

YOUTH UNDERSTANDING OF SEXUALITY AND SEXUAL RELATIONSHIPS IN DUDUDU, SOUTHERN KWAZULU –NATAL.

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DECLARATION OF ORIGINALITY

I hereby declare that this dissertation, unless specifically indicated to the contrary in the text, is my own work.

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ABSTRACT

This research study aimed at investigating the understanding the rural youth have about sexuality and sexual relationships. The study begins with the literature review related to youth sexuality and sexual relationships. The main focus of the research was to gather information regarding the understanding the youth have on sexuality and sexual relationships, their sources of information, and level of comfort with the topic.

An exploratory research design guided the study. A systematic random sampling procedure was used to identify twenty youth from grade ten at Zithokozise high school in the Dududu area. Three focus group discussions were conducted with the group followed by a questionnaire, which was administered to individual participants in a group setting. Qualitative and quantitative methods were used to in analysing the results from which conclusions were drawn.

The findings of the study revealed that rural youth were not well informed on their sexuality and had misconceptions about sexual relationships. The youth that were sexually active were mostly not using safe sex methods. The popular informants of youth on sexuality issues were their own peers who also had inadequate information on the issues. The role of parents and educators in providing information to the youth was minimal and inadequate. Health facilities were not always available and if available were not adequately utilized.

Resulting from the findings of the study a youth sexuality manual for rural schools was designed. The facilitators from the Departments of Community Health and Social Work from the University of Natal piloted the manual in the same schools that were involved in the community development projects.

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CHAPTER 1

CONTEXT AND PURPOSE OF THE STUDY

Introduction

In recent years interest in youth behaviour internationally and in South Africa has grown tremendously to respond to problematic issues such as delinquency, drugs, teenage pregnancies, sexually transmitted infections and HIV/AIDS as well as rape and sexual abuse. Most studies are viewed as reactive in that they respond to correct problematic situations than to be proactive and prevent occurrence of such situations. Social work practitioners and other helping professions are often involved in the treatment and management of antisocial behaviours and other social problems in communities and sometimes experience difficulties because of environmental factors that are counterproductive to the processes.

Various factors expose the youth to negative and destructive influences that endanger their lives. Socialisation plays a big role in educating children about life issues in their communities. Parents, siblings, educators and peers are well-known socialization agents responsible for imparting information and knowledge to children and youth. As ¹children grow up peer group influence overrides that of parents and educators. The peer group influence is not always positive and youth find themselves exposed to drugs, crime and premature sexual encounters.* One of crucial areas in which proper socialization of children is needed is sexuality information.

Sexuality education, which informs children about their identity and gender, was seen as a domain of parents and siblings in South Africa and other countries. Improper socialization in the area of sexuality could result in negative outcomes such as poor self-concept and bad decision-making in life issues including relationships. When problematic situations regarding sexuality were noted in South Africa non-governmental organizations designed life skills education to train children and youth on growing up issues including sexuality and sexual relationships. The department of health that provided life skills training from youth centres later joined these groups.

¹ Persons under 18 years (S.A constitution section 18 (3) & Child care act (No 33 of 1960)

Private schools in South Africa joined in to empower youth on sexuality and decision making skills. It can be noted that the South African Government did not have a compulsory school based Life skills education before gaining a democratic state in 1994. In 1997 the Department of Education introduced Outcome Based Education (OBE) for all government schools, which included life skills, sexuality and HIV/AIDS education, as one of the eight learning areas (Ngcobo, 2002). Teachers were then trained between 1996 and 1998 to offer life skills and sexuality education to help prevent the HIV/ADS epidemic. This task was not easy for teachers who according to Agenda (2002) quoting Ngcobo (KwaZulu -Natal co-ordinator for the Life skills programme) went through a school system that did not offer life skills and may hold conservative values about Life skills and sexuality education.

Arguments about which group is competent in offering effective sexuality education continue with some authors supporting the role of parents while others feel that schools should be responsible for educating school going youth on sexuality. Critics of school based sexuality education internationally such as Szass in Schofield (1996) supported a stand that sex and sexuality education should be given by parents because educators were not adequately prepared for the task. Parents themselves felt unprepared for the task of educating their children on sexuality and were often uncomfortable discussing the subject at home .It is known that both educators and parents sometimes avoid discussing sex and HIV/ AIDS with the children resulting in children using other sources such as media and peers.

Ngcobo(2002) reports that with the escalating HIV/AIDS pandemic in South Africa the Department of Health responded to the lack of factual information on the subject by supporting the life skill curriculum for adolescents while the National Adolescent Sexual Health Initiative (2001) joined in to address the sexual health prevention strategies through the Love Life program. Inspite of these efforts , the escalation of HIV infection among youth in KwaZulu- Natal indicated that there was a problem with the effectiveness of the Life skills and sexuality education in schools and in communities. One of the reasons for this could be that the youth do not seem to understand their sexuality and self-identity well and may therefore engage in unsafe sex practices. It could be that since youth is a stage of learning and experimenting they sometimes get involved in risky behaviours such as taking drugs and

involvement in unprotected sex, resulting in unwanted pregnancies and HIV infection. Self-knowledge among youth is sometimes inadequate resulting in lack of confidence and poor decision-making. As a result of lack of adequate information youth could engage in sexual relationships prematurely without understanding the consequences of such behaviours. The youth in rural areas are not exempted from the problems experienced by youth elsewhere but research and interventions tend to concentrate on urbanised youth (Harrison, 2002). It is for this reason that this study has been undertaken to find out about the availability of information on sexuality to rural youth, check the understanding the youth have about sexuality and sexual relationships and find out about the sources of information in the area.

Context of the study

The high school where the research was conducted is Zithokozise –a Zulu word meaning “enjoy”–and is located in Dududu within the Ugu Region in Kwa Zulu - Natal province as shown in appendix 4 of this document. The average population at the school was approximately 750 black pupils and 12 educators in 2001. The high school was one of two high schools in the area that were involved in community projects. The Departments of Community Health and Social Work of the University of Natal, Durban, facilitated these projects.

The participants in the study were grade ten pupils age 15-19 years. The high school takes students from the neighbouring rural locations and would therefore provide information on rural youth. The University of Natal had a comprehensive research project in the schools and this study on youth sexuality was part of a bigger study involving youth in schools. The University of Natal would use the information received from the studies to improve the lives of the rural community using the schools as access points.

Background information received from the discussions with the teachers in the schools in the area and from the other informants was that the area chosen for this study was in the Ugu North region which is a rural health district with an estimated population size of 240 000. The area falls within the in land of Southern KwaZulu-Natal which is approximately two travelling hours from Durban. This area formed

part of the KwaZulu homeland during the apartheid years and still continues to lack resources and infra structure. The map of the area is found in appendix 4 of this document.

The Ugu Municipality community profile provided to the researchers of the Community Health Department of the University of Natal gave some information about the area as indicated in the paragraphs below.

The Ugu North area had a population of approximately 240 000 of whom 47% of its households were below the minimum basic household level. Only 32.4% of the economically active population were formally employed while 12% were in the informal sector. About 40.1% of the population were illiterate. Only 5% of the households had access to land for ploughing and 27% had garden plots.

Most rural homesteads lacked electricity and used wood for fuel

Information from Siyabona (a non governmental organisation in the area) emphasised that people wish to improve their quality of life but were constrained by poverty, lack of employment opportunities, lack of information and limited time due to time lost collecting wood and water to meet some of their basic needs.

The large part of the Ugu district is rural and some children travel long distances to access schools. The facilities such as clinics, legal help, food supplies and other needed facilities are far from most homes because the population is widely spaced. The profile of this area can be summarised as impoverished area with under employment, illiteracy and poor infrastructure.

Information obtained from the key informants and focus groups discussions revealed that there was lack of reticulated water and difficulties obtaining clean water as well as poor sanitation in the community as well as the school. The school had a general lack of resources such as library materials, newspapers and other teaching tools and this was confirmed in discussions with the teachers. This state of affairs would affect the general knowledge level of pupils in the school. Conditions at the school confirmed the imbalances that existed between the impoverished Black populated areas and the elite White areas in South Africa during the apartheid era.

Morrel, Moletsane, Karim, Epstein and Unterhalter (2002) commented on the imbalances within the South African schools saying that during apartheid era, appropriate knowledge was defined by race, with significant differences between the formal curricula adopted by public schools for white pupils and those for black pupils. They observed that even though the demise of apartheid has brought about common curriculum, the historic legacy of disadvantage continues in black schools in urban and, rural and peri-urban settings. With this background about the area and its inhabitants, it was anticipated that undertaking a study in the school context would give an overview of the situation in the area and give guidance in designing appropriate interventions.

Rationale for the study

Two high schools in Dududu in the South Coast of Kwa-Zulu Natal who were involved in community development projects with the University of Natal Community Health and Social work Departments, reported an increasing number of teenage pregnancies in the school going girls.

A discussion with some teachers in the two high schools and other informants in the area revealed that at least four young girls per school term leave school because of pregnancies. Girls as young as twelve years fell pregnant while still attending school. These girls often had to leave school and would come back after the birth of the child. It is noted that the problem of teenage pregnancies is not only found in South Africa and the third world countries but other countries such as the United States of America and United Kingdom experience a similar problem (Kulin, 1988; Coleman, 1974) in Becker, Ranklin and Rickel(1988).

Coleman (1974) in Becker et al(1988) observed that in the United States many more girls than boys were dating in the young age group 15 to 17 years while boys dated in the older age 17 to 19 years. Teenage pregnancies were common in the age group 15 to 19 years. The girls ended up leaving school because of pregnancies before they were adequately prepared for employment. The reasons for this may differ from area to area but Okonofua (1994) from his study in Nigeria, observed that teenagers in the

low socio-economic groups in Africa as well as other countries were more likely to fall pregnant and drop out of school than those of high socio-economic standards. This state perpetuates the low socio-economic status, as they are likely to have children who would experience similar difficulties.

Some rural areas of South Africa including the area of study are poverty-stricken with poor resources, a situation that contributes to various kinds of social problems. Varga and Makhubalo (1996), Leclerc-Madlala (1997), Karim, (2000) in Morrell et al (2002) supported this by pointing out that many young girls agree to have sex in exchange for very small items such as taxi fares, clothes and food and this behaviour makes them vulnerable to other problems.

Apart from teenage pregnancies and other problems KwaZulu-Natal province also has a high prevalence of more than 30% of HIV/AIDS infections in Southern Africa (UNAIDS, 2000) in Jackson (2002). A study at antenatal clinics in the KwaZulu-Natal province in 1999 showed that the prevalence of HIV/AIDS was 32.5% (Whiteside & Sunter, 2000:51). Of the 32.5% HIV positive, 17% were youth below 20 years. According to Smith (2001) the prevalence of HIV infection on youth between 15 and 19 years in South Africa was estimated at 22.7% by year 2001 showing that the rate of new infections was increasing. When looking at reported death statistics it was noted that the majority of deaths reported, which could be associated with HIV/AIDS were those of young adults 20-35 years, implying that they may have contracted the virus in their adolescent years (Whiteside and Sunter, 2000).

Sexual intercourse is still the major source of HIV transmission and intervention in areas of sexuality would help cut down on new HIV infections among youth. Some of the fast growing social problems in welfare sectors seem to be the increasing numbers of teenage pregnancies and HIV infections among the youth a situation that results in financial burden to the state because it has to provide social grants to cater for the needs of the children whose mothers were unemployed and who sometimes have died leaving the children orphaned. Also huge sums of money are spent on HIV/AIDS interventions annually but there are no visible signs of improvement in youth sexuality and sexual relationships behaviour.

Social workers in child welfare societies, government welfare and other non-governmental organizations intervene in these situations as part of their professional services to the community. Life skills and sexuality education are used as prevention strategies to help with knowledge and skills to prevent HIV infections, unwanted pregnancies, drug addiction and sexual abuse among youth but its impact is not well documented. As a social worker involved in community development projects the researcher observed that community development interventions by welfare and development organizations were usually centred in towns and well-developed areas leaving rural areas under resourced. As a result of this bias in the provision of services and poor infrastructure, children in rural areas may not have adequate access to these services. Where the services are offered they could be finding it difficult to integrate the traditional way of life with the western lifestyles, a situation that would leave them confused.

The parents and siblings are often the major sources of information from childhood but they could be overwhelmed and ill equipped to offer information that would make sense to the youth who could have other informants that may seem more valuable to them than their parents or other adults. To add to this situation, traditional structures that were responsible for educating teenagers about sexuality in rural areas appear to have lost impact. One of the traditional structures that were used was ²“Amaqhikiza” (older girls) teaching younger girls about sexuality and similar informative structures for boys have been seen as losing their impact.

Growing concerns from the schools and the community about the problems faced by the youth motivated the researcher to investigate the understanding the youth had on sexuality and sexual relationships in the rural area. It was also important to investigate what information existed and who provided that information before engaging in strategies to offer appropriate interventions.

² mature girls responsible for preparing girls for adulthood

Aim of the study

The main aim of the study was to find out the understanding rural youth had on sexuality and sexual relationships and to establish their sources of information on these issues.

Value of the study

The study was an effort to establish the level of understanding about sexuality and to identify any existing gaps in the dissemination of information. The high incidence of HIV/AIDS infection South Africa is so alarming that any education or information that could help minimise the spread of infection would be very helpful. Sexual relationships are still a major source of HIV transmission among sexual partners. Sexuality knowledge and preparation for sexual relationships would contribute towards the prevention of HIV infection.

