HIV/AIDS that the highest infections rates were in those cultures where women had little power over their sexual behaviors, which then restricted women's decision making powers over their most areas of life. Some cultures were against the use of condoms because they believed that condoms were unnatural, and that message has lead to resistance by some people. In other communities, culture, rituals, and rites united the individuals

making them enjoy full rights and privileges of being members of that particular community. Most people believed that culture united them with both the living and the dead.

In Haddad (2011:240), Ezra Chitando mentioned the cultural practice of wife inheritance (*ukungenwa*) which was commonly practiced by certain communities that make women vulnerable to HIV/AIDS. He explained that, that was where a male relative of the deceased was expected to inherit the widow with the intention of providing care, support and protection, to expand the family clan and to meet the sexual needs of the widow. The practice increased the woman's vulnerability to HIV/AIDS and could also promote the spread of the disease.

Mbithi (1991:112) concurred with the above but further mentioned that most of the customs that were practiced within the traditional setting of African life, work in their own ways. He said that there were communities where particular customs were practiced and were mostly accepted and respected without the feelings of wrongness about them, which means that when people believed that the custom is working well for them then nothing anyone could do or say. He also highlighted the modern interventions which were observed in changing certain customs, but unfortunately those customs had not been altogether abandoned.

The practice of "dry sex" operated the same way, which was meant to heighten sexual sensation for men, but it also increased the chances of contracting the HIVirus. Stine (2007:297) explained that many African women agreed to be using dry sex to please their men sexually because of the fear that men would neglect them if they did not use it. It is believed that dry sex suppressed the vagina's natural bacteria which then increased the

likelihood of HIV infection. In Haddad (2011:255) Phumzile Zondi-Mabizela confirmed that women were forced to use dangerous drying agents like herbs in order to enhance the pleasures of sexual experiences of men. She further mentioned that the practice is very dangerous to women as it lead to tearing, creating an easy access for HIV transmission.

This cultural practice was also argued by Mswela. He stated that as much as people are having rights to culture, but there are traditional practices that might be harmful to them, that might increase the vulnerability to HIV/AIDS. He said that despite the dangers associated with the practice of "dry sex" in the transmission of HIV, people still continue practising it, and KwaZulu Natal province was reported as the province where dry sex was mostly practiced. He also mentioned that it was incidentally the province with the highest prevalence of HIV/AIDS in South Africa.

Aggleton et al (1992:155) were critical on the practice of "dry sex". They mentioned that women would always remained powerless in terms of negotiating for safe sex if the culture would always give men full and free access to women's bodies, and those types of traditional stereotypes need to be changed in order for the country to have zero new HIV infections in the coming years

2.4.2. BELIEFS ON TRADITIONAL HEALERS

It was noted that many communities in Kwazulu Natal believed in the treatment of traditional healers because it was always cheap, always available and affordable.

According to Jones (2009:129), the intervention of traditional healers on the issue of HIV/AIDS had become a significant aspect. He argued that some people still did not believe that HIV/AIDS exists, and they still believe that traditional healers could cure their AIDS. He further mentioned that people had a tendency of shifting the cause of HIV/AIDS to more supernatural factors, for example, if someone had died of HIV/AIDS that would be attributed to someone having cast a spell on them. When HIV positive people started to realize that they had been economically exploited by the traditional healers and sangomas have made business out of their sickness instead of helping them, they started to think of approaching the clinics, which was very late for their conditions (Ibid 2009:139 - 140).

In Haddad (2011:242) Ezra Chitando concurred with the above, stating that traditional healers were believed to be the link between the community and its departed elders. They are believed to detect health and wellbeing challenges, and were able to defeat the negative forces with their spiritual powers. Nevertheless, their role is still under scrutiny in this era of HIV/AIDS. They had been held responsible for the myths that having sex with a virgin girl cures HIV/AIDS which could leave the young girls vulnerable to HIV/AIDS.

According to van Dyk (2005:212), about 80% of people in South Africa opted for traditional medicine as a solution to their health problems including HIV/AIDS, to escape the stigma and embarrassment. Some HIV positive people had a belief that someone had "sent the virus to make him/her ill through magical manipulation" knowing very well that the immediate cause of his/her illness was HIVirus, then a traditional healer was consulted. He further mentioned that this belief in traditional healers helped to console so many families and communities, giving meaning to things that happened to them and to avoid stigmatization. Furthermore, these traditional beliefs had a negative impact on AIDS counseling. People did not consider their own behaviours as the possible cause for HIV infection, which actually prevented them from trying to solve their problems themselves (Ibid 2005:21).

Credo Mutwa (a sangoma from Zululand Region) confirmed the belief of black people on traditional healers when it comes to HIV/AIDS. He mentioned that as a sangoma, he had witnessed the impact the HIV/AIDS had on people's lives where it separated wives from their husbands and children from their parents. He also mentioned that AIDS is a deadly killer of our people. It had killed many of young intellectuals, and our young leaders but even today there are still thousands of people, that is, Zulu, xhosa people and other tribes who believed that to go to a clinic or a medical doctor for help, would finish them off. They firmly believed on their traditional black religions. They flocked to traditional healers for the miracle cure and also because of the low fees as compared to medical doctors. He also believed that there is still a hope that AIDS could be defeated.

Walker et al (2004:21) concurred with the above. He said that some of the symptoms of HIV/AIDS were closely associated with Idliso (a form of poisoning inflicted by witches). Many would consult traditional healers for cleansing, perform a ritual to alleviate feelings of guilt, anxiety and stigma. The barriers mentioned above posed a challenge to HIV positive adolescents to whether they should disclose or not to disclose their HIV status to their loved ones and close relatives, creating a dilemma that made them unable to express their feelings significantly.

Sipho Khumalo (2012) confirmed the use of traditional healers in the scourge of HIV/AIDS. He attested to the fact that many people from rural communities consult more with traditional healers than medical doctors because of their misleading information that they could cure HIV/AIDS. As a result Dr Zweli Mkhize who was the KwaZulu Natal Minister of Health then, took an initiative to warn the traditional healers on spreading such misleading claims and further promoted the regulation of traditional healing profession for the government to be able to weed out those opportunists who made unconfirmed and false claims. It was also mentioned that Dr Mkhize together with the current president of South Africa Gedleyihlekisa Jacob Zuma, who was the Deputy President then, made a call to urge the traditional healers in Kwazulu Natal to be in the forefront of the war against the HIV/AIDS during the launch of Kwazulu natal traditional healers council that was held in KwaDukuza. Dr Mkhize even suggested the training of traditional healers on HIV/AIDS, for them to be able to identify HIV/AIDS symptoms and refer the clients to the health practitioners for further assistance. 6000 traditional healers were then trained in understanding the dangers of HIV/AIDS.

2.5. NON - DISCLOSURE ON ADOLESCENTS

Disclosure had never been an easy process due to the fact that it always needed several conversations and continuous open communication with loved ones without feeling pressured to do so. There was no doubt that HIV/AIDS had created a lot of crisis in so many families and communities whereby an HIV positive person would face a challenge of disclosing his/her status to loved ones, which at the end became a very difficult task to do. Disclosing HIV status required courage and stable emotional support which were gained through the support of the parents, friends, and attached communities. Therefore, for young people to be able to express their feelings freely and openly, they need people who would listen to their fears and concerns without being judgemental.

Once young people are infected, they face the daunting task of disclosure. According to Van Dyk (2005:222), disclosure is not a once-off experience but a process that takes its own time. The writer saw fears, denial, guilt, loss, grief, anger, low self-esteem and anxiety as the main reasons for non-disclosure (ibid 2005:222). South Africa was generally viewed as having the most comprehensive AIDS programs in the world. Despite that though, new infections happened every day, particularly among the youth. Walker et al (2004:15) claimed that there were estimated 1500 new infections and 600 AIDS related deaths every day. They further claimed that in the period 2000 - 2010, between four and seven million South Africans may die of AIDS related illnesses.

According to van Dyk (2005:280), disclosure has major life changing consequences, it is very personal and it is an individual decision whereby all relevant circumstances should be taken into consideration. He further indicated that the following benefits were attached to disclosure:

- Access to medical care
- Reduces stigma and discrimination surrounding HIV/AIDS
- Accepting the status positively and reducing the stress of coping on their own.
- Openness to negotiate about safer sex practices.

The following were the reasons contributing to non-disclosure of HIV status by adolescents.

2.5.1. STIGMATISATION

Jones (2009:116) defined stigmatization as a societal process that labelled an individual as being different, and a stigma had a negative thought about a person or group based on prejudicial position. He further mentioned that HIV/AIDS was not the only disease that was marked by the stigma even cancer, TB, mental illness had been stigmatized in the past and at present. The only difference with HIV/AIDS was the fact that there were so many illnesses attached to it and most of them were attached to HIV stigma. Therefore, people with HIV/AIDS were often made responsible for contracting the disease. He further indicated that in so many countries stigma remained a big concern, as a result young people especially those that were HIV positive became scared of taking their ARV treatment due to the fact that sometimes people from their communities were so judgemental. They would ask more questions about the cocktail of pills they were taking. As a result, young people decided to continue having unprotected sex and

also decided to throw those pills away or hide them somewhere. Ibid (2009:116).

The stigma experienced by people after disclosing their status included loss of relationships, support system as well as micro insults and daily hassles, which then propelled them to cocoon themselves in secrecy. People living with HIV/AIDS suffered from physical, verbal and social stigma whereby no-one wanted to sit next to them, other people pointing fingers, insulting and blaming them. They even suffered from gossips and identity loss in the communities in relation to important community events as well as families (USAID 2000).

Stine (2007:366) argued that AIDS worldwide is like a train heading towards a wreck which brings high estimations of deaths and new infections that are attached to stigmatization. He further argued that our societies because of the stigma attached to HIV positive people, they became one of the factors that promoted the spread of the disease. As a result, people lost confidence and trust in disclosing their status either to their families or sexual partners which made them remained silent and spread the disease even more.

Heywood (2011) concurred with the above and further mentioned that in 2001 there were high levels of stigma attached to having HIV and it was difficult to find ways to monitor and measure it, like the case of Gugu Dlamini who was murdered in 1998 due to stigma and discrimination, followed by Noxolo Magwaza on April 24 1998 and before Noxolo, it was Judy Simelane, Nokuthula Radebe, Nqobile Khumalo and others.

2.5.2. DISCRIMINATION

As HIV/AIDS spreads and started affecting young people, both the infected and affected faced a challenge of being isolated, abandoned by their loved ones, which then lead to a lack of support system, lack of confidence and a sense of social identity. According to Moore et al (1996:101), discrimination is the offering of less favourable treatment and access of services to people, which made them less worthy as a result of perceived attributes. They also mentioned that the discrimination had created huge ethical challenges which also included young people and urged existing policies to play an important role in addressing HIV related discrimination.

