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INYUVESI YAKWAZULU-NATALI

Exploring Social Media Networks as an Agent to Encourage Secondary Abstinence and Condom Use to Prevent HIV Infection Among Black Female Students at the University of KwaZulu-Natal, Howard College Campus.

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This dissertation is presented in fulfilment of the Degree of Master of Development Studies in the School of Built Environment and Development Studies, College of Humanities, University of KwaZulu-Natal, Howard College, Durban, South Africa.

Declaration

College of Humanities

I, Palesa Grace Likoti, declare that:

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Abstract

In South Africa, unprotected heterosexual intercourse is the leading cause of HIV/AIDS among the youth. An estimated 410 000 women from the age of 15 are living with HIV/AIDS (UNAIDS, 2016). This leaves the heavy burden of HIV/AIDS infections to be carried by women. The disproportionate number of females infected to that of men, calls for new and innovative preventative measures to be developed in order to protect women from HIV/AIDS infections and to allow them to be more in control when it comes to HIV/AIDS prevention. Additionally, the South African government together with non-governmental organisations, has developed strategies and campaigns with the purpose of educating the youth about HIV/AIDS and how to live healthier lives. Although approximately 49 per cent of new HIV/AIDS infections among the general population has decreased, there is still a call for new preventative measures to be implemented that put women at the forefront thereof (UNAIDS, 2016). The body of literature in this research investigates how social media has been used as a tool in disease prevention globally and its success. This research seeks to explore secondary abstinence and condom use among black females at the University of KwaZulu-Natal, Howard College Campus, through social media.

Moreover, this study employed 12 in-depth interviews and used snowball sampling as well as convenient sampling as part of the data collection method. The study adopted a qualitative approach and the data collected was manually analysed, organised and transcribed. In addition to this, a thematic analysis was employed to make sense of the findings where themes were derived during the coding process (Bertrand, 2004b). Furthermore, the DOI Theory was employed to empower this study. The DOI Theory consists of 8 elements that were linked to the data in order to make sense of the findings. The findings of this study presented evidence that when designing HIV/AIDS prevention communication messages, it is imperative to consider an individual's culture and how it plays a role in an individual's descision-making process and their way of life. Moreover, the use of influencers is important in order to model good behaviour which can be diffused into a society with the objective of normalising it. The findings of this study presented eveidence that social media networks aimed at prwventinh HIV prevention among black female students at UKZN, Howard College campus may not have fulfilled their objective due to issues such as HIV stigma, male dominace and culture.

Defining Key Terms

Abstinence: Refers to actively delaying sexual intercourse for a designated period of time.

Secondary abstinence: Individuals who were sexually active in the past refrain from sexual intercourse by choice.

Social media: Refers to a collective of various online communication channels. These can be blogs, websites, entertainment pages and chat rooms.

Social media networks: Refer to online communication applications whereby users can share comments, pictures, videos, music and information on topics of similar interest.

Campaign: Refers to an organised process or strategy aimed at achieving a designated goal.

Prevention: Refers to the halting, pausing or stopping of a phenomenon.

Innovation: Refers to an active process of restructuring, transforming, rearranging and altering a certain phenomenon.

Peer leader: Refers to a mentor or role model in a given society or community.

Influencer: Refers to an individual who possesses the ability or power to affect change because of certain knowledge, authority and traits which impacts the decision-making process of other individuals.

Entertainment-education: This can be defined as a set of techniques and strategies aimed at using various mass media platforms to disseminate health communication as well as to influence social change and behaviour.

Traditional media: This refers to all forms of mass media that were used before digital technology became popular, such as newspapers.

List of Acronyms and Abbreviations

HIV	Human Immunodeficiency Virus
AIDS	Acquired Immunodeficiency Syndrome
UNAIDS	The Joint United Nations Programme on HIV/AIDS
CAPRISA	Centre for the Aids Research in South Africa
HEAIDS	The Higher Education and Training HIV/AIDS Programme
ART	Anti-Retroviral Therapy
ABC	Abstain, Be Faithful, Condomise
MSM	Men who have Sex with Men
UKZN	University of KwaZulu-Natal
SADHS	South Africa's Demographic Health Survey
STI	Sexually Transmitted Infection
DOI	Diffusion of Innovation
NSP	National HIV/Aids Strategic Plan for South Africa

Table of Contents

List of Tables and Figures:

Chapter 1
Introduction

For the past three decades, HIV/AIDS has been a major challenge around the world in the global public health sector (Buot et al., 2014). Globally, it has been estimated that approximately 36 million people are living with HIV/AIDS (UNAIDS, 2017). Meanwhile, in Sub-Saharan Africa, an estimated 25 million people have been infected with the virus (UNAIDS, 2016). Since its discovery, the HIV/AIDS epidemic has claimed the lives of approximately 1.9 million people in South Africa (UNAIDS, 2017). Amidst these glaring statistics, South Africa has the highest number of HIV/AIDS infections in the world. In addition to this, South Africa has the highest number of HIV/AIDS-related deaths among women between the reproductive ages of 15 and 49. Furthermore, HIV/AIDS-related deaths are also the second leading cause of death among women on the African continent (UNAIDS, 2017).

Worldwide, an estimated 20.9 million people are accessing ART as a measure of prevention, as there is still no cure for the epidemic (CAPRISA, 2010). In South Africa, an estimated 270,000 people were infected by HIV in 2017 (Poku, 2017). Furthermore, South Africa has implemented the most recognised HIV/AIDS anti-retroviral and prevention program across the world to date (UNAIDS, 2017). Additionally, women within the age group of 15-29 are at a higher risk because new HIV infections commonly occur among this age group (UNAIDS, 2017). Consequently, young women remain at a high risk of HIV infection.

South Africa has the largest anti-retroviral roll-out in the world (CAPRISA, 2010). Over 2.4 million people have received this life-saving treatment which has increased life expectancy and reduced mother to child transmissions (CAPRISA, 2010). The staggering difference in rates of HIV/AIDS infections in women compared to men may be attributed to a number of challenges such as biological factors, poverty, drug abuse, inconsistent condom use and gender-based violence (Karim et al., 2010a). Closely linked to inconsistent condom use, is the risk of HIV/AIDS and sexually transmitted infections. In addition to this, SADHS states that 7.7 per cent of women who reported to have been sexually active, had experienced an STI, form of vaginal discharge or genital ulcer. However, unplanned and teenage pregnancies are still an ongoing problem in South Africa, hence, more attention should be placed on women when implementing prevention interventions (Beksinska et al., 2012).

South Africa has made significant strides in changing the landscape of prevention campaign strategies and care treatment of HIV/AIDS infected individuals nationwide. In previous years, traditional mass media prevention campaigns, in the form of soap operas such as Soul City, Love Life and Drum Aid, were used as HIV/AIDS prevention campaigns (Mitchell and Smith, 2001). This form of traditional mass media drew on Entertainment-education approaches and techniques that were aimed at South African youth as HIV/AIDS preventative measures. The preventative aspect of these campaigns was essentially embedded in the soap operas, posters, music and so forth with the purpose of disseminating a health awareness message. Moreover, Mitchell and Smith (2001) state that there was a need for health workers, educators as well as those working in designing and implementing mass media campaigns to collaborate in developing new campaigns. These campaigns took shape of more practical ways through the use of Entertainment education strategies which ensured HIV/AIDS campaigns aimed at youth. This campaigns also focused more on young girls and woman because they were regarded as the "face" of HIV/AIDS in South Africa (Mitchell and Smith, 2001).

Due to the efficient development of technology, South Africa's HIV/AIDS mass media campaigns have migrated to social media networks. Social media network campaigns are a collection of digital and online forms of communication that use websites, blog-spots, images, interactive chats, videos and music along with a co-ordinated market effort to increase awareness, therefore, targeting a specific group of people (Neiger et al., 2012). In 2009, the Brothers for Life Campaign in South Africa used social media networks to distribute HIV/AIDS prevention and awareness messages to educate people on healthier life choices (Collinge, 2013).

Among others, the Brothers for Life social media network page encouraged young men to use condoms during sexual intercourse. Shisana (2009) states that condom use declined with the increasing age of men between 15 and 24 in South Africa (Shisana, 2009). This presents evidence of the lack of consistent condom use in young men as they grow older and the importance of the role of social media network campaigns in enhancing awareness and prevention. Moreover, the Brothers for Life social media network platform advocates secondary abstinence to halt new HIV/AIDS infections and motivate young people to stay faithful to one partner. Additionally, the practice of multiple sexual partners was highest among men under the age of 25 (Shisana, 2009). The findings above reflect the failure at putting women at the forefront of protecting themselves, thereby, men not being in control. Despite

the roll-out of free female condoms in public hospitals, there is still low efficacy in women's acceptability regarding the use of female condoms (Beksinska et al., 2001).

The Abstinence Among Youth (ABY) Project was a campaign which was implemented by the Olive Leaf Foundation to instil sexual abstinence among the youth in South Africa by encouraging safer sex practices and the distribution of condoms use at no cost over a five-year period (Council, 2011). Among others, the campaign promoted the importance of delaying sexual activities until marriage, eliminating casual sexual partners as well as developing skills for practising abstinence and, where applicable, secondary abstinence. The ABY survey conducted in South Africa presented evidence that 40 per cent of males and 25 per cent of females between the age of 15 and 24 were reported to have concurrent sexual partners (Council, 2011). According to the youth, social and psychological problems were a cause of this kind of behaviour. However, this campaign had disappointing results even in areas where condom distribution and knowledge of STI's was high (Council, 2011).

Additionally, the NSP which was founded in the year 2000, has distributed free male and female condoms which were provided in the government public health sector. Furthermore, in South Africa, STI's and HIV prevention messages have been disseminated through various mass media channels such as television, radio and billboards to create awareness and to encourage behavioural change (Beksinska et al., 2012).

This study seeks to uncover the link between social media networks and HIV/AIDS campaigns at the University of KwaZulu-Natal, Howard College Campus, to encourage secondary abstinence and consistent condom use. The primary focus of this study is to investigate how social media awareness campaigns can be used as an agent to encourage condom use and secondary abstinence among black female students at the University of KwaZulu-Natal, Howard College Campus.

Problem Statement

The HEAIDS Programme was established in the year 2000. This programme was a joint partnership between the Department of Education, the Committee of Technikon Principles and the South African Universities Vice-Chancellors Association (HEAIDS, 2015a). One of the core functions of this programme was to develop and cultivate HIV/AIDS support mitigation programmes around South African universities and Technikons. Additionally, the programme ensures that South Africa's youth is healthy which allows them to be successful in contributing

to the country's economic growth. Furthermore, the programme also advocates for the early detection and treatment of HIV in order to prolong life expectancy to more than 30 years for young people infected with the virus. This is achieved by living a healthy lifestyle (HEAIDS, 2015a). Moreover, the programme has established four main campaigns that are aimed at the youth. The First Things First Campaign advocates voluntary testing, counselling and HIV/AIDS education. The Brothers for Life Campaign, which is aimed at men, promotes medical male circumcision and men's health as well as addresses gender-based violence and other issues of masculinity. The Zazi_Know- your- strength mass media campaign targets women's health, addresses gender inequality and encourages young women to build their inner strength and confidence. The Future Beats Campus Radio Pilot Project addresses HIV/AIDS and other related topics on the South African university campus radio stations.

Despite numerous efforts being implemented by the South African government, HIV/AIDS remains a challenge among South Africa's youth, particularly young women. In South Africa, the province of KwaZulu-Natal has the highest HIV/AIDS rates with female youth aged 15-24 which is four times higher than that of men. (Shisana et al., 2014). This is evidence that there is a significant gap in the HIV/AIDS prevention messages at tertiary institutions, particularly targeting young women. Moreover, achieving important and meaningful HIV/AIDS message campaigns requires new, dynamic, specific and innovative approaches. The purpose of this study is to investigate how social media awareness campaigns can be used as an agent to encourage condom use and secondary abstinence with specific reference to black female students at the University of KwaZulu-Natal, Howard College Campus.

Background of the Study

It's been over thirty years since HIV/AIDS was first discovered in the United States in 1981 (Montagnier, 2002). The underlying cause of this virus was initially thought to be a host of diseases such as tuberculosis, cancers and pneumonia instead of being the result of a viral infection (Lawson et al., 2008). To date, the global HIV/AIDS epidemic is one of the most aggressive public health challenges around the world. Worldwide, there are approximately 36.7 million people who have been infected with the virus and, the clear majority, are living in developing countries (Platt et al., 2016). However, due to ART, the number of infections in South Africa has declined, but there is still a steady number of new incidents daily (UNAIDS, 2017).

Additionally, South Africa is a multi-cultural nation and, as a result, this may lead to an extraordinary lack of understanding about the virus from various cultural backgrounds (Simelela and Venter, 2014). Furthermore, many parents in South Africa refuse to acknowledge that their children are sexually active despite overwhelming evidence of HIV/AIDS statistics in young people (Shisana et al., 2010). Therefore, they delay and avoid engaging in conversations about sex with their children. Consequently, the refusal to face the reality that youth are sexually active is a driving force behind a wider sexual exclusion of young people in South Africa. Moreover, this is also an indicator of the concomitant failure to respect young people's rights to protect their sexual health (Campbell et al., 2006). In South Africa, mothers' refusal to discuss sex-related matters with young girls resonates from their strong beliefs of linking sex with shame and danger. In Sub-Saharan Africa, young girls' desire for sex has also been characterised by demonisation (Leclerc-Madlala, 2002). Therefore, this has fuelled the wider spread of the epidemic on the African continent.

