

UNIVERSITY OF KWA-ZULU NATAL

**AFRIKANER ADOLESCENTS' PERCEPTIONS OF THE
HIV & AIDS PANDEMIC**

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**AFRIKANER ADOLESCENTS' PERCEPTIONS OF THE
HIV & AIDS PANDEMIC**

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Abstract

This research was undertaken from an ecosystemic perspective, the aim of which was to explore and understand what perceptions Afrikaner adolescents have of the HIV & AIDS pandemic. The research was undertaken at an Afrikaans medium Secondary school in Kwa-Zulu Natal.

There is a paucity of research documenting Afrikaner adolescents' perceptions of the HIV & AIDS pandemic, despite the HIV & AIDS disease having reached pandemic levels. There still exists reluctance on the part of certain communities to acknowledge the existence of the disease at a personal level. These silences within society to accept the reality of the disease perpetuates stigmatisation and discrimination towards people living with HIV & AIDS.

The first part of the dissertation encompasses a brief introductory overview of the study, detailing the background, aim of the research, problem statement, and clarification of the concepts, research methodology and the course of the study. A detailed literature review encompasses detailed explanations of the ecosystemic perspective regarding the adolescents in general and the Afrikaner adolescent in particular.

A qualitative interpretive and naturalistic approach was utilised data was collected through focus group interviews with 36 senior secondary Afrikaans learners. The response of the participants was subjected to a thematic analysis and the themes which emerged from the data analysis were: *Afrikaner adolescents' perceptions of risk factors for contracting HIV & AIDS, influence of societal factors in perpetuating suppression and stigmatization of HIV & AIDS, expressions of emotions associated with HIV & AIDS* It is apparent from the responses, that the Afrikaner adolescents have challenges to overcome regarding the HIV & AIDS pandemic, and in this regard some implications are offered.

Key Words

Perceptions

Afrikaner

Adolescent

HIV

AIDS

Secondary school

List of Acronyms Used

HIV	-	Human Immunodeficiency Virus
AIDS	-	Acquired Immunodeficiency Syndrome
WHO	-	World Health Organisation
UNICEF	-	United Nations International Children's Emergency Fund
UNAIDS	-	Joint United Nations Program on HIV & AIDS

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CHAPTER ONE

GENERAL ORIENTATION, PROBLEM STATEMENT, AIM, RESEARCH DESIGN AND COURSE OF STUDY

1.1 INTRODUCTION

This study is primarily a qualitative investigation, the purpose of which is to develop an exploratory analysis of how adolescents from a predominately Afrikaans community perceive the HIV & AIDS pandemic. In the light of the lack of empirical research regarding this particular community's perceptions about HIV & AIDS in the context of South African schools, this study aims to explore and describe Afrikaans adolescent learners' perceptions of the HIV & AIDS pandemic and to make some recommendations which would facilitate their understanding of the HIV & AIDS pandemic, contributing towards a health-promoting school environment.

At the World Education Forum held in Dakar in April 2000, it was acknowledged that the education sector could play a key role in reducing the impact of HIV & AIDS in schools, thereby alleviating the impact of HIV & AIDS on society as a whole (UNESCO, 2002). Kelly (2000) asserts that AIDS is possibly the greatest threat to education, because the provision of education is essentially person-intensive. The profound implications of this, is that HIV & AIDS has made great inroads into educational institutions and systems, where human resources have been severely eroded (Bennet, Hyde & Swainson, 2000). Prevention efforts to curtail the spread of the AIDS pandemic have been premised on links between education and behaviour change. The underlying assumption is that teaching people to protect themselves from HIV & AIDS can lead to a reduction in risk behaviour and hence a reduction in HIV & AIDS incidences (UNAIDS, 1997).

HIV & AIDS has become Africa's greatest social and human catastrophe. It has profound implications for education, economy and the political stability of South Africa as a whole (Whiteside & Sunter, 2000). As HIV & AIDS continue its deadly course, the scale of the

AIDS pandemic among the youth of South Africa has reached enormous proportions. Throughout South Africa, the pandemic is affecting large numbers of adolescents, creating serious psychological, social and educational problems (Department of Education, 2001; Coombe, 2002).

A study conducted by the Department of Education (1999) estimated that 7 million South Africans are HIV positive with the highest prevalence rate among adolescents. The above statistics reflect the South African reality. The same study confirmed that in South Africa HIV is spread mainly through sexual contact between men and women. Prevalence rates are highest amongst young people, especially teenage girls (Coombe, 2002). Evidently, Africa has the fastest growing HIV & AIDS pandemic in the world, with more people infected in a short space of time (UNAIDS, 2003). According to Visser (1995) although adolescents have the basic knowledge about AIDS, they do not understand how the virus is transmitted nor do they know how to protect themselves from the disease. It is therefore imperative to understand the perceptions and existing knowledge of HIV & AIDS among adolescents, which can then provide an important base for educational interventions aimed at reducing further transmissions (Kelly, 2000). Therefore, it stands to reason that all youth should be exposed to educational programmes as the Department of Education currently requires (Department of Education, 2001).

Very little is known about the perceptions Afrikaner adolescents have of the AIDS pandemic and this study aims to understand the viewpoint of the Afrikaner youth. As an educator based in an Afrikaans medium secondary school, I experience an unchallenged silence regarding HIV & AIDS. Possibly the perceptions of risk of HIV are not 'personalised' as HIV & AIDS education and discussions around this issue is constrained possibly due to social and cultural influences. Knowledge of how HIV & AIDS education is being implemented in schools is sparse and often anecdotal. Research suggests that HIV & AIDS education is not always being implemented as expected (Bennet, *et al.*, 2000). This is partly because of resistance not from the community and teachers, but also due to a lack of training and adequate learning and teaching material.

1.2 RATIONALE FOR THE STUDY

My main motivation for this research is to explore and describe the perceptions young Afrikaner adolescents in a predominantly Afrikaans community have of the HIV & AIDS pandemic. In view of the fact that there is a paucity of studies regarding the Afrikaner's perceptions of the HIV & AIDS pandemic, I have therefore chosen to understand the perceptions of the Afrikaans youth regarding this international pandemic, as I work with this age group on daily basis.

With the demise of both apartheid and Afrikaner nationalism, Afrikaners had to discard much of their ideological thinking as an elitist ethnic group in the South African context. In the new South Africa Afrikaners are rediscovering their own particular identity, one that is forged by their complex and turbulent history (Giliomee, 2003). Afrikaner youth who were prevented from mixing with other racial groups in the old dispensation, now also have to find their own identity in order to survive the challenges accompanying the democratic changes in South Africa. Concurrently they have to deal with the fact that all teenagers are faced with, the challenges of finding their own identity in a very confusing world. The Afrikaner youth has therefore suddenly become immersed in a new society which is grappling with the HIV & AIDS pandemic as well. Consequently, Afrikaner youth do not only have to find their own identity in a new democratic South Africa but also have to find an identity in a new South Africa facing the onslaught of the HIV & AIDS pandemic simultaneously. My contention is that if these young adolescents are exposed to the many discourses of HIV & AIDS they will understand the implications of this pandemic which is devastating the country collectively, affecting people of all ethnic groups, and thereby become more thoughtful about their own personal risk taking behaviours regardless of their strict moral upbringing.

Kelly (2000:32) stipulates that “reducing HIV transmission by behaviour change” and “education programmes for reducing sexually transmitted HIV” are the two most effective approaches to mitigate the impact of HIV & AIDS in schools. At international level South Africa has committed itself to protect and foster the rights of children

(UNESCO, 1994). Kelly (2000) contends that unless there is a clear understanding of the impact that HIV & AIDS has on the education sector, it will be impossible to plan for accommodating and surmounting these impacts.

Locally many policies have been developed to mitigate the impact of the spread of HIV & AIDS. These policy initiatives are aimed at developing a society that both redresses the resource imbalances, and promotes social development that protects the values of respect, and human dignity collectively for all groups of people. By implication these policies recognise the school as an important setting to also redress the challenges of the HIV & AIDS pandemic. These policies particularly emphasise Life Skills education as a preventative strategy (Department of Education, 2001). However, at this research school very little initiatives are undertaken to create programmes or projects to assist learners to deal with the issues of HIV & AIDS despite policies from the education department which emphasise Life Skills education as preventive strategy for HIV & AIDS.

In a study devoted to understanding the perceptions and experiences of adolescents regarding the HIV & AIDS pandemic, it is essential to understand the motivation behind sexual decisions and to address possible implications that behaviours and decisions have on interventions and social policies in the context of the HIV & AIDS pandemic. In the National survey of HIV and sexual behaviours among 15-24 year olds (Pettifor, Rees, Steffenson, Hlongwa Madikizela, MacPhail, Vermaak & Kleinschmidt, 2004) found that young people indicated HIV & AIDS to be the biggest problem facing adolescents in South Africa (Pettifor, *et al.*, 2004). It will therefore, be interesting to explore the Afrikaans adolescents' perceptions in this regard.

1.3 PROBLEM STATEMENT

Almost invariably, all adolescents are particularly vulnerable to the HIV & AIDS pandemic because they are in period of life characterised by marked changes in social behaviour (Kelly, 2000). It seems reasonable to expect the school as a teaching and learning institution to play an active role in the communication of messages about HIV &

AIDS. It is also crucial that the school pay particular attention to the holistic development of all learners i.e. physical, cognitive, emotional, social and moral. Kelly (2002) asserts that HIV & AIDS education should engage the whole person, and further postulates that AIDS education should go beyond mere academic and intellectual knowledge. Taking the above information into consideration it becomes imperative to answer the following pertinent questions.

1.3.1 Primary Research Question

“What perceptions do Afrikaner adolescent learners have of the HIV & AIDS pandemic?”

1.3.2 Secondary Research Question

What recommendations in the form of guidelines can be made to facilitate an understanding of the HIV & AIDS pandemic in the context of an Afrikaans medium educational institution?

1.4 RESEARCH AIMS

1.4.1 Primary aim

This study aims to explore and describe Afrikaner adolescent learners’ perceptions of the HIV & AIDS pandemic.

1.4.2 Secondary aim

The secondary aim of this research is to generate some guidelines in the form of recommendations that could be useful to an Afrikaans medium educational institution in understanding the HIV & AIDS pandemic.

1.5 CONCEPT CLARIFICATION

1.5.1. Perception

Perception is defined as a process by which individuals organise and interpret their sensory impressions to give order and meaning to their environment (Robbins, 1996). People's behaviour is based on their perceptions of reality, and since the way in which people may perceive things is not consistent with objective reality, or with others' perceptions, they respond to situations differently and behave in different ways. Within the context of this study, participants' perceptions of the HIV & AIDS pandemic are those shaped by the personal constructs they have created regarding this pandemic.

1.5.1.2 Adolescents

The term 'adolescence' can be defined as the period of youth between childhood and maturity. It specifically refers to the developmental phase in the human life cycle between childhood and adulthood (Gouws & Kruger, 1994). For the purposes of this study adolescents are those learners between the ages 15 to 19 years and in grades 10, 11 and 12.

1.5.1.3 Afrikaners

Afrikaners are white South Africans predominately of Dutch, German and French descent who speak Afrikaans as their mother tongue (Giliomee, 2003). Afrikaners originate from a deep seated religious background and according to Giliomee (2003) the church is regarded as the most important institution in the Afrikaans community. For the purpose of this study, Afrikaner adolescent learners are those learners whose mother tongue is Afrikaans. Afrikaner and Afrikaans speaking adolescents are used interchangeably, and refer to the same group.

1.5.1.4 Secondary school

A school is an institution, either public or independent providing schooling for some or all of the grades R to 12 levels, in terms of the South African Schools Act (1996: Act 84). A secondary school generally caters for learners in the age group 13 years to 19 years old. For the purpose for this research a senior secondary school refers to one which has Afrikaans as medium of instruction

1.5.1.5 HIV & AIDS

HIV is a virus, the human immuno-deficiency virus, which weakens the body's ability to fight off infections such as tuberculosis. The virus spreads through the medium of body fluids such as blood and semen from the infected person to other persons. An individual, whose body is unable to resist the onslaught of opportunistic infections, is said to have AIDS, the acquired immuno-deficiency syndrome (Kelly, 2000).

1.5.1.6 Pandemic

Pandemic refers to a widespread disease outbreak affecting the global population of an extensive area of the world (Holden, 2003). The onslaught of HIV & AIDS on entire populations, the speed with which the disease is killing off more people worldwide than any other infectious disease (UNESCO, 2002) easily translates HIV & AIDS into a pandemic.

1.6 THEORETICAL FRAMEWORK

Mitigating the impact of HIV & AIDS depends also on understanding the social context in which these young people are brought up in. According to Bronfenbrenner's ecosystemic framework, the psychological development of an individual is connected to the social context and other systems within it. According to him the environment is seen as nested systems which interact and influence each other within the total ecological system

of the adolescent (Donald, Lazarus, & Lolwana, 2002). The individual is seen in an interactive relationship within different levels of organisation in the social context. The eco-systemic perspective further creates an understanding of how classrooms and schools are seen as systems in themselves and the manner in which they interact with the broader social context (Bronfenbrenner, 1979). Using the eco-systemic model of Bronfenbrenner, it would be useful to explore the Afrikaner youth's perceptions of HIV & AIDS within their social context.

The Transactional Model of Sameroff (1975) further explains how individual context transactions impact on the development of the adolescent during different phases of his life (Sameroff, 1975). According to the Transactional model a child's current psychological capacities, such as his cognitive, emotional and his social capacities, are shaped by his earlier transactions. Similarly, a child's current transactions are dependent on both the present context and the particular developmental period he is in. Those who become infected or affected by HIV & AIDS in their environment could develop inadequate transactions at home, school and in their peer context. According to Donald, *et al.* (2002), adolescents' interpersonal and intrapersonal transactions shape and formulate their developmental pathway.

