

**INDIAN FEMALE YOUTH PERCEPTIONS OF HIV AND
AIDS IN THEIR COMMUNITY**

**by
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**Submitted to the Faculty of Education
University of Kwazulu – Natal
In partial fulfillment of the requirements for the
Magister Educationis**

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January 2006
Durban**

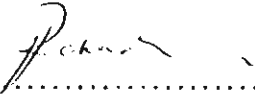
ACKNOWLEDGEMENTS

I wish to express my sincere gratitude and thanks to the following individuals without whom the completion of this dissertation would not have been possible:

- To the Almighty God who has given me strength, courage, determination and the willpower to succeed.
- My supervisor Professor Naydene de Lange for her informed and excellent advice, motivation, patience and guidance throughout the study.
- The National Research Foundation for financial assistance and support.
- To my participants who were accommodating and undemanding.
- To my parents Mr and Mrs Soorjoo for their encouragement and for moulding me to the person I am.
- To my in-laws Mr and Mrs Hardeo for support and attending to my son in my absence.
- And finally to my dearest and loving husband Surendra and adorable son Shravan, whose love, patience and encouragement supported me throughout my studies.

DECLARATION

I hereby declare that this dissertation is my own original work and does not contain material which has been previously submitted for the purposes of any degree or diploma at any university. Where use has been made of the work of others, it has duly been acknowledged and referenced in the text.


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15 January 2006

SUMMARY

This study explores the perceptions Indian female youth have of HIV and AIDS in the Indian community. The reason for pursuing research of this nature was the scarcity of available literature, particularly of Indian youth and HIV and AIDS in South Africa. Youth are the most precious treasure of any nation, our future leaders. The moulding of one's nature and development of personality and character takes place during this formative period. During my encounter with several Indian female youth, I was able to explore their perceptions and gain a better understanding of their perceptions of HIV and AIDS in the Indian community.

Conducted within the qualitative paradigm, this study uses a qualitative, contextual and descriptive design to investigate the perceptions Indian female youth have of HI V and AIDS. The sample consists of fifteen participants who are learners at a secondary school in Reservoir Hills. The participants were purposively chosen from grades 8 to 11. The study employs the visual participatory methodology and the data collection instruments included photo-narratives.

The findings revealed that these adolescents perceive that there exists many challenges in the Indian community that may lead to the increase in the prevalence of HIV and AIDS namely drug and alcohol abuse, peer pressure, risk-taking behaviour and lack of parental guidance.

The researcher recommends that educational programmes such as effective risk-reducing programmes, as well as support structures, should be made available to all youth. Due to the scarcity of information available concerning HIV and AIDS in the Indian community, it is also recommended that further research be conducted in other areas to explore HIV and AIDS in their community using visual participatory research.

KEY WORDS

Indian

Youth

Perceptions

Community

HIV

AIDS

LIST OF ACRONYMS USED

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

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CHAPTER ONE

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

1.1 INTRODUCTION

The HIV and AIDS epidemic is possibly one of the greatest challenges facing humanity in the twenty-first century.*In the current situation where a cure continues to elude researchers and where infection results in death, curbing the spread of HIV/AIDS through prevention has been the focus of efforts all over the world (International Development Research Centre, 2003). The syndrome is a frequently studied disease and has generated a host of books, journals, conferences and campaigns devoted to its study. However despite all the knowledge available, the numerous prevention efforts and the millions of rands invested on awareness programmes worldwide, the disease continues to spread at an alarming rate and several lives are still being lost (Marcus, 2002).

The world today is experiencing an unprecedented increase in the number of young people who are HIV positive or who are sufferers of AIDS. About a third of the world's HIV positive people are between the ages of 15 and 24, and every minute six young people under the age of 25 become infected (AIDS and Young People, 1996). In South Africa, young people are considered a particularly vulnerable group, especially young women between the ages of 15 to 29 years, due to various predisposing biological, psychosocial and economic factors (Marcus, 2002). It is overwhelming to note that an unacceptable high number of children and youth of school-going age in South Africa are HIV positive (Mvulane, 2003). A joint report by UNICEF, UNAIDS and WHO (2004) confirms the susceptibility of youth and states that over 50% of new infections occur among the 15 to 24 year olds. However, it is not stated to which ethnic groups the above statistics refer, but as an Indian female myself, I wonder about the extent of HIV and AIDS amongst the Indian youth, as well as what their perceptions of HIV and AIDS are.