However, high levels of HIV/AIDS in youth, particularly among young women, reflects that these groups are highly sexually active despite male and adult efforts to control their behaviour (Campbell et al., 2006). This is evidence that there is still a gap in the efforts to curb the spread of the virus among the younger generation, especially among young women (Mah and Halperin, 2010). Furthermore, extensive research on six areas of HIV/AIDS prevention methods (abstinence and secondary abstinence, monogamy, condoms, counselling and testing, medical male circumcision as well as microbicides) still has to be done (Cleland and Ali, 2006).

Moreover, this paper presents evidence that South Africa has entered a new age of exploring HIV/AIDS prevention methods where women should be given priority in protecting themselves without having to rely on men for their safety. This study aimed to investigate how social media awareness campaigns can be used as an agent to encourage condom use and secondary abstinence with specific reference to black female students at the University of KwaZulu-Natal, Howard College Campus. Presently, prevention interventions are mainly designed to focus on those who are HIV-positive and those who are HIV-negative, hence, new technologies should be designed in innovative ways to keep even those who do not know their status under the umbrella.

A Global Glance at HIV/AIDS

Moreover, HIV/AIDS dynamics play out differently across different parts of the world as a socio-economic problem and a public health concern (Schneider, 2011). Consequently, the worst epidemics are in Sub-Saharan Africa with women carrying the heaviest burden of the virus (Lopez et al., 2006). Additionally, South Africa has become home to the largest number of people affected by and infected with HIV/AIDS in developing nations (Pettifor et al., 2004). The uneven spread of HIV/AIDS around the globe is evidence that not only do people lack understanding about the virus but that many places around the world have not known how to address the virus since its inception. From the beginning, HIV/AIDS was first understood as what seemed to be a disease for homosexual people and not as a virus that affected heterosexual people (Montagnier, 2002).

Many communities lacked an understanding of how to face HIV/AIDS as a socio-economic challenge and medical issue. This presents a sphere for new and innovative prevention strategy designs to be employed which suit geographical areas and cultures in order to reduce the infection rates among different segments of the population. Given the lack of understanding of higher infection rates of women to that of men, researchers and scientists have been faced with the challenge of coming to grips with the dynamic factors that fuel HIV infections in women (Chersich and Rees, 2008).

Moreover, concurrent sexual relationships in Sub-Saharan Africa are more common than casual encounters, and the average duration of these relationships which are relatively long, result in tightly linked overlapping sexual networks (Mah and Halperin, 2010). In addition to this, sexual networking has a huge impact on the increasing rate of new HIV/AIDS infections among young adult women (Williams et al., 2000). Consequently, the link between the age difference and concurrent relationships as well as the associated risk of HIV/AIDS infection appears to be restricted to younger women and older men (Williams et al., 2000). Therefore, prevention interventions aimed at reducing higher risk of infection rates among young black females require more targeted efforts to enable them to have more control with regard to safety during sexual encounters.

HIV/AIDS in South Africa

South Africa has become the epicentre of HIV/AIDS and the first case of HIV/AIDS in South Africa was discovered in 1983 (Simelela and Venter, 2014). An estimated 6.4 million people

have been infected with the virus in South Africa. In addition to this, over 60 per cent of HIV/AIDS infections in South Africa take place before an individual reaches the age of 25, hence, the importance of HIV/AIDS awareness in the younger generation. In addition to this, heterosexual transmission accounts for more than 80 per cent of new infections in women in South Africa (Shisana et al., 2014).

Due to the country`s diversity, it makes it even more complex to address and contain HIV/AIDS. This simply implies that HIV/AIDS messages cannot be tailored in a "one size fits all" approach. Socio-economic factors such as poverty, cultural diversity, unemployment and substance abuse make it increasingly difficult to contain the virus among the various cultural backgrounds (Shisana et al., 2014). Through previous research, high prevalence has been attributed to heterosexual transmission routes. In addition to this, the peak prevalence in young women in South Africa has grown tenfold over the past 15 years. Moreover, over the past two decades, there has been an exponential increase of HIV/AIDS infections in pregnant women (Kharsany et al., 2015). Furthermore, the evidence presented indicates that there is still an escalating rate of HIV/AIDS which is fast becoming the leading cause of pregnancy-related deaths in some developing countries and the cause of high death rates among the general public in South Africa (Dorrington et al., 2001).

Furthermore, in South Africa HIV/AIDS investigations were done by focusing on monitoring the prevalence among the population. This included monitoring the use of ART and understanding the complexity of the virus as well as socio-cultural behaviour. This was followed by the second-generation approach which placed focus on the behavioural risk factors associated with HIV infection and prevalence. The third generation which mainly focused on additional testing of ART and microbicides enabled women to protect themselves without having to rely on men (Rehle et al., 2007).

The study also presented evidence that the risk of new infections was escalating among young adults who lived with their sexual partners, therefore it is critical to understand HIV/AIDS prevention strategies among the population while developing new interventions (Rehle et al., 2007). Furthermore, understanding behavioural change is a very important aspect in the eradication of HIV/AIDS because it has been suggested that early sexual debuts, that have remained entrenched at the same level among females between the ages 15 and 24, increase the risk of HIV/AIDS infections at an early age (Mathiti et al., 2016). Moreover, it is imperative to understand the distinction between abstinence and secondary abstinence. Abstinence can be

defined as the delaying of or refraining from sexual encounters. This can be done for various reasons such as religious, psychological, financial and moral reasons or for any other reason that an individual sees fit. Secondary abstinence can be defined as refraining from sexual activities for a period of time after having previously engaged in sexual intercourse.

This suggests that interventions that encourage abstinence and condom use are still needed. South Africa has yet to turn the tide in strategies aimed at the younger generation. In keeping with this study, the researcher will investigate how social media awareness campaigns can be used as an agent to encourage condom use and secondary abstinence which is aimed at black female students at the University of KwaZulu-Natal, Howard College Campus. Given that South Africa has a high prevalence of HIV/AIDS infections among young black African women, this research is focused on investigating how social media awareness campaigns can be used as an agent to encourage condom use and secondary abstinence among black female students at UKZN, Howard College Campus.

In countries where HIV/AIDS transmission occurs most commonly through heterosexual sex, the ideal behaviour targeted is that of abstinence and condom usage. There are no single theories regarding the development of HIV/AIDS prevention programs but there are many different theories which are incorporated to evaluate and create effective HIV/AIDS communication strategies (Bertrand, 2004b). The DOI Theory responds to social theories because it explains how a new practice can diffuse through a given social system to the point that it becomes a norm (Bertrand, 2004a). In addition to this, Rogers (1995) argues that when trendsetters in a social group begin to model a new behaviour to others, they alter the perception of what is normative. This will ultimately lead to members, whether they have had contact with the trendsetters or not, adopting the new behaviour as it diffuses through the community's social networks (Everett, 1995).

Theoretical Framework

This chapter underpins the theoretical framework that will guide and inform this research. The DOI Theory will be employed to examine how HIV/AIDS campaigns can use social media networking campaigns to promote condom use and secondary abstinence. As the selected literature confirms, a norm or behaviour can be diffused into society through the use of peer educators or trendsetters to normalise a particular behaviour. Moreover, the DOI Theory is

characterised by four main elements which include innovation and communication through channels, at a certain time period, to members of a social system (Everett, 1995).

The DOI Theory refers to the ideology that a practice or object, that is perceived as new to an individual, will be adopted from other individuals. In addition to this, the theory has proven to be a success in innovations such as new prescription drugs and family planning, among others. Nonetheless, Rogers (2003) states that changes in behaviour should be labelled as "preventative innovation" which is coined as an idea that individuals adopt, at some point, in order to reduce the probability of negative implications in their perceived future (Rogers, 2003).

Moreover, there are no single theories regarding the development of HIV/AIDS prevention programs, rather, many different theories have been incorporated to evaluate and design effective HIV/AIDS communication strategies (Bertrand, 2004b). The DOI Theory responds to social theories because it explains how a new practice can diffuse through a given social system to the point that it becomes a norm (Bertrand, 2004a). In addition to this, Everette (1995), argues that when trendsetters in a social group begin to model a new behaviour to others, they alter the perception of what is normative. This will ultimately lead to members, whether they have had contact with the trendsetters or not, adopting the new behaviour as it diffuses through the community's social networks (Everett, 1995). The community's social network in this study will be the Howard College Campus. This study is going to investigate students because diffusion is said to begin in urban areas among elite societies (Bertrand, 2004b). Students in a university environment, to some extent, possess ability and knowledge, and are in a homogeneous setting.

Elements of the Diffusion of Innovations Theory

This theory provides insight into the challenges of achieving behavioural change practices that are essential for reducing the HIV/AIDS burden in developing countries (Bertrand, 2004b). This theory is characterised by four main elements which include the innovation and communication through channels, at a certain time period, to members of a social system (Everett, 1995). The DOI Theory refers to the ideology that a practice or an object that is perceived as new to an individual will be adopted from another individual. In addition to this, this theory has proven to be a success in innovations such as new prescription drugs and family planning, among others. Nonetheless, Rogers (2003) states that changes in behaviour should be labelled as "preventative innovation" which is coined as an idea that individuals adopt, at

one point, in order to reduce the probability of negative implications in their perceived future (Rogers, 2003).

The Diffusion of Innovations Theory

This theory is characterised by the following concepts:

- ➢ **Communication**: These are channels through which a message is transmitted from one person to the next. In reference to this paper, this will be Howard College Campus students.

- ➢ **The innovation-decision**: An overtime sequence whereby a target member passes, such as awareness campaigns as well as societies and support groups on campus. This sequence is characterised by five stages:
  1. The awareness
  2. The knowledge
  3. The persuasion
  4. The adaptation
  5. The implementation

- ➢ **Homophily**: This refers to how two or more people who communicate, perceive they are to one another. This would be students in one environment facing similar issues to one another.

- ➢ **Attributes:** These are characteristics of innovation that may be viewed positively or negatively. This can take the form of:
  1. Relative advantages
  2. Comparability
  3. Complexity
  4. Trialability
  5. Observability

- ➢ **Adopter categories**: These are classifications of individual groups on the basis of the relative group in which they are adopted. These can be in the form of a new technique or idea.

- ➢ **Opinion leaders**: These are individuals who are respected for their knowledge, and reputation on a topic under investigation. They can be lectures, professors, trendsetters ,peer educators on campus and black female students on the UKZN, Howard College campus.

Social Networking through Diffusion of Innovation of Peer Educators

Rogers (1995) states that when a new practice in a social group begins to model a new behaviour to others, the other group will alter the perception of what is normal and, subsequently, adopt the new behaviour (Rogers Everett, 1995). This method was adopted by the United States in the early years of HIV/AIDS discovery with regard to HIV/AIDS among men who had sex with other men in the early 1980's.

The Stop AIDS Campaign was launched in San Francisco in 1985. This campaign was carried out by gay peer educators in San Francisco whereby they conducted small group meetings in gay communities and neighbourhoods, spreading the HIV/AIDS prevention methods and information (Bertrand, 2004b). In addition to this, the peer educator would inform the community to use condoms or to seek monogamous relationships. At the end of each meeting, the peer educator would encourage the community to pledge to practising safer sex as well as sharing the information with others regarding how to stay safe and practice safer sexual habits. By the mid-1980's, the rate of new HIV/AIDS infections showed a significant decline. Consequently, the Stop AIDS Campaigns were stopped due to the lack of new participants. Moreover, the campaign was re-birthed again in 1990 for new and younger gay men who were migrating to the city. Therefore, the HIV/AIDS message was diffused into the MSM community. This demonstrated evidence of a victory of how diffusion and opinion leaders can influence behavioural change (Bertrand, 2004b).

Research Aims and Objectives

1. Explore the awareness and perceptions of black female students on Howard College Campus regarding social media campaigns on condom use to prevent HIV.
2. Explore the awareness and perceptions of black female students on Howard College Campus regarding social media campaigns on secondary abstinence to prevent HIV.
3. Explore the recommendations related to the content of these social media posts in order to increase their effectiveness as HIV/AIDS prevention tools.

Research Questions

The questions to be asked in this study are as follows:

1. What were the perceptions of black female university students on the UKZN, Howard College campus regarding social media campaigns that focus on condom use to prevent HIV infection?

2. What were the perceptions of black female university students on the UKZN, Howard College campus regarding social media campaigns that focus on abstinence and secondary abstinence to prevent HIV infection?

3. What were the recommendations of black female university students on the UKZN, Howard College campus regarding improving social media campaigns?

Structure of the Dissertation

Chapter One provides a background on HIV/AIDS globally as well as in Sub-Saharan Africa and South Africa. Furthermore, this chapter highlights women's vulnerability to HIV/AIDS in South Africa and the mortality rates of the virus since its inception. This chapter also draws attention to the disproportionate number of infected women that there is to men and how HIV/AIDS campaigns are aimed at young black females.

Additionally, this chapter underpins the theoretical perspective that unfolds this research. The contextual setting of a university is where the majority of young people begin making independent decisions being far from their parents and close relatives. The DOI Theory argues that the current context of HIV/AIDS campaigns are not aimed at youth. With regard to young women's vulnerability in university, the DOI Theory investigates how a new practice can be diffused through a given social system to the point where it becomes a social norm.

Chapter Two uncovers the literature surrounding possible factors that endorse women's vulnerability in contracting the virus. Additionally, this chapter investigates research related to disease prevention and social media HIV/AIDS campaigns which promote health communication and positive behavioural change.

