Sexuality and sexual health information needs and seeking patterns of school-going teenagers in Pietermaritzburg, South Africa.

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By

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DECLARATION

I hereby declare that this thesis is entirely my own original work, unless it is specified to the contrary in the text.

This thesis has not been submitted for a degree at any other university.

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ABSTRACT.

The study aimed at identifying the information needs and seeking patterns of school-going teenagers in the areas of sexuality and sexual health. The study also sought to find out how effective the school library can be as a source of sexual information. The study was conducted in Pietermaritzburg, South Africa in a multicultural school, Alexandra High School.

A selective review of literature on adolescence sexual development, information needs and personal observation provided a basic understanding of the teenagers information needs. The study used a survey method in which the main instrument was self-administered questionnaires. The study targeted 150 school-going teenagers, and out of these, 129 participated in the study, representing an 86 % response rate.

It was observed in the study that school-going teenagers have information needs and different patterns are used in seeking to satisfy these information needs. The most popular method used by teenagers is to inquire from their peers. More than 80% of the respondents prefer using friends as a source of information. At the same time, mothers are used more often as source of information by females than by males. Fathers are not a major source of information for both females and males. The school library is not often used for information because of the insufficiency of the available information.

In the light of these findings, recommendations were suggested. It has been recommended for instance that the school library should increase the extent of

its collection (printed or non-printed materials) so as to provide more adequately for these teenagers on matters concerning sexuality and sexual health. Also, the school library should conduct awareness programmes within the school so as to attract students to use it. The study concludes with recommendations for further studies.

It is hoped that these studies will help improve and broaden the task of informing, educating and communicating to young people on issues of sexuality and related health matters especially in this time when AIDS/HIV is threatening our society due to harmful sexual practices.

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LIST OF ABBREVIATIONS.

AIDS	Acquired Immune Deficiency Syndrome.
HIV	Human Immune Deficiency Virus.
STDs	Sexually Transmitted Diseases.
S. A.	South Africa.
USA	United States of America

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CHAPTER 1

INTRODUCTION

1.1. Background to the study.

Adolescence has been described by some as the happiest times of their lives though on the other hand, the most grieving. It is a difficult and an important period (Town 1966). This is because, it is a time of discovering capabilities in a joyful and at times painful way. More over, it is a period of transition from childhood to adulthood. This transition is characterized by many changes both within the individual and his or her social environment. Among the most important changes that teenagers go through are those of sexual development which include sexual feelings, attitudes and behaviour which if not handled correctly can in some cases lead to unwanted pregnancies, abortions, school drop-outs, infections of sexually transmitted diseases, emotional conflicts and frustrations (Allen-Meares and Shore, 1986; Freeman and Rickels, 1993).

Adolescence is a crucial period in one's life. It is during this period that boys and girls recognize that they are no longer children. They are confronted with making decisions which will affect their entire lives. They have reached the stage at which they can make up their own minds about what they want to do and the kind of man or woman they would like to become. Unfortunately, they have little understanding of what it takes to achieve these goals and in some cases, no idea of the consequences of their choices. They lack both life-experience and life-knowledge (Tatar, 1998).

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There is diversity among teenagers in relation to the level of physiological, psychological and sexual development, as well as the standard of living, family situation, religious beliefs, cultural and educational background. One of the characteristics of the teenage period is that of a particular thirst for information especially related to sexuality, sexual health, marriage and family life. To teens, information about sexuality is one of the most crucial and most wanted (Ogunleye, 1994). Yet many parents, find it difficult to discuss matters of sexuality with their teenagers (Jackson, 1982).

Adults have different views when it comes to teenage sexuality. For example, some believe that teenagers are children who should not be told issues relating to sexuality while others assume that the information is available out there in the public, and hence it is up to teenagers to search for it. Research shows that most teens lack basic and reliable information about sexuality and sexual health information (Allen-Meares and Shores, 1986). In the past, many traditional communities in Africa effectively informed young people about these matters. Information about sexuality and related health issues was passed on by parents, relatives or community leaders, often in association with initiation ceremonies. Both boys and girls at this age would undergo initiation rituals and would receive knowledge in their respective cultures and tradition about life values with regards to sexuality, marriage and other life essentials(Erny, 1981). In a reasonable number of African communities especially in South Africa, this tradition of sexual socialization is no longer in place due to urbanization and modernism in general (Motshologane, 1997). The break-down of such ceremonies in African cultural life has left a vacuum as to who should now play this role in today's society. The non-existence of the schools of initiation leaves many teenagers with a high life risk.

Problems associated with sexuality cannot be limited to African teenagers. Sexuality problems are faced by teenagers of other races as well, though perhaps on a different scale. For example in the United States of America, studies indicate that regardless of race, teenagers share the same information needs when it comes to sexuality and sexual health (Geoff Malta, 1999).

The majority of research show that there is widespread sexual activity among teenagers, despite the fact that sexual health information is normally withheld from them by adults (Kwa-Zulu-Natal. Department of Health. 1998; Green, 1994; Gardner, Millstein and Wilcox, 1990; Allen-Meares and Shore, 1986). Many teenagers get information about sexual matters from their peers who may not necessarily be equipped with adequate and reliable information. Consequently, these teenagers are left to explore issues related to sexuality with a lot of risk endangering their lives. In the past, the dangers were far less because most of sexually transmitted diseases (STDs) could be treated. However, the existence of HIV/AIDS is a serious situation in today's generation. It is incurable and is now one of the leading causes of death especially in Africa (Africa News Services, 1999). Green (1994:1) argues that: "AIDS is about sex and death together and is loaded with the combined weight of their significance for us." The question of sexuality among teenagers is therefore a major concern for both adults and young people especially as AIDS does not distinguish age. It attacks adults and children, teenagers and elderly people. This is one of the major reasons why a study such as this was carried out in an attempt to provide teenagers with better alternatives to a poorly informed sexual life.

1.2. Youth, AIDS and health.

The consequences of early and unprotected sexual activity among teenagers are no longer limited to incidents of sexual transmitted diseases (STDs), unwanted pregnancies or abortions. In addition to these threats to their health and well-being, teenagers are faced daily with the reality of HIV/ AIDS. Mchunu (1999) and Smith (1999) both report that at present, 1,500 people are infected with HIV each day in South Africa, and Kwa Zulu-Natal considered the area with the highest incidence of HIV. They also report that the HIV epidemic in South Africa affects mainly youth and people in early middle age. South Africa's experience is comparable to that of Kenya where the majority of infected cases are between the ages of 15 and 24, with the symptoms manifesting three to ten years after infection (Williams, Milligan and Odemwingie, 1997).

Two authors have tried to shed light on beliefs surrounding sexuality and HIV/AIDS. Apart from being associated with witchcraft especially in Africa, Moore and Rosenthal (1993) say that HIV/AIDS infection continue to occur among young people because of various reasons that can be summarised in two ways. Firstly, due to their self-centeredness and fantasy thoughts, adolescents believe that they are somehow immune to the disease. They think that it may affect others, but not them. Secondly, the myth of what 'love' is, is identified as a major reason for unsafe sexual behaviour among teenagers. Some teenagers, especially girls believe that having sex with a steady boyfriend or sticking to one partner at a time is a safe HIV/AIDS prevention (Moore and Rosenthal, 1993).

> A lot of teenagers won't reach the age of 30 because of
> AIDS. In Africa, the HIV virus is highest in 25-35 year
> old males and 15-25 year old females (KwaZulu-Natal.
> Department of Health . 1998).

Messages such as those given in the above quotation are found in delivering systems such as playing cards distributed by the Ministry of Health in Kwa Zulu-Natal, South Africa in an attempt to increase awareness of the impact of HIV/AIDS on young people. The Ministry of Health is trying to reach teenagers with preventive messages because in the past, it was known that 'prevention is better than cure'. In the 21st century, the reality is that with AIDS, prevention is better than a slow difficult death. In Uganda, the prevalence of HIV/AIDS among pregnant women aged 15-19 diminished by over 20% between 1990-93 and 1994-95 (World AIDS Campaign UNAIDS 1998:2). It is believed that this was due to the preventive measures and campaigns instigated by the government, non-governmental agencies and other concerned organizations.

Many interventions which are being designed in the fight against HIV/AIDS are geared at promoting young people's participation in ensuring their own health and development. In spite of this, it seems that not enough is being done to provide young people with information about sexuality especially girls. The United Nations Programme on HIV/AIDS (UNAIDS) indicates that the rate of infection among 13-19 year-old girls is often higher than of teenage boys (World AIDS Campaign UNAIDS 1998).

The year 1998 was marked by a similar South African government policy formulation with respect to AIDS prevention among young people. The reason for this move was that:

- over fifty percent of HIV infections occur among young people who fall between the ages of 10 and 24. Seven thousand young people aged 10-24 are infected with HIV every day. More than one million young people are infected with HIV every year in Africa.
- young people are the resources of the country. The future of the country belongs to them.
- they have the power to change the course of the epidemic, should adequate information be provided to them (World Aids Campaign UNAIDS 1998:4).

The majority of the African population, including South Africa is composed predominantly of young people. The uncontrolled spread of AIDS, is likely to cause a great reduction of the population within a few decades. This will have a negative impact on the economy of the country. AIDS wipes out the productive age groups leading to a huge demographic and economic distortion. In 1998, the then minister of Health, Dr Zuma declared in the South African parliament that HIV infection was rapidly growing in the country especially among young people (KwaZulu-Natal. Department of Health. 1998). This is a sign that the effort to provide information on sexual matters is a matter of urgency.

In the survey done in 1998 by the South African Ministry of Health, it was found that while the high prevalence of AIDS infection was among those people who were between 25-29 years of age, 21% of young people under the age of 20 were already infected with HIV (Kwa-Zulu-Natal. Department of Health. 1998) The fact that everybody, regardless of the age, is likely to be infected with AIDS/HIV unless certain measures are taken especially in the area of sexual behaviour, makes it clear that everybody including teenagers need to be

provided with information pertaining to sexuality and sexual health. This is an attempt to give them facts, and insights for better and more informed decisions.

Efforts made by various governmental and non-governmental organizations in South Africa, suggest that information about sexuality and sexual health is widely available to teenagers. However, this information tends to take the form of general awareness and is mostly disseminated through the mass media. The information is spread through posters, leaflets and talks to large groups of people. Through personal observation, one may say that these methods of spreading information are not very effective in achieving sustainable changes in attitudes and in promoting safer sexual behaviour. Information providers such as public and school libraries have to take a more comprehensive and aggressive approach in supplying sexual health information in order to complement the efforts of the different organizations. Generally, libraries facilitate or should facilitate accessibility and availability of different types of information to individuals, young and old in the society. Information received from books, magazines, television, video, music and other sources has the capacity of offering models of sexuality and sexual health to teenagers. In the case of school-going teenagers, school libraries may be an alternative and effective social or cultural mechanism that can provide information on sexuality and sexual health. The school library, if well planned and resourced, can fill the gap which currently exists between teenagers and those in authority such as parents. This of course can only be achieved as long as the school libraries and teenagers served or to be served are geared towards that goal.

1.3. Problem Statement.

It is predicted that by the end of the year 2000, over one million of South African young people between the ages of 15 and 24 will have the AIDS virus (Kwa-Zulu-Natal. Department of Health. 1998) General accessibility of contraceptives at medical clinics, chemists and sex education programmes seems to have had little impact on the behaviour of adolescents as they still experience unwanted pregnancies and are infected with HIV. From personal observation, teenagers experience many problems in the search for proper sexuality and sexual health information. The information is often not forthcoming from their parents and other adults. Teenagers lack adequate and reliable information on sexuality and sexual health in spite of the fact that potential useful sources of information other than parents and friends exist. It is therefore important to establish what type of sexuality and sexual health information needs and information seeking patterns school-going teenagers have. Some information needs are better resolved by certain given types of information sources and providers. Providing teenagers with relevant sexual information is essential to help them make informed choices and decisions. As a source of information provision, school libraries are likely to be one of the most suitable for school-going teenagers. However, it is important to understand how teenagers seek information and what needs are suited for school libraries.

1.4. Purpose of the study.

The purpose of this study, therefore, was firstly, to examine the types of information school-going teenagers between 13 and 18 seek concerning sexuality

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and sexual health information. Secondly, the study sought to find out the information seeking patterns of school-going teenagers and sources of information used to meet their different needs. Thirdly, the study intended to assess the extent to which the school library provides sexuality and sexual information. Finally, the study sought to give recommendations as to how sexual health information can be best provided to teenagers.

1.5. Objectives of the study.

To better understand the information needs of teenagers on sexuality and sexual health information, and in an effort to understand where, and how teenagers get sexual health information. The specific objectives of the study were:

1) To establish sexuality-related and sexual health information needs of school going teenagers.
2) To find out the pattern of information-seeking among teenagers and identify sources of information used in these circumstances.
3) To assess the effectiveness of the school library as source of sexuality related and sexual health information.
4) To present suggestions as to how sexuality related and sexual health information can be better provided to teenagers.

1.6. Research questions.

To meet the above objectives, the study attempted to answer the following questions:

1) What information needs regarding sexuality-related and sexual health information do school going teenagers have?

2) How do they seek information?

3) What sources do they use to get the needed information on sexuality-related and sexual health?

4) What type of information does the school library have on sexuality related and sexual health information and how well does it serve teenagers in these matters?

5) In case of inadequacy in the provision of information, what recommendations can be made for the better provision of information?

1.7. Justification of the study.

Although the study was conducted in Pietermaritzburg, it may also benefit parents and guardians in other parts of the country. The study should help public and school libraries to provide relevant sexual health information to youth. The study may also be useful to authors and publishers to know the needs of this group. They will be able to address the sexual issues facing the youth in the country. Findings of this study may help in formulating and implementing policies in any youth information provision.

It was also anticipated that the study will help teenagers themselves by making them aware of the appropriate sources of information.

1.8. Significance of the study.

The mass media (television, radio, movies) are believed by many to be one of the major sources of providing information on sexuality. While this is likely to be

true, the information provided in the media tends to be superficial and more entertaining than informative. The inquisitive mind of youths makes them search for answers to sensitive questions from available sources and this has made them use sources that may not be reliable. In the process, many have engaged themselves in sexual activities unprepared both emotionally and psychologically. Research indicates that many teenagers suffer from unwanted pregnancies, others have contracted venereal diseases and expose themselves to high risk of contracting the HIV/AIDS virus because of ignorance and lack of adequate information on sexuality (Allen-Meares and Shore, 1986; Freeman and Rickels, 199; Govender, 1999). This study was considered significant because it was a contribution towards better understanding of information needs and seeking patterns of school-going teenagers concerning sexuality and sexual health. The findings of this study, it is hoped will equip school libraries with an acquisition guideline that would help satisfy the information needs of this age group. The results of this study may be useful in providing relevant information on sexuality and sexual health.

1.9. Assumptions underlying the study.

It was assumed that teenagers have needs and seek information about sexuality and sexual health. It was also assumed that before one can truly help teenagers with the information they need, one has to know what their information needs are and how they are currently satisfied. Furthermore, it was assumed that sex education which is included in the curriculum does not provide the necessary information that teenagers want.

1.10. Limitations of the study.

The study was limited to the geographical area of Pietermaritzburg (a national study would have been preferable.) However, it could be argued that teenagers are likely to share the same interest for sexuality and health related information irrespective of geographical locations.

Furthermore, the study was limited to a secondary school in Pietermaritzburg, known to be one of the biggest mixed, multi-cultural high schools. It is a school that gives a broad picture of the diversity of the South African population (composed of Africans, Coloureds, Indians and Whites). This limitation was caused by time constraint on the part of the researcher, inadequate funds and limited research personnel for the study.

There was also a limitation on the sample of this study. The number of school-going teenagers in Pietermaritzburg forced the researcher to limit the sample to 150 in this school. In addition, the school regulations and activities did not allow the researcher to interact with pupils for personal observation.

Reliable information about sexuality and health information cannot be easily obtained just by questioning teenagers. This was realised from teenagers' responses. Some respondents were reluctant to cooperate (they did not answer all the questions though required to do so).

Finally, there were difficulties in relation to terminology and modelling of some of the questions which unfortunately did not appear in the pre-test sample. For

example, respondents were asked to indicate whether or not they were sexually active. The researcher expected a simple "Yes" or "No" response. However, almost a quarter of the students answered that they did not know. One boy wrote: *Yes, I think I am active because when I am very close to a girl I sometimes feel it.* Another girl wrote *"I don't know, I just lie there."* On the basis of these explanations, the researcher felt that some respondents had problems with regard to meaning of words.

1.11. Definition of terms.

Teenager

The Concise Oxford Dictionary of current English (1995) defines a teenager on the basis of physiological development and thus he calls a teenager a person who is from 13 to 19 years old, while an adolescent is understood on the basis of social and psychological development. Erickson (1959) describes adolescence as the stage between childhood and adulthood. Another author paired adolescence into two groups which includes 12 to 16 and later adolescence which covers the years 17 to 22 (Grotevant, 1998). However, in this study, the term teenager is used interchangeably with adolescent or young people. They all refer to boys and girls who are between 13 and 18 years old.

Information

According to Kaniki (1999:191), information is not knowledge. There is a difference between the two. While he defines information as "an awareness of

facts or organised data, which can lead a person to a state of knowing...", knowledge is information that has been applied (integrated) and used in appropriate situations. Feather and Sturges (1997:184) define information as "an assemblage of data in a comprehensible form capable of communication and use; facts to which a meaning has been attached." The two authors observe that with information technology and information processing nowadays, information is being used to include all the different techniques of representing facts, events, and concepts within computer-based systems.

In this study therefore, information refers to ideas or facts that are essential in managing a situation or can be helpful in a problem-solving situation.

Information need

'Information need' is used to denote the principle of user studies whereby attention is given more to library users in terms of what they do rather than libraries and other information providers. Voos (1966) explains that the concept of information need is understood as information which is of particular importance in the lives of individuals. Kaniki (1999:192-3) describes information need as "the state of lacking information .... the state of lack of desirable requisite(s) or commodity (namely, information) necessary to deal with a situation, as an individual [or as a member of a given information community] sees fit".