The above was confirmed in the 5th South African AIDS Conference which was held in Durban from the 07th - 10th July 2011, where South Africa was highlighted as being a global champion in the fight against HIV/AIDS. Chief Justice Sandile Ngcobo was one of the honourable speakers in the conference and emphasized the issue of discrimination and stigma. He mentioned that society's negative response on HIV positive people had forced them not to reveal their HIV status for fear of being discriminated against and for fear of prejudice, which then placed them as the most vulnerable group in our societies. Because of the fears they had, HIV positive people ended up depriving themselves of the help they would receive like medical help. He also said that the impact of discrimination on HIV positive people was devastating and it was an assault on their dignity. On his last statement he mentioned that the court had ultimately declared that people living with HIV must be treated fairly and they must enjoy the special protection by the law.

It was further reported that in October 1998 the then Deputy President of South Africa Thabo Mbeki made a declaration of partnership with people living with HIV/AIDS. Two months after that, his statement was followed by the case of Gugu Dlamini, an AIDS activist in Durban who was beaten to death by neighbours after she declared that she was HIV positive on the World AIDS Day.

2.5.3. DENIAL AND REJECTION

Many people as well as different nations were facing a big challenge as they confronted AIDS, which was the reason why some infected and affected people choose denial as an option. According to Sean (2003:26), finding out about your HIV status is always a terrible shock which then develops to anxieties and fears, and sometimes these fears become worse when an HIV positive person has to tell his/her family about his/her condition because most of the time being HIV positive was associated with unacceptable risky behaviors which lead people to denial state.

Stine (2007:373) explained that there was a big difference in the way people treat HIV positive people. HIV/AIDS cases carried a large amount of social rejection than other illnesses like cancer, TB, and diabetes. He stated that society didn't reject all those with illnesses mentioned above to the degree that it rejected people with HIV diseases or AIDS. It was for this reason that the government and many other organizations dealing with HIV/AIDS issues committed themselves to a common goal of combating the pandemic through the implementation of relevant policies and procedures.

2.6. LAWS AND POLICIES ON HIV/AIDS

According to Oskamp and Thompson (1996:90), a policy is an official document developed by a collaboration of stakeholders about how a nation, state or community had decided to proceed in relation to HIV/AIDS. They further mentioned that policy involved a formulation of a position that gives a voice, priority and legitimacy to resolution of conflicting needs and it also informed young people in advance that they could trust their business with a particular institution. Nevertheless, adolescents are part of the policy development process even though some of them cannot vote due to age. A majority of them relied on their parents and other concerned people in their communities to represent their best interests (Ibid 1996:92).

Moore et al (1996:103) agreed to the above, they stated that a developed policy should involve the adoption of procedures particularly in relation to infection control that removes the necessities for an individual's HIV status to be known, as means of preventing infections. When a policy failed to do the above-mentioned, it then encouraged the institutionalization of discriminatory acts that could mask the prejudice of individuals within the communities.

The following were the policies and laws highlighted in addressing the plight of HIV/AIDS focusing on cutting down the number of new infections in our country.

2.6.1. WHITE PAPER ON HIV/AIDS: NATIONAL STRATEGIC PLAN ON HIV/AIDS AND SEXUAL TRANSMITTED DISEASES

The National Strategic Plan was designed by Soul City and Treatment Action Campaign in consultation with the members of the South African National AIDS Council Children's Sector in August 2007 and implemented in September 2007. This plan was said to be a 5 year plan to help South Africans deal with HIV/AIDS situation until 2011. The intention was to decrease the number of new infections by 50% by 2011 and to ensure that 8 out of 10 people who needed antiretroviral treatment got it. This strategic plan also confirmed the huge problem of HIV/AIDS faced by South Africa, and further mentioned that at least 6 million people are living with the disease of which the majority do not know that they are living with the disease or not. By not knowing your HIV status, people were depriving themselves an access to the treatment available.

It was also discussed that in order for the new infections to decrease, an increase in poverty alleviation projects had to be done with the aim of generating income for the people infected and affected by HIV/AIDS, promote safer sex practices, making people aware of the importance of using condoms, encourage people to go for VCT (Voluntary Counseling and Testing), to make sure that the health system is strong enough to take care of people infected and affected and also to support the victims of gender based violence making sure that they got the necessary support they needed.

2.6.2. SOUTH AFRICAN CONSTITUTION (ACT 108 OF 1996)

According to van Dyk (2005:429), it was important for people infected and affected by HIV to know their rights as well as their responsibilities and that people with HIV have the same basic rights and responsibilities just like all South African citizens. The South African Constitution (Act 108 of 1996) entails the basic human rights that apply to all citizens of this country including people living with HIV/AIDS.

Below are some of the rights espoused in the constitution that relate to everybody including people with HIV/AIDS, as they are also citizens of this country.

- Right to medical services - According to Kalichman (2003:226), in the beginning of the AIDS crisis, there was a lot of discrimination by doctors against HIV/AIDS people particularly when the cause of AIDS was unknown. Human rights and anti-discrimination laws prohibit withholding access to care for people with disabling conditions including HIV/AIDS.
- Right to security and control over their bodies. Jones (2009:140), referred to the above by highlighting the issue of traditional healers. He said that these sangomas, instead of helping the desperate patients, they exploited them sexually that is, having sex with them as part of the curative process, and so many people believed this process to be working for them.

- Right to confidentiality - According to Kelly (1998:77), most of the time medical practitioners were expected by their departments to give reports about the cases that were under their authority. Therefore, it was the doctor's responsibility to protect patient's medical files by not revealing patient's names and make sure that the confidentiality was provided to all services accessible for young people. Moore et al (1996:99) mentioned that for all the health services provided for young people, the constitution is there to maintain a balance between confidentiality and public health, re-assuring potential clients that they would not lose control of the situation. But the problem of confidentiality with young people was the issue of contact tracing that is, tracing of previous and current partners' sexual history. Most young people were so ignorant of the sexual history of their boyfriends and girlfriends which then put them into a risk of transmitting the HIV. According to Oskamp and Thompson (1996:99), when it comes to confidentiality, all institutions rendering services to young people must make sure that they gain their trust in order for their services to have an impact on them.
- Right to Social Grants - Kalichman (2003:230) stated that people living with HIV have a right to financial assistance. He also stated that all those people who had been confirmed by the state that they were HIV positive and unemployed, should be assisted financially for positive living.
- Right to voluntary testing - many adolescents were very negative about being tested especially in the case of pregnancy. Doctors and clinics did not ask for consent from pregnant young women before

testing because they acted on assumption that the patients would just comply with the instructions, and it was a compulsory thing to all pregnant women.

- Right to employment, privacy and dignity - young women and children were the most vulnerable and exposed when it comes to discrimination. Their rights were repeatedly violated and abused. He further mentioned that the lack of recognition of rights not only causes unnecessary personal suffering and loss of dignity but also contributed to the spread of HIV/AIDS. Moore et al (1996:103) argued that the issue of discrimination has created a number of challenges, some of them were of relevance to young people and the policy had a big role to play in terms of addressing HIV related discrimination.
- Right to justice- The National Strategic Plan on HIV/AIDS (2012-2016) emphasized the human rights and access to justice, ensuring that HIV positive people were legally protected and that they were treated with respect, they also have a right to occupy leadership positions around South Africa, they are also entitled to services like financial services, housing, education, employment just like HIV negative people. Kalichman (2003:225) argued that the social outcome of AIDS had resulted in laws and policies aimed at managing this complicated disease. That was due to the countless challenges faced by people living with AIDS, their families, communities and friends.

2.6.3. HIV/AIDS e-BULLETIN (no.69, July 2011)

Research had revealed that South Africa and India had been identified as countries with the highest number of HIV positive people. It was reported that two (2) million teenagers in the age group of 19yrs were infected with HIV virus daily and 25000 adolescents between ages 15 - 24yrs also got infected, which means that 41% of new infections was in those groups. Therefore, it was emphasized that relevant stakeholders should make sure that prevention strategies were on top of the priority list to be able to reduce new infections. The statistics showed that between 2001 and 2009, new HIV infections declined by nearly 25%.

2.6.4. WHITE PAPER FOR SOCIAL WELFARE, of 1997

The above-mentioned policy stated clearly that KwaZulu Natal, Mpumalanga and Gauteng had been observed to be having higher prevalence rates of HIV infections, and those rates almost doubled each year. It was also stated that 27% of the population were likely to be infected by HIV/AIDS, and young people had been tagged as the vulnerable group.

It emphasized that issues like stigma, financial insecurities and disclosure were the burning issues that needed to be addressed by the South African government, with the intention of promoting good attitudes of acceptance and support towards people living with HIV/AIDS. It was observed that people from rural communities were the most affected, especially those who were infected and affected by HIV/AIDS. They suffered a lot of emotional, social and material stress due to stigmatization and discrimination which made it very

hard for them to disclose their HIV status and access effectively the support they deserve.

Due to the difficult circumstances experienced by people living with HIV/AIDS, the Department of Social Development took an initiative and intervened. They intervened by promising to adopt a non-discriminatory approach to people living with the pandemic, where they would be able to access services in a non discriminatory fashion.

2.7. CONCLUSION

In view of the above, the researcher has learnt that adolescents, despite their cultures and socio-economic backgrounds, were expected to learn to get used to their emergent sexual desires and the changes associated with puberty. As young people experienced this transition, adults worried themselves about whether these adolescents should know about sex or not, instead of assessing what kind of information the adolescents had and the information they might need. Therefore, adults should not deny young people access to relevant information by refusing to give them accurate skills, because this practice leaves adolescents exposed to unwanted sex, substance abuse and engaging in unsafe sex early in life. Any intervention strategy designed to reduce the high rate of HIV/AIDS among the young people of KwaSomkhele Area must first address socio-economic and cultural issues.

Though there was an improvement in condom use among young men and women, there were still high rates of HIV infections particularly in young women. South Africa is still faced with an increasing number of people experiencing AIDS deaths, even though educational programs and HIV/AIDS awareness campaigns by certain organizations, government departments as well as media reached millions of people everyday. It was clear that people especially those that were considered high risk that is, young people, ignored these programmes and that was the reason why the area of KwaSmkhele was still experiencing a huge number of new infections despite those campaigns. In actual fact, the majority of adolescents were in favour of HIV/AIDS messages in the media, therefore, media had a big role to play in reducing the spread of HIV/AIDS by paying attention to adolescents sexual behaviors, attitudes and traditions driving the spread of the epidemic.

In addition, the inclusion of lifeskills programme such as negotiation and decision making, the basic understanding of sexual reproductive health and the importance of monogamous relationships and what constitutes good health - should support young people in making healthy lifestyle choices. After more than a decade, the government had developed programmes to introduce AIDS and sexually transmitted diseases into the school curriculum, focusing more closely on perceptions of sexual safety and risks. The role of non-governmental and community-based organizations had also been observed and they had been very active in the implementation of these programs. This means that at least young people learnt about the critical facts regarding HIV/AIDS in classrooms, unlike young people out of school, who missed those health education programmes due to different reasons and circumstances (Hublely, 1995:91).

