

**EXPLORING CULTURAL BARRIERS TO THE TRANSFER OF HIV PREVENTION  
KNOWLEDGE FROM THE OLDER TO THE YOUNGER GENERATION IN SOUTH  
AFRICA**

By

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Submitted in accordance with the requirements for the degree of

**MASTERS OF ART IN THE  
SCHOOL OF BUILT ENVIRONMENT AND DEVELOPMENT STUDIES: HOWARD  
COLLEGE**

at the  
**UNIVERSITY OF KWAZULU NATAL**

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11 June 2016

## Declaration

I hereby declare that:

*Exploring cultural barriers to the transfer of HIV prevention knowledge from the older to the younger generation in South Africa: case study of South Africans living in Sunnyside, Pretoria, South Africa* is my work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references, and that this study has not been submitted for any other degree at any other university.

.....  
Signature

.....  
Date

## **ABSTRACT**

HIV and AIDS risk behaviour remains a critical health concern for younger generation in South Africa. Sexual debut is the key factor in the vulnerability of younger generation to HIV infection. A study conducted in South Africa revealed that there is emerging evidence to suggest that a small proportion of younger generation have stated having sex before the age of 15 years. It was also highlighted that their older generation are not willing to openly discuss issues related to HIV and sex, which could enhance younger generations' ability to make responsible decisions in order to minimize high-risk behaviour. Central to this study was to explore cultural barriers that affect the transfer of HIV prevention knowledge from older to younger generation, and suggest ways through which the transfer of HIV prevention knowledge from older to younger generation can be improved.

This study made use of a qualitative research approach, and data was collected from 12 participants through the use in-depth interviews. The findings from the study indicated that a large majority of older generation are prevented from talking to younger generation about sex and related topics due to cultural barriers. It was revealed that talking about sex remains a taboo. In addition one of the areas that were repeatedly identified by many participants was that a large percentage of older generation does not seem to be aware on how to approach the younger generation and discusses HIV and AIDS. This implies that the message has not reached young generation. Recommendations for further study on the subject under investigation were provided. The study suggested that with the identified barriers and recommendations at their disposal HIV and AIDS campaigners will improve the lives of younger generation. This study draws the conclusion that more awareness campaigns with regard to culture barriers, sex and HIV are needed.

## **Acknowledgements**

It has been an exciting journey on the road to achieving this goal. There have been so many people who have helped me along the way, and I would like to acknowledge several individuals whose help was invaluable during the course of my studies.

First and foremost, I would like to thank my Almighty God for granting me the wisdom, courage and perseverance to undertake this significant task and see it through till the end. My heartfelt thanks also go to my supervisor, Ms Phindile Shangase. Your patience, guidance, encouragement, knowledge and belief in me have enabled me to complete this study. A huge thanks goes to my wife, Rachel Ngenda, and my four beautiful children, Neo, Abigail, Chris and Nelly, and my brother Moise Nyarugabo Muhizi, Benjamin, and many more who lost out on spending precious time with me due to my heavy workload while I was striving to complete this study. Your patience and encouragement was not for nothing - it brought a positive result for the family in the form of MA degree.

My sincere gratitude goes to my extended family, namely my mother, brothers and sisters, who always gave me their moral and financial support. To my employer, the University of South Africa (UNISA), and the Head of Department of Health Studies, Prof Mary Moleki, thank you for granting me leave when I needed to work on my studies. I am also highly indebted to the College of Human Sciences, especially Prof Rosemary Moeketsi, the Dean of the College of Human Sciences, Prof Linda Cornwell, my role model in the Department of Development Studies, Prof Jessica Murray, my mentor in the Mentorship Programme, and many more. Without them this study would not have been possible.

I also extend my sincere thanks to my colleagues at the Tirisano Centre (UNISA), the Centre Manager, Mr. Leon Roets, Abraham Teweldemehin, Lerato Masia, Nkgadi Letshaba, Thabitha Phalafala, Maki Cenge and Mary Matee - without your ongoing support, this year would not have been the same.

To my friends and colleagues, especially Dr. Joseph Rukema Rudigi and many more, your support was truly remarkable. To the Institute of African Renaissance, especially Prof Shadrack Gutto, Prof Mulaudzi and M.K Mothoagae, among others, I thank you for your generosity and support.

## **List of Acronyms**

**AIDS-** Acquired Immuno Deficiency Syndrome

<b>AC</b>	–	Awareness Campaign
<b>ART</b>	-	Antiretroviral Therapy
<b>BCC</b>	–	Behaviour Change Communication
<b>GHPWG</b>	-	Global HIV Prevention Working Group
<b>HIV</b>	-	Human Immuno Deficiency Virus
<b>IDI</b>	-	In-depth Interview
<b>KAP</b>	–	Knowledge, Attitude and Practice
<b>SNDH</b>	-	South African National Department of Health
<b>STI</b>	–	Sexually Transmitted Infection
<b>DOH</b>	-	Department Of Health
<b>OG</b>	-	Older generation
<b>SANAC</b>	-	South African National AIDS Council
<b>STI</b>	-	Sexual Transmitted Infection
<b>TA</b>	-	Thematic Approach
<b>WHO</b>	-	World Health Organization
<b>UKZN</b>	–	University of KwaZulu-Natal
<b>UNESCO</b>		United Nation Educational, Scientific and Cultural Organization
<b>UNICEF</b>		United Nations Children’s Fund
<b>UNAIDS</b>		United Nations Programme on HIV and AIDS
<b>UNISA</b>	-	University of South Africa
<b>WSC</b>	-	Western Style Communication
<b>YGR</b>	-	Younger Generation

## **Table of Content**

<b>Declaration</b> .....	ii
<b>List of Acronyms</b> .....	iv

<b>Table of Content</b> .....	v
<b>Chapter One: Overview of the Study</b> .....	1
1.1.Introduction.....	1
1.2.Background to the study .....	1
1.3 Definition of Key Concepts .....	5
Exchange of knowledge.....	5
HIV prevention .....	5
Human Immunodeficiency Virus (HIV).....	5
Knowledge .....	5
Older generation.....	6
Socio-behavioural change in connection with HIV prevention .....	6
Socio-cultural and socio-economic factors .....	6
Transferring HIV knowledge .....	7
Sexuality .....	7
Sex .....	7
Younger generation.....	7
1.4 Research Problem .....	8
1.5 Purpose of the study.....	10
1.6 Objectives of the study.....	10
1.7 Research Questions .....	11
1.8 Significance of the Study .....	11
1.9 Conclusion .....	123
<b>Chapter Two: Literature Review</b> .....	134
2.1 Introduction.....	134
2.2 Overview of HIV in South Africa and Africa.....	14
2.3.1 Older generation.....	21
2.3.2 Cultural factors.....	22
2.4 Younger Generation at risk of HIV in South Africa.....	256
2.5 Types of knowledge.....	29
2.5.1 Types of Knowledge as a Powerful tool to Fight HIV.....	29
2.5.2 Procedural knowledge.....	30
2.5.3 Knowledge construction .....	30
2.6 Targeted Interventions for Prevention .....	323
2.7 Exposing younger generation to HIV prevention .....	377

2.8 Younger Generation fighting HIV in South Africa .....	389
2.8.1 HIV awareness campaign among younger generation.....	39
2.8.2 Empowering younger generation with HIV knowledge .....	40
2.9 Creating a favorable environment for younger generation .....	412
2.10 Conclusion .....	445
<b>Chapter Three: Theoretical Framework .....</b>	<b>45</b>
3.1 Introduction.....	45
3.2 Social learning theory .....	46
3.3 Cultural learning theory .....	47
3.4 Conclusion .....	50
<b>Chapter Four: Research Methodology .....</b>	<b>512</b>
4.1. Introduction.....	512
4.2 Research approach.....	52
4.3 Data collection techniques.....	53
4.4 Sampling methods and sampling Techniques.....	54
4.5 Data analysis .....	55
4.6 Limitations of the data collection techniques .....	566
4.7 Ethical considerations .....	567
4.8 Conclusion.....	59
<b>Chapter Five: Presentation of the findings.....</b>	<b>60</b>
5.1 Introduction.....	60
5.2. Demographic information of the participants .....	601
5.3 Presentation of Data.....	611
5.4 Categorization of the question from (YGR):.....	612
5.5.1 Theme one: Cultural barriers that affects the transfer of HIV prevention knowledge from older to younger generation.....	62
5.5.2 Theme two: The effects of cultural barriers in transferring HIV prevention knowledge form older to the younger generation.....	64

5.5.3 Theme three: To suggest the way through the transfer of HIV prevention knowledge from older to younger generation.....	67
5.5 Categorization of the question from (OGR).....	70
5.5.1 Theme one: Cultural barriers that affects the transfer of HIV prevention knowledge from older to younger generation.....	70
5.5.2 Theme two: The effects of cultural barriers in transferring HIV prevention knowledge form older to the younger generation.....	73
5.5.3 Theme three: To suggest the way through the transfer of HIV prevention knowledge from older to younger generation.....	74
5.6 Interpretation of the findings .....	77
5.6.1 Lack of knowledge.....	778
5.6.2 Myths and Taboos.....	80
5.6.3 Ignorance.....	80
5.6.4 Age differences .....	801
5.6.5 Lack of communication .....	812
5.6.6 Openness .....	823
5.6.7 Cultural barriers .....	83
Chapter Six. Discussion of findings.....	88
6.1 Introduction.....	88
6.2. Realization of the Research Objectives .....	878
6.2.1 Exploring cultural barriers in transferring HIV prevention knowledge from older to younger generation.....	88
6.2.2 To assess the effects of cultural barriers in the transfer of HIV prevention knowledge from older to the younger generation.....	90
6.2.3 To suggested ways in which to improve the transfer of HIV prevention knowledge from older to younger generation.....	92
6.3.	
Conclusion.....	924
6.4 Conclusion and Recommendations.....	935
6.4. 1 Conclusion .....	935



6.4.2 Introduction.....	935
6.4.3 Comments on Aims and Objectives.....	96
6.4.3.1 Exploring cultural barriers in transferring HIV prevention knowledge from older to younger generation.....	97
6.4.3.2 To assess the effects of cultural barriers in the transfer of HIV prevention knowledge from older to the younger generation.....	97
6.4.3.3 To suggested ways in which to improve the transfer of HIV prevention knowledge from older to younger generation.....	98
6.5. Recommendations.....	99
6.6 Conclusion.....	102
7. References.....	103
<b>ANNEXURE A. INTERVIEW QUESTIONS.....</b>	<b>109</b>
The following questions will be asked to all the participants who will be participating in my research which took place in March and April 2015. ....	106
<b>APPENDIX B: INFORMED CONCENT FORM .....</b>	<b>10710</b>
<b>ANNEXURE C: INFORMED CONSENT FORM .....</b>	<b>10911</b>
<b>ANNEXURE D: Information Sheet and Consent to Participate in Research.....</b>	<b>1093</b>

# **Chapter One: Overview of the Study**

## **1.1. Introduction**

The Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) constitute a serious and major public health crisis for the continent of Africa for the past three decades. “Since the first case of HIV was identified in the early 1980s, more than 25 million people have died from AIDS worldwide, more than 15 million of whom come from sub-Saharan Africa (Merson , 2008)”. This has pushed back the development of the African continent by nearly four to five generations (World Bank, 2012:5). This is evident especially in countries within sub-Saharan Africa (SSA) where the pandemic is seriously affecting the long-term socio-economic development and quality of life of the region, including an increase in the number of households headed by the younger generation, slowing down economic growth, and impoverishing communities (Shefer, 2009:4). The UNAIDS World AIDS Day Report (UNAIDS, 2012: 15) shows some improvements concerning HIV and AIDS, as stated in the following: “In the last ten years the landscape of national HIV epidemics has changed dramatically, for the better in most countries, especially in sub-Saharan Africa”. This report indicates that by the end of 2011, there were 700 000 fewer new HIV infections worldwide than in 2001, and the biggest reductions in HIV prevalence rates occurred mostly in low and middle-income countries such as South Africa, where there has been a 50% overall reduction in new HIV infections or incidents per day. This can be largely attributed to the combination of social behaviour change interventions and the use of HIV treatment methods within a broader socio-economic development context as prevention strategies, (UNAIDS, 2011:38; Stine, 2010:242).

However, South Africa still has the highest HIV prevalence rate in the world, with the incidence of new infections growing fastest among the younger generation (UNAIDS, 2012). This study seeks to explore cultural barriers to the transfer of HIV prevention knowledge from older to younger generation. The case study of the research was South Africans living in Sunnyside, Pretoria. In terms of structure, the dissertation is as follows; literature review; research methodology; research design and data collection techniques; data analysis and interpretation of findings; and discussion, recommendations and conclusion.

## **1.2. Background to the study**

Every minute, five young people in the ages 18 to 24 become infected with HIV and AIDS through unprotected sex or sharing contaminated needles when injecting drugs (UNAIDS 2012, UNAIDS

2004:93). Strengthening the younger generation's ability to protect themselves and engaging them as a positive force in fighting HIV and AIDS are critical to turning the tide of the HIV and AIDS pandemic (World Health Organization, 2009). The impact of HIV is profound and has already been and continues to be felt at individual, family, community and economic levels. Most of the people who have died from AIDS-related diseases are in their productive years, between the ages of 18 to 25 and 40 and above (UNAIDS, 2006). The younger generation remains at the center of the HIV and AIDS epidemic in terms of rates of infection, vulnerability, impact and the potential for change (UNAIDS, 2008b). They have grown up in a world changed by AIDS, but many still lack comprehensive and accurate knowledge about how to prevent HIV infection. Some combined prevention strategies should be implemented in those populations which are most vulnerable to HIV and AIDS, which include the youth aged between 20 and 40, (South African AIDS Council, 2012:14; Van Dyk, 2012:39).

There was a significant gap between knowledge and practice in Sunnyside before the interview. Interventions by the older generation in the form of information and knowledge are not sufficient in the face of deep-rooted values and peer pressure, which increase the younger generation's vulnerability to HIV and AIDS. The information shared by older generation was a set of psychosocial competencies that enable younger generation to think critically about health risks, communicate effectively, and make responsible decisions that impact on their health, (Bilton, 2005).

The younger generation are at the middle of the global HIV and AIDS pandemic. In addition, they are the world's greatest hope in the struggle against this fatal disease. Today's younger generation have inherited a fatal heritage that is killing them and their loved ones. Research or statistics show that the younger generation aged between 15 and 24 accounts for 40% of all new adult HIV infections (UNAIDS 2012:80). Each day, more than 2400 from the younger generation are infected with HIV and some five million young people are living with HIV. An estimated 11.8 million of the younger generation between the ages of 15 and 24 are living with HIV and AIDS, (UNAIDS, 2010). A study which was done by the South African Department of Health in 2009 reported that nearly 6,000 younger generations between the ages of 15 and 24 become infected with HIV every day. However, only a fraction of them know that they are infected (Mbelle and van Zyl, 2009; UNAIDS, 2013).

Currently, the main focus is on preventing the transfer of the virus to the younger generation in order to reduce infection rates. This can be achieved by educating the younger generation about

HIV and AIDS from early stages. According to Populus (2008), the older generation is the chief role players in this sphere, since they bring up the younger generation from birth to independence. However, if the older generation is to fulfill their role in fighting the spread of the virus, they must be knowledgeable about HIV and AIDS and its implications.

The concerns surrounding the younger generation and HIV prevention are deeply embedded in cultural and social beliefs and practices, many of which are intimate, personal and private. It has been acknowledged that all societies exist within cultural settings that contribute both positively and negatively to all facets of human behaviour, including sexual behaviour (De Witt Webster, 2004). The spread of the HIV epidemic in Southern Africa occurs within a cultural context that often facilitates the process. This context includes the unequal sharing of information, which limits HIV interaction between older and younger generation, according to studies conducted by (Price, 2009) and (De Witt Webster, 2004). Cultural attitudes often discourage the open discussion of prevention, while South Africa is among those countries which are slow to teach the younger generation.

Some researchers have searched for patterns linking social factors with the older generation's communication about sex, which is related to HIV and AIDS. One study found that the members of the older generation, with a higher level of education, were more likely to talk to the younger generation about sex or issues related to HIV and AIDS (Wight, 2006). The study established a weak link between older generation's social class defined as manual or non-manual and the likelihood of them having talked to the younger generation about sex or HIV prevention. Pakistani and Indian younger generation were less likely, than their White counterparts, to talk with members of the older generation about sex (Wight et al., 2006). A small sample of Asian and Asian-British young people reported being less likely to consult their mothers and siblings for information than their non-Asian peers (Powell, 2008).

Transferring HIV prevention knowledge to the younger generation and teaching them the skills of negotiation, conflict resolution, critical thinking, decision-making and communication improves their self-confidence and ability to make informed choices, such as being open to each other, and learning from peers until one is mature enough to protect oneself against HIV, Sexually Transmitted Infections (STIs) and unwanted pregnancies (Peterson, 2009). Youth-friendly services offer treatment for STIs and access to condoms, and help younger generation to become responsible for themselves and others. It is vitally important to pay attention to the younger generation, especially those at high risk of contracting HIV and other STIs. If an HIV prevention

and care programme was to be effective, the younger generation must be involved in their design and implementation, in order to help reduce the rate of HIV infections (Kunda, 2009).

According to the WHO, United Nations Children's Fund (UNICEF, and UNAIDS, 2010), the HIV prevalence rate at the end of 2009 was 17.8 percent among those aged 20 to 40, with some age groups being particularly affected. In terms of their estimate of the total population, the implication was that more than 5.6 million South Africans were living with HIV at the end of 2009, including 300,000 children under the age of 15. The 2003 Actual Society of South Africa model produced a similar estimate of 5.4 million people living with HIV in mid-2006, which was around 11% of the total population. It was foreseen that the number exceeded 6 million by 2006, by that time around 5.4 million South Africans had died of AIDS (The Centre for Actual Research, South African Medical Research Council and Actual Society of South Africa, 2010). WHO, UNICEF and UNAIDS, (2010) estimated that AIDS claimed 310,000 lives in 2009, which translates into almost 850 per day.

In order to reduce the burden of HIV and AIDS in South Africa, it is essential to identify the most promising ways to prevent new infections among younger generation and young adults. Research reveals that improving family processes to protect younger generation can be viewed as a promising intervention target (O'Brien, 2011). It is important for sex education to begin at a younger age and be sustainable. Providing the younger generation with basic information from an early age lays the foundation on which more complex knowledge is built over time (Mueller, 2008:42). Accurate and comprehensive knowledge about HIV is still low among younger generation therefore an investment in their education is needed, (UNAIDS, 2010).

This study aimed to explore cultural barriers to the transfer of HIV prevention knowledge from older to younger generation, using the case study of South Africans living in Sunnyside, Pretoria. The choice of this geographical area as a case study was made on the basis of its ability to demonstrate the unity of multi-culturalism and the coming together of people from various cultures and walks of life. Exploring the South African culture of people living in Sunnyside, within the context of the rainbow nation, has given the researcher the opportunity to identify cultural barriers and suggest the way forward. As such, rich information was obtained from them through interviews. It has always been said that the rainbow nation is associated with hope and a bright future for all (Roodnat, 2007).

### **1.3 Definition of Key Concepts**

The following concepts were used as the key operational concepts of this study:

#### **Exchange of knowledge**

When human beings meet, they interact or communicate with each other, and this involves the sharing of knowledge and information. This is always the way of learning from each other and be able to transfer the kind of knowledge required, (Butts *et al.*, 2007).

#### **HIV prevention**

HIV prevention refers to programmes that aim to influence risky behaviours in order to prevent or reduce the prevalence of diseases such as HIV. These programmes implement a range of activities to make the individual or group aware of the risky behaviour at different social levels (cultural, political, psychological, social and spiritual), in order to motivate them to change their behaviour towards the prevention of HIV. In most cases, these programmes are based on a multi-disciplinary and multi- theoretical understanding of socio-behavioural changes in relation to the individual, group, community and society (The Global HIV Prevention Working Group, 2008:8).

#### **Human Immunodeficiency Virus (HIV)**

This is a micro-organism that is transferred through infected body fluids, such as vaginal secretions, semen, and blood and breast milk. Once in the blood, it replicates itself and kills white blood cells, T cells and the CD4 cells in the body, thereby weakening the immune system. As the virus grows in the body, the number of CD4 cells decreases and the immune system is further weakened, so that the person is more prone to contracting diseases (Institute for Health and Development Communication, 2005:5).

#### **Knowledge**

Knowledge refers to “the facts, feelings or experiences known by a person or group of people; awareness, consciousness, or familiarity gained by experience or learning; specific information

about a subject” (Collins English Dictionary, 1991:860). Knowledge can be gained through experience, the media and interaction with others, such as friends, colleagues, health workers and parents. Knowledge can be factual or a myth, depending on the source of the information.

A person with knowledge is an empowered person and having knowledge about HIV effects ways to prevent it. One’s perceived risky, based on one’s knowledge can lead to personal behaviour modification. This is the principle of the AIDS risky reduction model (Zellner, 2003:42)

### **Older generation**

Older generation are people with advanced ages, people with knowledge, skills and hold an important role in terms of economy, politics, and status. They are also responsible for teaching younger generation. Older generation are viewed as the embodiment of the past, as well as members with the largest store of memories from the past. Members of the older generation are those people who have experience of life due to their age (Adjave & Aborampah, 2004: 24).

### **Socio-behavioural change in connection with HIV prevention**

Socio-behavioural change in connection with HIV prevention includes maintaining non-risky behaviours and/or reducing risky behaviours, in order to prevent HIV transmission. Parker (2006: 12-15) refers to socio-behavioural change as multidimensional social interaction among people to prevent HIV, including the cognitive, social, cultural, spiritual and political motivation for this change at individual, group, community and society levels. The GHPWG, which specialises in social behaviour change interventions for HIV prevention within UNAIDS, indicates that one needs to start with the notion that human behaviour is complex and social change occurs over periods of consistent re-enforcement of the change when any prevention strategy is developed (GHPWG, 2008:8-10). Key results are not always measurable but long-term indicators should.

### **Socio-cultural and socio-economic factors**

UNAIDS (2010: 180), states that socio-cultural and socio-economic factors refer to the different cultural, economic and social agencies and processes which guide and facilitate the younger generation to maturity, and help them to conceptualise the older generations. For the purpose of

this study, older generations are conceptualised as the social status of being publically acknowledged as a man, and no longer being regarded as a boy.

### **Transferring HIV knowledge**

This refers to the imparting of HIV prevention knowledge and experiences to the next generation or other people, so that they are able to maintain and increase this knowledge for their own use, (Giddens, 2009:834).

### **Sexuality**

Sexuality is “the state or quality of being sexual; the possession of sexual potency” (WHO, 2006). Sexuality encompasses all that differentiates a person’s gender in terms of male or female, and includes a person’s self-esteem and body image. Sexuality influences a person’s behaviour under different circumstances, as well as his or her ability to relate sexually, especially to people of the opposite sex. Children usually receive education on this subject from their parents.

### **Sex**

In this study, sex refers to sexual intercourse. Sex can also be used to refer to a person’s biological status and is typically categorized as male, female, or intersex (that is, atypical combinations of features that usually distinguish male from female). There are a number of indicators of biological sex, including sex chromosomes, gonads, internal reproductive organs, and external genitalia. Sex is more to do with reproduction and fertility, while for the younger generation sex is also seen as pleasure (Luke & Kurz 2002:7-8, 19-22)

### **Younger generation**

The AIDS pandemic is still a predominantly a pandemic across the World, Africa and South Africa. Younger generations are those people who are still growing or aspiring to be future leaders. They still have the potential to learn from their peers, providing younger generation with basic HIV knowledge enables them to protect themselves from becoming infected. Younger generations are often particularly vulnerable to sexual transmitted HIV and to HIV infection as a result of



drugs- use. Acquiring knowledge and skills encourages younger generation to avoid or reduce behaviors that carry a risky of HIV infection, (UNAIDS/UNICEF, 2010)

## **1.4 Research Problem**

The AIDS pandemic is still predominantly a serious tragedy across the world, Africa and South Africa. An estimated 11.8 million younger generation aged 18 to 25 are living with HIV and AIDS, UNAIDS, 2007. Each day, nearly 6,000 of them become infected with HIV (UNAIDS, 2012). Only a fraction of them know that they are infected due to lack of information. The younger generation is particularly vulnerable to HIV infection, due to social, political, cultural, biological and economic reasons (UNAIDS, 2008a). The issue of transferring HIV prevention knowledge from the older to the younger generation appears to be a taboo in many African cultures, South Africa included (Mwarogo, 2007, UNESCO, 2009a).

One of the factors affecting the transfer of HIV prevention knowledge is culture. Gevisser (2009) acknowledges cultural barriers as complex in contexts of transferring HIV prevention knowledge. Culture also discourages open discussion on issues of sexuality and preventive measures in relation to sexually transmitted infections between the older and younger generation. In many instances, the older generation is uncomfortable discussing these issues with their children, while younger generation are uninformed and hesitant to encourage a dialogue, (Porter, 2008).