This study applied the understanding of information need as it has been advanced by Kaniki (1999). It refers to lack o fa particular information, necessary

to clarify a situation or solve a problem.

Information seeking patterns

In explaining steps of assessing information needs, Kaniki (1999:196) points out to similarities between information seeking behaviour and information seeking pattern. This study therefore, has used the term 'information seeking patterns' where some authors such as Feather and Sturges (1997:216) have used 'information seeking behaviour'. They define information seeking behaviour [pattern] as "the complex patterns of actions and interactions which people engage in when seeking information of whatever kind and for whatever purpose."

According to Kaniki (1999) information seeking behaviour or patterns are identified when studies on information needs assessment are carried out. Such studies involve two levels: The first level looks specifically at "the behaviour or pattern of information seeking and instance of need". This may be called the initial level which is the starting point. It determines "what to look for". The second level has to do with "the actual data collection, analysing and recoding of these instances" (Kaniki 1999:196).

In the study, information seeking patterns are those various steps and methods used by individuals in an attempt to get a particular information that one is interested in or that is necessary to satisfy one's information need.

Sexuality

Sexuality is the sum of a person's inherited characteristic, knowledge, attitude, experience and behaviour as they are related to being a man or woman. Devenish, Funnell and Greathead (1992:104) point out that sexuality could not be outside the following:

- the physical body
- feelings and attitudes
- the way people walk, dress, behave
- the decisions we make
- our beliefs and values
- sexual intercourse
- inherited characteristics
- relationships between people
- social aspects of people's lives
- spiritual aspects of people's lives

Sexuality therefore is understood in this study as the total make-up of being a male or female. It includes aspects such as biological and physiological characteristics, the possession of sexual feelings and the ability to indulge in sex.

Being sexually active

The term refers to state of engaging in penetrative heterosexual intercourse.

Sexual health information

Sexual health information does not only refer to things that help in the avoidance of risk or harm. It also includes information (written or spoken) that

conveys messages relating to feelings, abilities and activities that can help a person (the receiver) achieve a sound physical, mental, and social well-being. Sexual health information is likely to include:

- (1) feeling comfortable and assured about the changes of puberty and the changing nature of relationships and emotions associated with these changes;
- (2) having ability and confidence to resist the pressure to engage in sexual activities before one is ready;
- (3) having respect for the needs and views of others;
- (4) feeling happy and supported in sexual identity and;
- (5) having correct information about STDs, HIV/AIDS, fertility and contraception as well as being able to use the information for personal decision-making (Coleman and Roker 1998:11).

1.12. Summary.

The background of this study brought out the fact that values have changed and new methods keep emerging in tackling family life issues. Also that information about sexuality and sexual health is one of the areas that need attention, particularly for teenagers. The background study further revealed pertinent issues such as the following: firstly, that teenagers are sexually active and are exposed to health risks due to inadequate information in the area and secondly that responding to the sexuality and sexual health information needs of teenagers is one among other contributions that can be made to help them make responsible decisions, not only for their lives, but for the future of the South African nation as a whole.

CHAPTER 2

LITERATURE REVIEW

2.1. Introduction.

This chapter highlights literature on sexuality, sexual health information needs and seeking patterns of teenagers. A majority of the literature is based on Western perspectives mainly because a lot more has been written about teenagers in the Western societies. However, some extrapolation about sexuality and teenagers in the Western World and the African or South African context in particular, has been made. It is also the view of this researcher that issues raised about teenagers in the West generally are to some extent similar to those in South Africa.

2.2. Youth and sexuality.

Not much has been written on information provision to young people, especially in matters relating to sexuality and sexual health. Inadequate research on the subject prevents today's researchers from reaching definite conclusions about teenagers' sexual attitudes and behaviours (Lekau, 1998). Research on the nature of sexuality has been restricted due to social, legal, political and religious norms and constrains (Nichols, 1994; Al-Gasser, 1997). The perception and understanding of sexuality have seemingly been a subject of controversy. This is because sexuality is influenced by the economic and social milieu which in turn is influenced by diverse ideologies such as Christian puritanism, liberalism and

modernism.

Theories and definitions of sexuality have been subjects of much debate and disagreements among people in all spheres of the society (Szirom 1988:22). This is due to the fact that for many years, different social institutions be they economic, legal or religious were centred on the family and on differentiating the behavioural pattern of women and men whereby the two were expected to hold different positions, and manifest different personality traits. Hence there tended to be a disregard for sexual needs and behaviour of men or women as individuals. The current movement towards individual freedom and choice in social roles and perceptions of female and male sexuality started around the 1960's when a group of feminists started advocating for the social, economic, psychological and sexual independence. Women believed that sexuality was being used as a weapon against their liberty and emancipation given their inferior position in society (Langley, 1983). With education, the right to vote and to work, women started to challenge the social norms.

In an attempt to understand the historical perception of and attitudes toward sexuality, it was found out that there has been a change in the models that regulate sexual behaviour. The rejection of religious morality which started since World War II and reached its climax in the 1960's and 1970's changed the understanding of sexuality in general and teenager's in particular. The 1950's were characterized by a 'double standard' in terms of sexual behaviour between the two genders. Premarital sex was acceptable for men but not for women (Roiphe, 1997). However, since the 1980's much have changed and the standard of 'sexual abstinence' for women is being replaced by 'permissiveness' (Zani, 1991). This permissiveness is questionable today. As Roiphe (1997:163) notes,

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though certain sexual behaviour such as living together before marriage or meeting someone and sleeping with him/her are now accepted as normal, they are not so acceptable that parents and teachers can teach them comfortably to teenagers. Without God and without rigid social rules and regulations today's generation have no material out of which to form new values. We are left with a general feeling that someone has to tell children and adolescents what to do about sex but no clear sense of what exactly it is that they should be told.

Discussion about sex and sexuality has always been a topic of secrecy (Roiphe, 1997). However, attitudes towards sexuality are changing greatly especially among young people. According to Coleman and Hendry (1990), young people of this generation are more open to sexuality matters than the previous generation. To them matters about sex are more personal than public morality. As a result, the judgement as to what is right or wrong is left to the individual.

The perception and attitude of sexuality is dynamic because sexuality is always considered within political, religious, social and economic values, all of which differ according to the society and the times. Today's society is different from the society of the 1930's; it is shaped by ideologies, modernity, individualism and rejection of Christian morality (Roiphe, 1997; Zani, 1991). Many social values have changed and that is why it is important that information providers do not treat today's youth information needs on the basis of what young people in the past needed.

2.3. Factors affecting sexual activity.

Young people nowadays become sexually active before marriage especially teenagers. A study done in Kenya in 1994 revealed that 75% of girls first had sexual intercourse before the age of 16, and 27% before 15 years of age. Among the latter, 15 % had become sexually active before the age of 12 (Williams, Milligan and Odemwingie, 1997). Thirty-four years ago, Schofield (1965) indicated that teenagers had always been sexually active. It may be argued that the main difference today is in the escalating number of sexually active teenagers. The rise in teenage sexual activity and HIV infection has attracted the sympathy of many adults who want to help in one way or the other. Studies done on adolescents' sexual behaviour in regard to pregnancy and the use of contraception indicated that although many teenagers were sexually active, they however, had little knowledge of sex (Allen-Meares and Shore, 1986; Freeman and Rickels, 1993).

A number of reasons have been advanced as possible causes of high sexual activity among teenagers but researchers hold different views as to the factors affecting it. Nevertheless, certain factors have been identified as more important and prevalent than others. For example, according to Goldman (1982), studies in the United States, Britain, Sweden and Australia indicated that sexual activity is dependent upon age, standard of living, moral and social security, race, and religious commitment. Besides these, an even more important factor is the teenagers' level of morality.

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Race and culture are significant factors in determining sexual activity among teenagers. This is because sexual attitudes, values and behaviours are normally shaped by culture. For example, attitudes to premarital sexual activity and pregnancy may be more tolerant and less punitive in a particular culture than in another. Currier (1981) looked at the Muria culture in India. Among the Muria people, children were expected to have sexual relationship from the age of eight. The children maintained their relationships with their sex partners and observed strict sexual fidelity.

Socio-economic status is also an important factor affecting sexual activity. For example, in the United States it was found that low-income girls had negative attitude towards birth control. They valued fertility and as such limited the use of contraceptives. A majority of the adolescents which came from low-income homes and were dependent on welfare support tended to be engaged in teenage prostitution (Allen-Meares and Shore, 1986).

Religious attitude as well is a key factor in adolescent sexual activity. Religion can be a restricting factor to premarital sex especially when people are highly committed. A larger number of people in today's society tend to be more liberal and accommodative in their understanding of teenage sex. The 'don't-care attitude' in terms of teenage sexual activity seems to have been reinforced by the advent of the electronic media such as film, television and radio which play a major role in the widespread of such practices (Roiphe, 1997).

Children today attain maturity at an earlier age than in the past (Malkamus, 1999; Schofield, 1965). According to Malkamus (1999), a girl today starts to

menstruate on the average two years earlier than did her mother. Boys attain sexual maturity at about 15 years of age; five years earlier when compared with twenty-three years of age at the turn of this twentieth century. The natural implication is that most adolescents become vulnerable to various sexual risks at a much earlier stage of their lives.

There are enormous life-threatening problems encountered by teenagers who engage in sexual activity without sufficient information on sexuality and sexual health. This has been statistically demonstrated in some African countries. For example, in Nigeria, two out of every five school-going teenagers have had at least one pregnancy and 60% of patients with abortion complications at hospitals were adolescent girls. In Tanzania, 71% of patients admitted to public hospitals for complications following abortions were teenagers, and one third of these were school or university students (Williams, Milligan and Odemwingie, 1997).

Another useful study conducted to identify the key factors that influence adolescent sexual activities showed these were:
- inadequate sex knowledge;
- maternal distancing;
- attempts to fulfill dependency needs;
- attempts to cope with development tasks;
- peer pressure and,
- communication problems with family members (Allen-Meares and Shore, 1986:25).

These factors serve as guiding principles in better understanding of teenagers and hence providing ample help. Teenagers with adequate information are more likely to engage in protective sex by using different methods of contraception, especially condoms and abstinence from pre-marital sex (Coleman and Roker, 1998).

2.4. The stage of adolescence.

Much has been written on the nature of adolescence. Peterson and Murphy (1990) consider it as a period of rapid psychological changes, accompanied by certain peculiar characteristics, for example, separation from parents, the desire for independence, development of ego, appreciation of self and the awareness of sex.

Teenagers constitute 30% of the world's population or 1.7 billion in total (*World book encyclopaedia*, 1995:77). They constitute two groups: (i) pre-teenage girls and boys between 12 to 15. (ii) older teenage (16-20 years old) made up of physically and sexually mature young people. Some of them are sexually active and may have children of their own. Three sets of development changes are therefore considered primary because they are universal aspects of adolescence. These include: changes in physical development and sexual maturation; changes in social status from child to adult and potential changes in reasoning ability (Grotevant, 1998).

From personal observation of this researcher, there is an apparent prolonged young adulthood in the western culture as opposed to that of the African

culture, where initiation rites mark the passage of a teenager into adulthood. The purpose of these rites is to inform the youth about the marital life for which they are preparing. "One of the educational purposes of initiation rites is to introduce young people to matters of sex, marriage, procreation and family life (Mbiti 1969:135). However, a lot has changed in recent years. There is a blend of the two cultures and as Grotevant (1998:1102) observed "whether the transition is crossed quickly (for example through a physically and mentally demanding initiation rite) or gradually following many slowly granted adult privileges, the end of adolescence is generally regarded as the point at which individuals are considered adults in their societies".

Goldman (1982) argues that adolescence is a time of experimentation and risk-taking. He goes on to say that it is the stage in life when most people have first sexual experiences either within or outside of marriage. As discussed earlier, Goldman (1982) supports other researchers who hold that nowadays young men and women become physically and sexually mature at a younger age than in the past. This is also supported by a study conducted in Nigeria where the average age of first sexual intercourse for girls was found to be 16 years (Williams, Milligan and Odemwingie, 1997).

Williams et. al. (1997) emphasized that despite widespread sexual activities, many teenagers in sub-Saharan Africa were poorly informed about sexual health. He illustrated it by pointing out that many unmarried young women became pregnant and turned to abortion despite numerous emotional and health risks. The need for sexual knowledge among teenagers does not only concern Africans. In a research done in Europe, Usher (1999) discovered that a good number of

teenagers suffered from ill-health caused doubtlessly by media distortion and inadequate information on sexuality and sexual health. The 1999 report of the *British Medical Journal* showed a distinct increase in teenage pregnancy, gonorrhoea, chlamydia and genital warts among teenagers in England and Wales (in Usher 1999).

2.5. Role of information and sources of information.

According to Johansson (Corréa 1995:92) the role of information is "to bring some knowledge previously unknown to a person or to make him conscious of having information that he was not aware of having, no matter what path or means is used to bringing him to this level of knowledge" Akotia (1995:206) explains what information is by first scrutinizing its importance. He states that:

> Every era has its dominant industry. This industry must have the power to drive the entire economy and define society in an overriding sense. Years ago, it was the railroads in America which served as America's giant engine of growth. Later petroleum, automobiles and manufacturing did the same, and in our present era, information is the dominant industry.

Information has come to be recognized as an important factor in bringing about development within individuals and the community. It involves the well-being of humankind such as politico-economic, social, cultural and religious aspects (Adimorah, 1995). Information is perceived as a valuable and vital resource that ensures positive change in the lives of people. There are various reasons as to why people seek information. Some seek it because they have a problem and are looking for answers, while others are drawn by curiosity or hunger for more knowledge and still others seek it to improve their knowledge on issues that

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interest them. People use different sources to get information. The most commonly used sources are: parents (other authoritative personalities) friends and relatives, schools, churches, mass media (radio and television, audio or video cassettes), films, musical shows, newspapers, books, posters, museums, libraries, bars, literacy classes, storytellers, village reading rooms, clinics, shops, politicians, traditional groups, and public talks (Karlsson,1995; Legwaila, 1995; Adimorah, 1995).

It is worth noting that Potter and Hall (1995) argue that provision of sexual information to a given population does not guarantee changed behaviour. Usher (1999) further exemplifies this by saying that the influence of the electronic media on sexual matters is hard to quantify. This then becomes a challenge to the information providers not only to provide information but also to find ways of encouraging or motivating young people to engage in activities seemingly safer not only for sexual health but also for the general well-being (Lekau, 1998).

2.6. Libraries and sexual health information.

Literature shows that in the past, libraries played a passive role in information dissemination. Today the perception has changed and libraries are now viewed as an appreciable medium for diffusing information (Johansson, 1995). Information workers believe that libraries are one of the most widely used forms of conveying messages to the community. However, as Durrani (1990:160) says, the types of information people seek, is that which is of interest to them. For example, physiological changes in teenagers makes them desire information relating to sexuality. This is also true world wide. Lack of interest in any information found in libraries, no matter how valuable it may be, will result in

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low library usage. In as much as interpersonal or face-to-face communication is important in information provision, people still tend to turn to libraries or other media for verification of what they have heard. Since, the use of libraries depends on personal experience, people use sources that they are most familiar with (van Zijl and Gericke, 1998).

As information providers, libraries (through a variety of collections of books, magazines, newspapers, and other audio-visual materials) play an obvious but often under utilized role. It seems difficult to obtain in empirical evidence as to the influence of libraries in the area of sexuality and information provision. In a study done in the USA, adolescents listed books and magazines as the second most common sources of information after their mothers (Szirom, 1988). With respect to the community needs and resources, information centres are recognized as important information providers to young people Lekau (1998). This is because information available in such centres are normally not provided through traditional printed materials but through various means such as group discussions, dramas, audio and videos tapes, lectures and seminars. Interestingly enough, in her study on information centres and the provision of sexual information to young people in Botswana, (Lekau, 1998) found that school-teenagers used these centres more often than the rest of the community.

A general consensus among information experts show that libraries play a vital role in information provision. Nonetheless, libraries do not fully meet the needs of certain groups of people such as teenagers. For example, McDonald (1988) points out that teenagers have been denied access to certain sections of the libraries. This denial is based on assumptions by some librarians that teenagers

do not need certain information as in the case of sexuality. This author realised that librarians restrict teenagers' access to information in different ways such as

- restriction on borrowing certain types of materials,
- requiring parental permission to use certain materials,
- limiting use of audiovisual materials,
- denying interlibrary loan services,
- charging fees for the use of some library services and resources,
- setting up restricted shelves in school library media centres...
- lack of professional staff in some school libraries

(McDonald, 1988:28).

It is likely that one is better placed to exercise good judgement if well informed on related matters. Firstly, the information is necessary for informed decision. As discussed earlier, lack of information may lead to untold misery as a consequence such as unwanted pregnancy and the contracting of sexually transmitted diseases. Secondly, information is important for psychological adjustment during adolescence. Knowing what is likely to happen to one's body makes adjustment to the changes much easier. A study done on sexuality of European teenagers showed that more than a quarter of Catholic girls who participated were "completely surprised by their first period" (Usher, 1999). According to Coleman and Roker (1998) such a situation is unhealthy, because a girl's knowledge about menstruation before she actually experiences it builds confidence and fosters psychological adjustment to the changes of puberty.

Davis (1958) suggests that information about sexuality should include topics such as biological anatomy of men and women, debates on mysterious causes of sexual

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desire, sexual expressions during adolescence, sexual abnormality, homosexuality, sexual intercourse before marriage, early marriage - pros and cons, health problems, use of drugs, drinking, smoking, relationship between parents and adolescents and so on.

2.7. Schools as sexual health information providers.

One African parent asked a family counsellor; " Since most parents are no longer giving this [sexuality] information to their children, don't you think that sex-education should be taught in schools?" The answer she got was: "We believe the [African] traditional way is better than sex-education in schools. Home is the best place to learn about sex" (Britten, 1995:118).

Sex education is covered in the KwaZulu-Natal curriculum. However, there is evidence to suggest that parental ideal of sex education is different to that of young people. Young people tend to want an open and free approach to enable them to explore the issues, while parents tend to want sex education to promote moral statutes. It therefore appears that while parents want schools to take responsibility in this area, the actual content of the programme remains an issue.