It became necessary to explore the level of understanding the youth had about sexuality in order to plan a relevant sexuality education plan and strengthen the HIV/AIDS and pregnancy prevention strategies. The researcher had realised that understanding sexuality would contribute towards reducing the incidence of teenage pregnancies and new HIV infections. Offering an appropriate life skill education is one of the ways the researcher and the school community could contribute towards reducing the problems experienced by the youth.

It was hoped that the information gathered during the study would help design a sexuality education manual relevant for rural schools or look at other needed resources. In the event of a sexuality manual being available, the study would help by providing information that would supplement existing information. The study would also inform us about the availability and use of life skill education in the rural schools while at the same time giving a foundation for a detailed research on sexuality and other areas identified through the participants.

Objectives of the study

The objectives of the study were to explore the following:

- The level of understanding of sexuality among rural youth.
- The level of understanding of sexual relationships among rural youth.
- Whether or not youth feel adequately prepared to engage in sexual relationships.
- The sources of information on sexuality and sexual relationships in the area.

Research questions

- What does the sample of young people in a rural area understand about sexuality?
- Does the sample of young people in a rural area understand what is involved in a sexual relationship?
- How are young people prepared for sexual relationships in the area?
- Is information on sexuality and sexual relationships available in the area?
- If there is information on sexuality and sexual relationships, what are the sources of information on these issues among youth in the area?

Research design

The study was exploratory with some descriptive elements. The design was chosen because it would objectively describe the problem that was investigated. Arkava and Lane (1983:190) state that an exploratory design is undertaken when a poorly defined problem confronts the practitioner while according to Marlow (1988) an exploratory study is undertaken when little information is available on the topic under study. Because of the nature of an exploratory design there is no formal hypothesis but explanations about the issue under study. The principal of the school identified the class to be involved in the study and systematic sampling was done to assign participants to the group. Twenty participants were systematically selected in a class of forty pupils by assigning to the group every second pupil.

The design used both qualitative and quantitative methods of collecting data. Tools used to collect information were focus group discussions followed by individual questionnaires using closed and open-ended questions. The questionnaire was used to gather information that could not be obtained from the group setting. The data collected was analysed using both qualitative and quantitative methods of data analysis. After analysis of the data conclusions and recommendations were made and are detailed in the last chapter of the study, while more information on research methods is shared in chapter three.

Value of the findings

It was hoped that the findings of this study would help give light on the availability or lack of information on sexuality among rural youth. The researcher noticed that most studies focussed on teenage pregnancies but very little information was available on sexuality in a rural area. The findings would therefore give direction to what could be done to disseminate information on sexuality or to share what has worked for rural youth with youth elsewhere.

The researcher had been involved in lifeskills education in urban schools but was not sure if the lifeskills was available in rural schools and if not available would recommend extension of this service to the rural youth. Apart from lifeskills education the findings would help in designing other appropriate intervention strategies in preventing unwanted consequences of sexual behaviour among youth. Since this was an exploratory study, the findings would also give a basis for a more detailed research on the areas that were found to need more attention.

As the study was part of a larger study undertaken by the University of Natal departments of Community Health and Social work, the findings would enhance the outcomes and implementation of a school community based program that would be based on the findings.

Theoretical framework guiding the research

The learning theories and the ecological perspective that explain acquisition of knowledge from a developmental perspective guided the research. Children and youth acquire knowledge as part of their personality growth and development. Youth are raised in environments and the environment has an influence on their behaviour and they in turn influence the environment. These theories are discussed below.

Behaviour learning theory

Behaviour theories acknowledge that much of our behaviour is either learned or modified by learning and that we acquire knowledge, language, attitudes, values, manual skills, fears, personality traits and insights into our selves through learning (Hjelle and Ziegler, 1985).

The behaviour theories are important for the study of youth understanding of sexuality and sexual relationships, which are innate, but are also learnt from parents, siblings, peers and schools. Classical or respondent conditioning is a behaviour theory based on the reflex action produced by unconditioned external stimuli. When the unconditioned stimuli were paired repeatedly with conditioned stimuli, which would not produce that behaviour under normal circumstances, the desired behaviour was produced. Later Watson and Rayner (1920) in Hjelle and Ziegler (1985) applied classical conditioning to produce desired behaviour in human beings and this behaviour model became the basis for learning or producing desired behaviour in humans.

Operant behaviour discovered by Skinner, as indicated in Hjelle and Ziegler (1985) was the extension of the classical conditioning incorporating its principles but he believed that the organism not only reacts to external stimuli but also operates upon the environment, controlling the environment while being controlled by it. The operant method is based on the premise that desired behaviour is rewarded and because of the reward the behaviour is repeated while unwanted behaviour is stopped by punishment. Gewirtz and Boyd (1977) in Clarke- Stewart and Friedman (1987) applied the principles of Skinner's operant conditioning to shape children's behaviour.

They demonstrated that reinforcement or punishment of their action could shape children's social behaviours. This later became the basis for behaviour modification that is widely used in behaviour therapy.

Since the behaviour perspectives show us that behaviour can be acquired or learned by reinforcement and encouragement of what is desired and punishing to discourage undesired behaviour it is important for this study to understand what aspects of growth and development are encouraged and discouraged in the community as children learn behaviours in their environments.

Observational learning

Observational learning is based on the principles that children do not only learn from consequences of their behaviours but also learn by observing and imitating their parents' or siblings' behaviours without getting tangible rewards (Clarke-Stewart and Friedman, 1987). Children watch and listen to how others behave and then imitate them without any reward for copying such behaviours. In Hjielle and Ziegler (1985) it is stated that Albert Bandura had a view that behaviour, personal and social factors operate as interlocking determinants of one another meaning that behaviour is influenced by the environment but people also play a role in creating their social environment.

Bandura emphasises the role of observation in learning behaviour and states that most of people's behaviour is learnt by observing and modelling behaviour of others.

According to Bandura (1971) in Hjielle and Ziegler (1985) people are not reactors to external stimuli but have the capacity to use symbols, think, create and plan using their cognitive processes to reveal overt actions.

Another point to remember is that people also act as a result of observed consequences of their behaviours and others and that they do this because of reinforcement, which acts as an incentive to encourage the behaviour. This is known as vicarious consequences that are a result of observing rewarded or punished behaviour. Bandura in Clarke-Stewart and Friedman (1987) observed that children were likely to model behaviour of adults that were popular, powerful, nurturing, affectionate and possessing the things and status they want.

This theory is seen as emphasising the role of observing behaviour to learn and model the desired behaviour. Youth grow up in homes and communities where they observe others do things and if what they see is positively rewarded, they tend to imitate that behaviour and incorporate it as their own. This theory exposes the power of observation and modelling which helps in learning behaviour. This study hopes to uncover what the youth are learning about their sexuality and sexual relationships in their communities and would reveal what has been observed and modelled which results in the behaviour and knowledge acquired.

Psychosocial model

This model is important for this study because it explains the role of sexuality in development and only those stages that are relevant for the adolescent and youth stage will be discussed. The proponent of this model as discussed by Hjelle and Ziegler (1985); Clarke-Stewart and Friedman (1987) is Erick Erikson who extended the psychosexual model of Freud to include the social and cultural aspects of development. He stressed that the way individuals cope with their social experiences shape their lives as they cross over eight different crises points in their lives. His view is that in each crisis point people are vulnerable to develop negative feelings like guilt, inferiority and isolation but also develop positive feelings of trust, intimacy, generativity and integrity. The inner laws of development create possibilities that are shaped by the people and social institutions like the church, school, judicial and other systems within the society.

The critical stages discussed in Erick Eriksons' theory include the basic trust versus mistrust in the first year of life, which corresponds with Freud's oral stage. The child gains a sense of inner certainty or confidence. The second stage is from one to three years and is known as the autonomy versus shame or doubt. The third stage is from three to six years and is known as the initiative versus guilt stage. The fourth stage is from six to eleven years and is known as the industry versus inferiority phase. The fifth stage is the identity versus role confusion stage while the sixth stage is the intimacy versus isolation stage. The seventh stage is the generativity versus

stagnation, which is in middle adulthood. The last stage is at maturity and is known as the integrity versus despair stage.

The relevant stages to discuss in this study are the adolescent and the youth stages since they include the development of identity, sexuality and intimacy in relationships that are the major focus of this study. The adolescent stage is from eleven to twenty years and is known as the identity versus role confusion as previously indicated. During the adolescent or puberty stage the adolescent seeks his identity and if successful in developing a positive identity he becomes ready to enter into interpersonal relationships with friends, family and the community while also getting involved in intimate relationships. The adolescents love relationships are sometimes short term and marriages often do not last long at this stage because personal identity has not been fully consolidated. According to Clarke –Stewart and Friedman (1987) the adolescent may fall in love in an attempt to explore their identity through the use of other people.

Following the adolescent stage is the young adult or youth stage that is about intimacy versus isolation. Its achievement depends on successfully gaining the ego identity during adolescent years. This stage is important for successful involvement in love relationships but intimacy becomes difficult if the identity crisis stage was not successfully resolved.

The psychosocial theory gives the sexuality and intimate relationships background, which is important for understanding youth sexual relationships and the reasons for developing interests in those relationships.

The ecological perspective

The ecological perspective looks at the environmental role in acquisition of behaviour and is important for this study to understand learning of behaviour in a rural area. The ecological perspective is concerned with how children learn and adapt to the environments in which they grow and live.

Clarke-Stewart and Friedman (1987) state that the environments in which the children grow up could be viewed as systems, which exist simultaneously at various levels while Hoffman (1987) states that ecology rests on an evolutionary adaptive view of humans in continuous transactions with their environments. Hoffman (1987) focussing on disability says that this perspective presents a view that the needs and problems of humans need to be understood within the context of their environments. People affect their environments and the environment has an impact on them (Hepworth and Larson, 1986; Viljoen, Vanstanden, Grieve and Van Deventer, 1987). According to Viljoen et al (1987) the environmental model of human functioning notes that the individual behaviour can be distinguished but not separated from the environment in which it takes place.

When looking at this model one realises that the environment has an influence on peoples'behaviour hence one needs to understand the interaction of the two in studying human behaviour. The rural environment that is a focus of this study has a different influence on youth behaviour from the urban setting because of what is available in those environments and common practices that influence how knowledge and information is passed on.

In conclusion this section looked at the different theoretical models that can be used to explain youth sexual behaviour in a specific setting, which is rural. The perspectives discussed are the behaviour perspective, social learning perspective, observational learning and the ecological perspective. These perspectives highlighted the acquisition of behaviour through shaping using incentives and modelling desired behaviour while acknowledging the impact of the environment in learning.

Summary

Chapter one started off by introducing the topic followed by the context of the study. The researcher then looked at the problem that motivated investigating understanding of sexuality by youth. Brief discussions of the presenting problems were done after which the aim and value of the study were discussed and the objectives of the study stated. The last aspect discussed in this chapter is the theoretical models that inform this study.

In chapter two that follows this chapter the researcher reviewed available literature on youth, sexuality, and sexual relationships and looked at the role of schools and parents in sexuality education.

Presentation of contents

The first chapter presents and introductory overview to the study, the rationale, aim of the study, value for the study, objectives, research questions, research design and the theoretical framework guiding the study.

Chapter two gives a literature review that is relevant to the study. The literature covered information on sexuality and gender, relationships, love and sexual relationships, sexuality education and intervention strategies by the helping professions.

Chapter three discusses methodology of research followed by the research design, sampling methods, data collection, instrument for collecting data, data analysis and validity and reliability issues. Lastly, ethical considerations are explained and limitations of the study highlighted.

In chapter four the analysis and interpretation of the findings is done using qualitative methods and some quantitative with presentation of tables and qualitative information gathered during the focus groups and the questionnaire.

The last chapter presents conclusions and recommendations based on the findings. Conclusions are drawn from the literature and from the findings of the study.

CHAPTER 2

LITERATURE REVIEW

Introduction

A literature review was undertaken to better understand the topic of the study, which was investigating the youth understanding of sexuality and sexual relationships.

Areas of youth studied were youth sexuality, sexual relationships, and consequences of risky sexual behaviours as well as sexuality education at home and at school. Factors that contribute towards risky sexual behaviour were explored in the search, to understand sexual behaviour of youth. The researcher explored information on³youth or adolescents sexuality in both urban and rural settings.

Youth developmental stage

In investigating issues about youth it is important to understand who this group of people are in order to put things into perspective. Youth is defined as a stage of development, which is between 18 and 22 years following the adolescent stage (Gerdes, Oschse, and Van Ede (1986). Gerdes et al (1986) further explain this stage as an extension of adolescence which is granted to some individuals to enable them to further prepare themselves for the responsibility of adulthood. The functional definition of youth is therefore a period during which the individual prepares himself for adult responsibilities and roles relating to his occupation, marriage, and parenthood and defines his identity, values and goals according to these.

Keniston (1977) in Gerdes et al (1986) focuses on the psychosocial aspects and states that youth is a period of psychosocial moratorium during which the young person experiments with new forms of behaviour and tends to explore society and social order. Gerdes et al (1986) further note that the youth often have to deal with cultural contradictions such as brotherly love and helpfulness as opposed to business like competitive attitude. Other contradictions are about the freedom and restrictions imposed by society with the constant stimulation of needs and inability to satisfy

³ used interchangeable with adolescence in the study

those needs, making it difficult for youth to define their values and principles which lead them to sometimes rebel against and be alienated by society. It is noted also that the management of sexual behaviour is also fraught with contradictions such as value of premarital chastity which is seen as ideal by others but difficult to maintain even by those who endorse it.