Although AIDS may be wiping out a large proportion of the younger generation all over the world, members of this generation are still reluctant to address sexuality, (UNESCO, 2006). The fact remains that rates of sexually transmitted diseases are higher at younger ages (UNFP, 2006).

Younger generations living in Sunnyside are exposed to cultural differences, and their values are challenged when they meet people with very different views of sex and sexuality to theirs. Essentially, the finding supports (Mulwa, 2009) argument that attention needs to be paid to the socio-environmental context, because it leads to risky behaviour among the younger generation.

According to Van Dyk (2012:41), certain socio-cultural and socio-economic conditions make the relationships between the younger and older generation with regard to HIV prevention knowledge in South Africa very complex, especially in urban settings like Sunnyside. These conditions include the high unemployment rate among younger generation, socio-economic pressures, the low socio-economic status of women, poor living conditions in Sunnyside and informal settlements, the rate of sexually transmitted infection, and gender violence. The author refers to

the widespread poverty and illiteracy, lack of access to appropriate and accurate information within the local context, alcohol abuse, years of conflict at community and household levels, changes in traditional social and sexual morality values, and the lack of social cohesion and tolerance among most populations as the key drivers of the AIDS epidemic.

Most of the participants in this study come from different areas of South Africa and have different cultural backgrounds. The main concern in Sunnyside is the lack of job opportunities, which results in high unemployment rates. Street children, sex workers and addicts are everywhere, and residential flats and hairdressers are converted into brothels. In addition, cell phone and pawn shops are drug distribution points, street furniture becomes beds, and parks are playgrounds for sex workers (Natvig, 2009). Fear causes the elderly to isolate themselves from society, and the younger generation resort to self-entertainment such as sex for financial support, in order to provide the cash flow to meet basic needs (Kortenhoeven, 2005). This younger generation in Sunnyside lives without any specific direction or the role models for HIV prevention knowledge and guidance, whereas the young generation are supposed to learn from the older generation in order to sustain themselves and produce the next generation (Patterson, 2009).

It is very clear that if there is no intervention, these challenges will persist for many generations to come. Thus, the failure to transfer HIV prevention knowledge leads to ignorance and an increase in the infection rate. There is an urgent need to nurture the younger generation, as they are the successors of the older generation. According to Munroe (2011c: 65), a leader without a successor dies twice: with his or her physical death and with the death of the knowledge that he or she possesses. The current generations seem to be stuck in a situation whereby the older generation is culturally restricted from transferring their knowledge to the younger generation, instead of equipping the younger generation with knowledge through communication. As a result, HIV will “continue to pose a significant public health threat for decades to come” (Richaman et al., 2009:7).

There is no set age at which HIV prevention knowledge should start to be transferred, and different countries have different regulations and recommendations. Often, younger generations are denied life-saving AIDS education because adults consider the information to be “too adult” for them. These attitudes hinder HIV prevention, as it is crucial that younger generation know about HIV and how it is transmitted before they are exposed to situations that carry a risk of HIV infection (UNESCO, 2009:21).

Hence it is important to do this study in order to explore cultural barriers faced in transferring HIV prevention knowledge from older to the younger generation in Sunnyside. The younger should be

informed about HIV and AIDS, especially in terms of transmission, risk behaviour reduction, effects of HIV infection, and protection methods. They need to know how to negotiate safe sex, cope with peer pressure and deal with threatening situations. HIV and AIDS programmes that respect and involve younger generation, and are sensitive to their cultural differences, are far more likely to succeed than those that do not (Gould & Miskelly, 2010).

### **1.5 Purpose of the study**

The purpose of this study is to explore cultural barriers faced in transferring HIV prevention knowledge from older to younger generation living in Sunnyside. This is because the younger generation needs comprehensive and culturally competent HIV prevention knowledge. Mutual HIV prevention knowledge can strengthen social cohesion between younger and older generation, (Beth Johson Foundation, 2011; Martin et al., 2010; Pinaz et al.; 2007; Springate et al., 2008). This study aims to contribute to the scientific body of knowledge by exploring cultural barriers that affect the transfer of HIV prevention knowledge from older to the younger generation. It will also enhance the way in which younger and older generation perceive and describe their communication with one another about sex and HIV within their families (Rotheram-Borus et al., 2005). Sharing HIV prevention knowledge and promoting open communication between younger and older generation creates a safe environment as a valuable tool for future purposes (Morisky et al, 2006).

### **1.6 Objectives of the study**

The main aim of this study is to establish more interactive processes between younger and older generation. Therefore, exploring cultural barriers in transferring HIV prevention knowledge from older to the younger generation is used as a basis for determining how to effectively involve younger generation in creating an environment of learning between younger and older generation.

The specific objectives of this study are as follows:

- 1) To explore cultural barriers that affect the transfer of HIV prevention knowledge from the older to the younger generation;
- 2) To assess the effects of cultural barriers in transfer of HIV prevention knowledge from the older to the younger generation.
- 3) To suggest ways through which the transfer of HIV prevention knowledge from older to younger generation can be improved.

## **1.7 Research Questions**

To facilitate the collection of data that will contribute towards an understanding of exploring the cultural barriers in transferring HIV prevention knowledge from older to the younger generation the following research questions needed to be answered:

The sub-questions are as follows:

- 1) What kind of cultural barriers are experienced in transferring HIV prevention knowledge from older to younger generation?
- 2) What are the effects of cultural barriers in transfer of HIV prevention knowledge from the older to the younger generation?
- 3) What are the possible ways to improve the transfer of HIV prevention knowledge from the older to the younger generation?

## **1.8 Significance of the Study**

The younger generation remains in the centre of the HIV and AIDS epidemic in terms of their vulnerability and rate of infection. This situation persists even though the world has agreed that younger generation have the right to education, and to acquire knowledge from their parents, as well as to get access to information and services that could protect them from harm (Kirkman et al., 2005). Unfortunately, knowledge regarding the prevention of HIV and other STIs is not shared with younger generation due to cultural barriers, as this is still largely considered to be a taboo in African cultures. Sadly, very little training or education is provided to younger generation in this regard, in order to enable them to identify and address personal issues that are of concern in relation to communication between the younger and the older generation, (Parvanta et.al, 2011: 84). Communication failures between the older and the younger generation have for the past two decades been one of the most serious threats to the continued viability of the younger generation in Africa (Wight, 2006).

The significance of this study is that it will provide information about cultural barriers in transferring HIV prevention knowledge from the older to the younger generation. This will enable the researcher to then explore the impact of Sunnyside's HIV awareness campaign and AIDS education drives in the area. The findings of the study may be useful in designing health education

programmes that are targeted at the younger generation in Sunnyside considering their knowledge, attitudes, beliefs and practices pertaining to HIV and AIDS and sexual behaviours.

Positive interaction between both generations allows the older generation to gain an appreciation of the challenges faced by younger generation and younger generation to gain HIV prevention knowledge from the older generation and hence dispel the myths and stereotypes, (Statham, 2009). Consequently, if older generation does not seem to be educating the younger generation about HIV prevention knowledge, the authenticity of the knowledge that they possess in this regard needs to be examined. Therefore, this study aims to suggest ways in which this HIV prevention knowledge should be shared, and how younger generation should learn and grow with knowledge (Jabulani, 2007).

In fighting HIV and AIDS, it has to be noted that the epidemic is too complex to be dealt with a single approach because it is caused by a combination of many factors (Commonwealth Secretariat, 2008:51). Therefore, the responsibility should be shared at all societal levels using a multi-sectoral approach. This approach includes various segments of society from national to community level, with the aim of allowing and encouraging everyone, especially the older generation, to contribute to the fight against HIV and overcome the barriers.

The older generation, guardians, members of the extended family, policy makers and academia should benefit from the results of this study. This knowledge will help the younger generation to teach their children and other members of the younger generation. In support of the abovementioned statement all the stakeholders should live as examples and role models for their children to emulate (Kimuna & Makiwane, 2007:97). A person with knowledge is an empowered person, and having knowledge about HIV prevention and risky behavior can ultimately lead to personal change (Vahnia & Stehr, 2006:194)

## **1.9 Conclusion**

In this chapter, the research topic of this study was introduced and a background to the study was provided. The problem statement indicated that there is insufficient research on key cultural factors as barriers in the transfer of HIV prevention knowledge from older to the younger generation, and how these factors should be incorporated into the design and implementation of HIV prevention programmes. This chapter also provided an overview of the complexity of the cultural contexts of transferring HIV prevention knowledge to the younger generation in South Africa and the rest of the African continent. The purpose, objectives and research questions of

this study were discussed in relation to the overall focus of the study. In the next chapter, a summary of the literature review is presented, in order to assist the researcher to conceptualize and motivate the need for this study. HIV and AIDS pandemic as a social issue will be explored, so as to allow the reader to contextualize the framework globally and locally. Furthermore, the chapter takes an in-depth look at the cultural complexities involved in the transfer of HIV prevention knowledge from older to younger generation in general, and more specifically within the South African context.

## **Chapter Two: Literature Review**

### **2.1 Introduction**

A literature review provides an opportunity for the researcher to conduct a systematic review of the existing body of knowledge and theories, in order to gain a conceptual understanding of the research topic and its context (Babbie, 2010:506 -507; Bak, 2009:17). The literature review enables the researcher to systematically assess current literature and research publications on the given topic. In this study, the literature review was to explore cultural barriers in transferring HIV prevention knowledge from older to younger generation in South Africa, with the case study of South Africans living in Sunnyside, Pretoria. Furthermore, the literature review assisted the

researcher to motivate the selected theories and the need for a qualitative explorative research design, due to the sensitivity of the research and the limited amount of evidence found in relation to the topic (Bell, 2010:83-84). The literature review must be based on guiding concepts, that is, the background to the research, research objectives, problem statement, and theoretical framework (Neuman, 2011). The next topic has details of the overview of HIV in South Africa, Africa and global.

## **2.2 Overview of HIV in South Africa, Africa and global**

The social history of the HIV epidemic in South Africa is closely linked to the legacies of many factors such as apartheid, migration, human rights, urbanization and the socio-political transformation of the country over the past 30 years (Colvin, 2011:85-87; Van Dyk, 2012:9-10; Natrass, 2004:24). These socio-economic factors often drive the country's response to HIV and AIDS, as South Africa has a generalized HIV epidemic (UNAIDS, 2012:27). These factors will be used in this study to highlight some of the main historical events which shaped the global and national response to the HIV epidemic (Van Dyk, 2012:13-17).

The principle causes of global and national mortality among younger and older generation, aged 18 to 25 and 40 years old and above respectively, are HIV and AIDS (WHO, 2005). Half of the 5 million new cases of HIV infection occur in younger generation aged 15 to 24 (UNPF, 2003), which highlights the urgency of fighting HIV and AIDS among younger generation. According to (Nguyen, 2008), cultural barriers constitute one of the main challenges faced in attempts to halt the spread of HIV. This affects the transfer of HIV prevention knowledge locally, nationally and international.

Davis et. all (2013:44) explored communication on sexual health between Black youth and parent in Nova Scotia (Canada). The study found overcrowded homes where households are not necessarily based on kinship and unsupervised adolescence (due to parents having to work long hours) often result less communication on sexual reproductive health. However, parents can find it difficult to communicate sex related matters with their children in the presence of other people whom are not family relatives. Also the young generation might not open-up due to fear housemates will spread the information. It is obvious parents who work long hours are tired when they get home and possibly they might not be interested in such conversation.

Warren-Jeanpierre (2006:23) suggests that sexual socialization occurs at two levels: familial and societal. Most young Black women typically learned how to view their bodies and their sexuality

from their mothers first, followed by learning through social environments, i.e. with peers, school system, and media. Often, there was little communication between Black mothers and daughters about sex. When there was discussion, it included the message that young women should not present themselves in a sexual manner. The closeness of the mother and daughter also impacted on their ability to talk about sexuality. For those who had a close relationship, it was found that speaking about sexuality made a greater positive impact than for those whose mother-daughter relationship was not as close. The lack of communication was, in part, due to the mother's history of how sex and sexual health had been addressed by her own family when she was growing up, as well as the mother's experiences with healthcare professionals in relation to the quality of care received during visits.

For parents who are uncomfortable about discussing sexual health issues with their younger generation, daughters and boys, there are youth-specific sexual health programs available in Toronto. However, an issue that arises from having co-ed sexual health groups is that many mothers are concerned that, as a result of these programs, their younger generation may feel more pressured to have sex and/or may become pregnant. This is evident by the comment the participant from Women's Health in Women's Hands (WHIWH) who has noted that from her work that "...a lot of the mothers don't want their younger generation attending the programs being held at the community Centre, as there are too many guys". As identified through a study of Black youth living in the Toronto neighborhood of Malvern (Mensah, 2005), Black female youth often took the initiative to seek sexual health information, even when it was considered as a taboo subject in their family. The study also found that most Black female youth received information from television programming and books, though some cited that such information did not reflect their lifestyle. A participant from Women's Health in Women's hands also noted that when examining points of knowledge transfer, it was important not to ignore the value of their parents, extended family members, such as aunts, grandmothers, and older cousins. These family members were sometimes considered to be more likely to give non-judgmental advice to their younger generations. This may be especially true for young whose parents left them in the care of extended family members when they immigrated to Canada, and whom they may have formed a close bond with.

Bastien (2011:14) reported that in European Christianity is discussed as influencing the type of language used to discuss sexuality, to explain for instance why metaphor and other linguistic devices are used to avoid direct communication and precise terminology which is perceived as being dirty. It is thus very important to obtain initial base-line knowledge of HIV/AIDS on young



generation to demonstrate the effectiveness of HIV prevention and promotional programmes, in order to reduce risky sexual behaviour among young people, (Georges, 2011).

Dennis et.al. (2012:4) expressed that several studies in the review suggested one of the most substantial challenges to positive and effective parent-child sexuality communication relates to the message and tone of discussion. As one study in Ghana found, communication often takes the form of instruction rather than dialogue (Bastein 2011: 16).

A study done in Zambia took a critical look at the fact that research is often focused on cultural barriers that are viewed as increasing the spread of HIV and AIDS, and that this research is actually placing the blame for the spread of AIDS in African cultural practices (Versteeg, 2008). These cultural practices may be responsible for hastening the spread of HIV and AIDS, but they are not as important to preventive strategies as other, more basic issues such as the economic position of women, and the lack of knowledge transfer and communication between older and younger generation.

Communication of indigenous knowledge through indigenous communication channels was vital to the continuity of cultures (Mphande, 2004 Hamilton et al; 2010). Cultural reproduction, when associated with intergenerational relationships, reinforces the value of wisdom and an appreciation for the older generation. These authors also expressed the importance of utilizing indigenous communication channels as a way of promoting change. Studies have tended to focus more on the spread of exogenous innovations within indigenous communities, rather than on locally generated information. This represents a bias towards externally developed information, which may not be beneficial to the younger generation.

This is clearly the case with regard to transferring HIV prevention knowledge, whereby the older generation is the sole holder of that knowledge, in contrast to general knowledge, which is known by many people. In Zimbabwe, for example, socio-cultural beliefs have played an important role in the conservation of natural resources, (Berkes *et al.*, 2000; Lingard *et al.*, 2003; Sasaki *et al.*, 2010). Local communities understood that their survival depended on living in harmony with their natural resources and environment. In order to maintain that harmony, they evolved local knowledge systems based on conservation ethics expressed in taboos, rituals, customs, laws etc., and passed them on by word-of-mouth, (Griswold, 2004). Traditional informal education was provided to the younger generation by their grandfathers, grandmothers, uncles, aunts and other elders in the community (Turnball, 2008).

HIV and AIDS remain a major cause of death among the African younger generation, and is one of the biggest public health issues facing the region, especially for girls and younger women, who are more vulnerable to contracting HIV than boys or younger men. AIDS is responsible for more than one out of every two deaths among younger girls, compared to one out of four deaths among younger boys, Hartell, 2005: 172). Younger generations are still vulnerable to contracting HIV and AIDS, because of the lack of sufficient prevention strategies by Millennium Development Goals (MDG, 2010).

Looking at the literature on HIV and AIDS in SSA in general, and Kenya specifically, cultural beliefs and practices such as transactional sex, forced sex, early sexual debut, mistrust and non-use of condom, myths and misconceptions of how the disease is transmitted, are widespread in the society (UNAIDS, 2008: 5). To understand how these sexual scripts have been written for Africans and young Kenyans particularly, it is important to explore the socio-cultural meanings that have been used to define their sexual behaviors and experiences (Prazak, 2000:82).

Studies with practical examples were done in Kenya, where researchers realized that the traditional communication by elders has faded, while the younger generation has become increasingly disconnected, (Mbugua, 2007: 1079). In response to this, CHAPS (Culture and Health Program for Africa) funded a programme called Mama Na Dada (means mother and daughter) in Bondo, in one district of Kenya's provinces, which brought younger and older people together for discussions about HIV and AIDS. Prior to Mama Na Dada, younger people did not know who to talk with about their questions and problems related to sex and HIV and AIDS. Mama Na Dada revived and reinvented the tradition of inter-generational dialogue, (Bird & Bogart, 2005:110). Unlike in the past when boys and girls were taught separately by their grandparents and also kept the information which they learned separate from each other, in Mama na Dada boys and girls are brought together with elders, (UNAIDS, 2008: 13). Now younger and older people are able to talk about issues openly and honestly, and it is bringing light to issues of culture and HIV and AIDS, (Oshi, Nakalema, and Oshi, 2005).

In a study conducted in Zimbabwe by Gilborn (2006), it was found that younger generation emphasized the need to talk with adults about relationships, but many believed that adults did not acknowledge the challenges that their generation face in dealing with HIV and AIDS, and felt disparaged when trying to discuss romantic relationships. In some cases, family disputes - often about property or other resources - alienated them from the adult relative to whom they would normally go for advice. Half of the participants felt that the older generation in their lives did not

consistently support them in terms of transferring their HIV prevention knowledge, especially in light of the fact that HIV has been proclaimed to be out of control in Africa and South Africa, despite the country having good plans in place for fighting the disease. However, these plans end up being less effective than intended (Deutsch et al, 2003:8). This led the researcher to assess the planning and implementation of interventions to fight HIV in Africa.

Moreover, in most parts of sub-Saharan Africa, there are strong social and cultural norms that restrict the open discussion of sex since it is believed that teaching children about sex will “encourage the young people to have sex” (Bosmans et al., 2006: 84). As such, children are not supposed to ask their parents questions about sex and sexuality, and parents do not discuss sex and sexuality with their children (Oshi et al, 2005). Therefore, young people are unable to communicate their sexual health needs or to discuss issues of sexuality with parents or teachers. Society’s notion, which they have understood all too well, is that young people’s involvement in sexual activities is “premature if not immature, immoral or at least unfortunate”; this is in conflict with the biological reality that young people have sexual needs regardless of whether their sexuality is seen as socially acceptable or not (Nzioka, 2001, p. 115). Nevertheless, because religious, cultural and social norms forbid the open discussion of sex, especially with young children, some teachers are scared to teach sex education. Oshi et al, (2005), analyzed how teachers perceive passing their knowledge of HIV and AIDS prevention measures to their students in the context of their cultural and social norms, which restrict open discussion of sex.

In the case of South Africa, the South African National AIDS Council (SANAC, 2007), emphasizes that if older generation fail to provide younger generation with relevant HIV prevention knowledge, younger generation can be strongly influenced by unknown sources, and for many younger generation, much of their existing sex and HIV knowledge is based on information they have received from friends. This information can often be distorted. Older generations’ education harnesses this method of sharing HIV prevention knowledge, in order for them to convey accurate knowledge about HIV to younger generation. In fighting against HIV and AIDS in South Africa, SANAC (2007) has mobilized different sectors of society to form a united front. Traditional leadership is among more than 20 sectors collaborating with SANAC. From a traditional leadership perspective, culture can play an important role in the fight against HIV and AIDS. A case can be made where leaders are recognized first and foremost as custodians of culture and tradition. It is also very important that the traditional leaders champion the fight against HIV and AIDS through the promotion of certain cultural practices on the one hand, and on the other

hand, conscientize their communities about harmful cultural practices that need to be adapted to the current environment or eliminated altogether (SANAC, 2007).

Some of the explanations for the spread of HIV are to be found in inequalities related to age in relationships, poverty and risky sexual behavior and rapid population changes. Younger generation are particularly vulnerable to HIV and AIDS infection, since they have either heard or seen people younger than them engaging in sexual activity, and they also lack sound knowledge (Abruquah & Bio, 2008).

As consequences, younger generation who has not been exposed to risky sexual behaviour face the additional anxiety of their sexual debut, as well as the risk of engaging in the use of substance due to peer pressure, combined with inadequate knowledge about sex and sexual behaviour, which makes them vulnerable to HIV and AIDS (Mwarogo, 2007).

HIV knowledge among younger generation is of great concern in Africa, especially South Africa and the Sunnyside area in particular, where their basic needs have not yet been met, (Lerclerc-Madlala, 2008). South African younger generation has become obsessed with the glamorous lifestyles portrayed by the stars as role model due to their wealth, while they are not well informed too. Educating them is the key to reducing the spread of the disease, but important gaps in this process are linked to cultural and social factors that represent barriers for both older and younger generation. According to the Population Council (Council, 2006), the younger generation has difficulty in discussing issues related to sex and HIV and AIDS with older generation, while the older generation feels that these issues should not be discussed at all, due to cultural and religious beliefs. Consequently, the younger generations have very little HIV prevention knowledge, including a lack of awareness of the fact that intercourse can result in pregnancy or infection with an STI or HIV, prior to and during the first few months of sexual activity (Baxen and Breidlid, 2004).

In this study, the researcher wishes to explore cultural barriers in the transfer of HIV prevention knowledge from older to younger generation, as it has consequences if older generation does not teach younger generation about the disease and its mode of transfer. In 2001, a national survey of South African younger generation was conducted cross-culturally among the younger generation aged 12 to 17 years and their parents (Love life, 2007:14-15). The basic theme of the survey was the involvement of older generation in the education of younger generation about sex and sexuality, especially HIV and AIDS. When the older generation was asked to indicate their main concern about the younger generation of today, less than half expressed that HIV and AIDS as the most difficult issue in our communities.

According to Marcus (2006:51), the older generation does not educate younger generation about sex and HIV prevention. The reasons given were that sex is a taboo subject, which makes it difficult to discuss it with younger generation, and that they are busy with daily activities, which leaves them with no time for such discussions. While Wilbraham (2002:7) stresses that talking to younger generation about sex is a very important investment to the future of younger generation and It facilitates the older generation's values and confidence from the young generation to discuss sensitive subjects with their parents, (Wilson et al., 2010: 2). This study was also discussed by Ekeke (2011), where he suggested that parents, guardians and other members of the extended family should be living examples and have morally sound behavior for their children to imitate. According to Stone et al, (2013: 228-229), older generation have the ability to adapt the information they give to their children to be consistent with their own values (Stone, Ingham & Gibbins, 2013: 228-229).

Nevertheless, UNAIDS, as cited in (Egan, 2005:6) offered some encouragement, stating that if HIV preventative knowledge in South Africa is to be properly implemented, more than half of the efforts could be avoided. The researcher is of the opinion that it is imperative for older generation to be made aware of the state of the country and the seriousness of this disease. This information could act as an internal motivator to achieve the UNAIDS goal of preventing the dire projections from becoming a reality. This will require the targeting and implementation of effective interventions among younger generation.

Roche et al., (2005) suggest that transferring HIV prevention knowledge can influence buffer younger generation against the influence of negative peer norms that could lead to risky sexual behaviour, including delaying sexual intercourse. On the other hand, studies have shown that younger generation without a role model to guide them are more likely to engage in early sexual intercourse, thereby increasing their vulnerability (Rasamimari, Dancy & Smith, 2008).

Older generations' knowledge of the HIV prevention should thus be transferred to the younger generation, as the former is the main stakeholders in the prevention of the current and new infections. Of particular concern in this regard are predictions of the consequences of the disease if the measures for halting its spread are inadequate (UNAIDS, 2010).

### **2.3 The process of transferring HIV prevention Knowledge**

The process of transferring HIV prevention knowledge consists of the following elements:

### **2.3.1 Older generation**

Older generation would be the main educators of the younger generation, as they nurture them from birth to independence. Nevertheless, education is a huge and complex task (Kelly, 2011) and can be both demanding and tiring. Taffel (2005:1) indicates that older generation still bounded by their culture which does not allow them to communicate with the younger generation in terms of sex and HIV as it says it is offensive. The author expressed the view that older generation and younger generation live in two separate worlds that are “parallel” to each other. This can cause the former to be reserved about the knowledge that they have concerning HIV prevention, and result in it not being transferred to the younger generation, which can then lead to role ambiguity (Taffel, 2005:3).