There is a general acceptance of the importance of sex education. However the rhetoric often outstrips the practice. Though sex education is considered appropriate for young people, it is not offered in all schools. After researching school surveys in Australia, Szirom (1988) said that "many young people will leave even these schools with a meagre understanding of their bodies." Usher (1999) emphasized that sex education was unfortunately not provided in all schools, and where it was offered, it was purely biological and it was taught but

at a later stage(when teenagers were of age 14 to 15). The majority of these teenagers, as a result, end up talking to friends and reading magazines so as to get the information they need.

2.8. Family and sexual health information provision.

Between parents and children, sexuality is a subject that is either strictly a taboo or touched in the most superficial manner. Goldman (1982) indicates that many parents and adults in general, are still convinced that withholding information about sexuality and reproduction will dissuade teenagers and young people from becoming sexually active. He argues however, that this is a wrong assumption. Some authors such as Britten (1995) hold that telling a child about sexuality at the age of 15 is too late. Consolata, a thirty year old HIV positive Kenyan woman agrees with the above author by saying:

> From my own experience I would say that the youth should receive sex education from as early as ten years of age. When I started having sex I knew nothing about the real dangers. I only knew it was forbidden. Ignorance is still a problem today. Just recently I learned that my 11 year-old niece was being treated for an STD. What is our society coming to? (Williams, Milligan and Odemwingie, 1997).

Britten (1995) is of the opinion that the earlier sexual information is shared with a child the better. Goldman (1982) found out in his studies that a child who does not have accurate sexual information will normally indulge in spontaneous sex. In his studies done among teenagers of the United States, Sweden, Australia and Britain, Goldman found that children normally indulge in sex without prior thought. This is caused by the fact that they do not know much about it. They just

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want to explore. Britten (1995) admits that it is detrimental to withhold information from a child. He advises that parents should start telling their children about sexuality and health information as soon as they are able to understand it. He says that before a child reaches the age of 10, she/he should understand the basic facts of sex. Speaking from a Christian point of view, Britten (1995:119) insists that children should be told not to feel guilty about their sexual desires. Instead, they should be aware of the importance of controlling those desires in order to avoid sex before marriage.

There are numerous cases of teenage pregnancies, abortions and sexually transmitted diseases, including HIV/AIDS that are reported in family circles, on the media or on medical reports. A common attitude among adults is to blame adolescents for these behaviours. Nevertheless, teenagers do not exist independently of the society in which they live. Their attitudes and behaviour are influenced by the cultures, values, economic conditions, social and political environment in which they grow up. One may argue that if teens are having unprotected sex, it is not because they have made a conscious decision to place their own health and survival at risk. Rather, it may well be that the society has failed to provide them with the information and support they need to postpone sex until they are physically, sexually, and emotionally mature. Jackson (1982:112) observed that: "Most parents offer little or no sexual information either to daughters or sons, yet there seems to be a general consensus that they ought to."

It is clear that parents should be responsible for informing the young ones in all issues including sexuality and family life issues. However, there exist controversial ideas as to how parents are to handle sexual information delivery.

According to Szirom (1988) much of the information provided in the home is negative and provides children and young people with conflicting messages such as 'sex is bad so save it for someone you love'. Donnelly (1979) notes that instead of discussion on sexuality being an occasion for drawing families closer, it has become a barrier. This claim is supported by Hewison and Nelson's study (1972) which found out that in the home setting, young people are not really free to discuss issues and concerns relating to sexuality and that in most homes sex is not discussed at all.

In a study by Shirreffs and Dezelsky (1979) most of the young people indicated that they felt that parents themselves needed education and support. In this study, 20 percent of the adolescent respondents listed mothers as the actual source and just 13 percent listed them as the preferred source. However, eight per cent listed parents as the preferred source. Some experts address the need for parents to be assisted in their role as information providers. It is claimed that even when parents want to talk with their children they are hindered by lack of knowledge, embarrassment, discomfort and fear (Libby, 1974).

Coleman and Roker (1998) and Rosenthal, Feldman and Edwards (1998) explore further ideas that perpetuate lack of interaction between parents and teenagers around these issues. Apart from withholding information so as to protect young people, parents find it difficult to accept that their children are growing sexually. This sexual development includes just to name a few, physiological changes during puberty, ability to conceive, sexual desire, relationships and emotional changes. Furthermore, there are some topics that are embarrassing to adults let alone discussing them with teenagers, for example masturbation and sex. Another inhibiting factor is associated with the fact that

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sexuality and sexual health topics may bring to mind painful memories or difficult moments in a parent's own life, making it extremely difficult for them to communicate these issues to their children. Jackson (1982:113) agrees that sexual health information is a difficult issue for parents to deal with, though they should not avoid it.

Williams, Milligan and Odemwingie (1997) raise another hindrance in sexual health information provision. They say that some parents often encourage their children to maintain high morals and they place emphasis on virginity, especially for girls, yet fail to set positive examples. Moreover, those who attempt to inform teenagers about these issues, limit it to basics and very little 'positive' sexual information is actually shared (Szirom, 1988:89).

2.9. Peer groups and sexual health information.

During adolescence peer groups become increasingly important. Research shows that peers form a 'culture' that greatly influences teenagers and provide support in the developmental process (Pombeni, Kirchler and Palmonari, 1990). Mrs. Pamela Harthfield, school councillor at Alexandra High School (the location of this study) says that information on sexual development which enhance sexual self-worth is likely to be found amongst peer groups (Harthfield, 1999).

According to Antonovsky and et. al. (1980) most adolescents who are sexually active tend to use their friends and the media as sources for sexual information. Peers are the most frequently mentioned source of information on sexuality (Szirom 1988). At the same time however, they are recognized as the cause of most misinformation among teenagers.

Sometimes peer groups can have a positive influence by helping one to overcome egocentric attitudes. Peer groups create a life for a teen outside the family and monitor emotional biases from one's family. However, as good as peer groups can be beneficial in the sexual development of a teen, they can also ruin a teen's life. Peer pressure demands that teens conform to the pattern of peer groups. This conformity leads to violation of the parental and other adult authority (Goldman 1982).

2.10. Information needs and seeking patterns.

Provision of information is looked upon as a way of spreading ideas. However, before information can be diffused, there must be a search for it. Information provision is preceded by information needs and seeking. In need, people turn to a particular source of information, normally one with which they are familiar.

According to Sturges and Neill (1990) information needs never go unmet. However, people differ in the seeking of information and also in the sources they use in getting the information. McDonald (1988) argues that information-seeking is limited to those sources that individuals have initially valued as providing the best and or most credible information. Sturges and Neill (1990) attest that people seek information because they have particular needs and, people will normally solve problems from basic knowledge acquired either from personal experience or from the society. Kaniki (1999) illustrates two types of information needs: the physiological and psychological. On the basis of physiological explanation, he used the argument of Havelock (1979) whereby the state of lacking information forces an individual (consciously or unconsciously) to be involved in the process of information seeking so as to find

that which is appropriate. In this physiological framework, an individual becomes imbalanced as long as the information needs persist, and the person can only experience stability within him or herself when the input of appropriate information takes place.

Quoting Faibisoff and Ely (1987) and Krikelas (1983), Kaniki describes the state of information need on the basis of psychological explanation as the state of uncertainty. In other words, one requires appropriate information in order to come out of that uncertainty.

Kaniki (1999) argues that information needs can be identified in three ways. Firstly, he points out that some information needs can be identified by the person who is in need of information (information seeker). Secondly, the information needs may be recognized by the information expert on behalf of the information seeker and thirdly, other information needs may require both the collaboration of the information seeker and the information expert so as to establish the actual information need.

The concept of information needs is best understood in the framework of information providers and services they render to communities. As Kaniki (1999) puts it, the main purpose of a library is to meet the needs of a community. Community needs are not necessary limited to those needs that are confined in geographical locations. In the context of user studies such as the present research, the appropriate definition of a community need would be the one depicting the idea of "people sharing common needs which are often unexpressed and thus require professional investigation to reveal them .... [or] people who share common social practices and concerns arising out of ethnicity,

class, age, gender, educational achievement and lifestyle" (Kaniki 1999:190).

Apart from community needs, information needs may also differ between persons or groups of persons depending on a variety of factors or variable that may be grouped in two categories. The first, is 'information seeker centred' which includes variables such as demographic, education, age, social and economic background. The second is centred on information providers such as libraries and other information providers. It has to do with " availability of resources, awareness of availability, acquaintance with, and the ease of use of resources" (Kaniki 1999:193).

Discussions about information needs especially with library services and their role in meeting a community need include aspects such as: the right to information - every member in the community has the right to receive it either through hearing or reading; the right to acquire skills to seek information, explore and examine ideas and the ability to locate information (McDonald, 1988). It is therefore important to note that the degree to which the information need is met depends upon the level of information access, information literacy or information seeking techniques and skills the information seeker has (Kaniki, 1999).

The ideology of information need has given rise to the study of information seeking behaviour and/ or information seeking pattern which focuses on establishing information seeking situation, in which information is sought or utilised by individuals or communities (Kaniki, 1999). An information seeking pattern is therefore selective. This means that preference is given to a particular source rather than another in the effort of getting information. Just as

information needs depend upon various variables, information seeking patterns are influenced by different factors. The following could be identified as the most important:

- culture - in the case of sexuality, one notices that it has cultural values attached to it, and rules that must be adhered to by members of the society.

- social factors - include the social life of the peer group and the social life of the teenagers. Many adolescents consult their peers on social issues because they share the same social values which they do not share with their parents possibly due to the generation gap.

- credibility - this has to do with expertise and trustworthiness. For example Allen-Meares and Shore (1986) indicate that adolescents seeking information about sexuality have found greater support from their peers and have not viewed information received from institutional structures as useful. The principle that evolves from this reality is that those who are involved with teenagers in one way or the other must adapt to their information seeking pattern and adopt appropriate information provision.

2.11. Summary.

This section of literature review highlighted the different views of authors concerning sexuality, sexual health information needs and seeking patterns of teenagers. In it, ways of identifying information needs were given, coming from the information seeker, information expert and from both. One also got the fact that information needs differ between person or groups of persons depending on factors that can be grouped into two categories of: 'information seeker focussed'

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involving variables such as age, demography, education, social and economic background; and information providers namely libraries, parents and others. On the aspect of information seeking patterns, the review brought out that information seeking patterns are influenced by factors such as culture, credibility and social life.

Some scholars hold that not much research had been done on the subject of sexuality, thus preventing today's researcher from reaching definite conclusions about teenagers' sexuality attitudes and behaviours. Other authors felt that discussion about sex and sexuality had always been a topic of secrecy which due to the changing nature of today's society, young people are becoming more and more open about sexuality matters. The literature also revealed the origin of the movement towards individual freedom and choice in social roles and perceptions of female and male sexuality. As indicated, it started in the 1960's with a group of feminist advocating for social, economic, psychological and sexual independence.

The chapter also touched on the involvement of teenagers in sexual activity and on factors affecting it. The observation by some scholars indicated that young people of today are more and more open about sexuality matters though (regrettably) often have inadequate knowledge about sex and health. From the literature various variables which affect sexual activity among teenagers such as: race; culture; religion; inadequate and inappropriate information were identified. In other words sexual attitudes, values and behaviours were shaped by such factors. Among other issues raised, scholars identified the various information providers for the provision of sexuality related

and sexual health information among teenagers. These included: schools/libraries; families; parents and governments.

CHAPTER 3.

RESEARCH DESIGN AND METHODOLOGY

3.1. Introduction.

According to Leedy (1989), the nature of the study determines the methodology to be employed. This study was developed to investigate the information needs and seeking patterns concerning sexuality and sexual health amongst school-going teenagers in Pietermaritzburg, South Africa. On the basis of the data collected, the study attempted to assess the effectiveness of the school library as a source of sexual health information and presented suggestions as to how sexual health information can be best provided to teenagers. The study therefore aimed at finding out opinions and attitudes of teenagers in relation to a variety of 'problems' and information sources.

Due to the nature of this study, the descriptive survey method was used to gather and process the data which was collected. Descriptive survey method unlike other methods of data collection, depends heavily on observation. This research method "looks with intense accuracy at the phenomena of the moment and then describes precisely what the researcher sees..." (Leedy, 1989:140). The method implies that whatever is observed at one time is normal and could be observed again in future under the same conditions. Though a study on sexuality and sexual health information needs and the seeking patterns of school-going teenagers in Pietermaritzburg has never been studied before, there are other studies which have been conducted by using survey methods. For example,

Freeman and Rickels (1993:25) did a study on teenage pregnancy using the descriptive survey method. They collected relevant data that enabled them to conclude that pregnancy occurs because teenagers have incorrect information about reproduction and contraception. Jacobs (1995) used the same method to establish information seeking patterns among staff members of the faculties of Natural Sciences, Social Sciences and Humanities at the University of Transkei. Lekau (1998) used survey methods to investigate how young people use information centres for sexuality and related information.

According to Fraenkel and Wallen (1993) survey methods are often opted for when researchers are interested in the behaviour and/or opinions of a large group of people about a particular topic or issue. Furthermore, the major purpose of surveys is to describe the characteristics of a population in terms of its distribution for example, age, race, religious preference and attitudes towards sex and the relationship among the variables. As in other types of research of course the population as a whole is rarely studied.

There are common characteristics that majority of survey research possess namely;

1) The fact that data is collected from a group of people in order to describe some aspects or characteristics (such as attitudes, beliefs, abilities) of the population of which that group is a part.

2) The main way in which the data is collected is through asking questions.

3) Data is collected from a sample rather than from every member of the population (Fraenkel and Wallen, 1993:343).

3.2. Population of the study.

The population studied was school-going teenagers in the Pietermaritzburg area, generally between 13-18 years old. They constitute the age category of those who are between Standard 6 (Grade 8) and Standard 10 (Grade 12). This age group was chosen because the literature revealed that it is at this point in life that young people are more inclined to seek sexuality information and sometimes may start sexual activities. It is also at this stage that they are likely to get inappropriate information which may lead to dire consequences. For example, a study done in the USA showed that in the late 1980's and early 1990's teenagers were increasingly getting pregnant because of lack of correct information about reproduction and contraception (Freeman and Rickels 1993:25). In addition, they are easily influenced by peers at this level.

Teenagers have a thirst for information. They are very active and inquisitive about things happening around them. This generation live in the electronic age where various information flows to them from different cultures. These teenagers differ in their needs, but coming from an 'urban culture' where there is much exposure to issues about sex such as posters of people having sexual intercourse pasted in front of cinema hall appropriate information is required to help them set personal values, and make informed decisions about sexuality and life in general.

Since the focus of this study was on school-going teenagers in Pietermaritzburg, the sample was drawn from Alexandra High School. These pupils were seen to be representative of school-going teenagers in Pietermaritzburg area in general. This

was based on the general description of adolescence and adolescent information needs as discussed earlier.

Alexandra High School consists of teenagers from diverse socio-economic backgrounds and communities. Teenagers in this population come from different social, economic, religious and racial backgrounds. These teenagers are from different residential areas around Pietermaritzburg. There is an assumption that those areas represent upper, middle and lower middle classes. Since the abolition of the Apartheid system, there is no area reserved for a particular race. However, many students still reside in areas predominantly populated by a given race or culture. The possible effect of this is that students may have different perceptions on matters of sexuality and health depending on whether they are in the school or home environment.

Alexandra High School is government supported (Standard 6 or Grade 8 to Standard 10 or Grade 12) with 933 boys and girls from different social and racial backgrounds. It started in February 1960 as a school for White boys only with 53 pupils. Later on, it became a mixed school allowing a token number of White girls first. About ten years ago, it opened its doors to all races. The school has now more African teenagers than teenagers from other races and also has more boys than girls. Due to the liberal admission policy in place, the school has a long list of boys and girls from nearby communities waiting to enroll in the establishment.

The school has a library facility which contains 12,000 books and a few magazines. It was established to support the school's educational programme.

The library is actually a media centre with 12 computers which the students are allowed to use at certain appointed times. A trained librarian runs the library, and she is the one in charge of planning, implementing, evaluating and managing the library. The graph below presents the actual proportion of racial diversity in the school.

Figure 1

Race distribution of Alexandra High School

Africans = 60%   Asians = 7%
Coloureds = 5%   Whites = 28%
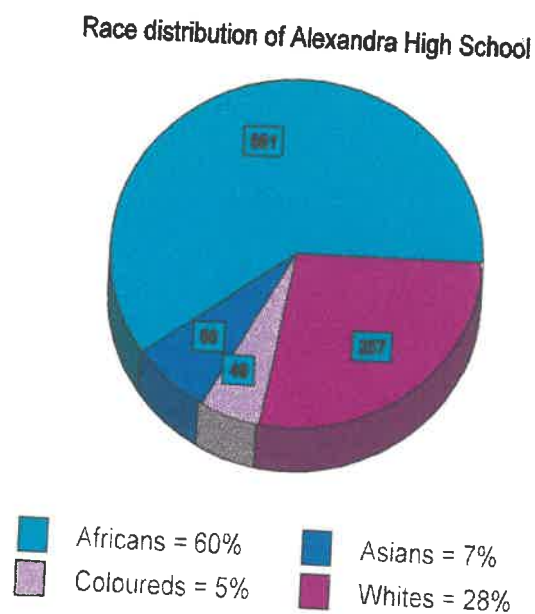
Below is a graph showing the proportion of number of pupils per Standard or Grade.

Figure 2

Standard or Grade distribution in Alexandra High School

- Standard 6 = 23%
- Standard 8 = 21%
- Standard 10 = 17%
- Standard 7 = 20%
- Standard 9 = 19%
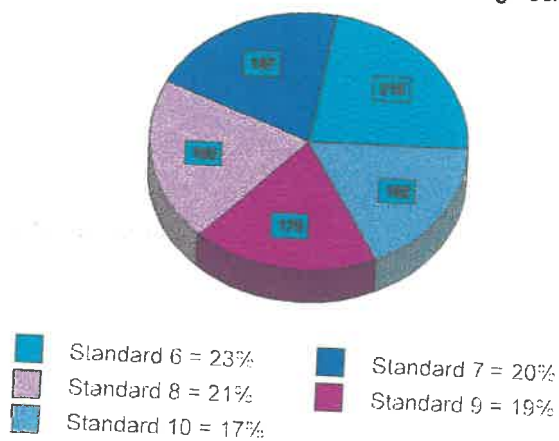
The graph below shows proportion by gender in the school.