Adolescence has traditionally been viewed as a critical period in human development. It is seen as a specific age category, as a psychological and physical stage of development and as a phenomenon of western industrialized society (Rotheram-Boros, Jemmot & Jemmot, 1995). A study of adolescents' cognitive structure and cognitive development are crucial elements to any study pertaining to the understanding of adolescent perceptions. Piaget's (1954) stages of cognitive development can be seen as a useful framework for contextualising adolescents understanding of health and illness, their knowledge of AIDS and their level of understanding of the disease process associated with AIDS.

Similarly, social interaction is part and parcel of the process of cognitive development. Erikson's (1965) theory of psychosocial development provides another lens to

understanding the role that adolescents have to play in relation to the society in which they grow, mature and make significant contributions to. He strongly stresses the emergence of the *self*, the universal search for identity and the individual's interactions with significant others throughout life, that occurs within the cultural framework. According to Erikson (1965), although an older theory but still valuable, identity formation is the primary developmental task of adolescents. It is also associated with a broad range of social problems brought about by adolescents' risk-taking behaviours and feelings of invincibility regardless of their actions. For this reason they constitute an important target group for preventative efforts (Pettifor *et al.*, 2004). In undertaking this research, I would like to understand what perceptions the Afrikaner adolescents have of the HIV & AIDS pandemic and through this study I would like to ascertain how their perceptions influence their behaviour.

1.7 RESEARCH DESIGN AND METHODOLOGY

1.7.1 Research design

The Approach informing this research will be qualitative in nature. Denzin and Lincoln (1994) assert that a qualitative research design encompasses a wide range of techniques. Observation, documentary analysis and interviewing are some salient features of the qualitative research design. Furthermore, they also concur that a qualitative research design is largely dependent on the manner in which the researcher presents solid descriptive data to ensure that the reader understands the meaning of the phenomenon being studied. An explorative, descriptive and contextual research design will be used (Mouton & Marais, 1990). The particular qualities of this approach match the purpose of my study, which is to explore and describe the perceptions of Afrikaner adolescents regarding the HIV & AIDS pandemic.

1.7.2 Research methodology

1.7.2.1 Sample

The participants in this study will however, be purposively and conveniently selected from an Afrikaans educational institution (De Vos, 2000). This institution comprises both primary and secondary school learners. The entire ethos of this institution is strongly influenced by the Afrikaans Dutch Reformed denomination. The school population comprises of 99 % Afrikaner learners. It is a coeducational school. The administrative personnel and the teaching staff are all Afrikaners except the researcher, being the only person of colour. I have decided to invite only the senior secondary learners to be part of my research i.e. grade 10 to grade 12 learners. Seniors liaise and have more interactions with other learners outside the school and therefore, I presume seniors have some knowledge of the HIV & AIDS pandemic. I also assume that these seniors have all been exposed to the media hype regarding the pandemic devastating the country. Therefore, I believe that these learners will be able to adequately respond to the interview question and provide rich data. All these participants come from homes with a strong Afrikaner cultural background. The age of these participants will vary from 15 years to 19 years. In order to eliminate gender bias I have specifically chosen to interview 18 boys and 18 girls. This would makeup a total of 36 learners participating in my focus group interviews.

1.7.2.2 Ethical obligation

An “ethic” is a moral principle or code of conduct which governs what people do. It is concerned with the way people act or behave. Ethics is an important component of any research; and it underpins educational research (Wellington, 2000). All ethical obligations will be strictly adhered to. In this regard permission will first be requested from the Department of Education. The school principal as the official ‘gatekeeper’ has verbally given me his consent to conduct my research at this school; however a written consent will be requested from him as well. Informed consent will then be acquired from

parents and participants as well. Ethical measures such as confidentiality and anonymity will be strictly adhered to. Parents will also be informed about the purpose of the research and the potential benefit that their children will stand to gain from being part of such a research. Parents will also be informed that participating in this interview is entirely voluntary and that participants could withdraw at any stage if they so desired.

1.7.2.3 Data collection

Fouche (1998) argues that in order for a researcher to study the essences of a participant's life, the researcher must enter the 'life world' of the participants in the participant's own natural environment. The school will be the ideal site for such a study, as the participants will feel comfortable amongst their own peers. In keeping with the objectives of qualitative methodology, namely, the reconstruction of the world of the participants a focus group interview will be advantageous to this study (De Vos, 2000). Terre Blanche and Durrheim (1999) stipulate that a focus group is a term used to describe a research interview conducted in a group. Participants feel free to self-disclose in a group which is supportive of them. In a focus group interview participant find a platform to openly share and compare their experiences. I believe the use of the focus group interview as a data collection tool for my research will be ideal in order to ascertain the maximum insights into perceptions of Afrikaner youth.

Considering that a large number of learners have responded to my invitation to be part of this study, I have decided to include 5 to 6 participants in each group in order to elicit rich responses. There are 6 classes of senior secondary learners in this school, I will choose the first 5 or 6 names on the top of the list from each grade This will result in my having 6 focus groups for my research study. Only one interview question will be asked: "Could you tell me how you perceive the HIV & AIDS pandemic?" If the need arises clarifying and probing questions will be asked. The entire interview will be recorded.

To assist in the data collection phase I will utilise a field log, providing a detailed account of ways I plan to spend my time on site. In the data analysis phase I intend to record

details related to my observation in a field note book and keep a field diary to chronicle my own thinking, feelings, experiences and perceptions throughout the research process.

1.7.2.4 Data analysis

The transcribed interviews will be analysed according to Tesch's method (Tesch, 1990). In this method Tesch considers several specific steps in data analysis. In the first step the researcher engages herself by reading the transcriptions thoroughly and then jots down the main ideas that come to mind in the margin. The researcher then selects the most interesting interview, reads it and then makes an initial analysis. After several transcripts have been read, units of meaning are separated into themes and categories. These themes and categories are grouped together to show interrelatedness. Similar data are assembled and a preliminary analysis is conducted.

1.7.2.5 Trustworthiness

Guba's (Lincoln & Guba, 1985) measures to ensure trustworthiness will be applied. Four strategies have been stipulated for ensuring trustworthiness, viz: credibility, transferability, dependability and confirmability. These strategies are employed in order to eliminate biases in the final results of qualitative analysis. In order to verify the data I would use the participants for member checking throughout the analysis process. An ongoing dialogue regarding my interpretation of the participant's reality and meaning will ensure the truth-value of the data as well (Creswell, 1994).

1.8 DELIMITATION OF THE STUDY

This research study is explicitly grounded in the field of Educational Psychology with particular focus on Afrikaner adolescents and their perceptions concerning the HIV & AIDS pandemic.

1.9 FURTHER COURSE OF STUDY

The structure of the dissertation is as follows:

Chapter 2 will explore the theoretical framework for understanding perceptions of HIV and AIDS, which is a critical discussion of the central theories on which the rationale of the study is founded. The review of literature will focus on local and international research. Since the eco-systemic framework of Bronfenbrenner forms the basis of this study, a thorough discussion of the framework will be expounded.

Chapter 3 will highlight the research design and the method utilised in this study. The sampling technique employed in selecting learners to be interviewed will also be explained. This chapter will also explain the data collection method used, such as the focus group interview. Furthermore, the data analysis procedure will be explained

Chapter 4 will focus on the presentation of results of the investigation.

Chapter 5 includes the conclusions drawn, based on the study. Limitations of the study will be specified and recommendations for further research will be outlined.

1.10 SYNTHESIS

This chapter has explained the background of the study, which has inspired the problem statement, in addition to the primary and secondary research objectives. In short, this dissertation is intended to explore the prevailing perceptions that a selection of Afrikaans secondary school adolescents have of the HIV & AIDS pandemic and their own personal experiences regarding the HIV & AIDS pandemic. Through the means of focus group interviews this investigation will establish the different perceptions that Afrikaner adolescents hold towards the HIV & AIDS pandemic. The study does not claim to provide a complete exploration of participants' perceptions, but rather to draw out the general perceptions and attitudinal patterns that emerge from the study. Based on the

outcome of the investigation, relevant recommendations will be generated for learners, educators and other stakeholders so as to create a much greater awareness of the HIV & AIDS pandemic.

CHAPTER TWO

THEORETICAL FRAMEWORK FOR UNDERSTANDING ADOLESCENT PERCEPTIONS OF HIV & AIDS

2.1 INTRODUCTION

The purpose of this chapter is to review literature relating to the development of the adolescent and the HIV & AIDS pandemic and to elucidate relevant models that provide a theoretical foundation for this study. Firstly, the nature of the HIV & AIDS pandemic will be discussed with special reference to the adolescent. Thereafter, the development of the adolescent will be discussed in the context of a rapidly changing society - the democratic South Africa post 1994. The purpose of a theoretical framework is to ensure consistency between the nature and the purpose of the study and the relevant theory of the topic.

2.2 HIV & AIDS

AIDS is caused by human immunodeficiency virus (HIV), initially identified in 1984 (Center for Disease Control and Prevention [CDC], 2001). It is found in blood, semen, saliva, tears, urine, vaginal secretions, mucous membranes, cerebrospinal fluid, breast milk, and amniotic fluid. HIV-infected individuals usually develop HIV antibodies within 6-12 weeks following infection (Macintyre, Rutenberg, Brown & Karim, 2006) [available online] www.springerlink.com. Accessed on 7 July 2000.

Acquired Immunodeficiency Syndrome (AIDS) develops as result of the lowered body immune system. Persons with AIDS are more susceptible to opportunistic illnesses, such as severe infectious diseases and certain cancers that can be fatal. Less severe AIDS-related illnesses include fever, swollen glands, tiredness, weight loss, and diarrhoea. (Center for Disease Control and Prevention [CDC], 2001).

There are three principle mechanisms of HIV transmission:

- Heterosexual and homosexual activity.
- Direct contact with infectious blood or blood products, including needle sharing and blood transfusion; and
- Transmission from infected mothers to their infants, in utero, at birth, or through breast-feeding. (Centre for Disease Control and Prevention [CDC], 2001).

2.2.1 Impact of HIV & AIDS on Society

The HIV & AIDS pandemic affects entire population losses, population growth rates, death rates, life expectancy, household composition and child mortality (Hunter & Williamson, 2000). Similarly, South African demographics are being relentlessly changed by HIV & AIDS. Whilst this suggests that the role of the family and community is vital in educating young people of HIV & AIDS, the majority of young people in many countries never attend school at all (Giese, Meintjies, Croke & Chamberlain, 2003): Roux, Ebersohn, Smit & Eloff, 2005) have found that 60% of new HIV infections in South Africa occur in the 15 to 25 year old age group. They note that half the country's population (about 16, 3 million) are children of which an estimated 61% live below the poverty line. These authors (Roux, *et al.*, 2002: 78) assert that:

“...with the close association between poverty levels and HIV infection this figure may serve as a proxy for the number of HIV & AIDS affected children.”

2.2.2 Impact of HIV & AIDS on Education

AIDS is not only playing havoc with the education systems, it is reducing the number of children in school. This is not merely because it leads to fewer children in need of education but also because sick parents are taking their children, especially girls, out of school, children who are orphans are not attending school, and households are becoming more reliant on children's labour and the economic contribution they can make (UNAIDS, 2003). AIDS costs are reducing family ability to meet even modest

educational expenses. The disease is also constraining the ability to provide educational services, with high levels of morbidity and mortality among teachers. It has been estimated that in 2002 alone 860,000 children in Sub-Saharan Africa lost their teachers to AIDS (UNAIDS, 2003). In addition, the quality of education is also being eroded by such factors as frequent teacher absenteeism, intermittent student attendance, low teacher morale, considerable student and teacher trauma, repeated occasions for grief and mourning in the school, in families and in the community; a widespread sense of insecurity and anxiety among young learners, especially those who are orphans, unhappiness and fear of stigmatisation and ostracisms on the part of both teachers and students who have been affected by HIV & AIDS, and teacher uneasiness and uncertainty about personal HIV status (UNAIDS, 2003). Compounding these problems are those of reduced resources, generalised poverty, a sense of unreality about the curriculum's relationship to real life, a sense of a lack of relevance between the world of the school and the world of work, and a pervasive doubt about the need for school education when it seems certain that many will die young because of AIDS (UNAIDS, 2003).

2.2.3 The Impact of HIV & AIDS on the Adolescent

The scale of the AIDS pandemic among the youth in South Africa is enormous as HIV & AIDS continues its deadly course. Throughout South Africa, the AIDS pandemic is affecting large number of adolescents, leading to serious psychological, social, economic and educational problems (Department of Education, 2002). Not only is Africa the worst HIV & AIDS affected region, it is also the world's poorest region with the lowest access to quality health care (Tolan & Gorman-Smith, 1997). In spite of the foregoing, infection rates continue to soar in South Africa, especially in KwaZulu -Natal. This province is regarded as the epicentre of the pandemic and it is estimated that at the current rate of infection, half of all South Africans currently 15 years or younger could die of HIV & AIDS (Lovelife, 2001). Therefore it becomes imperative to understand the adolescent and the reasons why the disease affects such large numbers of this particular population group. This study hopes to explore the issues that are at play in rendering adolescents and in particular the Afrikaner adolescent susceptible to the disease. Policies and programmes

have been developed to address the problem and challenge facing all adolescents in South Africa. Interventions include media campaigns, Life Skills and peer education. These interventions can be of paramount assistance to educators, parents, policymakers and NGOs in exploring various avenues in curbing the HIV & AIDS disease.