For one to understand the issues that are experienced by the youth, it would be useful to look at the preceding stage of adolescence that is sometimes used interchangeable with youth stage in societies and also in this study. Schofield (1996) defines adolescence as a period between childhood and adulthood while Rawyer (1971) refers to adolescence as the period of psychological changes consequent upon puberty. According to Schofield (1996), Greatheard, Davenish and Funnel (1998) early adolescence starts from about 11 years to 15 years while late adolescence is from 15 to 19 years of age. The late adolescence stage merges with the youth stage that start from 18 years and this makes it difficult sometimes to be exact about the developmental stage of a young person. Hjelle, Ziegler (1985) note that in some communities the late adolescent can be up to 20 years which makes them not separate to the adolescent and youth stage.

The ⁴adolescence stage may start with physical changes such as rapid growth in stature, development of secondary sex organs and ends with the assumption of adult roles and responsibilities such as economic, political, legal and sexual independence. Adolescence sometimes overlaps with young adulthood due to delays in achieving financial independence hence the difficulties in making clear distinctions about the stage in society. It is during this period that selection and preparation for certain tasks that are carried out in adulthood is done and encouraged. Greatheard et al (1998) suggests that major lifestyle decisions are usually made at this stage and that personal and social identity is formed during adolescent and youth years.

✓ Another perspective about adolescence put forward by Derrider, (1961) is that in an African culture adolescence was recognised as a transitional stage during which

⁴ used interchangeable with youth (see foot note 3)

⁵ontanga taught girls and boys culturally accepted ways of behaviour. Puberty ceremonies were often arranged to mark the transition between childhood and adult life and were intended to teach them tribal secrets and to initiate them into sex practices adds Derrider (1961). The initiation schools often laid down rules of behaviour for sexes transferring to them the tribal sex mores and customs, the marriage practices and tribal concepts of social behaviour and individual responsibility.

During the youth period the individuals explore and test their skills in various areas including heterosexual relationships. Values and conformity to moral standards are established and defined at this critical period. The youth period often defines long-term goals about adult roles and psychological independency is usually defined during youth years. Various physical changes and emotional changes are noticed during the adolescence. These changes include among others, change in stature, genital changes, development of breasts, voice changes, pubic hair is noticed, and menarche for girls and wet dreams for boys (Gearheard et al, 1998).

Sexuality and gender

Youth like all human beings are sexual individuals as dictated by their genotype. Sexuality is defined as the sum of persons' inherited make up, knowledge, attitudes, experiences and behaviour as they relate to being a woman or a man. These include physical, emotional and psychosocial issues including those ways of behaving that enrich the personality and increase the love between people (Greathead et al, 1998; Derek&Lewllyn Jones, 1985). The term sexuality also includes how one feels about oneself; who one is sexually attracted to; what people want out of sex; sexual orientation which is who we are attracted to sexually; sexual satisfaction and ways we like to express and satisfy our sexual needs.

Sexuality is also the maleness and femaleness of individuals and deals with the physical and emotional development of individuals.

⁵ Zulu word for agemates or peers

Sexuality is present in individuals from infancy as noticed by such behaviours as genital stimulation, exploration or sexual arousal, masturbation, sexual games and fantasies, which can be seen even during pre-school years (Clarke-Stewart and Friedman, 1987). Mature sexuality is made up of more than hormones, ova, sperms that develop at puberty but is also made up of mature ideas about sex which include understanding of reproductive processes and interest in intimate sexual relationships (Clarke-Stewart and Friedman, 1987).

✓ Males and females differ in their physical and emotional development but these differences are also encouraged by socialization of individuals in their cultures and communities. Gerdes et al (1986) state that patterns of behaviour for males and females are often prescribed by society in terms of currently held beliefs and values with regard to the needs of that community. Some of the differences are noted in physical characteristics, physiological functioning and behaviour. The physiological differences include female and male genital organs that are noticed from the first two months of the life of the fetus.

✓ Other differences are noticed in physical growth with the male infants developing slower than the females because they carry more genetic information than females (Taylor and Ounsted, 1972) in Gerdes et al (1986); Keech, 1987). Males are also physically stronger with more muscles than females. More differences are noticed as a result of hormonal differences that are apparent during puberty. Hormones bring about growth of secondary sex organs in both males and females but different and profound changes in self-image are noticed in girls (Clarke-Stewart and Friedman, 1987). Further to this Ivey and Bardwick (1968) in Clarke-Stewart and Friedman (1987) state that hormonal changes associated with menstruation, especially fluctuation of oestrogen hormone, are associated with anxiety and other psychosocial states in adolescent girls.

Sexuality, which is described above, is often confused with sex, which refers to ones' reproductive system and gender. Meredith (1989) as cited by Schofield (1996) responding to this misconception, noted that the term sex also refers both to an act and a category of person. The earliest usage of the term sex in the sixteenth century referred precisely to the division of humanity into the male section and female

section. Today, however, the dominant meaning refers to physical relations between the sexes that is “to have sex”(Meredith, 1989) in Schofield (1996). It is common for people to refer to sex and sexuality as if they are the same but there are differences in meaning.

Meredith (1989) in Schofield (1996) refers to the Freudian interpretation that sees sexuality as a mechanical force within the personality, which needs to be controlled by cultural rules and taboos. On the other hand sexuality is seen as more than just sexual behaviour but it involves all aspects of becoming and being sexual, gendered person and these include the biological, psychological and social perspectives (Hedgepeth and Helmuth, 1996).

Still looking at the subject of sex Greathead et al (1998) have the opinion that sex describes the biological differences between men and women. They also make the distinction that only women can menstruate, get pregnant, bear children and breast feed while only males have sperms that enable them to impregnate women. Another term that goes with sexuality is sexual reproductive health, which relates to both psychological and physical well being. Psychological wellbeing relates to satisfaction about our sexuality, feeling loved and being satisfied sexually while physical health would look at the presence or absence of illness as consequence of sexual behaviour.

These definitions show that sexuality is a comprehensive term while sex often describes the physical sex organs or an act of intimate contact. From looking at the various definitions of sexuality it becomes important to point out the place for gender in the discussions about sexuality, as there is a relationship between these terms.

✓ Gender describes differences in the way males and females are expected to behave, their manner of dress, work and their status as defined by society and culture, not nature. Love life Motivation (2001) confirmed this in saying that gender roles describe what males and females are expected to do in specific situations. These are traditional roles of men and women, which include the power relations between men and women as defined by cultural, personal, political and economic context.

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On the other hand gender can also refer to being a male or female as identified by ones sexual organs while gender identity refers to the persons' basic conviction of being male or female. Downing, d'Heurle and Gross (1982) stated that one of the components of gender identity was a social sex role, which referred to the cultural generalisations about masculinity and femininity. Morrell et al (2001) supports this by saying that gender roles and responsibilities of men and women are ascribed by society they live in and are shaped very early on in development but this may fuel gender inequalities and vulnerability of both men and women, he added.

Relationships ✨

Relationships are an important aspect of growing up and these are formed with parents, siblings, peers as well as heterosexual friends. When children leave the confines of the home to interact with others they form relationships with peers and these relationships could proceed to heterosexual relationships. Heterosexual relationships can be sexual where there is physical contact between two people who are friends or lovers (Greatheard et al, 1998). Males and females may differ in their sexual expressions or in the way they relate to others and these sometimes depend on cultural socialization in their communities.

Downing et al, (1982) stated that females were more interested in relationships than males as a consequence of their greater physical and emotional maturity. Douvan & Adelson (1966) in Downing et al (1982) argued that females did not only experience pubertal changes earlier than males but also brought more intimacy related skills to relationships due to their experience of intimate contact with other females. They also suggested that it was regrettable that female's preoccupations with relationships made them more vulnerable to them than males. Meikle and Peichinis (1985) revealed that romantic relationships with opposite sex both real and fantasized were a source of negative as well as positive emotions and that romantic relationships were seen as stressful for females than males. Youth engage in relationships in heterosexual relationships from adolescent stages and it suggested that during the initial stages adolescents have a succession of short-term superficial relationships while

Schofield, (1996) cited Conger, (1979) who suggested that a major hurdle for boys and girls at this stage was the successful integration of sexuality with other aspect of the emerging sense of self without having to undergo too much conflict and anxiety.

When looking at antisocial behaviour displayed by youth an explanation is that the lack of proper integration of sexuality with other aspects of life that sometimes result in youth displaying antisocial behaviours such as improper sexual conduct, drug abuse and poor social skills. Relationships are a hurdle for both youth and adults but the proper socialisation and proper integration of sexuality into can achieve successful interpersonal relationships.

Love and sexual relationships among youth✕

Relationships as discussed in the previous paragraphs proceed from mere friendship and physical attraction to become intimate and sexual. Youth find themselves involved in sexual relationships planned or unplanned. Love life (2001) refers to sexual behaviour as the way people act out and express their sexual feelings and what people do when they have sex.

In order to understand the sexual relationships on needs to look at how it develops by discussing what is known as love. Relationships are established based on similarity of attitudes that bring about attraction of individuals to one another who eventually become friends (Baron and Byrne, 1987). Steady interpersonal relationships tend to grow out of agreement about many aspects of our world with people who have high agreements becoming friends. It was also noted from this perspective that people like those who will reciprocally evaluate them positively than those who do not.

Love gets established when two people perceive each other as potential sexual partners and the relationship moves beyond acquaintance and friendship to more sexual. There are two main types of love that are of value for this study namely; passionate love and compassionate love.

Passionate love is the intense overwhelming emotional state, pleasure, admiration and physical desire in which a person thinks about a lover constantly and want to spend time with that person but is often unrealistic in his judgement about that person (Keech, 1987) and (Murstein , 1980) in Baron and Byrne (1987). When the person feels in love he cuts down contacts with other people or friends and focuses attention on this one important person. Passionate love tends to develop where one is raised in a culture that believes in the concept and teaches children about it. Another condition for development of passionate love is the presence of appropriate love object, which is usually a person of the opposite sex who is not deeply involved in another relationship. The third condition for development of passionate love is the emotional arousal or excitement that depends on external cues interpreted as love (Baron and Byrne, 1987). Compassionate love is a close caring relationship of doing for the loved person which may begin as passionate love affair but this type of love is a deep lasting friendship that involves positive emotions, similarity and reciprocal liking and respect for the person (Keech, 1987; Baron and Byrne, 1987).

Spranger (1949) in Gerdes et al (1986) note that love starts with the idealisation of the loved one with a non sexual character but a feeling of oneness with the loved one and an attitude of reverence and shyness. The sexual part is seen as coming later when romantic and sexual elements are fused and the individual become ready for sexual relationship. Gerdes et al (1986) informs us that when the sexual encounter is started at an early stage, the process of maturity is retarded because according to Ericksons'view ego identity must be attained first before the individual is capable of true psychological intimacy with a member of the opposite sex. Bett Friedan (1964) in Gerdes et al (1986) states that sex can be used as a means of self-definition where an individual finds sexual identity through sex. It is noted that decisions about sexual behaviour have been seen as related to values and morality which often have different meanings for youth and adults (Gerdes and Osche, 1986).

Most adolescents date for some time without engaging in sexual intercourse but eventually have intercourse with their steady partner (Clarke -Stewart and Friedman, 1987). Sexual activity patterns of youth have changed over the past 20 years with more girls and boys under the age of 16 having already experienced sexual intercourse (Ford, 1988) in Schofield (1996). These changes seem to be experienced

globally with significant increases in other countries. Ford (1988) in Schofield (1996) further showed in his study of youth sexual relationships in the United States of America that only 36% of boys had experienced sexual intercourse by age 16 while 48% of girls of the same age had. This showed remarkable increase from the earlier study (Ford, 1978) where 26% of girls had experienced intercourse and only 12% of the boys had already experienced intercourse before the age of 16 implying that they were more sexually active girls than boys at the age of 16. The explanation was that young girls were more likely to be involved in relationships with older boys and possibly a few boys had relationships with older girls at the age of 16 years.

While the above research was conducted in the United States of America, similar concerns have been noted in South Africa and other parts of Africa (Varga & Makubalo, 1996; Fadayomi & Poukouta, 1999) stated that teenagers engaged in sexual activities earlier than anticipated. Clarke -Stewart and Friedman (1987) quote findings from Guttmacher Institute (1981) where it was revealed that among 14 year olds, 20% reported having had sexual intercourse while among 16 year olds 45 % of boys and 33% of girls were sexually active with 80% of the 19 year old boys and 70% girls being sexual active. The reasons given for this were that the findings reflect their attempts at achieving personal identity and physical intimacy than a reflection of uncontrolled impulse gratification.

There are arguments about the age of sexual consent among teenagers in all communities. The age of consent regarding sexual activity in South Africa has been 16 years (Sexual Offences Amendment Act) in South African Government Gazette (1999) while the Child Care Act (No 74 of 1983, as amended) in Agenda (53)(2002) permits a minor above the age of 18 to give consent to any surgical procedure. It is regarded as an offence to engage in sexual activities with a girl below the age of 16 even if there was consent and such sexual intercourse is regarded as rape even if there was no coercion. The implications for this supposedly protective legislation for young girls is that requesting for contraceptives could be problematic for fear of selling out the partner. Adolescent girls over the age of 14 years are permitted to request for any medical treatment including request for abortion (Section 39(2) of Childcare Act 74 of 1983) which is complemented by the Choice on termination of pregnancy Act

(2003) amended which permits a minor girl to request for termination of pregnancy without parents' consent. Because of confusion about what is permissible to do and not to do it becomes difficult to discriminate between girls who are abused and those who voluntarily engage in sex. Sometimes adolescences form relationships with peers who influence their behaviour and peer pressure is hard to resist. Adolescent girls have sex first with someone they love and hope to marry while boys are not likely to have sex with a partner they love (Jessor, Costa, Jessor and Donovan, 1983) in Clarke-Stewart and Friedman (1987).