Figure 3

Gender distribution of Alexandra High School

- Boys = 65%
- Girls = 35%
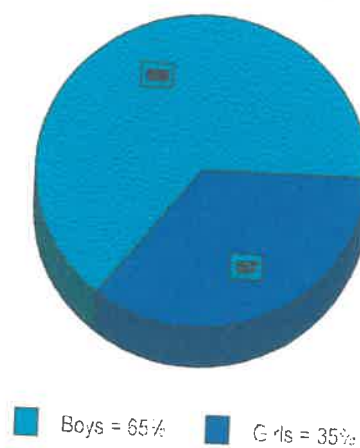
3.3 Sampling method.

The sample was chosen using the purposive sampling technique. This was done for easy administration of the study with the available time and resources. Purposive sampling according to Fraenkel and Wallen(1993) can be referred to as judgment sampling. In purposive sampling, the researcher judges what sample to select, a sample that can provide the needed data. Defining purposive sampling, Fraenkel and Wallen (1993:88) say that it is choosing a 'sampling which is representative' with respect to certain known characteristics of the population.

The school was purposively selected due to its high percentage rate of racial diversity. The school fees is relatively low thus attracting students from all walks of life. Selecting teenagers involved two stages:

1. They were chosen through stratified random sampling. Stratified random sampling is defined as "a process in which certain subgroups or strata are selected for the sample in the same proportion as they exist in the population" (Fraenkel and Wallen, 1993). The advantage of this sampling is that it increases representativeness, ensuring that any key feature of individuals in the population is included in the same proportions in the sample (Fraenkel and Wallen, 1993). This stratified random sampling required a list of all the students in the school: per class, gender and racial groupings which was obtained from the office of the headmaster of the school.

2. After the strata were established, random sampling was carried out on the basis of standard/grade, namely 6, 7,8,9; gender and racial grouping namely, Africans, Whites, Indians, and Coloureds. Due to shortage of time and money, the sample was limited to 150 teenagers from the school. This sample of 150 pupils represented 16% of the total number of pupils in the school. This 16% was consistently reflected in each strata. They were thus selected on the basis of the 16% (in each class the different racial groups were selected such that each of the groups reflected 16% of their total). The selection was also done with respect to the order of their names on the school register.

A description of the number of pupils who filled the self-administered questionnaires and how they were selected on the basis of percentage was as follows:

Total number = 150 ; this represented 16% of 933 (the whole population of the school). In every class, 16% was reflected in the sample; thus in

Standard 6 /grade 8, the number to be picked was 35 (12 girls and 23 boys)
Standard 7 /grade 9, the number to be picked was 30 (11 girls and 19 boys)
Standard 8 /grade 10, the number to be picked was 30 (11 girls and 19 boys)
Standard 9 /grade11, the number to be picked was 29 (10 girls and 19 boys)
Standard 10/grade12, the number to be picked was 26 (9 girls and 17 boys)

The total number of boys who were given questionnaires were 97 (64.7 %), and girls were 53 (35.3 %). The number to represent gender and race variance was always calculated in such a way that each of the groups reflected 16 % of their total number.

Thus the number of pupils targeted to fill the questionnaires was as follows:

Table 1

Distribution of sample per Standard, race and gender

STANDARD 6	NUMBER OF BOYS	NUMBER OF GIRLS
AFRICAN	14	7
ASIAN	2	1
COLOURED	1	1
WHITE	6	3

STANDARD 7	NUMBER OF BOYS	NUMBER OF GIRLS
AFRICAN	11	6
ASIAN	2	1
COLOURED	1	1
WHITE	5	3

STANDARD 8	NUMBER OF BOYS	NUMBER OF GIRLS
AFRICAN	11	6
ASIAN	2	1
COLOURED	1	1
WHITE	5	3

STANDARD 9	NUMBER OF BOYS	NUMBER OF GIRLS
AFRICAN	11	6
ASIAN	2	1
COLOURED	1	1
WHITE	5	2

STANDARD 10	NUMBER OF BOYS	NUMBER OF GIRLS
AFRICAN	10	5
ASIAN	1	1
COLOURED	1	1
WHITE	5	2

3. 4. Research Instruments.

Besides the researcher's observation, the self-administered questionnaire was the only instrument used in this study. In collecting the data for the research, a self-administered questionnaire was constructed, pretested and administered by the researcher (Appendix A).

Gay (1981) describes self-administered questionnaires as giving respondents questionnaires and asking them to be completed and returned to the researcher. This process saves the researcher time and money. Gay (1981) says that self-administered questionnaires eliminate or avoid biases especially in cases where the researcher is not present with the respondents. In order to get a 100% return from the respondents, the researcher envisaged personally giving the questionnaires to the respondents. Unfortunately, this was not possible due to the school regulations and activities. Instead, after personal interaction with the school counsellor, 150 questionnaires were given to her and she distributed them to the respondents on behalf of the researcher as instructed.

Due to the issues dealt with in this study, some research experts have proposed that the respondents need to be assured of privacy and confidentiality (Gay, 1981). This was dealt with in the letter which accompanied the questionnaire. The respondents were assured of the strictest confidentiality (Appendix B). They were instructed not to write names on the questionnaires and were encouraged to be open in answering the questions. Furthermore, a brief explanation of the objective of the study was given.

The items in the questionnaires were based on the research problem and were constructed for easy response particularly in terms of the language to be used. The questionnaires involved both close-ended and open-ended questions. The close-questions helped guard against long and irrelevant sentences and directed the respondents to specific answers. Opinion-type questions were open-ended so as to let them express views other than those proposed by the researcher .

The questionnaires contained questions regarding information the youths usually have on sexuality and sexual health. What information they would like to know, how they would obtain this information, their preferred sources and why they prefer these sources. There were also questions specifically on the school library.

3.5. Pretesting of questionnaire.

Fraenkel and Wallen (1993) see pretesting as an important process in data collection. They say that it is not time wasted because it gives a clear understanding and adequate correction to the researcher. "A pretest of the questionnaire or interview schedule can reveal ambiguities, poorly worded questions, questions that are not understood, unclear choices and can also indicate whether the instructions to the respondents are clear" (Fraenkel and Wallen 1993:352). Other research experts see pretesting as a means of avoiding bias (Gay ,1981).

Pretesting was done with the help of five school-going teenagers from the neighbourhood. These were purposefully selected for the pretesting, firstly

because they exhibited similar educational, social, and economic levels as those in Alexandra High School. Secondly, the persons were selected to ensure quick return of the questionnaires for correction. The pupils included in the pretest were between 13 to 16. They were three girls (two Africans and one White) and two boys (both Coloureds).

In the pretesting, respondents were asked to give their comments regarding clarity, time, language, and the appropriateness of the questions asked in terms of embarrassment. None of those who participated in the pretesting gave comments, and so the questionnaires were henceforth distributed as they were.

3.6. Data collection procedure.

All the questionnaires (150) were given to the school counsellor Mrs. Pamela Harthfield around the third week of September 1999. She distributed them to the pupils in accordance with the explanation of the above sampling procedure. Given that counselling session is considered as a course in the Alexandra High School, Mrs. Harthfield was able to meet the required number of pupils. The respondents were picked as their names appeared on the school register. They were asked to personally complete the questionnaires during the counselling period which Mrs. Harthfield conducts personally. Those who could not complete filling in the questionnaires during the one hour counselling period and who needed more time were encouraged to do so in their own spare time. Some took them home and deposited them in a box the following day at the counsellor's office. The completion and collection of the questionnaires was done within four days.

3.7. Data Treatment.

Collection of data is useless unless it is analysed for use. Leedy (1989) says "data are of no value merely as data" (Leedy 1989:167). Since the purpose of data gathering is to solve a research problem, they must be analysed. The aspiration of a researcher is to be able to interpret and analyse data as to draw from it information that can lead to decision making. To succeed in this, the data collected from the returned questionnaires were coded, the open-ended questions analysed manually and later all information was put into a computer. The responses from the open-ended questions were categorized into main concepts. For example, responses such as 'not satisfied', 'little information in the library' and 'shallow information' with regard to library satisfaction were all grouped under the category of dissatisfaction of library usage. from Descriptive statistics method was used to indicate frequency and percentage. This was done through the use of the statistical package for social sciences (SPSS 8.0 software).

3.8. Evaluation of the method.

The benefit of the descriptive survey method used in this study is that it required a relative low cost as compared to any other methods that could have been used for getting information on information needs and seeking patterns of school-going teenagers. The method allowed random sampling which suggested that any group could have been selected on which information could have been obtained. Furthermore, the data collection time was short (four days).

The method gave freedom of self-expression to respondents through open-ended questions which were included in the self-administered questionnaire. They somehow encouraged responses to the sensitive topic the study was all about. Closed-ended questions were also beneficial in the study as they limited the length of responses and standardized responses. However, it is important to note that the use of self-administered questionnaire did not permit any possible follow-up.

Difficulties that might have occurred in getting sufficient number of the questionnaires completed and returned so as to allow for more generalization of the findings to the population. This was avoided through the way the data was collected as discussed in (section 3.6.) where the questionnaires were distributed in the different classes, filled and collected under the supervision of the school counsellor.

3.9. Summary.

This chapter basically dwelt on the research method, data collection procedure and data analysis. It made known the fact that the descriptive survey method was that used to gather and process the data which was collected in a period of four days. Also, that the sample from which information was received was selected through both stratified and simple random sampling all drawn from Alexandra High School. The school purposively chosen because, it was one among the few schools in Pietermaritzburg area that were likely to attract a wide range of students from different economic, social and racial background. The chapter further made known the fact that before the actual research was conducted which involved 150 respondents, a pretest was carried out so as to

eliminate any possible ambiguity, unclear choices and poorly worded questions. That questionnaires and observations were used as the main research instrument for the study and that the data collected was analysed using SPSS.

CHAPTER 4.

PRESENTATION AND INTERPRETATION OF THE FINDINGS

4.1. Introduction.

The assumption of this study was that most teenagers did not have adequate, relevant and accurate information about sexuality and sexual health information though this is basic information that should readily be given to them by adults. It is often left to teenagers to find this information from whatever source. In their effort to meet information needs, teenagers use various sources, some of which may not necessarily be reliable.

The purpose of this study was to investigate the sexuality and sexual health information needs and seeking patterns of school-going teenagers in Pietermaritzburg, South Africa. The study further looked specifically at the school library as a source of information. This chapter presents the analysis of collected data and findings of the study. It also presents an interpretation of these findings. One hundred and fifty (150) self-administered questionnaires were distributed to teenagers studying at the Alexandra High School and one hundred and twenty-nine (129) were returned, giving a response rate of 86% of the total number of responses usable for the analysis.

4.2. Characteristics of the respondents.

As discussed earlier, diversity among teenagers depends not only on individual levels of physiological or psychological development but also on other factors such as religion, culture and socio-economic difference. For example, living in a poor environment characterised by overcrowding can affect the socio-economic setting which some teenagers, because of what they see from their parents and neighbours can get involved in pre-marital sex.

To have a better understanding of the group of teenagers who participated in this study, questions were asked with regard to their race, age, level of education, religion and residence. Race is believed to exert a strong influence on adolescents' attitudes about sexuality and sexual health knowledge. For example, studies done on US teenagers showed that African-American boys and girls become sexually active earlier than white adolescents. In explaining the racial difference, two reasons were advanced; on the one hand, it was argued that socio-economic differences between blacks and whites accounted for the racial disparity. On the other hand, cultural norms created a profound difference in the acceptability of early sexual experiences (Moore and Rosenthal, 1993).

Racial difference in terms of sexuality and sexual health information sharing is not an exception in South Africa. Africans in South Africa have two kinds of cultural norms with regard to sexuality. One researcher says that urban African communities are in contrast to rural communities as they are characterized by moral breakdown in sexual life. Life in the city contributes to insufficient sexuality information sharing. This is attributed to three factors: (1) the

abandoning of cultural regulations by which rural people attempted or are still attempting to help regulate sexuality issues; (2) the fact that unmarried lovers in the city cohabit; (3) the decrease in parental control due to socio-economic factors. Parents are forced to spend a lot of time at work. Under such living conditions, teenage premarital sexual behaviour becomes permissive and is not explicitly sanctioned (Motshologane, 1997). Also in a research conducted by Ramasar (1997), about sex information among the Indians in South Africa he came up with the finding that the Indian race is known largely as conservative and perhaps as a shy group as far as the subject of sexuality and sexual health issues are concerned and the issues are taboo and are not discussed in homes. On the other hand, September (1997), did the same research among the Coloured population in South Africa and came up with the conclusion that the Coloureds are characterised by a high rate of illegitimacy and that the problem of illegitimate children and teenage sexual indulgement is prevalent. With respect to the White population, Le Roux (1997) conducted his own research and found out that there is an attitude of permissiveness. However, one needs to be watchful of such conclusions given that human behaviour is individualistic and difficult to generalize. Nonetheless, one realises from these findings that race is likely to have an influence on sexual perception, attitude and behaviour as some races permit free discussions about sexuality and others consider them as taboo and consequently shy away from discussions of such nature.

The race proportion among the respondents was a reflection of the school. Seventy-two(55.8%) were Africans, ten (7.8%) Coloureds; eleven (8.5%) Indians and thirty-six (27.9%) Whites.

Teenagers who participated in this study were 77 or 59.7% males and 52 or 40.3% females. The difference in the distribution between the two sexes reflected the school distribution. The school has more boys than girls as illustrated earlier. It is important to note that 52 girls out of 53 who were given the questionnaires returned them, representing 98.1% while the representation in boys was 79%.

When asked to indicate their residential areas, out of the 129 returned questionnaires, 121 (93.7 %) responded and 8 (6.2 %) did not. These teenagers reside in various places around Pietermaritzburg. The table below indicates areas of residence of respondents.

Table 2

Areas of residence

Areas of residence	Frequency	%	Areas of residence	Frequency	%
Asbburton	2	1.5	Lynnfield Park	2	1.5
Ashdown	3	2.3	Manor	3	2.3
Azelea	1	0.7	Napierville	2	1.5
Bisley	16	12.4	Nelspruit	1	0.8
Blackridge	1	0.8	Newholmes	1	0.8
Camperdown	1	0.8	Northdale	5	3.8
Chase Valley	1	0.8	Northern Park	1	0.8
City Center	5	3.8	Oribi Village	2	1.5
Clarendon	1	0.8	Orient Heights	2	1.5
Cleland	1	0.8	Pelham	6	4.6
Eastwood	4	3.1	Prestbury	1	0.7
Edendale	5	3.8	Richmond	3	2.3
Epworth	1	0.8	Scottsville	12	9.3
Eston	1	0.8	Sobantu	2	1.5
Grange	8	6.2	Southgate	1	0.8
Hammersdale	3	2.3	Southland	1	0.8
Hayfields	5	3.8	Wembly	1	0.8
Howick	1	0.8	Westgate	2	1.5
Imbali	10	7.7	Woodlands	2	1.5
Lincoln Meade	1	0.8			
Total	71		Total	51	

Due to the historical background of Pietermaritzburg and South Africa in general, different geographical locations communicate different social or

economic picture. Certain areas are predominantly occupied by certain races. For example, in this particular city of Pietermaritzburg, Indians are dominant in the township of Northdale, Coloureds in Woodlands and Africans in the townships of Edendale, Imbali or Sobantu. Although this trend is changing especially since the abolition of the apartheid system, it is still a distinctive characteristic of South African cities, Pietermaritzburg inclusive. It is also anticipated that each residential area has a dominant culture depending on the dominant race in the place. Therefore this may be said to be a true representation of teenagers in Pietermaritzburg.

When respondents were asked to indicate their age, it was found that the majority of those who participated in this study were between 13 and 18 years old and were from Standard 6 or Grade 8 to Standard 10 or Grade 12. Though these were the targeted groups, two pupils who were beyond 18 were included in the study because they were still doing Standard 10 or Grade 12 and had been drawn in the sample. Most of those who returned the questionnaires were fifteen years-old.

Research has shown that younger adolescents (ages 12 to 15) are normally less sexually active than the older ones (ages 16 and above). Although this study was not on sexual behaviour only, it is assumed that sexual behaviour and sexuality and sexual health information are closely related and linked as cause and effect.

The figure below presents the distribution of respondents by age categories.

Figure 4

Respondents by age
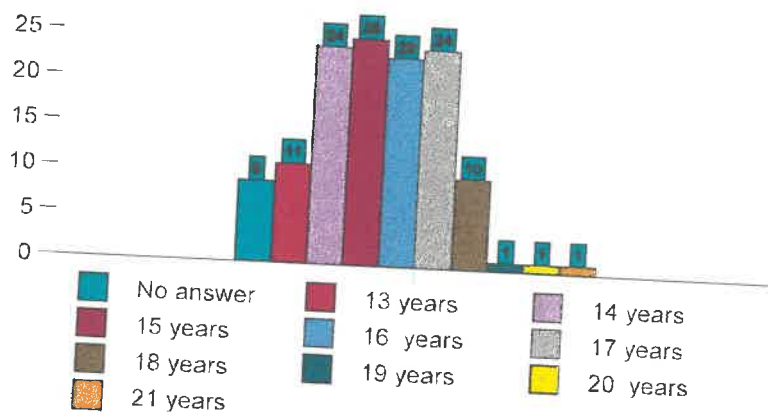
Besides other factors discussed earlier, education has been identified as a major influence on sexual matters. It has been argued that higher levels of educational achievement and clear educational goals are related to lower rates of teenage sex. Involvement in a sexual relationship seemingly distracts teenagers from their studies. Alternatively, interest in studies makes adolescents less interested in a sexual relationship (Moore and Rosenthal, 1993).

Looking at the whole population (129 respondents) a reasonable number of those who were sexually active were Whites (12 or 9.3%), followed by Africans (11 or 8.5%), then Indians (2 or 1.5%) and one (0.8%) Coloured. If one analyses data further based on specific race groups, the results appear to be closely similar.