2.3 DEVELOPMENT OF ADOLESCENTS AND THEIR HIV & AIDS PERCEPTIONS

2.3.1 Introduction

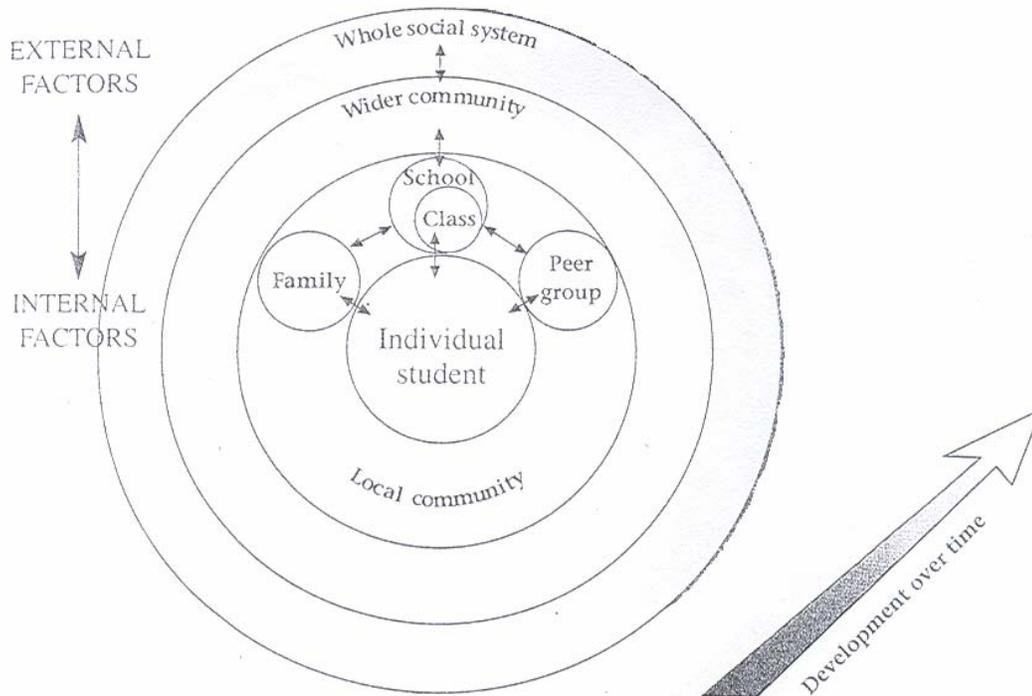
According to Macintyre *et.al.* 2006, [available on line] (www.springerlink.com accessed on 7 July 2006) risk perception has been theorized to be an important antecedent for adopting protective behaviour. These authors maintain that in relation to HIV, risk perception is an indicator of perceived susceptibility to infection and is a measure of how one understands AIDS transmission, as well as a predictor of one's willingness to consider behavioural changes.

Adolescent perceptions of HIV & AIDS do not develop within a vacuum. In exploring the perceptions of Afrikaner adolescents regarding this pandemic, several theoretical approaches, which offer insight into the contexts of adolescent development, are discussed. These theoretical approaches specifically describe the contexts in which adolescents' perceptions relating to disease and sickness, specifically HIV & AIDS may develop.

There are a number of different versions of the ecological model based on the Social Ecology Theory of Bronfenbrenner (1979; 1986).

FIGURE: 2.1

The Ecosystemic Framework (adapted from Donald, *et al.*, 2002)



Levels of system related to the education process

In general these ecological theories recognize that successful activities to promote health, including HIV risk reduction, involve changing individual behaviours, as well as advocacy, organizational change, policy development, economic support, environmental change and, multi-method programs available on line www.oc.nci.nih.gov/services/theory at a glance. accessed 22 May 2002.). According to the ecological model, behaviour is determined by the following:

- Intrapersonal factors—characteristics of the individual such as knowledge, attitudes, behaviour, perception, self-concept and skills.
- Interpersonal processes—formal and informal social network and social support systems, including the family, work group, and friendships.

- Institutional factors—social institutions with organizational characteristics and formal and informal rules and regulations for operation, such as school and religious institutions.
- Community factors—relationships among organizations, institutions, and informal networks within defined boundaries.

Perrino, Gonzalez-Soldevilla, Pantin, and Szapocznik (2000) assert that due to the presence of HIV & AIDS risks at multiple levels of the social environment and the potential for these risks to compound one another's effects, there is a need for a multidimensional understanding of risks behaviours, risk perceptions and protective factors regarding adolescents. Szapocznik and Coatsworth (1999) argue that any HIV & AIDS risk explanatory model must adequately address the multiplicity of risks and protective processes, as well as the risk perception at many important levels of the social context (specifically those processes operating within individuals in the form of thoughts, feelings, perceptions and beliefs; as well as those processes operating within the family, and at other levels of the adolescents' social ecology, for example, in the peer network, school environment and organised religion) that predispose youth to unsafe behaviours.

Several researchers (Szapocznik & Coatsworth 1999; Perrino, *et al.* 2000) report that risk factors for unsafe sexual activities are situated at varying “distances” from the adolescent. According to them some factors, such as parent–adolescent communication about sex (Whitaker & Miller, 2000), peer group interactions, and the school environment are quite closely entwined in the life of the youth, whereas others, such as education and social support for enhancing positive parenting and facilitating positive safe sex communication between parent and adolescents (Grolnick, Benjet, Kurowski, & Apostoleris, 1997), are somewhat more distant.

Perrino *et al.* (2000) maintain that a comprehensive model, which is guided by empirical research, could serve as the basis for the development of efficacious preventive and treatment interventions that target risk perceptions and behaviours at various levels of the social ecology.

Small and Luster (1994) forward a similar argument regarding sex risk behaviours among adolescents, in that they explain that risk factors do not operate in isolation; rather, they interact with one another and compound one another's effects. They argue, for example, whereas exposure to sexually active peers and lack of parental monitoring of adolescent activities (Small & Luster 1994) are both risk factors for unsafe sexual behaviour in adolescence, when these risk factors are both present, the total risk for engaging in unsafe sexual behaviour may be more significant (Ary, Duncan, Duncan & Hops, 1999).

Szapocznik and Coatsworth (1999) have proposed an ecodevelopmental theory of attempting to identify risk for HIV in adolescents. In their construction of ecodevelopmental theory, they have incorporated three basic, integrated elements: social-ecological theory, developmental theory, and an emphasis on social interactions. Their theoretical model is extensively quoted as it is the framework which predominantly informed the present research.

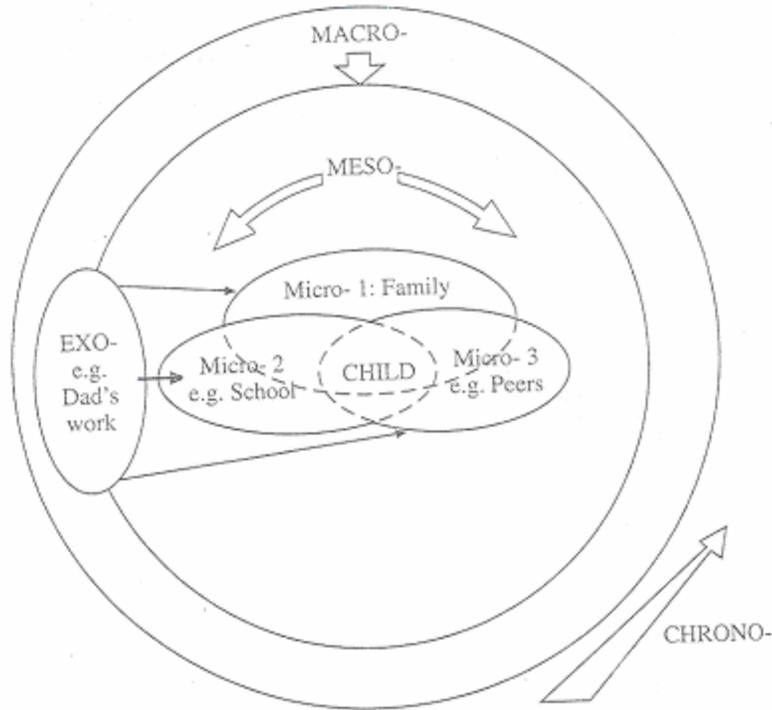
2.3.2 Ecosystemic framework for understanding the Development of adolescents' sexual behaviour.

The foundation of the ecodevelopmental theory postulated by Szapocznik and Coatsworth (1999) is based on Bronfenbrenner's (1979, 1986) work on the social ecology of human development.

FIGURE: 2.2

The Ecosystemic Framework

Adapted from Bronfenbrenner's ecological model (1979)



According to Szapocznik and Coatsworth (1999) Bronfenbrenner (1979) theorized the multiple influences on adolescent development according to important social contexts: macro systems (the broad social and philosophical ideals that define a particular culture such as cultural and societal values); exosystems (contexts in which the adolescent does not participate directly but that impact on the adolescent's life, e.g. parents' world of work, social support); mesosystems (interactions between important members of the different contexts in which the adolescent participates directly - parental monitoring of peers); and microsystems (contexts in which the adolescent participates directly - the family, school, and peers).

2.3.2.1 The Macrosystem

According to Szapocznik and Coatsworth (1999) the macrosystem refers to the broad social and philosophical ideals that define a particular culture, for example cultural and social values (Schwartz, Coatsworth, Pantin, & Szapocznik, 2003). Ecodevelopmental theory postulates that macrosystemic phenomena produce a “trickle-down” effect by contributing to ecosystem problems such as parental isolation. Isolated parents may then feel cut off from their adolescents’ peer networks and school life (Pantin, Schwartz, Coatsworth, Sullivan & Szapocznik, 2003). The literature suggests that when parents are unfamiliar with their adolescents’ environment, they may feel isolated and not reach out for social support (Breton, 1999; Leon & Dziegielewski, 2000) from the immediate community, or institutions such as the school or religious institution. Several authors (Horacek, Ramey, Campbell, Hoffman & Fletcher, 1987) maintain that lack of proactive parental involvement in the adolescent’s school and peer worlds increases the likelihood of microsystemic problems, such as academic difficulties and association with deviant peers. (Pettit, Bates, Dodge, & Meece, 1999) report that low parental monitoring of adolescents increases the likelihood of substance use. In addition, several authors (Boyer, Tschann, & Schafer 1999; Small & Luster 1994; Smith, 1997) maintain that academic difficulties, association with deviant peers, substance use and other adolescent related behaviour problems (bullying, alienation, peer pressure, anxiety and depression) are each then predictive of adolescent unsafe sexual behaviour and misperceptions about sexually transmitted diseases, including HIV & AIDS.

2.3.2.2 The Exosystem

Examples of exosystemic factors include stressful working environment, divorce and lack of social support (Szapocznik & Coatsworth, 1999). According to Dumas and Wahler (1983) these factors may prevent parents from being actively involved in their children’s lives and may increase adolescents’ risks for unsafe sexual behaviour (Small & Luster, 1994).

2.3.2.3 The Mesosystem

Coatsworth, Pantin, McBride, Briones, Kurtines and Szapocznik (2002:9) maintain that the “degree to which parents are connected to adolescents’ school and peer contexts is directly predictive of perceptions of sexually transmitted diseases, including HIV & AIDS, and the risks that adolescents face in those contexts”. Several authors (Ary *et al.*, 1999; Barrera, Biglan, Ary & Li, 2001) maintain that when parents monitor their adolescents’ peer activities, the adolescents are less likely to associate with deviant peers and to engage in risky sexual behaviour.

Garbarino and Abramowitz, (1992) conclude that generally, the stronger the mesosystemic connections are between parents and other important microsystems (for example, school and peers), the greater the protective effect is against unsafe sexual practices (Miller, McCoy, Olson & Wallace, 1986). Szapocznik and Coatsworth (1999) concur that parents’ positive connectedness to adolescents’ school and peers also increases self esteem and positively influences adolescents’ perceptions, sex related attitudes and behaviours.

2.3.2.4 The Microsystem

Szapocznik and Coatsworth (1999) assert that within each microsystem (family, peers, and school) the adolescent interacts with a network of people who influence his or her development toward either health or dysfunction. They maintain that each domain possesses potential risk and protective processes that have been shown to influence the likelihood of adolescent unsafe sexual behaviour.

Miller *et. al.* (1986) report that in the peer domain association with sexually active peers and peers with sex-sponsoring attitudes are associated with unsafe sexual behaviour. Small and Luster (1994) indicate that in the school domain, positive engagement in academics and a high academic average may be protective against adolescent unsafe sexual activity.

Santisteban, Muir, Malcolm, Mitrani and Szapocznik (2002) maintain that traditional religious values, such as the insistence that adolescents respect and obey parents, are directly opposed to the individualistic and self-directed orientation offered and modelled by most western, acculturated peers. It appears that despite exposure to diverse religions, cultures and acculturation, the family's religion and culture of origin significantly impacts on relationships within the family system (Szapocznik & Coatsworth, 1999). Szapocznik and Kurtines (1993) point out that whereas parents may associate mainly with others of their own cultural and religious background; adolescents are quickly introduced to the dominant customs in school and through their peers, as well as the media. Once parents withdraw from their adolescents, this situation may render the adolescent more susceptible to peer influences and unsafe sexual behaviours.