The public policies and laws that govern this country should make sure that they rule against stigmatization and discrimination of those that disclosed their HIV status as their disclosure is an essential element in the global fight against HIV/AIDS. They should also work towards improving people's mindset on HIV/AIDS, because people's response had forced HIV positive people not to reveal their HIV status for fear of prejudice. Their dignity should then be protected and they should enjoy special protection from the law.

Lastly, the adolescents should know that they are the windows of hope for the future so they need to act responsibly, take control of their sexual and drug using behaviors and they need to know that what they are learning about this pandemic is personally relevant to them. Therefore, if they do not take steps in protecting themselves, they can be infected with HIV. The future belongs to them.

CHAPTER THREE

3. RESEARCH METHODOLOGY

3.1. INTRODUCTION

The research methodology was based on the strategy the researcher was going to follow in conducting the research. It described the design and the sampling method the researcher was going to use, how to collect the data, analyse, and interpret it. Henning et al (2007:36) also described methodology as a coherent group of methods that compliments one another to deliver data and findings that will suit the research purpose. The exploratory research design was used in this study as it involved creativity, open mindedness, flexibility and investigative stance. This design frequently used qualitative research design which was more open to using a range of evidence and discovering new issues (Neuman 1997:19).

In this study, the researcher established the conditions surrounding HIV/AIDS on adolescents for example, risky behaviors that lead to the adolescents contracting the disease, their attitudes towards HIV/AIDS, emotions, experiences and perspectives of the participants through direct interviews that were selected for this study. Therefore, this study is relevant to the exploratory research which involved direct face-to-face social interaction between the researcher and the adolescents in a natural setting, exploring their level of understanding of AIDS issues. This chapter looked at the research design, sampling procedure, population, data collection and data analysis strategy, the significance of the study, and the ethical issues associated with the study.

3.2. METHODOLOGY

3.2.1. EXPLORATORY RESEARCH DESIGN

According to Creswell (2003:181), exploratory research design increased active participation by the respondents by sharing their opinions and views which at the end helped the researcher to be able to contribute positively towards the research study. It also promoted close contact with the participants which then helped the researcher to get the reality of how things happened in a particular situation. For instance, in the present study the researcher was interested in the risky behaviors by adolescents that lead to increased HIV infections among adolescents of KwaSomkhele, their in-depth understanding of those behaviors, and how their understanding influences their behaviors.

According to Salkind (2012:22), exploratory research method allowed open-ended interviews, which was what the researcher intended to do, that is, participants actively involved in the research study. It is wide in terms of data collection and how the participants answer the research questions. This design has used the qualitative research approach which was more open to using a range of evidence and discovering new issues (Neuman 2003:19).

Maxwell (2005:22) concurred with the above. He mentioned that a researcher in a qualitative study does not only focus on the behaviors and physical events that were taking place, but on how much the participants understood their behaviors and the influences those behaviors had on them. He also described exploratory research method as an open - ended strategy with the flexibility that helped in generating understandable research results to both the researcher and the participants (Ibid 2005:24).

According to Scheiber and Kimberley (2011:11), this method is a naturalistic approach which focused on particular persons instead of generalizing. It promoted engagement such as face-to-face interaction with the chosen participants, studying them in the locations where they lived and be able to understand their social life, values, beliefs and their behaviors.

3.2.2. POPULATION

According to Welman et al (2005:53), population is the group of potential participants to whom the researcher wants to generalise the results of the study. It is also a full set of cases from which the sample is taken. The research was conducted at KwaSomkhele Reserve - a rural area of Mtubatuba, which is 60km from Empangeni and 50km from Richardsbay. The area is populated by people of Zulu descent and it has 412 households/families with a total population of 2,614. It is made up of people from 1 to over 90 years.

From the population mentioned above, the adolescents between ages 11 - 20 years constituted a total number of 726. The researcher initially targeted 200 adolescents as participants in the research which included both school-going and out of school adolescents in the area. The study took into consideration that psychologically there were children who matured particularly early and others particularly late. However, due to problems experienced with the Department of Education which included complicated protocol to be followed in order for a person to conduct the research, the researcher could only sample 100 out of school adolescents. Weiten, (1992:40) confirmed that some children matured early, like 11 years for girls and 13 years for boys, and particularly late between the age of 19 - 20 years and those who matured late often felt uneasy about it.

3.2.3. SAMPLING

Sampling is the process of selecting a suitable sample of the population from which it is taken, for the purpose of determining characteristics of the whole population (Singh, 2007:102). It is also used to study the relationship between a population and the samples drawn from it (Bless & Higson - Smith, 1995:86).

Maree (2007:89) stated that sampling in a qualitative research approach is a process used to select a portion of a population for the study, and availability sampling which is a non probability sampling method was used in this study. In an availability sampling, all participants involved were selected because they showed some defining characteristics which made them holders of the data needed for the research. Availability sampling also involved setting of incidents and activities to be included in data collection. Salkind (2012:71), agreed with the above. He mentioned that sampling is a subset of the population that is selected from an overall population. The reason for sampling was that it became very easier and possible for the researcher to study target population chosen for a research project.

Maxwell (2005:88) also concurred with the above when he said that sampling is an approach in which a particular group of people was chosen to give information that could not be found from other choices. In a non-probability sampling not all the elements have a chance of being included in the sample, which then confirmed the researcher's intention of using only a certain sample of population (which was a group of adolescents). The advantage of a non - probability sample was that it was less complicated. A sample of 200 participants from the population of 726 adolescents in the area was initially considered and it included both adolescents from schools and those out of school, but due to

problems experienced with the Department of Education concerning the school policies and procedures to be followed only 100 out of school participants were used. Most of the out of school adolescents that took part in the research were school dropouts due to financial constraints, and some of them due to truancy and peer pressure. Fortunately, the sample chosen was adequate, and it was easy to get a fair and accurate response from it, and the results concluded from the research were based on the sample and then generalized to the whole population.

The reason for that sample was that the researcher was interested in adolescents' responses as they were regarded as the most vulnerable group in the adolescent stage where curiosity and experimentation was very high. They were also seen as a very crucial group that was about to enter adulthood. Some of these adolescents were ready to get to tertiary education where they would be facing all sorts of challenges and later enter the work place. Adolescents were believed to be different in terms of thinking and understanding. The real names of the participants were withheld to ensure anonymity and confidentiality. The 100 cases identified and included in the sample were adolescents who showed interest in the research and volunteered themselves to be part of the interview. The first meeting with the young people of KwaSomkhele which was organized by the Induna with the help of the Community Development Workers (CDW's) helped the researcher to be able to select the sample needed. It was very successful and the overwhelming number of +- 350 young people turned up.

The meetings were held at the community hall where young people were briefed about the researcher's intention to conduct the research with them on HIV/AIDS issues. Written consent forms were given to all willing participants to be filled and returned to the researcher. A verbal explanation was also given to them to ensure that all participants understood the content entailed in those consent forms. The consent forms indicated whether adolescents could participate in the research or not, as they were not forced to be part of the interviews.

The participants were also told about the researcher's follow-up visitations which were going to be eight days depending on the dates given by both municipal and tribal authorities. The interview process was explained to the participants and they were told that notes will be taken during interviews. Anonymity and confidentiality were also emphasized. By the end of the first meeting, which only took an hour, only 11 adolescents volunteered to be interviewed. Surprisingly, the turn up on eight meetings was very impressive. The participants who turned up for interviews ranged between 9 and 15 on different days. Snacks were served to participants each day to compensate them of their time.

3.2.4. DATA COLLECTION

The qualitative data collection was used. According to Terre Blanche, Durkheim and Painter (2006:52), qualitative data collection is a method that allows the researcher to build up an understanding of phenomena through observing particular instances as they emerge in specific contexts. Neuman (1997:33) concurred with the above by mentioning that qualitative data collection is relevant to exploratory research because it involves interaction between the researcher and the respondents.

According to de Vos et al (2005:279), interviewing in a qualitative research is a predominant mode of collecting information because it allows a person to express his ideas clearly and be able to focus on issues at hand. One-on-one interviews with willing participants were conducted at the community and the tribal court KwaSomkhele alternatively. Those interviews were likely to be used on topics of sensitive nature, and in this case HIV/AIDS is regarded as one of the sensitive issues affecting South African citizens. According to Salkind (2012:38), as much as one-on-one interviews might be time consuming, they are advantageous at the same time because the interviewers would be in complete control of the interview situation, the responses of the participants would be of high quality, and the participants would be able to answer all questions openly and honestly without responding on behalf of somebody else.

Gaining access to the area was not a problem due to the fact that the researcher had already built a relationship with the Induna of KwaSomkhele area through the stakeholder's forum that was established to curb crime escalation in the area his support was overwhelming. The researcher then took the opportunity to discuss the idea of doing the research in the Chief's area and the meeting with the Induna was very informative and an eye opener on the need for such a study at KwaSomkhele. The researcher was given unlimited access for the interviews and the venues which were the tribal court and the community hall were in a good condition and had adequate privacy. The venues were used alternatively depending on their availability. The venues chosen for interviews were suitable because they were familiar settings to the participants and they felt comfortable as they attended most of their other events in the said venues. The venues were also not far, participants walked to and fro the venues, and no travelling was involved. The interviews

continued for eight days and the venues were booked from 9h00 until 17h00. Consent letters explaining the purpose of the research, the amount of time to be taken for the interviews were discussed with the participants to reach a mutual understanding. They were signed by the participants and returned to the researcher.

It should be highlighted that some of the questions were not answered fully by the participants. They mostly gave half responses to the questions asked and they were evasive when it comes to personal questions or questions that involved their family members; for example question like what would be their reaction when they found out that they are HIV positive. However, such reluctance in answering sensitive issues like HIV/AIDS was expected, as they met the researcher for the first time. However, in the seven other meetings, as there were eight meetings in total, the participation improved due to trusting relationship that had developed. Open - ended questions were asked to avoid participants' responses being influenced by the interviewers, and the questions gave participants a chance to be free to talk about their personal experiences. All the involved participants were asked the same set of questions.

The language used when conducting interviews is of great importance in any research, and IsiZulu, which was the dominant language in the research area was used, taking into consideration their literacy levels (especially when dealing with the out of school adolescents) making sure that accurate information was obtained and they understood what was being asked from them. This also helped when dealing with cultural values of the area when using certain terminology. The interviews were conducted in a proper and descent place where there were no disturbances from other people, that is, the community hall and the tribal court. Most of the interviews lasted between 20 - 30 minutes each and notes were taken during the interviewing process with

the view to writing a more comprehensive report afterwards and translation was done at a later stage. The interviews were translated into English for the purpose of this study.