Chapter Three is the methodological framework for this study. This will include the data collected and the questions of the in-depth interview. In addition to this, this chapter will also present the qualitative analysis of the research findings through a thematic analysis of the data. Moreover, this section will also outline the research paradigms such as the design and planning of the study, the attitudes of the participants during the interviews and the results from the data gathered.

Chapter Four uncovered the data analysis and findings of the research in this study parallel to the theoretical framework and key questions guiding this research.

Chapter Five will provide the conclusion and recommendations by the researcher. These findings will essentially stem from the qualitative data obtained from the in-depth interviews.

Chapter 2
Literature Review

Introduction

This chapter will uncover the various literature that has been investigated on social factors surrounding HIV/AIDS infections as well as prevention techniques that have been implemented to halt new HIV/AIDS infections in the previous decade. Additionally, the literature in this chapter was retrieved from various books, journals, online publications as well as websites and uncovers the different arguments by various scholars surrounding the HIV/AIDS epidemic. The importance of reviewing the literature is to offer the researcher a broader understanding of the topic. Additionally, this will assist the researcher in familiarising herself with information regarding what has already been done as well as bridging the gap on what still needs to be done with regards to the key issues on hand. Moreover, this chapter will also dig deeper into how social media was used as a vehicle in disease prevention and how it was used in other parts of the world as a prevention technique in conveying HIV/AIDS information.

Factors that Drive Women's Vulnerability to HIV/AIDS in Southern Africa

(a) Power Relations and HIV/AIDS Infections in Women in South Africa

In South Africa, gender-based violence and gender inequality in heterosexual relationships is still one of the main causes of escalating HIV/AIDS infections in South Africa (Dunkle et al., 2004, Jewkes et al., 2010, Karim, 2016). Higgins et al, (2010) state that although most HIV/AIDS infections are in women, prevention strategies remain dominated by the promotion of the male condom, male circumcision and antiretroviral treatment (Higgins et al., 2010). This "side-lines" women and girls which enhances their vulnerability to infection. In addition to this, research linking gender inequality and gender-based violence in HIV/AIDS in South Africa is limited, hence, there is a gap in understanding gender-based violence and gender inequality as well as its correlation with HIV/AIDS in women (Dunkle et al., 2004).

Furthermore, the evidence presented from cross-sectional studies in low and high prevalence settings presents that there is a substantial link between partner violence and HIV/AIDS serostatus in women. These relations occur in various ways, particularly in places where there is a high prevalence of HIV/AIDS (Jewkes et al., 2010).

Moreover, violence erupts from gender power inequalities that stem from a societal and relationship level. Jewkes et al., (2010) state that inequality, HIV/AIDS and gender-based violence are a direct result of the patriarchal nature of society and the ideals of masculinity which are solely based on the dominance of women (Jewkes et al., 2010). These ideals depict the presence of risky sexual behaviour and acts of violence against women. Furthermore, these ideals adopted from society also portray men to have multiple sexual encounters. In addition to this, in developing countries, individual woman might resist male domination but, often, turn a blind eye to their abusive partners (Kalichman et al., 2009).

Moreover, violent behaviour also places women in tough circumstances where they have to "negotiate" safer sex practices with their partners resulting in frequent sex and less condom use (Wamoyi et al., 2011). Consequently, exposure to gender-based violence is directly linked to high-risk sexual behaviour, multiple sexual partners, concurrent sexual partners, substance abuse, transactional sex and less condom use (Jewkes et al., 2010). Although there is more research in understanding power relations between intimate partners, gender-based violence and inequality are still occurring. HIV/AIDS prevention strategies require epidemiological evidence on how women and girls can have more control during heterosexual encounters.

(b) Socio-Economic Factors and Women in South Africa

Poverty in South Africa, like many other developing countries, is not new to the term "transactional sex". Transactional sex refers to the exchange of sex for money or other goods and services. This practice occurs more frequently in Sub-Saharan Africa than in other parts of the world (Poku, 2017). This practice is also associated with increased HIV/AIDS infections in South Africa (Magadi, 2001, Leclerc-Madala, 2002, Dunkle et al., 2004, Pettifor et al., 2004, Mulwo et al., 2009; ,Jewkes et al., 2010;).Moreover, transactional sex is usually motivated by the lack of basic human and subsistence needs. In addition to this, young women are easy prey in this quick money-making system due to the lack of educational opportunities, employment and ways of getting ahead (Mulwo et al., 2009). As a result, lower socio-economic status combined with poor living conditions, increase the likelihood of HIV/AIDS among the

unmarried segment of the population. Thus, young people may find themselves in multiple beneficial relationships to meet their daily needs (Pettifor et al., 2004).

Additionally, disproportionate income levels and ongoing racism in South Africa have been closely linked with societal instability and lower marriage levels among black African communities (Buot et al., 2014). Chimbiri (2007) states that there are lower rates of consistent condom use among cohabiting partners than those living apart. This increases the frequency of multiple sexual partners stemming from cohabitation as a catalyst for economic opportunities. Thus, condom usage is often discontinued after both partners establish a mutual trust level (Chimbiri, 2007). This further indicates that individuals in relationships may be reluctant to suggest condom use with their partners due to fear that it may signify lack of trust or an admission of infidelity. Given the poverty rate that South Africa is faced with, prevention messages should be targeted at unmarried and cohabiting people in order to communicate that cohabitation carries one of the highest risks of all the marital statuses in South Africa (Maharaj and Cleland, 2005). In addition to this, prevention strategies should be aimed at educating people to reduce the likelihood of either partner contracting the virus to curb infection rates.

Furthermore, there is a burning need to address structural issues that increase inequality and vulnerability as well as the increasing numbers of multiple sexual partners and transactional relationships (Gilbert and Walker, 2002).

(c) Stigma and Discrimination

One of the most prevalent challenges in extinguishing HIV/AIDS is that of stigma and discrimination (Wyrod, 2011). Deacon et al. (2005) define stigma as negative evaluations of society towards attributions held by a group or person. In addition to this, he defines discrimination as the behaviour or actions that are differentiated by the membership of a specific group which then becomes stigma when it is supported or discouraged by society (Deacon et al., 2005). Moreover, other researchers have defined stigma as a social challenge that objectifies the already existing social inequalities, hence, it acts as an agent of control (Deacon et al., 2005). Moreover, understanding stigma and discrimination in terms of HIV/AIDS interventions has still got a long way to go in South Africa (Karim, 2011).

Moreover, there is still a need to identify why certain societies stigmatise more than others as well as the types of stigmas associated with a certain disease. Stigma and discrimination are terms which are closely linked to ignorant behaviour portrayed by people. In addition to this,

it has been suggested that stigma can be eradicated through education (Deacon et al., 2005). Although there are various debates around this idea because millions have already been spent in South Africa on HIV/AIDS programmes and interventions to teach people about HIV/AIDS, unfortunately, stigma is still highly prevalent (Karim, 2011). Moreover, Parker et al. (2002) suggest that stigma and discrimination should be understood as part of a political economy of social exclusion which is present in the contemporary world (Parker et al., 2002). Amidst this, stigma creates negative divisions among people by stereotyping marginalised people (Campbell et al., 2006).

In addition to this, stigma does not only take the form of inequalities of race and power relations but also through self-stigmatisation and family-stigmatisation. Self-stigmatisation essentially means discriminating against oneself. This transpires when an individual has negative beliefs about their own health. In addition to this, people who go for voluntary counselling and testing who then find out they are HIV-positive experience this type of stigmatisation and tend to be in denial and live in secrecy without seeking treatment (Deacon et al., 2005). Furthermore, family-stigmatisation is that whereby family and community members change their attitude or disposition towards people who have disclosed their HIV status to them. In many instances stigma may reinforce existing inequalities (Deacon et al., 2005).

Moreover, people stigmatise because they feel they have a sense of immunity and control from the disease when they have someone to blame. This type of behaviour then perpetuates socially constructed discrimination and encourages opportunities to discriminate against others (Deacon et al., 2005). Furthermore, stigma can be internal and external. By internal stigma, it is meant that an attitude could be felt or imagined that overwhelms an individual with the shame of being discriminated against. By external stigma, it is meant the actual experience of discrimination (Mbonu et al., 2009). Furthermore, stigmatisation can be driven by a number of factors such as religion, culture, beliefs, access to ATR and gender-related issues (Mbonu et al., 2009). Although ATR is now available and free to everyone in South Africa at public health facilities, people are still reluctant to get treatment even though they have tested positive due to stigma and discrimination at public health facilities (Kalichman et al., 2005).

In addition to this, people in Sub-Saharan Africa are still sceptical to disclose their status after testing due to stigma-related concerns. Some of this stigma may be generated with people's fears of being accused of infidelity due to their positive status (Mbonu et al., 2009). The challenge of HIV stigma and its association with prevention, therefore, calls for innovative

approaches which recognise the social, economic, political, cultural and religious factors and how these impact social roles. This contextualises campaigns on how HIV/AIDS can be better understood. It is with this in mind that these factors should be taken into consideration so that people can become co-creators of revised perceptions and attitudes as well as develop practices and conditions in which new norms unfold to eradicate stigmatisation (Karim, 2011).

HIV/AIDS Prevention Strategies

There has not been an agreement on what the definition of a "prevention strategy" is with regard to HIV/AIDS. However, holistically it can be defined as programmes and interventions that aim to halt the transmission of HIV/AIDS among individuals (Dworkin and Ehrhardt, 2007). The first decades of HIV/AIDS in South Africa were accompanied with the "*Abstinence, Be Faithful and Condomise*" slogan as a prevention strategy with response to the growing epidemic among South Africans (Pettifor et al., 2004).

However, towards the mid-2000's, it became evident that other underlying socio-economic factors such as poverty, substance abuse and gender inequality had to be considered regarding prevention in order to replace the "ABC" strategy (Dworkin and Ehrhardt, 2007). Therefore, prevention strategies had to take the form of a combination of interventions that consider aspects such as setting, infrastructure, traditions, societal norms and practices (Dworkin and Ehrhardt, 2007).

It is important to understand that behavioural interventions such as secondary abstinence and promoting condom use are some of the interventions that aim to reduce the risk of HIV/AIDS transmission. These interventions aim to address high-risk sexual behaviour by conceptualising solutions on how to avoid falling victim to HIV/AIDS, unwanted pregnancies and STI's (Cleland and Ali, 2006). Hence, behavioural change and communication strategies form a basic component for prevention strategies (Campbell and MacPhail, 2002). In addition to this, given that South Africa has a high prevalence of HIV/AIDS in women, prevention strategies need to place more emphasis on women. Moreover, in South Africa there are seven areas of prevention currently being practised:

(a) Abstinence

Abstinence is a prevention strategy that is aimed at adolescents, particularly young women. Abstinence can be defined as actively delaying sexual intercourse for a designated period of time. In addition to this, abstinence is linked with secondary abstinence whereby individuals who were sexually active in the past, refrain from sexual intercourse due to various reasons

such as religion, culture and morals to mention a few (Cleland and Ali, 2006). Although the success of this approach has not clearly been established, the South African government alongside the Department of Education have implemented abstinence and secondary abstinence messages in campaigns as well as life skills education in schools and faith-based interventions with the purpose of reducing the risk of HIV/AIDS infections among the youth. In addition to this, in settings whereby the epidemic has a high prevalence such as the province of KwaZulu-Natal, the postponing of sexual initiation will delay the risks of infection (HEAIDS, 2015b).

Furthermore, emphasising abstinence will encourage young women to be motivated to pursue their studies which will place them in good standing for economic opportunities. Moreover, women will have the ability and skills to be well-informed, and this will enable them to make concrete decisions about how to protect themselves during sexual encounters (Cleland and Ali, 2006). However, the controversial debate surrounding abstinence is that it may not be a practical option among women who face rape or are in abusive relationships. In addition to this, abstaining was not the most attractive option among the youth who were already sexually active (Pettifor et al., 2004).

(b) Condoms

Given the numerous studies over the past three decades, there is evidence that there is a significant increase in the acceptability and use of male condoms by young people to that of the female condom. This is particularly in settings where there is consistent encouragement, promotion and support for continued condom use which has been intensified through the accessibility of free condoms (HEAIDS, 2015b). In addition to this, it has been proven that high levels of condom usage are required to reduce HIV/AIDS infection rates as well as unwanted pregnancies. Furthermore, condoms are the most cost-effective of the HIV/AIDS prevention methods. They also prevent STI's (Pettifor et al., 2005). Moreover, approximately 45 million new HIV/AIDS infections have been averted through condom usage globally between the year 1990 and 2015. However, in South Africa, there is still widespread inconsistent condom use among the diverse population and locations. In addition to this, the partnership type among young women impacts condom use because condoms are generally viewed as less desirable in long-term partnerships which are based on a loved one's trust (Hendriksen et al., 2007).

Furthermore, there are some barriers to condom use such as myths and attitudes toward condoms embedded in traditions and societal upbringing (Kalichman et al., 2005). Hence,

Murphy et al. (2006) state that the younger generation associates condom use with promiscuity, STI's as well as being infected with HIV/AIDS (Murphy et al., 2006). However, despite high accessibility levels and higher efficacy rates than male condoms, there are still limitations and unreliability concerns regarding female condoms (Kalichman et al., 2005). Hence, this presents a lost opportunity to reduce the prevalence of HIV/AIDS infections among women through a woman-initiated method.