The Indian citizens, a minority group in South Africa, as stated by Vahed (2000b), maintain a rich and varied culture, based on traditions and practices that originated in India. Although Vahed (2000a) is of the opinion that cultural localism is alive and well and has not been replaced with modern collective consciousness, research by the Health Systems Trust (2005) clearly indicate that from the year 2003 to 2004, the percentage increase in HIV prevalence was from 0,9% to 2,7% among the Indian population, which might bring into question whether there exists a link between culture and HIV and AIDS, and whether culture is losing its value. According to Hansen (2000), the Indian culture is being commercialised and re-packaged for commercial purposes, while Indians themselves are possibly 'losing a sense of themselves'. It is the aim of the researcher to explore the perceptions Indian female youth have of HIV and AIDS in their community, the complex dynamics surrounding the disease and the vulnerability of the Indian youth to HIV and AIDS.

1.2 PROBLEM STATEMENT

The research questions can be stated as follows:

1.2.1 Primary research question:

What perceptions do Indian female youth have of HIV and AIDS in the Indian community?

1.2.2 Secondary research question:

Which guidelines in the form of recommendations can be generated to empower educators to facilitate a better understanding of HIV and AIDS amongst the Indian youth?

1.3 RESEARCH AIMS

The aim of this research is twofold. Firstly, it aims to explore the perceptions Indian female youth have of HIV and AIDS. Secondly, to generate guidelines, in the form of recommendations, to empower educators to facilitate a better understanding of HIV and AIDS amongst the Indian youth.

1.4 THEORETICAL FRAMEWORK AND CONCEPT CLARIFICATION

1.4.1 Theoretical Framework

This research will explore the perceptions that Indian female youth have of HIV and AIDS, and from an Educational Psychology perspective, will focus on the ecosystemic perspective highlighting the influence of social context, including the culture and peers, on the youth. The ecosystemic perspective is an intergration of both ecological and systemic theoretical insights. Different levels of system in the social context are seen to influence, and be influenced by one another in a continuous process of dynamic balance, tension and interplay (Donald, Lazarus & Lolwana, 2002). This perspective also helps in understanding the development of youth in more holistic and contextually interactive terms (Tyler, 1992 in Donald *et al.*, 2002). It is also involved in examining how a person's behaviour is affected by a particular situation or environment. Social contexts shape nearly everything we do, how we perceive the world, express joy and behave.

According to Van Niekerk (1991) the importance of understanding the complex dynamics of the HIV and AIDS epidemic is often overlooked to the detriment of the formulation of appropriate preventative programmes. Furthermore, youth often have less access to information, services and resources than those who are older (Aggleton & Rivers, 1999). The World Health Organisation (2002) reports that health services are rarely designed specifically to meet their needs, and health workers occasionally receive specialist training in issues pertinent to adolescent sexual health. The need to understand the dynamics of HIV and AIDS through exploring the perceptions of Indian female youth is the focus of this research.

In developing an understanding of the perceptions of Indian female youth of HIV and AIDS in their community, it becomes necessary to look at the social context of Indian youth in South Africa. This study is based on the premise that youth are to a great extent shaped by their environment and the social context, hence an ecosystemic framework will be used. According to the World Bank (2002) formal education reaches the majority of young people at an early age when they are in their most formative years. Therefore education has the potential to transfer important HIV

prevention and other AIDS related messages to young people when they are in their most receptive developmental stages. According to Kelly (2000), information can enable young people to maintain or adopt behaviour that will protect them against HIV.

This is understood in the context of peer groups as providing the safety and a sense of belonging as well as the space to try out and form identities (Adler, 1998). Youth in groups tend to conform to group norms of thought and behaviour. Pressure from a group can be hard to resist as peer culture contains the informal social mechanism through which children create their social order and develop feelings about themselves (Adler, 1998). In diverse cultures in South Africa, the development from childhood to adulthood was and still is marked by a variety of customs and rites and education in tradition and culture maintained the transmission of customs and was also concerned with maintaining a moral order (International Development Research Centre, 2003). Freedom of choice was limited by social and cultural practices, and the process of education was through imitation and observation of parents and community leaders.

However, the current modernisation processes have resulted in a dramatic decline in the exposure to cultural learning. According to the HIV/AIDS and Social Transformation Program (2005), the most central factor in the breakdown of traditional Indian society is the enormous increase in the female labour force participation. More than 60% of women are active in the labour market and this possibly impacts on the decline in education in culture and tradition. Therefore the family system, the culture, the education, the peer group are part of the complex dynamics of the adolescents and their interaction with HIV and AIDS.

1.4.2 Concept Clarification

There are a number of concepts used during the course of this research which are worthy of definition.