Hudson & Ineicher (1991) in Schofield (1996) pointed out that there were a variety of factors that contributed towards engaging in early sexual activities by youth. These factors include among others unhappy family circumstances with lack of warmth and affection, ambivalent parents' relationships, separated and divorced, arguing /fighting, and single parents who were too involved in their emotional and physical struggles to cope with their children.

Schofield (1996) cites research by Voydam and Donnelly (1990) into the likely background of those who become sexually active at an early age in the United States. They concluded that young people with the fewest resources, who were poorer, less educated, non- white, from the least stable families and who had the poorest life chances were the ones who were most apt to become sexual active when they were quite young. Another factor that has been associated with early sexual involvement is child sexual abuse. According to Becker et al (1988) supported by Gerntholtz and Richter (2002) females whose sexual intercourse experience was before the age 14-15 years were forced into sexual relationships and there is also a link between adolescent pregnancies and sexual abuse. This confirms the power the environment plays in influencing behaviour.

There are also gender issues that contribute towards girls engaging early in sexual relationships such as cultural stereotypes and gender inequalities. Some gender stereotypes endorse the view that 'well behaved' women and especially young women should know very little about sex (Gupta, 2000) in Gerntholtz and Richter (2002). To add to this young women's sexual relationships in South African Black communities are dominated by fears of falling pregnant, rape or violence and fear that the

relationship would become known to parents and community which would be socially unacceptable (Harris, 2001; Love Life 2001).

It can be noted also that in most communities boys and men often initiate sexual relationships even among adults but when girls make choices about their sexual behaviours they are likely to be called “slag” by both girls and boys. While these insults may bear no relationship to the girl’s actual behaviour, a situation that is difficult for the girls, boys do not have to face these labels a situation that reveals differing social scripts among sexes (Clarke -Stewart and Friedman, 1987; Schofield, 1996). There is a notion that it is wrong for a girl to invite sexual activity while this is regarded as natural for boys. Although girls had romantic visions about relationships, decision-making is still dominated by boys. Boys do not only make decisions in relationships but also coerce girls into sexual encounters. Varga & Makubalo, (1996) stated that most girls refused their partners sex if they did not want to but a majority were usually unsuccessful for fear of abuse, termination of the relationship and financial hardships. Selikow, Zulu and Cedras (2002) show gender inequalities by quoting Mokoena (1992) as saying that men also defined their power by the ability to affect their will on women forcing them to engage in sexual activities against their will.

Violence in youth relationships is common and this could be attributed to the patriarchal nature of most South African communities where men’s needs override those of women, a situation that is shown in socialisation patterns of most parents. Gender socio- economic marginalisation where some youth in rural areas still live in poverty with no access to education or jobs may result in women, who also lack marketable skills to view sex as an important commodity (Caldwell, 1989; Strebel, 1996) in Selikow et al (2002). Gender inequalities with power vested on men are seen as contributory factors in sexual domination and sexual violence, which is common among youth sexual relationships (Thorpe, 2002).

Other contributing factors to early sexual encounters among youth are the erosion of socialisation institutions; inadequate functioning of traditional practices such as sexual socialization and monitoring that have been undermined (Delius and Glaser, 2001) in Morrell et al (2002). Coupled with this parental authority also has been

challenged by urbanisation and apartheid that have contributed to the breakdown of black family life (Ramphela, 1992) in Harrison (2002).

Formal schools, which could play a secondary socialization role, have also been seriously undermined, a situation, which further exposes youth to bad socialization elements regarding sexuality and sexual relationships.

Consequences of sexual behaviour

Sexual activities are regarded as basic needs and necessary for procreation of species. For adults engaging in sexual activities is seen as desirable where as for youth the act is not fully accepted by the adult population. Youth often want to experiment and sometimes experiment in sexual activities that would result in consequences such as unwanted, unplanned pregnancies and sexually transmitted infections including HIV/AIDS. Engaging in sexual activities for youth is regarded as taking risks because there is no preparation and full understanding of the implications. The majority of young people who are sexual active are not using protection against negative outcomes of such acts for various reasons.

No one factor can be quoted as contributing to early and unprotected sexual encounters. Becker et al (1998) mentioned that unplanned and unwanted pregnancy, HIV/AIDS and other sexually transmitted infections resulted from a variety of factors including risky sexual behaviours. The use of drugs associated with exchange of sex for drugs or money had contributed significantly to the spread of HIV infections and other sexually transmitted infections, she added. Rice et al (1991) in Becker (1998) said that these conditions were more likely to be prevalent among the low socio economic groups that were over represented in poverty areas. Graham (1994), Rogers & Rowe (1993) stated that adolescence and young adults who engaged in high rates of unprotected sexual activity with multiple partners and engaged in drugs, were making themselves more vulnerable to negative outcomes of risky sexual behaviours such as unwanted pregnancies and sexual transmitted infections.

Human Rights Watch (2001) supported by Love Life (2001) in Gerntholtz and Richter (2002) confirmed that in South Africa women and children face unprecedented levels

of violence and that rape and sexual coercion were constant dangers. These sexual encounters voluntary or involuntary often result in unwanted pregnancies; sexually transmitted infections and other related social problems. Gender inequalities, sexual coercion within relationships inability to negotiate terms of sexual relationships have an impact on young women's sexual risk taking behaviours among South African youth (Varga, 1997; Varga and Makubalo, 1996; Wood et al, 1998) in Morrell et al (2002). The patriarchal nature of South African society impacts on social relationships in a number of ways that include coerced sexual relationships and the risk of unprotected sex where men set the terms for intimacy in a relationship (Weiss & Whelan, 2001) cited by Morrell et al (2002). To add to this Morrell et al (2002) cite authors (Vetten and Bhana, 2001; Morrell, 1999; Niehaus, 2000) who noted that levels of sexual violence were very high in South Africa and that schools were not exempt from this. Another problem that is faced by youth is that masculinity is conceptualised by youth as dependent on men having many women partners, a situation that is a form of covert violence that undermines safe sexual practices.

Researchers in Allan Guttmacher Institute (1984) cited in Clarke -Stewart and Friedman (1987) found that youth between the ages 11 and 14 years were already sexually active the result that out of wedlock births increased. It was shocking to note that 70% of those births were from adolescence or youth.

Centre for Disease Control (CDC) (1995) and Rosenberg (1995) in Schofield (1996) also revealed that young women and men between the ages 13 and 24 were at increasing risk for HIV infection. The study showed that 14% of the youth that had died from HIV/AIDS related infections were between 20 and 24 years of age reflecting that the infection probably occurred during the adolescence years (15-19 years).

Young girls and boys can prevent the occurrence of unwanted pregnancies and sexually transmitted infections by using a variety of available birth control and protective methods. The well-known methods are oral contraceptives, injections, intra uterine devices and diaphragm gels, foams and barrier methods such as condom. All these should be available from health departments that offer reproductive health services. Becker et al (1988) also found that youth who engaged in sexual activities

used birth control inadequately or intermittently, if at all. Of these latex condoms rated high in preventing HIV and sexually transmitted infections but were not the best for preventing pregnancy, as condom failure is greater than oral contraceptives. Becker et al (1988) stated that for pregnancy prevention the most effective measure is hormonal interventions such as oral contraceptives and injections if used properly. The failure rate of oral contraceptives was rated at 0.1% but this could be as high as 18% or more for teenagers they added.

It was noted that the youth often know about protected sex but would not use protection for various reasons including fear of partner because of violence, lack of access to contraception and condoms. They also felt that they were not at risk of contracting sexually transmitted infections. Varga & Makubalo (1996) stated that young South African girls avoided discussing use of condoms for fear of abuse and rejection while Harris (2001) in a study in South Africa found that prevention condoms were acceptable to most girls, but they viewed them as a male domain. Some girls mentioned that they had problems with their partners who refused to use condoms because it made sex less pleasurable. Boys were not using condoms because they felt that they were not at risk contracting sexually transmitted infection and HIV/AIDS. They also did not talk about AIDS for fear of rejection and lack of intimacy in the relationship. Arguments about non-uses of condoms are varied but it is common to view condoms as insult to intimacy and as a debasement of partner fidelity (Worth, 1989; Sobo, 1994; Varga & Blose, 1995) in Morrell et al (2002).

With all the information available on prevention of HIV infection and pregnancy one would think that young people would be cautious about using protection but AIDS was seen by some youth in South Africa as not a priority or not existing at all (Varga, 1996). It was alarming that although teenagers had good knowledge about the connection between sex and HIV infection they still engaged in high-risk sexual behaviours as AIDS was not perceived as an immediate health threat by both partners. In most cases condoms were not taken seriously as helping in preventing HIV infections (Harris (2002).

Arguing on reasons for risky sexual behaviour among youth, Whisnant and Zegans (1975) in Clarke- Stewart and Friedman (1987) stated that it was unfortunate that

adolescents had no idea about what the inside of the body was like and how the body functioned although they had been exposed to some education and films on menstruation.

Other problems in reproductive health barriers for adolescents are the attitudes of health professional, which also contribute towards the limited access to information and reproductive health services. Gerntholtz and Richter (2002) found that health professionals were unapproachable and there was a general lack of family planning facilities for the youth. Information may also be unavailable in some areas or inappropriate, too technical or not well targeted.

Schofield (1996) notes that Hawkins, Spigner and Murphy (1990) in a survey of high school students, found that 51% of those subjects who were sexually active, only 26% indicated they would seek pregnancy prevention information and 24% reported they would seek information regarding prevention of HIV infection. This could indicate that the youth were not serious about use of contraceptives and prevention of sexual transmitted infections or they lacked insight into the risks of unprotected sex. Kurth & Champoux (1988) in Wardaski and Wardaski(1995) found that there were misconceptions in adolescent's knowledge of HIV/AIDS while Carol et al (1987) found that there was lack of factual knowledge and some misunderstanding. Adolescents sometimes are not personally concerned about contracting HIV, which in turn makes them not see the need to take preventive measures state Witte (1992) in Servich et al (1995).

In a study of adolescents behaviour Becker et al (1988) found that adolescents' knowledge about contraceptive was insufficient to protect them from consequences of engaging in sexual intercourse. In a study in Nigeria Okono fua (1994), found that a number of girls had poor and inappropriate knowledge of contraceptives and when these were used, this was done in appropriately. Increasing knowledge did not alone decrease risk taking behaviour among the youth, he added. Buga (1996b), Mfono (1998) in Gerntholtz and Richter (2002) noted that in South Africa sexual practice and protection among youth were limited when it came to contraception and pregnancy and this coupled with gender violence and coercion further put young girls at risk.

It was noted that although the majority of adolescents were sexually active, they were not given the information or support they need to make informed choices about their sexuality (Stewart-Clarke and Friedman, 1987). Lack of knowledge of sexuality in general and of contraception seem to be the source of problem in risky sexual behaviours. Jeffre Arnett (1990), Mokoena (1992) in Harris (2002), concluded that sensation seeking was contributing to inadequate use of contraceptives by youth. Youth were also egocentric when it comes to sexuality a factor that contributed to non-use of contraceptives while Varga & Makubalo (1996) also felt that powerful socio cultural and economic factors could override fears or concerns about possibility of contracting AIDS.

Another likely cause of refusing to use pregnancy prevention could be pressure to prove fertility (Preston- White & Zondi, 1989, 1992; Varga, 1994) in Gerntholtz and Richter (2002). It was also noted that other young girls wanted to fall pregnant to boost their self esteems, to prove womanhood, to test their boyfriends love or to get attention (Clarke –Stewart and Friedman, 19987). Poor use of contraceptives was also attributed to the fact that they had vague grasp of “ facts of life” and were cognitively immature to understand the complexities of reproductive processes (Stewart-Clarke and Friedman, 1987). Adolescents also thought that they could not be pregnant, that they were sterile, too young to fall pregnant or that it required too many sexual contacts to fall pregnant Others who were aware of what to do were too embarrassed to ask for or buy contraceptives or they could not find them (Clarke- Stewart and Friedman, 1987). This was confirmed in a Reproductive Health study by WHO (Agenda (2002) which indicated that sometimes adolescence do not use contraceptives for fear of infertility when they want to get pregnant at a later stage.

Health workers sometimes have attitudes towards teenagers seeking contraceptives, termination of pregnancy and other reproductive health services when they prevent them from doing so without parental consent a situation that is contravening their rights (Reproductive Rights Alliance and National Portfolio on Health, 2000) cited in Gerntholtz and Richter (2002). Adding to these concerns Makinwa-Adebusoye in UAPS/UEPA, African Populations in the 21st Century (1999) argued that lack of access to family planning facilities in some areas was guided by cultural and religious practices, which limited the provision of information on family planning to unmarried

youth. Long distances to health facilities in rural also prevented young girls from accessing family planning and reproductive health services.

Another source of risky behaviours is influence from the peers one interacts with. Group socialisation or shaping ones character by ones peers is a powerful force at work as behaviour is seen as context specific (Harris, 2001). As children grow they prefer the ways of peers to those of parents because peers reflect the preferred behaviour. It is important for parents who want to influence their childrens' behaviours to determine who their peers are. Harris (2001) advises that parents can change neighbourhoods, as this can be of benefit to their behaviours as levels of violence, teenage pregnancies and peer influences are not the same in all communities.

The arguments above reveal that there are many factors that contribute towards risky sexual behaviours of youth. Addressing these issues would need another study that would look at what interventions are likely to be successful among youth in various settings. The sexual risk taking of youth has been highlighted in these studies and they were found to be ignorant about contraceptive use and also had fears of losing partners if they asked for use of condoms. These behaviours have been seen as dangerous to youth and contributing to unplanned pregnancies and sexually transmitted infections such as HIV.