Knowledge without the ability to transfer it renders useless and makes the two persist between both younger and older generation. One of the problems that (Taffel 2005:203) identified was that younger generation sometimes are abusive towards their older generation, who tolerate the abuse, based on the belief that it is the younger generations’ normal behaviour. Some older generation also tolerate it because they do not know how to deal with it. This could indicate that some older generation are knowledgeable about HIV and AIDS, but are overpowered by the younger generation. Therefore, they fail to transfer their knowledge to their offspring. One of the reasons given was that sex is a taboo subject which in the researcher’s views, needs to be addressed, while sex and HIV are not spoken, there is no way HIV prevention knowledge will be shared, while this gap persist without being closed (Marcus, 2002:51).

In terms of older generation itself, (Taffel, 2005:181), stated that much confusion has been created about the subject. As a result of this confusion, older generation end up being “paralyzed” and fail to act altogether (Taffel, 2005:15). However, Taffel (2005:181), further indicated that even older generation counselors frequently do not know what to emphasize when counseling older generation on younger generations’ behaviour. It is difficult to talk about HIV prevention without mentioning sexual behavior, since the main mode of infection is sexual. The researcher believes that older generation has a responsibility to control their younger generations’ behaviour at this age (Hatton-Yeo, 2008; Pinazo et al., 2007). This has motivated the researcher to investigate cultural barriers in transfer of HIV prevention knowledge, and what methods can be used to stop the spread of HIV among younger generation.

### 2.3.2 Cultural factors

According to McSweeney (2002: 92), culture is a commonly used term with a number of different meanings. Researchers are unable to agree on a single definition, although there are common threads. Qamar et al, (2013) defined culture as people living in different parts of the world and having different attitudes, behaviours and ways of doing things. In other words, culture is a learned example of “behaviour and beliefs, shared by a group of people” (Javidan et al., 2006:899). Therefore, culture includes norms, values and meanings. Weaver (2005:25) states that culture is implicitly intertwined with the “self” or persona, and cannot be separated from it. In addition, the definition of culture must take the impact that it has on the individual into account. One expects national culture to be related to ethics, because national culture establishes the conditions for behavior, and this influences the individual.

Weaver (2005:25) asserts that people’s judgments and behaviours are significantly influenced by culture. Therefore, culture signifies a way of life. For instance, life decisions are based on a person’s beliefs. From the above discussion, culture seems to create a framework for an individual’s personality and behaviour. An older person can be informed about aspects of HIV and AIDS, but what really counts is what the person already knows and believes about a similar phenomenon.

Kates et al. (2010) explained how Hofstede’s theory of culture could be applied to career expectations by looking at the following dimension: To take masculinity and femininity as an example, women in highly masculine cultures are likely to encounter greater discrimination (due to a lower emphasis on gender inequality), and thus to achieve lower levels of extrinsic career success. Van Dyk (2002:223) found that Africans share some socio-cultural and religious philosophies, even though they have different geographies and languages. He added that it was therefore possible to talk in terms of an “African perspective or worldview” (Van Dyk, 2002:111). Therefore, the researcher is of the opinion that if some cultural practices cover the whole continent of Africa and South Africa, eliminating them would be a huge task. For example, according to the African perspective, sex is a taboo subject which is only discussed between partners and people with the same age. This raises a problem with regard to HIV, since the disease is basically sexually transmitted, and it is difficult for older and younger generation to discuss it, even though health workers have requested older generation to educate their younger generation about sex and sexuality.

The above-mentioned statement causes role conflict, which Kreitner and Kinicki (1998:293) described as a situation “when internalized values, ethics or personal standards collide with others’ expectations”. According to these authors, this is one of the reasons why a focal person does not perform a task expected of him or her. Omery (in Brink, 2001:120) warned that people’s behavior must be viewed through the eyes of the cultural context. Ausubel (in Klopper, 2001:56-57) challenges the view that existing underlying structures should be taken into consideration, as learning will be influenced by what the learner has already perceived. (Weaver, 2005:26) postulates that culture influences a person’s decision regarding the best measures to be taken when dealing with any problem. As Van Dyk (2012:126) indicated that Africans traditionally believe in traditional healers, who work as psychologists, foretellers and doctors. As doctors, traditional healers treat diseases, and as foretellers, they inform a person about the cause of the illness (Walker *et al.*, 2004:92).

Javidan, et al (2006:899) emphasize that people’s values and culture have a large psychological influence on HIV and their general response to health issues. Thus, Weaver (2005:26) suggests that health facilitators should attempt to understand their patients’ worldview, in order for them to be able to communicate effectively with recipient.

On people’s perceptions of the HIV and AIDS pandemic, Zulu (2004:17) maintains that in order to comprehend how people view HIV and AIDS, one need to appreciate their worldview. If people have had traditional healers as their sources of information over a long period of time, their values will not quickly change. For this reason, the government has trained some traditional healers on HIV and AIDS issues in various parts of South Africa (Walker, 2004:92). This was done to get rid of the myths that traditional healers tend to attribute to HIV and AIDS.

Furthermore, polygamy has been identified as one of the cultural factors that have contributed to the spread of HIV. This practice originated from patrilineage, whereby a male was expected to have multiple partners to prove his manhood (Walker, 2004:26). This learned pattern of behaviour evolved over time, and has established a cognitive framework in the brain. Whatever information comes to a person, the decision as to whether to accept or reject it will be based on this existing cognitive framework (Klopper, 2001:57). Older generation can thus find it difficult to educate a male child about monogamy, if their previous beliefs are based on polygamy. From the above statement, it is evident that culture is learned - it is not inherited, but nurtured. People’s beliefs and behaviours develop over time. However, if people’s beliefs are challenged, they can be changed, even if it takes a while. One of the factors in the existing structure within a person that



can make information unacceptable and thus hinder the transfer of knowledge is attribution (Dancy & Smith, 2008).

South African cultures create barriers which increase the spread of HIV and AIDS among the younger generation. In addition, many older generation are uncomfortable about discussing sex and HIV with younger generation, and some cultural norms such as sharing information related to sex with younger generation may even prevent them from doing so (Walker, 2006). Since discussions on sexual behaviour may be viewed as a taboo, the importance of transferring HIV prevention knowledge cannot be overemphasized. Older generation therefore need to be educated about how to share their knowledge in such a way that it can be understood and incorporated into their own cultural context (Lehr, 2005).

According to Gallagher (2008), certain cultural practices have been identified as being useful in the fight against HIV and AIDS. These practices include ukusoma for boys, ukuhlolwa kwezintombi (virginity testing) for girls and initiation schools (koma/ngoma/ ulwaluko) for boys. The study conducted by the same author found that some participants were of the view that there was insufficient contact between older and younger generation, and that it would be better for older generation to mix with younger generation than with their peers only. While it may not always be apparent how younger and older generation perceives each other, both groups have a lot to offer one another. Older generation have acquired valuable life skills and insights based on experience, which younger generation needs in order to navigate situations and processes such as childhood education, remedies and reassurance (Lloyd, 2008:2). The former can act as positive role models and provide support and advice to the latter, as well as transferring valuable assets such as family history and life skills. Younger generation, on the other hand, can offer a new perspective that represents hope for the future (Butts, 2009: 92).

African Development Forum (ADF, 2000) and Commonwealth (2002) have reported that younger generation find it difficult to obtain precise information regarding HIV from older generation. In view of this, (Wilbraham, 2006), from the Medical Research Council, is of the opinion that older generation seem to be “forgotten or misinformed” with regard to their role towards younger generation. Thus, HIV prevention knowledge should seek to ensure that sexual behavior and practices are made safer, in such a way that culture is appropriate to the needs of both younger and older generation. Changing a society's behaviour, however, can be very difficult. Given the situation of HIV and AIDS in Africa, including South Africa, together with the various socio-cultural factors that are involved, there is an urgent need to promote the sharing of knowledge among both younger and older generation, (Roche, 2005).

Even though many people believe that it is inappropriate to talk to younger generation about these subjects, fearing that this will promote risky behaviours, such attitudes are often based on moral or religious views, rather than evidence, and severely limit HIV education throughout the world. It is important to educate younger generation about HIV prevention and encourage both younger and older generation to be the change agents (Govender, 2011: 72).

According to Gould and Miskelly (2010), culture plays a significant role in identifying the practices, values and attitudes which create stigma and discrimination as well as gender and other inequalities. Therefore, there is a need to engage and interrogate these negative cultural norms and practices through appropriate culture in many African communities, in order to effectively address the negative socio-cultural practices which contribute to the further spread of HIV and AIDS in SSA and South Africa.

Younger generation should be taught sound morals before engaging in sexual practices. With this in mind, UNICEF/UNAIDS/WHO (2010:7) emphasize that “establishing healthy patterns from the start is easier than changing risky behaviours already entrenched”. Sex education should commence at a younger age, for example between 12 and 15 years, when the younger generation are more receptive and more likely to adopt what they are being taught by relevant generation (UNICEF/UNAIDS/WHO, 2010:7). The average sexual debut of South African younger generation is 15 years old (UNAIDS, 2010:28). Taking this into consideration, as well as the fact that HIV and AIDS infection rates increase the most among the 18-25 years and 40 years old and above groups, the case for early sex education in South Africa is clear. In fact, in Cameroon, for example, the education of younger generation is done before they embark on sexual activities, and this has proved to be an effective strategy (UNICEF /UNAIDS/WHO, 2010:28). From the above mentioned statement, it is evident that education might be the most tools in fight of HIV among younger generation who are risky of being infected.

## **2.4 Younger Generation at risk of HIV in South Africa**

Past research has shown that South African younger generation report high rates of risky behaviors due to many reasons, including multiple sex partners and infrequent condom use, among others (Simbayi, 2005). In light of this, it is clear that younger generation expose themselves to high levels of risk, which result in them contracting various sexual diseases through unprotected sex. Facility- based survey research has provided important information about the HIV risk of younger generation in South Africa, but this data is limited to people not attending school or having access

to health services (Simbayi, 2005). Findings from the same study demonstrated that lower HIV prevention knowledge scores were significantly associated with higher HIV risk index scores among younger generation.

It is therefore important to view the HIV and AIDS epidemic in South Africa as both a behavioural and health epidemic (UNAIDS, 2012:36-38). In order to respond to the epidemic effectively, it is crucial that social behaviour change interventions and programmes are integrated with any prevention, care and support strategy. HIV prevention strategies should also go beyond biomedical prevention strategies, such as sharing older generation's knowledge and treatment to lower the viral load in order to prevent initial HIV infection among younger generation. Johnson et al. (2010b), review the overall of 2009 with a sample of (10000) indicated that communication programmes have been successful in improving knowledge, reinforcing beliefs and attitudes about HIV prevention knowledge, and promoting care, support and access to treatment.

The Global HIV Prevention Working Group (GHPWG, 2008:8-10), which specializes in social change interventions for HIV prevention knowledge within UNAIDS, indicates that one needs to start with the notion that human behaviour is complex, and that social change occurs with consistent reinforcement of the change when any prevention strategy is developed. Key results are not always measurable, but long-term indicators should survey the trends in social behaviour change, in order to ensure that desirable results for change are achieved.

Through several randomized controlled trials, it has become evident that social behaviour change occurs through the transfer of HIV prevention knowledge to the younger generation, groups and communities, and cannot be driven at a macro-level, where communication messages are too generic and separate from the day-to-day life experiences of people, Askelson, Campo & Smith, (2012:439). It is important that a more targeted approach towards social behaviour change at a micro and meso-level of society drives the need for change, in order to lower HIV infection rates and reduce risky behaviour among the younger generation. Targeting specific risk behaviours among specific groups and communities allows HIV prevention knowledge to be more appropriate and effective in addressing the uniqueness of the HIV epidemic among younger generation. Other drivers for change, such as motivation, beliefs and social influences, interpersonal relationships and social values, must also be considered when targeted HIV prevention strategies and interventions to be implemented (Johnson et al., 2010: 1a).

It is also important to take cognizance of the importance of combining several approaches including older generation as intervention mechanism for changes in minds to be able to create an environment that is conducive and favorable to social change (UNAIDS, 2011:99). These layers of prevention are called *combined prevention*, and are also among the main strategic objectives of the South African National Strategic Plan for HIV, STIs and TB 2012-2016 (SANAC, 2011:14). Furthermore, combined prevention establishes the platform for viewing social behavior change from older generation's perspective, in order to promote effective change with regard to HIV prevention. Driving social behaviour change towards the prevention of HIV should be a multiagency approach, in which different social agencies are used to promote and support the desired changes through a diverse range of consistent interventions, such as behaviour change and communication interventions through social networks and media.

The three national HIV Communication Surveys (2006, 2009 and 2012) offer significant indicators of the success of communication in promoting HIV prevention knowledge, positive behaviour change and discussions on the care and support of those who are infected with the virus. These surveys draw attention to a sample of communication offered via television, radio, billboards, newspapers and community forums, and demonstrate the importance of incorporating mass media and participatory initiatives. They further highlight that communication has direct and indirect influence on the younger generations' risk. However, these influences do not come without certain communication challenges (Kincaid & Parker, 2007:16).

The (GHPWG, 2008) indicates that although many social theorists may view the individual as a social agency for change, through cognitive processes, these behaviours are largely directed and influenced by broader socio-economic, socio-cultural and socio-political environments. The environments are not stagnant, and in a country such as South Africa, waves of social change occur, which again influence the need and motivation for social change at an individual and group level. The socio-economic environment is often dictated by access to possibilities and resources, in order to maintain social change, while the socio-cultural environment often provides social meaning and rein-enforcement. The socio-political environment facilitates institutionalization and socialization towards the desired behaviour change, in order to reduce the risks of younger generations to HIV. In South Africa, this environment is to a large extent directed by human rights and the need for younger generations' ability to shape their future (Peterson, 2009).

The future of the next generation lies in the quality of the knowledge they are getting from the relevant sources including older generation who should be part of embodiment. The older

generation should identify, prepare, train, mentor and empower the leaders to serve their generation with humility and awareness of their dispensability. It is hoped that they will be the new generation of leaders, who love serving more than being served, empowering more than retaining power, giving authority more than taking authority and producing leaders more than maintaining followers. They should be mentored and become mentors on risky behavior change (Munroe, 2011:56).

Risky sexual behaviour is defined as the infrequent practice of safe sex behaviours in relation to contracting HIV, and it is a critical factor contributing to this pandemic in Africa (Centres for Disease Control and Prevention, 2007; Shobo, 2007). As the issue of sexual behaviour includes having any form of unprotected sex, research findings have thus far supported the fact that younger generation are more concerned about falling pregnant than about HIV and STDs. Younger generation usually have the “need” to engage in risky behaviours, such as smoking, alcohol and substance abuse, in order to gain peer acceptance and respect. A study done by Brown and Venable (2007), found that there are high rates of alcohol use and unprotected sex among younger generations. However, this risky behaviour (or action) causes increased levels of anxiety and uncertainty among younger generation (Eaton et al., 2007).

Globally, research has established that the vast majority of younger generation remains uninformed about HIV and AIDS, (Bastien et al., 2011:2). For more than 15 years, the need to communicate HIV prevention knowledge related to sex has been internationally recognized (Bastien, Kajula & Muhwezi, 2011: 2). However, younger generation today still has only limited opportunities to learn about the disease. Misconceptions are widespread and persist alongside accurate knowledge, thereby potentially undermining the protective value of that knowledge where it does exist (Mueller, 2008).

Piot (2008), called for the recognition of HIV and AIDS as extraordinary in comparison to other pandemics in history. This study explores the cultural barriers in the transfer of HIV prevention knowledge from older to younger generation, which is regarded as a complex discussion. An overview of the level of the disease in South Africa was necessary, in order to assess the kind of knowledge that both older and younger generation might possess in relation to HIV and AIDS. Finally, it is important to discuss possible ways which might eradicate the risks younger generation might face and create a favorable environment in transferring HIV prevention knowledge from older to younger generation (Eliazar, 2009).

This will generate a better understanding and conducive air for both younger and older generation to communicate with each other, in order for the latter to transfer HIV prevention knowledge to the former (Ebhoimhen et al., 2008). There is need to discuss and define the types of knowledge as one of the tools to fight the spread of HIV among the younger generation.

## **2.5 Types of knowledge**

Chinn and Kramer (1995:216) and (Gallagher, 2008), defined knowledge as “an awareness or perception of reality acquired through insight, learning or investigation expressed in a form that can be shared with younger generation, in this case, younger generation still need more awareness, to progress in the process of change”.

Based on this definition, it is evident that in order for knowledge to be complete, there must be three processes: learning, becoming aware of the phenomenon or matter, and expressing what has been learnt. Garrick and Rhodes (2000:4, 17), highlight the fact that knowledge is not only about reciting memorized facts concerning a phenomenon, but it is also only “authentic” if it is demonstrated in a relevant situation. In support of this, Campbell (2003:25), states that HIV prevention knowledge deals with more than just rehearsed facts. In the previous chapter, it was stated that the majority of older generation do not appear to be sharing information with younger generation about sex and HIV due to cultural barriers. The definition of knowledge suggests that if a person is knowledgeable about a matter, such knowledge will be demonstrated or expressed to other generations (Gallagher, 2008).

Therefore, if older generation seems to be knowledgeable about the disease, but that knowledge is not demonstrated in a relevant situation, one should further explore the type of knowledge that they possess. One should also examine the possible barriers that might prevent the generation from transferring their knowledge to the younger generation, or the knowledge should be exercised in such a way that it has a positive influence on others (Martin et al., 2010). The types of knowledge will be discussed in upcoming chapter with more details.

### **2.5.1 Types of Knowledge as a Powerful tool to Fight HIV**

There are several types of knowledge which explain the importance of the knowledge in this study. A person with knowledge is an empowered person and having knowledge can lead to personal behaviour change.

Below is a list of types of knowledge

- Conceptual knowledge
- Episodic knowledge
- Procedural knowledge
- Declarative or descriptive knowledge

The most effective knowledge in transferring HIV prevention knowledge is procedural knowledge.

### **2.5.2 Procedural knowledge**

Procedural knowledge is “a way of acting or progressing in a course of action, especially an established method” (Canobi, 2009). This knowledge often knows how, or what steps are required to achieve various goals. According to Byners (2001:50), this knowledge pertains to the capability to perform a task relevant to a phenomenon, hence one possesses the relevant skills needed to undertake the procedure - in other words, one “knows how to do things”. This goes beyond theory, and is the implementation or action that takes place among younger and older generation.

This implies that older generation with procedural knowledge will be able to transfer HIV prevention knowledge and sexual knowledge to the younger generation. Moreover, older generation will know the appropriate age to start looking for the kind of information to give to the younger generation at that age. Older generation possessing this type of knowledge are not likely to fear discussing sex issues with the younger generation, even though sex is regarded as a taboo subject in South Africa and other African countries (Wight et al., 2006).

It should be noted that, in order to assess older generation procedural knowledge, studies pertaining to older generations’ involvement in discussing HIV prevention knowledge, as well as sex with younger generation should be conducted. The implications are that older generation who do not discuss sexual matters and share HIV prevention knowledge with younger generation might lack procedural knowledge (UNESCO, 2009:23).

### **2.5.3 Knowledge construction**

Knowledge construction is “a process whereby information is turned into knowledge by means of interpretation by actively relating it to existing bodies of knowledge, by generative creation of representation and by process of purposeful elaboration” (Resnick, in Klopper, 2001:61).

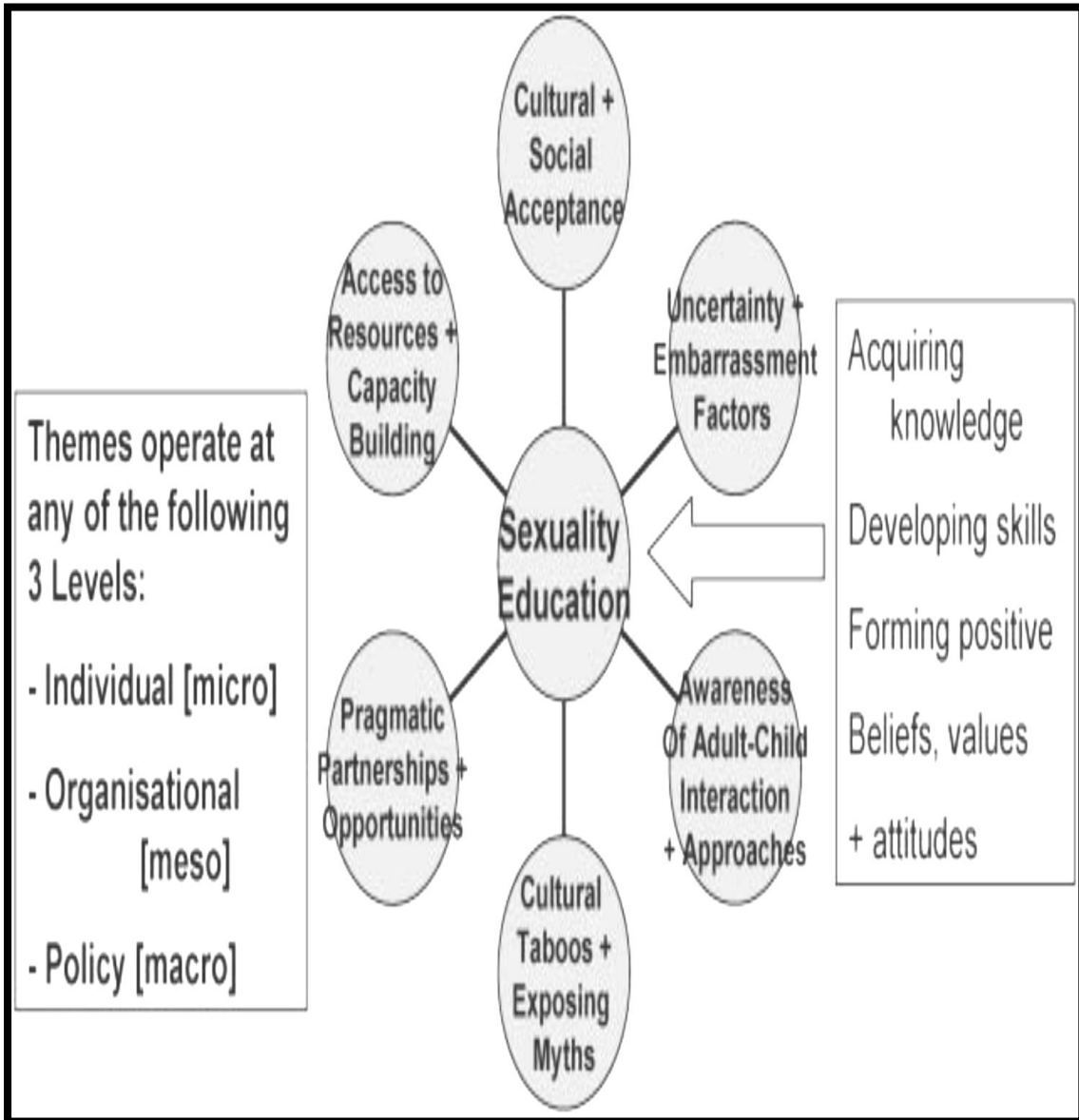
An individual who is an older generation receives, in this case, information regarding HIV prevention. The information received can be in the form of conceptual, episodic, procedural, declarative or descriptive knowledge. It is integrated into the existing cognitive outline in the brain, and the memory was correlating the new information to existing similar information through the process of subsumation. Hence, although HIV is a new disease, older generation can relate it to their existing information, based on previous experiences that are relevant to the concept of HIV prevention knowledge. Information and communication offer solutions to many obstacles, such as “lack of communication, cultural barriers in transferring HIV prevention knowledge and enable appropriate behavioral changes and counter the dangerous social consequences of misinformation and myths about the disease” (Forman, 2005: 173).

However, at the same time, “a persistent social and often political silence about the denial of HIV and AIDS” can limit the effectiveness of communication about the disease (Forman, 2005: 181; see also Tomaselli, 2011). In this regard, knowledge was well defined and discussed in details, in order to show why it is necessary to transfer HIV prevention knowledge to the younger generation.

The figure below illustrates the importance of acquiring the knowledge construction and the barriers associated with the transfer of HIV prevention knowledge. Ultimately, it is essential to acknowledge the way HIV knowledge is required, the myths and barriers surrounding the process of transferring it and the interrelationship between an individual and his or her wider socio-political context, (UNAIDS, 2012:27). Through sex education, people should be aware and be able to expose cultural barriers and myths in transferring HIV prevention knowledge.

**Figure 1: HIV and AIDS Knowledge Construction and Transfer Barriers**





## 2.6 Targeted Interventions for Prevention

There are many researchers who have attempted to discuss culture as a barrier in transferring HIV prevention knowledge, and many ideas and suggestions have been brought forward on this topic (Martin et al, 2010). Once the respective natures of these various components of the cultural behaviour context are better understood, researchers and interventionists might be in a better position to identify ways of making an impact on the context, in order to allow for a wider range of choices with regard to HIV and AIDS preventive measures. According to Connolly (2008), the development of a culture in response to sharing HIV prevention knowledge would need to be achieved, and it should be guiding and perhaps restraining culture, rather than as an individual response based on rational choice and response. Herein lies the challenge: addressing the context

which gives rise to and reproduces the recital of such a high-risk, unhealthy sexuality amongst the younger generation with regard to HIV and AIDS (UNAIDS, 2010).