Of the thirty six white students, 33.3% (12 students) were said to be sexually active; 15.3% of Africans, 18.2% of the Indians and 10% coloured students. No 13 year-old indicated to be sexually active. The most sexually active students were those in the 17-years category. This corresponds with other studies that have shown that the average age of first sexual intercourse for both boys and girls is 17 years (Coleman and Roker, 1998).

Respondents were asked to indicate their religion. Religion is a strong factor in either promoting or limiting information delivery on sexuality and sexual health related matters. This becomes more obvious in sexual behaviour studies. Religion influences in many ways. It provides norms for acceptable sexual behaviour. It acts as an informal control to sex due to rules which constrain sexual behaviour. For example, adolescents who are sincere and staunch observants of Christian or Muslim religious beliefs and teachings are more likely to refrain from premarital sex than otherwise. In this study, one White male respondent (0.8%) indicated that he used to be sexually active, but stopped due to his current Christian conviction. Similarly, one Muslim respondent (0.8%) indicated not to be sexually active. Apart from these two cases, religion seems to have an insignificant impact upon the rest of the respondents in this study.

Sixty-five out of 129 (50.4%) of those who responded were Protestants by religion. Included among the Protestants were those who called themselves Christians, Apostolics, Seventh Day Adventists, Christian beliefs and Christian Charismatics. These were all grouped as Protestants because their basic doctrines could easily be linked to Protestantism. About 29 or 22.5% were Catholics; 9 or 7% were African Traditional believers; 7 or 5.4% were Hindus;

and 1 or 0.8% was a Muslim. Nine or 7% adhered to different religious beliefs and were all grouped together. These included the Restians, spiritualitists, Jehovah Witnesses, and Tamils. Six or 4.7% were not affiliated to any religion, while three respondents or 2.3% did not answer this question. The table below presents the distribution of respondents by religion.

Table 3

Respondents by religion

Religion	Frequency	%
No response	3	2.3
Protestant	65	50.4
Catholic	29	22.5
African Traditional believer	9	7
Hindu	7	5.4
Muslim	1	0.8
No religion	6	4.7
Other	9	7
Total	129	100

As discussed earlier, there is a diversity indeed among school-going teenagers. Some were sexually active (26 or 20.2%), others were not (72 or 55.8%). Yet others did not know what being sexually active meant (26 or 20.2%). Those who were sexually active were asked to mention which method of contraception they were using, and who had informed them about it. This is illustrated in the later part of the chapter.

Out of 26 who were said to be sexually active, seven or 26.9% said that they did not use contraceptives. Eleven or 42.3% did not give any information about the means of contraception they use if at all. It was assumed that this group probably did not use any contraceptive as well. Low or no usage of contraceptives is a common characteristic among adolescents. This was found in other studies done in South Africa such as the one reported by Govender (1999). On the other hand, the eight or 30.8% who used contraceptives may reinforce the public argument that teenagers nowadays are better users of contraceptives than generations before, as Usher (1999) indicates.

Methods of contraception used and indicated by 17 or 65.4% male and nine or 34.6% female respondents were pills (mentioned five times), spermicide jelly (mentioned once), condoms (mentioned 14 times) and injections (mentioned by two respondents) . It should be noted that the two who use injections, appear to have inaccurate information as to the advantages and disadvantages of the injections. For example , one said: *"my friends told me that the pills make your body look ugly and if you walk your body will move as if it is full of water."* Another said: *"I don't use condoms because they don't protect you from AIDS. It's not 100% safe and that's why AIDS is rising everyday in KwaZulu and people are using condoms."*

The biggest group of those teenagers who were sexually active were of the Protestant belief (12 or 9.3%), followed by those who did not affiliate to any religion (5 or 3.8%) and then African traditional (4 or 3.1%), Catholic (2 or 1.5%) and one (0.8%) in the category of 'other religion'. The cross-tabulation on race and the use of contraceptives showed that the highest number of those who used them were Whites (6 or 4.7%) followed by Africans (2 or 1.5%).

In order to accomplish the purpose of the study, and in sorting out meaningfully the data, a restatement of the research questions became very important. The following questions were raised:

- What information needs regarding sexuality and sexual health information do school going teenagers have?

- How do they seek information?

- What sources do they use to get the needed information on sexuality and sexual health?

- What type of information does the school library have on sexuality and sexual health information and how well does it serve teenagers in these matters?

4.3. Information needs and types of information.

To be able to answer the first question 'What information needs regarding sexuality and sexual health do school going teenagers have? respondents were asked various questions through which the types of information on sexuality and sexual health information that school-going teenagers have were established. Questions were on areas in which adolescents were likely to be interested. These instances and situations were identified through literature. Some of these situations were relevant to both genders. Some were male related while others were female related. For example, Freeman and Rickels (1993:129) indicate that menstruation is a common topic between mother-daughter communication. The two authors point out that very few mothers talk about how to handle dating and sex, birth control, abortion or sexually transmitted diseases.

In the category of female related questions, girls were asked questions in relation to the physiological changes during puberty. Fifty-two (100%) said that they had experienced their first menstrual period. When asked whether they got helpful information after menstruation, 47 or 90.3% answered 'Yes' and 5 or 9.6% answered 'No'. Information that they needed during this experience was identified and is discussed later in the next section. Those who had information before the menstrual period were just about 7.54% and the bigger number received information after they went through the experience itself. With the findings, it may easily be understood that the girls had insufficient information or personal knowledge about menstruation by the time they personally experienced it. This situation has been found elsewhere. For example, Usher (1999) reports that a survey done in Europe showed that some girls were completely surprised by their first period. Besides this information, female respondents gave a picture that though menstruation is known as a physiological change, it may communicate a deeper significance than just a physical experience; and that is why one can safely say that 26 girls (50%) needed to know the implications of menstruation on their lives.

Both male and female respondents were given a list of issues related to sexual feelings, biological and physiological changes that many teenagers often want information about. In order to identify the types of information these teenagers had, they were asked to indicate whether or not any of their parents or guardians had spoken or given them information about the given issues. It was found that topics such as 'masturbation', 'wet dream' and 'where to get birth control methods' appeared to be the least information given to teenagers, while HIV/AIDS, other sexually transmitted diseases, how pregnancy occurs and

marriage are the most commonly covered. It is important to note that the discussion on pregnancy is among the most frequent, yet information as to where to get birth control methods is suppressed. Table 4 on the following page shows the frequencies and percentage of the topic discussed. In reading the table, one has to bear in mind that respondents gave many topics.

Table 4
Common topics in sexuality information delivery.

	Freq.	%
AIDS	92	71.3
Sexually transmitted diseases	82	63.6
How pregnancy occurs	79	61.2
Marriage	77	59.7
Rape	70	54.3
How your body changes during adolescence	64	49.6
Sexual intercourse	59	45.7
Abortion	58	45
The menstrual cycle	54	41.9
Methods of birth control	44	34.1
Sexual abstinence	44	34.1
How to use birth control methods	41	31.8
Circumcision.	37	28.7
Wet dreams	32	24.8
Where to get birth control methods	31	24
Masturbation	25	19.4

An adolescent's need of sexuality and sexual health information is strongly linked to the events of puberty. This is the time the body develops to maturity including the capacity to reproduce. Just as sexual maturation for girls includes among other things menstruation, that for boys involves changes such as nocturnal emissions (wet dreams). Boys were therefore asked to indicate whether or not they had experienced 'wet dream'. Forty-three or 55.8% out of 77 answered 'Yes' and 21(27.2%) answered 'No'. Six (7.7%) did not answer, while 7 (9%) said that they did not know what this was. They were then asked whether they had been given helpful information about 'wet dreams'. Twenty-three (29.8%) answered 'Yes' and 25 (32.4%) answered 'No'. Twenty-nine (37.6%) did not give an answer. Looking at male responses, the number of those who did not get information (32.4%) exceeds those who got some information (29.8%). Furthermore, just a small number 9% said that they did not know what a 'wet dream' was.

It was found from literature that the 'breaking of the voice' in males is something important in a teenager's life, and therefore male respondents were asked whether they noticed any voice change. Those who answered in the affirmative were 50 (64.9%), 19 (24.6%) said 'No' and 8 (10.3%) did not respond. The ones who had already experienced 'voice breaking' were asked to indicate whether they received or found any helpful information concerning it. Eighteen (23.3%) said that they received helpful information, while 35 (45.4%) said they did not and 24 (31.1%) did not respond to the question.

For both the 'wet dream' and 'voice breaking', the number of those who did not get helpful information surpassed the number that did. As seen from the literature, teenagers are often in need of sexuality and sexual health information

but are often deprived of this by adults (Coleman and Roker 1998). The presumption that information delivery is most common among peers than elsewhere may be correct. How accurate and reliable the information got by the few can only be answered by further studies on this issue. As discussed in the literature review, adults especially parents find it difficult addressing subjects on sexual matters as far as teenagers are involved. Those who have realized the importance of giving such information, use various means to get the message across. For example, one parent told me that instead of approaching his 14 year-old son with such topics, he leaves books and magazines for him to read. Whether or not the teenager reads this literature and appropriately interprets the information is another matter and unknown to the parents.

In establishing the information needs, a list of reasons that teenagers gave backing the essence of having information on sexuality and sexual health information was given. Furthermore, female and male respondents were asked to indicate what types of information they needed during their first menstruation, 'wet dream' and 'voice breaking' respectively. Concerning menstruation, female respondents gave more than one answers which were categorised and analysed as their main information needs:

- Twenty six (50%) answered that they were just curious about the transition they were going through. They wanted to know the effect of menstruation on their lives.

- Nineteen (35.8 %) girls wanted to know what menstruation was all about.

- Eighteen (33.9 %) wanted to know why and how it happened.

- Fourteen girls representing 26.41 % of the total respondents said that they needed to know how long they would menstruate.

- Twelve (22.6 %) needed to know the age that girls start menstruating and how often it occurs.

- Thirteen (24.5 %) needed to know what they were supposed to do to keep themselves hygienically clean and safe.

- Four (7.5 %) responded that they did not want any kind of information because they were told everything in relation to this topic when they were young girls of about 10 years old.

- Two representing 3.7 % said that they did not need to know anything either concerning their first menstruation or the changes they were going through.

- One (1.8 %) thought that something terrible had happened to her, and was horrified about it. She was worried about her mother's reaction.

Similarly, male respondents were asked to indicate what kind of information they needed during the first 'wet dreams' experience. Ten or 12.9% said that they didn't need any information. The rest gave the following different answers:

- *Need to know what's going on* - was given by seventeen respondents or 21.9%.

- Six (8.5%) asked why it occurs only to men.

- Five (6.4%) were wondering whether there were ways (methods) that could help in preventing the regular occurrences of the 'wet dream' because it embarrassed them and they hated it.

- Four (5.1%) asked why the 'wet dreams' happens.

- Three (3.8 %) did not want to know anything because they had received information from friends; and one (1.2 %) had received information from a community nurse.

- Three (3.8%) wondered whether they were normal, or sick.
- One (1.2%) needed to know how it would affect his life.
- One (1.2 %) needed to know whether he could be assured of making a healthy baby.

As discussed earlier, 'voice breaking' in males is one of the things that mark the puberty stage. Male respondents who had already experienced it were asked to indicate what kind of information they needed or sought. Each respondent was allowed to give more than one answer, and the following were their information needs:

- Fifteen (19.4%) wanted to know why 'voice breaking' occurs. They were concerned with the physical changes.
- Fourteen (18.1%)said that they did not want to know anything (no need of information).
- Eleven (14.2%) said that they were very worried and were afraid that they were getting sick.
- Eight (10.3%) said that they had received information from people, and were aware that every male has to go through it at some stage in life.
- Eight (10.3%) indicated that they needed to know what causes the 'voice breaking'.
- Three (3.8%) were more concerned with the function of 'voice breaking', in terms of recognition in the society.
- One (1.2%) wanted to know at what age it happens.

Respondents were then asked why they needed the information. Sixty-four or 49.6% said that their quest for such information on sexuality and sexual health

was based on personal curiosity. Twenty-five or 19.4% indicated that they were pushed to seek such information because of peer pressure. Twenty-six or 20.2% mentioned that they would feel unpopular by their peers without the information. Eight-seven or 67.4% said they needed it in order to make right decisions. Four or 3.1 % of the respondents stated that, though their parents do not inform them, it was their right to know. Three or 2.3 % explained that they needed such information as a tool for the future and to be able to differentiate the right from the wrong. Three or 2.3 % said that they do not want to be pressurized by their friends who may lead them into making wrong decisions. One or 0.8% said that if someone did not get such information during adolescence, then one might experience some difficulties relating to sexuality at a later stage in life. Another respondent (0.8%) said that he has no need for such information. The findings show that both male and female teenagers have different information needs relating to sexuality and sexual health. It is also clear that teenagers seek information for different reasons. As such, it is important that accurate and adequate information be provided to them for whatever reason it is sought.

Cross tabulation analysis reveals that statistically there is no significant association between race and information needs. Teenagers' need for information is basically to enable them to make right decisions as it was shown by 72.7% of Indians, 69.4% Whites, 66.6% Africans, and 60% Coloureds. The number of Coloureds (80%) and Whites (66.6%) who needed information because they were just curious exceeded the Indians (54.5%) and Africans (34.7%).

Though the literature indicates that the main motive for teenagers seeking information on sexuality and related matters is caused by peer pressure, this study gave a different view. It was shown that 76.3% African teenagers, 90% Coloureds, 72.7% Indians, and 88% Whites did not seek information as a result of peer pressure. Instead their information need was based on the necessity to make right decisions. Those who needed information due to peer pressure were of a smaller number as compared to the need to make right decisions. Those influenced by their peers were 23.6% Africans, 10% Coloureds, 27.2% Indians and 11.1% Whites. Twenty-seven per cent of Africans, 10% Coloureds, 18% Indians, and 8.3% Whites needed information because they did not want to be left out. The following figure gives a picture of the frequency of respondents.

Figure 5

Information needs

Right decision = 87% Curiosity = 63%
Left out = 26% Peer pressure = 25%
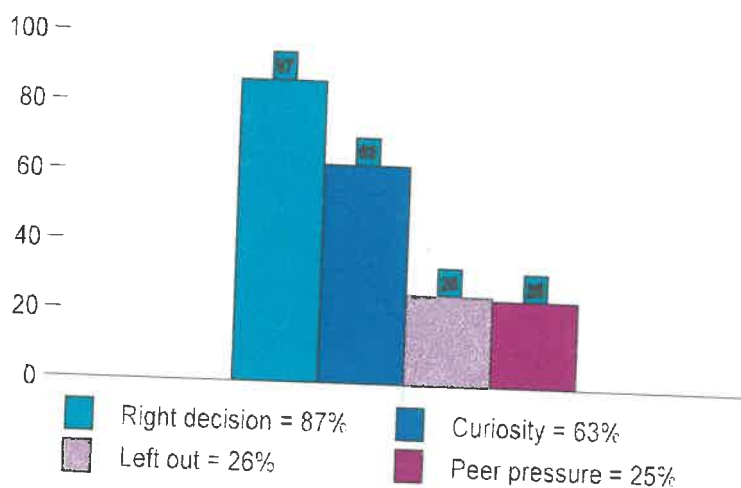
Respondents were asked to indicate how important it was to have information on sexuality and sexual health. Three or 2.3% said that it was not so important and nobody said that it was not at all important. Out of 129 respondents, 103 or 79.8% indicated that it was very important for them to have such information and 19 or 14.7% said that it was important. Of these categories (those who said that it was important and very important), 55 or 42.6% indicated that sexual information was important or very important because young people are confronted with various challenges and are required to make personal and informed decisions, so as not to be led astray by peers. Thirty or 23.2% said that this information helped them prepare for their future life.

Information on sexuality and sexual health is vital in the life of a teenager as expressed by fifty-five or 42.6% of the respondents. It is important because it enables them to know what is accurate or inaccurate. It allows them to decide for themselves rather than follow what they think is happening in the teenage world. For instance a teenager may feel he/she should have sex at an early age just because 'friends' and 'everybody' have it. As discussed earlier, a seventeen year-old school-going teenager went for contraception by injection because she felt pills made her look ugly. It is possible that this teenager would have acted differently had she been given accurate information.

4.4. Information-seeking patterns.
4.4.1. Using the school library.

School libraries are regarded as essential to the school educational programmes. They are established to help students meet educational and curricula

requirements. They aid in decision making and enable success or survival in an increasingly information dependent society (Olën 1995). Watson and Boone (1989) support the idea of analysing the needs of library users in order to develop strategies to meet those needs. On the other hand, they hold that some library users are not fully aware of the library's potentials in meeting their information needs; they tend to browse library collections, looking for few familiar sources, without any inclination to ask for a librarian's help. As a result, some users do not find what they need and therefore do not consider the library an important source of information provision. Watson and Boone (1989) also point out that the world is becoming more and more information dependent and with information needs on the increase, services of information provision are expanding. Finally, they assert that understanding the information needs of library users and then developing and or promoting services to meet those needs will "enlarge and enhance the library's institutional position and role." In 1998, Lekau echoed Watson and Boone's idea of properly serving library users given that adolescents are in a specific age category requiring specific and up-to-date information. Sprague (1994:378) says that it is important for libraries to determine the current and future needs of users in developing strategic plans.

In order to find out how teenagers search for information within the library and in order to assess the school library as an effective source of sexuality and sexual health information provision, respondents were asked whether or not they used the school library. Sixty-two or 48.1% of the respondents mentioned that they never used the library for such information. Some, 53 or 41.1% used it once in a while and a fewer number 10 or 7.8% used it often. Four respondents (3.1%) did not respond to the question.

Reasons for using or not using the library were explored by presenting respondents with the freedom to express their views. They were asked to give as many as possible. The 48.1% respondents who said that they never used the school library gave the following reasons.