The challenge experienced in this study was that, out of 200 interviews that were targeted as the sampling, which included both the school children and the out of school youth, the researcher managed to do only 100 interviews with the youth that was out of school. The remaining number was supposed to be done with adolescents from schools but there were complications with the procedures and protocols to be followed in order to access the schools. Nonetheless, out of the 100 interviews conducted, the researcher managed to get good information although the sample was not wide enough to represent the area of KwaSomkhele. It was however interesting that most of the interviewees used the pronoun "we" when answering the questions asked, which suggested that they believed themselves to be representatives of the youth of KwaSomkhele.

3.2.5. DATA ANALYSIS AND INTERPRETATION

The aim of data analysis was to transform information (data) into an answer to the original research questions, Terre Blanche et al (2006:52). According to Neuman (1997:427), data analysis involved examining, categorizing as well as reviewing the raw and recorded data. It was made through qualitative research approach that helped to validate feelings, attitudes, emotions and experiences of respondents and it was done immediately after the interviews were finished. Analyzed data was then interpreted, to look for rising patterns and explanations in drawing up some conclusions. The main aim of data interpretation was for each and every conclusion to be based on substantiated findings from the data (Maree, 2007:111)

All the information obtained from the interviews had been gathered, analyzed and critically reviewed to detect errors, mistakes and bias which could influence the results of the investigations. Therefore, the notes on participants' responses were analyzed to release the findings. The interviews conducted in isiZulu were translated into English to form part of the research and all the appropriate information gathered from one-on-one interviews were interpreted to establish facts about the data collected. The data collected was then interpreted for the purpose of drawing more achievable conclusions on how much of, and in which manner the goal had been achieved. Babbie and Wagenaar (1992:107) concurred with the above. They mentioned that all data collected should be manipulated for the purpose of drawing conclusions that reflect interests, ideas and theories that initiated the inquiry. According to de Vos et al (2005:335), data collection and analysis go hand in hand in order to build a coherent interpretation of data. Therefore, whatever information collected in this study was going to be analyzed and edited for accuracy.

3.3. ETHICAL CONSIDERATIONS

Ethical consideration is very important in any research study. Therefore, it is of extreme importance that the researcher keeps up-to-date with the latest thinking about research ethics and make sure that every study meets the highest ethical standards (Bless et al, 2006:142-144). It also involves honesty and respect for the rights of individuals, therefore, whatever data collecting method used, it should always receive the necessary attention (Welman et al 2005:181). The researcher made sure that strict ethical standards in this study were maintained at all times, especially when dealing with young people.

The researcher paid attention to the following ethical standards:

3.3.1. Informed consent

According to Stanley and Sieber (1992:128) informed consent is a process in which a person voluntarily agrees to participate in a research project, based on a full disclosure of pertinent information. Obtaining consent was a very essential element of the research process and the researcher made sure that she got the necessary permission from the participants after giving thorough information about the purpose of the interview. Consent forms were designed in a manner in which the language was fully understandable to the participants and given to each and every participant before - hand. Participants were given enough time to read and understand what was entailed in the form. They were also given an assurance that whenever they wished to discontinue their participation, they could do so at anytime.

3.3.2. Right to privacy

Participants have a right to refuse to participate and a right to privacy (De Waal, Currie and Erasmus 2000:243). The researcher expected that some participants would feel uncomfortable to divulge some information as they considered HIV/AIDS as the most sensitive issue. For that reason, participants' identities remained anonymous to protect them from emotional harm, that is, their identities were disguised as much as possible. In no instance were the interviews conducted in the presence of their parents or information shared with a parent or a guardian. Therefore, any participation in any research should be voluntary and be given the privacy it deserves.

3.3.3. Confidentiality

Keyton (2011:91) described confidentiality as any information that the participant reveals during the research process and that information should be controlled in such a manner that it is not revealed to anyone without the consent of the participant. The issue of confidentiality in any research activity demands a very sensitive approach and might lead to a great harm if not handled with care. The researcher in this study had a responsibility to make sure that all the participants were protected and the information provided was as confidential as possible and kept under secured conditions. As part of confidentiality, all participants were given an opportunity to remain anonymous, and that was maintained throughout the research.

3.4. CONCLUSION

The study investigated the factors leading to increased HIV infections among adolescents of KwaSomkhele Reserve Mtubatuba. The motive for this study was to gain insight into the reasons for new infections among adolescents of that area, even though they had unlimited access to HIV/AIDS programs. The objectives of the study were investigated through direct interviews with participants, investigating the knowledge and experiences. The adolescents had with regards to HIV/AIDS, as well as the risky behaviors the adolescents engaged themselves in, that lead to the spread of HIV/AIDS.

The qualitative research approach was used in this study, which was a more open method that used a range of evidence to discover new issues. Its openness added value to the validity and reliability of the findings. Exploratory research method was also used throughout the study which frequently used the qualitative research approach. This

method was used to choose the population needed for the study and the sample of the participants targeted for the study. That gave directions on how the data would be collected, analysed and interpreted in order to form a constructive research study. Finally, the researcher had to abide by the ethical issues attached to this study as guidelines to protect the rights of the participants throughout the research.

CHAPTER FOUR

4. DATA ANALYSIS AND INTERPRETATION

4.1. INTRODUCTION

This chapter presented the data collected for this study and responses about the significance of the findings. The study dealt with adolescents from KwaSomkhele Reserve, focusing on the conditions leading to increased HIV infections among that group. The researcher analyzed and discussed the data that was collected through direct interviews with the participants. The responses were interpreted and translated from IsiZulu into English for analysis.

The scope of this research was informed by two factors:

1. The researcher had not only dealt with infected and affected adolescents at her work, but had also lost young people that were very close to her to HIV/AIDS.
2. The researcher had access to areas that were governed by Chiefs/Amakhosi where she learnt cultural protocols in dealing with sensitive issues such as HIV/AIDS.

4.2. FINDINGS

The following were the themes that emerged from the narratives together with the content of responses received from the participants. The themes looked at the responses of the interviewees to see whether the findings were in contrast or confirmed the sentiments of some of the authors consulted in the study. The data was collected from 100 willing participants (both girls and boys) who presented themselves during the eight sessions that were held with them at KwaSomkhele area. Each interview lasted between 20-30 minutes. There were twenty six questions prepared for

this study and the analysis and interpretation would highlight all twenty six responses from the participants. The following were the themes used: Peer pressure, non-condom use by adolescents, parental role, media role, alcohol and drug abuse, multiple partners, non-disclosure and acceptance, adolescents safety measures towards HIV/AIDS, health care attitude on HIV/AIDS and adolescents, role of the schools in the fight against HIV/AIDS, and religion's role in the fight against HIV/AIDS,

4.2.1. PEER PRESSURE

Young people remained the centre of HIV/AIDS in terms of high rate of infections and vulnerability, which means that they need to be in the centre of prevention action where they would be properly informed about HIV/AIDS and prevention strategies.

Most participants raised the point that they would love to get more information from their parents than from their peers, but the problem with their parents was that they felt embarrassed to talk about sexual issues with them, and they were not available most of the time. As a result, the adolescents turned to their friends for advice. The issue of peer pressure came out first. They said that the influence of their friends played a big role in making young people involved themselves in risky behaviors that increase HIV infections. They also said that peer pressure influenced young people's decisions and the choices they made, only because they wanted to belong. They also mentioned that experimenting, looking for love and attention from wrong people lead to some of the problems experienced by young people.

Some participants agreed that to be with friends gave them an opportunity to be themselves and were able to talk freely about anything including HIV/AIDS issues. The girls mentioned that to be among their friends helped to build up their confidence and self esteem because they agreed with each other in so many things. They said that most of the adolescents engaged themselves in early sex because all of their friends were doing it and they didn't want to be left out of fun. They further mentioned that adolescents engaged in sex because they wanted to get the feel of how it was, with the intention that they would enjoy.

Van Dyk (2005:188) confirmed that peer pressure played an important role on adolescents' lives due to the fact that adolescents had a desire to belong, to be accepted and they always needed someone to approve of their behaviors which could possibly lead to unwanted pregnancies and transmission of HIV/AIDS. However, few participants believed that peer pressure coupled with poverty were the main contributing factors towards risky behaviors by adolescents and that peer pressure and poverty played a big role in the lives of adolescents at KwaSomkhele area. Participants also raised a point that most adolescents, especially girls, came from poor family backgrounds and they needed people who would be able to attend to their needs i.e. money to survive. So they ended up befriending those who tended to approve of their behavior, which involved sleeping around with multiple partners for money.

Van Dyk (2005:188) agreed with the findings above, highlighting that peer pressure played a critical role on adolescents' lives due to the fact that they had a desire to belong and they were always looking for someone to approve of their risky and unacceptable behaviors which could lead to the transmission of HIV/AIDS.

4.2.2. NON - CONDOM USE BY ADOLESCENTS

Many young people still failed to protect themselves during sexual encounters they had with their partners. Although the adolescents knew the importance of using condoms as protection against HIV infections, STI's as well as unwanted pregnancies, but they still chose not to use them. Some participants mentioned that some adolescents engaged themselves in early sex because they wanted to achieve adult status. Furthermore, they didn't think that they were at the risk of contracting HIV/AIDS. As children they were always told to wait until they grow older or to get married or matured enough to engage themselves in such behaviors, but most of them didn't see a need to wait for marriage as they perceived marriage as an institution with no freedom, no happiness and only a place of misery of being controlled by the other partner.

Few participants said that they used condoms even though they didn't use them all the time. They said that trusting their partners played a critical role and that they only used condoms during the initial stages of their relationships, then few months later they stopped, because they felt that three or four months in a relationship was enough for them to know that their partners were faithful to them without even going for an HIV test. That attitude would increase the spread of HIV/AIDS. They also revealed that as much as they were using condoms, sometimes they felt embarrassed to buy them at the local shops. They also

mentioned the non-use of condoms by young people, especially those that were already sexually active because of the myths and beliefs they had about them. Some of them believed that condoms were not 100% guaranteed that they would protect them from HIV/AIDS or sexually transmitted infections. Some even believed that condoms would make them infertile, while others, especially girls, believed it is better to have a child before using any form of prevention.

Others mentioned that less discussion about condom use with your partner could contribute to the increase of HIV infection. They said that some partners showed lack of interest or disapprove the use of condoms and didn't appreciate any effort made by the other partner in introducing the use of condoms. They also said that being under lot of stress sometimes made them feel bad to an extent that they found themselves involved in sexual acts without even discussing the issue of condoms. That showed that an increase in awareness campaigns is still needed to work on those attitudes and unacceptable behaviors.

4.2.3. PARENTAL ROLE

It is a fact that young people feel more comfortable to talk to their peers because they understand each other better since the language they use sometimes shaped the way they think about life and influenced their actions. Even so, parents are the most important component in educating their children as it is generally believed that the information they are giving to their children is correct.

Participants felt that even though they were in an experimental period and experienced the influence from their peers, they still needed guidance from their parents, which was, according to them, not forth-coming sometimes. They felt that their parents were too strict, too conservative and traditional to talk about relationships and sexual issues, to an extent that they did not create a space for

them to engage deeply on those issues. Instead, parents referred their children to health care services and relied on them to do the work for them. They also mentioned that most of the time parents felt embarrassed to talk about sexual issues with them, and they were not available most of the time. As a result, the adolescents turned to their friends for advice.