(c) Counselling and Testing

HIV/AIDS counselling and testing is a prevention strategy that, over the years, has proven to increase an individual's efficacy and is a cost-effective method. This prevention strategy places importance on individuals to voluntarily get tested and know their HIV/AIDS status (Sweat et al., 2000).

(d) Monogamy

This is the practice that can be defined as having one sexual partner at a time. This practice will reduce high-risk sexual behaviour because it will prevent multiple concurrent sexual partnerships (Wellings et al., 2006). However, being monogamous was suggested to also send a confusing message due to the fact that young people would enter a sexual relationship and move on to the next after a period of time. The above reflects that young people need to be given the platform to provide input with regard to the design of behavioural change strategies. Moreover, this campaign failed to work in South Africa because it did not include the different cultural landscapes of South Africans and did not reflect the youth's behavioural patterns (Pettifor et al., 2004).

(e) Medical Male Circumcision

The World Health Organisation and UNAIDS have developed an HIV/AIDS prevention strategy of voluntary male circumcision with the aim of reducing new HIV/AIDS infections in countries with a high prevalence (UNAIDS, 2016). In addition to this, medical male circumcision since the year 2000 was found to reduce HIV/AIDS infections by approximately 60 per cent. Although these are some positive aspects, it only protects men from infection and not women (UNAIDS, 2016).

(f) Microbicides

Microbicides are biomedical anti-retroviral based substances that are designed to protect women against HIV/AIDS. These biomedical substances are designed in a manner that will enable women to negotiate safer sex practices with their partners (McCormack et al., 2001).

Currently, there are potential microbicides which are the tenofovir gel and the dapivirine ring which show a significant risk reduction in women but are still under trial (CAPRISA, 2010).

(g) Treatment as Prevention

Given that South Africa has the largest implementation of ART in the world and as the viral load of infected individuals decreases from the treatment, there are fewer infections and, therefore, there is less of a likelihood to transmit the infection. Hence, there is the potential of changing the HIV/AIDS landscape in South Africa (CAPRISA, 2010).

Social Media Networking as a Disease Prevention Intervention

Social media networking sites can be defined as activities among individuals online with the purpose of sharing information by using conversational media which enables them to easily create and share content in the form of words, pictures, videos and audio sources (Kaplan and Haenlein, 2010).

Moreover, the anonymity of social media networks has attracted health promotion practitioners due to their flexibility to reach a large capacity of audiences almost instantly as well as cost efficiency. In addition to this, various health organisations have developed Facebook profiles such as the Brothers for Life Campaign and Zazi-Know Yourself Campaign which are in South Africa as well as the POZ HIV/AIDS Campaign which is in the United States of America. The purpose of these social network pages is to disseminate health information on social networks to educate the masses about HIV/AIDS and to open dialogues. Moreover, other chronic illnesses such as breast cancer and diabetes have used social media networks such as Facebook as a vehicle for connecting with people and providing health education (Sarasohn-Kahn, 2016).

(i) Social Media Networks and Health Promotion

Disease prevention may not easily be defined, however, primary prevention can be described as a means of averting an occurrence of a disease. In addition to this, secondary prevention can be defined as halting the progression of a disease from an early stage in order to prevent it from progressing to a more advanced stage. Disease prevention has transformed rapidly with a large focus being on the reduction of environmental factors which individuals have very little control over (Grov et al., 2014).

The emergence of internet-based networks has enabled new and broader channels of communication for one person to access information with hundreds or even thousands of people globally (Sarasohn-Kahn, 2016). In addition to this, social networks come in a variety of forms such as word of mouth, forums, blogs, company discussion boards, emails and social networking sites. This variety of platforms is designed to share and disseminate images, videos and audio elements to a large audience. The 21st century witnessed a boom in the internet-based messages which were transmitted through the use of various social media networking platforms (Sarasohn-Kahn, 2016).

Social media networks have become new and advanced technologies which influence and investigate various aspects of human behaviour, awareness, opinions, perceptions and attitudes. In a survey that was conducted in the United States of America, over 60 per cent of Americans stated that they used the internet to obtain health-related information. In addition to this, web-based social media networks facilitate the exchange of health information and awareness as well as personal stories in a manner that surpasses both medical textbooks and chatting with friends over the phone (Sarasohn-Kahn, 2016).

In the year 2007, one in three Americans were reported to have used some form of social media network to acquire information about a health-related matter online. In addition to this, the internet has become even more widely available which is evidence that social networks have an impact on health in more than one way. Furthermore, in a study that was conducted in California, evidence proved that individuals with lower levels of social contact had mortality rates of two to four and a half times greater when compared to those with stronger social networks. Hence, research has shown significant stable and supportive social networks improve positive health outcomes for individuals with a variety of health conditions such as heart failure and depression (Sarasohn-Kahn, 2016).

Furthermore, the use of online social media networks has expanded the possibilities that go beyond the constraints of face-to-face localised contact with other people. Social media network users have a shared sense of community (or belonging) because they have similar interest-based networks such as Twitter, Facebook, Instagram and blogs. Online social networking platforms that enable people to share health-related information can take the form of blogs, online forums and podcasts. These various platforms enable individuals to record as well as to share texts and graphics. In addition to this, the use of social media networks in

health education allows people to build communities and explore ideas with likeminded people (Sarasohn-Kahn, 2016).

Collectively, these internet-based technologies have provided the foundation of what is known as health social networks called Health 2.0. Health 2.0 was the successor of what was known as Web 1.0. Web 1.0 was defined as the "read-only web". Essentially, Web 1.0 only allowed users to search for information and read it. However, as the use of online social media networks became more advanced, Health 2.0 came about and enabled users to interact and also create information (Gold et al., 2011). Given the daily increasing number of social media network users, surely, there is a greater value which they create. Academic scholar, James Surowiecki, stated that people do not need to be led by intelligent people to possess intelligence. This simply implied that people who deal with similar chronic conditions are able to share observations with each other whereby their collective wisdom can yield tremendous clinical insights that go beyond the comprehension of a single doctor or patient (Gold et al., 2011).

Additionally, the same notion applies to doctors, as when medical practitioners share information with one another online, the results obtained go beyond the traditional local exchange for clinical experience and insight. Furthermore, on the "Patients Like Me" website, individuals collectively share personal experiences and information about drug abuse and their medical history. The information gained from this site then assists doctors, researchers as well as patients to identify similar trends. This then becomes very useful to individuals who are newly diagnosed with a rare disease and often find themselves alone in their various communities without any emotional support or fear of who they can turn to for assistance (Sarasohn-Kahn, 2016).

(ii) Social Media Networking and HIV/AIDS Prevention on a Global Scale

Online social media networks have become innovative methods in creating HIV/AIDS awareness and prevention globally. Social media networking sites can be used to create HIV/AIDS awareness among high-risk populations (Young, 2012). In addition to this, in 2011, approximately 800 million people used social networks globally and this number has increased by two billion in 2017 in the United States of America. Therefore, researchers in HIV/AIDS have begun using social media networks for HIV/AIDS prevention and awareness, focusing on three primary areas which are the recruitment tools, intervention platforms and sources of publicity as well as the availability of data (Young, 2012).

Furthermore, social media networks have been used to deliver HIV/AIDS interventions in randomised controlled trial tests whereby sites such as Facebook were used for peer-delivered HIV prevention information. Moreover, in the US, MSM, African Americans and Latinos joined Facebook groups to determine whether receiving peer-led HIV prevention information on Facebook would increase testing and reduce sexually risky behaviour. Evidence from these trials proved that peer leaders could use Facebook and that participants were very eager to participate in HIV/AIDS conversations over Facebook. Furthermore, the trials discovered that social media networking data can also be used for analysing secondary HIV-related behaviours and transmissions trends (Young, 2012).

In recent years, the internet has emerged as a popular setting for the interaction of MSM in the United States of America. Given that in the US, MSM are a higher-risk population category for HIV transmission than heterosexual encounters, MSM use the internet as a platform to meet potential partners (Jaganath et al., 2012). In addition to this, the use of the internet provides a cost-effective tool to transmit messages on HIV prevention. MSM are more open to disclose their status online without fear of discrimination. In an online survey that was conducted in the US with MSM and their frequency in visiting gay chat sites, health workers concluded that the use of the internet to convey HIV prevention was an effective method in the gay chat rooms (Jaganath et al., 2012). However, the online HIV prevention that was used in the surveys predominantly targeted Caucasian participants. African Americans and Latinos seemed to be a challenge due to different cultural barriers. It is important to note how culture can be an important driving factor or barrier when developing HIV prevention interventions because of issues such as early debuts, issues of homosexuality and sex outside of marriage (Jaganath et al., 2012).

Furthermore, a study was conducted in the US to examine HIV/AIDS prevention websites. These websites were tailored to cultural content with the purpose of targeting black female university students. The purpose of the study was to create culturally compelling platforms that fostered open discussions about stigma, myths and risky behaviour using online technology to decrease new HIV infections among black women. The results from this study suggested that black females were more concerned about being stigmatised through association with HIV information online rather than being stigmatised through the contraction of the virus (Kvasny and Payton, 2018). This is known as online stigma which essentially means being publicly associated with participating in HIV prevention discourse websites. In addition to this, the students stated that participating in online conversations about HIV would create the

impression that they are automatically HIV-positive, hence, their interest in HIV. However, the participants expressed the need to know more about HIV and prevention but would want to join conversations anonymously in order to avoid being labelled or stigmatised (Kvasny and Payton, 2018).

Moreover, a study was conducted by the Harnessing Online Peer Education (HOPE) in the US. The purpose of the study was to determine the feasibility and effectiveness of using online social media networks such as Facebook to transmit HIV prevention messages among high-risk populations in the US. The participants joined an online Facebook group which essentially posted information about HIV prevention behaviour change and engaged with trained community peer leaders over a period of 12 weeks. The findings of the study concluded that using Facebook as a form of health behaviour communication platform is a two-way communication process. This process unfolded in such a way which allowed the users to have greater control over their content and experience.

Additionally, the users obtained the capability to connect with others over the internet for advice and support (Jaganath et al., 2012). Bennett and Glasgow (2009) state that social networks create a dynamic experience where users are able to engage and site retention is high (Bennett and Glasgow, 2009). Moreover, social networking sites are largely visited by youth whereby Facebook itself received exceedingly more visits than gay websites. However, there is still limited research pertaining to health promotion on social networks among the youth (Bennett and Glasgow, 2009).

(iii) Social Media Networking and HIV/AIDS Awareness in Southern Africa
Worldwide, an estimated 40 million people have been diagnosed with HIV/AIDS. From this alarming number, two out of three of them live in Sub-Saharan Africa (Kalichman et al., 2007). Due to this growing number, researchers have recommended using social networks as a catalyst for HIV/AIDS prevention (Young and Jaganath, 2013). Young and Jaganath (2013) suggest that social networks are a good tool for HIV/AIDS prevention messages because they facilitate conversations by using community-based HIV/AIDS prevention such as peer educators to diffuse innovation. In addition to this, peer leaders for HIV/AIDS prevention are individuals who have been trained in HIV/AIDS fundamentals and increase HIV/AIDS knowledge among the community. In previous years, peer leader education has been successfully used in offline studies to facilitate HIV/AIDS-related conversations and HIV/AIDS prevention messages (Young and Jaganath, 2013). Given that social media networks are designed for social

engagement, social media networks might be appropriate platforms for peer-delivered HIV/AIDS prevention methods among young women in tertiary institutions.

Furthermore, social media networking sites provide designated multimedia communication messages such as pictures, messages and website links. In addition to this, social networks are good platforms for facilitating HIV/AIDS prevention messages among the youth by using community-based HIV/AIDS prevention such as peer leaders and role models who have been trained in HIV/AIDS fundamentals. Moreover, peer educators are well known from their community engagement in teaching people about HIV/AIDS-related subjects and increase the knowledge on HIV/AIDS prevention through conversations and discussions about behavioural change and prevention (Young and Jaganath, 2013).

Given the fact that social media networks are designed for social engagement and communication, this will serve as an acceptable tool for peer-delivered education about HIV/AIDS prevention in women. In addition to this, using social networks for HIV/AIDS conversations will open platforms for analysing topics and themes as well as allows for the comparison of them with behavioural change in order to establish whether these conversations affect actual behavioural change (Young and Jaganath, 2013).

Moreover, a study was conducted in Uganda to investigate the county's behavioural change and HIV/AIDS prevalence decline as compared with Kenya, Tanzania, Malawi, Zambia and Zimbabwe between the year 1989 and 1995 through social communication channels and peer education (Low-Beer and Stoneburner, 2004). The study yielded results that there were specific communication patterns of social networks among people in Uganda about HIV/AIDS. In addition to this, it is important that prevention innovations engage more closely with local networks of society such as churches, health personnel and media. Hence, using a broader-based communication is important in achieving HIV/AIDS prevention and stigma eradication through social communication (Low-Beer and Stoneburner, 2004).

(iv) Social Media Networking in South Africa's HIV/AIDS Awareness
Due to the absence of a given cure, prevention strategies and campaigns have mainly focused on halting and slowing down the progression of those infected by the virus, hence, the need for new innovative prevention campaigns (UNAIDS, 2017). The HEAIDS Programme with the Department of Education was established in 2000 to create a partnership between the Department of Education and the South African Technikons and universities (HEAIDS, 2015b). Moreover, media platforms are a sphere that enables the anonymity of their participants

in order to avoid stigmatisation but also allows for the distribution of information, sharing of experiences, offering of support, conduction of health promotion and encouragement of adherence to treatment. In addition to this, using media as a tool for exchanging information about HIV/AIDS was reported to be the most popular mode to exchange information about HIV/AIDS (Taggart, 2015).