- books do not promote morals (mentioned by 2 or 1.5%).
- no time to go the library (1.5%).
- I have books of my own because I am an AIDS counsellor (0.8%).
- No need to use the school library because one gets information from friends, teachers and counsellors (mentioned by 4 or 3.1%).
- It has never crossed my mind, I did not know that the library supplied such information (mentioned by four or 3.1%).
- I am not interested in the library (mentioned by 13 or 10%). One actually said *"libraries never interest me, I am not a library lover, it's boring."*
- There are no books in the library (by 4 or 3.1%)
- No need to use the library because I feel that I know everything (mentioned by 3 or 2.3%).
- *No need to use the library because there is no interest in the* subject (mentioned by 7 or5.4%).
- I prefer to listen than to read (mentioned by 3 or 2.3%). One literally said: *"I lose concentration easily. I do not like reading, and I prefer to ask people than reading for myself."*
- Fourteen (10.8%) said that they did not like to use the library because they were looked upon as strange when they read or want to take out such books.
- One (0.8%) said that she did not use the library because she preferred to read magazines.

- Two (1.5%) said that they did not use the library because they get most of the information from the television.

The highest number (10.8%) of respondents did not use the library because they were afraid of embarrassment when seen reading or borrowing books on such topics. This suggests that privacy is an important factor determining how the information is sought. At the same time, privacy may partly be the leading cause in the low turn-out of this library users. Perhaps that is why they prefer getting information from peers instead of turning to the library themselves.

Those who said that they use the library once in while or often were asked to indicate how satisfied they were with the information they were getting from the library. The majority of the respondents who used the library, 28 or 21.7% expressed dissatisfaction in its services. The findings regarding library usage showed that the bigger number of respondents were not in favour of the library especially when it came to seeking information on sexuality and sexual health.

An investigation on the low usage of the library was done and different reason were advanced. The first was the library's collection. The library serves a population of 933 potential users and has a total of 12 books (no magazines, pamphlets or audio-visual materials) on the subject of sexuality and sexual health information. In addition, the physical disposition of the library could be another contributing factor to its low usage. Desks and shelves are arranged in a way that privacy can not be guaranteed. This explains partly why some of the users were discontented with the library and why they did not use it for such kind of information.

The above findings are consistent with some of the issues that Reddy (1993) explores. She points out that the use or non-use of school libraries is due to factors such as, inadequacy of the collections and the lack of good communication skills on the part of the library staff. A friendly and welcoming attitude should be maintained as well as an atmosphere encouraging access to information. For example, having displays on issues of sexuality. Reddy also insists that users should be helped in retrieving information. In this particular study it may not be easy to determine whether the attitude of the librarian in this school has any influence as to the use, low use or non-use of this particular library or whether the use or non-use is due to the fact that students feel shy and uncomfortable approaching an adult librarian. In her study, Lekau(1998) found that teenagers are mostly ashamed of approaching adults when it comes to seeking information on sexual issues. Sprague (1994) supports the fact that in their information seeking, some library users overlook the importance of asking librarians for help. Nevertheless, the researcher holds that the non-library users (14 or 10.8%) and the dissatisfied users, are likely to change their attitudes towards the library if the atmosphere in the library is made more conducive to informal or non academic research. In other words, if desks and shelves are arranged in such a way that privacy is guaranteed and the library holdings on the subject improved, the library would have more users. Besides the library collection and physical condition users should be taught library skills. One respondent (0.8%) attributed his dissatisfaction in using the library to lack of orientation as to where to get this information.

By cross-tabulating library usage and sexual activities, it was discovered that respondents (26 or 20.2%) who were sexually active did not use the library

often. Thirteen or (10.1%) used it once in a while, and 13 (10.1%) never used it. This finding corresponds to Antonovsky's study (1980). He found out that majority of sexually active teenagers tended to use their friends more than any other source in seeking information on sexuality and related matters. In terms of race, the highest number of those who did not use the library were Indians represented by 63.3% or seven out of eleven respondents, followed by Africans (38 or 52%), then Coloureds (45.5% or 5 out 10 respondents) and finally Whites (33.3 or 12 out of 36 respondents). With regard to gender, more female respondents (26 or 50%) used the library than males (36 or 46.7%).

The non-use of the library cannot always be attributed to the library's collections, arrangements or librarian's attitude. Some factors are beyond library control. For example, 13 or 10% respondents said that they were not interested in the library, while three or 2.3% indicated that they preferred asking people to reading. Table 5 shows the levels of satisfaction and dissatisfaction of the library services by students, and the reasons for that.

Table 5
Degree of satisfaction and dissatisfaction, and reasons for using or not using the library.

Satisfied			Not satisfied		
Freq 6	**%** 4.6%	**Reason** They sometimes get the information they need.	**Freq** 21	**%** 16.2	**Reason** There are not many books containing these issues. The school library does not have much on this topic. The information given is not detailed. One expressed the discontentment in these words: *"The books have shallow information, and questions you have can never find answers for them."*
Freq 6	**%** 4.8	**Reason** Learning a lot from books and find their information needs met.	**Freq** 1	**%** 0.8	**Reason** Books do not promote morals.
Freq 3	**%** 2.3	**Reason** The library gives them information they would not ask others. One actually said: *"I am scared to ask people, and when I research in the library, I am satisfied."*	**Freq** 1	**%** 0.8	**Reason** There are few books on this topic and when you want to use them everybody stares at you because they want to use them.
Freq 2	**%** 1.5	**Reason** They are satisfied because of the access to the Internet.	**Freq** 1	**%** 0.8	**Reason** There is no direction as to where the books are.
Freq 1	**%** 0.8	**Reason** Thinks he is satisfied because he does not want to think about it all the time.	**Freq** 1	**%** 0.8	**Reason** The library needs more information
Freq 1	**%** 0.8	**Reason** Library information and talks complement each other.	**Freq** 1	**%** 0.8	**Reason** There is no updated information on AIDS and STDs or on anything that will help set one's mind straight on these diseases.
			Freq 1	**%** 0.8	**Reason** All books are on AIDS and nothing else.
			Freq 1	**%** 0.8	**Reason** There are no books with pictures.

4.4.2. Ways of getting information and sources preferred.

Gericke (1998) divides information seeking patterns into two categories which are the use of print media such as monographs, periodicals and that which involves electronic or digital information sources such as television, radio or Internet. In this study, verbal communication which involves interaction between two or more individuals is also considered as a significant pattern of getting information. In her interaction with adolescents, Harthfield (1999) discovered that young people preferred discussing issues about sex among themselves. Only on rare occasions, would they enquire from adults.

Fourteen sources that were likely to be used by both males and females were presented to respondents namely girl/ boyfriends, best friends, parents (both), mother only, father only, guardians, aunts, elderly persons in the family, health worker, social workers, church leaders, school counsellors, magazines, books and movies. A consistency in the use of friends as source of information by 84 or 64.3% was maintained. Besides friends, magazines (by 45 or 34.9%) and books (mentioned by 40 or 31%) were revealed as other commonly used sources. The least used source of information by both males and females were fathers who were mentioned by just two Whites and one African student, making a total of three or (2.3%). School teachers and medical clinics were reported only once. Cross tabulation analysis showed that Whites (41.6%) used their 'best friend' more than the rest of the races, while the largest number of those who used 'friends' who were not necessarily 'best friends' were Coloureds (90%) followed by Africans (80.5%) and Whites (75%). Indians were the lowest 54.5%. The influence of peer groups has been recognized in other studies such as the one done by Coleman and Roker (1998).

Table 6 below shows where respondents seek and find information. It is important to mention that both boys and girls did not usually give one source. They often mentioned more than one. For example they responded: " I got information from mother and brother" or " from my father and friends". All data was recorded to broaden a wide understanding of information sources.

Table 6

Commonly used sources of information

Sources of information	Frequency	Percentage
My best friend	83	64.3
Magazine	45	34.9
My mother only	42	32.6
Books	40	31
Movies	36	27.9
My girl/boy friend	29	22.5
Any elderly member	19	14.7
School counsellor	17	13.2
Health worker	14	10.9
My parents (both of them)	12	9.3
Church leader	9	7
Social worker	6	4.7
My guardian	4	3.1
My father only	3	2.3
Radio programmes	2	1.5
Internet	2	1.5
School teacher	1	1.5
Medical clinic	1	1.5

Gender - Females.

When one looks at different ways and preferred sources of information seeking, some new trends come to light. Taking females into consideration, 42 or 80.8% out of 52 respondents found talking to their mothers the easiest way of getting information. Besides mothers, respondents indicated that they used other family members and relatives namely, sisters (mentioned by six or 11.5%), cousins (five or 9.6%), aunts (four or 7.7%), grandmothers(three or 5.8%) to get information on menstruation. Fathers were not mentioned. The fact that mothers were identified as important sources of information on menstruation may be due to two reasons. Firstly, a mother's nature and role qualifies her to be viewed as the chief instructor for the children (Allen-Meares and Shore 1986:16). Secondly, a good number of households (particularly in South Africa) are female-headed. Some of these women have never been married, others separated from their spouses due to labour migration, and others are divorced. The percentage of women heading families is as high as 50% especially among Africans (Jones, 1996:8).

Besides family members, information about menstruation was sought in two different ways. Some carried out personal research, and others asked people. Two (or 3.8%) respondents conducted their own research by searching on the Internet and by reading books. One (1.9%) asked a medical doctor, six or 11.5% approached community nurses and three (5.8%) inquired from friends. Another category of respondents indicated being told before they could enquire. Two or 3.7% were informed by the school counsellor, and two (3.8%) by their teachers in the classroom. The table below indicates sources of information used by female respondents.

Table 7

Female information sources on menstruation.

Information sources	Frequency	Percentage
mothers	42	80.8%
community nurses who were approached for consultation	6	11.5%
sisters	6	11.5%
cousins	5	9.6%
aunt	4	7.7%
friends	3	5.8%
grandmothers	3	5.6%
school counsellor	2	3.8%
teachers	2	3.8%
medical doctor	1	1.9%

Gender - Males.

Unlike girls, who found talking to their mothers about menstruation as very essential, few boys considered asking their mothers about 'wet dreams'. Out of 43 or 55.8% boys who had experienced 'wet dreams', fourteen (18.1%) preferred searching for information from their friends, and elder brothers (mentioned by 3 or 3.8%). Those boys who received information from their mothers were three or 3.8%, and two or 2.5% got it from their fathers. An exceptional case of one (1.2%) respondent used the television. This shows that verbal communication was mostly used (34.6%) as compared to electronic.

Similarly, information received on 'voice breaking' was mostly from people with the exception of one (1.2%) who sought information from books. When it came to 'voice breaking', family members namely parents/guardians, and brothers became the main information providers. The findings showed that male teenagers did not obtain information from the same sources for all their information needs. Other studies have shown that male family members such as fathers, brothers, cousins, and uncles are main information providers on sexuality and related matters (Moore and Rosenthal, 1993; Freeman and Rickel, 1993). In this study, family members were mostly contacted in cases of 'voice breaking'. The following tables (8 and 9) indicate sources of information used by male respondents.

Table 8
Male information sources on 'wet dreams'.

Source of information	Frequency	Percentage
Friends	14	18.1%
mothers	3	3.8%
brothers	3	3.8%
primary school teacher	3	3.8%
fathers	2	2.5%
aunt	1	1.2%
community nurse who came to visit the school	1	1.2%
television	1	1.2%

Table 9

Male information sources on 'voice breaking '.

Sources of information	Frequency	Percentage
parents/guardian	6	33.3%
older brother	6	33.3%
friends	3	16.6%
aunt	1	5.5%
school counsellor	1	5.5%
library book	1	5.5%
teacher	1	5.5%

Both female and male respondents seemed to generally use diversed sources. One may assume that friends were used for intimate and very personal information needs while family members were used for obvious things such as 'voice breaking'. Respondents used different sources depending on their preferences and the availability of the sources. For example, there is a general understanding among adults that electronic media such as television, radio, movies, and music have a significant influence on teenage sexuality. This is because television programmes, films or music contain stories and information about sexual issues. Despite this fact, respondents in this study indicated that television and radio were among the least used sources of information. As Usher (1999) argues, the influence of the electronic media on sexual matters is hard to quantify.

Looking at the overall pattern of information seeking irrespective of gender (males and females alike) respondents were asked whether they discuss sexuality and sexual health matters with their parents. Fifty-three (41.1%)

discussed the issue with their parents, while the larger number, 73 or 56.6% did not. Those who responded negatively were asked to explain why they did not discuss these issues with their parents. The majority 42 or 57.5% expressed feeling uncomfortable talking to their parents or guardian about such issues. They explained that they could not relate freely to their parents. One actually said: *"my parents are too old to discuss such issues with me."* At the same time, 20 or 27.3% thought that their parents were uncomfortable. Nine or 12% thought that sexuality issues were personal and there was no need to involve parents. The discomfort in discussing sexuality issues between parents and teenagers have been raised by a number of researchers such as Ramasar (1997), Coleman and Roker (1998), Antonovsky (1980).

Majority of respondents preferred discussing with friends (64.3%) because they felt embarrassed asking or discussing issues with their parents. Win and Coleman, (1995) point out that some teenagers deceive others in this area so as to create or maintain a certain image among their peers. Win and Coleman (1995) found out that information is shared among the young people through the form of jokes. Unfortunately vital information is filled with exaggerations, lies and boastings. The main topics of discussion among peers is on the issue of girl/boy friend relationship mentioned by 43 or 33.3%; followed by 'sex' mentioned by 27 or 20.9%; and school work (12.4%). Sports ranked the fourth mentioned by 13 or 10%. Seven or 5.4% discussed movies, six or 4.6% talked on general issues, three or 2.3% on AIDS, two or 1.5% on STDs. Each of the following topics were mentioned by one or 0.8% of respondents: parents, politics, jokes, religious issues, and music.

As an additional means of getting information, 70 or 54.2% indicated that they relied on the school activities. These activities were: counselling mentioned by

33 or 25.5%, 23 or 17.8% get information from the AIDS awareness club, six or 4.6% wait for health agents who visit the school from time to time; four or 3.1% used the Internet, religious education class(by two or 1.5%), and biology class (by one or 0.8%).

From the findings, the various means of seeking information could be summarized into two categories. The first may be called 'the passive pattern of seeking information' and the second 'the active' approach. In the passive pattern of 'seeking' information, teenagers seemed to rely on accustomed sources. They 'wait' for information to be given to them. This was the case with female and male respondents who got information respectively on menstruation and 'voice breaking' from their mothers or family relatives after they had had the experience. It applies as well to those who relied on biology classes, AIDS Awareness Committee Club and so on. The other pattern which we may call 'active approach' refers to those who actually went out and sought information from various sources, such as browsing in the library, the Internet or other ways such as inquiring from people, taking time to listen to broadcast programmes (radio and television) and so on.

4.5. Teenagers' suggestions on the provision of sexuality and sexual health information.

In order to get suggestions on how information should be better provided to them, teenagers were asked to indicate whether or not they were satisfied with the information they were having. It was found out that the highest number 60 or 46.5% were satisfied. Thirty-two or 24.8% were very satisfied, while 27 or 20.9% were are not so satisfied. Six or 4.7% were not at all satisfied.

Those who expressed lack of satisfaction were asked to indicate things that would help to improve the situation. The answers portrayed the two patterns of information seeking as earlier discussed. Respondents that could be classified as 'passive information seekers' were: eight or 6.2% who would like to see their parents becoming more informative. Two or 1.55% who wanted counsellors to be more informative and Six or 4.65% expressed the need of sex education in the school. Others in the 'active pattern' recognized the need to inquire more from other people (6 or 4.65%). Five or 3.8% resolved to read more on these topics. Three or 2.3% would like books with pictures in the school library.

Furthermore, there seemed to be a general consensus among respondents (60 or 46.5%) that sexuality and sexual health information should be provided to teenagers within the age category of 12 and 14. This finding is in contrast with what is given by some authors such as William (1997) and Jackson (1982) who suggested that sexuality information should be provided before age of 10.

Furthermore, it is important to note that though respondents come from a government school, sex education is not included in the curriculum. In an interview with the school counsellor it was found that sex education was only offered to Standard 7or Grade 9 students. In other classes, counselling is more centred on educational and career choices than anything else.

4.6. Summary.

This chapter summarily dealt with the presentation and interpretation of the findings. It made known the fact that information needs of school-going teenagers were established by asking questions that were grouped into three sections. The first to be answered by females, the second by males and the third by both, all

covering mainly the subjects of menstruation, nocturnal emission ('wet dreams') and 'voice breaking. Also that a list of issues on sexuality and health was given, and respondents asked to respond negatively or positively as to whether or not they had been informed on such issues. Some of the questions were presented so as to check whether respondents were consistent in their answers. In the interpretation of the data, it came out that the behavioural pattern of teenagers in relation to sex varied mainly according to age, religion, gender and race.

CHAPTER 5.

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS.

5.1. Introduction.

This study was based on the assumption that school-going teenagers had information needs on sexuality-related and sexual health and sought information from sources which did not necessarily provide accurate information on these issues. It was also assumed that before one could help school-going teenagers with the information they needed, one had to know what their information needs were and how they were being met.

The research problem of this study was based on the fact that teenagers' health was both a socio-economic and political concern. Teenage sexual behaviour does not concern just teenagers, but also their parents and the community around them. It is predicted that by the end of this year 2000, over one million of South Africa's young people between the ages of 15 and 24 will have AIDS virus if nothing is done (KwaZulu-Natal. Department of Health.1998).

As stated earlier, providing teenagers with relevant sexual information will help them make informed choices and decisions. As a source of information provision, school libraries are likely to be one of the most reliable and suitable ways of providing sexuality-related information to school going teenagers. This is necessary because the information is often not forthcoming from their parents and

other adults. Rather peers are the main providers and they often provide inaccurate information.

In order to understand the information needs of teenagers on sexuality-related and sexual health, and in an effort to understand where, and how teenagers get sexual health information, the specific objectives below were advanced:

1) To establish the sexuality-related and sexual health information needs of school going teenagers.

2) To find out the pattern of information-seeking among teenagers and identify sources of information used in these circumstances.

3) To assess the effectiveness of the school library as source of sexuality-related and sexual health information.

4) To present suggestions as to how sexuality-related and sexual health information can be best provided to teenagers.

To meet the above objectives, the study attempted to answer the following questions:

1) What information needs regarding sexuality-related and sexual health do school going teenagers have?

2) How do they seek information?

3) What sources do they use to get the needed information on sexuality-related and sexual health?

4) What type of information does the school library have on sexuality-related and sexual health and how well does it serve teenagers in these matters?