Szapocznik and Coatsworth (1999) assert that adolescents are regularly exposed to sexual situations and opportunities. Thus they need to be educated about how to respond to sexual encounters and risks. O'Sullivan, Meyer-Bahlburg, and Watkins (2001) maintain that adolescents may be less likely than other age groups to receive such guidance. Ramirez, Gossett, Ginsburg, Taylor and Slap (2000) assert that parents from certain religious groups do not commonly talk to their adolescents about sex, sexually transmitted diseases, or condoms because discussion of such topics is regarded as disrespectful, distasteful, or indicative of the parent's own promiscuity.

Szapocznik and Coatsworth (1999) report that parental isolation and lack of knowledge, and differences in parents and adolescents' perceptions of sex are likely to leave adolescents lacking knowledge about HIV risks and ways to protect against them. Whitaker and Miller (2000) maintain that when adolescents do not acquire important information about sexuality from their parents, or from other adults, such as educators, they are more likely to seek it from their peers. Szapocznik and Coatsworth (1999) conclude that adolescent' perceptions of sex, sexuality and risk for sexually transmitted diseases, including HIV, will be limited to a possibly inadequately informed peer adolescent group, who in turn may expose the adolescent to unsafe sexual situations in which he or she lacks the skills to resist.

Several factors are directly linked to HIV & AIDS risk. These factors are discussed below.

2.3.2.4.1 Poverty and Education

Perrino, *et al.* (2000) report that minority adolescents residing in poor urban areas are especially at risk and they are disproportionately represented in terms of HIV, AIDS, STD, pregnancy and high risk sexual behaviour statistics. Tolan and Gorman-Smith, (1997) report that families from economically disadvantaged neighbourhoods are at elevated risk for most social and psychological problems and that they may be exposed to different risks than youth and families from other socio-economically advantaged community contexts.

McLoyd (1998) has found that the negative influence of poverty and economic difficulties on children's emotional well-being may be mediated by its association with harsher and more inconsistent parenting behaviours. (Fox, Platz & Bentley, 1995) have supported the association between low socioeconomic status, parental education and less effective parenting. It appears that parents from low socioeconomic backgrounds and those with low educational levels tend to report less frequent nurturing and more frequent discipline (Fox, *et al.* 1995) as well as lower levels of participation in school activities. In terms of the latter finding, Perrino, *et al.* (2000) note that low and high SES parents actually report similar levels of interest in their children's education. Chavkin and Williams (1989) conclude that parents with lower levels of education and greater economic disadvantage may lack the skills and social support necessary to become involved effectively.

2. 3.2.4.2 Family interaction

Perrino, *et al.* (2 000) report that *positive parent-child relationships*, parental disapproval of inappropriate behaviours, and parental monitoring have been found to be among the

most important factors preventing youth from becoming involved in unhealthy behaviours, delinquency, and drug use.

Supportive relationships with peers and their families, the school, religious institutions and the community at large provide a buffer for adolescents and their families and overall protect against deviant and risky behaviours. Understanding adolescent perceptions of HIV & AIDS, based on their particular experiences in the ecological systems in which they themselves are embedded, offers a good starting point for planning educational intervention and containment of possible sex risk behaviours.

2.4 FRAMEWORK FOR UNDERSTANDING ADOLESCENTS

The second element of ecodevelopmental theory as postulated by Szapocznik and Coatsworth (1999) is a developmental perspective that emphasizes the changing nature of adolescents across time as a function not only of the adolescent's current social context but also of changing conditions in the social context throughout the child's life. Hence, a developmental perspective is applied to the adolescent and his or her social context, in which both person and context are viewed as evolving and changing across the life span.

2.4.1 Adolescent thinking

According to Piaget's theory cognitive development is underpinned by four sequential stages viz. sensori-motor, pre-operational, concrete operational and formal operational thinking. These stages are responsible for differences in cognitive functioning (Piaget, 1954). Piaget (1954) postulated that formal operational thought came into play between 11 and 15 years of age. Formal operational thought is more abstract, idealistic, and logical than concrete operational thought. Piaget (1954) believed that adolescents become capable of using hypothetical deductive reasoning. Language changes that accompany formal operational thought involve an increased understanding of satire and metaphor, improved writing ability, and superior conversational skills. There is more individual variation in formal operational thought than Piaget (1954) believed. Many adolescents do

not think in formal operational ways. Thus there is a spectrum of ways rather than a consistent way of adolescent cognitive development that informs social behaviours. In order to understand the perceptions of adolescent learners and the manner in which they respond to any stimuli, the act of perception must be considered in terms of the individual's cognitive structure.

Social cognition develops from the social interactions and social contexts in which adolescents find themselves embedded in. Peers are the most common source of sexuality information in adolescence. Little information about sex is obtained from parents, especially fathers, and an even lesser percent comes from schools. Sexuality education classes are more likely to teach the biological aspects of sex than the social aspects, although love, marriage, and gender roles sometimes are evaluated. The most likely place and time an adolescent will be exposed to sex education is in a biology class in the tenth grade. Impressive changes in social cognition characterize adolescent development. Adolescents develop a special type of egocentrism that involves an imaginary audience and a personal fable about being unique and indestructible (Piaget, 1954).

2.4.2 Adolescent identity

The adolescence stage is the fifth in Erikson's (1965) theory of psychosocial development. The crisis of adolescence involves identity versus role confusion. Rapid body growth and new genital maturity emphasize to young people their impending adulthood and they begin to question their roles in adult society. The most important task of adolescence is to discover "Who I am?" (Which is a significant aspect of this search for identity). Erikson (1965) sees the prime danger of this stage as identity confusion. This can express itself in a young person's taking an excessively long time to reach adulthood, displaying prolonged immaturity, and by acting impulsively to commit themselves to poorly thought out courses of action or by regressing into childishness to avoid resolving conflicts. He sees the cliquishness of adolescence and its intolerance of differences as defences against identity confusion. He also sees falling in love as an attempt to define identity. By becoming intimate with another person and sharing thoughts and feelings,

the adolescent offers up his or her own identity, sees it reflected in the loved one, and is better able to clarify the self (Erikson, 1965).

According to Erikson (1965: 262), during the “psychosocial moratorium” that adolescence and youth provide, many young people's efforts are focused on a search for commitments to which they can be faithful. These commitments are both ideological and personal, and the extent to which young people can be true to them determines their ability to resolve the crisis of this stage. Erikson (1965) highlights the interdependence of the different dimensions of development. The emotional and social dimensions, as well as the physical, cognitive, and moral dimensions of development are all implicitly integrated in his theory as well.

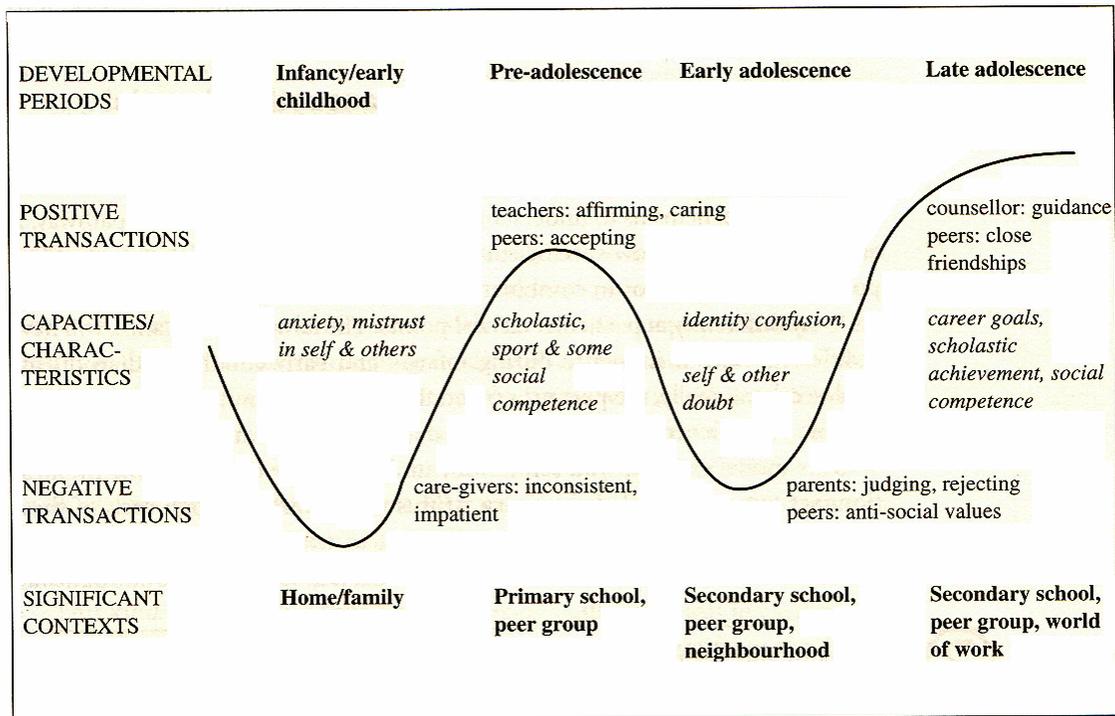
In terms of education, the idea of interdependence is extremely important. Seeing students as whole persons - more than their cognitive or scholastic 'parts' alone, is perhaps the ultimate key of being a true educator. In this context, sexuality education limited to biology lessons, disregards the more extensive needs of the developing adolescent for education on HIV & AIDS, a deadly disease that can easily be transmitted, among adolescents, if adolescents lack knowledge and misperceive the condition and its impact.

2.5 Adolescents' Social Transactions

The third element of ecodevelopmental theory is social interactions. Szapocznik and Coatsworth (1999) postulate that risk and protection are expressed in the patterns of relationships and direct transactions between individuals within and across the different contextual levels of the social ecology (Garbarino & Abramowitz, 1992; Szapocznik & Coatsworth, 1999). In developmental terms, a transaction is a two-way process of influence between a developing individual and a person (e.g. mother), persons (e.g. peer group), or other system in the social context (e.g. school). The transactional model (Sameroff, 1975) shows how individual-context transactions influence the course of development differently at various critical periods in the life cycle. As reflected in the

figure below, at any one point in time, a child brings existing psychological capacities (cognitive, emotional, social.) that are themselves the product of earlier transactions, to his or her current situation and context. His or her current transactions are then shaped not only by these capacities but by his present context and the particular developmental period he or she is in.

Figure 2.3 Developmental pathways: A Transactional view (Sameroff, 1975)



The above figure reflects positive transactions, capacities/ characteristics, negative transactions and significant contexts

The transactional model suggests that what happens in individual-context transactions at particular critical points in development may consolidate, modify, or disrupt capacities that were laid down earlier. This differs from the more traditional view that what is established early in development always has lasting or permanent effects. Such lasting effects may occur, but the transactional model suggests that these are the result of

cumulative negative or positive transactions at successive critical points in the developmental pathway. From a transactional-ecological viewpoint, a host of contexts, including school and school interventions, socio-economic status, neighbourhood collective efficacy and community health policies could potentially interact with the effects of parents and peers in relation to adolescent sexual risk in general and HIV infection in particular (Donald, *et al.*, 2002).

The Transactional model individually, and in conjunction with a more comprehensive model, the ecodevelopmental model, is a helpful way of viewing these influences. In particular, the suggestions that these contexts exert their influence in different ways during different critical developmental periods, and that such individual-context transactions may have cumulatively consolidating or modifying effects, are significant contributions to our understanding of human development. Essentially, the educational implications of this model are much the same as those described in Erikson's theory. The difference is that the transactional model helps us to understand the complexity of the developmental pathway. It also helps to clarify how specific contextually shaped transactions can modify - positively, negatively, or in combination - the form of a person's developmental pathway differently at particular critical points. The family, for instance, will have a different kind of influence during infancy and early childhood than during adolescence. Equally, the peer group, school and the local community will have a different influence during adolescence than during the earlier periods. The Afrikaner adolescent is not different to any other adolescent in their development, except that the Afrikaner adolescent is most often socialised in a particular context.

2.6 THE AFRIKANER COMMUNITY

2.6.1 Introduction

Afrikaners are a group of people primarily associated with South Africa and the Afrikaans language and the Dutch Reformed Church. The Afrikaner population is spread across the provinces of South Africa, However according to the 2005 census, 116,307

reside in Kwazulu-Natal (Statistics South Africa Census, 2005). In the face of overwhelming black superiority in numbers, the policy of apartheid was developed as an attempt to maintain white (Afrikaner) supremacy in South Africa (Giliomee, 2003). Racial discrimination was the norm rather than the exception that governed the interaction between peoples of different races throughout South Africa during the apartheid years. Religion plays an important part in the lives of most Afrikaners who are considered to be 100% evangelized: about 99% are cultural Christians and about 50% Evangelical. Throughout their history of more than three hundred years, Afrikaners have been held together and fortified by a love for their language, their culture and their church (still predominantly the Dutch Reformed Church).

2.6.2 Christian National Education

According to Davenport (1998) for generations Afrikaner adolescents were brought up in a system of education that insisted on the co-ordination of church, school and home influences as the total education for all Afrikaner youth, in the framework of Christian National Education. This approach was used as a device to perpetuate exclusive Afrikaner principles and values. The ideal being that the Afrikaner adolescent should not be affected by other cultural influences which will destroy the coherence of the Afrikaner people as a group with their own unique ideological and political principles (Davenport, 1998). This system of education isolated the Afrikaner adolescent not only from other adolescents of colour, but also from all other cultural groups including English speaking groups. Since 1994 with the advent of democracy, the Afrikaner adolescent has begun to break free from the constraints of decades of politically inspired religious education (Leach, 1998). Many of the younger generation adolescents are determined to eradicate the stifling cultural conformity of the Afrikaner society (Giliomee, 2003).