Impact of teenage pregnancies on education and opportunities

Not all the young people want to fall pregnant but those who do fall pregnant face consequences for that and some of these consequences are not pleasurable.

A study by Afofel et al (1993) in Becker et al (1988) indicated that more than four fifth of adolescence pregnancies were unintentional and only few planned their pregnancies. Girls who became pregnant often did not complete their schooling, particularly if they had second child soon after first one. Poverty and lack of opportunity were shown to be significant factors leading to teen pregnancies. It is argued that teenage mothers are less likely to complete high school and also less likely to find adequate jobs than mothers who begin child bearing in adulthood .The increase in HIV infections means that some youth would not complete their studies in due time because of opportunistic infections and AIDS. The delays in acquiring

adequate skills also indicate that they would experience difficulties in accessing good job opportunities. .

Unwanted pregnancies are not a problem for adolescents only but adult women also experience these. Out of school youth with poor opportunities to work could be exposed to joining crime and drug dealings and these situations further jeopardise It can be concluded that teenage pregnancies contribute to loss of opportunities to get higher education and gain economic independence. The youth however seem not to take these disadvantages into consideration when engaging in unprotected sexual activities.

Sexuality education and sex education in schools

Schools are a source of secondary socialisation of children where through formalised training children are taught about life and its challenges. Sexuality education is initially a responsibility of both parents and the community though some critics feel that the school should provide sex and sexuality education to youth and children.

There are various arguments concerning the responsibilities of offering sexuality education as seen in the arguments below.

Meredith (1986) in Schofield (1996) states that sex education in schools caters for what was traditionally the exclusive domain of parents. Some people disagree on the need for sex and sexuality education of youth. There is the notion among many that the power which education brings is potentially corrupting, and that education in sexuality will carry with it the threat of experimentation by the immature, leading to the very consequences that the education is intended to prevent.

Schofield (1996) further indicates that Meredith (1986) pointed out that critics of school sex education and objections to it were that no sexually liberating education could be provided within the context of what is in practice felt by many of its clients to be a repressive institution.

Thomas Szass in Schofield (1996) criticised the use of schools for sex education saying that government ministries of education should refrain from manipulating the subject for political ends unconnected with the subject.

Some justifications for school based sex education are that the classroom provides the most formalised, controllable and durable access to adolescents as a captive audience over a critical period of learning and psycho- social development.

While some criticised the use of schools for sex education others found the schools to have been given authority to give factual knowledge as against the parent or random sources of information from the surrounding society. The school also offers the young person a source of legitimacy, a yardstick by which the values of the family and society may be judged (Meredith P, 1989: 4) in Schofield..

Szass in Schofield(1996) expressed his doubt on the subject in Britain and USA stating that the term sex education conceals more than it reveals as it conceals the specific social educational and economic policies used to implement sex education, with the moral values being secretly encouraged and discouraged by the system.

It is also noted that the spectrum of AIDS has led to changes in the manner in which sex education is taught in British schools.

In South Africa there is government provision for inclusion of sex education in the school curriculum through the Out Come Based Curriculum 2005 that includes such broad areas as life skills (Ngcobo, 2002). Life skill education in South African schools includes sexuality and HIV/AIDS education. In spite of the inclusion of the lifeskills in the curriculum in schools, its impact in dropping the level of new HIV/AIDS infections among youth in and out of schools in South Africa has not been noticed as yet as. Also there has been no recent evaluation of school-based programmes that were developed to reduce HIV infections among youth in schools. Some schools have no access to Life skills manuals and the teachers have not all been trained in how to use the manuals. Agenda, 53 (2002)) explained the Life skills education from their interview with Sophia Ngcobo, the Kwa Zulu Natal co-ordinator for the Life skill programme who highlighted what is discussed below.

The Out Comes Based Education (OBE) was launched in south Africa in 1997 and included the Life skills, sexuality and HIV/AIDS education as part of the Life Orientation learning area, which is one of the eight learning areas in OBE. The emphasis of the Life Skills programme is to facilitate behaviour change by providing life saving skills through the curriculum. One of the areas the Life skill programme develops is the self-esteem of learners, which in turn would help them in decision-making skills. Coupled with this, the programme offers training in goal setting, critical thinking, assertiveness, communication, negotiation, conflict resolution, and handling and expressing emotions.

It is also the goal of Life Skills education to help learners to clarify their value systems and to empower them to assess risks and negotiate safer sexual behaviour. The programme also helps learners to understand gender and sexuality as well as reproductive health and rights. The focus of this programme is on the General and Education and Training phase from grades five to nine which includes ages 11-15 years. The teachers were faced with challenges in providing the sexuality education because they have to work in communities where gender values are extremely conservative and where gender malpractices are common. Teachers found themselves ill equipped to offer the Life Skills because they went through a system that did not offer Life Skills. Even though they were trained, others directly while others through the cascade model, they battled because of lack of support in the communities where even the educated people equated Life skill and sexuality education with sex talk .The Life Skills education has therefore not been well implemented in some schools, which explains the deficient sexuality knowledge among some learners.

A study in Britain by Isabel Allen, cited by Schofield (1996) revealed that of parents and pupils interviewed in a geographic spread of 200 families, 95% of teenagers and 96% of parents believed that schools should continue to provide sex education while 27% of parents believed that it should be the responsibility of the parents.

Kozakiwicz and Rea (1975) in Schofield (1986) revealed that British teachers felt that sex education was the most difficult subject to teach and that they were less trained to handle. On the other hand Allen's study argued that what was problematic was more the delivery than the content of sex education. She also recommended that outsiders could be used to give talks or leading discussions at schools and priority could be

given to training in the skills needed to handle these topic (Allen et al, 1975) in Schofield (1996).

Sex education is seen as influencing not only mental understanding but also has an effect on patterns of behaviour, social attitudes, and emotional experience. The competence of teachers to undertake sex education in schools has been seen as seriously challenged. This created a crisis of confidence in the way schools chose to manage the subject. When reviewing education through media it has been found that it was piece meal, occasional and impersonal than through person-to-person learning. Makinwa-Adebusoye in *African Populations in the 21st Century* (1999) however, stated that youth behaviours are greatly influenced by television, as they tend to view reality as what they see on the screen. This suggests that television can be successfully used as a medium of teaching sexuality to influence behaviour a stand that is supported by the Love Life programme (2001).

Youth and Parents role in sexuality education

Parents are the first socialisation agents for their children and are expected to educate them on all aspects of life. A powerful tool of education is communication both verbal and non-verbal. Children learn from modelling of behaviour by their significant others. There are claims by some researchers that adolescents and parents rarely discuss sexuality, but Baldwin and Baranoski (1990) in Schofield (1996) have revealed that adolescents and parents do discuss sexuality issues. (Lefkowitz et al, 1995) support this by saying that parents are viewed as accessible, inexpensive and often a willing source information for adolescents and children. Siecus (2001) states that preparing children for adulthood is one of the most important things parents do but parents naturally feel uncomfortable talking about sex. The notion that talking to kids about sex, contraceptives and right to abortion makes kids want to go out and do it (experiment) has been rejected (Stewart-Clarke and Friedman (1987) supporting the notion that parents should provide information about sexuality issues to their children.

Not all the youth engage in premature sexual activity. Research found that teens that felt closely connected to their families were less likely to have sex at an early age or

to engage in some risky behaviours than those who felt most distant from their families (Clarke -Stewart and Friedman (1987).

This may suggest that families where there was warmth and good communication are likely to discuss sexuality issues than the cold disconnected families. Avoiding conversations about sexuality is like telling them you are not willing to talk. Approaching the issues from a young age (toddlers) gives an opportunity to talk about more comfortable issues and progress with issues gradually as they grow.

Love Life thetha junction (2000) ; Stewart-Clarke and Friedman (1987) state that parents are sometimes embarrassed to talk about sex or may think if they do, children may go out and do it. This may imply that communication about sexual issues to children is not an easy task for most parents and is regarded as taboo.

Parents are warned not to wait for the “right time” to raise topics and answer questions. Parents can share their views and values with their kids and explain reasons. Hedgepeth & Helmith (1996) supported the parents by saying that parents were doing their part enough to educate their children though, children reported that parents were uncomfortable and wait too late to bring up sexuality issues with them .It was a concern that sometimes education about sexual risk taking is done after sexual activity has already begun, a situation which is unlikely to affect establishment of sexual behaviour.

Love Life (2000) looking at communication patterns associated with sexuality noted that when children are in trouble e.g. pregnant, they need someone trusted to talk to. Firstly they consult their friends who may give them information that will expose him/her to further danger and parents may be consulted later. This proves a need for parents to keep a closer relationship with their children and to communicate about growing up issues. Love Life (2000) informs us that there is evidence to support the idea that open communication about sex is the starting point to more healthy and responsible attitudes towards sex. It also suggests that youth get information on sex from TV, magazines or friends. Peers remain a powerful source of information among the youth and young people tend to do what is popular among their peers. Love Life

(2000) states that one out of five young people had sex because they were afraid of what their friends would say if they did not.

From these discussions one can deduce that both parents and youth have a responsibility in communicating needs around sexuality issues. Where there is lack of education about sexuality children could develop low self-esteem and make poor decisions about life issues. Education on sexuality and sexual relationships both at home and at school is necessary to empower youth to make informed good decisions about life.

Approaches in Youth Prevention programmes

Social workers are often called to intervene in youth problems for the purpose of preventing teen pregnancies and other social problems, and are expected to deliver effective interventions with communities (Franklin, 2000).

After research in the area of youth sexuality primary prevention programs are designed and the best programs are selected. The prevention programs can be on two levels i.e. Primary prevention that prevents the occurrence of behaviours such as pregnancy and subsequent programs that intervene when pregnancy has occurred to prevent further pregnancies.

Primary prevention programs need to target changes in sexual knowledge and attitudes where information on sexual behaviour is discussed as well as contraception use and measures to delay sexual intercourse while at the same time reduce sexual risk taking behaviour. Decision making skills, communication and interpersonal skills should be part of the strategy to help youth and parents to talk about sex. Other skills would be to help youth abstain from sex, postpone sex or reduce frequency of sexual intercourse while also promoting effective contraceptive use.

Kirby (1994) is cited by Social Work (2000) as encouraging school-based programs and divided the intervention into three criteria. These areas were: Abstinence programs that did not discuss contraception, Sexuality and AIDS education with abstinence and contraception use and comprehensive programs that include educational component, reproductive health services at school or in the community.

Social Work (2000) also cites Quin (1986) and Kirby (1994) who recommended sex education programs that included short course of 10 to 40 hours. These programs would include value clarification, skills building, provision of information, peer education, youth expression projects with skits and computer assisted instructions for parents and youth.

Another useful intervention is the Information –Motivation –Behavioral skills model developed by Fisher and Fisher (1982) discussed by Meickle et al (1985) as useful in HIV prevention. This model (IMB) focuses on acquisition of accurate information about HIV transmission followed by motivation to avoid risk and to engage in preventive behaviours. Peers are important in enhancing the motivation and development of positive attitudes to prevent infection and this is followed by development of assertive skills to encourage partner to accept protective methods.

Apart from prevention programs discussed above, professionals working with youth could use therapeutic interventions to help those young people who are experiencing problems related to sexuality, unwanted pregnancies and sexual transmitted infections including HIV/AIDS issues. Problem solving strategies, behaviour modification and other counselling models such as family therapy and transactional analysis.

It can be noted that not only social workers deal with youth issues but youth care workers are a fast growing profession that can help in reducing youth problems while building up the necessary skills for effective living. Communities also need to be involved in preventive strategies so that they encourage the use of learnt skills and educate their children themselves.

Summary

The literature looked at adolescence and youth in terms of their sexual knowledge and behaviour. Various authors (Becker, 1998; Rice, 1991) found that youth take sexual risks and do not use contraceptives. Their HIV/AIDS and contraceptive knowledge was also inadequate. Boys were sometimes more informed than girls in their sexual knowledge. It was found that although sex education was done in some schools the educators were not always comfortable dealing with the subject, which meant that

valuable information could not be covered in those lessons. Parents' role in their children's' education was also found to be inadequate or too late to be effective in reducing sexual risk taking behaviours.

Intervention programs to prevent pregnancies and sexual transmitted infections among youth were briefly discussed to help with post research implementation of a suitable program. The information from the literature will be used to support or reject the assumptions formed about youth sexuality knowledge in the rural area of Dududu. It is obvious from the literature that sexuality education is not getting the attention it deserves in South Africa and other counties. In chapter three that follows the researcher discussed the research methods used, which include the research design, sampling methods, methods of data collection, data analysis and limitations of the study.

CHAPTER 3

RESEARCH METHODS

Introduction

When conducting a study the researcher chooses methods according to the nature of the problem to be investigated. This chapter presents the research methods and techniques used. An outline of the research design chosen, sampling methods, data collecting instruments and method of analysing the results is given followed by the limitations of the study.

Research design

An exploratory research design was used at one of the two high schools identified in Dududu in the Ugu region, South Coast of Kwa Zulu- Natal Province (see map in appendix 4). The High school that was involved in the research was Zithokozise.

The exploratory design was chosen because it would objectively describe the problem. According to Arkava & Lane (183:190) an exploratory research design is performed when a poorly defined problem confronts the practitioner, or when he possesses little objective information about the nature of the problem and possible factors influencing it.

Williamson (1981:115) states that exploratory studies with descriptive elements are useful when a researcher has identified an area of interest but little is known about it. The researcher chose to use a qualitative method of inquiry because according to Creswell (1994: 2) a qualitative method is an inquiry process of understanding a social human problem based on building a complex holistic picture. This is formed with words, detailed views of informants and is conducted in a natural setting. The advantage of using the qualitative method is that the information is gathered in the form of discussions which are not restricted resulting in valuable data that would enrich the study.