Absenteeism of parent(s) at home was also mentioned as a factor. They mentioned that there were households at KwaSomkhele that were managed by children because their parents were working far, either in Richardsbay or Empangeni, and seldom came home. Therefore, children used that opportunity to do as they pleased under no supervision of an adult.

However, participants pointed out that there were some health care workers who gave them strange looks when they went to the clinic for condoms and contraception because of their age. Only few adolescents reported that there were nurses who tried not to be judgemental of their situation and were helpful by all means. Most participants maintained that it was still difficult to talk about sex with an adult including their elder siblings than people of their age group. Infact, they mentioned that they felt embarrassed to talk about it because that would appear to know too much, and they didn't want adults to know that they were already sexually active because that would cause more embarrassment for them. On the other side, some mentioned that they even preferred talking to their brothers and sisters about sexual issues than with parents or other adults because, even though siblings wouldn't give all the answers, they could listen better and offer advice where they could.

Some participants mentioned that some parents, as hard as it was to talk openly about sexuality and HIV/AIDS, at least they tried to ask their children about such issues. However, the challenge the adolescents were faced with was the way to respond to the questions asked by the parents. They said that they didn't know how to answer their questions, let alone to mention the word "sex" to their parents.

Other participants pointed out a different view about the important role their parents played in their lives. They considered them as their role models who were there to listen to their problems, to correct their mistakes and give advice where necessary. They further believed that their parents had advised them well but some young people decided to deviate from what their parents had taught them and continued with their unacceptable behaviors. For instance, a 19yr old boy said he dropped out of school while he was doing his first year at Umfolozi College, but even though he couldn't finish his studies due to drug and alcohol abuse, his parents were always there for him, trying to give him a better future. He seemed to regret the company of bad friends who introduced him to drugs and alcohol.

Most participants mentioned the lack of parental involvement on HIV/AIDS issues as one of the causes. They said that parents because of their fear to talk to them about HIV/AIDS and sexuality, they made it possible for the adolescents to go to their peers to look for information or advice. They agreed that the information they received from their friends was not constructive enough compared to their parents' and had affected their life choices and decision making very badly. Therefore, parents should break the chain in order for the communication to improve between them and their children.

World Health Organisation (1992:17) attested to the fact that parents are the most important role players in terms of educating and changing adolescents' perception about HIV/AIDS, and some adolescents still rely on their parents in many areas of their lives including fundamental values the adolescents had to adhere to.

4.2.4. MEDIA ROLE

When the participants were asked how they got information about HIV/AIDS, some of them believed that media, especially television, had a positive influence on adolescents while other participants believed that television had a negative influence. Some participants believed that television had negative influence on adolescents because of its unavoidable appeal that mostly affected young people so badly. They said that most adolescents imitated the adverts where they saw their favourite celebrities smoking cigars, exposed to pictures of violence or where they were seen advertising the products of weight loss. Those adverts, for instance, were interpreted incorrectly to mean that if people did not lose weight then they were not cool or pretty. Moore et al (1996:116) concurred with the negative side of the media. They had a perception that media had a negative impact on adolescents because of its unavoidable appeal that mostly affected young people so badly, and that television was only there to mainly entertain young people not to educate them.

Other participants raised a positive impact of the media. They mentioned that radio and television had interesting and positive programs to watch and to listen to. They found those programs to be helpful as they focused more on sex education, HIV prevention strategies, and relationship problems. Most of them perceived radio and television as being educational and affected young people in a positive way. They saw media as a powerful way of delivering HIV/AIDS

information and prevention messages to the large numbers of young people.

The issue of cellphones and their contributions in promoting promiscuous behaviours among adolescents that might lead to contracting HIV/AIDS was also raised by the participants. Most of them agreed that they indeed own cellphones and they used them 90% of their time. Some of the participants were not shy to report that cellphones sometimes were not good for young people as some used them for wrong reasons. They highlighted that many young people were involved in social networks such as facebook, twitter, Mxit and 2go, where they met different people.

Their friendships sometimes ended up in dating games, whereby they exchange pornographic text messages with their multiple partners which badly influenced young people. However, other participants seemed not to have a problem with cellphones, social networks and pornography because they believed that everybody had a choice to resist and refuse involvement in bad behaviors.

4.2.5. ALCOHOL AND DRUG ABUSE

According to the findings, adolescents opted for alcohol and drugs in order for them to be in control of certain situations. Most of them started at a very early age. Again, adolescents took more risks, acted more carelessly and were less likely to protect themselves from contracting the disease when they were high on drugs and alcohol. Most respondents concurred with Dekker and Lemmer (1998:197) and Selikow et al (2005:55) views on the role that alcohol and drug abuse played in the transmission of HIV/AIDS. Alcohol and drug abuse as well as multiple partners were also mentioned as the most dangerous and common behaviors the adolescents of KwaSomkhele engaged themselves in, and most

of the participants confirmed to have started such behaviors at a very early age. Some agreed that substance abuse was one of the problems that lead adolescents to be at the risk of being infected by HIV and other sexually transmitted infections. They said that they took more risks, acted more carelessly and were likely to protect themselves when they were high on drugs and alcohol.

Others denied the fact that young people used alcohol as an excuse for their bad behaviors. They agreed that when one is high on drugs and alcohol chances of sleeping around with strangers without a condom were high, but they emphasized that young people at kwaSomkhele took their bad behaviors very lightly. They said that they did not realize that they put themselves in a position to get HIV/AIDS and also to spread it to other people. Other participants mentioned that they used alcohol because they wanted to be recognized by their peers in their community. Sometimes due to problems they were experiencing either with families or friends, they opted to use alcohol to be able to control any situation.

Most participants agreed that substance abuse was one of the problems that lead adolescents to contract HIV and other sexually transmitted diseases. Some of them confessed to having started experimenting with alcohol at 11years due to pressure from their friends. Some boys raised their concerns about young girls who were vulnerable to their sexual partners when they were drunk or high on drugs. That heightened their chances of contracting HIV. Few participants (both girls and boys) denied the fact that young people used alcohol as an excuse for their bad behaviors. They agreed that when one is high on drugs and alcohol chances of sleeping around with strangers without a condom are high. Young people at kwaSomkhele took their behaviors lightly.

4.2.6. MULTIPLE PARTNERS

For adolescents, having more than one partner was all about attention seeking, not taking into consideration that HIV can affect anyone who doesn't take proper precautions. They became unfaithful because they were seeking attention from their male and female partners just to know that they were still attractive. HIV/AIDS affects males and females in different ways, but females were believed to have less decision making powers regarding their sexuality which left them exposed to the risks of HIV infections. Therefore, they should be well informed about the pandemic in order to protect themselves from the increasing rate of HIV infections.

Most males mentioned that they started dating and engaging in sexual activities with more than one partner at the tender age of 13 for different reasons, for example, peer pressure, and some of them were dating partners that were older than them. Another reason was the tendency in their area where boys would compete against each other as to who had more girlfriends than the other and they wouldn't even worry that the three or four girlfriends they had, belonged to other boys. That kind of behavior was mostly driven by curiosity and childishness, not realizing that what they were doing was dangerous and could lead to the spread of HIV/AIDS. With the girls, participants mentioned that most of the time it was the need for acceptance. They highlighted that some of the girls were forced by their partners to have sex earlier due to the fact that partners were older than them and overpowered them.

Poor family background was also mentioned as one of the reasons that lead adolescents to involve themselves in risky behaviors. Some participants pointed out that it was likely to happen to girls from child headed families where their situations forced them to engage in sex for material things or money to attend to their needs, and that careless behavior sometimes affected them psychologically. However, few participants believed that peer pressure coupled with poverty were the main contributing factors towards multiple partnerships by adolescents.

Most participants mentioned that some girls sometimes involved themselves in relationships where they had problems in negotiating for condom use especially with older partners because older partners totally refused to use condoms. They also mentioned that they sometimes felt forced to change sex partners due to abusive relationships, with the hope of getting a better partner, only to end up having many partners unintentionally. Chimbidi Natayi (2011) concurred with the above, highlighting that 52% of sexually active young people in rural settings of KwaZulu Natal were reported to ever used condoms with the most recent partners. Not using condoms was believed to be the most serious sexual behavior associated with HIV/AIDS.

Some participants mentioned the issue of ignorance about the information given to them on HIV/AIDS which lead to unwillingness to behavior change, misconception that HIV/AIDS would never happen to them because they did not think they were at a risk, and the issue of multiple partners. Some even thought that limiting the number of sexual partners could contribute to decreasing the risk of HIV contractions. Other participants mentioned that the fear of testing for HIV/AIDS and the acceptance of an HIV positive status contributed to the high rate of HIV infections in their area. They further mentioned that most

of the adolescents were very reluctant to go for HIV testing because they thought that people would think less of them when they found out that they were diagnosed with HIV. However, knowing an HIV status before engaging in any sexual activity and accepting the reality of being HIV positive helped in combating the pandemic.

Page et al (2006:5) concurred with Chimbidi. He mentioned that some adolescents between 11 - 20 years who were sexually active, were confident that they did not have HIV even before they got tested. That kind of attitude could lead to a person not insisting on condom use and could easily spread the virus.

On the other hand, the HIV & STI National Strategic Plan for South Africa (NSP 2007-2011) that took an initiative on HIV/AIDS interventions focusing on young people as a target group and safer sexual partners, considered multiple partnership as one of the factors contributing to HIV/AIDS transmission.

Maree and Ebersohn (2002:240) echoed the same sentiment. They pointed out that violent male behavior occurred when a girl refused to have sex with them or negotiating for a condom use. They further stated that due to power dynamics that existed within relationships, females were dominated by their male partners and their freedom of expression was suppressed. Whatever unacceptable behavior the male partners portrayed, females did not have a say. As a result, females became unfaithful to their partners because of the lack of trust or because they knew about the girlfriends their boyfriends had, so they wanted to make them jealous, not knowing that the reckless behavior they displayed increased the risk of being infected by HIV/AIDS. Most participants also highlighted that they never disclosed their past sexual history with their new partners because most of the time

they got carried away and did not have time to engage in any meaningful discussions with their partners.

4.2.7. NON - DISCLOSURE AND ACCEPTANCE

Knowing about an HIV positive status could be shocking and unbelievable, but many people with HIV live long and healthy lives because it is now a manageable long-term condition due to improved HIV treatment. Disclosure is the process that takes its own time and disclosing to the partners might help in reducing HIV transmission.

It was interesting to know that participants had regular contact with HIV positive people in their everyday life, and most of them showed willingness to support their HIV positive friends and loved ones. It was also noticed that most adolescents knew about disclosure, its advantages and disadvantages. They mentioned that when people living with HIV decided to disclose their status' that should be a sign that they trust that particular person with their secrets. Nevertheless, the challenge of stigma and discrimination was still a great concern to them as they believed that it blocked the process of disclosure and positive living to HIV positive people, which might be the reason for HIV prevalence at KwaSomkhele.