Kunda (2012), underlines the need to gain an in-depth understanding of the cultural and sexual scripts obtained from younger generation, which is critical for the appropriate design and implementation programme to address HIV spread among younger generations. Programmes that only focus on the rational dimensions of human behaviour are more likely to miss their target audience. Some of the findings of the study indicate that younger generation has varying perceptions of love and sex. The study found that the concept of love is admired, but does not translate into sexual relationships. In some cases, younger generation prefer to cohabit in order to get to know their partner better, while for others “it is an expression of love, without the legal or religious prescription” Phetla et al., 2008:506.

Kunda (2012:106) argue that cultural determinants can also play a significant role in influencing the sexual choices and practices of younger generation. However, many organisations have indicated that HIV programmes do not always take the influences of culture into consideration. In other cases, culture was often identified as an excuse for risky sexual behaviour (evident in the feedback from *One Voice*) where people pursued their own sexual desires and pleasures, and aligned them with their cultural practices (Bowers et al, 2009). Given the complexity of how culture is adapted and used when considering risky sexual behaviours, it is imperative to hold discussions with younger generation before designing an HIV programme (Govender, 2010).

Several HIV programmes therefore run the risk of failure as they do not explore the factors that contribute to risky behaviour, and how participants make sense of these factors when interpreting HIV programmes. The only way in which these complexities can be addressed and integrated into HIV prevention programmes is through the active communication and openness between older and younger generations. More specifically, transparency will encourage a process of dialogue to facilitate discussions on complex issues such as cultural influences, sex and HIV (Kincaid, 2009; Figueroa et al., 2002; Kunda, 2009). The active engagement with younger generation on these various discourses then provides a framework for developing more effective intervention on HIV prevention knowledge.

A similar study was conducted by Dunkle (2008), who emphasizes that sexual activity occurs among younger generation, most of whom are aware that this puts them at risk of falling pregnant or contracting HIV. Their knowledge is not detailed, however, and myths are common. For

example, many younger generation think that a younger woman cannot get pregnant the first time she has sexual intercourse, or if she has sex standing up. This highlights the deeply complex nature of the social and cultural knowledge and myths pertaining to sex and HIV among younger generations.

Often, younger generations are deprived of life-saving HIV and AIDS education because older generation consider the information to be too adult for them. These attitudes hinder HIV prevention, as it is crucial that younger generation have full information about HIV and how it is acquired, before they are sexually active (WHO, 2006). However, the complex understanding required to interpret an HIV and AIDS message within a cultural context, which includes unequal sharing of information that limits communication about issues related to sex between older and younger generation, often facilitates the spread of HIV and AIDS (Shisana et al., 2014: 65). Therefore, cultural attitudes often discourage open discussions about HIV and AIDS prevention (Price, 2009). This is because older generation and religious leaders believe that such education will lead to promiscuity (Kirkman, 2005). For instance, in South Africa, as well as in many other African countries, older generation are uncomfortable and hesitant about encouraging dialogue on issues of HIV prevention or sex with the younger generation (Mishra, 2008).

In this regard Kabamba (2010), argues that it is almost impossible to empower younger generations who are unaware about HIV and AIDS transmission, because sexual behaviour is one of the most significant factors in the spread of HIV. Therefore, a great deal of sensitivity towards cultural beliefs about sexuality and sexual practices is needed in order to share HIV prevention knowledge between older and younger generation. The sharing of knowledge implies two-way communication: giving and receiving information. In this context, it means that transferring HIV prevention knowledge from the older to the younger generation involves identifying the major factors which affect the entire process (Gibson, 2006).

In the same vein, Adjave and Aborampah (2004) state that it is very important to learn from older generation, as they are seen as the embodiment of the past, as well as people with the largest store of memories from the past. In the same way, Aborampah (2004), indicated that cultural and social networks are important factors contributing to stability and continuity in any given society. Found that among the Akan tribe of Ghana, solidarity among the extended family members acted as a bond within individuals; and elders were the main channels of cultural perpetuation. Older generation tended to play a vital role in terms of the economy, politics, and status, and they should be also responsible for teaching younger generation, (Selikow et al., 2009:108-109).

Price (2009) and Aborampah (2004), discussed the HIV epidemic in Southern Africa which exists within a cultural context that often facilitates the spread of HIV and AIDS. This context includes unequal sharing of information that limits communication about sex between older and younger generation. Other authors, such as Airhihenbuwa (2004), further stated that cultural attitudes often discourage the open discussion of HIV prevention, and South Africa is among the many countries which are slow to teach the younger generation. In too many instances, older generation is hesitant to encourage dialogue in the transfer of HIV prevention or sex knowledge between older and younger generation, (Wamoyi et al., 2010: 2). HIV prevention knowledge appears to be a taboo in many African cultures, but more specifically in the South African culture (Mishra, 2008).

This suggests that beyond the use of communication as a channel for sending and receiving information, it is a resource to facilitate effective responses towards addressing issues of HIV and AIDS. Communication, in this sense, allows for an ongoing dialogue and becomes a medium beyond the transferral of messages, and one of discussions about responses and messages. Parvanta et.al (2011:84) suggested that communication can be used as a medium to discuss specific issues related to health problems and further highlighted that it has a final goal of “translation of science into practice”. Therefore, communication has the ability to link “epidemiological research and social science research in planning effective communication interventions between younger and older generation while ensuring quality service delivery” (UNICEF, 2010:1).

The progression from the top-down, linear flow of communication to a more interactive dialogue is viewed by many scholars as being the key to facilitate discussion amongst communities involved in the development process (Kincaid, 2009). Central to this discussion is the notion that people involved have the ability to discuss, negotiate and make collective decisions. Communication programmes or interventions to address issues of HIV that are created by ‘experts’ and then transmitted to the audience in a one-way, linear fashion are doomed to fail (Forman, 2003; Ford et.al, 2003; Govender, 2011:70).

HIV prevention communication in Africa and South Africa therefore requires a move away from debates about whether HIV is a health-related problem or a development problem. Consideration of all the contextual and conceptual factors affecting the HIV pandemic has not combated the spread of HIV, resulting in a call for health practitioners and researchers to review the real context. This real context is participation, and it is necessary for us to review, recognize and apply genuine

participation (Govender, 2010). The ongoing agenda setting by culture agencies challenges the freedom of younger generation to address the needs of their respective communities, and this epitomizes the recurrence of the modernization era, in what appears to be an empowering development era that is supposedly characterized by dialogue and diversity. Among the many conceptual factors that influence the silencing of the younger generation as the African voice, the issue of how to enhance the older generations' openness needs to be re-negotiated (Lunn et al., 2009). Bowers et al (2009:5) also argued that the voices of older generation are so quiet as to be practically silent or indistinguishable from the other people who speak on their behalf.

Younger generation has “powerful statements to make about their own situations, their narratives are powerful: they are insightful; they are veridical; they are deeply engaging; and most importantly, younger generation have stories that can inform theory and practice” (Cameron & Theron, 2011: 205). This suggests that younger generations' participation in HIV prevention as prevention mechanism contributes to what we understand about their experiences in practice, and how this is formulated into theory.

Involving younger generation in duty and local services is a recurring song in older generations' social care, but as Scherer (2010), indicated, there is not always clarity regarding what this might mean in practice. As Bowers (2009), argued, there is a long way to go to ensure that people have a voice, choice and control in day-to-day decision-making, let alone the meaningful involvement of older generation with high support needs at a more strategic level in the development of services. Part of the problem is that members of this group get few opportunities to come together and develop a shared voice (Branfield, 2010).

Munroe (2011b), also highlights the issues of preparing for a replacement as leader of the family, and older generation possess a certain responsibility as leaders. The author notes that the greatest obligation of true leaders in this case is transferring the knowledge, wealth, experience, influence, relationships and understanding to the next generation. The word 'obligation' means an accountability that one has towards the future. It is not wise enough to transfer a title, facility or building to the younger generation (next generation). It is more important to transfer one's knowledge, experience, and values - the things that have helped one to succeed. Sharing the abovementioned with the younger generation as next generation is more important than giving them money and wealth. A true, responsible leader or member of the older generation should take what made him/her who he/she is and give it to someone else. This means that one must transfer one's way of thinking to another person. This requires a lot of intimate time together, carrying out

the envisaged transfer - the mentor must devote time to the potential successor which is one way of exposing younger generation (Munroe, 2011:8).

## **2.7 Exposing younger generation to HIV prevention**

A study which was conducted by (Magnani et al. (2005), revealed that exposing younger generations to HIV prevention knowledge and reproductive health knowledge, skills and behaviours may have a positive impact on them, helping them not only to acquire knowledge about reducing the risk of HIV, but also to change selected behaviours.

Griffiths (2008), explored how information can be transferred through learning from other people in a wide variety of domains. Consequently, systems of knowledge and behaviour are culturally transmitted in human populations. While the theme seeks to understand the consequences of cultural barriers in HIV prevention knowledge for subsequent generations, the following questions need to be asked: How does cultural transmission work in older generation when they are being banded? What products do cultural evolutions deliver? How has culture interacted with biological evolution to shape our species?

The teaching and rearing of younger generation are now left in the hands of modern school teachers, who have themselves been deeply affected by the storm of cultural changes associated with Western influences. In order for younger generation to fight HIV and AIDS effectively, older generation and members of the extended family should rise up to the challenge. Basic home education, which involves sharing of information on the cultural virtues and normative principles of social life, should be re-affirmed (Powell, 2008; see also (Simbayi, 2004). A central aspect of this education programme is equipping younger generation with HIV prevention knowledge in particular (Bankole, 2007). If the younger generation is brought up with the fear and respect of moral sanctions, they may not be victims of HIV and AIDS. However, in order to perform this duty, older generation should first look at themselves. Their lives should be a shining example, a role model for the younger generation, and a good foundation for HIV and sex discussions between younger and older generation (Naik, 2008).

In the same vein Bankole (2007), have pointed out that there are older generation who are sexually abusing younger generation, while other educators feel that sex education is the role of older generation. Yet others feel challenged due to older generation “living in the dark ages”, and do not want sex knowledge to be given by them to their children, (Bastien et al., 2011). In the researcher’s view, older generation should be skilled beforehand so that they can share their

knowledge effectively. Some believe that sex education is the responsibility of older generation, while others realize the dilemma of the situation, as many older generations are not sufficiently equipped on how to approach younger generation on the topic. Although older generation are considered in the literature to be significant sources of sex information, they also maintain that the younger generation should learn a lot from older generation as they perform tasks at home.

Since older generation faced different challenges in their youth from the current generation, communication with younger generation about HIV prevention or sexual issues could encounter difficulties. This barrier could prevent older generation from sharing their knowledge and experience with younger generation on issues such as the acceptable time to have sex. This could lead to, among other things, false perceptions, myths, high teenage pregnancy or HIV-related stigma (McGinnity, 2008). Therefore, communication between older and younger generation has a significant role to play in shaping attitudes towards HIV prevention knowledge and other HIV-related issues. This establishment of open communication is important in relation to the younger generation's current situation.

In fighting HIV among the younger generation, it has been realized that AIDS is too complex to be tackled by a single approach, because its causes are a combination of many factors. Therefore, all societal levels should take responsibility, especially older generation who are considered as their role model and spend most time with them. This approach is a way of including and exposing younger generation from community and national level, with the aim of allowing and encouraging younger generation to contribute in HIV fight as younger generation, (Commonwealth Secretariat, 2008:51).

## **2.8 Younger Generation fighting HIV in South Africa**

The major predicament identified in South Africa is a lack of coordination in planning and implementing interventions for fighting HIV and AIDS (ADF, 2010); Ernst, 2004). The manner in which programmes are run is reported to be one of the reasons for their failure.

Therefore, a multifaceted, innovative and comprehensive approach to HIV and AIDS awareness is needed, by transferring HIV prevention knowledge from older to younger generation (Beth Johnson Foundation, 2011). Behavioral interventions, as well as peer, older generation, family, school, faith-based and community programmes must be implemented, in order to significantly reduce the risk of HIV among the younger generation. Achieving an HIV-free generation in South Africa, depends on the combined efforts of policy makers and strategists (UNESCO, 2009b). This

openness from the older generation will contribute significantly to the growth and stability of the younger generation, by having credible sources of information. In essence, the current generation's vision can be picked up by another generation and continued (Well, 2005).

After analyzing the entire discussion by the abovementioned authors in this regard, it is evident that there is still a gap that needs an intervention, in order to move forward. It is very important to learn from older generation, as they are seen as the incarnation of the past, as well as people with the largest store of memories from the past (Aborampah, 2004). As they are always saying in Zulu proverb that: *umuntu ngumuntu ngabantu*, which means a person, is a person through other persons. African philosophers are fond of saying the following: "I am because you are". In the same vein, someone who is passionate about culture stated that his grandfather taught his father, and his parents passed this on to him and his siblings, and what we have in our minds will not be forgotten when we pass it on to our children, it is like a story that nobody will forget (Mandela, 2005).

This means showing unconditional love for the next person, understanding and seeking to fulfill the next person's needs, celebrating with the next person when he/she is happy, and feeling his/her pain when he or she is hurt. The Xitsonga expression "xamina ixawena, xa wena ixamina" (yours is mine and mine is yours) succinctly describes this concept. In a traditional African community set-up, children were the responsibility of all the adults, and any adult other than the biological parents could send any child on an errand, reprimand and even punish the child, and the child would not even report to his/her biological parents about having been punished by the next door neighbor, for fear of further punishment by his/her parents. It was the same way when it came to educating them. Therefore, it is essential to equip younger generation through HIV prevention knowledge without looking at where they are coming from, this will reinforce them fight while they are aware of what they are doing (Gould & Miskelly, 2010).

### **2.8.1 HIV awareness campaign among younger generation**

HIV and AIDS knowledge among younger generation is of great concern in South Africa, where HIV prevalence among 15 to 24 years old is 10.3%. As in many other less developed countries, the primary method of HIV and AIDS transmission in South Africa is heterosexual intercourse, (UNAIDS, 2006). Numerous HIV and AIDS education and prevention programmes in South Africa have operated under the premise that awareness of younger generation and other high-risky groups is the key to reducing the spread of the disease,(Chikovere et al., 2013:2).

UNAIDS (2010), expressed that HIV prevention among younger generation efforts in South Africa are at critical stage. However, reviewers have found that younger generation are sexually



active and do not think of themselves as personally at risk of HIV infection, and misconceptions. They also not think about the HIV prevention, and treatment of HIV and AIDS still exist. The older generation and other media have a crucial role to play in promoting awareness of HIV prevention knowledge. However, more awareness is needed to make sure that younger generation is aware of the current situation.

Given the direct impact of the pandemic on all areas of their lives, there is a need for more relevant awareness on HIV prevention, particularly on issues of abstinence, delaying sexual debut, faithfulness in relationships and condom usage, as well as safer sexual choices for multiple and intergenerational relationships. Frances et al. (2009) suggest that investing in awareness and prevention saves lives, improves the health of the population, and saves money for government, business, health care, families and individuals. Beyond issues of prevention is the need for messages and programmes that address key determinants of infection and risky sexual practices of younger generation. These messages should reflect the lived. Experiences of younger generation should address widely-held myths, as well as issues of interpretation, negotiated meaning and how this translates into practice. This requires a review of communication processes for the development of HIV programmes, which are younger -specific and younger -informed, and aware of the truth.

Awareness is needed now to stop the complacency and risk-taking that are fueling HIV epidemic. Levels of knowledge and awareness of HIV around the world remain worryingly low. A lack of awareness around how HIV is transmitted has resulted in many misunderstandings and taboos which surround HIV today. There is strongly need for a global awareness campaign as empowerment tool to neutralize the effects of HIV.

### **2.8.2 Empowering younger generation with HIV knowledge**

Empowerment is a process of being empowered, or the process of helping younger generation to assert control over the factors which affects their lives. This encompasses both the individual responsibility in HIV prevention knowledge and broader institutional organization and societal responsibilities in enabling younger generation to assume responsibility for their own health.

Empowerment of younger generation has been identified as an important factor in promoting better HIV prevention knowledge. Younger generation indicated that participating in the educational workshops, sharing knowledge with older generation about rights and sexual health information, and instilled positive values and behaviors change. This included older generation

openly and honestly discussing about sexual health topics, expressing desires and needs, and knowing what information and attitudes are socially appropriate. Younger generations who actively participate in the programs are empowered to overcome adversities they otherwise would have been ill-equipped to confront. This should start by knowing yourself or self-empowerment means to gain knowledge and understanding of the self (Roche et al 2005).

In the context of HIV prevention knowledge, younger generation should be well empowered, and equipped with the relevant knowledge from the significant sources, which will guide them in their future otherwise their future might be without direction. Failure to address adversity at this time leads to lifelong deficiencies and compromises future for the younger generation (USAID. 2012).

In order to make change in the lives of younger generation, they need to be involved in learning to view themselves as the experts about what they need and what is involved in taking care of themselves. They need to learn to become empowered. Once this attitude develops, both younger and older generation should be quite vocal about what their needs are and be part of the change agent. The empowerment tool might create a constructive ambiance for both older and younger generation.

## **2.9 Creating a favorable environment for younger generation**

Talking to younger generation should be a way of life. Younger generation learns from older generations' behavior, and if a loving and open environment is created, one is more likely to find that younger generation respond when one wants to talk. If one shouts and often uses abusive language, it is likely that younger generation behave in the same way. Younger generations who witness violent and abusive behavior are more likely to become violent and abusive (Nobleman, 2010:7). It is important that younger generation receive age-appropriate sexual health knowledge and develop practical skills for keeping healthy.

The older generation can help families by providing culturally meaningful learning opportunities in safe and non-judgmental environments, so that younger generation can learn about sexuality in a healthy and positive context (Wight et al., 2006). Learning about sexuality and achieving sexual wellbeing are lifelong processes that begin at birth and continue throughout their lives. Older generation and guardians should be the primary sex educators of younger generation, due to the sex-related knowledge that they receive from many other sources in their entire lives. Some of them may have a more negative than positive impact. Schools and other community-based

organizations can be important partners of older generation, in order to provide younger generation with accurate and developmentally appropriate sex-related knowledge (Wight et al., 2006).

Recognizing the multiple aspects of an epidemic, which continues to grow in spite of all efforts to halt it, UNESCO favours the comprehensive consideration of the specific cultures of the populations targeted by HIV and AIDS programmes. This socio-anthropological approach encourages the mobilization of the cultural resources of such populations in fighting the epidemic, in order to diminish effect of HIV among younger generation. Several scholars, including Airhihenbuwa (2006) , agrees that attributes of a culture that are positive in terms of the conduct of HIV and AIDS prevention, care, and support programmes should be identified and harnessed (Kunda, 2012:106). Airhihenbuwa et al. (2004) found that entertainment-education can stimulate individual-level change, as well as system- level change. Therefore, cultural competence is critical in delivering culturally-sensitive HIV and AIDS knowledge or services to targeted communities, especially the younger generation (Le Grange, 2011:71).

The challenge that older generation face in transferring HIV prevention knowledge is the fear that informing younger generation about sex might cause them to become sexually active. In reviews done in Cambodia, Haiti, Malawi and Zimbabwe, shows that older generation felt that younger generation aged 18 to 25 should not be taught how to protect themselves (Rasamimari et al, 2008). However, a review of more than 50 sex education programmes around the world found that younger generation are more likely to delay their sexual activity when they are provided with correct knowledge about sexual and reproductive health (Rasamimari et al, 2008). In addition, when the younger generation do start having sex knowledge, they are more likely to protect themselves against unwanted pregnancy and STIs, including HIV. Good-quality education fosters analytical thinking and healthy habits. According to Shobo (2007), a better educated younger generation is more likely to acquire the confidence and social skills to protect themselves against HIV.

In addition, interventions have failed to address the key drivers of HIV in the region. They have remained focused on individual determinants of risk and behavior. Despite their best intentions, such interventions, as Leclerc-Mandlala (2009:103), indicated, are likely to have as limited success as past prevention efforts if the cultural milieu in which sexual communication is practiced, located and reproduced remains poorly understood, unaccounted for, and is not addressed in prevention programmes.

Gould and Miskelly (2010) argued that older generation should play an important role in creating a safe environment for the younger generation. They can do so primarily by advocating for people to go back to their roots through the promotion of cultural practices that can help in the fight against the pandemic, notwithstanding the need to adapt some of these to current circumstances. In dealing with the stigma associated with HIV and AIDS, the African concept of Ubuntu will go a long way in ensuring that infected and affected people are still accepted and not discriminated against, but rather cared for. However, HIV knowledge and how to prevent it is still lacking, particularly among younger generation in a number of countries, including South Africa, especially in Sunnyside in particular.

According to Rose (2007) and Drimie (2003), the loss of younger generations' inheritance rights occurs when older generation confiscates their rights to acquire fresh knowledge from known sources. One needs to understand the realities of the world in which younger generation are growing up, as HIV is one of the biggest challenges facing South African younger generation today, as is the case in the Sunnyside area, where younger generation from Sunnyside are engaged in risky and unsafe sexual behaviour. However, younger girls are being targeted by older men for sex, especially if these young girls are virgins (HRSC, 2008).

The number of studies have shown the gap between the younger and older generation in transferring HIV prevention knowledge in different part of the world, but few literature exist in developing countries particularly in South Africa on why high level of HIV transmission is prevalent. Therefore, this study will add more knowledge and understanding of the matter discussed and provides guideline that could help bridge this gaps.

However, this study intended also to contribute to the existing knowledge as well as to understand and provide first-hand description of participants' personal stories on how they intend to help each other (older and younger generation) by providing HIV prevention knowledge with basic communication improvement which enables them to protect themselves against cultural barriers. Therefore, the study aimed also create a conducive environment which will encourage both younger and older generation to learn from each other and pass on the knowledge to the next generation.

## **2.10 Conclusion**

This chapter discussed the nature of HIV and AIDS and the rationale for the study. The overall picture of HIV and AIDS in South Africa and some African countries was provided, with reference to the existing literature on this topic. This highlighted the type of knowledge that older generation should have and the seriousness of the disease, as well as the critical state of the country. The weaknesses and targeting interventions were also outlined. Finally, the researcher examined studies on knowledge of HIV and AIDS, and the way in which this knowledge should be applied to both younger and older generation.

There appears to be various barriers to openly transferring HIV prevention knowledge and sex to the younger generation, and this has the negative effect of perpetuating myths and misinformation, and increasing infection rates among younger generation, which works against mainstream educational and awareness campaigns. Disapproving attitudes from older generation towards

younger generations' sexuality create a climate of distrust, blame and suspicion, which is not conducive for younger generation to access HIV prevention knowledge and support services. Lack of knowledge among younger generation leaves them with no choices, which expose them to greater risks of becoming infected with HIV. Therefore, older generation should talk openly about sex and sexuality with younger generation, in order to empower them with self-confidence and give them a sense of control over their lives. As the saying goes, charity begins at home, and it would be best therefore to start teaching younger generation at home, so that they will be well equipped to protect themselves and their future.

Mutual understanding can strengthen social cohesion, as younger and older generation will be more at ease with each other and more likely to speak to one another, which can often result in the better use of public space. Education has always been regarded as the foremost setting for the formal transfer of knowledge and skills, and research highlights the benefits of incorporating the sharing of knowledge with the next generation into formal and informal education. The impact of prior educational experiences on the current cohort of older generation cannot be underestimated when it comes to transferring their knowledge to the younger generation.

## **Chapter Three: Theoretical Framework**

### **3.1 Introduction**

In this chapter the researcher provides the different learning theories used to explain, inform and motivate the purpose and objectives of this study. Furthermore, the adopted theories enhanced the understanding of the complexity of the research topic as they allowed the researcher to explore the meanings of social learning and cultural learning theories interaction in the topic of the research at greater depth. The two theories chosen are the Social Learning and Cultural Learning theories. The researcher used some of the assumptions of these theories to enhance the creditability of the key findings by reflecting on the manner in which they assist understanding or support some of the findings. Both theories support the interpretative nature of the research as there is limited research or studies on this topic in the South African context in exploring cultural barriers in transferring HIV prevention knowledge from older to the younger generation.

The objectives of this study were to explore cultural barriers in the transfer of HIV prevention knowledge from the older to the younger generation in South Africa with specific focus to South Africans living in Sunnyside, Pretoria in order to respond to the research objectives. This chapter covers the following sections: the two chosen theoretical framework, social learning theory and cultural learning theory and how the two theoretical frameworks complemented each other in support of the study

### **3.2 Social learning theory**

Social Learning theory was delivered by Robert Sears and other scholars in an attempt to merge psychoanalytic with stimulus- response learning theory into an inclusive explanation of human behaviour. Sears and others in 1954 drew their findings from the clinical richness of psychoanalysis and rigidity of stimulus- response learning. Bandura (2006), conversely, abandoned the psychoanalytic and drive features of the approach. His approach emphasized cognitive and information processing capabilities that facilitate social behaviour. Both theories proposed were envisioned as a general context for understanding of human behaviour, but Bandura's theory provided a stronger theoretical basis (Bandura 2006).