1.4.2.1 Youth

Various people have different ideas of what the term 'youth' means, as the researcher will show below. Youth is synonymous with an adolescent who is between the ages of 9 and 19 (Worldreference.com, 2005). This is in keeping with Kiragu (2001) who also defines youth between the ages of 9 to 19 years. Adolescence is regarded as a period of immaturity between childhood and adulthood. WHO (2005) defines adolescence between 15-24 years. The Centre for Disease Control (CDC) defines it as 13-19 years, while the American Academy of Pediatrics and Society for Adolescent Medicine define it as 13-31 years (Kunins 1993, in Marcus 2002). For the purposes of this research, youth will refer to those between the ages of 13 to 17 years.

1.4.2.2 Human Immunodeficiency Virus

Human Immunodeficiency Virus (HIV), is an infectious agent which causes AIDS. At present there are two viruses associated with AIDS, namely HIV-1 and HIV-2. All current indications are that while HIV-2 is as dangerous as HIV-1, it acts more slowly. This only means that it takes longer for the symptoms of infection to manifest in an HIV-2 infected individual. The HI virus enters the body from the outside via infectious fluids such as blood, semen, vaginal fluids, amniotic fluids, cervical fluids, cerebrospinal fluids, pleural fluids and breast-milk (Van Dyk, 2001). According to Schoub (1999) what makes the disease so truly extraordinary and unique is that it exploits and capitalises on a complex set of chinks in the human immunological armour. The virus weakens the system of the body to such an extent that it can no longer fight the pathogen (disease-causing agent) that invades the body.

1.4.2.3 Acquired Immune Deficiency Syndrome

The disease is regarded as acquired because it is not inherited. It is caused by the HI virus, which enters the body from the outside. Immunity refers to the body's natural inherent ability to defend itself against infection and disease. Deficiency refers to the fact that the body's immune system has been weakened so that it can no longer defend itself against passing infections. A syndrome is a medical term which refers to a set or

collection of specific signs and symptoms that occur together and that are characteristic of a particular pathological condition (Van Dyk, 2001).

The first recognised cases of AIDS occurred in America in 1981. A rare form of pneumonia caused by *Pneumocystis carinii* (micro-organism) and Kaposi's sarcoma (a rare form of skin cancer) appeared in several patients simultaneously. Common characteristics amongst the patients were that they had compromised immune systems and the patients were young homosexual men (Van Arkel, 1991; Van Dyk, 2001).

In 1985, a new disease, which undermined the immune system and caused diarrhoea, was identified in Africa amongst heterosexual people. It was very difficult to immediately identify the causes and modes of transmission of this disease and therefore the disease baffled scientists and doctors. In 1983, the virus responsible for the disease was identified as lymphadenopathy-associated virus, renamed HIV in 1986 (Alcamo, 1997). The term AIDS applies to the most advanced stages of the HIV infection.

1.4.2.4 Indian community

Indian refers to a race which originated in India. A community refers to a group of people having ethnic, cultural or religious characteristics in common and who live in a particular local area (worldreference.com, 2005). For the purpose of this research Indian community refers to a community in the Reservoir Hills area in Durban.

1.4.2.5 Perceptions

A perception is a way of conceiving something. It is referred to a process of acquiring, interpreting, selecting and organising sensory information. It also refers to the feelings, attitudes and images people have of different places, people and environments, or the active psychological process in which stimuli are selected and organised into meaningful patterns (worldreference.com, 2005). For the purpose of this research perceptions will refer to those that Indian adolescents have of HIV and AIDS in their community.

1.5 RESEARCH DESIGN AND METHODOLOGY

1.5.1 Research design

It is proposed that the present study be conducted within the qualitative paradigm. The research design is classified by De Vos (1998) as exploratory, descriptive and contextual as it seeks to describe a particular phenomenon thoroughly (Merriam, 1988). There must be 'fitness for purpose' between the research questions, the research design and the data collection methods. One of the major distinguishing characteristics of qualitative research is the fact that the researcher attempts to understand people in terms of their own definition of their world, and in terms of Becker's distinction (1992), the focus is on an insider-perspective rather than an outsider-perspective. A qualitative approach therefore has the potential to enable the researcher to explore Indian female youth's perceptions of HIV and AIDS within the Indian community.