Population under study and sampling method

Population

The geographic area chosen for the study was a rural area of Dududu in the Ugu north region of KwaZulu-Natal province as shown in appendix 4 of this study. School going youth between fifteen and nineteen years of age from Zithokozise high school in the Dududu area were chosen for the study. The school was chosen because of its availability and cooperation with the University of Natal. All the pupils came from different locations or Izigodi in the Ugu North district and fitted the required age for the study. Initially two schools were to take part in the study but the second dropped out after the first focus group discussions because of problems experienced by the school at that time and poor communication about needs of the study.

Sampling method

Sampling is a way of determining who the participants in a study would be (Marlow, 1998). A non-probability convenience sampling method was used whereby the captured audience of school going youth was selected from the high School. The principal allocated grade 10 accounting class pupils as participants for the study. The pupils were then assigned to the group of twenty participants using random sampling method where every second pupil in the class of forty was assigned to the group. According to Smith (1975) systematic sampling is one of the simplest, most direct and least expensive sampling method where the researcher takes every *n*th (second or third person as the case may be) from the sampling frame. Bailey (1982) affirms that although the convenience sampling is not representative of the group, it saves time by the use of the “captured” audience. Grade 10 pupils fitted the age group chosen for the study, as the average age in the class was 17 years with range 15 and 19 years.

According to Ulin et al (2002) and Creswell (1994) participants for the study are chosen because they represented the category needed and would give the necessary information. The youth in the grade 10 were chosen because they fitted the age category that was of interest to the researcher. It was also easier to use the youth in

school whose ages were known and also because they were easily accessible than the out of school youth. The sampling used would affect the generalisability of the findings as it posed a limitation on the group under study by excluding out of school youth.

Methods of data collection

The researcher decided to use two methods of data collection to gain more insight on the topic of youth sexuality. These methods of data collection were focus group discussions and questionnaires completed by each of the twenty participants. Focus group discussions preceded the collection of information using a questionnaire. The focus group method was chosen because of its qualitative nature, as it would generate rich information.

The participants in this study provided information on sexuality and sexual relationship practices by participating in focus groups and completing a questionnaire. The questionnaire was composed of open-ended questions allowing the participants to state their views without being restricted in any way. The method enhanced the qualitative nature of the design. It was important for the study to get information which best describes the participants' experiences and their knowledge in a simple way and without fear of being judged.

Focus groups

Focus groups where groups were led in discussions about sexuality were conducted using the questioning route as a guide (see appendix 1). Three focus groups with twenty participants each were conducted during the three visits at the school. Each group was conducted during the school period allocated by the principal to conduct the study. The discussions were audio taped and themes were captured and used to formulate questions for the questionnaire. Focus group discussions gave rich information that would not be available from individual interviews.

Arguing on the use of focus groups Kruger (1994) states that the use of focus groups interaction would help to produce insights that would be less accessible without the

interaction found in a group. Focus groups would also provide data on attitudes, perceptions and opinions of participants. According to Morgan (1988) in (Ulin et al 2002) focus groups also would encourage people to share their own ideas and debate views of others. Focus groups are composed of people similar to each other determined by the purpose of the study. Participants influence each other as they are in real life (Kruger, 1994).

A questioning route (see appendix 1) was designed and used to generate the qualitative information needed to generate insights on the youth understanding of sexuality. The researcher asked questions about sexuality, sexual relationships and the sources of information in the area. Information from the focus groups was collected and grouped into themes. After gathering the information a questionnaire was developed to further gather information from the youth based on individual perceptions.

Questionnaire

A questionnaire (see appendix 2) was drawn up using the information gathered from the focus groups. The same sample of twenty students that participated in focus group discussions was used to complete the questionnaires. Participants were given one hour and half to complete the questionnaires in the classroom. The researcher was available to give clarity to any questions that were not clearly understood and to check that participants did not share information while completing the questionnaires.

The questionnaire was chosen because of the nature of information required and because participants were children and the researcher an adult. Another reason was that the researcher knew that it was culturally a taboo for adults and children to openly share information on sexuality in the Black community. Shipman (1988) also cautions the researchers about sharing of information between children and adult researchers saying that children tend to hold or do not share information when interviewed by adults.

The questions in the questionnaire were formulated in English but most students found it difficulty to answer the questions. The researcher had to interpret and explain each question in Zulu, which was the local vernacular, to make sure that respondents

understood what they were asked. Respondents could answer in English or Zulu according to their competences. The completion of questionnaires took about two hours after which the researcher collected the completed questionnaires.

Validity and Reliability

Validity

Validity refers to the extent to which an instrument measures or assesses what it is supposed to (Arkava & Lane, 1983:22). There are two components to validity. One is external and the other internal validity. Grinnel (1985) states that the concept of validity is the ability of a measuring process to reflect truly the characteristics it is intended to assess.

External validity is concerned with the generalizability of the study and implies the extent to which the findings could be generalised to similar groups under same settings. Another form of validity is the internal validity that refers to the extent to which the items contained in the instrument accurately and reliably measure the underlying concepts under study while face validity refers to what the instrument appears to be measuring (Grinnell, 1985:240).

Establishing validity was not easy because of the qualitative nature of the questions and use of two languages, English and Zulu but the researcher tried to check the interpretation of terms with other people who were not part of the research.

The focus groups discussions also helped in clarifying the meaning of words as used in that community in order to formulate questions that would clearly indicate what was asked. Consensus on the meanings of words was established giving face validity of the instrument to the questionnaire.

The instrument showed that the terms used referred to sexuality and related concepts as understood by the youth in that community. On looking at the questions asked one would see that they refer to sexuality issues making the instrument face valid.

Reliability

Reliability refers to the accuracy of the measuring instrument and the degree of consistency of measure between independently derived sets of scores (Grinnell, 1985:170). It was not easy to achieve reliability because of the use of open ended questions and diverse responses that were received. Responses were grouped into themes to understand the common understanding of sexuality among youth.

Data analysis

After collection of data and grouping responses into themes, the data was analysed and interpretation given to responses. Focus group discussions were analysed first and after the questionnaires had been completed the information was analysed.

Measurement was both quantitative and qualitative. This is a mixed method, which is recommended by Ulin et al (2002). The yes and no questions were quantified and the open- ended questions were analysed and interpreted according to themes that emerged. Tables were used to classify the data and percentages were used to show variations between responses.

The researcher took time to analyse the responses as they were presented in both English and Zulu. As already mentioned, the questionnaire had to be translated into Zulu, which was the local vernacular because some respondents were struggling to present the information in English. The responses had to be translated back into English so as to be accessible even to those whose language is not Zulu. Focus group discussions were audio taped meaning that the researcher had to transcribe these and group them according to similarities and themes.

For qualitative data, themes that ran through were selected and given meaning while tables and percentages were used to give meaning to quantitative data. A summary of these themes has been given and concluding remarks drawn. Coding sorts were used in clustering information and making analysis easily understood. The information gathered from the focus groups has been analysed and included to give more clarity and background to the findings from the questionnaire. After analysis of the results

interpretation was done and conclusions drawn that support or refute the assumptions made.

Ethical considerations

When conducting research with humans the researcher needs to look at ethical issues, which is to conform to accepted professional practices (Webster, 1968) in Bailey (1985). Ethical considerations are concerned with potential harm and negative consequences to the persons involved in the study (Bailey, 1985; Marlow, 1998). Ethical issues guide the social work profession and as social workers get involved in research with people and their problems, moral issues have to be observed and any harm or danger to the participants or community to be eliminated. A researcher can be unethical by deceiving the participants about the nature and purpose of the study, asking embarrassing questions, cause emotional turmoil by reminding participants of unpleasant experiences, causing guilt, invading privacy, violation of confidentiality and falsifying the findings of the study (Bailey, 1985).

The study involved youth some of whom were below the consenting age of 18 years and needed to get permission from their parents in order to participate in the study. In dealing with this issue consent forms (appendix3) were sent to parents informing them about the study and asking their permission to allow children to participate in the study. Participation was not compulsory and pupils could not take part if their parents did not give consent or if they did not feel comfortable to take part. The participants had informed consents granted by their parents and they also consented to take part.

Another important ethical issue was whether the participants understood what was involved in the study. In dealing with this aspect the whole study and its purpose was explained to the participants by their principal and the methods of collecting data were explained to them as well. The researcher was also introduced to the participants including credentials. Since tape recordings were utilised in focus group discussions, the participants were assured that the information would remain anonymous and confidential as recommended by Marlow (1998). The completed questionnaires also had no personal information except the age and sex of participants and these precautions ensured that no emotional harm could result from shared private

information. All completed questionnaires were collected by the researcher and safely kept away from others. The use of a questionnaire helped in avoiding embarrassment by answering directly personal questions on sexuality. The information gathered was carefully analysed and interpreted to avoid any misrepresentation of information and the findings were shared with the school and recommendations were presented to them. The researcher covered the ethical issues that would have caused harm if not dealt with.

Limitations of the study

Various limitations were identified in this study, which would make it difficult to generalise the findings to all youth groups. One of the limitations is the geographical location chosen which could not be regarded as true representative of all the rural areas in Kwa Zulu -Natal Province. The schools chosen were also chosen because of their availability to take part in the study and not because of any uniqueness in sexuality issues. Bailey (1982) states that a convenience sample though less expensive it has the limitation that the results cannot be generalised to similar groups.

The school environment in which the questionnaires took place could also have had an impact on the information given. The youth were at school and may have thought that their educators would at some stage be informed of their answers even though the questionnaires were not marked with names or class. The sample size was also not a representative sample for the school, as the same age youth are found in other grades. The questionnaire was designed in English and explained in Zulu because the youth in the study were Zulu speaking, and some had language difficulties but did not want to appear stupid by answering in Zulu instead of English. These language issues could confound the results especially where participants used the languages interchangeable sometimes obscuring the meaning implied.

The use of the questionnaire did not help much in describing the facts about sexuality and a more narrative study or case study could generate a wealth of knowledge. Even though these limitations would make it impossible to generalise on the results, the information could be used to develop another sexuality research or to develop a pilot sexuality education program for the school. The rural and urban youth could also be

compared to develop a comprehensive youth sexuality education program that would help in preventing teenage pregnancies and HIV/AIDS infections among youth.

Summary

This chapter looked at the research method that was used for this study. As part of the research methodology the design of the study was described as the exploratory design and reasons for using it in the study explained. The convenience sampling method that was followed by a systematic sampling was explained. The instruments used for data collection i.e. the questioning route used for focus groups and the questionnaire used to gather information from individual members were explained. The researcher looked at issues of validity and reliability and explained the difficulties in achieving external validity. The chapter also looked at how the results of the study would be analysed and interpreted. Ethical issues were discussed and finally the researcher explained the limitations of the study that would make it difficult for the findings to be generalised to all youth in the rural areas. Chapter four which follows this chapter deals with the analysis of the data and interprets the findings.

CHAPTER 4

ANALYSIS OF THE DATA AND DISCUSSION OF RESULTS

Introduction

In this chapter the researcher analyses and gives meaning to the information gathered during focus groups and questionnaires. The researcher uses the objectives formulated for the study to present the information gathered and to explain the findings. The findings are presented separately for the focus groups and the questionnaire looking at the following areas.

1. Background information about the respondents
2. Knowledge and understanding of sexuality
3. Information on sexual relationships
4. Preparation for sexual relationships
5. Availability of information on sexuality including sources of information

The results are presented in tables where appropriate and qualitative discussions with some quotes where these are available.

Focus group responses

Background information

The background information requested was the age and sex of the participants. Sixteen of the participants were girls while only four were boys. The reasons for these were that more girls than boys were interested in accounting studies in the school. Also the school had more girls than boys, as boys tend to leave school early to look for jobs or to just hang around. This was an interesting trend in the area because in some rural areas girls leave school early to get married. The ages ranged from 15 to 19 years and the mean age for the group was 17 years.

Focus groups were conducted and the following information was gathered, sorted and grouped.

Youth understanding of sexuality

The youth were requested to mention things they know to be connected with sexuality. Some of these issues were the differences between boys and girls in terms of their biological make up and the stereotypes formed in the community about these different sexes. They were also asked about how boys and girls are treated in the community.

⇒ The responses given showed that some of the youth knew some aspects of what pertains to sexuality but the information provided was not comprehensive. When probed about boy girl differences they mentioned the different sex organs highlighting the fact that girls menstruate and boys have wet dreams. Other sexuality issues mentioned were development of pubic hair and deep voice for boys when they reach a certain stage. They did not know how these changes occur or how the body functions. On answering a question about the views the community has about boys and girls they mentioned that boys were given preferential treatment than boys when it comes to leisure issues. Boys could come home well after dusk but girls were prevented and punished for coming home late. The boys in their community got preferential treatment when it comes to chores around the home but girls were expected to work hard in preparation for future marriages while boys did very little housework.

Another interesting thing was that girls shared bedrooms with their mothers to ensure that they slept at home while boys were given outside rooms to sleep without being monitored. Girls were mostly close to their mothers and sisters and playing with boys was not encouraged. The information was superficial and could not be expanded when requested to do so. Boys dominated the group discussions by not giving girls enough chances to state their own cases.

Youth understanding of sexual relationships

The group informed the researcher that girls were not encouraged to have boyfriends but boys were encouraged to have more than one girlfriend and were praised for it. This tallies with (Schofield, 1996) who ascertained that girls in relationships are called names such as “slag” while boys get away with it. Girls did not always object when they became aware of the multiple partners the boy friend had. The community did not allow girls to walk with boys in pairs on the street and this made them meet in secluded places. Even if girls and boys were in the same class, they were not encouraged to spend time together without adult supervision for fear that they could go beyond just talking to physical closeness.