Social Learning theory is a perspective that states that people learn within a social context, where people learn from environment and seek acceptance from society by learning through influences, (Sellers, 2003:87 and Bandura, 1977). In this case younger generation will be influenced by older generation while they are learning from them the positive aspects which made them to be vigilant and start reflecting the knowledge learned from them. The study is in micro level that is why one decided to use qualitative research design which focussed on individuals and small group.

Social setting plays a vital role in shaping individual's behaviour. Cormier et al, (2008:574), claim that individuals' environment has a great influence in determining their social learning level through knowledge gained in their life time. Social learning theorists acknowledged that individual experience is important; especially in terms of older generation who are embodiment of the past. They also believe that the identity that certain people acquire is formed more by the behaviours and attitudes from their peers. The individuals that are observed are called models. In society younger generation are surrounded by many influential models, such as parents within the family, media, TV and friends within their peer groups. But it is very important to consider the older generation as a role model to be observed as well as imitated, (Mearns, 2009).

However, the theory strongly implies that there are types of learning wherein direct reinforcement is not the causal mechanism; rather, the so-called social learning element that can result to the

development of new learning among the younger generation as individuals. Social Learning Theory has been useful in explaining how younger generation can learn the new aspects, new knowledge and develop the new knowledge by observing the older generation. It is to assume, therefore, that Social Learning Theory is concerned on observational learning process among younger generation. This way can lead younger generation to the open interaction with older generation, (Bandura, 2006).

The theory states that social interaction is a process of meaning, interaction and interpretation of social realities by individual people (Dillion, 2010:258-259; Aksan et al, 2009:902-903; Appelrouth & Edles, 2008:476; Brickell 2006). This understanding of human interaction is based on three main assumptions namely: social interaction is between an actor and his or her social world; second is about the view of actors who are the older generation on the social world as a dynamic process of exchange of meaningful interaction; and the third, is about the actors' ability to interpret their everyday lives into a meaningful exchange of HIV prevention knowledge and words based on the shared definition of the situation.

However by learning together, both older and younger generations were able to explore the cultural barriers that affect the transfer of HIV prevention knowledge from older to the younger generation. Therefore they will be able to influence the behaviour of not sharing information by learning from the older generation. Social learning theory assisted in analysis of the research finding from the selected participants.

### **3.3 Cultural learning theory**

Cultural learning theory states that an individual's learning is a product of his or her cultural background and upbringing. In this study the researcher reviewed the theory on learning, the role culture plays within the theory, and the advantages and disadvantages of using culture as a means of understanding learning and their impact on transferring HIV prevention knowledge, (Kats et al, 2010).

Cultural Learning theory is the way individual or groups of people within a society tend to learn and pass on their knowledge. Learning methods are greatly influenced by how a culture socializes with its younger generation (Chang 2010: 99). Some scholars believe that cultural learning differences may be responses to the physical environment in the areas in which a culture was initially founded (Javidan et al, 2006). This also goes with the three objectives which are as follows: to explore the cultural barriers which affect an individual or group of people within the society tend to learn the knowledge, to assess the effect of cultural barriers on transfer of HIV



prevention knowledge on the individual or the group of people within a society tends to learn and pass on their knowledge and lastly to suggest the ways through which the transfer of HIV prevention knowledge from older to the younger generation can be improved, so that the concerned people can be able to learn without limit.

Edelman, et al, (2013:132) stressed that certain individuals are attached to their cultural values and immediate community which can be noticed in their health-seeking behaviour. The researcher thought when younger generation are told to listen to the words of the older as one form of learning his cultural values. The above was realized during the study, for instance, attitude and norms also influenced both younger and older generation within their processes of learning from each other.

Cultural learning theory is also known as cultural transmission which is a process and method of passing on socially learned information or knowledge. Within a species cultural transmission is greatly influenced by how adults who socialize with younger generation. Differences in cultural transmission across species have been thought to be largely affected by external factors, such as the physical environment, that may lead an individual to interpret a traditional concept in a novel way. The environmental stimuli that contribute to this variance can include climate, migration patterns, conflict, suitability for survival, and endemic pathogens. Cultural transmission is hypothesized to be a critical process for maintaining behavioural characteristics over time, and its existence relies on innovation, immigration and communication to create and propagate various aspects of behaviour seen today (Idris et al, 2013).

According to Richerson and Boyd (2005), culture is defined as individual behaviour patterns, shared by members of communities that are to some degree reliant on socially learned and transmitted information. In addition, culture is not passed on genetically from parent to offspring, but rather learned through experience and participation, which makes the evolution of cultural transmission greatly reliant on intra-species traditions with peers and offspring is much higher than that of one individual spreading some aspect of behaviour to one or more members. This is why cultural transmission has been shown to be superior to individual learning, as it is a more efficient manner of spreading HIV prevention knowledge and allowing younger generation of species to collectively inherit more adaptive knowledge. This process by which offspring within a species acquired his/her own culture through mimicry or being introduced to traditions is referred to as enculturation. The role of cultural transmission in Cultural Revolution, then, is to provide the outlet, for which organisms create and spread traditions that shape patterns of behaviour visible over generations (Tomaselli & Chasi, 2011; Ige & Quinlan, 2012; Durden & Govender, 2012),

Cultural learning and social learning theories would be used as a theoretical framework through which the results or findings will be analyzed or interpreted. Social learning theory considers the formation of one's identity to be learned response to social stimuli. Behaviors and attitudes develop in response to reinforcement and encouragement from the people such as older generation surrounding younger generation.

A primary role of culture is to provide a consistent and stable environment or framework whose goal is to ensure or, at the very least, enhance, the survival of the group, (Peltzer, Parker, Mabaso et al., 2012: 1-2). In relation to the second objectives of this study which is assessing the effects of cultural barriers on the transfer of HIV prevention knowledge from older to the younger generation can be known. Cultural learning theory helped the researcher to penetrate the cultural barriers in Sunnyside and restore the process of transferring HIV prevention knowledge in dignity way. It comes up with a positive process of learning from older to the younger generation, (Van Schaik and Burkart, 2011).

Both cultural learning and social learning theories would be used as a theoretical framework through which results or findings will be analyzed or interpreted. Social learning theory is a theory which considers the formation of one's identity to be learned response to social stimuli. Behaviors and attitudes develop in response to reinforcement and encouragement from the older generation to be surrounded by younger generation and learn more from them. While social learning theorists' acknowledge that childhood experience is important, they also believe that the identity people acquire is formed more by the behaviors and attitudes from older generation. Cultural Learning theory is the way groups of people within a society tend to learn and pass on their information. In this study older generation who acquired knowledge should pass them on to the younger generation through social learning and cultural learning. Learning styles are greatly influenced by how a culture socializes with its younger generation (Chang, 2010: 99). Some scholars believe that cultural learning differences may be responses to the physical environment in the areas in which a culture was initially founded.

### **3.4 Conclusion**

This chapter explained the chosen theoretical framework for the study. The viewpoints of scholars from different schools of thought on behavioral change perspectives were examined as well as their connection to the study. Furthermore, the literature review also provided detailed knowledge about the theories employed in the study. Recent critiques by several scholars of the theories in the study were also considered, as they were related to exploring cultural barriers of HIV prevention knowledge in the study. This chapter also justified the chosen theoretical framework based on findings gathered through the use of a selected methodology for the study. These theories were used not only to address the above, but also to motivate the reasons for the researcher's decision to use a qualitative research design. The next chapter will discuss the research methodology applied in the study.

## **Chapter Four: Research Methodology**

### **4.1. Introduction**

The aims of this study were to explore and examine cultural barriers that affect the transfer of HIV prevention knowledge from older to younger generation with specific attention to Sunnyside area in Pretoria. In addition ways through which the transfer of HIV prevention knowledge from older to younger generation can be improved and also explored in this study. This chapter provides research approach used in this study, it also give the methodology, data collection techniques, sampling methods and sample, data analysis and the limitations of the study. Ethical considerations are also highlighted in this chapter.

### **4.2. Research approach**

Qualitative interpretive approach was employed in this study using in-depth interviews as method of data collection. As a qualitative study, the aims of this study were to explore subjective perceptions and understanding of a particular group of individuals which come from their own experience and understanding. The key focus of qualitative interpretive research are subjective perceptions and

understandings, which come from experience, objective actions or behaviors, and the context in which all this occurs (Ulin et al, 2002).

According to Kumar (2004:16), qualitative interpretative method provides a “systematically, controlled, valid and rigorous establishment of associations of methods that permit the accurate prediction of outcomes under a given set of conditions”. Qualitative research is the type of inquiry in which the researcher studies people’s experiences and thoughts in their natural setting. By using a variety of techniques such as interviews and observations, and then reports the findings, mostly in the form of words rather than statistics (Chalisa & Preece, 2005:142).

In this study, qualitative interpretative approach enabled the researcher to capture and understand more fully, the interpretation of experiences and variations in participants’ responses judging from their own context and experiences and culture (Ulin et al. 2002).

The qualitative research allowed the researcher not only to explore in more depth the experiences, feelings and perceptions of practitioners regarding these cultural barriers, but also to obtain the voices and commitment of both older and younger generations. Qualitative research enabled the researcher to gain insight into and an understanding of the research objectives (Babbie, 2010: 296; Bell, 2010:18-22; Holiday, 2007:1-3). In other words, the researcher used qualitative approach because it provides insight into ‘the complex world of lived experiences from the point of view of those who live it’ (Babbie, 2010: 296; Bell, 2010:18-22, Holiday 2007:1-3).

The qualitative approach assumes that reality is socially constructed, and the researcher becomes the vehicle by which this reality is revealed (Holiday, 2007:1-3, Cavana et al, 2001:112). The chosen approach is consistent with the construction of the social world, which is characterized by the interaction between the researcher and the participants. Garcia and Quek (1997:459), argued that the researchers’ interpretation plays a major role in this type of study, because it brings subjectivity to the forefront, which is supported by substantial arguments instead of statistical precision. This approach enabled the researcher to establish meaning, thought and language regarding the cultural issues which are still influencing older generations’ transfer of HIV prevention knowledge to younger generation (Martin et al, 2010).

There are many reasons to believe that responses from participants were guided by their subjective perceptions and understanding, rather than the objective reality.

#### **4.3. Data Collection techniques**

Polit & Beck (2004:716), define data collection as the process of gathering the information needed to address a research problem. Taylor (2005:240) also explained that data collection tools in qualitative study are processes followed by the researcher to gather information from the targeted participants through techniques such as interview and observation.

In this study, in-depth interviews were used as the data collection tool. In-depth interview refers to a process whereby a researcher actively engages participants in conversation. In-depth interviews are useful in gathering rich data and information from questions that are mostly open ended. It is also useful when conducting research with few participants unlike survey research (Guion et al, 2011). The focus of these in-depth interviews was on perceptions, attitudes and participants' understanding of cultural barriers that affect the transfer of HIV prevention knowledge from older to younger generation with specific attention to Sunnyside area in Pretoria. In addition, ways through which the transfer of HIV prevention knowledge from older to younger generation can be improved was also explored during the interviews.

Aral et al. (2007:449:452), confirm that in-depth interviews provide researchers with detailed information about people's experiences. It also gives participants the opportunity to express themselves based on their own words. One-on-one interview techniques used in this study are among the methods commonly applied in qualitative research of few participants in the field of HIV. This was also due to the sensitivity of the research questions. In order to ensure that sensitivity and privacy were respected, participants were interviewed individually in a private room in Sunnyside, and interviews were audio-taped and transcribed to ensure accuracy.

#### **4.4. Sampling methods and Sample Techniques**

The nature of a qualitative research is to explore, describe, and understand human experience through the collection of intense, full accounts of the issues to be studied. Participants of qualitative research are therefore selected through snowballing and purposive sampling where the participants were chosen, and allocated due to the situation they went through in the field of the study, because of their ability to add to and enrich the structure and character of what is being or to be studied (Polkinghorne, 2005). Therefore, those individuals who can provide the most insight into an experience are able to provide rich information.

Snowball sample is a non-probability sampling technique is the method yields a study sample through referral made among people who share or know of others who possess some characteristics that are of research interest. The method is well suited for the research purposes

and is particularly applicable when the focus of the study is on sensitive issues such as HIV, possibly concerning a relatively private matter and thus requires the knowledge of insider to locate people for the study. In other words, snowball sampling is also a tool used by the researcher to collect data on the few targeted population who went through the situation and do not want others to know their social status, then asks those individuals to provide information needed to locate other potential participants, Merriam, (2009:77).

Purposive sampling is known as a technique whereby the researcher uses his/her personal judgment to select the key participants who can provide the best information to help achieve the objectives of the study, Kumar (2005:179). Purpose sampling technique is where the researcher relies on his or her own judgment by choosing the participants in the study, Babbie & Mouton (2001:166). In the case of this study, the participants were allocated, the researcher completed his judgment due to what the participants went through in their lives. The two sampling methodology used in this research was due to participants who were difficult to be identified due to their social status for example some of HIV positive people who were interviewed.

The researcher used these two sampling techniques, which involved locating the relevant experts who are knowledgeable about a given research and used the contact to get referrals for the potential cases to study. In the case of Sunnyside, those participants who were referred, had courage to refer their colleagues who had knowledge in the field of the study and the researcher concluded by using his judgement, Merriam (2009: 78). The sampling criteria employed in the study were as follows: six (6) from younger generation and six (6) from older generation South Africans residing in Sunnyside. They were all adults between the age of 18 to 25 in the younger generation and 40 years and above in the older generation who all voluntarily participated in the study. Participants in all these age groups were asked about their understanding, experience, perception and attitudes with regard to cultural barriers that affect the transfer of HIV prevention knowledge from older to younger generation with specific attention to Sunnyside area in Pretoria. In addition, ways through which the transfer of HIV prevention knowledge from older to younger generation can be improved were also explored from both young and older generation. Selection of both younger and older generations was important, because it provided unbiased and rich information, which present the voices of both young and older generation.

#### **4.5. Data analysis**

According to Streubert and Carpenter (2008:60), data analysis can also be defined as a mechanism for reducing and organizing data to produce findings that require interpretation by the researcher. In this qualitative study, thematic analysis was used to analyze the data. Neumann (2008: 61),

defined thematic analysis as the categorization of data into meaningful themes. It is a data analysis approach which focuses attention on identifying patterned meaning across a data set (Frost, 2008:2). It is used widely in various disciplines, such as the behavioral, social, health and educational sciences.

Since this is an interpretive study, it can be assumed that the attitudes, understandings, meanings and perceptions of the participants are derived from their own experiences and that reality is subjective rather than objective. This has important implications for research analysis. Thematic content analysis was therefore used. Five steps outlined by Terre Blanche *et al* (2006) were primarily used for analysis in this study, with some reference to other authors where applicable, and NVIVO 8 computer software was used to store and analyze.

The first step of data analysis was reading and developing an intimate relationship with the data. This involved becoming familiar and immersing oneself in the content to be analyzed. This step began long before textual analysis was undertaken; it commenced right from when interviews were planned and participants identified. This means that by the time data analysis began, the researcher already had a preliminary understanding about the phenomena being explored (Terre Blanche *et al*, 2006). Then, immersion again occurred in reading and rereading texts or transcripts of interviews and looking for emerging themes and developing tentative explanations. This step also involved noting the quality of the transcripts, including the portrayed neutrality in asking questions and responding to participants' answers, and the richness of detail in the field notes (Ulin *et al*, 2002).

Secondly, themes were identified. This was done using the same words, style, or terms used by participants themselves. These were then used to establish connections and infer general rules or classes from specific occurrences. Themes emerged from the text, rather than the researcher beginning with predetermined themes and fitting text to these themes. The identification of themes is more than simply summarizing content; it occurs with consideration given to processes, functions, tensions, and contradictions (Terre Blanche *et al*, 2006). Subsequently, the information relevant to this theme was displayed in detail, and then reduced to its essential points. Next, each theme was then examined in an attempt to discover the underlying core meanings and feelings of the participants, and then finally an overall evaluation and interpretation was done, assessing the emergent themes and how they relate to each other (Ulin *et al*, 2002).

The third step in data analysis according to Terre Blanche *et al* (2006), is coding. Data was marked at relevant instances as pertaining to one or more themes – these can be phrases, lines, sentences,



or even whole paragraphs. NVIVO 8 was useful for this as data can be efficiently stored, coded, and grouped. These were then easily retrieved as needed.

Fourth, elaboration occurred – as data was broken down into themes and coded, events and discussions no longer appeared linearly. Common topics, some of which were expressed in several ways, were grouped together under a single theme. Elaboration then occurred as each theme was studied and considered in more detail. This allowed for the more subtle nuances to be seen. (Terre Blanche *et al*, 2006).

The final step in data analysis according to Terre Blanche *et al* (2006) was putting together the interpretation of the data, and checking it. This is the written account, seen in subsequent chapters of this thesis, and is presented under the themes used for analysis. This interpretation has been reviewed, and identified weaknesses have been attended to. The researcher's personal role in the entire process has also once again been reviewed and considered.

#### **4.6 Limitations of the data collection techniques**

The limitations of the data collection techniques used in this study included the inherent internal conflict between the individual's subjectivity and the socio-cultural dynamics, which are group-defined. In an attempt to address this limitation, the researcher opted to involve younger and older generation in order to avoid biased views. This process privileged the individual's perspective with group-generated perspectives, using in-depth interviews.

Another limitation of the data collection techniques came from the role of the researcher himself. The influence of the researcher on a study cannot be underestimated, as he works as a type of filter, and in the process influences the study. In the same way, there was a dilemma regarding how the researcher would 'exit' after the completion of the study, considering the intimate information provided during data collection. This is especially relevant in view of the fact that the participants were fully aware that the researcher is a staff member of the University and has been involved in a community with a different cultural background. However, the researcher made an effort to be reflexive, and approached the study with an open mind, abandoning pre-conceived ideas as much as possible.

#### **4.7 Ethical considerations**

According to Fouka (2011: 4), research ethics demand an individual to make choices and actions in relation to participation in a study. The Office of Human Research Participants (2012:62), argued that research with human participants raises a wide range of ethical issues, which researchers need to address in order to prevent harm. Rooted in the Nazi experiments conducted on large numbers of prisoners by Germans, research with human participants is expected to comply with the three fundamental principles of respect, beneficence and justice (UNAIDS, 2003:3). One of the fundamental principles is to seek for the permission from a recognized body.

Permission to conduct this study was granted, and the research was ethically reviewed and approved by Social Science Research Ethics Committee. Please see **Appendix “C”**. Ethical Clearance provided by the University of KwaZulu-Natal (UKZN). Another principle is the informed consent. Informed consent is a critical ethical component when conducting research with human participants. Martha et al (2010:192), stated that informed consent implies that a person knowingly, voluntarily, available, intelligently and in a clear and manifest way gives his consent. On the same note, Sercombe (2010:9) argued that informed consent is a process whereby a participant is expected to understand the research procedures, risks and benefits of the study.

In this respect, a participant’s signature on its own is not considered to be adequate for informed consent, because informed consent must include four key considerations, namely: information exchange, comprehension, voluntarism, and documentation of the whole process (Royal College of Nursing Research Society, 2011:3). The goal of informed consent in this study was to respect the participants’ dignity by obtaining their written informed consent prior to the research being conducted. The consent was requested to record the voices of the participants during the interview for the study purposes, which in line with the guidelines by the National Institute of Health (NIH, 2011:31). The researcher informed each participant about his or her right to participate, clarified the purpose of the study, described and explained what would be done and specified the duration of the study, including the time that would be spent on the in-depth interviews. The risks and benefits were also outlined, without deception, in order to ensure a non-coercive process (Laura, 2010:1186). Participants in this study were informed that their participation would be voluntary; hence they were free to withdraw from the study at any given time if they wanted to. Find a copy of the Informed Consent Form here to marked, **Appendix “B”**.

Confidentiality was the third principle adhered to in this study. As Sercombe (2010:10) and UNAIDS (2003:3), asserts that confidentiality is a cornerstone of most professions and central to the maintenance of trust between the researcher and the participant. Individuals are free to give or withhold as much information as they want. Therefore, in this study, the researcher protected participants to the extent that information in their records and what they said during interviews

was not at any point linked to the participant's identity or disclosed without his or her consent. The limitations of confidentiality were discussed - for example, the disclosure of information if necessary, in order to protect the participant from risk of death or serious harm. (McCormick, 2012:10). Sercombe (2010:10), also argued that there are ethical problems in maintaining confidentiality. Therefore, there can be a breach of confidentiality in order to protect society or the participant from engaging in harmful acts. To ensure the confidentiality of participants' information, each participant was identified by a code allocated to him or her by the researcher at the beginning of the study. This was supported by Frank (2013:1), who emphasized that the use of codes helps in distorting details of interviews when transcription takes place. Participants were advised that the researcher would take all possible measures to ensure the confidentiality of the data.

#### **4.8. Conclusion**

The aims of this study was to explore and examine cultural barriers that affect the transfer of HIV prevention knowledge from older to younger generation with specific attention to Sunnyside area in Pretoria. In addition ways through which the transfer of HIV prevention knowledge from older to younger generation can be improved was also explored in this study. This chapter provided research approach used in this study, it also gave, data collection techniques, sampling methods and sample, data analysis and the limitations of the study as well as ethical considerations.

## **Chapter Five: Presentation of the findings**

### **5.1 Introduction**

This chapter presents Finding, Interpretation of findings and Analyses. The findings are from the interviews conducted with the two groups the study focused on; older and younger generation. The findings of study were categorized into and presented in different themes and sub-themes made up by the codes derived from the interviews.

These findings have been derived from data gathered during interviews with both older and younger generations participating in the study. Data was analyzed based on development of topics around participants' experience and stories, personal narratives, comparing, identifying similarities and differences across cases. However, it also included the researcher's personal reflections on the meaning of data collected and biases he brought in during analysis. The findings of the study include information regarding the barriers in transferring HIV prevention knowledge from older to the younger generation.

This chapter presents the results of the field research and analysis of the data collected, which attempts to achieve the objectives of the study, namely:

- To explore the cultural barriers in transferring HIV prevention knowledge from older to younger generations;
- To assess the effects of cultural barriers in transferring HIV prevention knowledge from the older to the younger generation; and

- To suggest ways in which to improve the transfer of HIV knowledge from older to younger generations.

This chapter is divided into 6 sections that commence by providing demographic information of the participants and includes the following: Age, gender, race, educational background and religion. This information is important because it allows one to understand how culture can shape knowledge and understanding of people given their age, gender, race, educational background and religion. In this study, such information helps understand how participants interpret cultural barriers in transferring HIV prevention knowledge from older to younger generation.

Data analysis is divided into three major areas and these include: the results, followed by presentation of data and discussion. The results present direct quotations from respondents, while presentation of the data divide it into sub-themes and discussed followed by last section of the interpretation of the data which discusses in-depth the findings.

## 5.2. Demographic information of the participants

**Table 1: Shows the demographic information of participants**

<b>Age</b>	<b>Number of participants</b>
Between 18-25	6
40 and above	6
<b>Gender</b>	
Male	7
Female	5
<b>Education</b>	
Primary	None
Secondary	1
Tertiary	11
Other	None
None	0
<b>Religion</b>	
Christian	11
Muslim	None
African religion	1

Other specify	None
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The process and purpose of selecting 12 participants was due to location of the participants who had experience and available to contribute in answering the objectives of this study. Men showed most interest and availed themselves to share their cultural knowledge on HIV prevention. As a qualitative study equal gender representation did not matter, because the voices of those who participated in the study do not necessary present all men or women in Sunnyside, but they provide a picture of the research problem without generalizing the interpretation.

### **5.3 Presentation of Data**

In order to answer to the objectives of this study, research questions were divided into different themes and participants were divided into categories (younger and older generation). Major themes focused on cultural barriers that affect the transfer of HIV prevention knowledge from older to younger generation, assessing the effects of cultural barriers in transferring HIV prevention knowledge form older to the younger generation and suggest ways through which the transfer of HIV prevention knowledge from older to younger generation can be improved to assist curb the growing prevalence of HIV among younger generation.

The researcher gave the code the most descriptive wording and turned them into themes. The researcher then assembled, in one place, data that belonged to each category and performed a preliminary analysis.

There are two kinds of categorizations; representing older and younger generation. Younger generation was in the age group of 18 to 25 years. The older generation was on the age range of 40 years and above. Due to confidentiality and anonymity, respondents in each category are represented by a code and a number. Respondents from younger generation are presented by code (YGR) followed by a number of a respondent, while participants from older generation are represented by code (OGR), followed by the respondent number.

### **5.4 Categorization of the question from (YGR):**

**5.4.1 Theme one: Cultural barriers that affects the transfer of HIV prevention knowledge from older to younger generation.**

The key questions addressed to participants in this theme were as follow: What is regarded as cultural barriers in transferring HIV prevention knowledge or sexual information from older to younger generations, to elaborate on the above question, a sub-question was posed to many people: what is stopping older generation (parents) from teaching younger generation about HIV prevention; whether introducing to the younger generation the talk about sex leads them to getting involved in sexual activity which might lead to HIV infection and the last question was to explore what would be an appropriate age for older generation to talk about sex to the younger generation or children.