(v) Brothers for Life Facebook Platform

The Brothers for Life Campaign was developed in 2009 and is still active to date. In addition to this, the campaign is a multi-faceted campaign that aims to target men and young boys in order to influence them in specific areas of knowledge and practices such as circumcision and HIV/AIDS prevention (Collinge, 2015). This campaign has the largest community mobilisation component than any other strategy which was carried out by the Johns Hopkins University Health and Education in South Africa Programme (JHHESA/USAID). The Brother for Life Facebook page has been visited multiple times by an estimated 170 000 people since its inception in 2009 (Collige, 2015). The Brothers for Life Campaign uses media platforms such as radio, television and social networks (e.g. Facebook) to convey HIV/AIDS prevention messages among males in South Africa.

The purpose of the Brothers for Life Campaign is to encourage men to make consistent use of condoms, promote voluntary HIV testing among men, encourage monogamous relationships, educate men about HIV/AIDS-related issues, stop gender-based violence and promote male circumcision, among others. To date, the Brothers for Life Facebook page has the largest following of up to 83 226 members and is increasing daily. Although this campaign was designed around male-oriented issues, women still make up a huge number of the members of this group. This suggests that women are also interested in knowledge and participating in sex and health conversations online. Evidence of this campaign has proven to be successful, as fewer men are getting infected by the virus due to frequent and correct condom usage as well as circumcision.

(vi) Zazi-Know Your Strength Facebook Platform

In addition to this, the Zazi-Know Your-Strength Campaign on health communication was launched in 2013. This campaign was enacted by the South African National AIDS Council (SANA) in partnership with the USAID/JHCHIV Communication Programme as well as the Department of Health and Social Development (Zazi, 2015). This campaign was aimed at empowering women, women's sexual health and HIV/AIDS education among women in South

Africa. In addition to this, the Zazi-Know Your- Strength Campaign promotes messages of self-worth and confidence building among women in South Africa. The primary focus of the Zazi-Know Your-Strength Campaign was to reduce HIV infections by 50 per cent by the year 2016. To arrive at this target, the Zazi-Know Your-Strength Campaign has used several platforms such as Facebook to spread HIV awareness as well as self-empowerment and confidence among women (Zazi, 2015).

The Zazi-Know Your-Strength Campaign has approximately 43 275 Facebook followers and shares information about HIV/AIDS as well as gives responses to its followers with regard to their concerns and questions about HIV/AIDS-related issues (Setswe et al., 2017). The numbers of this Facebook page are evident of the vast number of people who are willing to share and participate in discussions about HIV/AIDS. Conversation platforms such as these will allow researchers to identify common themes and patterns as well as how prevention strategies can be improved through DOI Theory among university students.

Conclusion

From the above literature, it is clear that social group strategies have had a significant impact on both the transmission of messages and managing infection rates. What has proved significant in this area has been the role of social media, women's groups and, especially, the education of young women in college as well as strategies used by males and young females in general.

The role of governments, both internationally and nationally, cannot be over-emphasised. Their positive influence on higher education together with other government departments and non-government organisations has made major strides in targeting people and the promotion of HIV/AIDS prevention strategies. While these efforts may not be sufficient, other equally important strategies should be explored.

Chapter 3
Methodology

This chapter details the design, sample size, trustworthiness and ethical considerations employed in this research.

Why Qualitative Research?

The qualitative research approach enables the researcher to collect detailed information from the participants (Attride-Stirling, 2001). In addition, qualitative research methods are a more practical approach to understanding perceptions, attitudes, behaviour and feelings of people (Attride-Stirling, 2001). Therefore, this study employed qualitative methods because of the relative flexibility and open-ended nature which would allow the researcher to encourage participants to openly discuss their personal experiences and views on social media networking and HIV/AIDS-related topics with the researcher.

Furthermore, qualitative research is an appropriate tool to measure an in-depth recognition of a phenomenon which is under investigation (Attride-Stirling, 2001). In keeping with this study, the phenomenon is black female students at UKZN, Howard College Campus.

Research Design

This research was conducted at the University of KwaZulu-Natal, Howard College Campus. The researcher examined the attitudes, preferences, perceptions and interpretations of 12 black female students. The study focused on this population for various reasons. Firstly, the evidence presented in the literature showed that HIV/AIDS prevalence is the highest among young women between the age of 15 and 29 which is commonly when women in this age group are at higher learning institutions. Secondly, although there have been preventative measures and educational programmes that were established by the South African government in order to

create awareness about HIV/AIDS, it still remains a challenge among black female students at UKZN, Howard College Campus.

Additionally, there are no single theories that inform of the development of HIV/AIDS prevention programs but many different theories which have been incorporated to evaluate and design their effectiveness in HIV/AIDS communication (Bertrand, 2004b). The DOI Theory responds to social theories because it explains how a new practice can diffuse through a given social system to the point that it becomes a norm (Bertrand, 2004a). In addition to this, Rogers (1995) argues that when trendsetters in a social group begin to model a new behaviour to others, they alter the perception of what is normative. This will ultimately lead to members, whether they have had contact with the trendsetters or not, to adopt the new behaviour as it diffuses through the community's social networks (Rogers Everett, 1995). This study is focusing on investigating how social media awareness campaigns can be used as an agent to encourage condom use and secondary abstinence among black female students at UKZN, Howard College Campus. As the DOI Theory is said to begin in urban areas, particularly among the more educated urban areas in societies (Bertrand, 2004b).

Sample Size

The data supporting this study was obtained between November 2017 and March 2018. The researcher used 12 in-depth interviews which are of a qualitative research technique that involved conducting intensive individual interviews with a small number of respondents in order to explore their perspectives on an idea, program or phenomena (Guest et al., 2006).

The study employed snowball and convenience sampling techniques to sample participants. Snowball sampling was an approach used to identify potential participants who would be able to provide detailed information relating to the topic. Due to the nature of the study and its involvement of sensitive topics such as sex, relationships and HIV-related subjects, snowball sampling was the most appropriate because it is often useful in investigating a hard-to-reach population (Shenton and Dixon, 2004). Furthermore, the approach seeks well-situated people who have knowledge about a certain topic and can refer the researcher to other people that the researcher can speak to. This takes place by asking the participants about who else they can refer the researcher to. By doing so, the snowball gets bigger and richer as the information accumulates (Patton, 2005). Additionally, convenience sampling can be referred to as a non-probability sampling method where individuals are selected according to their convenient

proximity to the researcher. Thus, in this case, the researcher is also a black female student at UKZN, Howard College Campus.

Recruitment Strategy (All Participants' Names have been Changed)

The first participant was Thando. She was an Honours student majoring in Media Studies. The researcher met her at the main library at the University of KwaZulu-Natal. The researcher approached her and explained to her who she was and what she was studying, as well as the research interest and topic. This participant seemed very eager to speak to the researcher so an interview was granted and a date scheduled. Thando and the researcher met on the scheduled day and the meeting went very well. She then referred the researcher to her neighbour who stayed in the same residence as she did. This participant's name was Mininhle. She was a third-year Criminology and Forensic student. The researcher spoke to her at her residence. At first, she was reluctant to speak to the researcher about her relationship and conversations surrounding HIV/AIDS but as the interview progressed, she seemed very excited to talk and share her views.

The next participant was Zama. She was pursuing a Master's Degree in Theology. She was referred to the researcher by Minihle, as they attended the same church. Zama was more reserved than the other two ladies that had previously been interviewed and gave very short answers. She preferred not to answer some of the questions. She seemed a bit uncomfortable about the questions being asked. The researcher could tell that she had a very strong religious background and she was not very open to talking about her personal experiences. After a very short interview with Zama, the researcher was referred to Londeka. Londeka was a final year Criminology student. She seemed eager to talk and invited the researcher to her place of work on the campus to conduct the interview. Londeka then suggested that the researcher speak to her friend Londiswa. Londiswa and Londeka had been best friends since primary school and also came from the same township.

Londiswa was very forthcoming with information and granted the researcher an interview in one of the vacant offices in the Shepstone building on the Howard College Campus. After the completion of the interview, she recommended that the researcher speak to Mbali. Mbali was in her first year of a Master's Degree in the Population Studies Programme. She agreed to talk and invited the researcher to her residence for an interview. Mbali was also very enthusiastic to talk to the researcher.

The next participant was Thandeka who met with the researcher at the school cafeteria. The researcher approached her, introduced herself and explained the research topic. This participant agreed to talk to the researcher on that very spot. They found a quiet area under a tree on campus and the interview was conducted. She was forthcoming with information but at some point, the researcher felt as if she was holding back some information. She then recommended that the researcher speak to her housemate who stayed at the same commune as her. Her name was Ayanda. The researcher contacted Ayanda and set up a meeting for the following week. A follow-up call was made and, as agreed, a meeting was held the following week in a secluded area in the library. Ayanda was very comfortable talking to the researcher and shared her personal experiences readily. After the meeting with Ayanda, the researcher was referred to Ayanda's classmate Buhle. The researcher contacted Buhle and a meeting was held at her residence. Unfortunately, Buhle did not talk that much, could not wait for the meeting to be over and did not share a lot of information. Three months later the researcher then met Zinhle who was a final year Social Work student. A meeting was arranged on campus the following week and took place in the library, where this participant was open to participating in the interview. At the end of our meeting, this participant referred the researcher to her roommate, Andiswa.

Andiswa was in her final year of a Master's Degree in Psychology. A meeting was arranged at her residence, the meeting went well and she was very forthcoming with information. The last participant was Nonjabulo was met in a queue during registration. The researcher introduced themself to her and explained the research topic as well as the interest in her participation. She agreed to be interviewed, a quiet corner was found on campus and the interview took place. She was very eager to participate.

List of Participants

Participant	Age	Level of Study	Majors/Area of Study	Relationship Status	Residential Area
Thando*	24	Honours	Media Studies	Stable relationship	Rural area
Mininhle*	22	3rd year Undergraduate	Criminology	Single	Township
Zama*	26	2nd year Masters	Theology	Single	Township

Londeka*	21	3rd year Undergraduate	Criminlogy	Casual relationship	Township
Londiswa*	23	Honors	Psychology	"No strings attached" relationship	Township
Mbali*	24	1st year Masters	Population Studies	Stable relationship	Rural area
Thandeka*	21	3rd year Undergraduate	Law	"No strings attached" relationship	Township
Ayanda*	25	Honours	Drama	Single	Township
Buhle*	24	Honours	Drama	Undisclosed	Small town
Zinhle*	22	3rd year Undergraduate	Social Work	New partner	Township
Andiswa*	26	Final year Masters	Psychology	New partner	Township
Nonjabulo*	23	3rd year Undergraduate	Law	New partner	Rural area

Trustworthiness and Validity of the Data

In qualitative research, it is imperative that the researcher identified whether the study was meaningful and consistent as well as how it related to the reality of determining the trustworthiness of the study (Neuman, 2013). In addition to this, validity in qualitative research is of crucial importance because it ensured the aspect of "truthfulness" within the focus of the study. Thus, validity in qualitative research is more interested in the authenticity of the data obtained rather than in the "single" truth (Neuman, 2013). Essentially, this implied that the researcher was interested in observing black females' accounts of reality and perceptions regarding condom use and secondary abstinence through social media networks on the Howard College Campus.

In addition to this, to ensure trustworthiness, the researcher has provided a detailed description of the data obtained during the in-depth interviews and has made connections between the data.

Moreover, since qualitative studies investigate experiences and perceptions, the researcher used the findings of the participants for confirmation, validation and approval because the researcher was still in possession of the participants' contact details. Additionally, the researcher gave the participants the liberty to choose where they wanted to be interviewed in order to provide a friendly and comfortable environment for the participants to respond freely.

In-depth interviews are time-consuming because a lot of time is required to conduct interviews, transcribe them and analyse the results (Guest et al., 2006). In-depth interviews also offer a deeper and more personal approach in qualitative research (Bouma et al., 1995). In addition to this, the interviewer needs to be knowledgeable and skilful in conducting the interviews, as this will assist the interviewer in gathering thorough and detailed data from the interviewee. Furthermore, the researcher must possess the capability of making the participant comfortable and interested in the topic. The researcher also possessed knowledge about the latest interview techniques to be used. Some of the techniques would be avoiding "yes or no" as well as leading questions. The researcher also ensured that the correct body language was used and ensured that her personal opinions were not shared during the interview (Guest et al., 2006).

Moreover, generalisations of results may be difficult in an in-depth interview, as small samples and random sampling methods are utilised. In addition to this, valuable information is obtained with in-depth interviews when other data collection methods are used. Furthermore, since an in-depth interview presents an opportunity to discuss many ideas, chances for the researcher to ask inappropriate questions may arise (Guest et al., 2006).

In-depth Interviews

In-depth interviews are useful when seeking detailed information about a person's thoughts and behaviours. It also allows for the in-depth exploration of new issues (Attride-Stirling, 2001). The interviews were conducted at private and secure venues at the University of KwaZulu-Natal (Guest et al., 2006). Furthermore, in-depth interviews should be used instead of focus groups because participants may not be included or feel comfortable talking openly in a group, or when the researcher wants to make a distinction between individual and group opinions about the program (Guest et al., 2006).