5) In case of inadequacy in the provision of information, what recommendations can be made for the better provision of information?

The summary, conclusions and recommendations presented in this chapter were based on the analysis of the relevant literature, the findings from teenagers who were the subjects of this study and the researcher's observations.

5.2.   Summary of findings.

Characteristics of the subjects.

The 129 teenagers from Alexandra High School, Pietermaritzburg participated in the study. They accounted for 86% of the study population. Of these, thirty-one (24%) were in Standard 6 (grade 8); twenty-seven (20.9%) in Standard 7 (grade 9); thirty (23.3%) in Standard 8 (grade 10); twenty-four (18.6%) in Standard 9 (grade 11) and seventeen (13.2%) in standard 10 (grade 12). All the respondents were from around Pietermaritzburg, except one who was from Howick.

The differences in the number of respondents from each Standard (grade) are evidence of the stratified method of sampling which was used. This was because a true representation of 16% had to be reflected from each grade. Similarly, the difference in gender had to be reflected resulting in more male students participating in the study than female students.

The distribution of respondents by race was also comparatively similar to that of the distribution of the whole population of the school. Thus the highest number of respondents involved in the study were Africans, followed by Whites, Indians and Coloureds respectively. This is a true representation of the distribution of race in this school.

The ages of the respondents varied from 13 to 21 years-old. Majority were aged 15, followed by 14, 17 and finally 16. Those aged 18 were 10 and 11 were 13 years old. The least number of the respondents , one each were within the ages of 19, 20 and 21. Respondents varied in their sexual behaviour. One fifth of them were sexually active and used contraceptives and the others did not.

Respondents belonged to different religious denominations; Protestants being the biggest group. Other religions were Catholic, Traditional African religion, Hindu, Tamil, Jehovah Witness, Spiritism and Islam.

Summary of findings to research question 1 - Information needs.

School-going teenagers in Pietermaritzburg have information needs about sexuality-related and sexual health. Information needs vary according to age, gender and sexual development of individuals. As discussed in chapter four and in the literature review, race has an influence on sexuality-related and sexual health information needs and seeking patterns of teenagers. However, this influence was not remarkably significant in this study, and information-seeking behaviour seemed to be the same.

In terms of age, it was found that information about physiological changes during puberty was only sought after a certain experience such as menstruation for girls and voice breaking or 'wet dreams' for boys. Due to the fact that all female respondents who were 13 years-old and above had already had first menstruation, they were more informed about menstruation. In terms of gender variables, the results showed that information on sexuality was centred

around male or female sexuality issues such as menstruation for girls and 'wet dreams' or 'voice breaking' for boys. Such a dichotomy of information was criticized by Moore (1995) and Szirom (1988). Szirom believes that treating certain information as more suitable for a certain gender will actually perpetuate sexual inequality in our societies. She advances the point that while boys are encouraged by parents to maintain high self-esteem and behave with self-confidence during puberty, girls are rather given uncomfortable information about menstruation. They are given the impression that menstruation is linked to embarrassment, anxiety, illness and other ills. Moore points out that, though girls know much about menstruation, their understanding of it is limited due to horrible myths and misinformation by adult males and females; for example they hold that it is dangerous to engage in activities such as swimming while menstruating.

The findings also demonstrated that teenagers who were under 13 years old were ignorant of key facts about their bodies and sexual development. Prior to menstruation, more than a third of teenage girls did not know what it was or what to do. Information about menstruation was sought only after the experience. This situation was similar with boys. Before they experienced 'wet dreams' and 'voice breaking' the majority of them did not know what it was, why it happened or what caused it.

From the age of thirteen, teenagers started being informed about sexuality-related and sexual health. However, some of them lacked basic understanding as to how this information could be applied in everyday life. For example, half of those who were sexually active did not use contraceptives. Those who were on

contraceptives did not take enough precautions against the HIV/AIDS infection. Those who indicated using pills, injections and spermicide jellies did not use condoms.

The teenagers' information needs were based mainly on curiosity and the need to make responsible choices. Having accurate or inaccurate information has a direct influence on adolescents' sexuality-related and sexual health.

Summary of findings to question 2 - How information is sought.

School-going teenagers have various information seeking patterns based on personal information needs. Information needs are influenced by many factors that could be summarized in three.

Firstly, the cultural factor was noticed to bring a difference among the four races. In the different information seeking patterns, the majority of Indians and Africans did not use the school library, while the majority of Whites used it sparingly. It is interesting to note that among those who were sexually active, Whites, more than any other race used contraceptives. Similarly, Whites were more frank to indicate that they were sexually active, followed by Africans. The other races were reserved.

Secondly, the social condition is another factor that determines information seeking patterns among teenagers. Print and electronic media are used sparingly, and most information is sought through interpersonal communication. The majority of girls discussed sexuality issues with their mothers/ parents, while the majority of boys did not. The biggest number of those who discussed with their parents were aged 17 and the least 19 and 20.

Thirdly, patterns of seeking information depend on the individual's personality. Though the majority preferred getting information from a friend, there was no significant difference between boys and girls when it came to seeking information from best friends. For both genders, friends were the common information providers. However, the younger teenagers (age of 13 and 14) did not use their best friends in seeking information as much as did the older ones. Most of those who used their friends were 16 years-old. In addition, there was a difference with regard to race and the use of friends. Whites sought information from their best friends more than any other sources. On the other hand, virtually all of the Coloureds and Africans used friends who were not necessarily 'best friends'. This shows the level of racial differences in information seeking behaviour and patterns.

Summary of finding to research question 3 - Sources of information.

School-going teenagers used several information sources to meet their different information needs. The frequency in using certain sources/ information providers varied. A large number of these teenagers preferred their friends and mothers as information providers.

A large number suggested that parents and educators such as teachers and counsellor should be more informative. In addition, a majority suggested that information on sexuality-related and sexual health should be available to all children who are between 12-14 years old.

Comparatively, more boys were satisfied with information they had on sexuality and sexual health. The age of sixteen seems to be a very decisive one for teenagers. For example, the majority of those who expressed the importance of

information fell in this age category. Information on sexuality-related and sexual health is very important to teenagers of both sexes given that it enables them to make informed decisions. Nevertheless, nearly more than ninety percent of girls appeared to have an earnest need for this information as compared to boys.

Looking at the library and the sexually active, most of those who were sexually active did not use the library. It obviously showed that they had other ways of meeting their information needs such as friends. On the question of gender, half of girls never used the school library.

Summary of finding to question 4- Types of information in the school library.

A reasonable number of school going teenagers did not use the library and were not satisfied with it as an information provider of issues about sexuality-related and sexual health needs. Some teenagers were not aware of the existence of the information in the library. Others did not like reading and hence did not make use of the library. Some could not get the required information because it was not available. Others were afraid of being seen reading books on the subject, and hence avoided using the library. As a consequence, only a few were satisfied with the library as an information provider and used it. The findings showed that the school library needed to pay more attention to the needs of the teenagers in order to supply the required information.

5.3. Conclusions.

This study attempted to show the condition of school-going teenagers in the urban setting of Pietermaritzburg in terms of sexuality-related and sexual health information needs and seeking patterns. The findings obtained through this

study pointed to the fact that school-going teenagers from different religious, socio-economic and racial backgrounds had information needs about sexuality-related and sexual health. These needs were met through various means. Girls got information in the form of facts basically from their mothers, while boys from people around them. The method of delivering the information and the quality and extent of it, determine the outcome of the sexual behaviour of these teenagers. Researchers agree on the correlation between information and behaviour. For example, two researchers found that lack of information on contraceptives (what they are and especially where to get them) has been a cause of early childbearing among North American teenagers (Freeman and Rickels, 1993).

Findings on information seeking patterns showed that parents were less used as compared to peers. This might have been as a result of the following; apart from what was raised in the literature, teenagers were unable to talk to their parents as they considered it embarrassing. Schoefield (1965) illustrated that there was an association between sexual behaviour and lack of parental information provision on sexuality and other related matters. Parent-teenager communication on sexual issues should be encouraged so as to nurture a healthy life.

Since the role of the peer groups in delivering sexual information has been illustrated to be very significant, teenagers should be supplied with accurate information so as to become better information providers.

School libraries have in many cases been established to support the education system in place. To this, should be added the maximum satisfaction of users' needs. Libraries or media centres should endeavour to provide information through different methods such as reading, watching and/or listing.

Factors that affected the non-use of the library were firstly inadequate reading materials. Secondly, some potential clientele were not eager to read. Surely because they were ignorant of the benefit of personal reading. Thirdly, a lack of awareness among potential users as to what the library had to offer. In this study, it was reported that some potential users did not know that the library had materials on sexuality and related matters. The librarian should structure awareness programmes within the school so as to attract and satisfy the users' needs.

5.4. Recommendations.

The primary purpose of conducting a study such as this is not simply to find out teenagers information needs but also to provide clarification, guidelines and recommendations that can help in information provision to young people. How the school library is being utilised by its clientele is important, because it determines its success or failure. As Kaniki (1999:191)points out "the ultimate aim and function of any library, information system and or service is to meet the needs of a community." Users will attach more value to a library if it is able to satisfy maximally, their information needs. It is therefore very important for the library to reassess the needs of the clientele regularly in order to meet them. The school library has the potential of successfully providing sexuality-related and sexual health information to teenagers. To be able to play this role, it has to provide sufficient and adequate information.

Although the Alexandra High School library has a full-time and qualified librarian, planning and managing of the library services are essential. Recognizing the fact that one of the major reasons for the non-use of the library is due to the unawareness of its services, especially when it comes to sexuality

information, the librarian should, on the basis of the identified information needs and information seeking patterns provide sufficient and up-to-date information. This information should be packaged or repackaged for the specific categories of teenagers. Information on sexuality can be stored in different forms. For example the library can provide the information in different forms such as books, magazines, video tapes, CD-rom and even through inter-library cooperation. In books and video tapes the genre of the realistic novel and fiction stories dealing with adolescent problems can be successfully used.

A system of information centres which allow information in different packages such as drama, discussions, lectures, seminars and so on, should be adopted in school setting where finances permit. Knowledge is no licence for promiscuity, rather it protects. Ignorance is dangerous. No one can make a responsible, let alone wise decision when she/he is ill informed.

Allen-Meares and Shore (1986:79) also indicate four methods of preventing premature parenthood which could be implemented in a school library: (1) to provide adolescents with access to information; (2) to present the information in a manner that is understood, processed, and stored; (3) to transform information into personal information for decision making and (4) to provide the interpersonal skills necessary to implement the decision.

The arrangement of shelves and tables would also be an important factor to consider. This is in recognition that teenagers need privacy and confidentiality when it comes to the area of sexuality. A majority have expressed that they do not use the school library for this type of information because they fear to be seen by others. Training a peer librarian is also a possibility that may encourage these teenagers to use the school library. Due to the fact that sexuality and

information needs differ according to religious, cultural and socio-economic conditions, information in the library should be quite elaborate and detailed.

Sex education should not only be given to standard 7(grade 9). It should be extended to other grades as well. Although counselling sessions do provide counselling on career choices and economic independence which are also necessary in life, adolescents regard and value sexuality-related and sexual health information as equally important to them.

Parents should be assisted in their role as information providers. Libby (1974) suggested that parents need education and support in educating their children about sexuality-related issues. The national government and non-governmental organizations should work in partnership with parents, school librarians, and counsellors so as to provide young people with sexuality-related and sexual health information.

5.5. Recommendations for further studies.

Literature emphasises the importance of information to ensure safe and informed behaviour. It would thus be good to study the extent to which information affects informed and safe behaviour.

Furthermore, this study identified some of the factors that affect the use and non-use of school libraries, however it would be good to study in detail how school libraries are used in the country and how they are meeting the needs of students.

Much literature shows that through sex education young people are being equipped with the necessary information on sexuality-related and sexual health. However there is still need to study how efficient or inefficient sex education is as compared to the school library.

There is a belief that the media influences teenagers in the area of sexuality. It would be beneficial to study to what extent the information received from the media helps teenagers make informed decisions in relation to sexuality-related and sexual health.

BIBLIOGRAPHY.

Adimorah, Emmanuel N.O. 1995. An overview of the state of information provision to rural communities in Anglophone West Africa. In: Johansson, E. (ed.) 1995. *Seminar on Information Provision to Rural Communities in Africa: Proceedings of the Seminar held in Gaborone, Botswana, 22-15 June 1994. Organized by the International Federation of Library Association and Institutions - IFLA (ALP, RSCA and ROA), in cooperation with the University of Botswana, Botswana National Library Services and Department of Non-Formal Library Services.* [Uppsala]: Uppsala University Library: 21-31.

Africa News Services.1999. http://www.oneworld.net/dispatches/icasa.html December 3, 1999.

Akotia, Pino. 1995. Managing public sector financial records in the Gambia: the implications for good government. *Information Development* (11): 206-210.

Alderone, M. 1978. *Sex education books for young adults.* New York: Bowker.

Al-Gasser, N. 1997. *Reproductive Health Needs and issues of adolescents in Arab Region.* A paper presented at thematic workshop on adolescent reproductive and sexual heath held in Paris on 10 to 14 February 1997. Paris : UNESCO /UNFPA.

Allen-Meares, Paula and Shore, David A. (ed). 1986. *Adolescent Sexuality: Overviews and Principles of Intervention.* New York: Haworth Press.

Antonovsky, Helen F. and et. al. 1980. *Adolescent sexuality.* Lexington, Massachusetts: Lexington Books.

Barnes, H. 1990. Identity in the adolescence: the balance between self and other. *Journal of adolescence.* 20:645-659.

Britten, Bruce. 1995. *Answers for your marriage.* Mbabane: Joy Books.

Buysee, W.H. 1997. Behaviour problems and relationships with family and peers during adolescence. *Journal of adolescence.* 20:645-659.

Coleman, John and Hendry, L. 1990. *The nature of adolescence.* 2nd ed. London: Routledge.

Coleman, John and Roker, Debi. 1998. *Teenage sexuality.* Amsterdam: Harwood Academic.

Concise Oxford Dictionary of current English. 1995. 9th ed. Oxford: Clarendon Press.

Conger, John. 1979. *Adolescence: generation under pressure.* Kenwyn: Juta and Co Ltd.

Constantine, Larry and Martinson, Floyd. (ed.) 1981. *Children and sex: new findings, new perspectives.* Boston, Mass.: Little, Brown and Company.

Corréa, Antoinette Fall. 1995. Training of information providers for the rural context. In: Johansson, E. (ed.) 1995. *Seminar on Information Provision to Rural Communities in Africa: Proceedings of the Seminar held in Gaborone, Botswana, 22-15 June 1994. Organized by the International Federation of Library Association and Institutions - IFLA (ALP, RSCA and ROA), in cooperation with the University of Botswana, Botswana National Library Services and Department of Non-Formal Library Services.* [Uppsala]: Uppsala University Library: 92-97.

Currier, Richard. 1981. Juvenile sexuality in global perspective. In: Constantine, Larry and Martinson, Floyd. (ed.). *Child and sex: new findings, new perspectives.* Boston, Mass.: Little, Brown and Company : 9-19.

Davis, Maxine. 1960. *Sex and the adolescent.* London: William Heinemann.

Daughterty, L.R and Burger, J. M. 1984. The influence of parents, church and peers on the sexual attitudes and behaviours of college students. *Archives of Sexual Behaviours.* 13: 351-357.

Devenish, Cathryn, Funnell, Gillian and Greathead, Erica. 1992. *Responsible teenage sexuality: a manual for teachers, youth leaders and health professionals.* Pretoria: Academica.

Donnelly, F. 1979. *Candles in the Wind.* New Zealand: Cassell.

Durrani, Shiraz. 1990. Libraries, communications and development in Kenya: the missing political factor. *Information and libraries in the developing world, 1. Sub-Saharan Africa.* London: Library Association.

Erikson, Erik. 1959. The problem of ego identity. *Psychological issue.* 1:101-164.

Erny, Pierre. 1981. *The child and his environment in black Africa: an essay on traditional education.* Nairobi: Oxford University Press.

Feather, John and Sturges, Paul (eds.). 1997. *International encyclopedia of information and library science.* London: Routledge.

Fraenkel, Jack and Wallen, Norman. 1993. *How to design and evaluate research in education.* 2nd ed. New York: McGraw Hill Inc.

Freeman, Ellen and Rickels, Karl. 1993. *Early childbearing: perspectives of Black adolescents on pregnancy, abortion and contraception.* Newbury Park: Sage Publication.

Gardner, William; Millstein, Susan and Wilcox, Brian. 1990. *Adolescents in the AIDS epidemic.* San Francisco: Josey-Bass Inc.

Gay, L. 1981. *Educational research.* Merrill: Columbus

Geoff Malta, J. 1999. <http://www.virtualkid.com/p101/p.101_menu.shtml> October 4, 1999.

Goldman, Ronald. 1982. *Children's sexual thinking*. London: Routledge & Kegan Paul.

Govender, Prega. 1999. Child rape: a taboo within the AIDS taboo. *Sunday Times*. 4 April :3.

Green, Edward C. 1994. *AIDS and STDs in Africa: bridging the gap between traditional healing and modern medicine*. Pietermaritzburg: University of Natal Press.

Grimsley, A. 1979. *Countering sexism: a growth program for adolescent boys*. Sydney: Movement Media.

Grotevant, Harold D. 1998. Adolescent development in the family contexts. In: Eisenberg, Nancy (ed.) *Handbook of child psychology*. 5th ed. Vol. 3. New York: John Wiley & Sons.: 1097-1149.

Harthfield, Pamela. 1999. Interviewed by Anne-Marie M. Nsengiyumva. Pietermaritzburg, 19 April.

Hawkes, G. 1996. *A sociology of sex and sexuality*. Buckingham: Open University Press.

Hewison, H. and Nelson, R. 1972. Human relations. *Educational Magazine*. 29:7.

Jackson, Stevi. 1982. *Childhood and sexuality*. Oxford: Basil Blackwell.

Jacobs, Daisy. 1995. *Information seeking patterns among natural scientists, social scientists and humanities scholars at the University of Transkei*. M.I.S. thesis. Pietermaritzburg: University of Natal.