The first question reads as follows:

- ***What do you regard as cultural barriers in transferring HIV prevention knowledge or sexual information from older to younger generations?***

In an attempt to explain their stance, one respondent stated:

*The relationship between older and younger generations is not well defined; everyone has his/her its own meaning and interpretation. People still need clarities in terms of HIV and sexual terminology. Age range is also a very big issue because older and younger generation do not relate to each other. The older generation does not feel comfortable to talk to the younger generation; there is a gap that needs to be closed. The younger generation is affected by the relationship; older generation is not open to the younger generation. Older generations are not willing to share what they know in terms of HIV prevention. Our parents were not informed by their parents on issues around HIV and sex and as a result our parents are unable to talk to us about HIV and sex, they regard it as a taboo and want us to explore things for ourselves said by a male aged of 20 years old (YGR 1).*

A different participant believed that:

*I believe that since the olden days there have been myths about HIV that were not understood properly by our grandparents and great grandparents who transferred their ideologies to their children who are our parents, HIV is a curse where I come from in the rural areas. HIV is believed to be inherited hence it should be avoided entirely, culturally people believe in myths, if someone in your family is positive it is believed another will also inherit it through genes. In the rural areas there is no communication between the government and the society (said by a female of 21 years old YGR2).*

Another participant stated:

*Our parents were not informed by their parents on issues around HIV and Sex and as a result our parents are unable to talk to us about HIV and Sex, they regard it as a taboo and want us to explore things for ourselves. Said by 22 years old female (YGR3).*

The following participant was concerned about the lack of communication between the older generation and their older generation which was not clear and that is why the younger generation is facing the consequences from the older generation.

*On the one hand, parents feel that they have an obligation towards directing the moral being and the upbringing of their children.*

*On the other hand, you have a state or government that aspires to have an informed and useful citizenship. These create a serious tension between the parent and the Government. Each one claim ownership for child's development. Social conditions, [how we grew up, what we are taught] ignorance and arrogance that culture is beyond reproach. HIV is a serious illness and must be treated as such. We need to be open about it, speak about it at all levels and platforms. Nothing and not even the age of a person should be a barrier, Prince v Massachusetts (1944. Said by the 23 years old male (YGR 4).*

The participant responded in the following way:

*Before you talk about generations, is believed that if they do not know anything then they will not do anything. Said by 20 years old female (YGR4).*

Another participant stated:

*Not so long ago we had a television interview and we had an older man saying I cannot speak to my kids about sex because it would seem like I am telling them to go and have it. I think parents are scared of what they might cause, but I think we need to speak about sex or we need to be selective about the things we speak about, check where your child is at, how old are they, and what experiences they are going through so you know what issue to bring about when talking to them.*

• ***Around what age do you think it's appropriate to talk about sex with children?***

*I would say 7 years, personally my Mom spoke to me about it when I was around that age, and she wasn't telling me all the graphic details but rather what sex is and the consequences of having sex at a young age, and I am grateful because when I had my first experience at 19 years it was an informed decision I took, my mom gave birth to me when I was a teenager so I am trying to avoid the whole situation by doing what she did. It's important because when kids grow up they are already empowered about AIDS and what methods to use when protecting themselves. Said by 21years old female (YGR5).*

The participant expressed his view in this way:

*There are many issues that affect younger generation due to cultural barriers; it is really serious to see what is happening in Sunnyside. There is no way as younger generation we can start and change it without the support of our parents. Even though there is need to change this current*



*culture, we can't start alone; it will sound bad to our parents and start thinking that we are involved in it (YGR6).*

There are many issues affecting the younger generation due cultural barriers; it is advisable to start planning on how to intervene so that people can be aware of what is going on.

#### **5.4.2 Theme two: The effects of cultural barriers in transferring HIV prevention knowledge form older to the younger generation.**

The second question in response to the theme two reads as follows: *What might be the effects of cultural barriers in transferring HIV prevention knowledge between older and younger generations?*

The participant came up with the following statement:

*From personal experience as the younger generation is very curious and our parents are afraid if they talk to us about it we will end up doing it, they are afraid of rumours and people talking behind their backs about their children doing stuff, pride also plays a role, my grand ma was afraid that I would look at her in a different way if she told me about sex and HIV. The younger generation is curious generation. Said by 21years old female (YGR1).*

YGR2 stated:

*Our parents groomed us in this way; there are some things that can be discussed with older people and other things that cannot be discussed with an older person. Sex is for older people and they only talk about it amongst themselves privately (YGR2).*

Another participant also believes the issue is what we are taught we can discuss:

*The stereotypes about being open on the issues of sex – as Africans we grown up from the environment where certain things including but not limited to sex cannot be shared or spoken about or socialized between older and minor at all or until a child has matured enough according to the elders. Biological signs the sign of puberty such as would tell you that the child matures, but as Africans we do not use number of birthdays to determine for us the maturity of the child. At this age already the child will be claiming his or her autonomy [independence] back from the parents.*

*In my culture there is a saying that ngwana wa mosimanyana o thola molao ko strateng (means a baby boy learn from the street) then the question why so when there should be elders to do that. The answer is simple; parents are there stuck with their culture (YGR3).*

*For further clarity, it was asked to clarifier the abovementioned expression:*

*As Africans we grow up in environment where certain things including sex and HIV and AIDS cannot be shared or spoken about or socialized between older and younger generation until a child is matured enough, according to the older generation. Biologically there are sign of puberty such as developing voice and having beards and for the girls they start developing breast.*

The participant expressed her view in the following way:

*I think it's because we come from different generations, the young ones have their own views and the older ones also have their views, it's easy for younger ones to experiment in things, they engage in sex and in alcohol and for older people the barrier is that we can't talk about these issues and we are victim of different diseases, such HIV and many more. I think through education we can unlock these barriers by enabling a person to speak freely about these things and trying to help the young once (YGR4).*

The two generations of the participants do not have the same understanding on nor do they agree on the topic of sex and HIV.

Another participant, a 23 years old male (YGR 5) said:

*Another issue at hand here is that the older generation don't speak about sex to the youngsters, so the fact that we can't speak about sex let alone condom use how are we going to start a conversation on HIV prevention because if you talk about HIV prevention it means that these youngsters are engaging in sexual practices, so culturally the main thing that sex is between male and female is the other thing that kills us, a child won't be able to talk to their parents about HIV if they can't even speak about sex.*

The issue is that older and younger generation seemed to live in two separate worlds, where the older generation does not feel comfortable to talk to the younger generation about HIV and sex.

Another participant's argued that:

*On the one hand, the effects of barriers in transferring HIV knowledge are a combination of the following factors:*

*Perceptions of society (sic),  
Cultural ways of living,  
Laws in society,  
Different people from different cultural backgrounds,  
Customary laws (YGR6).*

The effects of HIV and AIDS on families in South Africa are overwhelming. The majority of the population that this disease is infecting is the younger adults, leaving behind a generation of children who are growing up without the love and care of their parents. Grandparents and older children are left behind to pick up the pieces which cause financial, emotional and developmental

problems. Those kids living with someone suffering from HIV and AIDS are less likely to be able to attend school or miss school as they are caring for their sick parents. When parents die of HIV and AIDS, the orphans left behind often live in temporary households as they are moved from family to family therefore making it difficult to maintain regular school attendance. Children growing up in these temporary families or child-headed households are more vulnerable to low self-esteem, poor nutrition and poverty.

#### **5.4.3 Theme three: To suggest the way through the transfer of HIV prevention knowledge from older to younger generation.**

Under objective three, there are two sets of questions, which are question four and question five and these two questions complement each other. The aim is that each capture what could have been underestimated or ignored by the other in that way ensuring that the question of which communication tools can be employed to create an environment where HIV and sex are openly discussed with the aim to transfer knowledge.

- *What are the communication mechanisms for transferring HIV prevention knowledge from older to younger generations in the Sunnyside area?*

One participant stated that:

*I believe media has a great influence to everyone, if they could be more interacting in detail, where they should tell parents and children what to do; it makes us aware of what lies ahead.*

*The participant goes on by saying that apart media are there other ways?*

*I think it's both our responsibility as children and adults, as children we are more informed and we should just be open and introduce them to issues that make them uncomfortable, we should try and get them to interact with them by telling them what we are taught at schools (YGR1).*

The participants suggested that the issue of talking to each other should be the responsibility of both younger and older generation and they should break down the boundaries and therefore creating a conducive environment which might open the discussion between them.

Another participant felt that:

*Sometimes it's hard to communicate to our parents so we can start of by writing a letter or sending an SMS, just to make her aware that we know about the issues. As a younger*

*generation introducing the topics don't you think it will make the older generation think you're doing it? Yes, they will think we are doing it that is why sometimes it is important that we wait until they start talking to us about the topics (YGR2).*

One participant however had a different view, stating;

*Sunnyside's are mostly Coca cola and burger people – liberated from the shackles of cultural dynamisms [probably schooling or working or looking out for work] though not permanently as they are living on their own without parents around. I can tell you that most people here at Sunnyside are aware of the HIV prevention mechanisms – they can read on their own, they have and watch TV, listen to Radio Talk shows, attend seminars, workshops on HIV awareness programs (YGR3).*

There is a serious concern of what is happening in Sunnyside area, where younger and older generation should play a very critical role for both to make an awareness in the way both generation will be ready to face the situation as it is.

The participant went further discussing that:

*Sunnyside is a boiling part of different areas, cultures, religions, races and all that, so I think we need to check which communication method or tool would be appropriate to use for that particular community. The power of print media works.*

*So in Sunnyside younger generation work mostly at night as some work in clubs, so to catch them use the local newspapers, poster around Sunnyside and the mall, the urinals, have a small banner/poster talking about HIV and vital information.*

It was asked to the participant for further clarity whether younger generation who works in clubs at night is aware of the consequences.

*Do you think people are still uninformed about HIV and AIDS?*

YGR4 stated;

*We tend to think that young people have knowledge but if you sit with them you realize people do not know, I think people are tired of hearing about HIV and not knowing what it entails. People are still lacking proper Knowledge, so new ways of communications should come about, as certain media platforms don't work.*

*We were introducing black condoms the other day on campus and some people were asking if they are gay condoms, so there is still lack of information. Generally, there is still some education needed out there (YGR4).*

The fifth question under the third objective read as follows:

- *What can be done to create a safe environment for transferring HIV prevention knowledge from older to younger generations in Sunnyside?*

Participant responded in this way:

*This one needs the community as a whole and not as individuals, there is a quote that says “as one we are a drop but together we are an ocean” the community should assemble and talk about this topic everyone in a while and invite someone who knows more about this topic, what it means for children to know and the consequences of not knowing are. Invite our leaders because many people look up to them and listen attentively to them. If for e.g. a Minister would encourage people to adopt to mentor children then we will be more open to talk about issues.*

The participant further argues that:

*Living in Sunnyside for a year and a half, what would you say is happening there?*

*Sunnyside is a moving community because it’s always active, but there are disadvantages like a lot of youth and they influence each other to do wrong or bad things and there are not many parents there because it’s a student area, Only if we would have someone to groom us to live as youth because we are reckless and we want to experience new things every day and they lead us to regret (YGR1).*

After a brief pause to think, the participant provided the following information:

*Initiating a group ranging from different ages then we can speak about the other things and learn to share experiences and learn from other people’s views. In a group way, it will make my parents aware that it’s not only me experiencing things and that other people my age also experience the same things and they can learn how other parents are dealing and handling those issues. One day it will happen that we are open to our parents; however it’s important to groom a child at an early age, for us it’s already late. Said by the 20 years old (YGR)*

- How can we overcome cultural barriers?

*Exposure to other people, meeting and seeing how they do things can help stated (YGR2).*

One participant believes that:

*Break stereotypes about the consequences of speaking about sex – open up to our kids at an early age and in that case I think we will save lives. As the say goes forewarned is forearmed! If they know they will be able to protect themselves. TV programs should also be more educational and the content must reflect reality (YGR3).*

Another participant suggested the following:

*Peer education would be the best method, and dialogue as when it comes from your peer it has a great impact in all demographics. So incorporating peer educators into Sunnyside would have a greater impact (YGR4).*

Adding to suggestions another participant stated:

*There is need to educate people on what is culture, people should debates on issues related to health, forum and media should play a very big role.*

*Reach to the community by using brochures, drama presentation (YGR6).*

Based on the above participants' suggestions and views, education might be much more appealing as a tool of reducing cultural barriers in transferring HIV prevention from older to the younger generation.

## **5.5 Categorization of the question from (OGR).**

This is the older generation in the age group of 40 years and above. The following section presents the summary of findings from the participants: Each participant will be shortened as OGR.

### **5.5.1 Theme one: Cultural barriers that affects the transfer of HIV prevention knowledge from older to younger generation.**

The first question reads as follows:

- *What do you regard as cultural barriers in transferring HIV prevention knowledge from older to younger generation?*

This participant responded in this way:

*You said your main area of focus is Sunnyside, so I think what we first need to do is to look around whether we have older people in Sunnyside that can be able to teach this younger generation about challenges of HIV and the risk of engaging in sex which will lead to HIV. I think it's important to first look at that particular issue because in this town, older people who are here who can play the role of parents to this younger generation are people who are not that older, so it is not ethical to talk about issues such as sex. As even so as Africans we can't talk about sex, so the challenge is converse about sex. It is the way African people have been raised (OGR7).*

This participant expressed his concern:

*The following are the characteristics I will mention; the relationship between parents and child, older and younger generation as the older generation are uncomfortable in talking to younger people; Age; because as an older person culturally you cannot open up about sexuality to kids; Media especially television; Communication also play a role because culturally there are issues that as an Adult you cannot communicate with a younger person, Aspect of Respect as well (OGR8).*

Another participant expressed his views;

*Cultural barriers might be many but in African context we old people are not talking about sex as it is a taboo. Young people should talk about sex and our assumption is that they will practice it. So that is the big problem.*

*The second issue is the development through television; you know young people are clever and they know how to utilize all these electronics they Google about sex so they know more than the parents and the parents still want to retain their own culture and remain ignorant with what is happening now in the world (OGR9).*

Adding on this, another participant stated:

*Sometimes the barrier is because the elders are not well equipped enough about the sex and HIV approach, what causes it so most of them still consider it as a taboo hence they don't want to discuss it with their children but most of the time people who are enlightened like maybe health professionals who have the knowledge about sex and HIV they do explain to their kids about the them (OGR10).*

Furthermore, another participant expressed the following thoughts:

*Thank you for your question, cultural barriers in transferring HIV prevention knowledge from older to younger generation is very complicated for the younger generation, it can meant a negative effect on the younger generation. Cultural affect many younger people in negative ways where they are forced to get married to somebody whom they do not love due to the relationship with both families.*

*Sunnyside has many different tribes and nations coming from different backgrounds, local and international, bringing their cultures and they have them all mixed up and it is a challenge which confuses younger and older generations (OGR11).*

Another participant suggested the following:

*Truly speaking it is not easy to speak about Sex issue with younger generations due to cultural background. Personal I am not free to talk to the younger generation; I refer them to their mother. It is really difficult for us to break the culture and start talking to the young once (OGR12).*

The second question under the first objective reads as follows:

- *What do you view as young generation's reaction to sharing information about HIV prevention?*

A participant came up with the following idea:

*I think that is the only way, we remember Nelson Mandela once said Education is the greatest tool that you can develop a nation. So through teaching I believe that can be one of the ways we can use to educate these youngsters to teach them about the risks of sex and how it leads to HIV, so I think we need to emphasize even more on education in order to develop these young ones to be aware of the risks of HIV (OGR7).*

Adding on, this participant came up with the following:

*The young people are also forced by the cultural barriers, in some instances older people don't listen to the younger generation and also don't take them seriously and as a result they are prevented from sharing information (OGR8).*

The overall view of participants in the study was that cultural barriers are not only affecting older generation, also younger generation are the victims in as they are not learning from their own parents while they spend a lot of time with them.

OGR9 states:

*Teaching is not easy, when you plan to teach, you need to also know how to teach, you don't simply talk about the sex issue which might be disastrous, so you need to have a strategy to assist how much you know and add slowly to the knowledge, before teaching access how much people know (OGR9).*

An older person who was part of the study said that, it is not easy to teach, you should be aware of what you will be teaching, especially when you are teaching younger generation.

The participant below discussed the following views:

*Because the elders are still considering sex as very private matter, as something they supposed to be communicated by two partners who are mature enough or who are responsible enough to be able to take the consequences of this sex is what younger generation are going through today(OGR10).*

This means that there is gap between older and younger generation in terms of HIV and sex talk which needs to be closed.

Another participant raised the following point:

*If we open up and start teaching young generation on issues of HIV and AIDS, given the Sunnyside setting or environment which has a high night life style, just the environment alone doesn't allow the older generation to speak out to younger generation, so information falls on deaf ears because of the level of hype happening in Sunnyside. What are needed are young people speaking to other young people, so those youth need to be educated (OGR11).*

This participant raised this view:

*The knowledge gap between the older and younger generation in the sense that the older generation are not having ways of current trends, so the older once do not have the tools, knowledge, approach the different mechanisms the different skills for instance you will not hear an older person telling me about a Femidom which is a female condom, cause even themselves have not used it, how can you educate younger once about it.*

*Secondly, I think cultural barriers is another thing which affect those older generation who have the traditional ways instilled in them find it taboo in talking about sexual intercourse, because it is even difficult for them to mention penis or virginal (OGR12).*



OGR 40- 50 years old women working in the HIV and AIDS field said that of course older generation possess knowledge which might guide and lead the younger generation. Unfortunately the issue lays on the way of transferring that knowledge to the younger generation.

### **5.5.2 Theme two: The effects of cultural barriers in transferring HIV prevention knowledge from older to the younger generation**

This question reads as follows:

- ***What are the effects of the barriers in transferring HIV prevention knowledge from older to younger generation?***

The participant stated the following ideas:

*I think it's because we come from different generations, the young ones have their own views and the older once also have their views, it's easy for young once to experiment in things, they engage in sex and in alcohol and for older people the barrier is that we can't talk about these issues. I think through education we can unlock these barriers by enabling a person to speak freely about these things and trying to help the young once. Otherwise younger generation will remained being the victim of HIV and AIDS, and lose them while they were future leaders (OGR7).*

The participant went further explaining the following statement:

*The effects from these barriers are that there is no change, younger generation keep on being infected every day while we were supposed to be talking something else such as leadership. There is need of awareness among both younger and older generation on to transfer knowledge as older generation and how to persuade younger generation to receive that knowledge (OGR7).*

Another participant came up with the following statement:

*Conservative traditional practice, the way of life - the culture of society and also the laws like customary laws, Policies of government such as areas in traditional communities where boys after circumcision are not allowed to share their experiences (OGR8)*

The participant continued to express his views in the following statement:

*As I mentioned previously, culture barriers around age difference, older people don't talk to youngsters around sexual health care or anything sexually related, kids are left to teach themselves (OGR8).*

This is very serious effect as it is affecting younger people for not progressing in terms of learning from older generation.

Another participant mentioned the following:

*I think cultural barrier, when I say cultural I mean we in Africa we don't think it's important to teach young people about sex. So we maintain that culture and the children know more than us from TV, peer group and social media and they end up practicing it in wrong way.*

*We also more in spiritual on the issue of HIV, we think it is for the bad people, we consider our children to have good manners, and its bad people who get it. We consider it evil, so people don't learn about that as a result (OGR9).*

The following suggestion was made by another participant

*Maybe there have to be some education sessions given to the elders on how to handle this mater, what approach to take when they are talking to their kids about sex because most of the time they don't have an approach, they don't know where to start or how to put it (OGR10).*

One participant raised the following point:

*The knowledge gap between older and younger generation in the sense that, the older generation still bonded by cultural barriers or the current trends. Older generation do not have the tools, approach the different mechanisms the different skills for instance you will not hear an older person telling me about a Femidom which is a female condom, cause even they themselves have not used it, how can you educate younger once about it (OGR11).*

This participant came up with the following view:

*It is seen and realized that HIV and AIDS is increasingly among younger generation. While cultural barriers is stopping older generation to open up and educate young once due to traditional ways instilled in the find it taboo in talking about sexual intercourse, because it is even difficult for them to mention some of the words such as penis or virginal. All the above-mentioned issues are having direct and indirect effects to the younger generation (OGR12).*

### **5.5.3 Theme three: Suggested way through in the transfer of HIV prevention knowledge from older to younger generation.**

Under objective three, there are two sets of questions, which are question four and question five, and these two questions complement each other.

The question three reads as follows:

- ***How can communication about HIV prevention between older and younger generation be more effective?***

The participant suggested the following points:

*I think people who are advocates of these HIV and AIDS needs to take a bold step of organizing workshops or awareness campaigns for parents, whereby they speak to parents so that they can unlock these fear or embarrassment that older people have when it comes to issues around HIV, I think they need to put more effort in organizing members of the community and teach them how to interact with their children in order to deal with this issue (OGR7).*

Advocates of the HIV and AIDS should take further step and start organizing workshops awareness campaign which might unlock the fear or embarrassment that older generation have when it comes to issues around HIV.

One participant made following suggestion:

*We need to change the way we look at the world for e.g. the laws, policies and our paradigms and embrace new ways of communication such as watching TV, listening to Radio using social media for e.g. I personally interact with my daughter through social media, and open discussions we hear on topics presented on talk shows and engaging in deeper conversations around radio debates*

*Cracking cultural barriers and allowing ourselves as older generation to adapt to change and re-educate ourselves about the viruses as it is important to unlearn a lot about the stigmas attached to the viruses (OGR8).*

Another participant discussed the following:

*I think first of all we need many organizations that work around HIV, such as advocacy and awareness issues need to bring the issue of knowledge into attention of the parents, they need to talk with the parents and expose the parents to the developments and knowledge in the world. So we need to be open and convince parents and bring them together without going deep into sexual issues and encourage them to discuss. Go into families with experts, such as nuclear families or expanded families and help them talk (OGR9).*

This participant suggested the following idea:

*We can create awareness by doing some seminars, inviting them and giving them information so that when they go back to their children they will know what to say (OGR10).*

Showing a deeper understanding of issues, one participant states;

*For me people need to know exactly what is HIV, what is AIDS, what are opportunistic Infections, those 3 things are very key, there is a big difference between HIV and AIDS, once people are more knowledgeable on the difference and how it is transmitted, it will open up the closed minds of people to be more accepting and overcome stigma and discrimination in society, and on-going effective education and training from pre-school to tertiary is key. Even lectures perpetuate stigma and discrimination making it hard for people to go and get information (OGR11).*

This participant expressed himself in the following way. We might be aware of what is happening in conditions of HIV but the approach to transfer the knowledge is always a very difficult for us (OGR11).

Another participant suggests;

*Communication can be more effective once we can open to each other and tell each other the truth, while we are still hiding due cultural background, there is no way we can expect change (OGR12).*

The fifth questions under the third objective read as follows:

- ***What can be done to create a safe environment for transferring HIV prevention knowledge from older to younger generations in Sunnyside?***

The participant expressed herself in the following statement:

*It takes us back to what I said, Awareness Campaigns, workshops whereby first we need to have workshops to talk to the parents and have separate workshops where we talk to the young once and have a general workshop whereby the parents and their young once come together, where there is a dialogue to interact, there is an interaction between HIV/AIDS Advocacy people, parents and the young on. (OGR7).*

- ***Do you have any suggestions about what you want to see in Sunnyside in the near future?***

*Of course, if you look at Sunnyside there is a lot of young people, there is a lot of clubs and young people go out and drink and after drinking they want to experiment in sexual activities so I don't know, I think another thing that can be done maybe is if you are involved in projects of HIV you can also form partnerships with these clubs, where we promote issues of condoms. There is also a need of trying to involve other people who have influence because young people are always influenced by popular artists, they need to speak about issues for e.g. to say "don't forget when you engage in sexual activities to protect yourself" because this thing of saying people must abstain is not working we must face reality OGR7)*

- ***Do you think our government is doing enough to address issue of HIV among younger generation?***

*I do think the government is doing enough, but they need help from NGO's, people who are committed in these community projects and awareness about HIV/AIDS. People must work together in order to defeat this spread of HIV/AIDS especially among the young ones, in their colleges in the universities and have some talks with them and just make them aware of available protective measures that can prevent them from getting unwanted pregnancies or STI's and HIV stated (OGR10).*

People are still confused, especially some parents who think that teaching the young generation about HIV and AIDS is teaching them how to have sex while they are teaching them how to play safe. From the above-mentioned statement the need for community educator in their own flat, park so that they can interact with the younger generation.

*We can create awareness by doing some seminars, inviting them and giving them information so that when they go back to their children they will know what to say suggested (OGR11).*

This statement was suggested by the participant from older generation who said that it is really time to start creating awareness so that the younger generation can be able to share their knowledge with the young once.