When asked about sexual relationships girls were not open about their experiences while boys were boasting and proud to be involved in sexual relationships. The group mentioned that people in relationships kiss and hug, usually away from adults. When asked about love and relationships boys felt that love and sex were similar and that having sex shows love. Use of protection in sexual relationships was known but girls said that they had not used any contraception but were aware that there were condoms though they had not seen one. Boys knew about condoms but said that they were not keen to use them. Thorpe (2002) who mentioned that sex without condoms is mainly confirms this. Girls felt that contraceptives were not easily available to them and they were scared to ask for these from the clinic, as the staff was not friendly. They were scared that their parents could be told about their family planning visits, confirming the findings of Gerntholtz and Richter (2002) about the unfriendliness of the health officials to youth.

When asked about sexually transmitted infections, they did not know any but had heard about HIV/AIDS though they had not seen any one seek from HIV infection. Sex and sexuality was thought of as the same. The participants were not always aware that girls could fall pregnant even from one sexual contact. This confirms Conger (1979) cited by Schofield (1996) and Clarke-Stewart and Friedman (1987) that it was a hurdle for boys and girls at the adolescent/youth stage to fully integrate sexuality with other aspects of emerging self hence the confusion about their sexuality and decisions about using protected sex.

Preparation for sexual relationships

In this study it was found that the group was not aware that they needed to be prepared for involvement in love relationships. They thought that love comes and when you love somebody you spend time. Boys discuss sex and love with older brothers but no skills are shared about involvement in sexual relationships. Their sisters had told girls about virginity test schools that they used to go to for information but they had not heard of any one operating in the area. Virginity testing schools traditionally used to educate girls about sexuality while encouraging them to remain virgins for the parents to get full 'lobola' or bride prize. Youth in this study felt that they were not prepared or informed about sexual relationships.

Availability of information on sexuality and sexual relationships

The girls said that their sisters and mothers informed girls about menarche and growing up issues but mothers would not discuss relationships with their daughters. The girls complained that their mothers would forbid them going along boys telling them that they would be pregnant without telling them how that would happen. Fathers did not take any active role in providing information about growing up issues. The only advice given to boys was for them to have as many girlfriends as possible as this was seen as a way of showing manhood. This tallies with the findings of Thorpe (2002)

Television was mentioned as a source of information on relationships but the programs were not regular and most home did not have electricity or television sets, they used radio instead which was not specific about sexuality information although there were stories that could relate to these issues. There were no discussions on sex and relationships in the classes so they do not know if teachers have any information. When a girl is pregnant in the school lady teachers talk to them but do not explain how pregnancy occurs they only tell them that it is dangerous to sleep with boys. The responses indicated that parents and teachers discussed some information but would hold other information from the youth. The information received from television and radio was not enough to explain the facts of life to the youth.

Summary of the focus groups findings

The focus group discussions were based on the questioning route that had been drawn. The information received was used to help generate further questions for the questionnaires. The responses received gave guidance on what to focus on and what needs to be explored further. There was a general idea that there was not enough information on sexuality and HIV infection. The researcher was of the opinion that shy participants were not given a chance to voice their opinions. The individual questionnaires would then help get an idea of how many were knowledgeable about sexuality instead of group responses that could be mislead one into thinking that the rest had the same opinions.

The questionnaire responses.

Twenty youth from Zithokozise high school completed the questionnaires for the research project. The questionnaire was chosen to enable participants to answer freely as some issues on sexuality could be embarrassing during an interview. The research data is presented in table form and percentages preceded by the topics to be addressed and followed by a descriptive analysis and supplemented by additional impressions gained from open-ended questions and qualitative responses. The results are presented in the table and discussions below.

Youth understanding of sexuality

Table 4.1(N= 20) Understanding sexuality

Responses	Frequency	%
Sexuality is sex	3	15%
Sexuality is sex organs	2	10%
Sexuality is being liked by boys	2	10%
Sexuality is liking girls and being loved by boys	2	10%
It means having a boyfriend or girlfriend	1	5%
It means being a woman or man	1	5%
It means being involved with the opposite sex	4	20%
Do not know what it means	5	25%
	20	100%

The interpretation of these answers is that the majority of youth did not understand fully what sexuality was. Ten percent stated that sexuality referred to sex organs and another 5% said it meant being a woman or man. Fifteen percent of the participants confused sexuality with sex implying some misunderstanding of the concept. The rest of the group gave answers such as liking girls and being liked by girls and having a boyfriend or girlfriend while 25% said they did not know what sexuality meant. Fifteen percent of the participants said that sexuality was sex implying that sexuality and sex were the same. Another interpretation could be that sex and sexuality were used interchangeable, confirming the statement by Meredith (1989) in Schofield (1996) that said that the term sex referred to both an act and a category of a person. From these results the researcher concluded that there was no clarity about the term sexuality and that youth had superficial understanding of sexuality.

Sexual relationships information

The youth were asked if there had ever been involved in sexual relationships and whether their friends were. From the twenty participants in the study, only ten stated that they were involved in love relationships as well as their friends, while seven of the participants were not involved, three participants did not answer the question.

These answers revealed that the majority of youth at the age chosen for the study (15-19 years) were involved in love relationships supporting the studies by (Ford, 1978 and 1988) in Schofield (1996) which revealed that youth from 16 years are involved in relationships. Fifty percent of the participants, who included both boys and girls, said that they were involved in relationships but the respondents did not explain the nature of such relationships.

The respondents had various responses to the feelings they had about the sexual relationships. Some were embarrassed while others were anxious and fearful. Two boys stated that they were excited to be involved in such relationships while ten girls said that they were not in relationships and therefore did not know how they would feel. It is assumed that the girls who were in relationships feared being called names or were anxious about falling pregnant. Largon & Armussen (1991) stated that

romantic relationships with the opposite sex were a source of negative as well as positive emotions. Berich (1978) in Wodaski and Wodaski(1995) also found that girls were more anxious than boys and did not want to be seen as “cheap” or easy and sometimes conceal their real feelings about sexual relationships.

Preparation for sexual relationships

Participants were asked if they were given any preparation for relationships at home or in the community.

The results from this question showed that the majority (50%) felt that they were not ready while only 25% felt that they were ready for relationships before they got involved. Some participants qualified their answers by stating that participants did not feel ready for love relationships because they were still young while others felt that they had no prior information about relationships.

Of those who felt they were ready two stated that age indicated readiness for such relationships. “The age tells when you are ready.” The age mentioned was eighteen, nineteen and twenty-one. Others mentioned instinct as indicating readiness for love relationships. Some said that at puberty one should be ready. The participants said that no one prepared them for relationships although two girls mentioned that their sisters had talked about relationships to them. Boys also had no prior preparation for relationships but did not think they needed any.

The participants gave a variety of answers to reasons for not preparing them for relationships. Others felt that their parents thought they were too young for relationships while others felt that they needed to concentrate on their studies first. Others mentioned that AIDS was a deterrent for parents’ fears to discuss relationship information with the youth. The researcher was of the opinion that preparation for relationships was not consciously done in the area hence the lack of information on this topic.

When asked about how they could be prepared they gave a variety of answers.

They stated that they could read about relationships if there was available information. They could wait for the right age may be 24 years, if younger than 19 they may not be ready. By getting education first and concentrate on their studies later

they could think about relationships. Older people could help younger ones- but not parents-they stated. The participants suggested that they could read available information or ask their older siblings about relationship issues.

These results confirmed that there were no uniform sources of information in the area. It could also be that sexual relationships are not openly discussed in the community.

Level of knowledge and sources of information on sexuality and sexual relationships.

On a scale of 1 to 5, what is your level of knowledge regarding the following?

(1=no knowledge, 2=little knowledge, 3= some knowledge, 4= good knowledge, 5= very good knowledge)

Question 8 in questionnaire (see appendix 2)

8.1 the development and functioning of sexual organs

8.2 sexual intercourse

8.3 contraception

8.4 STDs (Sexually transmitted infections)

8.5 pregnancies

8.6 HIV/AIDS

Responses to the above

Table 4.2 Level of information on sexuality and sexual relationship issues

Level of knowledge Of items 8.1-8.6	8.1	8.2	8.3	8.4	8.5	8.6
No knowledge	65%	45%	5%	40%	10%	30%
Little knowledge	25%	40%	40%	20%	30%	15%
Some knowledge	0%	5%	20%	30%	30%	25%
Good knowledge	10%	5%	20%	0	20%	15%
Very good knowledge	0%	0	10%	5%	5%	10%
No answer	-	5%	5%	5%	5%	5%

According to table 4.2 above 65% of participants had no knowledge about the developmental function of sexual organs, while 25% had little knowledge and only 10% had good knowledge. This indicated that there was no information given or discussed about sexuality. Table 4.2 also showed that knowledge about sexual intercourse was deficient with only 5% with good knowledge, 5% with some knowledge, 25% with little knowledge and 45% with no knowledge. The results were consistent with the previous question number 7 where only 35% said they were involved in sexual relationships indicating that those who were not involved in sexual relationships would not have sufficient knowledge about sex. The youth in this study had a fair amount of knowledge about contraceptives where 20% of participants indicated that they had good knowledge, 10% had very good knowledge, 20% some knowledge, 40% little knowledge and 45% no knowledge.

The results also showed that the youth had information on contraceptives even though they were not using them as indicated in the focus group discussions. Becker et al (1988) had confirmed the inadequate use of contraceptives among youth while (Varga and Makubalo, 1996) suggested that girls did not ask boys about condoms for fear of abuse and rejection. Worth (1989), Sobo (1994) & Blose (1995) in Morrel et al (2001) found that condoms were seen as insult to intimacy and debasement of partner fidelity. The above may be some of the reasons for inadequate use of condoms. The researcher did not explore further the issues around contraceptive use and this could be expanded in another study.

Very few participants in this study had good knowledge about sexually transmitted infections. Only 5% had very good knowledge, 20% had little knowledge, 30% some knowledge while 40% had no knowledge at all. There was an impression that youth were not very clear about these infections since they are usually kept private or only discussed with the affected persons.

Pregnancy knowledge was fair with 20% good knowledge, 5% very good, 30% some knowledge, 30% little knowledge and only 10% no knowledge. This indicated that the youth had either seen someone pregnant or have heard discussions about pregnancy. The youth had indicated that they did not know how one got pregnant confirming their deficient knowledge about sexuality.

Knowledge about HIV/AIDS was distributed as follows:

Thirty percent had no knowledge while 15% little knowledge, 25% some knowledge, 15% good knowledge and 10% very good knowledge. The results showed that there was some information on HIV/AIDS though the adequacy of such information was not discussed in the questionnaire. The results show general inadequacy of information and sources of information in the area

Table 4.3. (a) Sources of information

Area of information	Informants
Developmental functions of sexual organs	Social workers, Sisters, Friends Guidance teacher
Sexual intercourse	Other children, Television
Contraceptives	Clinic Sister, AIDS educator, Soul City, posters, Other children.
Sexually transmitted infections	Clinic sister, Stories on radio, Television
Pregnancy	Parents, Mothers, Female teachers, Sisters, Friends, Drama
HIV/AIDS	Clinic, AIDS educator, Health worker, Parents

The results indicated that some children shared information on Sexuality, sexual intercourse, pregnancy, sexually transmitted infections and HIV/AIDS with parents, educators, clinic sisters, health educators, other children and media such as radio and Television. The level and quality of information shared was not probed.

Table 4.3(b) Parents and teachers as informants

Informants	Yes	No	Do not know
Parents	30%	65%	5%
Teachers	25%	75%	0

These results indicate that teachers and parents were not sharing enough information with the youth on sexuality issues. The impression formed was that sexuality education was inadequate at school and at home confirming the results of the study by

Allen et al (1975) and Clarke-Stewart and Friedman (1987) that parents were not comfortable discussing sex and believed that the school should provide such information to youth. Allen et (1975), Kozakiwicz & Rea, (1975) also argued that the competence of teachers to undertake sex education was seriously challenged and that teachers felt that sex education was the most difficult subject to teach and that they were less trained to handle. The youth stated the following reasons for their answers about the role of teachers and parents:

The youth were of the opinion that parents provided inadequate information that left them with questions about the reliability of such information. Parents only told girls not to do certain things but gave no explanations. The youth felt that the school should provide the information on sexuality not parents because parents do not tell the truth.

These were some of their comments about parents

“Parents do not tell the truth”. “They do not give information because I am too young”. “There are things I do not know because I was only told very little”.

There may be a need to study the level of knowledge that parents have about sexuality, as there is a possibility that they also do not have sufficient information to share. When asked about whether the information on sexuality was adequate or not, the responses to this question indicated that there was not enough information on sexuality and relationships in the area confirming the lack of resources in this rural part of Ugu North. The information could be available but not accessible to youth.

10% of the participants felt that parents should provide the information while 60% felt it was the responsibility of the school to provide sexuality education. They also thought that health educators and other people visiting the school could provide information. There was also an indication that sexuality education should be provided by other young people and that newspapers, radio and television could provide information that would equip youth about sexuality and relationships.

Table 4.4 Recommended methods of disseminating information

Responses	Frequency	%
Lecture	0	0%
Group discussions	5	25%
Reading material	4	20%
Exercises & role-plays	2	10%
Videos	11	55%

Fifty five percent mentioned videos as the preferred method of disseminating information while 25% indicated that group discussions would be the best method of learning. 20% felt that reading would be the ideal method and 10% preferred role-plays. These results support the statement by Makinwa-Adobusoye (1999) who said that youth behaviours were greatly influenced by television suggesting that using television or videos would bring about the desired outcomes. Also videos and television are non-threatening because one does not interact directly with the actor but through a facilitator or just views and discuss later.