Some participants described disclosure as the sharing of secret information voluntarily with other people in order to cope well with a particular sickness, but other participants felt that disclosure is an undesirable act whereby people share this sensitive information because they feel helpless and a need for people to support them. Interestingly, some participants said that some people disclose for informational and emotional support. Informational in that, disclosure helps people to stick to the realities of their conditions, and emotional in that, it helps them reduce stress. Van Dyk (2005:280) attested to that by mentioning

that disclosing HIV status is very personal and it is an individual decision whereby relevant circumstances should be taken into consideration, such as access to medical care, stigma and discrimination, and acceptance of status in order to cope with the disease.

Other participants described disclosure as a process that has negative effects. The negative effects in the sense that people do not disclose their HIV status due to the problem of stigmatization or stigma attached to HIV/AIDS, which results in rejection, bad treatment or gossip both by their families and communities. It was also highlighted that community's reaction towards HIV positive people was always different from that of a family. Most people in their area were still judgemental towards young people who were living with HIV/AIDS, blaming them for their HIV status, while the family on the other side is trying to deal with an HIV positive member in terms of acceptance and provision of support. However, it was mentioned that the situation is now gradually improving.

Others mentioned that it was so difficult for them to disclose their HIV status because of the fear of rejection especially when they already told themselves that the people they were in love with were their perfect matches. They also didn't disclose because of the fear that once they disclose, they would carry the burden of feeling shameful about the disease for the rest of their lives as well as the possibility of losing a partner. That was the same with partners who didn't use the condom on their first encounter before they knew their HIV status, it then became difficult for them to disclose to each other when they got tested. Most of them said that they would not disclose their HIV status due to lack of trust of their partners. They had assumptions that their partners would tell other people about their status. So, they rather not tell. That kind of

behavior could promote the high rate of HIV transmission and good communication between the partners should be emphasized in that situation.

Jones (2009:116) concurred with the above, stating that stigma and discrimination remained the biggest challenge all over the country. The impact on people infected and affected by HIV/AIDS is so devastating and it impacts on a person's dignity. Moore et al (1996:101) agreed with the above, and even urged the existing policies on HIV/AIDS to play an important role in addressing HIV related discrimination. The participants were also asked about the issue of acceptance in a case of a family member who decided to disclose his/her HIV positive status. Some of them mentioned that to disclose the HIV status has its own challenges. It depends on the type of relationship that person has with his/her family, but their families would be shocked as the news would come to them as a surprise, but they agreed that irrespective of the shock, the families would make sure that they provide the necessary care and support as much as they could.

Others even highlighted the issue of emotional support which they said the involvement of external stakeholders such as HIV/AIDS local support groups can play an important role in promoting positive living. They stated that most people, once they are told about their HIV status, only think of death. Therefore, adolescents who are affected and infected need people who would help them take the situation positively and accept it as it is.

4.2.8. ADOLESCENTS SAFETY MEASURES TOWARDS HIV/AIDS

Everybody has different ways of coping with difficult situations, including HIV/AIDS. Many people live full and rewarding lives despite being HIV positive. The following are the possible solutions from respondents:

- Continuous counseling with professional people and acceptance of HIV status in order for young people to live life positively.
- Young people should start their ARV treatment as early as possible, as well as do regular checkups, as it decreases the rate of transmission and reduced AIDS related symptoms.
- In order for the adolescents to move on with their lives, they need to improve their behaviors and acquire decision making skills which were mostly influenced by peer pressure, and ignorance. They need to stay in control of who they are irrespective of the challenges they were facing and get on with their lives.
- It was suggested that young people especially those who had started their ARV treatment, decrease the intake level of both alcohol and drugs or opt for a non use of those substances.
- They should make use of resources available to them like advice offered by Health Care Practitioners.

HIV/AIDS is one of the most challenging public health concerns in South Africa and HIV prevention programs had become important tools towards fighting the pandemic, focusing on increased knowledge, positive attitude and safer sex behavior. Government had put a lot of effort in making sure that people, especially young people at KwaSomkhele, got all the information they needed in order to prevent HIV/AIDS, but most adolescents chose to be ignorant and continued with their risky behaviors.

Most respondents said that government should intensify its policies and legislations on HIV/AIDS. The Government should make sure that the youth, irrespective of the rights they have as citizens of this country, should know that if they engage in these risky behaviors that increase the spread of HIV/AIDS, they would be held responsible. The participants even suggested that those youths should be criminally charged. Although such steps would be extreme, they believed that adolescents' good behaviors would improve in South Africa.

The participants also confirmed the availability of government Departments in educating young people in their area about HIV/AIDS and its consequences and they also lamented the failure of the youth for not using the information given to them. Therefore, they recommended that the government departments should continue with their HIV/AIDS prevention strategies through life skills programmes, irrespective of the adolescents' negative attitude. Others said that empowerment of people living with HIV on how to face the challenges of being HIV positive by knowing their rights on how to deal with stigma, to be assertive enough to fight for their dignity which was always violated by other members of the community. They further said that there should be continuous life skills programmes that would also empower the members of the community in understanding the rights of people living with HIV/AIDS, because irrespective of the programmes that were conducted there are still problems that need to be addressed like stigma and discrimination. It was also encouraged that young people should join intensive group sessions on HIV/AIDS, where adolescents would be able to interact with each other and share their opinions without anyone else around.

Most respondents also made an appeal to the parents to take full responsibility of their children and serve as reliable sources of information. They also mentioned that parents should stop pushing their responsibility to Health care workers as discrimination is rife in health care centers. The Health care Worker's attitude towards people living with HIV raised a concern to the adolescents of KwaSomkhele, as they believed that Health care workers are the people who are on the forefront of the pandemic, with the responsibility to make sure that people infected and affected are protected within their profession.

Participants highlighted that the awareness campaigns offered to them came in very clear and simple messages informing the youth and the whole community of KwaSomkhele about the risks of being infected by HIV/AIDS and how to take preventative measures. They further said that, that kind of exposure should continue up until the challenge of negative attitude and ignorance towards HIV/AIDS is addressed.

4.2.9. HEALTH CARE ATTITUDE ON HIV/AIDS AND ADOLESCENTS

HIV/AIDS is one of the most public health challenges in South Africa and HIV prevention programs had become the important tool towards fighting the pandemic, focusing on increased knowledge, positive attitude and safer sex behavior. Adolescents are faced with the high risk of HIV/AIDS, STI's, and early pregnancy but they are in denial about their sexual risks. For this reason, the promotion of contraceptives and condoms should be increased. It was also noticed that most of the time adolescents (those who were willing to go to clinic) seek health care services without their parents' knowledge which made the health worker's duty more complicated as they were minors who still needed

parental involvement. But because health workers were bound by confidentiality, they had to keep that information to themselves and try to promote more adolescent health.

Some participants mentioned that the reason why young people were reluctant to go to the clinic was because of lack of professionalism from local health care workers. They mentioned that they were not helpful enough and made them feel guilty that they were sexually active at an early age. They also didn't trust most nurses in their local clinic because they knew them (adolescents) by names as they came from the same neighbourhood. So, that made adolescents reluctant to be seen going to clinics for condoms, family planning, HIV tests and ARV treatment because of the fear that everybody would know about the visit. Most of the participants understood that, that kind of attitude would likely to increase the rate of infections. The Health Care Worker's attitude towards people living with HIV raised a concern as they are the main players in curbing HIV/AIDS. They also mentioned that the clinic's outer and inner part sometimes contributed to the reluctance of young people in seeking health services. They said it should be appealing to young people. It should be colourful and user friendly to attract more young people.

It was also highlighted that clinics at KwaSomkhele are also affected by the issue of stigma and discrimination which then affect the daily operation of the health practitioners with their patients. Their patients are being judged for their HIV positive status and that kind of behavior disturbed the progress on HIV treatment especially on young people who then started to distance themselves from the clinics. Others mentioned that young people should acknowledge the efforts of many government departments in disseminating the necessary information on HIV/AIDS in their area. They should show interest and willingness to change their behaviors and try to avoid peer pressure which had a

bad influence on their choices and decision making skills. Therefore, health care service providers needed to move beyond seeing HIV infected patients as just statistics and view them as people that need to be listened to and supported, a notion supported by the current study.

4.2.10. ROLE OF SCHOOLS IN THE FIGHT AGAINST HIV/AIDS

Education is a crucial part in the prevention of HIV/AIDS among young people and improving care for those living with HIV/AIDS. The school played a big role in the fight against HIV/AIDS by making sure that all school going age children should be at school. The Department of Education should play a big role in this regard.

Most participants felt that dropping out of school created lots of problem for them as some of them had nothing to do but wandered around the area while others opted to involve themselves in unacceptable behaviors due to boredom. They explained that they were out of school because of different circumstances such as poor family backgrounds with lots of financial strain, truancy due to peer pressure and substance abuse. Those who dropped out of school commended the involvement of the schools in HIV/AIDS education and further confirmed that the risk of infections on a school going child is less than the non-schooling child. They had better knowledge as those HIV/AIDS life skills programs were incorporated in their school syllabus. They also pointed out that adolescents who had stayed longer at school were more aware of HIV/AIDS, more empowered, had self-esteem, had better decision-making skills and ability to negotiate.

Therefore, government should continue making sure that all children have access to school in order to protect the children from destroying their future because of lack of knowledge. Furthermore, the continuous involvement of parents and communities in school programs should be

encouraged to ensure acceptance of sensitive issues like sexuality and HIV/AIDS.

4.2.11. RELIGION'S ROLE IN THE FIGHT AGAINST HIV/AIDS

The religion has an important role to play in the fighting of HIV/AIDS. It was noted that church leaders had a tremendous influence over the members of their congregations, whatever the information was shared with them, they were able to listen and act positively. That showed that HIV/AIDS education could be effective with church leaders on board. The involvement of churches in HIV/AIDS awareness programmes should be encouraged as the church plays a role in the HIV infected women's and men's adjustment and maladjustment. Church ministers should be encouraged to bring discussions on HIV/AIDS, sexuality and gender issues into the church. Spirituality should be used positively to comfort and offer hope to those infected and affected by HIV/AIDS. Nevertheless, the participants had different views on the issue. Their responses were in two folds, that is, some of them saw their churches as being part of the problem and others as a solution to HIV/AIDS.

Some of the participants mentioned that irrespective of the massive awareness campaigns on HIV/AIDS by local structures, government departments, and media, the churches were still reluctant to talk openly about HIV/AIDS, which made things very difficult for the youth to share their HIV related problems with the leaders of the church. One of the participants even mentioned that she was almost 12years in her church and nothing had been said about HIV/AIDS except promoting ABC approach during church sermons.