Furthermore, in-depth interviews provide much more detailed information than what is available through other data collection methods, such as surveys. They may also provide a more relaxed atmosphere in which to collect information, as individuals may feel more

comfortable having a conversation with the researcher about their program as opposed to filling out a survey (Guest et al., 2006).

Furthermore, the researcher prepared semi-structured interviews which included both structured and open-ended question guidelines. Some of the questions had to be reworded into simpler terms in order for the participants to understand what the researcher was asking. Additionally, semi-structured interviews enable the researcher to probe and get clarity on concepts. Furthermore, they also allow for flexibility during the interview (Meree, 2007). Moreover, the data obtained from the participants during the interview consisted of direct quotations, experiences and the opinions of the participants (Babbie, 2001). In addition to this, the researcher asked more questions to encourage the participants to engage on the topic. This was done in order to make the participants comfortable and to gather perspectives to understand more of what the participants felt and meant in their responses. Again, the interviewer encouraged the participants to speak in their mother tongue (isiZulu) to explain terms which they could not explain in English.

The researcher recorded the interviews and later transcribed the information verbatim. In addition to this, the researcher employed a thematic analysis to identify different themes within which the data was collected throughout the interviews. Furthermore, identifying themes in a qualitative study provided the researcher with a broader picture to conceptualise the findings. Essentially, using themes to identify an object or area is an important aspect of data interpretation and creates a connection to the research questions (Braun and Clarke, 2006). Before the interview began, the researcher informed the participants about what the research entailed and the kind of information that was required from them. With this in mind, a consent form was presented to the participants to read and sign before the interview commenced.

Findings

A thematic analysis approach was adopted in this study in order to reach its findings. Initially, an inductive approach as outlined below was adopted. However, given that this study adopted the DOI Theory, the data was coded again using a deductive approach which was explicitly coded for the concepts in this theory (Braun and Clarke, 2006). In the inductive approach, there are six stages in analysing the data (Braun and Clarke, 2006).

The thematic analysis approach is also characterised by its ability to intercept various aspects and concepts in relation to a study's research questions, main key concepts and theoretical framework. Given that this study utilised a theoretical thematic analysis that was linked to the theoretical framework of the phenomenon being investigated, this was more analytically driven as opposed to being inductively analysed (Braun and Clarke, 2006). In pursuit of the fulfilment of the requirements of this study, the data obtained from the in-depth interviews was interpreted in relation to the research questions stated in Chapter 1. In addition to this, notable patterns and themes were arranged, and similarities and dissimilarities were noted. Moreover, there are six stages in analysing data when conducting a thematic analysis (Braun and Clarke, 2006). These stages are portrayed in Figure 2 below:

Figure 1 Stages of Thematic Analysis Approach
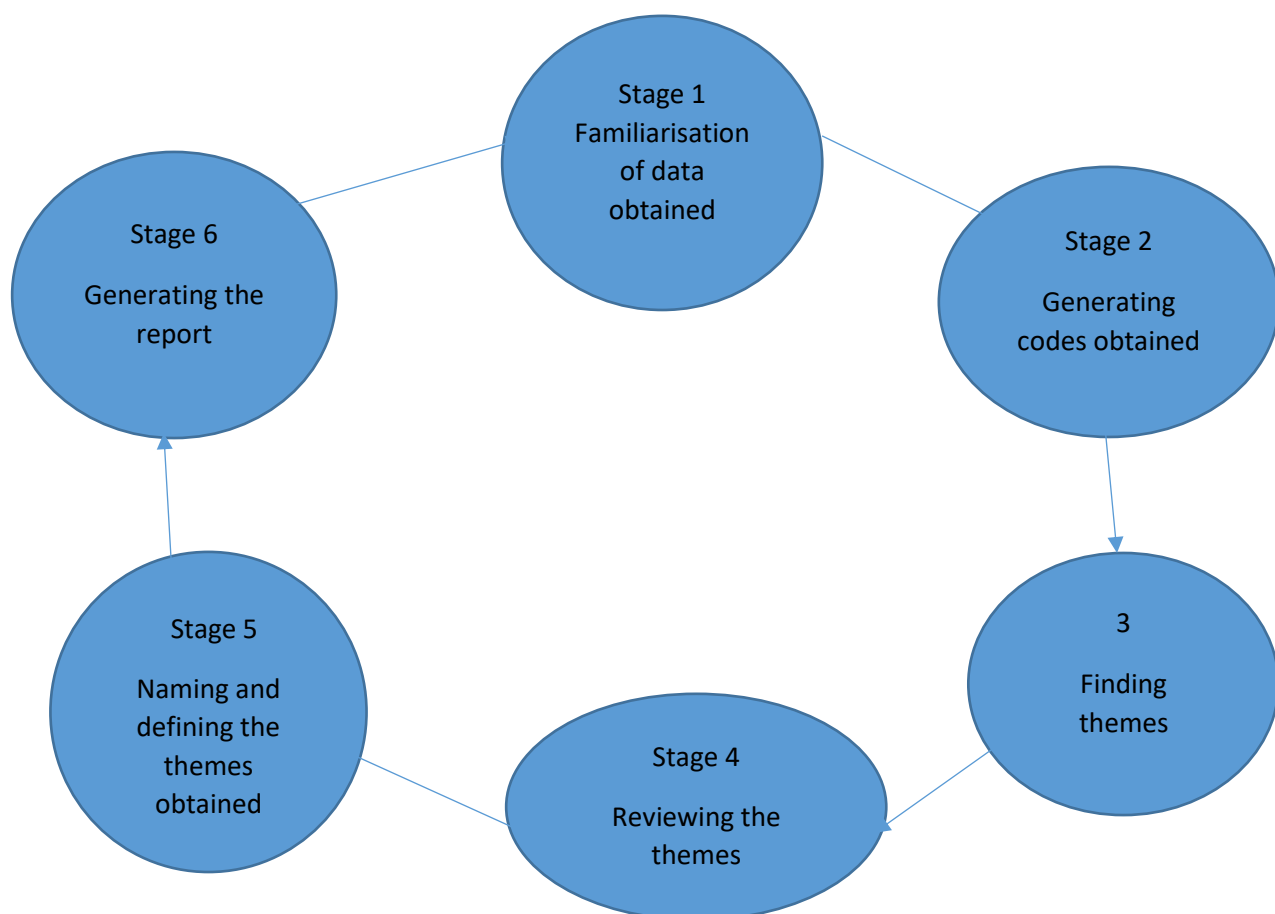
Source: Braun and Clarke (2006, p.87)

Figure 2: Thematic Analysis

S**tage 1: Familiarisation with the Data Obtained**

The researcher recorded the in-depth interviews using the researcher's mobile phone. Upon completion of the interviews, the researcher transcribed the information on paper. This included repeatedly reading the information and writing down ideas.

Stage 2: Generating Codes Obtained

This process included arranging codes into features. The codes were aligned in a systematic fashion. Additionally, the grouping of data that was similar to each other in the data set was done. The researcher did this with different coloured highlighters.

Stage 3: Finding Themes

This stage included collecting the themes and arranging them into potential codes and data that is relevant to the theme.

Stage 4: Reviewing Themes

During this stage, the researcher checked the themes that were obtained and how they were linked to the coded extracts (Level 1) and the collective data (Level 2) which generated a thematic map of the analysis.

Stage 5: Naming and Defining the Themes Obtained

During this stage of reviewing the data, the researcher refined the data and specified particular themes by naming them. This also gave clarity and identified each theme individually.

Stage 6: Generating a Report

The final step was the analysis. The researcher selected compelling examples of extracts, keeping in mind the need to link them back to the research questions and objectives to produce a final analysis.

The themes in this study were generated after the researcher thoroughly engaged with the data obtained from the in-depth interviews. It was very important for the researcher to immerse herself with the data for her to be familiar with it and have a deeper understanding of the content (Braun and Clarke, 2006). This process meant that the researcher had to do a lot of reading and repeatedly going back to listen to the recordings of the interviews to enable her to search for meanings amongst the data provided (Braun and Clarke, 2006). Hence, this led to the researcher spending time scrutinising the data to familiarise themselves with information which was later transcribed and coded. Using codes enables the researcher to identify the feature of the data that appears interesting to them (Braun and Clarke, 2006). In addition to this, the researcher coded the data manually by writing notes on texts that were being analysed and scribbling ideas using a pencil and highlighters to identify patterns. This process enables the information to be placed into meaningful groups (Tuckett, 2005). After this was completed and the themes were noted, the researcher then cross-referenced the themes with the research questions, objectives and theoretical framework to ensure that the data corresponded with the study focus. Furthermore, the researcher has provided an example of how they applied the codes in Figure 4 below:

Figure 4: Example of Coding

Data Extract	Coded For
"Why would I ask my boyfriend to use a condom though? ==We are dating so it would be weird for me to suddenly ask for a condom and I know that Zulu men are so stubborn.== The minute that you start talking about condoms, he will leave you and you will be single because it seems like you are unfaithful. Again, let's just face facts, you can't be in a relationship with someone and then tell them all of a sudden that you want to start abstaining. If you do this, he will leave you."	1. Role of Culture 2. Rejection

From the above extract, the green highlighted data was used to show how culture was associated with male dominance in the Zulu culture and their role in negotiating safer sex practices in relationships. Additionally, the purple highlighted data was used to identify "rejection" as another theme in negotiating safer sex practices. Upon completion of the coding, the steps that follow involve sorting the different codes obtained into potential themes and

arranging them into the relevant coded data within the themes (Braun and Clarke, 2006). In addition to this, the researcher realised that some sub-themes also emerged from this and these were arranged under one main theme. Upon completion of the coding process, the researcher was able to generate a thematic map which is a map of analysis when the researcher has a main theme, sub-themes or certain words that can be linked into a particular theme.

Ethical Considerations

The researcher had obtained an ethical approval from the Humanities and Social Sciences Ethics Committee which granted permission to conduct the research on the university campus. In addition to this, the researcher supplied the participants with consent forms which were read aloud before the interview commenced and each interviewee filled it out. Furthermore, the researcher explained, in careful detail, to the interviewee that the interviews would be recorded but that their identity would remain anonymous. Moreover, with the permission granted from the participants, the interviews were recorded using the researcher's mobile phone and were be transcribed at the later analysis stage.

Limitations

The primary limitation in this study was that of the location of this study. The study participants were black females at the University of KwaZulu-Natal, Howard College Campus which the researcher also attends. Some participants were under the impression that the researcher shared the same views and ideas as them and, thus, some ideas were not clearly articulated by the participants. In addition to this, some participants were not comfortable with sharing personal information with the researcher due to the sensitivity of the topic. Due to this, the researcher was under the impression that the participants were holding back on some information.

Conclusion

To round off, this chapter elaborated on how a qualitative study was employed and the stages which were utilised in the data collecting process and the themes that were generated from the in-depth interviews.

Chapter 4
Findings

This chapter contains the findings that have been generated from analysing the data obtained from the in-depth interviews. The analysis presented was in line with the main research questions and objectives that were outlined in the first chapter.

Moreover, this section used selected excerpts from the in-depth interviews that illustrated the different opinions and arguments of the participants. Bearing in mind that the participants in this study's names had been changed, the researcher used pseudonyms to identify the participants and stated their opinions. To begin the discussion, the participants were introduced to the term "secondary abstinence". Secondary abstinence, in simple terms, can be defined as the situation in which individuals who were sexually active in the past, decide that they will no longer have sexual intercourse (Cleland and Ali, 2006).

From the data collected, the participants had various definitions regarding their understanding of the term. However, some participants seemed to have some understanding of the meaning of the term while others had a far-fetched definition. The excerpts below outlined the different responses with a similar train of thought on the term.

Mininhle : " I think it is uhhmm, when someone is no having sex anymore, like going celibate but they are not virgins' - **Correct**

Andiswa : "I would say that it is when someone is using condoms and contraceptives….i think ". - **Incorrect**

Buhle : "I think it is when a person or people that are in a relationship agree that they want to take maybe a break from sex for some time, maybe because of church stuff." - Correct

Nonjabulo : "well I could it say it a form, or a way of maybe preventing unwanted pregnancy. Like let's say you are dating someone and then you break up and you are still have some affair

maybe on the side but you decide not to have sex until you have a steady boyfriend because you don't want to fall pregnant outside a relationship or marriage."- **Correct**

From the above extracts, it was evident that the participants had similar and slightly differing perceptions of secondary abstinence. Some viewed it as the halting or delaying of sexual intercourse even though individuals had engaged in sex before. This was evidence, that to some level, the participants understood what the researcher was asking and what the topic was about. The second characteristic of the DOI Theory elaborated on the **innovation-decision process.** Essentially, this process stated that individuals were *aware* of the situation or challenge that they were faced with (Bertrand, 2004b). In addition to this, the individuals had *knowledge*, which in this regard, was the participants' knowledge of how to protect themselves from contracting HIV/AIDS and the prevention tools that were available to them.

Although the second characteristic of the DOI Theory also elaborated on *persuasion, adaptation* and *implementation* of behaviour, participants lacked the desire to visit HIV/AIDS centres on the campus (Bertrand, 2004b).

THEME 1
(i) Fear by Association
This theme has been extracted from the codes that were developed during the analysis stage of the data. In addition to this, two sub-themes emerged which were:

- Stigma
- Fear

Most of the participants emphasised their lack of knowledge of HIV/AIDS campaigns on the Howard College Campus but they were aware of various platforms whereby they could get tested and get counselling, and other HIV/AIDS-related information on the campus. However, nine out of the twelve participants admitted to never visiting any of the HIV/AIDS testing stations on the campus. The reason for this was that they were afraid and uncomfortable with their peers seeing them walk into an HIV/AIDS centre or testing station.