- ***Apart from education, what can be done to create a safe environment for older and younger generations in Sunnyside?***

*The first thing it is very important to educate people on what are cultural barriers, which hinder all the people speaking about HIV prevention, firstly debates are healthy for sharing, learning and making people aware of what was there prior and what were they saying before the HIV era.*

*Media also plays a big role in ensuring that this becomes public information and it is accessible in any form; reach out to those without access and knowledge to internet, brochures and pamphlets. Radio and TV is good to cover issues around cultural barriers, also to do it in the form of drama presentation in public, like in Cape town previously we used to have a group called Mahotella Queens they are still there today, they would go from street to street and sing and dance and people would run after them, live performances to communicate to younger people, computer is not enough (OGR11).*

## **5.6. Interpretation of the Findings**

According to De Vos et al (2002:344), interpretation involves making sense of the data or giving a coherent meaning to the data. In examining the data collected in this study, it was revealed that both younger and older generation encountered many issues in transferring and receiving HIV prevention knowledge. One of the main issues raised by the participants was the lack of knowledge and therefore do not have the necessary tools, knowledge, approaches and skills to protect themselves. For instance, one will not hear an older person telling a

member of the younger generation about a Femidom, which is a female condom, as they have never used one, and cannot therefore share about it when they are unaware of its existence. However older generation had the knowledge but they are not able to transfer it to the younger generation, due to cultural barriers (Lee, 2009).

In order to close this gap, there is a need to do away with stereotypes about the consequences of speaking about sex and HIV to younger generation at an early age, which could save lives. As the saying goes, being forewarned is being forearmed! If younger generation have the knowledge, they might be able to protect themselves. TV programmes, Media in general should also be more educational, and the content must reflect reality, as suggested by one of the participants.

### **5.6.1 Lack of knowledge**

Lack of knowledge is really a very serious issue in community, the people cannot learn from each other while they are not communicating. The participant expressed their concern about their parents who have knowledge which is not shared, end up being not used.

*We tend to think that people have knowledge but if you sit with them you realized that people do not know, I think people are tired of hearing about HIV and not knowing what it entails. People are still lacking proper knowledge, so new ways of communications should come about, as certain media platforms don't work (YGR4).*

Another participants also agrees with OGR4, stating;

*Sometimes the barrier is because the elders are not well equipped enough about the sex and HIV, what causes it so most of them still consider it as a taboo hence they don't want to discuss it with their children but most of the time people who are enlightened like maybe health professionals who have the knowledge and techniques about sex and HIV they do explain to their kids about them (OGR10).*

Adding in the same view as the previous participants, OGR12 stated;

*The knowledge gap between the older and younger generation in the sense that the older generation are not having ways of current tendency, so the older once do not have the tools, knowledge, approach the different mechanisms the different skills for instance you will not hear an older person telling me about a Femidom which is a female condom, cause even themselves have not used it, how can you educate younger once about it (OGR12).*

According to the literature review, younger generation remain at the center of the HIV and AIDS epidemic in terms of rates of infection, vulnerability, impact, and potential for change (UNAIDS, 2008b). They have grown up in the world changed by AIDS, but many still lack comprehensive and accurate knowledge about how to prevent HIV infection.

There is a gap between knowledge and practice. All too often, information is only provided to the younger generation. The information as interventions is not sufficient in the face of deep-rooted values and peer pressure, which increase younger generations' vulnerability to HIV and AIDS.

According to Gallagher, (2008) those at risk of contracting HIV while it is not to discuss the issues with the older generation affect them with more effect. The subject of sex in relation to HIV and AIDS, when discussed on television or the radio, can be very uncomfortable for a mixed audience of older and younger generation and third generation children. It is therefore not uncommon for the audience to switch to another channel, in order to avoid feeling a sense of guilt and shame.

On the other hand, some of the participants felt uncomfortable when the topic was introduced during the interviews. However, all of them agreed that such a topic was worth being discussed, as the HIV epidemic is destroying nations. This shows that there is still a long way to go before discussions about sex are comfortable for families and the community at large.

Based on the results presented in Chapter 5, it was realized that the majority of the participants from (OGR) did not educate their younger generation about HIV and AIDS, due to cultural barriers. Furthermore, the participants agreed that few parents have the tactics to discuss this subject with their younger generation. In order to determine the (OGR) participants' confidence and attitudes towards the process of transferring HIV prevention knowledge, they were asked to indicate the way at which they felt they needed assistance in educating younger generation.

Those who indicated that they needed assistance in transferring HIV prevention knowledge to the younger generation had the highest score in relation to issues that they are facing. This highlights the lack of knowledge among those who do not know how to approach, and it is hoped that awareness campaigns will help them to go beyond the myths and start sharing knowledge with younger generation. The knowledge acquired might guide them on how to teach their children and entire family. The most important should also be living by example and have morally sound behavior for their children to emulate (Kimuna & Makiwane, 2007:97).

### **5.6.2 Myths and Taboos**

A myth is an element which people believe in without any verification whether the element is true or not.

One participant comes from a community where myths about HIV still exist, she states;

*I believe that since the olden days there have been myths about HIV that were not understood properly by our grandparents and great grandparents who transferred their ideologies to their children who are our parents, HIV is a curse where I come from in the rural areas. HIV is believed to be inherited hence it should be avoided entirely, culturally people believe in myths, if someone in your family is positive it is believed another will also inherit it through genes. In the rural areas there is no communication between the government and the society (YGR2).*

Byners (2001:50) pointed out that one can possess information that is either a fact or a myth, which means that it can either be “true” or “false”. In this regard, there seems to be a lack of information and the means to facilitate appropriate behavioral changes, as well as to counter the dangerous social consequences of misinformation and myths about the disease, together with continuing social and political silence and denial about it (Forman, 2005: 173).

A similar study was done by Dunkle (2008), who stated that sexual activity among younger generation occurs frequently, and most younger generation are aware that such activity puts them at risk of becoming pregnant or contracting HIV. Their knowledge is not detailed, however, and myths are common. For example, many younger generation think that a younger woman cannot get pregnant the first time she has sexual intercourse, or if she has sex standing up. In addition, other associations between sex and HIV indicate that younger generation view HIV and AIDS as a disease of the poor and some consider pregnancy to be a more serious threat than HIV, while others view HIV as a myth and not a reality (Mulwo, 2012). This shows that the myths still have very serious impacts among both younger and older generation. This could lead to, among other things, false perceptions, myths, high teenage pregnancy or HIV-related stigma (McGinnity, 2008).

### **5.6.3 Ignorance**

Ignorance continues to persist as an issue which is affecting many people. It was discussed by many participants that if there is no intervention; ignorance might persist for many generations to come.

The participant pointed out the following elements:

*I think right now the main concern is that we don't find out, so many parents leave it for us to find out, they are also aware that the new educational system in schools teaches sexual health so we will be taught at school. This means that due to culture, older generation still in denial of discussing the sex, HIV and AIDS issues with younger generation to avoid their involvement in sexual scandals (YGR1).*

Another participant discussed the following:



*They feel that younger generations are still young and as a result they feel they cannot talk to them about sex and related topics. If they discuss HIV and Sex with children, it is then that they will start to engage in Sex. At our age we want to explore and we will want to know what they are talking about (YGR3).*

Thus, the failure to transfer HIV prevention knowledge leads to ignorance and increasing rates of infection. The abovementioned findings were also confirmed by the Institute for Health and Development (Communication [sa], 2010:38). Ignorant is really a serious concern which need to be tackled not neglected while it is affecting many people.

#### **5.6.4 Age differences**

The following participants stated that age differences affect both older and younger generation in a negative way. It was well elaborated by the participants that there is a gap in the following statement.

*Age range is also a very big issue because older and younger generation do not relate to each other. The older generation does not feel comfortable to talk to the younger generation; there is a gap which needs to be closed. The younger generation is affected by the relationship; older generation is not open to the younger generation. Older generations are not willing to share what they know in terms of HIV prevention. Our parents were not informed by their parents on issues around HIV and sex and as a result our parents are unable to talk to us about HIV and sex, they regard it as a taboo and want us to explore things for ourselves said by a male aged of 20 years old (YGR1).*

The participant also expressed his concern in age differences which is affecting younger generation in this way:

*As I mentioned previously, culture barriers around age difference, older people don't talk to youngsters around sexual health care or anything sexually related, kids are left to teach themselves (OGR8).*

According to the literature that was reviewed in this study, age differences affect both younger and older generation. The most affected are younger generation, who are particularly vulnerable to HIV and AIDS infection, due to the fact that they have either heard or seen people younger than them engaging in sexual activity, and lack a suitable role model to emulate. This means that communication between older and younger generation in terms of HIV and sex is less due to age differences, (Abruquah & Bio, 2008). The Reproductive Health Research Unit (RHRU, 2004), emphasized that the age differences between older and younger generation who are in romantic relationships have been hypothesized to increase the risk of HIV among the younger generations. Older male partners may be members of an age cohort with the highest levels of HIV infection. Financial security and more maturity were the main reasons why most of the younger women

chose relationships with older men. These men are probably working or in the business, and can therefore provide with more financial security to the younger generation, as opposed to a younger man, who is probably still studying, (Lerclerc-Madlala, 2008).

### **5.6.5 Lack of communication**

The participants in this study reported that lack of communication is a significant challenge which both younger and older generation are facing. The following feedback was received from a participant.

*Sometimes it's hard to communicate to our parents so we can start of by writing a letter or sending an SMS, just to make them aware that we know about the issues. As a younger generation introducing the topics don't you think it will make the older generation think you're doing it already? Yes, they will think we are doing it that is why sometimes it is important that we wait until they start talking to us about the topics (YGR2).*

It was also indicated that older generation do not have mechanisms of how to communicate with younger generation, and it is affecting both generations

One participant mentioned that:

*Communication can be more effective once we can open to each other and tell each other the truth, while we are still hiding due cultural background, there is no way we can expect change (OGR12).*

According to Wight (2006), communication failures between older and younger generation have for the past two decades been one of the most serious threats to the continued viability of younger generation in Africa.

According to the above-mentioned statement from older generation, shows that they are aware of what is happening and they need to open up to each other. According to Mphande (2004) and Hamilton, Mbenga, and Ross (2010), communication of indigenous knowledge through indigenous communication channels is vital to the continuity of cultures. Cultural reproduction, when associated with intergenerational relationships, reinforces the value of wisdom and appreciation for both generations.

With regard to lack of communication, Forman (2005:17), declared that information and communication offer solutions to many obstacles, such as: “cultural barriers seem to be a lack of information and enable mechanism or appropriate behavioral changes can counter the dangerous social consequences of misinformation and myths about the disease, and continuing social and political silence and denial about the disease”.

Many of the participants in this study expressed their concern about the lack of communication in transferring HIV prevention knowledge from older to younger generation in Sunnyside. This affects both older and younger generations' ability to increase their knowledge, and without communication, people will become lost. This situation might get worse or negatively affect the effectiveness of programmes for both younger and older generation in terms of HIV and AIDS. This statement is supported by Taffel (2005:3), who expressed the view that older and younger generation live in two separate worlds that are "parallel" to each other. This can cause the older generation to be reticent about the knowledge they have concerning HIV prevention, thereby leading to role ambiguity.

### **5.6.6 Openness**

The participants reported that openness between the two generations remains a challenging aspect.

One participant argued that:

*The younger generation are very curios and our parents are afraid if they talk to us about HIV or sex, we will end up doing it, they are afraid of rumours and people talking behind their backs about their children doing stuff, pride also plays a role, my grand ma was afraid that I would look at her in a different way if she told me about sex and HIV (YGR2).*

Another participant provides the following statement:

*Initiating a group ranging from different ages then we can speak about the other things and learn to share experiences and learn from other people's views. In a group way, it will make my parents aware that it's not only me experiencing things and that other people of my age also experience the same things and they can learn how other parents are dealing and handling those issues. One day it will happen that we are open to our parents; however it's important to groom a child at an early age, for us it's already late (YGR5).*

According to Munroe (2011), transferring knowledge from older to the younger ones enables the late to live beyond their graves through the next generation. In this view, it is worthy to mention that an open discussion between older and younger generation may help to break the virtual barriers to live together. Therefore, the main responsibility of older generation is to facilitate the process of transferring their knowledge to the next generation. Their greatest legacy is not a product or an institution that is left behind, but rather a person who is well equipped with knowledge, (Munroe, 2011d).

It was also emphasized in social learning theories that acknowledging the individual experience is important; especially in terms of older generation who are embodiment of the past. They also

believe that the identity that certain people acquire is formed more by the behaviors and attitudes from their peers. But it is very important to consider the older generation as a role model to be observed as well as imitated, (Mearns, 2009). In order to assess older generations' procedural knowledge, studies pertaining to older generations' involvement in discussing HIV prevention knowledge, as well as sex and HIV prevention knowledge, with younger generation should be conducted. The implications are that older generation who do not inform younger generation about sexual matters, as well as HIV prevention knowledge might lack procedural knowledge (UNSCO, 2009).

Some participants indicated that younger generation are very curious and their parents are afraid that if they talk to them about HIV or sex, they will end up engaging in sexual activity. They are also afraid of rumors and people talking behind their backs about their children, with pride also playing a role in this regard. One participant emphasized that her grandmother was afraid that she would look at her in a different way if she told her about sex and HIV. The only way in which these complexities can be addressed and integrated into HIV prevention programmes is through the active involvement and openness of older generation in relation to the younger generation. More specifically, transparency will encourage the process of dialogue, in order to facilitate discussions about complex issues such as cultural influences, sex and HIV, (Kincaid, 2009; Figueroa et al., 2002; Kunda, 2009).

### **5.6.7 Cultural barriers**

Cultural attitudes often discourage the open discussion of HIV prevention between younger and older generation, and hence South Africa is among those countries where sex education has been very slow and also limited.

To support this view one participant stated;

*Culture has influenced a society, so if you were to check, culturally the hetero norm is the ultimate according to the society. So now if you look at the hetero norm and you look at HIV and how it is spread and the messaging about HIV prevention, it only speak about heterosexual, we haven't seen any posters about same-sex couples, cause it always about a man and a women or with kids but culturally HIV still feels as a pandemic which only affects or infects heterosexuals, if culture can start to accommodate or acknowledge same sex relations I think that's where we can break the barrier regarding same sex messaging (YGR5).*

One participant discussed the influence of culture in the following way:

*Cultural can be negative in sense that older generation encourage a widow to be taken care of by the late husband's brother whether younger or older. This brother could have died of an HIV related illness and perhaps the wife is also living with HIV. You then the younger or older brother have to take care of the widow, sexually and financially (OGR 6).*

The participant realized that we are not facing a single issue but a composition of many factors such as:

*Cultural barriers might be many but in African context we old people are not talking about sex as it is a taboo. Young people should talk about sex and our assumption is that they will practice it. So that is the big problem.*

*The second issue is the development through television; you know young people are clever and they know how to utilize all these electronics they Google about sex so they know more than the parents and the parents still want to retain their own culture and remain ignorant with what is happening now in the world (OGR9).*

The younger generation living in Sunnyside is exposed to cultural differences, and their values are challenged when they meet people with very different views about sexuality to theirs. Essentially, the findings of this study support Mulwa (2009)'s argument that there is a need to focus on the socio-environmental context, because it can encourage or discourage risky sexual behavior among younger generation. HIV epidemic in Southern Africa and South Africa exists within a cultural context that often facilitates the spread of HIV and AIDS. This context includes the unequal sharing of information, which limits HIV interaction between older and younger generation, as emphasized by Price (2009) and Aihrihenbuwa De Witt Webster (2004).

HIV/AIDS is still a serious and major public health crisis in South Africa, especially in Sunnyside where there is a high concentration of people from different cultural backgrounds, which influence younger generation. This was further discussed in cultural learning theory which is also known as cultural transmission process and method of passing on socially learned information or knowledge. Within a species, cultural transmission is greatly influenced by how adults socialize with younger generation. Differences in cultural transmission across species have been thought to be largely affected by external factors, such as the physical environment, that may lead an individual to interpret a traditional concept in a novel way. The environmental stimuli that contribute to this variance can include climate, migration patterns, conflict, suitability for survival, and endemic pathogens. Cultural transmission is hypothesized to be a critical process for maintaining behavioural characteristics over time, and its existence relies on innovation, and communication to create and propagate various aspects of behaviour seen today, (Idris et al, 2013).

Cultural barriers often discourage open discussions on issues of sexuality and preventative measures in relation to sexually transmitted infections between the older and younger generation.

In many instances, older generation are uncomfortable discussing these issues with their children, and younger generation are also uninformed and hesitant to encourage dialogue between them and the older generation (Gevisser (2009) and( Porter (2008).

Older generation highlighted the fact that the younger generation is rude - one respondent even said that children become angry if you discuss this subject with them. This supports the view of Power (2005:203), who stressed that some younger generation are abusive towards their older generation, and therefore, older generation who do not know how to communicate with their younger generation often end up not doing anything (Power 2005:15).

The participant responded that the issues should be well discussed and came up with the ways to deal with culture so that we can be able to learn from each other.

*Cracking cultural barriers and allowing ourselves as older generation to adapt to change and re-educate ourselves about the viruses as it is important to learn a lot about the stigmas attached to the viruses.*

*Not just read but attend seminars and dialogues and participate so as to make our voices heard and share our point of views so we can learn from others and unlearn misconceptions around HIV and other issues (OGR8).*

The question as to what should be done to create a safe environment in transferring HIV prevention knowledge from older to the younger generation revealed a common problem that still persists. The strength that was noted in terms of procedural knowledge is the positive attitude of the participants towards educating younger generation about HIV and AIDS and sexual matters, regardless of the barriers that prevent them. Most of the participants agreed on the importance of educating younger generation about such matters. Observers and experts in the field view this as a weapon for fighting against HIV and AIDS. Therefore, there is consensus with regard to educating younger generation about sex and HIV matters, which was verbalized by older generation and organizations involved in the fight against AIDS, such as the WHO, UNICEF and UNAIDS (UNICEF, 2010:7). Nefale (2011:13), pointed out that this is crucial, and cited the former president, Nelson Mandela, who emphasized the necessity for this, in order to fight the spread of HIV.

In the process of data interpretation in this study, the researcher realized that one of the areas that were repeatedly identified by many participants was that a large percentage of older generation does not seem to be aware of how to approach the younger generation and discuss HIV and AIDS. This negatively affects the younger generation and put them in dilemma without knowing what to do. Many of the older generation admitted that they were not aware of it, whilst others stated that

they did not know how to approach the younger generation with regard to this subject. This implies that the message has not reached them, or that they did not get the message clearly. As Kreitner and Kinicki (1998:293), stated, when a role sender fails to communicate in a clear manner to the target person, this leads to role uncertainty. This means that if a person who is expected to play a role did not get the message properly, that role will end up not being performed as expected, and this will affect both younger and older generation who were supposed to obtain knowledge and experience, and older generation who were supposed to transfer their knowledge to the younger generation, and there will be no changes in terms of knowledge. Therefore, if older generation fails to transfer their knowledge to younger generation, the issue of HIV persists till future generations.

De Jong (2003:159), pointed out that the population that is expected to perform a task should be “properly targeted”. This might imply that older generation are not well prepared and adequately mobilized with regard to the HIV issues due to cultural barriers. The responses from the study participants indicate that there is still a need for more campaigns targeting older generation and teach them the approach and the importance of transferring their HIV prevention knowledge to younger generation. In addition, younger generation need to be sensitized as well, and start the process of equipping themselves about their role as future leaders.

## **Chapter Six: Discussion of Findings**

### **6.1 Introduction**

The aims of this study is to explore and examine cultural barriers that affects the transfer of HIV prevention knowledge from older to younger generation, to assesses the effects of cultural barriers in transferring HIV prevention knowledge form older to the younger generation and suggest ways through which the transfer of HIV prevention knowledge from older to younger generation can be improved to assist curb the growing prevalence of HIV among younger generation. This chapter provides the discussion of the findings in line of the objectives of this study and themes as demonstrated.

The study conducted by HRSC (2008), discovered that sexual debut remains a crucial factor in the vulnerability of younger generation to HIV infection in South Africa. The same study revealed

that a very large proportion of younger generation had started having sex before the age of 16 years.

## **6.2. Realization of the Research Objectives**

### **6.2.1. Exploring cultural barriers in transferring HIV prevention knowledge from older to younger generation**

Although the overall goal of transferring HIV prevention knowledge to younger generation was agreed on by all the participants, the research findings revealed that few respondents from older generation did this, due to cultural barriers. It was found that only a few from the older generation are open to the younger generation, and transfer their knowledge freely and openly. This means that there is hope which shows that the older generation started to see the needs to transfer their HIV prevention knowledge to the younger generation. It was also found that few of the older generation felt ambiguous- they did not know where to start due to cultural barriers while a large number of parents were still in denial.

Commonwealth (2002:55) reported that younger generation finds it difficult to obtain precise information on the subject of HIV from the older generation. In view of this, Wilbraham, from the Medical Research Council, is of the opinion that older generation seem to be “ignorant or misinformed” of their responsibilities towards the younger generation. In addition, older generation might not even be aware of the risks involved if they do not educate younger generation about sexuality and HIV and AIDS (Family Health International, 2005).

This statement was supported by Gallagher (2008), who indicated that in order to ensure that knowledge is properly transferred; there must be an agreement and mutual understanding between older and younger generation. Knowledge is “an awareness or perception of reality acquired through insight, learning or investigation expressed in a form that can be shared with younger generation” (Jerma & Constantine, 2010:1164). Even the definition of knowledge highlights that if a person is knowledgeable on a matter, such knowledge will be expressed to other generation, and knowledge should have the following three processes, (Cederbaum, 2012: 555-556):

1. Learning is the process of acquiring knowledge from other people who are knowledgeable;



2. Becoming aware of the phenomenon or matter, which means that one realizes that there is truth somewhere;
3. Expressing what has been learnt with others.

This was also confirmed by participant one, participant four and participants five from younger generation, who stated;

*we can create awareness by presenting seminars, inviting older generation to the seminars, and sharing information with them so that when they go back to their children, they will know what to do and what to say to them (YGR1, YGR4 and YGR5).*

Therefore, knowledge can be gained through interaction with others, such as friends, colleagues, health workers and older generation.

It was suggested by (OGR12) that HIV prevention knowledge among younger generation is of great concern in African countries, South Africa, especially in Sunnyside area in particular, where younger generation are involved in unsafe sexual practices due to many factors. Educating younger generation is one of the key to reduce the spread of HIV and AIDS, but important gaps in this process are linked to cultural and social factors that present barriers for both older and younger generation. According to the Population Council (2006), it is reported that younger generations have difficulty speaking with older generations about issues related to sex and HIV and AIDS, while some of older generation feels that these issues should not be discussed at all, due to cultural and religious beliefs. Consequently, the younger generation have very little sexual knowledge, including not being aware that intercourse can result in pregnancy or being infected with an STI or HIV, prior to and during the first few months of sexual activity (Baxenand Breidlid, 2004:48).

In terms of transferring HIV prevention knowledge to the younger generation, many participants in this study also stated that educating the younger generation is a great tool for developing and equipping them. The suggestions were presented by the participants (see YGR4 and OGR10) in regards to how culture should be used to allow older and younger generations to adapt to the change and re-educate themselves about the HIV and sex.

Roche et al, (2005) suggested that positive influence can buffer younger generation against the negative influence from peers. On the other hand, studies have shown that younger generations with poor or no role model are more likely to engage in early sexual intercourse, thereby increasing

their vulnerability to sexually transmitted diseases, including HIV (Rasamimari et al, 2008, HSRC, 2008).

### **6.2.2 To assess the effects of cultural barriers in the transfer of HIV prevention knowledge from older to the younger generation**

The findings of this study revealed that there are many serious factors that contribute to the situation faced by Sunnyside today with regard to limited transfer of knowledge on HIV prevention from older to younger generation. The effect of cultural barriers among older generation leaves younger generation hesitant and puts them at greater risk of becoming infected with HIV and AIDS. Therefore, older generation should be openly about sex and HIV prevention with younger generation, in order to empower them with self-confidence and a sense of control over their lives. It was suggested by the participants that the first step in preventing the effects of cultural barriers in transferring HIV prevention knowledge in South Africa is to try to deal with cultural issues and educate younger generation about HIV prevention knowledge. Increased knowledge about HIV and AIDS is linked to a decrease the effect of HIV, and decreasing social stigma which will change how the society perceives the transfer of HIV prevention to the younger generation.

This study found that South African cultures create barriers which increase the spread of HIV and AIDS among the younger generation. In addition, many older generation are uncomfortable about discussing sex with younger generation, and some cultural norms may even prevent them from doing so (Walker, 2006). Since discussions on sexual behavior may be regarded as taboo, the importance of mass media campaigns in promoting knowledge on HIV prevention and sex is even greater. Older generation therefore need to be equipped on the appropriate approaches this matter and share information should occur, so that it can be understood and incorporated into their own cultural context (Lehr, 2005).

In support of this observation, participant (*OGR2*) and participant (*OGR3*) felt that children are still young, and therefore, they could not talk to them about sex and related topics. In their view, if they discussed HIV and sex with the younger generation, they would then start to engage in sexual activities.