However, others saw their churches as institutions that took a leading role on HIV/AIDS prevention and they showed trust in their church leaders. They stated that their churches had provided maximum support in various ways to all those infected and affected by HIV/AIDS especially those who were willing to be visited at their homes. They provided food parcels, home based care to those that were bed-ridden, and counseling. They also said that there was much said in their church about HIV/AIDS, they even included HIV/AIDS awareness campaigns on events such as World Aids Day, Youth Month, 16 days of activism against women and children. Their churches made sure that they honour all those important events.

5. CONCLUSION

The findings of this study highlighted that adolescents, as the vulnerable group in our societies, are very interested in experimenting with certain risky behaviors, only because they want to test their limits and also to belong. After many efforts in trying to educate people about HIV/AIDS prevention and acceptance, the country is still facing major challenges when it comes to stigmatization and discrimination. Making HIV/AIDS a notified disease would also not make any difference as some people living with HIV still lived under discrimination and stigmatization.

The involvement of parents which proved to be a critical issue should be promoted as much as possible, as some adolescents consider their parents as role models who are there to give them guidance in life. Adolescents also believed that the information they might get from parents would help in promoting good behavior, and also for them to be able to make informed decisions as the citizens of this country, including disclosing their HIV status. Therefore, adolescents need their parents' support to listen to their

fears without being judged, in order for them to be able to cope with the disease.

Some of them compared HIV/AIDS to cancer because they believed that AIDS could not be cured just like some cancers, but it is manageable. They were also aware of how it is transmitted. However, due to their behaviors they were still infected with the virus. However, it was observed that irrespective of the negative attitude the community members had towards young people who were living with HIV, some of them showed willingness to help, but faced with a challenge of people who didn't want to disclose their HIV status, they were forced to withdraw their support because of the fear of being infected.

Denial, stigma and discrimination were viewed as very dangerous in the fight against HIV/AIDS because they increased the rate of reckless behaviors which then promoted the spread of HIV/AIDS. Therefore, there is really a need for people to accept their HIV positive status so that they could get the necessary help in time.

These findings also made the researcher realize that there is still a lot of work to be done in order to change the negative attitudes and ignorance the young people have about HIV/AIDS, which would need a collective effort by different stakeholders. The findings pointed to the need for a multi-disciplinary approach as the key in promoting prevention strategies. Government departments and relevant stakeholders must inform adolescents that their role goes beyond just addressing risky behaviors, but it also involved the prevention of new infections and the spread of HIV/AIDS.

CHAPTER FIVE

5. CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

5.1. INTRODUCTION

The study on the conditions surrounding HIV among adolescents at KwaSomkhele Mtubatuba Area was concluded in this chapter. The study was inspired by various sets of risky behaviors in which adolescents found themselves, which put them in the risk of contracting HIV. The conclusions and recommendations herein referred to the information obtained in the preceding chapters. This chapter constitutes the conclusions and the recommendations of the study.

5.2. RE-STATEMENT OF OBJECTIVES OF THE STUDY:

- i. To investigate the conditions leading to increased HIV infections among adolescents of KwaSomkhele.
- ii. To establish the risky behaviors the adolescents engaged themselves in, that contributed to the spread of HIV/AIDS.
- iii. To understand adolescents' in-depth understanding of those risky behaviors.
- iv. To establish adolescents' knowledge and experiences regarding HIV/AIDS issues.

5.3. CONCLUSIONS AND RECOMMENDATIONS FROM THE FINDINGS

The investigation had shown that there were many reasons why HIV/AIDS escalated at KwaSomkhele. The following are the conclusions and recommendations to be considered when dealing with the conditions that lead to adolescents risking contracting HIV infections.

5.3.1. PEER PRESSURE

In conclusion, most participants clearly pointed out that being among their friends gave them a sense of belonging, built their confidence and self esteem because they could talk freely about issues affecting them, which was a problem in two folds:

- The peers on whom they relied about sexuality issues too did not have adequate information on HIV/AIDS. Clearly they would mislead each other.
- The adolescents' reliance on their friends highlighted the fact that the parents were not empowered enough to freely talk about HIV/AIDS with their children.

Moore et al (1996:107) confirmed the above when he stated that the adolescent stage is the stage where decisions are being influenced by friends instead of adolescents' listening to parents' advice. He further stated that most of the time adolescents' decisions conflicted with those of their parents which then lead them involving themselves in unacceptable behaviors.

The researcher recommended that an inclusion of adolescents in lifeskills programs such as negotiation and decision making skills, basic understanding of sexual reproductive health, importance of monogamous relationships and what constitute good health, should be promoted in order to support young people in making healthy lifestyle choices. Those peer based programmes should also be used as means of promoting behavior change by adolescents in the era of HIV/AIDS.

5.3.2. PARENTAL ROLE

Most parents at KwaSomkhele were seen as people who were embarrassed to talk about HIV/AIDS and sexuality. That could be as a result of cultural taboo which dictated that parents do not talk openly about sexual issues with their children. That could also be an indication that parents too, did not have adequate information on HIV/AIDS, so they would not be in a position to advise their children properly.

Mishra (2009:148) concurred with the above and emphasized the fact that parents were important role players in changing youth perception about HIV/AIDS and further advised them that they should focus more on talking about positive aspects of life with adolescents. He stated that parents should be open enough to discuss issues with their children with the intention of shaping and building safe and responsible behavior. He further stated that parents should also create opportunities for independent learning, for example, they should leave information such as magazines in all corners of the house for children to have easy access to it.

Therefore, the researcher recommended that:

- a. In order to curb the overreliance by adolescents on their peers, parents should be empowered through parental skills programmes designed specifically for the parents by relevant departments and structures in the communities.
- b. Traditional leaders, i.e. Chiefs and Indunas, should be roped in to fight HIV/AIDS especially in dealing with cultural taboos, to explain their role in fighting the scourge, because most people at KwaSomkhele believed in them, listen to their instructions and hold their wisdom in high esteem.
- c. Adolescents should avoid the pressure from their friends. They should learn to say no to sex as many times as possible in order for their voices to be heard, irrespective of the pressure they received from friends. They should also be grateful of their parents for the love and support they were giving them during the adolescent stage. Therefore, they should listen to their parental advice and criticisms because parents did not criticize without a reason.

5.3.3. MEDIA ROLE

The media had been regarded as an effective way of teaching young people about HIV/AIDS worldwide. It had also played an important role in the prevention of HIV/AIDS in South Africa, through awareness campaigns and educational talks on television, radios and newspapers. The majority of participants perceived the role of media in the fight against HIV/AIDS among adolescents as being negative and positive at the same time. Moore et al (1996:116) shared the same sentiment. He agreed that media had a negative influence on young people, it appealed and entertained

rather than educate people on issues affecting them on daily basis.

Therefore, the researcher recommended that:

- a. Irrespective of the mixed feelings the adolescents had about media, media should be vigorous in its role that is, to educate and to enlighten the audience through programs on HIV/AIDS and sexual issues.
- b. Government should play a bigger role in controlling programmes on television, radio and the social networks, because government had all the power to block misleading programmes and sites.
- c. The role of educators and parents to make adolescents aware of which media programs to avoid cannot be underestimated.

5.3.4. ALCOHOL AND DRUG ABUSE

Interviewed adolescents indicated that they mostly engaged in sexual acts when they were under the influence of alcohol and drugs which might result to the spread of HIV/AIDS. Selikow et al (2005:55) agreed with the above. They mentioned that substance abuse increased the risk of HIV/AIDS infections because when the adolescents were under the influence, they took more risks, acted more carelessly and were unlikely to protect themselves from contracting the disease.

As far as alcohol is concerned, the researcher recommended that there should be stricter laws on the selling of alcohol to under-age children and harsher sentences should be imposed on those who continue selling alcohol to children. Secondly, the youth should constantly receive awareness campaigns on drug and alcohol abuse to make them realize that the decisions they make today would inevitably affect

their future. Finally, the police are working day and night trying to control the escalation of substance abuse in our communities. Communities, including relevant structures, should work hand in hand with them to apprehend drug pushers because the abuse of drugs is a societal issue and should be dealt with as such.

5.3.5. MULTIPLE PARTNERS

Multiple sex partners and non-condom use were the major challenges faced by adolescents of KwaSomkhele as according to the investigations and they lead to the spread of HIV/AIDS. Some of the participants admitted to having more than one partner and that, pressure to fit with peers seemed to overshadow the attendant consequences of their actions such as contracting HIV/AIDS. Aggleton et al (1992:155) agreed with the above and stated that in most traditional communities, men were always given full and free access to women's bodies which sometimes left women powerless in terms of negotiating for safer sex. These traditional stereotypes needed to be changed in order for the country to have zero new infections in the coming years.

Maree & Ebersohn (2002:240) were of the same view with the information stated above. They highlighted that many girls from poverty stricken homes had to use sex in exchange for material gain, and that made them vulnerable to HIV/AIDS and other sexually transmitted diseases.

Therefore, the researcher had recommended the following:

- a. A multi-pronged approach should be applied to deal with the problem, paying much attention to educating young people against abusive and forced relationships.

- b. Legislations such as the Child Justice Act 75 Of 2008 should be clarified so that the communities such as KwaSomkhele could understand its tenets.

5.3.6. NON - DISCLOSURE AND ACCEPTANCE BY ADOLESCENTS

It was clear throughout the investigation that non disclosure by adolescents was one of the challenges that would increase the spread of HIV/AIDS in the area of KwaSomkhele. It was observed that young people especially those that were HIV positive, decided to continue having unprotected sex because of lack of support from both families and communities. Van Dyk (2005:280) also confirmed the above by stating that disclosure had major life changing consequences, and it is an individual decision with benefits attached to it such as access to medical care, reduction of the stigma and discrimination surrounding HIV/AIDS, and accepting the status positively which would help them in negotiating for a safer sex practises in the future. On the basis of what had been mentioned above, the researcher recommended that:

- a. To curb the unacceptable behavior, continuous talks with families and communities on an open communication and interaction with HIV positive adolescents should be promoted.
- b. Young people who are HIV positive should be encouraged to express their feelings freely without being pressured because in the situation they found themselves in, they need people who would listen to their fears and concerns without being judgemental.
- c. It is vitally important that there are strong support systems in the communities, systems that would be sympathetic, understanding, empathetic and resourceful to encourage voluntary and timeous disclosure.

- d. There should be a vigorous educational drive to sensitise the community and particularly the families, so that they readily accept those who might be HIV positive. While that educational drive is spearheaded by relevant Departments in conjunction with structures in the communities, for it to have an impact it should be fully owned by the communities at large.
- e. Guidelines should be clear in relation to implementation of HIV/AIDS programmes for women at all levels of service delivery. 'Strategic plans' should be put into action and not only look good on paper. Practitioners in the field of HIV should have their skills updated regularly and this should receive financial and other support, since HIV/AIDS information is constantly advancing.
- f. The policies and legislations that govern this country should be intensified to adequately address the issue of stigma and discrimination of those who might be infected and affected by HIV/AIDS, while they also enlighten and empower those who are not infected. These policies should also work towards improving people's mindset on HIV/AIDS, so that people affected and infected by this disease would feel that their dignity is protected by the law.