2.6.3 The Role of the Church

In many cultures the church still plays a dominant role, but for the Afrikaner adolescent the church, and their parents' teaching of religious values, as communicated by the

Church, is of significant importance in the development of their perceptions, attitudes and behaviours in general, and regarding HIV & AIDS in particular. According to Van Wyngaard (2004:1)

“In many places the church has conveniently denied that HIV & AIDS have anything to do with them.”

He maintains that the church is guilty of contributing towards the HIV & AIDS pandemic by not responding appropriately to the problems. He asserts that the church needs to get more involved in the fight against this disease. He argues for the necessity of the church thinking theologically about the reality of HIV & AIDS. He advises the church to assume a position indicating that HIV & AIDS is not merely a matter of “sinners” becoming infected with a virus, but that the church should communicate that there are certain circumstances that are conducive towards the spreading of HIV & AIDS which need to be addressed if an impact is to be made on the spreading of the virus. He further maintains that the church is ideally positioned to assist in containing the disease as the church already has integrity amongst a large part of the population.

During the Global Consultation on AIDS (World Council of Churches, 2001:2) church members said:

“Our difficulty in addressing issues of sex and sexuality has often made it painful for us to engage, in any honest and realistic way, with issues of sex education and HIV prevention.”

The above comment will remain a reality unless the church changes its stance. At present if churches continue to spread the message of sin, stigmatization and discrimination the adolescent, as part of their congregation, will not only lack an informed perspective on the disease, but will be denied the opportunity to learn survival based life skills that are crucial in order to safeguard themselves but also address the issue of HIV & AIDS as a disease which is part of South African life.

2.6.4 Stigmatization and discrimination

Stigma refers to the branding or labelling of a person or a group of persons as being unworthy of inclusion in human community, resulting in “discrimination and ostracization” (UNAIDS, 2003:11). Stigmatisation has many social consequences, such as making it extremely difficult to address the pandemic effectively. According to Van Wyngaard (2004) one of the direct results of the stigma linked to HIV & AIDS is denial that the problem exists. He maintains that while the problem is being denied, it is impossible to find a solution.

Studies (UNAIDS, 2003:11) indicate that denial takes place on at least three levels: denial by those not affected by HIV & AIDS – in other words, the “healthy” people who feel that this has nothing to do with them; denial by entire countries affected by HIV & AIDS who fear the consequences if the facts should become known, and denial by individuals affected by HIV & AIDS (Van Wyngaard, 2004:90-91). Stigma feeds on denial, according to UNAIDS (2003:16) and vice versa: as long as people with HIV & AIDS are stigmatised, the problem will be denied and as long as the problem is denied, those with HIV & AIDS will be stigmatised. Van Wyngaard (2004) maintains that the church has probably been as guilty of denying the reality of HIV & AIDS as any other body. Stigma and discrimination supplies the fuel for HIV & AIDS, as it hampers prevention and care efforts through silence and denial about HIV & AIDS, as well as marginalising those who are affected by HIV & AIDS (UNAIDS, 2003). This fear of stigmatisation and discrimination leads to an endless circle of denial and silence, as “fear of stigma makes people afraid to reveal their positive status by changing their behaviour (UNAIDS, 2003:16).

2.6.5 Life Skills and sexuality education

Sexuality education is one of the most prominent components of HIV & AIDS education program in combating the HIV & AIDS onslaught. In 1995 the Department of Health and

Education gave priority to establishing Life Skills and HIV education courses in Secondary schools (Department of Education, 2000). Since 2005 Life Skills are a key component of sexuality education. Life Skill programmes are geared towards educating younger adolescents about HIV & AIDS. Intervention programmes aim to increase knowledge about HIV & AIDS and its transmission, on assumption that this would in turn change behaviour patterns thereby HIV & AIDS transmission (Morrell, Moletsane, Abdool Karrim, Epstein & Unterhalter, 2002). Life Skills education is valuable in that it empowers learners to believe in themselves and cope with life's challenges, such as HIV & AIDS. Considering the foregoing discussion, the influence of culture, religion and education might possibly make it difficult to implement the Department of Education policy providing HIV & AIDS education at school.

2.7 CONCLUSION

South African adolescents have been disproportionately affected by the HIV & AIDS pandemic. In response to the HIV & AIDS pandemic the South African government developed a range of policies on the provision of Life Skills and HIV & AIDS education in secondary schools (Department of Education, 1999). These Life Skills and HIV & AIDS education programmes were geared towards increasing knowledge, developing skills, promoting positive and responsible attitudes (Department of Education, 1999) recognising the fact that adolescent behaviour is influenced by social contexts and developmental processes. Perrino, *et al.* (2000), concurs about the need to examine the influences of HIV risk and protective factors within the different environmental, social and developmental contexts.

CHAPTER THREE

RESEARCH DESIGN AND RESEARCH METHODOLOGY

3.1 INTRODUCTION

The outcome of this chapter is an attempt to present the procedures and methodology utilised in this study. In order to achieve the above outcome it is necessary to provide a detailed explanation of the research design and methods used during the data production and the data analysis to research the perceptions that Afrikaner adolescents have of the HIV & AIDS pandemic.

3.2 PROBLEM STATEMENT

The Primary Research Question can be formulated as:

- “What perceptions do Afrikaner adolescent learners have of the HIV & AIDS pandemic?”

The Secondary Research Question can be formulated as:

- “What recommendations in the form of guidelines can be made to facilitate an understanding of the HIV & AIDS pandemic in the context of an Afrikaans medium educational institution?”

3.3 RESEARCH AIM

This study aims to explore and describe Afrikaner adolescent learners’ perceptions of the HIV & AIDS pandemic. Secondly it aims to generate guidelines in the form of recommendations to facilitate a better understanding of the HIV & AIDS pandemic amongst Afrikaner adolescents in an Afrikaans medium educational institution.

3.4 RESEARCH DESIGN

3.4.1 Introduction

This research design is qualitative, explorative, descriptive and contextual in nature (Mouton & Marais, 1990: 159-163). According to Rubin and Babbie (2001) a research has to be designed according to the purpose of the study. The research design used in this study is explorative in nature, as its primary goal is to explore and describe a particular phenomenon that is, the perceptions of Afrikaner adolescents regarding the HIV & AIDS pandemic thoroughly, in order to develop ideas and theoretical generalisations (De Vos, 1998). The researcher has chosen to employ a qualitative approach in this study, as it allows for the exploration of Afrikaans adolescents' perceptions of HIV & AIDS within the school context.

3.4.2 Qualitative research approach

Qualitative research is an interpretive and naturalistic approach that explains social and human problems (Creswell, 1998:15). Qualitative research is conducted in natural settings, data is analysed and reported in a detailed and descriptive manner. The methodology employed in this research study was appropriate and relevant to my research study. According to De Vos, (1998), qualitative research is designed to help researchers understand people in the social and cultural context in which they live. This element of qualitative research was appropriate for my study as it provided the opportunity to explore and understand Afrikaner adolescents' perceptions of the HIV & AIDS pandemic in their school context. Drawing from Terre Blanche and Durrheim (1999) whose contention is, that when the purpose of the research is to study phenomena as they unfold (which in this case, is understanding the perceptions of Afrikaner adolescents regarding the HIV & AIDS pandemic) in a real world situation without manipulation, then qualitative research is the most appropriate and relevant approach.

A qualitative approach is used by empirically minded social scientists in all disciplines (Mouton, 2001). This is a style of investigation which is also called field research, ethnographic research, Interpretative approach and the case study method. The term “qualitative” emphasizes that this approach concentrates on qualities of human behavior i.e. on the qualitative aspects as against quantitative measurable aspects of human behavior.

Therefore, this approach is concerned with understanding rather than explaining a phenomenon. It involves the exploration of the reality of the participants’ lived world. The purpose of my study is to explore the perceptions of adolescents regarding the HIV & AIDS pandemic and I elected to use a qualitative approach to understand the phenomena of HIV & AIDS in the life world of Afrikaner adolescents.

The methodology I have undertaken to conduct this study in is underpinned by the qualitative paradigm. In keeping within the genre of the qualitative paradigm I will make use of focus group interviews for data production. Using the qualitative approach will make it feasible to record data as it becomes available. Unusual and unique aspects of the phenomenon studied can be noticed immediately during the interview process. Interviews encourage participants to provide a host of historical data without specially asking for the data. This is useful when it involves very sensitive issues as in my study of the perceptions of adolescents of the HIV & AIDS pandemic (Creswell, 1994).

Some of the limitations of the qualitative approach are listed below:

- The role of the researcher could be construed as being intrusive as an observer.
- Private and sensitive information maybe observed which the researcher is restricted from reporting. Ethical considerations have to be kept in mind consistently.
- In keeping within the requirements of the qualitative approach a researcher ought to have specific skills to interview participants and record data, however, it can become a problem when a researcher does not possess the relevant attending and observing skills.

- In some cases it could be possible that the researcher's presence may bias responses.
- Not all people are equally articulate and perceptive and this can prevent participants from bringing out the truth (De Vos, 1998).

It becomes apparent that the distinctive feature of qualitative research is to attempt an understanding of the social world and the meaning given to it through interactions with the social phenomenon. Babbie and Mouton (2001) further contend that a qualitative approach can be defined as describing and understanding human behaviour rather than explaining human behaviour. The researcher attempted to understand the reality which is subjective of the phenomenon as perceived by the participants.

3.4.3 Focus group as an interviewing method

Terre Blanche and Durrheim (1999) consider the term focus group as research conducted in groups. It is their expert opinion that participants find a platform to openly share and compare their experiences and participants in groups which are supportive of them (Terre Blanche & Durrheim, 1999). De Vos *et al.* (2002) maintains that focus group interviews are advantageous to qualitative study when the researcher enters the "life world" of the participant in his own natural environment. The school was the ideal environment to understand the perceptions of Afrikaner adolescents regarding the HIV & AIDS pandemic. Six focus groups from the senior phase of the secondary school were chosen for my study.

3.4.4 Trustworthiness

Ely (1991) contends that trustworthiness is not just a set of procedures but by implication it is the belief system that shapes the procedures in process. Being trustworthy would then mean that the qualitative researcher will ensure that the research is conducted in a fair manner and as closely to the experiences of the participants who are studied (Ely, 1991). Trustworthiness was established by making use of Guba's model for trustworthiness of

qualitative research (Lincoln & Guba, 1985). This model postulates the following four criteria for trustworthiness: truth-value, applicability, consistency and neutrality.

- Truth value

A qualitative researcher usually obtains the truth value from the discovery of human experiences as they are lived and perceived by the participants (Guba, 1981). Lincoln and Guba (1985:174) refer to this as ‘credibility’. De Vos (1998) considers truth value as the most important criterion for the assessment of qualitative research. Credibility was established through the researcher spending informal time with the participants, being familiar with the learners whom she has taught for many years and spending many hours having informal discussions with them. This “prolonged engagement” encouraged the participants to trust the researcher and thereby gain the confidence to reveal and present their life stories and experiences relevant to the study (Lincoln & Guba, 1985:174). According to De Vos *et al.* (2002) qualitative research can only be considered credible when it presents accurate descriptions or interpretations of human experiences that when people who share such similar experiences, immediately recognize these descriptions. Furthermore, the direct quotations from the participants were included in the findings so as to provide a chain of evidence.

- Applicability

According to Lincoln and Guba (1985) applicability refers to the degree to which the findings can be applied to other contexts and settings or with the other groups. The distinguishing characteristic of qualitative research is that it is conducted in a naturalistic environment with few controlling variables. Each situation is considered as unique and therefore becomes less prone to generalization when using this approach. Consequently Lincoln and Guba (1985:174) refer to the concept of transferability as the criterion against which applicability of qualitative data can be assessed. Furthermore, research only satisfies this criterion of applicability when the findings fit into the context outside

the study situation that is determined by the degree of similarity or goodness of fit between the two contexts (Lincoln & Guba, 1985).

Applicability was addressed in the sample selection. The sample included learners from the senior phase in the secondary school, who could offer insights into perceptions of Afrikaner adolescents of the HIV & AIDS pandemic. This sample related to other adolescents in secondary schools and therefore, conclusions made in this study may be transferable. Furthermore, the methodology is explained in detail, enabling any other researcher to replicate the study, in so doing ensuring transferability.

- Consistency

Trustworthiness also refers to the consistency of the data - that is whether the findings would be consistent if the investigation was replicated with the same participants in a similar context (Lincoln & Guba, 1985: 175). According to Guba (1981) consistency is defined in terms of dependability whereby variability can be trackable, that is variability that can be ascribed to identified sources. The criterion of dependability was satisfied through cross – referencing with other studies of comparable nature.

- Neutrality

Neutrality refers to the degree to which the findings are a function solely of the informants and conditions of the research and not of any other biases, motivation and perspectives (Guba, 1981). According to (Lincoln & Guba, 1985, 176) the emphasis on neutrality in a qualitative analysis is shifted from the researcher to the data. In essence this means that the neutrality of the data is given greater consideration over the neutrality of the investigator. Lincoln and (Guba, 1985; 175) have suggested that confirmability be the criterion of neutrality, which is in turn achieved when truth value and applicability is established.

3.5 RESEARCH METHODOLOGY

3.5.1 Introduction

According to Silverman (2000), a research methodology is a general approach to studying a research topic. It establishes how one will go about studying any phenomenon. Lofland (1971) outlines four elements of methodology which are necessary in undertaking a qualitative study:

- Intensive immersion in a sector of social life to gain ‘intimate familiarity with what is going on.
- focusing on and depicting the situation that the scrutinised participants are dealing with.
- Focusing on interactional strategies and tactics of participants to cope or deal with the situation.
- Assembling and analysing an abundance of qualitative data of situation, events, strategies, action, people and activities to convey the realities of the place represented in its mundane aspects.