1.5.2 Research methodology

1.5.2.1 Sample

In keeping with Kiragu (2001) who defines youth between the ages of 9 to 19 years, a sample of Indian female learners will be selected purposefully from grades 8 to 12. The research will focus on this age group as the learners are easily accessible to me as their teacher and it has also been identified as one of the main groups at risk for contracting HIV and AIDS (UNICEF, 2004). According to McMillan and Schumacher (2001) purposeful sampling is done to increase the utility of information obtained from the sample. Information-rich participants who are likely to be knowledgeable and informative of HIV and AIDS will be selected. Given the significant number of females seriously affected by the epidemic, it is crucial that work is undertaken with this vulnerable group. Drawing from UNFPA (2003), an estimated 6000 youth become infected daily with HIV and the majority of them being women.

In South Africa the HIV incidence rate among girls is three to four times higher than boys (Brown, 2000). Based on the above, as an Indian female, the researcher hopes to

explore and understand Indian female youth's perceptions of HIV and AIDS in their community.

1.5.3 Data Collection

The use of the following data production techniques may be anticipated at this stage:

1. *Photo-voice*

Denzin and Lincoln (2000) state that the use of a camera is an information-rich instrument which concretises the observations that field-workers use continually to redefine their theories. According to Becker (1974), when we photograph, we re-create our unexamined, taken-for-granted perceptions. Drawing from De Lange, Mitchell, Moletsane, Stuart & Buthelezi (2004), visual-arts approaches can be very effective in facilitating a 'taking action' approach to looking at youth sexuality, and in this instance, exploring their perceptions of HIV and AIDS. A session will be held to brief participants on visual methodologies, by viewing books on visual methodology and discussing photos presented e.g. Gideon Mendel's, *A broken landscape* (2001).

Each participant will be given a disposable camera to capture images of how she perceives HIV and AIDS in the Indian community. Mitchell (2004) emphasises that photographs should be regarded as textual evidence in our study of ourselves. Lather, as cited in Jipson and Paley (1997), proposes that the data might be seen as "the material for telling a story that can be used to *vivify* interpretation". Weber (2004) agrees that we see and communicate through images and images create meaning, which is a dynamic process involving dialectical negotiation or interaction between the social and the personal aspects in any given culture. Photo-voice will therefore allow the participants to 'capture' their perceptions of HIV and AIDS.

2. *Photo-narrative writing*

The participants will be asked to select four of their best photographs to be analysed. The researcher will then engage each participant in writing a narrative in which she will explain and describe why the images were captured.

1.5.4 Data Analysis

The narratives of each participant will serve as the first level of analysis by the participants themselves. According to Connelly and Clandinin (1990) the study of narrative, is the study of the ways humans experience the world. Bruner (1996) a psychologist, suggests that narrative is the way that people make sense of their lives and experiences. The narratives will be further analysed, as a second level analysis, by the researcher, using a descriptive analysis technique (Tesch, 1990 in Creswell, 1994). Units of meaning will be identified and categorised after which themes will be identified (Kvale, 1996). A literature control will be undertaken to identify both similarities and differences, as well as unique contributions. The results will then be presented under central theme headings that emerge. Guba's measures to ensure trustworthiness will be applied (Guba, 1981). The use of this methodology will be piloted to eradicate possible flaws.

1.6 DELIMITATION OF STUDY

This study is located in the field of Educational Psychology. It involves the perceptions of Indian female youth of HIV and AIDS in their community and how the social context affects their behaviour. The research involves 15 Indian female participants from a secondary school in Reservior Hills. The study involves only the microsystem of the participants, such as the family, the school and the peer group and not the mesosystem or macrosystem. Therefore findings in this study may only be pertinent to the Indian youth of this area and not all Indian youth in general. This is based on the premise that all behaviour must be understood in a specific social context, paying attention to socioeconomic, historical and political factors.

1.7 COURSE OF STUDY

Chapter Two will provide a literature review that explores the prevalence of HIV and AIDS from countries around the world, to countries in Africa and then to South Africa. This chapter serves as a theoretical framework against which data collected for this study will be interpreted. Despite the literature being largely from other

countries, the researcher believes that findings herein are applicable to youth in general.

Chapter Three will focus on the research design and the procedure used to collect and analyse the data. This study involves the use of photo-voice and the writing of narratives as data production. Ethical issues and trustworthiness will also be explained.

A discussion of the findings and how they relate to the literature reviewed will be undertaken in Chapter Four. The initial phase of analysis will be conducted by the participants. The second phase of analysis will be conducted by the researcher which will then be transformed into themes.

Chapter Five will contain concluding remarks and some guidelines for the design and implementation of intervention programmes to be conducted at school. Suggestions for further research will also be made.