While, some scholars have argued that cultural determinants can also play a significant role in influencing the sexual choices and practices of participants, (Chikovere et al., 2013: 2). However, many organizations have indicated that HIV programmes do not always take the influences of culture into consideration. In other cases, culture was often identified as a reason for risky sexual

behavior (evident in the feedback from *One Voice* and Bowers et al, 2009), where participants pursued their own sexual desires and pleasures, and aligned them with their cultural practices.

Mphande (2004) and Hamilton et al, (2010), noted that the cultural reproduction, when associated with intergenerational relationships, reinforces the value of wisdom and appreciation for the older generation. They also emphasized the importance of utilizing indigenous communication channels as a way of promoting change. Studies have focused on the spread of exogenous innovations within indigenous communities, rather than locally generated information. This represents a bias towards externally developed information that may not be beneficial to the younger generation. Given the situation of HIV and AIDS in South Africa, especially in Sunnyside together with the various socio-cultural factors, there is a need to promote and share HIV prevention knowledge with the younger generation to minimize the effect (Roche, 2005).

Based on the feedback from the participants in this study, it was realized that culture is still a very serious challenge, and often prevents older generation from sharing their knowledge with younger generation. It was suggested by the participants that there is a need to rise above these cultural barriers and transfer HIV prevention knowledge from older to younger generation. This can be done through the determination and commitment from the older generation towards educating younger generation about HIV and other sensitive subjects such as sex. Even though two participants believed that it is inappropriate to talk to younger generation about these subjects, and fear that doing so will encourage them to indulge in risky behaviors, (Chikovere et al., 2013:2).

Two participants reacted positively and expressed their desire to discuss such issues with their older generation, but they also acknowledged a low likelihood of any type of discussion ever occurring. The problem is that communication about sex and HIV in South Africa and the rest of African countries is a taboo. Although older generation knows of the dangers of HIV and AIDS, there are strong social and cultural barriers that hinder communication between younger and older generation (Helleringer & Kohler, 2005).

Therefore, all societal levels should take responsibility, using a multi-sectoral approach. The multi-sectoral approach is a way of including various segments of society from national to community level, with the aim of assessing the effect of and encouraging everyone, especially older generation, to contribute in transfer of their HIV prevention knowledge to the younger generation. This commitment will enable older and younger generation to communicate simply and freely (Commonwealth Secretariat, 2008:51).

### **6.2.3. To suggested ways in which to improve the transfer of HIV prevention knowledge from older to younger generation**

The findings of this study highlighted that younger generation should be taught sound morals before engaging in sexual practices. In this regard, UNICEF/UNAIDS/WHO (2010:7) emphasized that “establishing healthy patterns from the start is easier than changing the risky behaviors already entrenched”. Sex education should commence at a younger age, of between 12 and 15 years of age, when younger generation are more receptive and more likely to adopt what they have been taught. The average sexual debut of South African younger generation is at 15 years of age. Taking this and the fact that HIV and AIDS infection rates increase the fastest in the 18-20 year age group into consideration, the case for early sex education in South Africa is even more important. In fact, in Cameroon, for example, the education of younger generation is done before they embark on sexual activities, and has been proven to be an effective strategy to change social behaviors (UNICEF/UNAIDS/WHO, 2010:28).

The abovementioned statement was also supported by participants (*YGR3*) and (*YGR6*) who expressed that sharing of knowledge implies two-way communication that is giving and receiving knowledge. In this context, the transfer of HIV prevention knowledge from older to younger generation should identify and examine the main factors which affect the entire process, in order to address these issues. This might have a positive or a negative effect on younger generation (Gibson, 2006).

Van Dyk (2008), state that younger generation should be empowered with knowledge, attitudes, values and life skills, in order to protect themselves against HIV and other sexually transmitted diseases.

### **6.3. Conclusion**

This chapter draws conclusion on the findings and overall study based on the data that was collected through interviews, which was rich and informative. This study enabled the researcher to interact and investigate participants as they all shared similar experiences, and cultural background. It was realized that HIV and sex are very complex and complementary subjects, and it is often regarded traditionally as taboo which is only discussed by people of the same age. During this study, it was revealed that the matter concerning HIV and sex are to be private subjects, not suitable for public discourse. As discussed by many participants that sex is, and will always remain, a private affair, the consequence of sexual infection, namely HIV and AIDS, is of increasing public concern, given its far-reaching and devastating effect on societies in South Africa, especially in Sunnyside and the rest of African countries. The dilemma is that one cannot, for instance, discuss HIV without mentioning the sexual behavior of those at risk of contracting HIV.

Ultimately, most of the participants are of the opinion that it was worthwhile choosing such subjects and being open to each other and the rest of the communities, even though they initially felt uncomfortable about discussing the issues related to sex and HIV and AIDS, but it is a very interesting topic. The researcher summarized the entire chapter and made recommendations based on the findings and analysis of the research.

## **6.4 Conclusion and Recommendations**

### **6.4. 1 Conclusion**

### **6.4.2 Introduction**

As stated in Chapter one the purpose of the research was to explore the cultural barriers in transferring HIV prevention knowledge from older to the younger generation with people living in Sunnyside. The older generation was age ranged of 40 and above while the younger generation was 18 to 20 years old. Furthermore, the study aimed to gain insights into the participants' views and their understanding of the barriers to recommend to people living in Sunnyside and suggest how to incorporate the findings of the research into the area. In order to accomplish this purpose, a qualitative research methodology was chosen based on the literature and selected theories to motivate an exploratory research design. One main data collection technique was used to collect data from the 12 selected participants; one-on-one interviews which were recorded and transcribed. A thematic data analysis technique was used to code and summarize main research and emerging themes within the broader research questions.

The important findings of the research were summarized per research question in order to suggest areas for further research and possible ways to enhance the implementation of the recommendation in Sunnyside.

The researcher was confronted with many challenges in terms of introducing the topic of transferring HIV prevention knowledge from older to younger generation. It was very clear that the issues involving the terms such as sex and HIV, where both older and younger generation are present were uneasy to discuss freely. These challenges affecting both older and younger generation were seen as barriers in their interaction in solving the issue of transferring HIV prevention knowledge from older to the younger generation in Sunnyside. During the interview scheduled, the researcher observed a generation gap between the older and younger generation with regard to their beliefs, social identity and culture. The researcher had sometimes to ask

exciting questions for them to feel comfortable and express themselves on the issue of sex and HIV. The objective of the study was to explore cultural barriers in transferring HIV prevention knowledge from older to the younger generation in Sunnyside. After clarifying the aims of the study, both older and younger generation felt evident that something should be done to improve communication and adopt the change in Sunnyside.

In selection of the participants both genders were selected for the equality purposes, inspiring interview discussions and led to an agreements and differences which existed between older and younger generation. This provoked a deeper debate on the different roles and responsibilities of each and every one should play to make these changes implemented. Men participated more than women in terms of availability. It was clear that the younger generation were more instant-satisfaction orientated while the older generation were more careful or more conditionally optimistic on the change to be implemented.

During interviews, the participants were more concerned about the nature of the topic to be discussed. The participants started developing confidence towards the change to be implemented by organizing seminars, workshops where both can participate and share knowledge. Throughout all the interviews, it was clear that the selected participants were convinced to start talking about the topic and how suggested activities can be implemented in Sunnyside. They tried to clear some of the myths and adopted the new direction for complementing each other and share HIV prevention knowledge.

At the end the research was a very positive experience for the researcher as it showed the importance of participants and researchers engaging more informally and formally with the older generation through a conversational or dialogue format. Great opportunities often emerged after the interviews during which the participants were so relaxed that they wanted to continue talking about the topic in a more informal social context. It was sometimes difficult to end these conversations but the researcher did so as in some instances people had other commitments.

### **6.4.3 Comments on the Aims and Objectives of the Study**

The research achieved its objectives of offering narrative and descriptive stories from older and younger generation by sharing their experiences and intentions to change their behavior towards cultural barriers in Sunnyside, the City of Tshwane.

The aim of this study was to explore cultural barriers in transferring HIV prevention knowledge from older to younger generation by improving their communication in terms of HIV and sex. As very few studies have been conducted on the transferring HIV prevention knowledge, the objectives and aims of this study were to explore the challenges by involving the participants living in Sunnyside and explore the actual challenges faced and the way forward.

#### **6.4.3.1 To explore the cultural barriers that affects the transfer of HIV prevention knowledge from older to the younger generation**

An overview of HIV and AIDS in South Africa, especially in Sunnyside in particular was provided, with reference to the literature review. This highlighted the type of knowledge that older generation should possess and the seriousness of the HIV, as well as the critical state of the country in this regard. Targeting interventions and their weaknesses were also outlined. Finally, the researcher examined studies on knowledge of HIV and sex, found that there is inadequate support for the transfer of HIV prevention knowledge to the younger generation.

The findings of this study showed that the transfer of HIV prevention knowledge from the older to the younger generation faced various barriers, which affected the process of communication between older and younger generation. Without communication, there will be no connection between the sender and receiver. This was supported by various authors, who indicated that beyond the use of communication as a channel for sending and receiving information and knowledge, it is a resource that facilitates effective responses to address issues related to HIV and AIDS to younger generation. Communication, in this sense, allows for an ongoing dialogue and becomes a medium beyond the transferable messages, in order to discuss responses and messages. The contribution to this discourse confirmed that communication can be used as a medium to discuss specific issues related to health problems and further highlighted that it has the ultimate goal of the conversion of theories into practice.

#### **6.4.3.2 To assess the effects of cultural barriers on the transfer of HIV prevention knowledge from older to the younger generation**

This study also focused on the issue of HIV effects among younger generation, which is of great concern in South Africa, especially in Sunnyside, where there is a concentration of people from different cultural backgrounds. This has the effect of perpetuating myths and misinformation, and increasing rates of infection among younger generation, which work in direct opposition to mainstream educational and awareness raising efforts. Participants suggested that understanding the sexual behavior of younger generation is fundamental to the response to mitigate the impacts



of HIV and AIDS in Sunnyside. This study has shown that the circumstances in which sexual encounters occur in this area is complex, but once understood, it will allow for appropriate interventions to take place. Educating younger generations was emphasised as being essential to reducing the spread of the HIV and AIDS, but important gaps in this process are linked to cultural and social factors that act as barriers from older generation. Younger generation also find it difficult to speak to older generation about the issues related to sex and HIV, while older generation feel that these issues should not be discussed at all, due to cultural and religious beliefs.

The study also highlighted the problem of openness with regard to sex, which still creates confusion and seems to be a taboo among older and younger generations. It was suggested by the participants that openness should be established in order to accommodate change between older and younger generation. This openness on the part of the older generation will contribute significantly to the growth and stability of the younger generation, by providing them with credible information, rather than learning from unknown sources which may be unreliable. It was emphasised that the true generation's vision can be embraced and continued by other generations. The progression from a top-down, linear flow of communication to a more interactive dialogue is viewed by many scholars as the key to facilitate discussion amongst communities that are involved in the development process. Communication programmes or interventions to address issues of HIV that are created by 'experts' and then transmitted to the audience in a one-way, linear fashion are doomed to failure.

#### **6.4.3.3 To suggest ways through which the transfer of HIV prevention knowledge from older to younger generation can be improved**

As previously mentioned, there are various barriers to openly discussed sexuality and HIV with the younger generation. Disapproving attitudes from older generation towards younger generations' sexuality compound the problem and create a climate of distrust, blame and suspicion. It also does not create conducive environment for younger generation to access HIV prevention knowledge and support services. Many of the factors that put younger generation at risk of contracting HIV stem from the socio-cultural conditions in which they live. Lack of strategies among the older generation exposes younger generation to greater risks of becoming infected with HIV. Therefore, older generation should talk openly about sex and sexuality with younger generation, in order to empower them with self-confidence and a sense of control over their lives.

The researcher is of the opinion that it is imperative for older generation to be aware of the situation in Sunnyside, the seriousness of HIV among younger generation. Raising awareness among younger generation will motivate them on how to approach their culture barriers. It was stated by many participants that in the current situation, it is important for us, as custodians of this present age, to take on the responsibility of developing, training and empowering younger generation, in order to produce a generation of leaders who secure the future of the next generation. There is need for younger generation to be empowered with knowledge, attitudes, perceptions, values and life skills, in order to protect them against HIV and AIDS.

It is indicated that some national HIV prevention programmes, which are supposed to provide comprehensive information, do not do it effectively, and this results in many people throughout Sunnyside and the rest of South Africa as whole not receiving sufficient knowledge regarding HIV and AIDS. Therefore, it was concluded by all the participants to mobilize the various stakeholders, including older generation, parents, guardians, members of the extended family, and the entire community, so that they can be well acquainting with issues related to HIV and AIDS, its mode of transmission, and its serious effects on younger generation. This knowledge will help them to teach their children and the entire families. It is also very important for them to have the role model so that they can imitate them. A person with knowledge is an equipped person, and having knowledge about HIV enables a person to find ways of preventing it. One's perceived risk, based on one's knowledge, can lead to personal behavior change.

## **6.5. Recommendations**

The above-mentioned studies are of significance to younger and older generation, government, international governmental organizations and agencies working on the issues of HIV prevention, research institutions and private sectors in health-related fields. Organizations mentioned above will have better understanding about socio-cultural and health issues on transferring HIV prevention knowledge from older to younger generation. The participants suggested that improvements should be made in the areas of communication between older and younger generation, and that the mobilization and motivation of the older generation should be well monitored and evaluated.

It was noted that the participants' knowledge of HIV had been acquired through the media. This knowledge is often inaccurate or incomplete. Therefore, the researcher recommends that the older generation, with formal knowledge about HIV and AIDS, should transfer this knowledge to the

younger generation. The government should help to create awareness campaigns, and should be aware of what is happening and what needs to be done to have a safe environment for the younger generation. In addition to this study, UKZN and other institutions which present formal courses on how to educate both younger and older generation about HIV and AIDS should provide these courses to all the older and younger generation. Since there is a need for such courses, it is recommended that similar courses be presented in various locations around Sunnyside and the rest of the country.

Many of the participants in this study wished to see the following aspects being implemented in the Sunnyside in the future:

- Younger generation need to be made aware of the risks associated with culture barriers in transferring HIV prevention knowledge.
- Empowerment of younger generation through skills, and negotiating of sexual experiences.
- The participation of both boys and girls, so that they can respect themselves and understand their self-worth. This should perhaps be aimed specifically at the age group of 12 to 15 years, with the intension of making the next generation stronger in terms of resisting the urge to engage in risky sexual behavior.
- Encourage the dialogue on cultural barriers in transferring HIV prevention knowledge in order to afford them the lifestyle they desire, instead of using their bodies to secure their livelihood.
- Enhance older generation style of living by sharing their experiences and knowledge with younger generation, so that this knowledge can be passed on to the younger generation.
- HIV and AIDS awareness should address the social issues related to sexual behavior, through seminars, workshops and dialogue.
- Participants made some suggestions with regard to cultural barriers in transferring HIV prevention knowledge; there is a need for serious campaigns that can improve the way of living in Sunnyside. This can be done through the mobilization and participation of younger generation in decision making.
- Advocacy campaigns for the younger generation should be implemented for them on platform of what is going on in the Sunnyside.

Lastly, it was also suggested that a delay in sexual engagement is one of the major factors in reducing the vulnerabilities of younger generation to HIV infection, teenage pregnancy and sexually transmitted diseases. Results from the study showed that the average age of first sexual encounter was between 12 and 15 years. Most of the participants in the study reported that they

were engaged in pre-marital sex, due to socio-economic reasons and the lack of their older generations' guidance.

There is also a need for further research on transferring HIV prevention knowledge from older to younger generation in Sunnyside, South Africa and rest of African countries on a larger scale. More so, an intensive research is required across the Province of Gauteng and the rest of the Country on transferring HIV prevention knowledge from older to the younger generation in order to protect especially the younger generation or the incidence of having more victims. However, a pragmatic generalization was made about transferring HIV prevention from older to younger generation residing in Sunnyside.

Furthermore, the older generation and guardians should be the primary sex educators of the younger generation, due to the sex-related knowledge which they received from unknown sources, some of which may have a more negative than positive impact, (Davis et al., 2013: 1). Schools and other community-based organizations can be important partners with older generation, in order to provide younger generation with accurate and developmentally appropriate sexuality knowledge (Wight et al., 2006).

## **6.6 Conclusion**

In this chapter, the researcher provides a brief introduction of the topic, the summary of the findings was discussed. The feedback in relation to the challenges experienced from the participants in transferring HIV prevention knowledge from older to younger generation. The aim and objectives of the study are reaffirmed and then used as focal points to determine whether or not the goals of this study have been achieved. The researcher also makes recommendations of possible additional research topics that need to be investigated in the future in order to tackle the roots cause of cultural barriers in transferring HIV prevention knowledge from older to younger generation.

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## **ANNEXURE A. INTERVIEW QUESTIONS**

The following questions will be asked to all the participants who will be participating in my research which took place in March and April 2015.

### **Group1. Younger Generation Response (YGR1):**

1. What do you regard as cultural barriers in transferring HIV prevention knowledge or sexual information from older to younger generations?
2. What might be the effect of cultural barriers in transferring HIV prevention knowledge between older and younger generations?
3. What do you think is stopping older generations (parents) from teaching younger generations about HIV prevention?
4. What are the communication mechanisms for transferring HIV prevention knowledge from older to younger generations in the Sunnyside area?
5. What can be done to create a safe environment for transferring HIV prevention knowledge from older to younger generations in Sunnyside?
6. Any suggestions?

### **Group2. Older Generation Response (OGR2):**

1. What do you regard as cultural barriers in transferring HIV prevention knowledge from older to younger generations?
2. What do you view as young people's reaction to sharing information about HIV prevention?
3. What do you regard as being the causes of the barriers in transferring HIV prevention knowledge from older to younger generations?
4. How can communication about HIV prevention between older and younger generations be more effective?
5. What can be done to create a safe environment for transferring HIV prevention knowledge from older to younger generations in Sunnyside?
6. Any suggestions

## **APPENDIX B: INFORMED CONCENT FORM**

### **Informed Consent Form**

My name is **Mr. Jacques M. Ngenda** (student number 213569205). I am doing research on 'Exploring cultural barriers in the transfer of HIV knowledge from the older to the younger generations in Southern Africa: Case study of South Africans living in Sunnyside, City of Tshwane, Pretoria, South Africa

I am currently studying my MA in School of Build Environment Development Studies at KwaZulu-Natal. My contact details are as follows: 083 6863 288 or 0736569328 Tel: + 27 12 352 4065. Email: [jacquesmngenda@yahoo.com](mailto:jacquesmngenda@yahoo.com) or [213569205@ukzn.ac.za](mailto:213569205@ukzn.ac.za).

- Thank you for agreeing to take part in the project. Please note that:
- Your participation is entirely voluntary;
- You are free to refuse to answer any question;
- You are free to withdraw from this study at any time.

The interview will be kept strictly confidential and will be available only to members of the research team. Excerpts from the interview may be made part of the final research report. Do you give your consent for: *(please tick one of the options below)*

Your name, position and organization, or	
Your position and organization, or	
Your organization or type of organization <i>(please specify)</i> , or	
None of the above	

To be used in the report? Please sign this form to show that I have read the contents to you (Signed) ----- date ----- (print name). Write your address below if you wish to receive a copy of the research report:

Address	Do you wish to receive a copy of research report	Yes	No
---------	--	-----	----

*(Interviewer to keep signed copy and leave unsigned copy with respondent)*

#### **ANNEXURE “C” APPLICATION FOR ETHICAL APPROVAL**

**For the project:** Exploring cultural barriers in the transfer of HIV prevention knowledge from the older to younger generations in South Africa: case study of South Africans living in Sunnyside, the city of Tshwane

## INFORMED CONSENT FORM

### Information Sheet and Consent to Participate in Research

Date:

Greetings

My name is **Jacques Mugeyo Ngenda**, registered Masters Student at the University of KwaZulu-Natal, (School of Built Environment and Development Studies, Howard College. My e-mail is [Jacquesmngenda@yahoo.com](mailto:Jacquesmngenda@yahoo.com)/ [213569205@stu.ukzn.ac.za](mailto:213569205@stu.ukzn.ac.za) and my contact numbers are as follows: 073 6569 328 or 083 6863 288.

You are being invited to consider participating in a study that aims to explore cultural barriers in the transfer of HIV prevention knowledge from the older to younger generations in South Africa. The study is expected to enroll at least twelve (12) participants in total. It will involve in-depth interviews. The duration of your participation if you choose to enroll and remain in the study is expected to be for one hour.

This study will not involve any risks or discomforts. It is hoped that this study will add to the body of knowledge that aims to develop effective model of communication from older to younger generations.

Participation in this study is voluntary and you may withdraw your participation at any time, and in the event of refusal/withdrawal of participation you will not incur any penalty. No costs will be incurred as a result of your participation in this study.

To ensure your anonymity and confidentiality your name will not be recorded in any documents that relate to this study and you will not be asked to provide your name in any part of the interview. The data will be coded.

Data collected will be securely kept in a locked up safe within the premises of the school of Built Environment and Development Studies. Data which will be recoded via tape recorder will be erased and written documents will be shredded after the period of five (5) years.

This study has been ethically reviewed and approved by the UKZN the Human and Social Sciences Research Ethics Committee.

In the event of any problems or concerns/questions you may contact **Jacques Mugeyo Ngenda** on the following contact details: 073 6965 238/ 083 6863 288 or [jacquesmngenda@yahoo.com](mailto:jacquesmngenda@yahoo.com)/

[213569205@stu.ukzn.ac.za](mailto:213569205@stu.ukzn.ac.za), or the UKZN the Human and Social Sciences Research Ethics Committee.

THE HUMAN AND SOCIAL SCIENCES

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**Email: [snymanm@ukzn.ac.za](mailto:snymanm@ukzn.ac.za)**

I..... (Full names of participant) hereby confirm that I understand the contents of this document and the nature of the research project, and I consent to participating in the research project.

**DECLARATION OF CONSENT**

I have been informed about the study entitled ‘exploring cultural barriers in the transfer of HIV prevention knowledge from the older to younger generations in South Africa: case study of South Africans living in Sunnyside, the city of Tshwane’.

I understand the purpose and given time to read the content, procedures of the study and I give permission for the interview to be tape-recorded.

***Additional consent, where applicable***

I hereby provide consent to:

Audio-record my interview / focus group discussion	YES/ NO
Video-record my interview / focus group discussion	YES/ NO
Use of my photographs for research purposes	YES/ NO

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without any harm.

If I have any further questions/concerns or queries related to the study I understand that I may contact **Mr. Jacques Mugeyo Ngenda** on 073 6569 328/ 083 6863 288 or e-mail him on [jacquesmngenda@yahoo.com](mailto:jacquesmngenda@yahoo.com)/ [213569205@stu.ukzn.ac.za](mailto:213569205@stu.ukzn.ac.za).

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact:

THE HUMAN AND SOCIAL SCIENCES

RESEARCH ETHICS ADMINISTRATION

University of KwaZulu-Natal Research Office: Ethics

Govan Mbeki Building, Private Bag X54001, Durban 4000

Tel: +27 31 260 8350

Fax: + 27 31 260 3093

Email: [snymanm@ukzn.ac.za](mailto:snymanm@ukzn.ac.za)

.....  
Signature of Participant

.....  
Date

.....  
Signature of Witness  
(Where applicable)

.....  
Date

.....  
Signature of Translator  
(Where applicable)

.....  
Date

ANNEXURE D. ETHICAL CLEARENCE





29 January 2015

Mr Jacques M Ngenda 213569205  
School of Built Environment and Development Studies  
Howard College Campus

Dear Mr Ngenda

Protocol reference number: HSS/1147/014M

Project title: Exploring cultural barriers in transferring HIV prevention knowledge from the older to the younger generations in Southern Africa: Case study of South Africans living in Sunnyside, City of Tshwane)

**Full Approval – Expedited Application**

In response to your application received on 11 September 2014, the Humanities & Social Sciences Research Ethics Committee has considered the abovementioned application and the protocol have been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number.

**PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

The ethical clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter Recertification must be applied for on an annual basis.

I take this opportunity of wishing you everything of the best with your study.

Yours faithfully

.....  
Dr Shamila Naidoo (Deputy Chair)  
Humanities & Social Sciences Research Ethics Committee

/pm

Cc Supervisor: Dr Phindile Shangase  
Cc Academic Leader Research: Professor MP Sithole  
Cc School Administrator: Ms Meera Dalthaman

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Humanities & Social Sciences Research Ethics Committee

Dr Shenuka Singh (Chair)

Westville Campus, Govan Mbeki Building

Postal Address: Private Bag X54001, Durban 4000

Telephone: +27 (0) 31 260 3587/8350/4557 Facsimile: +27 (0) 31 260 4609 Email: [ximbap@ukzn.ac.za](mailto:ximbap@ukzn.ac.za) / [snymanm@ukzn.ac.za](mailto:snymanm@ukzn.ac.za) / [mohunp@ukzn.ac.za](mailto:mohunp@ukzn.ac.za)

Website: [www.ukzn.ac.za](http://www.ukzn.ac.za)



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