3.5.2 Sample

The participants in this study were purposefully and conveniently selected from an Afrikaans medium education institution (De Vos, *et al* 2002). The school population comprises of 100% Afrikaner learners. Suitable participants were systematically identified on advice from the Heads of Department. According to De Vos, *et al.* 2002 purposive sampling is based entirely on the judgement of the researcher. Purposive sampling was utilised to select information rich participants and to increase the value of information obtained from the small sample.

McMillan and Schumacher (2001) report that the advantage of purposive sampling is that few participants are able to yield many insights about the phenomenon under scrutiny. The sample of participants included 36 Afrikaner adolescents from an Afrikaans medium

education institution. In order to avoid any gender bias 18 girls and 18 boys were chosen. Information rich participants who were likely to be knowledgeable and informative about the HIV & AIDS pandemic were selected. This study is aimed at understanding the perceptions of Afrikaner adolescents about the HIV & AIDS pandemic and thus boys and girls from grade ten to grade twelve at a secondary school were selected.

The suburb in which the school is situated is predominantly Afrikaans. Members of this community are self-sufficient in most areas. Adolescents from these homes mix mostly with other adolescents from other Afrikaans homes and have little interaction with adolescents from other cultures. The school draws its learners from the surrounding suburb. Learners attending the school are mainly from a higher socio-economic status. The age of the participants varied from fifteen to nineteen years. There were six participants in each focus group – three males and three females. The participants were able to communicate easily and fluently in English, their second language.

Table 3.1: Grades of participants

GRADES	NUMBER OF PARTICIPANTS
10	3
11	9
12	24
Total	36

Three of the participants were in grade ten, nine in grade eleven and twenty four in grade twelve.

Table 3.2: Gender of participants

GENDER	NUMBER OF PARTICIPANTS
Male	18
Female	18
Total	36

In order to eliminate any gender bias an equal number of males and females were part of this study. There were 18 girls and 18 boys in this study.

Table 3.3: Age of participants in years

AGE	NUMBER OF PARTICIPANTS
15	3
16	9
17	11
18	12
19	1
Total	36
Mean age	17

The participants ranged in age from 15 to 19 years old, the mean age being 17 years old.

3.5.3 Data collection

Data was collected during focus group interviews. According to Terre Blanche and Durrheim (1999) participants feel free to self-disclose in a group which is supportive of them. The researcher briefly explained the aim of the study to the participants. Only one interview question was posed to all the participants, namely, “Could you tell me how you perceive the HIV & AIDS pandemic?” Silverman (1997:29) contends that one should

sample until one reaches data saturation point. Responses were audio-taped and transcribed.

3.5.4 Data analysis

De Vos (1998) explains analysis as a reasoning strategy where the goal objective is to take a complex whole and resolve it into parts. Data analysis was conducted manually. The transcribed interviews were analysed according to Tesch's method (Tesch, 1990). In this method Tesch (1990: 154-156) specifies several steps in data analysis. In the first step the researcher engaged herself by reading the transcriptions thoroughly and subsequently jotted down the main ideas that came to her mind in the margin. The researcher then selected the most interesting and "richest" interviews and made a preliminary analysis. Units of meaning were then identified and categorised according to themes which emerged from the analysis (Kvale, 1996). These themes and categories were grouped together to show inter-relatedness. Similar data were assembled and a thorough analysis was conducted.

The results were presented under central theme headings that emerged. This study being qualitative in nature did not aim to generalise its findings but to merely explore the perceptions of a small group of Afrikaner adolescents regarding the HIV & AIDS pandemic. This study could be useful to other researchers working with interventionist programmes for all youth regarding the HIV & AIDS pandemic.

3.6 LIMITATION OF THE STUDY

A major limitation in this study arose from the sensitive nature of the topic under study as many adolescents in this institution may have chosen not to participate. Furthermore, the study tackled a topic which is very controversial and the findings might not be a true reflection as the researcher is an Indian female teaching in a predominantly Afrikaans institution. It might happen that the participants selectively tell what they think the

researcher might want to hear. A third limitation was that not much recent literature about Afrikaner/ Afrikaans adolescents were available.

3.7 ETHICAL CONSIDERATIONS

Strydom (2002) identifies ethics as universally accepted moral principles which focus on correct conduct and behavioural expectations towards those being researched and towards other researchers. Accordingly these ethical principles should serve as standards and as points of departure on which each researcher should evaluate his own conduct. Ethics is the most important component of any research and it underpins educational research in particular (Wellington, 2002).

All ethical measures salient to this research, such as confidentiality and anonymity were strictly adhered to. All ethical and moral issues were applied with the utmost integrity. Babbie (1990: 342) concurs that anonymity implies that it should not be possible for any participant to be identified by anyone including the researcher.

Permission was sought from the Department of Education, principal of the secondary school, participants and parents involved in the study. Parents were also informed about the purpose of the research and the potential benefit that their children will stand to gain from being part of such a research. Parents were also informed that participating in this focus group interview was entirely voluntary and that participants could withdraw at any stage if they so desired.

De Vos *et al.* (2002) emphasise the fact that all information / data gleaned should be accurate and complete. Keeping this in mind all participants were informed that their participation in this investigation had to be based on their informed consent. Hakim (2000: 143) considers informed consent a necessary condition rather than an impediment.

3.8 CONCLUSION

Chapter three has effectively elucidated the research design and expounded the suitability of the qualitative research approach utilised in this study. A clear exposition of the methodological strategy outlined the data collection and data analysis procedure. Furthermore, all ethical issues were adequately discussed. Chapter four will discuss the emergent themes obtained from the assimilated responses and data of the participants in relation to the literature review.

CHAPTER FOUR
RESULTS AND INTERPRETATION OF FINDINGS

4.1 INTRODUCTION

This chapter focuses on the analysis and discussion of the data findings relating to Afrikaner adolescents’ perception of the HIV & AIDS pandemic. As outlined in chapter three, data was collected through use of focus group interviews.

Major themes and categories (Table 4.1) which emerged from the data are presented in this chapter. Direct quotes of the participants are used and the findings are contextualised by using literature to support or refute the themes and categories. This chapter therefore contains the results of the study and the discussion thereof.

TABLE 4.1: THEMES AND CATEGORIES

THEME 1: AFRIKANER ADOLESCENTS’ PERCEPTIONS OF RISK FACTORS FOR CONTRACTING HIV&AIDS	
Category 1	Promiscuous behaviour as cause of HIV&AIDS
Category 2:	Lack of knowledge as cause of HIV&AIDS
Category 3:	Poverty as cause of HIV&AIDS
THEME 2: INFLUENCE OF SOCIETAL FACTORS IN PERPETUATING SUPPRESSION AND STIGMATIZATION OF HIV&AIDS	
Category 1:	Failure of church to open –up discussions of HIV&AIDS
Category 2:	Parental unwillingness to engage in HIV&AIDS debate
Category 3:	Communities’ failure to accept the disease as reality
THEME 3: EXPRESSIONS OF EMOTIONS ASSOCIATED WITH HIV&AIDS	
Category 1:	Disgust and stigmatization of people who have HIV&AIDS
Category 2:	Disassociation and ‘othering’ those who are infected with HIV&AIDS

4.2 THEME 1: AFRIKANER ADOLESCENTS' PERCEPTIONS OF RISK FACTORS FOR CONTRACTING HIV & AIDS

4.2.1 Category 1 Promiscuous behaviour as cause of HIV & AIDS

HIV infection among adolescents continues to increase at alarming rates (Center for Disease Control and Prevention, 2001). Thus, it is important to examine and understand factors that may relate to AIDS and safer sex behaviours in this population group.

Participants in this study perceived promiscuous behaviour as a significant risk factor for contracting HIV & AIDS. Several studies (Buga 1996; Kelly 2001) indicate that this is a common perception among most individuals that HIV & AIDS is caused by promiscuous behaviour.

Memon (1990) points out that most individuals, in studies reviewed by her, believed that AIDS was associated with promiscuity rather than unsafe sexual practices (Clift & Stears 1988; Warwick, Aggeleton, Homans, 1988). This is reflected in the participant's quotations:

"I think ... the people most likely to get AIDS are the people who sleep around, not specifically Blacks but the people who sleep around. They don't think about the consequences but they think about the pleasure.

"I think that people that are abusing sex can't realise that there is no cure for AIDS"

"Ya other people who think ok! One night of (sexual) pleasure and they throw away their lives."

In the Bambisani project in KwaZulu- Natal, Kelly (2001) found that of the 98% of male adolescents and 66% females reported having sex, 40% reported having had more than one partner during the previous six months. Various other studies (Flisher, Parker & Walters, 1993; Kuhn, Steinberg & Mathews, 1996) report that adolescents do not practice safe sex in general. This viewpoint is substantiated by the following words:

“We are aware of so many of our peers who have unprotected sex everyday and your friends could have AIDS.”

Szapocznik and Coatsworth (1999) report that adolescent behaviour is heavily influenced by social contexts and developmental processes, and that risk for contracting any disease is best understood by considering contextual influences such as peer influences, religious background, and access to information outside their immediate community. In support of this notion, a curious trend emerged from the discussions. Deep rooted Christian values prevent most Afrikaner adolescents from engaging in sex before marriage. Some of the participants responded as follows:

“Ja. Most of the young people have got AIDS through sexual intercourse before marriage.”

“I think it is a punishment for people who sleep around and have sex with different people.”

However, owing to a stance of ‘disapproval’ of talking about sexuality by the church, fellow participants and parents perceived sex as an issue not be discussed openly. Sexuality remains a ‘silent issue’. Given these circumstances there is likelihood that sexual activity among Afrikaner adolescents is being driven underground, with the possibility of high risk sexual conduct and vulnerability to the HIV & AIDS disease.

4.2.2 Category 2: Lack of knowledge as cause of HIV& AIDS

The responses of the participants indicate that they view a lack of education and lack of knowledge about HIV & AIDS as risk factors for contracting the HIV& AIDS disease.

“A lot of them are not educated about the disease and they keep on making the same mistakes over and over again.”

“Everyone is dying of HIV and most of the Black people don’t have the necessary knowledge and they don’t know what it can really do to you and how it is passed to each other...”

“I think the most number of people who get AIDS is Black people because they don’t have the proper knowledge to know that they can’t do what they want to.”

“I think that we all should come together and educate some of groups of people not knowing about the problem”

“I think that AIDS is very big subject in our country as well as our community but people are not educated about”

Kelly (2000) concurs with these participants’ perceptions, in that he maintains that education not only equips adolescents with knowledge, but education overall plays a key role in establishing conditions that result in HIV transmission becoming less likely. Likewise Coombe (2002) views education as a protection against HIV infection. They maintain that HIV infection rates appear to be declining more rapidly among young educated females than among those with less education.

4.2.3 Category 3: Poverty as cause of HIV & AIDS

Some participants perceived poverty as a risk factor for contracting HIV & AIDS. Individuals expressed the viewpoint that HIV & AIDS thrived in impoverished areas and that people living in these areas really did not care about their HIV status.

“Basically it spreads very fast especially in areas where poverty is rife and people are too poor to care.”

“I think people most likely to get AIDS are people from impoverished areas.”

“I think that’s why it’s so common in the poor areas. I am sorry to say it, its mostly black people who commonly have AIDS.”

Whiteside (2002) maintains that there is a strong correlation between poverty and HIV & AIDS. While the consequences of HIV & AIDS are felt across all population groups, the disease is most prevalent among impoverished people with fewer resources for coping. Furthermore, poverty is linked to a number of other factors that increase the risks of HIV infection, including humanitarian crises and substance abuse. According to Gould and Huber (2002) many children who are orphaned as a result of AIDS end up as street children or in child-headed households with very little income and no possibility of attending school which in itself continues the cycle.

Hepburn (2002) indicates that with low or non existent income, affected families’ access to nutritious food and quality health service is reduced. This results in children being stunted in growth, with poor health, and withdrawing from school. Poverty exacerbates the HIV & AIDS pandemic and intensifies the humanitarian crises as well.

4.3 THEME 2: INFLUENCE OF SOCIETAL FACTORS IN PERPETUATING SUPPRESSION AND STIGMATIZATION OF HIV & AIDS

4.3.1 Category 1: Perceptions of the failure of the Church to open –up discussions of HIV & AIDS

A large number of participants expressed their dissatisfaction at their church’s general non-communication about the HIV & AIDS topic. Participants deeply regretted the fact that their church did not see the need for HIV & AIDS discussions.

In the South African context the Christian church have an extraoraordinary influence on behaviour, their messages of abstinence before marriage and monogamous union appears to find resonance and strong support at this Afrikaans medium school

“In our Church they don’t ever speak about sex, HIV and AIDS. They just speak Godliness and I think that they really should consider speaking a little bit of AIDS and HIV.”

“People in church think that it is not the right place to talk about sins and stuff like that.”
“But sometimes it is not a sin like we said earlier on, was something you were given by accident.”

“They must talk about AIDS in the church and warn people about that and tell them more about AIDS...Ja they must talk about AIDS in the church”

“In our churches we don’t even talk about it because it’s like sin and people don’t like to talk about sin... even at home my parents say that sex is something special because God gave people, and not to mess around and keep special.

The World Council of Churches (2001) contends that talking about sex and sexuality is the greatest challenge facing all religious bodies. This difficulty arises from the fact that for many years the Christian church warned people against the evil of sexual immorality of pre- and extra-marital sexual relations. Van Wyngaard (2004) argues that the church needs to get involved in the fight against HIV & AIDS by opening up discussions on the onslaught of the HIV & AIDS devastation. It is necessary that the church transforms its beliefs in order to face the HIV & AIDS crisis. Many Afrikaner churches amended their attitudes and their official viewpoints as power swung from the ruling white parties to the liberation movements. These churches changed their standpoints as the political winds changed course (Van Wyngaard, 2004).