Moreover, the lack of motivation to visit the HIV/AIDS centres on campus stems from the ideology that when other people saw them at the HIV/AIDS centres they would assume that they were already sexually active and promiscuous. Others stated that being seen at an HIV/AIDS testing station tainted one's image, as virginity was still a strong trait in the Zulu culture and that they respected their culture very much. Hence, this instiled fear in the participants resulting in an aversion to being publicly seen at HIV/AIDS centres on campus.

Moreover, other participants stated that they would not like to be associated with anything HIV/AIDS-related because they were not sick so they do not see the benefit of going to get tested and "finding out about something that was not there in the first place." The consensus from this was that people feared being associated with anything HIV/AIDS related in the eyes of the public. The following extracts highlighted statements from the data collected during which the participants were asked if they have ever been to an HIV/AIDS centre on the campus.

Thando :"iyooo!!! No ways, people are going to start talking that they saw me there and start making stories about me…, no, but I got testing one time at a clinic back home when I was sick"

Londiswa : "ya the one time one of my friends was working there near Island office by the HIV thing building, so she told me to come because they were giving away free food, (laughs) but that is the only time I've been there shame….(pauses) I wouldn't say I would go though, ayi, especially at Shepstone there by the tents where they always test people. Many people are always passing by and people from my church might see me and they would obviously know I'm sexually active. I mean who would go to an HIV thing if you are not sexually active?

Londeka : " firstly NO! I can't go there, my boyfriend will leave me. Why would I go unless I have something to hide and now I want to get tested because I have been unfaithful or something. I have no reason to go there because I'm still fine and I'm not unfaithful".

Moreover, when participants were asked how they felt about the image below of the lady carrying a condom in her pocket taken from the ZAZI-Know Yourself social media networking platform, they had the following to say:

Thando: ...uuhhmm, well I wouldn't mind carrying condoms, but, I would not got there to get condoms, (pauses)..uhhmmm maybe, I don't know, if I get the condoms in the toilets or something , hai!! (laughs) but I will not go out of my way to go there to get the condom...

Buhle: you know one thing iv noticed is that we are not all the same...some people are very sexually active so I can have ahhh....lets say this other guy is my best male friend, if I have something with him and then after school we plan that we are going somewhere and what if he doesn't have a condom, so I wouldn't personally judge a girl for carrying a condom around. Unless if its visible, like come on why? ....but like in that picture its visible, it doesn't look good, at least in her bag, but like this?? Oh my god! Like I've never seen anyone walking around on campus carrying a condom........you know what I did, I think it was last month, they were advertising new condoms at Shepston, it was the gold ones...like the packet is gold, so when I took them, I knew the people that were advertising these condoms, so my friend was like Buhle you need them, you like men as a joke so I took them and shoved them inside my bag you see. Probably if I was wearing a jean I wouldn't like put it in my pockets, never! I just feel like that girl. Sometimes it is just embarrassing to tell the truth but I guess it is very safe to carry them in my bag.."

Figure 4: Zazi Facebook Post

The participants stated that they would not mind carrying condoms in their handbags but would not be caught in public taking free condoms or going to an HIV/AIDS station/centre to get condoms. These responses reflected that HIV/AIDS stigma still exists. Additionally, the fourth characteristic of the DOI Theory elaborated on **attributes** (Bertrand, 2004b). These can be either positive or negative attributes of innovation. From the above extracts, participants had positive views about condoms as well as an understanding of the *relative advantage* of why carrying condoms would be in their best interests. However, there was still a negative lingering feeling that being seen with condoms or taking condoms was embarrassing and not highly favoured in the eyes of the public. This point was also highlighted in the instance where the participant's friend encouraged her to take a condom because she knows that "she loves men". From this statement, the researcher picked up on the negative energy and stigma that was associated with promiscuity and condoms. This was also highlighted in the first extract from one of the participants.

Furthermore, under the attribute-characteristic, there was a tug-of-war between taking and using condoms because it was the right thing to do to stay safe and being seen with condoms as an implication of sexual activity. This further depicts the *complexity* of the issue of stigma and fear being interlinked in the cognitive decision-making process of an individual. Furthermore, the DOI Theory emphasises the role of *observability*, essentially meaning that the participant only went to get the condom because she was with her friend not because she herself would have had she been on her own. The participants do not adapt to positive behaviour change techniques and lack the ability and motivation to implement the practice of consistent condom use and secondary abstinence.

It is also imperative to note that some of the social media network (Zazi) campaigns such as the one with the lady with the condom in her pocket may be lost in translation because of the way that they are presented on social media networking platforms. The campaigns were there to instil a positive message and influence behaviour change, however, from participants' reactions about carrying condoms in their pocket, the intended message may be lost in interpretation.

Despite various HIV/AIDS campaigns that have been developed by the South African government in partnership with the HEAIDS programme, stigma was still a huge challenge to overcome within the South African context. In addition to this, there was still the perception that exists that a person needs to be 'sick' to be HIV-positive. This perception is false. Consequently, this type of attitude delays people from getting tested for HIV. Thus, the lack of engagement in visiting HIV/AIDS stations/centres on the campus plays a role in the lack of knowledge and ignorance about the virus and how people could protect themselves and their partners from getting infected.

THEME 2

(ii) Rejection by Male Partners

This theme was identified during the coding phase. This theme has sub-themes which are:

- gender inequality
- unfaithfulness

This theme identified issues relating to male domination over females. In addition to this, gender inequality highlighted the typical expectations of boys and girls and the way in which they were socialized. Under this theme, participants strongly expressed how their partners' opinions played a significant role in their decision of whether to use condoms during sexual encounters. This reflected how women were still subject to male dominance in the decision making and had no control over sexual decisions without the inclusion of a male figure. The primacy of the male perspective was highlighted in the discussion around both secondary abstinence and condom use.

The quotations below illustrated that Ayanda, Londiswa and Thandeka all prioritised the relationship and the perceived male reaction which would threaten the relationship.

Ayanda : "it would depend how much a person is addicted to it because, people will say I will stop having sex but when you miss it , you just go for it…..if you have once had it, I don't think it's easy to stop again think about your relationship, it won't last, this is one of the reasons your boyfriend will start cheating on you."

Londiswa : well obviously let's say they are with their partner then that partner would not, agghh what's the word, they would not embrace such in their relationship and the person might

have difficulties because they are so used to having sex and then suddenly you are told to stop, I guess it would be difficult for you to adjust . definitely, they boyfriend will either leave you or he will cheat on you, it's highly unlikely that he will stay if you guys have had sex before and then you choose to abstain now…"

Thandeka :" I would never abstain, I mean well I would if I wasn't dating anyone but now that am, if I'm not having sex with my boyfriend then who is? If I'm not giving it to him then he is defiantly getting it from somewhere else….and let's not even get into the issue of condoms because if you are used to sleeping with someone you can't always use a condom because you are used to them".

Nonjabulo went further and noted that, in addition to prioritising the male perspective on condom use to avoid being single, the male perspective on abstinence would also need to be prioritised to avoid the loss of the relationship.

Nonjabulo: why would I ask my boyfriend to use a condom though? I mean we are dating so it would be weird for me to suddenly ask for a condom and I know Zulu guys are so stubborn, the minute you start talking about condoms he will leave you and you will be single because it kinda seems like you are unfaithful. Again, let's just face facts, you can't be in a relationship with someone and then tell them all of a sudden that you want to start abstaining, he will leave you girl".

During the in-depth interviews, the participants' responses seemed very passionate when they spoke about their partners leaving them when questioned about suggesting consistent condom use and secondary abstinence. The general flow of the conversation highlighted the importance of sex in a relationship. It is imperative to note that all twelve participants agreed that sex was important in order to sustain a relationship. In addition to this, the male figure in the relationship seemed to play an important part on how the relationship decisions were made, especially when it came to sexual relations. The male figure in the relationship also reserved certain tasks for the female and had expectations of the female which she must abide by. In light of this, suggesting secondary abstinence or consistent condom use with their partner would not be feasible due to the fact that one might end up losing their partner or having their relationship suffer due to having an unfaithful partner.

THEME 3
(iii) The Influence of Media

- *social media influencers*

This theme is essentially focused on the current HIV/AIDS campaigns implemented by the South African government in tertiary institutions. The data provided by the participants reflected the lack of knowledge on the current HIV/AIDS campaigns aimed at youth. **However, it is interesting to note that participants spoke about media campaigns that were not present on social media networking platforms or Howard College Campus**. This further demonstrated the first characteristic of the DOI Theory, which was communication. It is imperative to take note of this characteristic because it related to how messages were transmitted from one person to another (Bertrand, 2004b). Moreover, the general consensus of the participants were the notion of how they, as the younger generation cannot relate to current social media networking campaigns because they were not a reflection of the day to day life of normal people in their communities and surroundings, hence their lack of awareness.

In addition to this, the fifth characteristic of the DOI Theory elaborates on **adapter categories.** This classified individual groups on the basis of the relative *time* at which individuals adapted to a *new idea, technique or process* (Bertrand, 2004b). Essentially, from the interpreted data, the researcher was aware that participants' lack of interest in HIV/AIDS campaigns on campus might stem from their lack of media and social media networking presence, and also their lack of relatability to them. Additionally, participants seemed more entertained by traditional media (e.g. television) campaigns which they saw during the *time* that they were at home and not on campus. This also places high importance on the time during which this popular traditional media campaign (the "Tinqoh" advert) was viewed and the take-home message that the participants got from the campaign in question.

The researcher found it very interesting that the participants had similar feelings about the traditional media campaign as opposed to the social media networking campaign which they were unaware of. Moreover, participants were very eager to talk about the television campaign and this is what they had to say:

Zama : "..Please just go watch it, it's a really really cool HIV advert, it is the most interesting HIV advert ever…..but it's more male orientated. You know I don't like it when they focus on ahhh, that HIV you die what what part….like because at some parts of the advert `Thinqo` felt like , you know what it's the end of the world and I'm gonna die anyways you, so let's just be positive about this, even though you are HIV positive (giggles). But let's just say if they are going to promote these adverts, at least it must be like a fun advert, it must be like …uhhmmm(pause to think) focuses on both females and males. It must be fun and it mustn't show the part where there's just maybe a boy or girl is like oh my it's the end of the world you know…"

Londiswa : "if they just showed ordinary people, obviously I've noticed campaigns now show ordinary people not per say sick people and I know people know the difference between HIV and AIDS but some people still believe that it is AIDS, it is not AIDS and you can live a healthy life with HIV and it OK. But I think the most important thing for me is stigma….even though most campaigns are already targeting stigma but (pauses…..seems like she's holding back information) . There's a nice one, there's an advert on TV with that big strong guy, and he's like a mini village superman …that's an OK campaign because he's a healthy guy. He's HIV positive but he's living a normal life. That's a good one I think…he's like a role model.

Thando: "there's this one ad that I really enjoy on TV of that guy….uhhmmm what's his name again?? (Pauses to think). Ooohhh `Thinqo`.ohh that's a good ad. You see it's about someone in your mind who you see on a daily basis that you meet and greet and talk to everyday. Someone who does normal things with normal people. You see again even this HIV ads and campaigns they always show us old people, it's never young people, they never show people our age and how life is after let's say a young person like me is HIV so maybe that is why we also think it's normal for just older people to talk about HIV and not people in university who are still dating and have their lives ahead of them".

When participants were asked the question: How would you improve the content and design of HIV/AIDS campaigns on this campus? These were the responses:

Andiswa: "firstly whose the target market really…is it man or women? Because as much as it female condoms but because they are showing this part of a woman`s body it would

*automatically appeal more to men, so maybe they got their target market wrong, I don't know, because they are showing the figure and a bit of a** so men would automatically be like oh okay (*showing more interest than women*). Maybe they are trying to make men feel more comfortable with female condoms by creating this fashion on Facebook, I don't know but the target market should be females…..maybe even someone we know because there`s no face on the advert.*

Thandeka :" so like you see the one of the girl with condom in her pocket, they could have just put someone cool you know, and I'm not sure because this girl has two condoms in her pocket for females and males and so I'm not sure what`s happening there so maybe she`s just promoting condoms….is this girl like a student?, you see these campaigns like the Tinqoh one its always adults and not youth so my guess is its fir adults….oh okay but maybe on this campus if it was someone we know use see, like one of those cool kids or people we see on Instagram or something like that, hai! I don't know, but this advert is confusing on itself nje"

Nonjabulo: "so basically one thing that I find wrong about this post is that if I have the condoms in my bag there`s no reason for me to be going around showing it to everyone , she's got the condom in her pocket and there are basically showing, maybe she's trying to create a certain trend or something…but then it has two meanings in it, it's either she's trying to create awareness from us as girls, like okay guys there's no shame in carrying condoms around but then its creating that sense of okay guy your gonna approach me …stuff like that, I'm using condoms….'

Zinhle: "how can I improve it? Oh my gosh…okay probably, one girl shouldn't be carrying that, maybe a bunch of girls walking together with condoms (laughs) like squad goals you know, not that she should be alone because I feel like other young people need to know that at least please just carry like a condom or two in your bag because you just never know…"

Social Media Networking Influencers

Additionally, the participants also highlighted the fact that the media campaigns mostly displayed male figures. Moreover, the participants expressed that it seemed to be the norm to use older or mature people in HIV adverts and campaigns as opposed to young people. They added that to them it seemed to be the norm that older people are more vulnerable to catching the virus than young people because the media never shows young people who are living

healthy lives with the virus. Essentially, what the participants implied was that viewing an HIV campaign or advert was like watching a movie or reading a book about a character but the character never comes to life. That was the essence of the interview conversations. All the participants were aware of the virus, how they can catch it and how to prevent themselves from catching the virus but they don't practice consistent condom use or abstinence because in their minds they are not high-risk, as ad campaigns always used older people. The message derived from that is that HIV is an illness for older people.