The topics listed as needed were sex education, sexual intercourse, knowing self, Pregnancy and HIV/AIDS prevention and how to fall pregnant. How to improve communication with parents was another area the youth indicated they wanted information on. The information needed related to sexuality issues and showed that there was some insight into how these topics were related. The youth also wanted to improve communication at home.

Summary

This chapter analysed and interpreted the results from focus groups and questionnaires using qualitative and some quantitative methods. The findings were consistent with findings from other researchers on related topics such as understanding pregnancies, sexual relationships, protected sex to prevent HIV infection and understanding their sexuality. Results indicated that there was insufficient knowledge about sexuality among youth and that information was not

readily available. There was no preparation for sexual relationships among youth in the area. Teachers and parents were suggested as the likely informants but the readiness of them to deal with the subject is not known .The youth in the study also revealed that sex is still a taboo in the community. Parents seldom talk about sex or sexuality to their children .The school was also not playing an active role in sexuality education. Information on sexuality was not readily available in the area while television was rated the popular means of transmitting information.

Chapter five highlights conclusions and recommendations from the findings.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

The aim of this study was to explore the understanding of sexuality and sexual relationships by rural youth and find out about their sources of information on these topics.

Youth experience problems regarding their sexuality and sexual relationships with teenage pregnancies and sexually transmitted infections including HIV/AIDS still being concerns for both the youth and the larger community. The Kwa Zulu -Natal province has the highest prevalence of HIV infections in South Africa, with 17% of all HIV infected being youth between the ages 15-24(Smith 2001). Young school going girls leave school because of unwanted pregnancies in South Africa and elsewhere and there are concerns that they get involved in these relationships prematurely.

The opinion formed about youth in sexual relationships is that youth are not well informed about their sexuality and know very little about sexual relationships (Clarke-Stewart and Friedman, 1987). Another factor contributing to early sexual involvement are the erosion of socialisation institutions and inadequate functioning of traditional practices such as sexual socialisation and monitoring which have been undermined (Delius and Glaser, 2001) in Morrell et al(2002). While youth in the urban areas experience the same problems, it is felt that youth in the rural areas are vulnerable because of poor resources.

The research objectives were to explore the following:

- The level of understanding of sexuality among rural youth.
- The level of understanding of sexual relationships among rural youth.
- Whether youth feel adequately prepared for to engage in sexual relationships.
- The sources of information on sexuality and sexual relationships in the area.

Conclusions and recommendations in this study are based on the information gathered to answer the questions derived from these objectives as previously indicated in chapter one.

Conclusions from the literature review

The researcher read literature on youth sexuality and sexual relationships to gain a better understanding of the topic. The researcher discovered that there was a lot of information on teenage pregnancy but very little studies looked at sexuality understanding.

The literature discussed the sexual risky behaviour of youth that expose them to unwanted pregnancies and sexually transmitted infections and confirmed that they were not well informed about sexuality and if they knew, the information was not well integrated to help them perceive the dangers of unprotected sex (Clarke – Stewart and Friedman, 1987. Youth were also engaging in sexual risks and unprotected sex. Even though they knew about protection, there was reluctance to use condoms or collect contraceptives (Harrison, 200). The literature looked at gender issues and found that there were still gender imbalances and power struggles between men and women (Harrison, 2002; Selikow et al 2002). The literature further looked at sexuality education at home and at school and highlighted that both parents and teachers were uncomfortable and ill equipped to deal with the subject (Ngcobo, 2002; Thorpe, 2002). Prevention strategies to help youth overcome these problems were briefly highlighted with focus on primary prevention and secondary prevention without overlooking the value of therapeutic interventions.

Conclusions from the study

Various conclusions were drawn from the findings of the focus group discussions and questionnaires. The twenty participants in the study answered questions in the focus group discussions and completed individual questionnaires

- The focus groups and the questionnaire revealed that the understanding of sexuality among rural youth was inadequate and this was also confirmed from individual questionnaires. There were biases in the treatment of boys and girls

in the community with boys getting preferential treatment than girls. Patriarchy still exists and is shown by the power vested on men in the societies (Thorpe, 2002).

- Some of the youth were involved in sexual relationships but girls did not feel good about those relationships. There is a possibility that they feared being called names by both girls and boys. Although there were more girls than boys in the study, boys were very talkative in the focus group discussions and were boasting about their love relationships.
- The girls reported being coerced sometimes in sexual relationships, a situation that was also noticed by researchers who even suggested that patriarchy still exists where mens' dominance and sexual assertiveness was encouraged (Thorpe, 2002; Morrell et al, 2002; Varga and Makubalo, 1996). Boys were encouraged to have multiple partners by their father a situation that was found to be common as well by Selikow ; Zulu and Cedras (2002) who noted that masculinity was conceptualised by youth as dependent on men having many sexual partners, which can be viewed as a form of covert violence.
- Contraceptives and other barrier methods were not always used. Girls knew about contraceptives but were scared to collect them from the clinic while boys were not keen to use condoms. Negative attitudes of the health professionals about reproductive health of youth could be deterrents in utilizing the services or there could be fears that parents would be informed about their use of contraceptives. This may confirm the findings of Makinwa-Adebusoye(1999) who said that lack of access to family planning in some areas was guided by cultural and religious practices and also the views of Gerntholtz and Richter(2002),Thorpe (2002) who saw the attitudes of health professional as preventing youth from using family planning services.
- It was also discovered from the results of the study that there was no preparation of youth for relationships in the area. The youth also were not well informed about pregnancy and sexually transmitted infections. There were no

programs to prepare youth on sexual relationships in the area. Traditional structures 'amaqhikiza', that were used for sexuality education in the communities were no longer popular among youth and those who were school going were also not actively partaking in activities of the youth out of school. The virginity testing that was used culturally as a means to educate youth on sexuality was no longer practised in some locations though there were talks to revive this practice in some areas as indicated by the teachers and confirmed by Leclere-Madlala (2001) cited by Morrell et al (2002).

- The information on sexuality and HIV/AIDS was very deficient suggesting that life skills and HIV/AIDS education were not actively done in the schools and community. If Life skills were offered at the school the youth that were part of the study could have already been exposed to it in the earlier grades. Life skills and sexuality education in South African public schools targets the age groups 11-15 years according to Ngcobo (2002). The result suggested that life skills education was either not available or not considered important in the schools.
- The involvement of parents and educators in sexuality education was found to be insufficient. The participants in the study confirmed that their parents did not talk about sex but would only warn girls not to walk with boys as they could fall pregnant. They never told them how they could fall pregnant and never discussed contraceptives with them confirming findings of Thorpe (2002) that parents seldom discuss sex and sexuality with their children except on a superficial level.
- The participants also revealed that there was insufficient information on contraceptives, as health educators in the schools did not visit them. The clinic offered contraceptives but girls were afraid to collect them as they could be negatively labelled. The information on sexuality was not readily available to the youth in rural area though 'Sole City' magazine, only available through friends, provided some information on HIV/AIDS issues. It was also noted

that the participant had insufficient knowledge about HIV/AIDS and sexually transmitted infections and had not seen anyone suffering from AIDS.

- When asked about preferred methods of providing information television and videos were rated high, which could be attributed to non-threatening nature of videos. Since the study revealed a general lack of information on sexuality and sexual relationships, it was recommended that sexuality and sexual relationships education was needed in the area and schools were ideal to disseminate that information to the school going youth.

Recommendations

- Since the study highlighted the lack of adequate information on sexuality among rural youth, it was recommended that a life skill manual be compiled to give enough information on sexuality. A simplified manual that would include areas such as self-awareness, self-esteem, communication and problem solving, decision-making, sexual relationships and HIV/AIDS information, integrated with local information would greatly help in preparing children and youth on sexuality and sexual relationships. The Departments of Social Work and the Department of Community Health in the University of Natal undertook this task and parts of the manual have already been implemented in a pilot project that was looking at improving the relationships among youth in the area.
- Another recommendation was that educators who did not receive training on life skills be trained on life skills and sexuality education in order to provide effective life skills and HIV/AIDS education in schools. Parents need to be exposed to the life skills content so that they could help sustain what has been learnt in schools.
- Schools could be empowered to start resource centres or libraries and network with tertiary institutions to get help on how to get information and

manage the resources. Various videos could be provided and be viewed at school, facilitated by the educators or other regular professional.

- Apart from life skills and sexuality education parents need to be involved in parenting workshops to improve parent/child interaction and communication skills. Parents need to be encouraged to be involved in school activities so that they feel part of the intervention team that equips children and youth with sexuality information, sexual relationships and prevention of HIV infection.
- Traditional leaders need to be targeted as well because they are respected in their communities and would open opportunities to initiate the necessary interventions in the areas. They also need workshops on life skills and prevention of HIV infection. The general community needs to be given regular HIV/AIDS education and behaviour change.
- Other active groups on health and sexuality could be encouraged to form networks with the schools to share information. Clinics and health workers could provide regular information presentations on health and sexuality issues including HIV/AIDS to all schools in the area. Establishment of youth centres would help in providing information on reproductive health issues including HIV prevention.
- Gender sensitisation workshops could be undertaken to deal with the gender power imbalances. Coupled with these, new socialisation trends could be introduced where parents are encouraged to treat children equally.
- Social workers need to be part of the school team to assess children in need and to offer support to both educators and children while fostering the relationships between educators, children and parents. There is a need to encourage and place social workers in rural area because their professional service is greatly needed in this area.

- Life skills and HIV/AIDS prevention and management need to be part of the curriculum for social workers and other social services professionals including health workers. It is also important for social workers to be trained in rural development strategies.
- It is also recommended that a bigger study on youth sexuality including a bigger geographical area, be undertaken with a view to explore interventions that could be effective in the rural areas.

Conclusion

The last chapter of this study dealt with conclusions based on findings and made recommendations. The researcher acknowledged the limitations of this study but felt that the information gathered could be very useful to plan interventions in the rural area. It is hoped that the educators and pupils at Zithokozise high school benefited from taking part in the study and would further benefit from the piloted manual on life skills that came about as a result of this study. It is also a dream that service delivery be improved in the rural areas with more helping professionals taking part. Social workers could contribute significantly to the development of rural areas and prevention of community problems.

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QUESTIONING ROUTE FOR FOCUS GROUP DISCUSSIONS ON YOUTH UNDERSTANDING OF SEXUALITY AND SEXUAL RELATIONSHIPS IN A RURAL AREA

Sexuality

- 1.What do you understand by the term sexuality?
- 2.What is communitys' view of boys and girls?

Sexual relationships

- 3.What is your understanding of love?
- 4.How do people in the community view sexual relationships among youth?

Preparation for sexual relationships

- 5.How are young people prepared for sexual relationships?
- 6.Do you think there is enough preparation for sexual relationships?

Information on sexual relationships

- 7.Where would you get information on sexuality and sexual relationships?
- 8.What were you told at home or school about sexual relationships?

Questionnaire on Youth Understanding of Sexuality and sexual relationships in Dududu Southern Kwa Zulu –Natal

Age Sex

A. Understanding sexuality

- 1.What do you understand by the term sexuality?-----

- 2.In which ways boys and girls differ? -----

- 3.How does the community treat boys and girls?-----

B. Sexual relationships

- 4.Are you involved in a love relationship? Yes ☐ No ☐
- 5.How did you feel about this relationship?-----

6. What should you do when involved in a sexual relationship?-----

C. Preparation for relationships

7. How are girls and boys prepared for relationships?-----

D. Information about sexuality and sexual relationships-

8. On a scale of 1 to 5, what is your level of information/knowledge regarding the following 1=no knowledge, 2=little knowledge. 3=some knowledge, 4=good knowledge, 5=very good knowledge(write number next to item)

- 8.1 development function of sexual organs-----**
- 8.2 sexual intercourse-----**
- 8.3 contraception-----**
- 8.4 STD (Sexually transmitted infections)-----**
- 8.5 pregnancy-----**
- 8.6 HIV/AIDS-----**

9 Who provides you with the information?-----

10. What do you think is the role of teachers and parents in sexuality education?--

11. How can you be equipped with more information on these issues? Also give a preferred method of giving you this information-----

Thank you for your participation



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0 April 2001

Sawubona Mfundi

Lesi isimemo sokukucela ukuba ubambe iqhaza ocwaningweni oluphokophele
ukutheni luthole ukuthi iziphi izidingo zakho, futhi bese luhlela ukukuqeqesha
ngokwezidingo ezibaluliwe. Lolu cwaningo luzoqinisekisa ukuthi ulwazi esiluthole
kuwe luzohlonishwa kanti futhi ukuba imfihlo kwalo kuzoqinisekiswa.

Loluphenyo luzokwenzeka ngokuhlangana ngamaqembu kuxoxwe, kuphinde futhi
kubekwe ngezinye izikhathi ngokuphendula imibuzo ekumafomu. Sizobe sesiletha abantu
abaqeqeshekile ukuba babe nezingxoxo nani baniqeqeshe ukuze nibe ngabantu
abaqeqeshekile.

Awuphoqelekele ukuba ungene kulolu cwaningo futhi uma ungangeni akuzukwenza
mehluko omubi phakathi kokufunda nothisha noma ithish' omkhulu.

Uma uzimisele ngokungena kuloluphenyo sicela usayine leliphapha.

Ozithobayo

Dr CC Jinabhai

May 2001

KwaZulu-Natal
Also see provincial map