Most Afrikaners belong to one of the three Dutch Reformed churches, whose members also include about half of the Coloured people and a small number of blacks. The *Nederduitse Gereformeerde Kerk* (Afrikaans for “Dutch Reformed Church”) is the largest of the Dutch Reformed churches. It was a racially segregated church that

supported the state during the apartheid years, but then recanted and moved closer to other churches. Saayman and Kriel (1991) report that although the Dutch Reformed Church in South Africa has committed itself to participate in the battle against HIV & AIDS like many other churches have done, a well-formulated theology on HIV & AIDS still seems to be lacking within certain communities. The viewpoints of the participants are consistent with the findings of the above studies.

“We moan about the churches’ narrowness to stop placing blame we don’t really know who’s to blame. But they don’t really want to know about this.”

According to some participants the church’s narrow beliefs and double standards are causes for great concern:

“I think our churches have double standards because they don’t want to take gays, homosexuals and people with AIDS into the church but they are there to tell people about God... not to stop them from...”

“In our church because white people generally think it is a Black man’s disease... ...we don’t know who to blame but we don’t really want to know about this.”

“The dominant churches have the perceptions that it’s mostly blacks who contract AIDS.”

Churches as institutions have been slow to speak and to act on HIV & AIDS, and many Christians have been quick to judge and to condemn many of the people who have fallen prey to the disease.

4.3.2 Category 2: Communities’ failure to accept the disease as reality

Many participants perceive a negative response from their community towards the HIV & AIDS pandemic. Participants pointed out that it was wrong for their community to think that the Afrikaner community was not susceptible to the HIV & AIDS disease.

“We are of the N.G. Kerk (Dutch Reformed Church) mostly Afrikaans community and I think what the Afrikaners are doing is that they are living the old way which was AIDS free and AIDS did not exist. I think that is a big problem and they don’t think it’s real and that we are susceptible to getting it. That’s where they are totally wrong”.

“Even if our churches mention AIDS, the congregation shuns away from AIDS. They shy away from it”.

“In our community we don’t really speak about it or sex speeches. But we never really think about it. It’s just not really a topic for us. We ...are not really conscious about it. Not our community. We always think it can never happen to me. It always happens to other people”.

Given the fact that in the Afrikaner community issues of sexuality remains a ‘silent issue’ and since HIV & AIDS is related to sex, the community often refrains from having discussions on such issues. Marcus (2002) makes a valid point in stating that social as well as religious values play a significant role in the way the HIV & AIDS pandemic unfolds in South African communities. Communities play an important role in providing comfort and support for people living with HIV & AIDS or communities can reject and discriminate against people who have Aids. Boler (2003) asserts that it is at the community level that awareness of HIV & AIDS is spread or ignorance reinforced and perpetuated. It is through peoples’ daily interaction in a community that a climate of compassion solidarity or fear and neglect is created.

Coombe (2002) postulates that since the most immediate effects of the HIV & AIDS virus are experienced at household and community levels, community involvement should be central to all interventionist challenges of the HIV & AIDS pandemic.

Webb (1997) reports that a great deal of stigmatisation and isolation are experienced by people with AIDS. He reports that in studies conducted in Natal and Soweto it became

apparent that high levels of stigmatisation were felt by people with AIDS. Community responses to AIDS are based on people's constructions of the HIV & AIDS virus. Having AIDS is associated with 'wrong doings' Webb (1997) states that within the social fabric of some communities certain moral undertones and mild intolerance may be due to the communities strong religious beliefs. Perhaps this is true of the Afrikaner community in this study who associates AIDS with sexual promiscuity and therefore HIV & AIDS is not a topic that should be talked about in their community.

4.3.3: Category 3: Parental unwillingness to engage in HIV & AIDS Discourse

Participants in this study have revealed that their knowledge about the HIV & AIDS is limited, as is revealed in the following:

"I think our parents should talk about it and be more open about it, your parents must teach you the necessary knowledge."

"Our parents don't want to hear about it..."

"My parents don't want to talk about AIDS but that's not right. Our parents should talk about AIDS more."

"My parents don't talk about AIDS."

"I think our parents are afraid because they are not familiar with AIDS they haven't grown up with this"

Buseh, Glass and McElmurry (2002) emphasise the need for open and honest channels of communication for developing practical and culturally relevant strategies which will effectively communicate HIV /AIDS prevention messages.

Participants denoted that their parents played a limited role in informing them about the

HIV & AIDS pandemic. Participants wanted their parents to have sufficient information about HIV & AIDS so as to educate them at home. Researchers such as Jameson and Glover (1993) also believe in the necessity in educating parents. Other studies show that parents themselves believe that they have an important role to play in the HIV & AIDS and sex education of their children (Buseh *et. al.*, 2002). Research by Selvan, Ross and Kapadia (2001) among adolescents in India revealed that when parents are better educated and informed, adolescents are less likely to be sexually active.

Adolescents often have less access to sensitive information, services and resources than adults. This emphasises the need for parents to become more involved in their children's lives so as to convey information and educate them sufficiently about HIV & AIDS at home. Parents play a critical role in sanctioning the behaviour of adolescents, including sexual risk behaviours (Inazu & Fox, 1980; Leland & Earth, 1993). In fact positive parent-adolescent relationships and adequate parental monitoring have been found to be among the most important factors preventing youth from becoming involved in unhealthy behaviours (Ary *et al.*, 1999).

Participants in this study plead for their parents to communicate with them about HIV & AIDS. However they also mention that their parents are not familiar with HIV & AIDS. Perhaps if Afrikaner parents were encouraged and empowered to learn about HIV & AIDS and discuss such issues with their off spring the barriers of non-communication will be eliminated.

Many of the participants indicated that their parents were unwilling to talk about the HIV & AIDS pandemic. Some participants perceived their parents as being afraid and not being familiar with the HIV & AIDS topic. Some participants expressed the need for their parents to talk to them about the disease so as to empower them with the necessary knowledge.

Perrino, *et. al.* (2000) report that the practice of positive and open parent-adolescent communication has been found to protect teenagers from risk behaviours. In agreement

with the viewpoint of the participants in this study, Hutchingson and Cooney (1998) report that despite the recognised importance of parent -adolescent communication about sexual behaviour, surveys indicate that parents and adolescents are not communicating adequately about sex (O'Sullivan, Jaramillo, Moreau, & Meyer- Bahlburg, 1999; Leland & Earth, 1993).

4.4 THEME 3: EXPRESSIONS OF EMOTIONS ASSOCIATED WITH HIV&AIDS

4.4.1 Category 1: Disgust and stigmatization of people who have HIV&AIDS.

Francis (2002) talks about HIVism, a system of discrimination and exclusion which has the power to oppress people living with HIV & AIDS. It is his contention that people with AIDS are oppressed and marginalised by groups of people who see themselves in a privileged position of not having the AIDS disease. Participants in this study expressed the viewpoint that HIV & AIDS did not touch them, that they were not conscious of the HIV & AIDS disease.

“I think of AIDS but it never touches me, I don’t know of anybody who has AIDS, so I have never really been exposed to the disease.”

“We ...are not really conscious about it. Not our community. We always think it can never happen to me. It always happens to other people”.

“I think that it is a punishment for people... they must be. punished for it.”

Stigma is extremely powerful towards people who are HIV positive. People who have AIDS are perceived to have brought the disease upon themselves (Francis: 2002) and consequently they are marginalised and discriminated by society. Webb (1997:173) asserts that people who have AIDS are blamed as carriers of the virus and therefore are

“devalued and discredited” by groups of people in their society. This notion is confirmed by the following words of the participants:

“What I feel about it might sound harsh. I feel no sympathy for a person who has the knowledge about AIDS and still gets it.”

“I think of AIDS but it never touches me. I don’t know of anybody who has AIDS so I have never really been exposed to the disease. I have never really come to terms with the disease. I know you can get it but I stay away from thinking about it.”

Participants acknowledge that they have not really come to terms or have not fully grasped the enormity of the disease as AIDS is not in the environment and they have not really been exposed to anyone who has the disease. This statement of the Afrikaner adolescent can be interpreted in two ways: either there are no HIV positive individuals in their environment or those that have HIV & AIDS are afraid to declare their status because of the stigma and discrimination attached to the HIV & AIDS disease.

Francis (2002) contends that prejudice, stigmatization and discrimination are often exerted in order for people to maintain control or power over other people who are HIV positive.

Pelzer (2003) reports that people who have knowledge about HIV & AIDS have a more supportive attitude towards people with HIV & AIDS. This finding is in line with the study conducted by Kaplan and Van den Worm (1993) who found that knowledge about HIV & AIDS fostered a more positive attitude towards people who have AIDS. In the context of this study what emerges clearly is the fact that HIV & AIDS related issues are not openly talked about as mentioned by the participants suffice to say that most of the discriminatory forces including lack of understanding of the disease, myths about transmission and prejudice towards people with AIDS all prevail in the context of adolescents.

4.4.2 Category 2: Disassociation and ‘othering’ those who are infected with HIV&AIDS

The participants in this study distanced themselves from people who have HIV & AIDS by virtue of the fact that the disease did not exist in their environment and therefore the HIV & AIDS disease was “out there.”

“It is more common among Black people because they have a different lifestyle from us.”

“I think of AIDS but it never touches me, I don’t know of anybody who has AIDS so I have never really been exposed to the disease”

“I don’t really know of anybody who has it. I don’t really know what it does to the body. I haven’t seen what it does to the body”

In a study conducted by UNICEF (2001:9-24) it was revealed that people living with AIDS were regarded as ‘others’. In the same study it was noted that people in different countries emphasised the fact that those who had HIV & AIDS were distanced from those who did not have AIDS. This corroborates with a study conducted by Webb (1997:173) in which he reports that the desire to isolate people with AIDS both socially and geographically is a common response to the HIV & AIDS pandemic. According to Francis (2002) the distancing and isolating of people with HIV & AIDS strips them of all human values and perpetuates oppression by “othering” people who have the HIV & AIDS disease.

In Webb’s (1997:171) study the need to isolate people with AIDS by distancing them is evidenced in the following words of the participants:

“They should be placed in a concentration camp”

“Placed under guard”

“Kept in a hospital ... until they die”

“They should not be living with normal people”

The above highlights the distancing and ‘othering,’ possibly indicative of how these participants were raised to see themselves as in a better position than others. Campbell, Foulis, Maimane and Sibiyi (2005) further contend that people cope with their own fears by ‘othering’ certain individuals and isolating them so that they can distance themselves from the disease for fear that they could get contaminated by the HIV & AIDS pandemic.

4.5 CONCLUSION

From the analysis of the data it became apparent that these Afrikaner adolescents were facing certain challenges regarding the HIV & AIDS pandemic. Firstly the participants’ knowledge about HIV & AIDS was limited. The participants were convinced that promiscuous behaviour, a lack of knowledge and poverty severely impacts on perpetuating HIV & AIDS. Furthermore, they felt that parents and the church failed in talking about issues relevant to HIV & AIDS. Most importantly the church failed to communicate messages effectively about HIV & AIDS. It is also evident that these participants are severely influenced by the viewpoints and the reactions of the significant others in their lives who distance, stigmatize and ‘other’ people who have HIV & AIDS.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This study explored the perceptions Afrikaner adolescents have of the HIV & AIDS pandemic. Clearly, it is revealed from the study that there exists many challenges of HIV & AIDS in the Afrikaner adolescent's personal life as well as in the various social levels of the ecosystem. The study provides insight into the various inadequacies that need to be addressed as to increase the knowledge base of HIV & AIDS among Afrikaner these adolescents.

5.2 CONCLUSIONS

In terms of the first theme of risk, Diclemente, Zorn & Themoshok (1986) have identified adolescents as an elevated risk group for HIV infection, based on their lack of knowledge about HIV prevention practices. In South Africa, HIV is spread mainly through sexual contact between males and (Department of Education, 1999) and despite high prevalence rates among adolescents of HIV & AIDS, there has been no significant change in the rate of infection among adolescents in South Africa, (Department of Education 2002; Coomb, 2002). The findings in the present study confirm that patterns of sexual risk behaviour prevail among Afrikaner adolescents as unprotected sex is practiced. Although most participants acknowledged the severity of contracting HIV & AIDS through promiscuous sexual behaviour, few indicated feeling personally susceptible to the HIV & AIDS disease as they played down the immediacy of the threat of contracting the disease.

The Afrikaner culture forbids premarital sex and promiscuity, as it is acceptable that Afrikaner marriages are only consummated after marriage following customary laws (Du Preez, 1974). However Afrikaner adolescents are no different to other adolescents, and as Peer pressure is universal, Afrikaner adolescents similarly feel compelled to behave in

ways that will be approved by their peers. Kelly (2002) highlights the influence of peers in engaging in sexual practices, including those at risk of transmitting HIV & AIDS, because their peers do so and it is expected of them. Although pre-marital sex in the Afrikaner community is considered as immoral and condemned the findings of this study reveal that Afrikaner adolescents are just as vulnerable to contracting HIV & AIDS as any cultural group (Were, 1974). Greene, Kremer, Walters, Rubin, and Hale (2000) report that in South Africa although more than a third of adolescents are sexually active, commencing sexual activity at an early age, few perceive themselves to be at risk for contracting HIV & AIDS and do not see AIDS as a personal threat to themselves. One explanation for this is that people do not personalise HIV & AIDS as a problem but see it as something that only happens to other people in other places (Greene, *et al.*2000). Most participants considered knowledge about HIV & AIDS, modes of transmission and prevention as important, and recognised that sometimes people had the knowledge but didn't act according to it. Most participants expressed that adolescents had doubts and incorrect knowledge, and that their parents did not talk to them about sex and HIV & AIDS, possibly due to being ill-informed about the HIV & AIDS pandemic. Furthermore, HIV & AIDS is seen as being a disease of the poor and in South Africa, there is some correlation between extreme poverty and high HIV prevalence, although HIV is prevalent across all sectors of society. This too was the perception of these adolescents.