5.4. RECOMMENDATIONS FOR FUTURE RESEARCH

The research study explored the conditions as well as risky behaviours that lead adolescents to contract HIV/AIDS at KwaSomkhele Mtubatuba in KZN. There is a need for further research on a larger scale in a different context, as findings from this study cannot be generalized to the entire population of adolescents with HIV/AIDS. Other studies could be conducted in order to uncover the experiences of service providers and family members of HIV infected adolescents, in order to obtain a clearer view of their challenges and concerns regarding their HIV diagnoses. This research has highlighted the experiences of both infected and affected adolescents which were either challenging, positive, or adaptive. However, further research is required on the survival strategies that assist HIV positive adolescents in coping with their HIV diagnoses.

A multi-sectoral approach in the development of programmes for HIV positive adolescents should foster inter-sectoral collaboration and reduce duplication of HIV/AIDS services. Stakeholders' meetings should also be a platform for all service providers to showcase their services and report on progress or non-progress of community HIV interventions. The Department of Health and Department of Social Development specifically should offer financial and material support to the Non-Governmental Organizations that have Home-Based Care workers so as to boost their morale and encourage them to continue caring for HIV infected individuals in the community. Social workers also need to work closely with the home-based care workers in order to be aware of the needs of community members in relation to HIV/AIDS services, and it is recommended that findings of this study be disseminated in conferences and seminars that target practitioners and policy makers in the field of HIV/AIDS.

5.5. CONCLUSION

The objectives of the study were met as the study has highlighted the conditions that lead to increased HIV infections among adolescents of KwaSomkhele. The study revealed the everyday risky behaviours the adolescents engaged themselves in, that contributed to the spread of HIV/AIDS. The researcher has learnt that adolescents were the most vulnerable group in our societies, and they were faced with a very critical transition of moving from puberty stage to adulthood. This transition sometimes brought confusion to them which lead to uninformed decisions being taken and reckless behaviors. In most instances, their vulnerability forced them to look for people to approve of their risky behaviors which could lead to the transmission of HIV/AIDS.

It was noted that the majority of young people at KwaSomkhele started being sexual active in their mid-teens with the tendency of multiple sex partners and non-condom use which then lead to HIV/AIDS prevalence in the area. The local clinics were trying their best to make condoms freely available to young people but they decided to distance themselves from them. Therefore, adolescents need joint support from their families and other relevant stakeholders in promoting good behavior that would help them become good and responsible citizens of this country.

It was also learnt that the community of KwaSomkhele was poor just like many other rural areas and it was characterised by unemployment and illiteracy where many adolescents dropped out of school or did not go to school at all. As a result, many of them turned to drugs and alcohol, which made them more vulnerable to sexual abuse and became careless when it comes to sex.

In essence, the problem investigated in this research showed that a lot had been said about HIV/AIDS, its dangers and precautionary measures to be taken, by relevant structures, but HIV prevalence is still high among adolescents. That clearly indicated that young people ignored and disregarded the information given to them which was the reason why the area was still having huge numbers of new infections despite awareness campaigns conducted. Adolescents, irrespective of the stage they were going through, needed to know that the future belongs to them. They should act responsibly and make good choices in protecting themselves from contracting HIV/AIDS.

In addition, policies and laws that govern this country should be intensified to address the plight of HIV/AIDS with the intention of cutting down the escalating number of new infections in our country. Adolescents form part of policy development process even though some of them could not vote due to age. Therefore, being part of policy formulation would give them a voice, a priority and a trust that their conflicting needs and interests would be catered for in the future.

It should be clearly pointed out that irrespective of the information received from the investigation conducted, the study did not suggest that all adolescents at KwaSomkhele area engaged in risky behaviors. Some of them did listen and responded positively to advice given to them but others just ignored such important information. Finally, while the study was based and limited to KwaSomkhele Reserve, the same views and arguments used herein could be used in other contexts other than KwaSomkhele.

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Private Bag x 1001

KwaDlangezwa

3886

31 July 2013

To: The Induna
KwaSomkhele Reserve
Mtubatuba
3935

RE: REQUEST FOR PERMISSION TO DO RESEARCH

I am a Masters Social Work student at the University of Zululand. I am presently doing a research study on conditions surrounding HIV/AIDS among adolescents of KwaSomkhele Reserve Mtubatuba, focusing on their attitude towards HIV/AIDS and risky behaviours that lead them to contract HIV/AIDS.

I hereby request the Induna to give me access to work with adolescents in his area. This research will add value to the fight against HIV/AIDS not only on adolescents, but the whole community of KwaSomkhele.

Your assistance in this matter will be highly appreciated

Yours Sincerely

Gqibitole L.H. (Mrs)

(a)

PARTICIPANT'S CONSENT FORM

- Mrs Gqibitole L.H. is doing a research study on conditions surrounding HIV/AIDS among adolescents in the area of KwaSomkhele, trying to find out the risky behaviours adolescents involve themselves in that lead them to their contracting HIV/AIDS, and why such behaviours occur.
- If you want to take part in the research, this is what is going to happen:
 - There will be a one-on-one interview between you and the researcher
 - The interview is going to be a once off event, and your name is not needed.
 - It will take only 30minutes each person.
 - You will be asked a set of questions, where you will be expected to respond with honesty and integrity.
 - Interviews will be conducted in IsiZulu, and notes will be taken by the researcher during the process.
 - Confidentiality will be maintained throughout the interview process.
 - In no instance will the interview be conducted in the presence of your parent.
- Even if you decide that you want to stop participating, you can do that at anytime, no one will be upset.
- Be sure to ask anything you don't understand

Whether you will participate or not, please indicate with a yes or no below.

- Yes I will be in the study
- No I don't want to be in this study

Signature:

Date :

RESEARCH QUESTIONS

1. What do you know about HIV/AIDS?
2. How do adolescents get informed about HIV/AIDS in your area?
3. How did you get the information about HIV/AIDS?
4. What risky behaviours do adolescents engage themselves in, that may lead them to contract HIV/AIDS?
5. Why do adolescents are likely to engage in those risky behaviours?
6. Why is it difficult for the youth to talk about sex?
7. Why are some female adolescents more vulnerable to contract HIV/AIDS than male adolescents?
8. Why are some youth against condom use?
9. Why do the youth fail to wait engaging in sex during adolescent stage until they marry?
10. How would you respond if a family member or a friend told you he/she is HIV positive?
11. Why do adolescents prefer to talk to their peers than to their parents about sex and HIV/AIDS?
12. Why do the youth find it difficult to be faithful to their sexual partners?

13. Why is it difficult to accept an HIV positive status?
14. How does your community treat HIV positive people?
15. Why are some sexually active adolescents reluctant to go to the clinics?
16. What influence does the media has on adolescents?
17. How effective are HIV/AIDS prevention programs in your area?
18. What would be your reaction when you find out that you are HIV positive?
19. How should adolescents deal with challenges of being HIV positive?
20. Why do some youth fail to disclose their status to their sexual partners, especially casual partners?
21. What would be the role of the school in the fight against HIV/AIDS?
22. What influence does the religion has in the fight against HIV/AIDS?
23. What should adolescents do to keep their bodies safe and free from HIV/AIDS?
24. Why is the KwaSomkhele area still facing the challenge of HIV/AIDS prevalence among adolescents despite the prevention programs?

25. How would making HIV/AIDS a notifiable disease like cancer help lessen the stigma in the community?

26. Any other comment?

Thank you very much for your time and participation in this research, your contribution is highly appreciated.

RESEARCH QUESTIONS (Translated to Isizulu)

1. Wazini ngegciwane lesandulela ngculaza nengculaza?
2. Intsha yaziswa kanjani ngandlelani ngegciwane lesandulele ngculaza nengculaza endaweni yangakini?
3. Waluthola kanjani wena ulwazi ngengculaza kanye nesandulela sayo?
4. Yibuphi ubungozi intsha ezifaka kubo okungaholela ekutheni bazithole sebesuleleka ngegciwane lengculaza?
5. Kungani intsha ithande ukuzibandakanya ezintweni ezinobungozi?
6. Yini eyenza kubenzima kwintsha yangakini ukuthi ikhulume ngezocansi?
7. Kwenziwa yini ukuthi intsha yabesifazane kube yiyona esengcupheni yokutheleleka ligciwane lengculaza kunentsha yabesilisa?
8. Kungani intsha iphikisana nokusetshenziswa kwekhondomu?
9. Kwenziwa yini ukuthi intsha yehluleke ukulinda ize ishade ngaphambi kokuthi izibandakanye nocansi?
10. Ungenzanjani uma ilunga lomndeni noma umngani ekutshela ukuthi usengciwane lengculaza?
11. Kwenziwa yini ukuthi intsha ikubone kungcono ukukhuluma nontanga bayo kunokuba ikhulume nabazali babo?
12. Kubangelwa yini ukuba intsha ikuthole kunzima

ukuthembeka komaqondana babo?

13. Kubangelwa yini ukuthi kubenzima ukwamukela ukuthi umuntu unegciwane lesandulela ngculaza?
14. Umphakathi wangakini ubaphatha kanjani abantu abanegciwane lesandulela ngculaza?
15. Kubangelwa yini ukuthi intsha esele izibandakanyile nocansi ingathandisisi ukuya emtholampilo?
16. Zinamuthelela muni ezokuxhumana kwintsha yangakini?
17. Zinegalelo elingakanani izinhlelo zokuqwashisa ngegciwane leasandulela ngculaza nengculaza kumphakathi wangakini?
18. Ungenzajani uma ungase uthole ukuthi unegciwane lesandulela ngculaza?
19. Intsha ingabhekana kanjani nezinselela zokuba negciwane lesandulela ngculaza?
20. Kungani intsha ingakwazi ukuveza komaqondana babo ukuthi bane gciwane lesandulela ngculaza ikakhulukazi kubantu besikhashana?
21. Isikole singaba naliphi iqhaza ekulweni nesandulela ngculaza nengculaza uqobo?
22. Abezenkolo banamthelela muni ekulweni negciwane lesandulela ngculaza nengculaza uqobo lwayo?
23. Yikuphi okungenziwa yintsha ukugcina imizimba yabo ivikelekile ekutholeni igciwane lesandulela ngculaza?

24. Kwenziwa yini ukuthi indawo yaKwaSomkhele kube yiyona esabhekene nezinselela zesandulela ngculazi ikakhulukazi kwintsha zibe zikhona izinhlelo eziqondene nokuvikelwa kwesandulela ngculaza?
25. Kungasiza ngani ukwenza igciwane lesandulela ngculaza nengculaza ukuthi liqatshelwe futhi lithathwe njengesifo ezifana nomdlavuza ukuba lingabi negama elibi emphakathini?
26. Ikhona na eminye imibono?

Ngiyabonga kakhulu ngeskhathi sakho nangokubambisana kulolucwaningo.