The six characteristics of the DOI Theory elaborated on **opinion leaders.** These can be described as people who are respected for their knowledge and reputation on a particular topic (Bertrand, 2004b). Furthermore, participants suggested that it would make a very compelling statement if celebrities, community leaders or figures of their age spoke about young people and issues surrounding HIV. The evidence that supports this statement was extracted from Rogers (1995).

"When trendsetters in a social group begin to model a new behaviour to others, they alter the perception of what is normal. Subsequently, others will begin to adopt the new behaviour. Ultimately, community members, regardless of whether or not they have had contact with the original trendsetters, are expected to adopt the new behaviour as it diffused throughout the community's social networks" (Rogers Everett, 1995).

The above statement highlighted the importance of influencers in today's fast-changing technology and media landscape. HIV/AIDS campaigns needed to be innovative and creative in their design toward their intended target audience. Participants further enthusiastically stated that they would participate in HIV/AIDS conversations on social media networks provided that their identity remained anonymous. However, this contradicts the current situation in social media network campaigns in South Africa (Brothers for Life, Zazi etc.) where there is an obviously large number of followers but no comments from the followers on their posts on social media networks.

The participants also brought up the point that because of the university setting, they are not exposed to a lot of television as opposed to when they are at home. When they are at university they rely on their friends and social media networks for information. This also brings back the first characteristic of the DOI Theory which was the importance of **communication.** Adding

onto this, when asked about the HIV/AIDS advert, they stated that they enjoyed the "Tinqoh" advert. They stated that because they were at home when they saw it with their family members, it is one of those that leave you with a thought lingering at the back of your mind. However, they do not go and ask elders about the advert or make any comments about it because it's a taboo topic. With this mind, the researcher was aware of the lack of flow of communication between the older and younger generations in terms of sexual health.

THEME 4

(iv) The Role of Culture

The concluding theme that was generated through coding during the analysis process was the role that the Zulu culture played in terms of relationships. Participants stated that the Zulu culture valued the importance of girls remaining virgins until marriage and frowned upon girls who had more than one partner because they would be ridiculed by society. This was stated in Mininhle's response below:

Mininhle : for me I don't like being with many guys because I don't want it to come to a point whereby when I'm ready for marriage my husband should feel like I was with everyone before them…so like when I'm in a relationship I stick it out bra, like obviously sex is an important thing in a relationship so abstinence is not even an option unless you are driving your boyfriend away because if you are not giving it to him he will defiantly get it from somewhere else…again you must remember that in our culture being a virgin is important which obviously is not the case with most girls here on campus so at least the least you try to do for yourself is stick to one relationship and not keep jumping to the next because you don't want to be labelled as a b***

Hence, when a male partner disagreed on the use of condoms in a relationship, the female had to be submissive and allow the male to decide whether or not they will use condoms because such conflicts in relationships often lead to break ups. In an effort to minimise the total number of sexual relationships to avoid having a derogatory label attached to them, young women noted that they would go to the extent of remaining in those relationships and allowing the males to decide whether or not they should use condoms.

It is imperative to note that after a relationship is labelled as "steady", it is normal to stop practising safe sex because it was assumed that both partners will be faithful to each other. This excluded going for regular HIV testing during the relationship or entering the relationship without knowing either partners' HIV status. When trust was established, there was no need to get tested or to continue condom use because you "trust" each other according to the participants. Mininhle's point on the cultural importance of virginity was echoed by other participants.

Buhle : haibo, dude, no way, I can't…thing is there's thing whereby I'm not sure if you guys do it in your culture known as "ukuhlolwas kwezintombi" held at a place in Nongoma. Basically we go there once a year and there's like a reed dance there and the elder women test us for virginity. But, it's not all Zulu people who do it but because I come from a very rural place in KZN my family still make us go…like sometimes it's so annoying….I personally never get tested but I think only because my parents stills think I'm a virgin of which I'm not (giggles). So on the question of using condoms I guess for me it just depends on how you and your boyfriend decide to do things but if you guys are used to each other then I see nothing wrong in having unprotected sex and it's not like condoms are always there lying around".

Buhle is referring to the reed dance which was performed to honour the virginity of girls and young women in Nongoma Village. This cultural rite of passage is called "ukuhlolwa kwezintombi". This emphasised the importance of girls remaining virgins until they were married. Participants felt that this discouraged many girls from talking about sexual health-related matters with their elders, especially after they had come to university and they had lost their virginity. Participants spoke about how they would rather keep it to themselves and their friends that they had lost their virginity because it was frowned upon in the community for people to know that they had started dating without their parents' approval.

To round off, to be seen at an HIV station/centre on campus would make matters worse. Essentially this would indicate that an individual was already sexually active, hence, their interest in HIV-related incentives. This was reflected in Londiswa's quote below:

Londiswa : "ya the one time one of my friends was working there near Island office by the HIV thing building, so she told me to come because they were giving away free food, (laughs) but that is the only time I've been there shame….(pauses) I wouldn't say I would go though, ayi,

especially at Shepstone there by the tents where they always test people. Many people are always passing by and people from my church might see me and they would obviously know I'm sexually active. I mean who would go to an HIV thing if you are not sexually active?

Moreover, participants stated that it was easier to read about other people's experiences or get friends' opinions about how to deal with sexual health issues because they were not comfortable with going to the health centres to talk to older people such as nurses about it. This is exhibited in Andiswa's quote below:

Andiswa: "sis,......no, I mean yes. But would you personally go to the clinic to ask about sex stuff? These days who doesn`t know about sex. It`s just one of those things maybe if you're not sure about something you can just ask a friend, no need to go all the up to campus and ask someone as old as your mum about that stuff…hai! Dude, its disrespectful, there`s always stuff in the toilets and res you can also read…hahahaha! that's just being a bit dramatic. You see people act like they don't know but they know…."

Moreover, the participants felt that, culturally, it was not appropriate and it made them feel uncomfortable. This showed how culture can sometimes influence behaviour, attitudes and perceptions of how people behave because of the way that they were socialised.

Chapter 5

Conclusion and Recommendations

The study was conducted at the University of KwaZulu-Natal among black female students, Durban in South Africa which was a suitable area to investigate due to the fact that Durban has the highest HIV/AIDS infection statistics in South Africa (Karim et al., 2010b). In addition to this, the DOI Theory was employed in this study to make sense of the researcher's findings. The key findings in this study provided evidence that although the Department of Health, in partnership with the HEAIDS Programme, had established numerous campaigns, the HIV/AIDS prevention landscape in South Africa still has a long way to go.

Moreover, in the early years of disease prevention, the media was a successful tool to convey disease prevention messages in many parts of the United States among gay couples as well as university students (Sarasohon-Kahn, 2016). In addition to this, in Sub-Saharan Africa, campaigns such as the ABC Campaign were also successful in reducing infection rates among females in some parts of Africa through the use of peer educators (Low-Beer and Stoneburner, 2004).

In South Africa, the HEAIDS Programme had also implemented various campaigns across the nine provinces with the purpose of educating the youth on how to prevent the contraction of HIV/AIDS and how to live healthier lifestyles with HIV/AIDS (HEAIDS, 2017). Among these campaigns was the use of social media to educate young people on how not to contract HIV/AIDS. This had been demonstrated in South Africa through interactive social networks such as the Brothers for Life and Zazi-Know Your Strength Facebook pages.

Evidence presented in the data indicates that HIV/AIDS stigma and gender inequalities still existed and were a huge challenge even among educated young women in South Africa. Any prevention intervention that did not take account of issues surrounding gender relations was likely to be unsuccessful (Karim et al., 2005). This called for innovative campaigns and strategies to be employed in order to diffuse a different mindset in people in order to change people's attitudes and behaviour. To justify this, elements of the DOI Theory presented evidence that when certain behaviour was practised in a society through the decision-innovation process, individuals would be persuaded to adopt the demonstrated behaviour.

In addition to this, the silence surrounding HIV/AIDS awareness and stigma needed to be broken among the youth in South Africa. The DOI Theory supported this through the communication element. An open channel of communication needed to be established among children, adults and health care providers with regard to living a healthier lifestyle and the accessibility of support mechanisms without fear or judgement. The world is in the third decade of HIV/AIDS research and so much has changed since the inception of this pendemic. This study found that participants are still living in fear of what other people will say and think of them if they participate in anything that was HIV/AIDS-related, either by having conversations about sexual health, condom usage, safer sex practices and getting tested for HIV/AIDS. The participants' non-verbal communication during the in-depth interviews were a clear indication that fear is a cousin of stigma in HIV/AIDS studies and both need to be highly regarded in the design of HIV/AIDS communication messages and campaigns.

Moreover, during the in-depth interviews, culture seemed to be heavily entrenched with regard to gender relations which had a huge impact on the participants' perceptions of what was possible for them in protecting themselves against HIV/AIDS. Essentially, culture is a way of life, it shapes people's attitudes, norms and identities (Podnieks, 2012). One of the significant barriers of the participants' lacked the motivation to practice safe sex stemmed from their culture. All the participants that were interviewed were of the Zulu culture. The participants elaborated on how the Zulu culture placed high importance on young girls remaining virgins until marriage and how society frowned upon young women who jumped from one relationship to the next. Consequently, young girls found themselves staying in relationships in which they could not negotiate safer sex practices and they do not speak up in order to save their relationships. Additionally, male figures dominated the relationships and determined whether or not condoms could be used without including young women in this decision-making process.

Through the DOI Theory, Rogers (1995) posits that if a behaviour is diffused into a community by influencers, people will ultimately model that behaviour and normalise it (Rogers, 1995). Literature supports this because this ideology was proven in Uganda between the year 1989 and 1995 (Low-Beer and Stoneburner, 2004). The HIV/AIDS landscape in Uganda showed a significant decline through the use of social networks and influential social communication patterns such as churches, community leaders and peer educators (Low-Beer and Stoneburner, 2004). Culture was passed down from one generation to the next. In South Africa, elders in communities, churches and families could inform young men how they could bring positive behavioural change into relationships without doing away with their culture. In addition to this,

social networks may illustrate the importance of establishing conversations about HIV/AIDS and healthier lifestyles among young couples in order to demonstrate positive behavioural change without diminishing one's culture. By doing this, young women would be given the opportunity to have a say in relationships with regards to condom use with their partners without them fearing the loss of the relationship and also preserving and respecting their culture as well.

Lastly, the researcher observed how positionality also played a role in the participants' participation in the study. Positionality can simply be defined as issues of race and gender that presented as united forces during the interview segment of the study (Merriam et al., 2000). Consequently, the participants assumed that the researcher held similar views on race and gender issues due to the fact that the researcher was a black female and more or less the same age as the participants. In addition to this, there were unspoken understandings relating to culture-bound phrases that did not need interpretation and non-verbalised answers conveyed with hand gestures and facial expressions due to the assumed ideology that they all came from the same "positionality" and shared the same sentiments. This had a positive impact on the study because it was easy for the researcher to recruit and talk to the participants and understand them. However, the negative impact is that there were some silent cues from the participants which indicated an assumption on their part that the researcher already understood what they meant.

Recommendations

This study yielded insightful information in terms of the participants' perceptions of condom use and secondary abstinence. From the data collected, the researcher suggests that there still needs to be more media influencers among the youth who popularise the notion of using protection during every single sexual encounter as well as making secondary abstinence "cool" if young people feel they are not ready to engage in sex in a relationship. The DOI Theory supports this because it states that opinion leaders in society can have a positive influence by diffusing a certain action by normalising it so that people can model that behaviour.

Additionally, South Africa has reached a new age in technology, particularly among university students. It would be a good idea to perhaps include familiar faces in the design of media campaigns. Trendsetters such as celebrities, community leaders and peer educators should influence positive behaviour change practices as well as how to live a healthy lifestyle

regardless of one's HIV status. These influencers should play the role of anchors for positive male behaviour and model good behaviour patterns to males in order to diffuse positive behavioural change and how to model good behaviour in relationships with young women so that conversations about condom negotiation and secondary abstinence are not taboo.

With this mind, challenges such as stigma would slowly but eventually be overcome with this new generation which is free of HIV/AIDS stigma. Lastly, the researcher suggests that the designers of HIV/AIDS communication messages should be mindful in their designs of media campaigns. Due to the lack of people's participation in the social media campaigns, they must ask themselves the following questions:

1. Who am I designing this campaign for?
2. What message am I trying to convey? (messages, especially pictures and videos, should not be lost in translation)
3. Why is this message important to me? How do I relate to this message?
4. Should this message be talking to me and how should I respond to it? What action should I take? How do I go about taking this action?
5. Is this message conflicting with my belief/culture? If so, how should the message be designed in order to accommodate me?

Lastly, South Africa is a beautiful rainbow nation made up of diverse cultures. The designers of HIV/AIDS communication messages should be careful not to use an umbrella approach and assume that "all black people are the same". This is false because South Africa has different black indigenous cultures that vary in so many ways so designing HIV/AIDS communication messages should be specific as to who they are targeting.

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