In terms of the second theme Buseh, *et al.* (2002) emphasise the need for open and honest channels of communication for developing practical and culturally relevant strategies which will effectively communicate HIV & AIDS prevention messages. Participants denoted that their parents played a limited role in informing them about the HIV & AIDS pandemic, wanting the parents to have sufficient information about HIV & AIDS in order to educate them at home. Researchers such as Jameson and Glover (1993) also believe in the necessity in educating parents. The prevalence of misinformation about AIDS in South Africa has not only hampered efforts to increase access to treatment, but has also created a climate of confusion in which prejudice towards people living with HIV & AIDS thrives. The adolescents felt that the church could be more helpful in addressing the HIV & AIDS pandemic in a constructive way.

Regarding the third theme, the misconceptions and gaps in knowledge, influence attitudes towards those infected with HIV and living with AIDS. Interestingly most of the participants who were misinformed about HIV transmission gave stigmatizing responses, suggesting that increased understanding about behaviours related to HIV transmission may result in less stigmatizing beliefs about infected persons (Herek, Capitanio & Widaman, 2002). Participants' perceptions relating to HIV-infected persons were mostly negative and intolerant, as they would avoid people with AIDS in their community or elsewhere. These feelings of discomfort might translate into avoidance and discrimination in some real world situation. Despite acknowledging the severity of the problem, perceptions of risk to HIV & AIDS were not personalised, with strong sentiments expressed by the participants that HIV only affects 'them' and not 'us'. Attitudes of 'otherness' lead to silence, stigma and denial. There are a number of silences in communication around HIV & AIDS experienced by the participants in school. The difficulties which participants face in communicating about HIV & AIDS appear to be affected by perceived parental disapproval, religious barriers cultural and social assumptions.

5.3 IMPLICATIONS OF THE STUDY

From the research findings the following implications are offered:

- High levels of prevalence rates of the HIV & AIDS virus exist among all adolescents. Afrikaner adolescents are just as vulnerable to contracting HIV & AIDS as any cultural group. The present study confirms that similar patterns of sexual behaviour prevail among these Afrikaner adolescents as adolescents from other cultural groups, as supported in the literature.
- Parents, communities and the church's refusal to open up discussions on the HIV & AIDS issue impacts negatively on these Afrikaner adolescents who have the need to become more informed and empowered about the HIV & AIDS pandemic. One

implication is that school–community link is necessary so that teachers are in contact with parents and an increased flow of information from the school to the parents so that parents themselves learn more about HIV & AIDS.

- The existence of denial, discrimination and stigmatization towards people who have AIDS based on religious beliefs, misinformation and lack of knowledge of the HIV & AIDS virus is detrimental to addressing the HIV & AIDS pandemic.

5.4 RECOMMENDATIONS

The following recommendations and guidelines for the whole ecosystem based on the findings can be offered. These guidelines pertain to all adolescents including Afrikaner adolescents.

- First and foremost it should be compulsory that all educational institutions should formulate a proper working HIV & AIDS policy. All educators must have access to the policy which should be effectively implemented. Since the school as an educational environment aims to establish a democratic, safe and healthy environment for learning, it makes sense that the school should address issues of disseminating authentic information regarding adolescent behaviour. The ideology of a Health Promoting School as recommended by the Department of Education seems the most comprehensive approach in order to address the holistic needs of any school community. (Donald *et al.*, 2002). Health promoting schools undertake to enhance community involvement and effective educator and learner support structures. Donald *et al.* (2002) consider the development of a healthy public policy, the development of a supportive environment, the Strengthening of community action and participation, the development of personal skills and finally improved education support services as important components of The Health Promoting School. The health promoting school is the most feasible option that educators and principals should adopt in order to create a safe learning non-discriminatory environment for all learners.

Risk Reducing Programmes for individual learners, to promote healthy behaviour relevant to HIV & AIDS must be prioritized. This programme should contain information relevant to the transmission of HIV & AIDS, behavioural competency skills which will promote abstinence and informed decision making skills. These HIV & AIDS prevention programmes could be introduced through peer support groups, and counselling sessions utilising the Life Skills Curriculum as recommended by the Department of Education.

- Parents, educators and community structures such as the church must unite and form a strong front to disseminate relevant and authentic information regarding HIV & AIDS. In order to be successful, parents, educators, the school community and the church must become involved in the process of creating opportunities for developing positive attitudes towards people living with AIDS. It is imperative that social norms encourage talking about sex, sexuality and AIDS with adolescents. Parents should be empowered with better tools for communicating with their children about sensitive issues such as sex and HIV & AIDS.
- A way of bringing about attitudinal changes lies in creating awareness about the disease amongst learners, parents school and the community at large. Parent and educators should arrange for people infected by AIDS to visit the school and have talks, in this way ignorance about HIV & AIDS would be eliminated thereby creating a more compassionate and understanding attitude towards people with AIDS.

5.5 RECOMMENDATIONS FOR FURTHER RESEARCH

The following recommendations for further research are offered:

- This study was specifically aimed at understanding the perceptions Afrikaner adolescents have of the HIV & AIDS pandemic. It would be interesting and useful to reproduce the study with respect to participants in societal institutions such as the

church in the Afrikaner community in order to ascertain the accuracy of the perceptions of the Afrikaner adolescents from this study.

- As the research was conducted in an urban ex-model C Secondary school with Afrikaner adolescents it, would be interesting to explore the perceptions of adolescents from other cultural groups.

5.6 SYNTHESIS

Young people learn about HIV from a plethora of sources which can lead to contradictory messages and hence confusion. Therefore, the school community, the parent component other societal structures have the mammoth task of breaking the dearth of authentic information about HIV & AIDS in the Afrikaner environment. Collaboration and consistency must be fostered between schools, religious leaders and communities to overcome contradictory messages.

HIV & AIDS prevention campaigns that solely aim to promote understanding of the correct modes of HIV transmission is not likely to be sufficient as suggested by the findings. As stigma is more likely to thrive in an environment of ignorance, AIDS educational efforts need to communicate more effectively and efficiently about how HIV is not transmitted, also addressing the needs of the adolescents in a holistic way. Only by drawing on the whole ecosystem, and developing knowledge, skills attitudes and values which are in congruence, can adolescents and Afrikaner adolescents in particular, be safeguarded against the HIV & AIDS pandemic.

“Life skills are abilities for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life.”

(WHO, 2000)

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APPENDIX A: INTERVIEW QUESTION

One question was posed in line with the phenomenological interview and further probing and clarifying questions were asked in order to provide guidance and direction when necessary.

The question was: “Could you tell me how you perceive the HIV & AIDS pandemic?”

APPENDIX B: EXTRACT OF INTERVIEW

Interviewer (FB): Could you tell me how do you experience the HIV & AIDS pandemic?

Participant: Oh people try to “avoid the subject” of Aids wherever you are whatever, er... because we avoid the subject of Aids we don’t know much about it. People in church think that it’s not the right place to talk about sins and stuff like that. But sometimes its not a sin like we said earlier, was something you were given by accident...

FB: Hhm...hhm...

Participant: I think our churches have double standards because they don’t want to take gays, homosexuals and people with Aids into the church but they are there to tell people about God not to stop them from...

FB: Hmmm... Hmmm...

Participant: Ok... in our church they don’t ever speak about sex, HIV & AIDS, they just speak Godliness and I think that they really should consider speaking a little bit of Aids and HIV...

FB: Hmmm... Hmmm...

Participant: I agree – if you want the people to know more about God, you should tell them about the wonders God has made. They must talk about Aids in the church and warn people against that and tell them more about ... ja they must talk about Aids in the church.

FB: Hmmm... Hmmm...

Participant: People exploit what the church has to say about homosexuals and stuff like that because they don't want to deal with issues that go with it. They don't want to be known by the image of having gays and people with Aids in the church but actually I think they should attract those people so that they can help them not rather put them away...

FB: Hmmm ... Hmmm...

Participant: I think that churches don't talk about Aids and sex because they think if you don't talk about it, there's no problem.... I think so too. If you don't talk about it there's no problem.

FB: You said problem? To whom?

Participant: I think our parents should talk about it and be more open about it, about sexual relations and Aids because your school does not teach you about stuff like that, your parents must teach you the necessary knowledge, your parents must not tell you that to do but must warn you against it and tell you about the consequences.

**32 Oribi Circle
Mobeni Heights
4092
22 March 2005**

Department of Education and Culture

Dear Sir/Madame

**RE: APPLICATION FOR PERMISSION TO CONDUCT RESEARCH AT
KUSWAG HIGH SCHOOL: AMANZIMTOTI**

I am a student at the University of Kwa-Zulu Natal. I am currently completing my Masters degree in Psychology of Education

My student number is 202 521 558

Details of my supervisor are as follows:

Prof. Naydene de Lange. Tel: 031-2601342

Fax: 031-2607003

In order to complete my degree, I need to conduct a research - study based on my chosen field of research at the school I am teaching at i.e. Kuswag High school.

My research study explores the perceptions of Afrikaner adolescents of the HIV and AIDS pandemic. My research title is:

***“THE PERCEPTIONS OF AFRIKANER SECONDARY SCHOOL
ADOLESCENTS OF THE HIV AND AIDS PANDEMIC”***

I would like to request for permission to conduct my research at the above school.

I thank you in anticipation.

RESEARCHER: MRS F BACUS

PHONE CELL: 072 1170 911

HOME: (031) 400 60 10

LETTER OF CONSENT TO PARENT/GUARDIAN

Dear parent/guardian

My name is Farida Bacus. I am an educator at Kuswag High School. I am presently completing my Masters degree in Educational Psychology at the University of Kwa-Zulu Natal and Professor Naydene de Lange is my supervisor.

Telephone number: 031 2601342

One of the criteria for completing my degree is to conduct a research- study based on my chosen field of research.

My research study explores the perceptions of Afrikaner adolescents on the HIV and AIDS pandemic. My research title is:

“THE PERCEPTIONS OF AFRIKANER SECONDARY SCHOOL ADOLESCENTS OF THE HIV AND AIDS PANDEMIC”

The research involves me to interview your child. Since the HIV and AIDS topic is a sensitive issue, all ethical considerations will be strictly maintained at all times. All information provided will be kept in strict confidence. Please note that participation in this research is voluntary and your child may withdraw from participating at any time he/she feels the need to do so.

Furthermore, your child needs your consent to participate. If you consent to your child being part of this research please sign the form below.

I, parent/ guardian of _____ Give consent for his/her participation in the research project.

PARENT/ GUARDIAN

DATE

Thank you for your co-operation

RESEARCHER:
MRS F BACUS
PHONE CELL: 072 1170 911
(H): (031) 4006010



PROVINCE OF KWAZULU-NATAL
ISFUNDAZWE SAKWAZULU-NATAL
PROVINSIE KWAZULU-NATAL

DEPARTMENT OF EDUCATION
UMNYANGO WEMFUNDO
DEPARTEMENT VAN ONDERWYS

eTHEKWINI REGION
UMLAZI DISTRICT

ISIFUNDA SASETHEKWINI
UMBUMBULU CIRCUIT

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Isikhwama Seposi :UMBUMBULU
Privaatsak :4105

Telephone :(031) 9150036
Ucingo 9150001
Telefoon 9150222
Fax :(031) 9150189
Date : 01 September 2005
Usuku
Datum

Enquiries: Dr JC Janse van Rensburg
Imibuzo
Navrae

Reference: Research at Kuswag: F Bacus
Inkomba
Verwysing

The Principal
Kuswagskool
AMANZIMTOTI

**PERMISSION TO CONDUCT RESEARCH FOR M.ED AT KUSWAGSKOOL:
MRS F BACUS: 14995808 (PERSAL)**

1. Mrs F Bacus is presently studying towards a Masters Degree in Psychology of Education at the University of Kwa-Zulu Natal. The topic for research is: "What are the perceptions of Afrikaans Secondary School adolescents of the HIV and AIDS pandemic?"
2. Mrs Bacus is hereby granted permission to conduct the research at Kuswagskool.

Sincerely

Dr JC Janse van Rensburg
Ward Manager: Amanzimtoti

PROVINCE OF KWAZULU-NATAL UMNYANGO WEMFUNDO NAMASIKO DEPARTMENT OF EDUCATION AND CULTURE
2005-09-22
PRIVATE BAG X 1022 UMBUMBULU 4105 TEL: No : 031 915 0001 / 25
UMBUMBULU DISTRICT OFFICE



Kuswag Skool

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KUSWAGLAAN
AMANZIMTOLI

Private Sak X2005
Amanzimtoli
4125

22 April 2005

TO WHOM IT MAY CONCERN

RE : MRS F BACUS

Mrs F Bacus is an educator at Kuswag School.

She is also currently completing her masters degree M Psychology of Education.

Her research topic is "the perception of Afrikaans adolescents to the HIV/AIDS pandemic!!

As the official "Gate-Keeper" of this institution, I hereby grant permission to Mrs Bacus to conduct part of her research at Kuswag High School.

Yours faithfully

**P H PETTIT
PRINCIPAL**