Jones, Sean. (e.d). 1996. *Family structure and support systems*. Pretoria: Human Sciences Research Council.

Kaniki, Andrew. 1999. Community profiling and needs assessment. In: Stilwell, Christine, Leach, Athol and Simon Burton (eds.). *Knowledge, information and development: an African perspective*. Pietermaritzburg: University of Natal (Draft version produced for the DANIDA Workshop, Cape Town):187-201.

Karlsson, Jeni. 1995. Methods of information provision to rural communities in South Africa. In: Johansson, E. (ed.) 1995. *Seminar on Information Provision to Rural Communities in Africa: Proceedings of the Seminar held in Gaborone, Botswana, 22-15 June 1994. Organized by the International Federation of Library Association and Institutions - IFLA (ALP, RSCA and ROA), in cooperation with the University of Botswana, Botswana National Library Services and Department of Non-Formal Library Services*. [Uppsala]: Uppsala University Library: 47-57.

Kwa-Zulu-Natal. Department of Health. 1998. Annual Report.

Kwa-Zulu-Natal. Department of Health. 1998. Playing cards.

Langley, Myrtle. 1983. *Equal woman: a Christian feminist perspective.* Basingstoke, Hants.: Marshalls, Morgan and Scott.

Leedy, P. 1989. *Practical research.* New York: Macmillan.

Legwaila, Marty and Garebakwena, Basiamang. 1995. Methods of information provision to rural communities in Botswana - village reading rooms programme. In: Johansson, E. (ed.) 1995. *Seminar on Information Provision to Rural Communities in Africa: Proceedings of the Seminar held in Gaborone, Botswana, 22-15 June 1994. Organized by the International Federation of Library Association and Institutions - IFLA (ALP, RSCA and ROA), in cooperation with the University of Botswana, Botswana National Library Services and Department of Non-Formal Library Services.* [Uppsala]: Uppsala University Library: 63-70.

Lekau, A. Agnes. 1998. *Sexual Health information Provision to Young People: The role of Information Providers in Botswana.* M.I.S. thesis. Gaborone: University of Botswana.

Le Roux, W. L. du P. 1997. "Attitudes and practices pertaining to premarital and extramarital sex and cohabitation among Whites in South Africa." *Marriage and family life in South Africa.* 4: 61-86.

Libby, R. 1974. Adolescent sexual attitudes and behaviour. *Journal on clinical child psychology.* 3 (3): 36-41.

Louw, C D; Weitsz, G.H. and Radebe, C.V. 1996. *Life skills: family and sexuality education.* Pretoria: Kagiso Publishers.

Malkamus, George. 1999. *How to eliminate sickness out of your body.* Shelby: Hallelujah Acres Publishing.

Mbiti, John S. 1969. *African religion and philosophy.* Nairobi: Heinemann Kenya Ltd.

McDonald, Francis. 1988. Information access for youth: issues and concerns. *Library Trends.* 37:28-42.

Mchunu, Harry. 1999. KZN HIV rate now one-third. *The Natal Witness.* Wednesday, 14 April:3.

Moore, Susan M. 1995. Girls' understanding and social constructions of menarche. *Journal of Adolescence.* 18: 87-104.

Moore, Susan and Rosenthal, Doreen. 1993. *Sexuality in adolescence.* London: Routledge.

Motshologane, S.R. 1997. "Attitudes and practices pertaining to premarital and extramarital sex and cohabitation among blacks." *Marriage and family life in South Africa*. Pretoria:HSRC. 4: 47-60.

Nicholas, L. J. 1994. *Sex counseling in educational setting*. Johannesburg: Skotaville Publishers.

Ogunleye, Adetokumbo. 1994. *Marriage and family life information seeking among Yoruba youth*. M.A. thesis. Nairobi: Daystar University.

Olën, Sandra and Kruger, Jan. 1995. The role of the school media centre. *Mausaion*. 13 (½): 148-168.

Peterson, Candida and Murphy, Lisa. 1990. Adolescents thoughts and feelings about AIDS in relation to cognitive maturity. *Journal of adolescence*. 13: 185-187.

Pombeni, M.L., Kirchler, E and Palmonari, A. 1990. Identification with peers as a strategy to muddle through the troubles of adolescent years. *Journal of adolescence*. 13 : 351-369.

Potter, R and Hall, L. 1995. *The facts of life: the creation of sexual knowledge in Britain*. London: Yale University Press.

Ramasar, Pramda. 1997. "Attitudes and practices pertaining to premarital and extramarital sex and cohabitation among Indians." *Marriage and family life in South Africa.* 4: 113-139.

Roiphe, Katie. 1997. *Last night in paradise: sex and morals at the century's end.* Boston: Little, Brown and Company.

Rooyen, Linda and Louw, Nelia. 1994. *Sexuality education: a guide for educators.* Pretoria: J.L. van Schaik Publishers.

Reddy, Kamla. 1993. Improving the Image of the School Library. *Access.* 7(3): 26-28.

Rosenthal, Doreen, Feldman, S. Shirley and Danielle Edwards. 1998. Mum's the world: mothers' perspectives on communication about sexuality with adolescents. *Journal of adolescence.* 21: 727-743.

Schofield, Michael. 1965. *The sexual behaviour of young people.* London: Longmans.

September, W. J. 1997. Attitudes and practices pertaining to premarital and extramarital sex and cohabitation among Coloureds. *Marriage and family life in South Africa.* 4: 89-110.

Shirreffs, J. and Deselsky, T. 1979. Adolescent perceptions of sex education needs. *Journal of School Health.* 46(6): 343-346.

Smith, Charlene. 1990. Planning for Aids needs to start now. *Mail & Guardian*. 15(9):43, March 9.

Smith, Charlene. 1990. AZT case put to the test. *Mail & Guardian*. 15(8):10, March 4.

Sprague, Mary W. 1994. Information-seeking patterns of university administrators and non-faculty professional staff members. *Journal of Academic Librarianship*. 19 (6):378-383.

Sturges, Paul and Neill, Richard. 1990. *The quiet struggle: information and libraries for the people of Africa*. London: Mansell.

Szirom, Tricia. 1988. *Teaching Gender?: sex education and sexual stereotypes*. Sydney: Allen& Unwin.

Tatar, Moshe. 1998. Significant individuals in adolescence: adolescent and adult perspective. *Journal of adolescence*. 21: 691-702.

Town, Elmer. 1966. *Successful youth work*. Glendale: G/L Publications.

Usher, Rod. 1999. Revels without a cause. *Time*. August 16: 36-46.

Voos, Henry. 1969. *Information needs in urban areas: a summary of research in methodology*. New Brunswick, N.J. : Rutgers University Press.

Watson, Peter G. and Rebecca A. Boone. 1989. Information support for academic administrators a new role for the library. *College and Research Libraries.* 50 :65-75.

Williams, R and Ponton, L. 1992. HIV and adolescents: an international perspective. *Journal of Adolescence.* 15:335-345.

Williams, Glen, Milligan, Amanda and Odemwingie, Tom. 1997. *A common cause: young people, sexuality and HIV/AIDS in three African countries.* Geneva: Actionaid.

Winn, S., Roker, D. and Colemen, J.C. 1995. Knowledge about puberty and sexual development in 11-16 year-old: implications for health and sex education in schools. *Educational Studies.* 21:187-201.

World Aids Campaign, UNAIDS, 1998. (Unpublished ephemeral material)

World Book Encyclopaedia. Vol.1. 1995. Chicago, Ill.: World Book, Inc.

Zani, Bruna. 1991. Male and female patterns in the discovery of sexuality during adolescence. *Journal of adolescence.* 14: 163-178.

Zijl, Carol Van and Gericke, Elizabeth. 1998. Information-seeking patterns of artists and art scholars at the Vaal Triangle Technickon. *South African Journal of Information Science.* 66(1):23-43.

APPENDIX: A

Sexuality and sexual health information needs and seeking patterns of school-going teenagers in Pietermaritzburg, South Africa.

Instructions.

- This questionnaire has no right or wrong answers.
- Please, read every question carefully and choose the answer that best describes your situation.
- Please ask for help from the person distributing these questionnaires or the researcher should you not understand a question.
- Please answer the questions by placing a tick in the space provided.
- Where the question requires you to write out an answer, please make sure that the writing is clear.
- Please note that you must not put your name on the questionnaire.

Thank you very much for your assistance.

1. Are you male or female?
   - (i)   Male   [   ]
   - (ii) Female   [   ]

2. Please indicate your race. (this information is required to assist the researcher with the analysis).
   - (i)   Black   [   ]
   - (ii)   Coloured   [   ]
   - (iii) Indians   [   ]
   - (iv)   White   [   ]
   - (v)   Other   [   ] Please specify_____

3. Please tell me how old you are. _____ Years

4. What religion do you personally belong to ?
   - (i)   Protestant   [   ]
   - (ii)   Catholic   [   ]
   - (iii) African Traditional believer [   ]
   - (iv)   Hindu   [   ]
   - (v)   Muslim   [   ]
   - (vi)   None   [   ]
   - (vii) Other   [   ] Please specify _____
   _____

5   What standard or grade are you?
        (i)   Standard 6 / Grade 8   [ ]
        (ii)   Standard 7 / Grade 9   [ ]
        (iii)   Standard 8 / Grade 10   [ ]
        (iv)   Standard 9 / Grade 11   [ ]
        (v)   Standard 10/ Grade 12   [ ]

6.   In which suburb or township (e.g. Imbali, Scottsville, Northdale, Hilton) do you live?

_____

- **The following QUESTIONS 7 to 9 are to be answered by FEMALES ONLY.**
- **MALE students please skip questions 7 to 9 and go to Question 10**

7.   Have you had your first menstrual period?
        (i)   Yes   [ ] Please answer questions 8 & 9
        (ii)   No   [ ] Please go to question 16
        (iii)   Don't know what it is [ ] Please go to question 16

8.   From what you remember, what kind of information did you need or what did you want to know about the menstrual period? (Please record as much detail as possible).

_____
_____
_____
_____
_____
_____

9.   Did you get helpful information about the menstrual period, e.g. what it is and what to do about it?
        (i)   No   [ ]
        (ii)   Yes [ ] Please state whom and where you got the information from.

_____
_____
_____
_____

PLEASE GO TO QUESTION 16

- **The following QUESTIONS 10 to 15 are to be answered by MALES ONLY.**
- **FEMALE students, please skip questions 10 to 15 and go to question 16.**

10. Have you had a 'wet dream'?
    - (i)   Yes   [   ]   Please answer questions 11, 12
    - (ii) No   [   ]   Please go to question 13
    - (iii) Don't know what it is   [   ]   Please go to question 13

11. From what you remember, what kind of information did you need or what did you want to know about a "wet dream"? (Please record as much detail as possible).

    _____
    _____
    _____
    _____

12. Did you get helpful information about a "wet dream" e.g. what it is and what to do about it?
    - (i) No   [   ]
    - (ii) Yes   [   ]   Please state whom and where you got the information from_____

    _____
    _____

13. Has your voice 'broken', changing to a deeper voice?
    - (i) Yes   [   ]   Please go to question 14
    - (ii) No   [   ]   Please go to question 16

14. From what you remember, what kind of information did you need or what did you want to know about "voice breaking" (Please record as much detail as possible).

    _____
    _____
    _____
    _____

15. Did you get helpful information about "voice breaking" e.g. what it is and what to do about it?
    - (i) No   [   ]
    - (ii) Yes   [   ]   Please state whom and where you got the information from _____

    _____

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16. When you want to know something about sexual feelings, biological and physiological changes in yourself, when you need information about anything that has to do with sexuality and sexual health whom and or what sources do you prefer to consult. (You may tick more than one).

(i)	My girl/boy friend	[ ]	
(ii)	My best friend	[ ]	
(iii)	My parents (both of them)	[ ]	
(iv)	My mother only	[ ]	
(v)	My father only	[ ]	
(vi)	My guardian	[ ]	
(vii)	Any elderly member of my family	[ ]	
(viii)	Health worker	[ ]	
(ix)	Social worker	[ ]	
(x)	Church leader	[ ]	
(xi)	School counsellor	[ ]	
(xii)	Magazine	[ ]	
(xiii)	Books	[ ]	
(xiv)	Movies	[ ]	
(xx)	Other	[ ]	Please specify _____

17. Listed below are some of the issues related to sexual feelings, biological and physiological changes that many teenagers often want information about. In each case you may tick to indicate whether or not any of your parents (mother or father) or guardian has spoken to you or given you information about it.

(i)	How your body changes during adolescence	Yes [ ]	No [ ]
(ii)	The menstrual cycle	Yes [ ]	No [ ]
(iii)	How pregnancy occurs	Yes [ ]	No [ ]
(iv)	Methods of birth control	Yes [ ]	No [ ]
(v)	Where to get birth control methods	Yes [ ]	No [ ]
(vi)	How to use birth control methods (e.g. pill, condom)	Yes [ ]	No [ ]
(vii)	The subject of abortion	Yes [ ]	No [ ]
(viii)	Sexually Transmitted Diseases	Yes [ ]	No [ ]
(ix)	AIDS	Yes [ ]	No [ ]
(x)	Rape	Yes [ ]	No [ ]
(xi)	Masturbation	Yes [ ]	No [ ]
(xii)	Sexual intercourse	Yes [ ]	No [ ]
(xiii)	'Wet dreams'	Yes [ ]	No [ ]
(xiv)	Marriage	Yes [ ]	No [ ]
(xv)	Sexual abstinence	Yes [ ]	No [ ]
(xvi)	Circumcision	Yes [ ]	No [ ]

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18. Here is a list of different reasons that teenagers give explaining their needs for having information on sexuality and sexual health information. Which apply to you? (You may tick more than one).

      (i)   Curiosity

      (ii)   Pressure, my peers push me to know   [ ]

      (iii)   I feel I am left out if I don't know   [ ]

      (iv)   I need to be informed to make right decisions   [ ]

      (v)   Other reasons   [ ]   P l e a s e specify

_____

_____

_____

19. When do you think it is all right to have information about what is listed in question 17?

      (i)   Age 6-8   [ ]

      (i)   Age 9-11   [ ]

      (ii)   Age 12-14   [ ]

      (iii)   Age 15-17   [ ]

      (iv)   Age 18-20   [ ]

      (v)   Age is not important [ ]   If you said that age is not important, what do you think is important? _____

_____

_____

_____

_____

20. What issues/ things do you usually discuss with your friends? (You may tick more than one)

      (i)   Religious issues   [ ]

      (i)   School work   [ ]

      (ii)   Politics   [ ]

      (iii)   Boyfriends/girlfriends   [ ]

      (iv)   Sexual transmitted diseases/ AIDS [ ]

      (v)   Movies   [ ]

      (vi)   Sports   [ ]

      (vii)   Transition to adulthood   [ ]

      (viii) Sex and sexuality   [ ]

      (ix)   Other   [ ]   Please specify _____

_____

_____

_____

21. If you have ticked two or more in the question 20 above, please tell me what you consider to be the issue you discuss the most. _____

_____

22. Do you discuss sexuality issues with your parents/ guardian?
    (ii)   Yes   [ ] Please go to question 23
    (iii)   No   [ ] Please go to question 24

23. If you answered 'Yes' in question 22, how comfortable are you in discussing such issues.
    (i)   Very comfortable   [ ]
    (ii)   Comfortable   [ ]
    (iii)   Not comfortable   [ ]
    (iv)   Never discuss sexuality   [ ]
            issues with my parent

24. Please explain why you do not discuss sexuality issues with your parents/ guardian? ___

_____

_____

25. To what extent are you satisfied with the amount of information on sexuality and sexual health you have at the moment?
    (i)   Very satisfied   [ ]
    (ii)   Satisfied   [ ]
    (iii)   Not very satisfied   [ ]
    (iv)   Not at all satisfied. [ ]

26. If you answered (iii) and (iv) in the question above, what do you think can be done to improve the situation?_____

_____

_____

27. How important do you think it is for you to have information on sexuality and sexual health information?
    (i)   Very important   [ ]
    (ii)   Important   [ ]
    (iii)   Not so important   [ ]
    (iv)   Not at all important [ ]
    (v)   Please give reasons for your answer _____

_____

_____

28. Based on what is listed in question 17, do you use your school library to get information on such topics?

    (i)   Yes, often   [   ] Please go to question 30

    (ii)   Once in a while [   ] Please go to question 30

    (iii) Never   [   ] Please go to question 29

29. If you 'Never' use the school library, would you give details as to why you never use it for these issues?_____

_____

_____

_____

PLEASE GO TO QUESTION 31

30. How satisfied are you with the information on sexuality and sexual health that are you getting from your school library?

    (i)   Very satisfied   [ ]

    (ii)   Satisfied   [ ]

    (iii) Not so satisfied   [ ]

    (iv) Not at all satisfied [ ]

    (v)   Please give a reason for your answer _____

_____

_____

_____

31. Does the school have any activities through which you get information on sexuality and sexual health?

    (i)   Yes [ ] Please answer the next question.

    (ii)   No   [ ] Please go to question 30.

32. If 'Yes' please can you describe them_____

_____

_____

_____

33. Are you sexually active?

    (b)   Yes   [ ]

    (c)   No   [ ]

    (d)   Don't know [ ]

34. If 'Yes', which method of contraception do you use and who informed you about it?

_____
_____
_____
_____

MANY THANKS FOR TAKING THE TIME TO ANSWER THE QUESTIONNAIRE.

APPENDIX: B

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Sexuality and sexual health information needs and seeking patterns of school-going teenagers in Pietermaritzburg, South Africa

STUDENT QUESTIONNAIRE

Dear Student

This questionnaire intends to be used in the collection of data on sexuality and sexual health information needs and seeking patterns of school-going teenagers like yourself in Pietermaritzburg, South Africa. The data collected will help to establish the kinds of information needed on sexuality and sexual health by teenagers. It is hoped that the data will inform those who work with school-going teenagers such as teachers, counsellors, library and information workers in the provision of adequate and useful information on sexuality and sexual health information.

All information acquired through this questionnaire will be treated in **strictest confidence** and used in the preparation of a thesis in partial fulfilment of the Master of Information Studies degree at the University of Natal.

Sincerely

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