1.8 SYNTHESIS

This research hopes to develop an understanding of Indian female youth's perceptions of HIV and AIDS in their community. This will assist in understanding the susceptibility of youth and why the virus is still spreading. It is hoped that this understanding could possibly assist policy makers, educators and parents in exploring other avenues in curbing this disease.

The next chapter will explore HIV and AIDS, touching on its origin and modes of transmission. It will also survey selected literature on the prevalence of HIV and AIDS throughout the world and current intervention programmes in schools and community.

CHAPTER TWO

LITERATURE REVIEW ON THE HIV AND AIDS PANDEMIC

2.1 INTRODUCTION

Twenty-seven years ago, in 1976 the youth of South Africa stood up to wage a fight against the injustices of apartheid. But the hard-won freedom and democracy the youth should enjoy today are at greater risk than ever with the advent of the AIDS epidemic. This, despite endless awareness and education campaigns specially targeted at youth around HIV prevention, there is a seeming failure amongst young people to grasp AIDS messages. Every young person that is reached by an HIV/AIDS prevention message and who successfully adopts safe patterns of behaviour is a saved life. Our children and our youths are the most important resource that our nations have and we owe it to them to create an environment in which they can learn skills that will help them negotiate life successfully in this era of HIV/AIDS (Nduati & Kiai, 1997: 222).

In reviewing social research on HIV and AIDS in South Africa a number of emphases and deficiencies in existing social and behavioural research were identified by Kelly and Parker (2001).

- Much of the work produced has been descriptive in nature, and has therefore not been designed to develop theoretical frameworks for understanding, or tools for intervention. According to these authors, the research has to lead to intervention derived from international frameworks, rather than from a local framework.
- There have been no significant South African attempts to establish common criteria for monitoring socio-behavioural responses to the epidemic, and therefore researchers have used diverse indicators such as describing condom use.
- The largest category of studies focuses on knowledge, attitudes, perceptions and behaviours of discrete and accessible groups such as school or university goers, sex-workers, truckers and perceived high risk groups amongst others most of the research is framed in terms of individual choice, that largely assume that an

enabling context or environment exists, as well as emphasising sexual behaviour over the many other behaviours and practices that are crucial to understanding HIV and AIDS.

Since the first clinical evidence of AIDS was reported two decades ago, HIV and AIDS has spread to every corner of the world (UNAIDS, 2001). Still rapidly growing, the epidemic is reversing development gains, robbing millions of their lives, widening the gap between the rich and poor, and undermining social and economic security. According to Marcus (2002), despite a decade of knowledge and intervention in an attempt to learn more about the virus, care for those infected with the virus, and education to inform the public about the devastating effects of the virus, many lives are still being lost.

Statistics from UNAIDS (1996) states that an estimated 36,1 million people are living with HIV. According to the University of South Carolina, approximately 14 000 new infections occur daily around the world. One thousand are children less than 15 years of age, of adult infections, 40% are women, 15 % individuals are between of 15-25 years of age. During the period 1994 to 2001, there has been an exponential growth of HIV infections in South Africa (LoveLife, 2001). This growth has been accompanied by greater visibility of the epidemic, especially owing to the increasing numbers of AIDS cases and deaths. Experts, according to LoveLife (2001) agree that South Africa now faces one of the world's most severe HIV and AIDS epidemics. However, despite the 'library' of knowledge on HIV and AIDS, the numerous prevention programmes and millions of rands invested in AIDS awareness, this disease continues to increase at an alarming rate while thousands of lives are being lost. Schoepf (1991) as cited in Marcus (2002), says it is crucial to approach AIDS as a disease of society, of political economy and culture – both of which can change – rather than simply a virus spread by individuals. Arguing along similar lines, Donald *et al.* (2002) show that the ecosystemic perspective explains how individuals and groups at different levels of the social context are linked in dynamic, interdependent and interacting relationships. This study is based on the premise that youth are to a great extent shaped by their environment and social context. This perspective has relevance to understanding the youth in their interaction within their contexts as well as within the broader social context (Plas, 1986).

2.1.1 What are HIV and AIDS?

HIV is an infectious agent which causes AIDS. According to Riekstins (1995) as cited in Marcus (2002) the CDC classification system for defining HIV-infection includes three separate groups. The criterion in group 1 does not always emerge in all individuals who contract the virus, as only certain individuals develop acute, glandular fever type symptoms soon after exposure to the virus and before antibodies are detected. Stage 2 involves the asymptomatic phase of HIV infection, with the serum testing positive for the HIV antibody. The asymptomatic or latent phase is followed by the experiencing of symptoms that are not persistent or continuous in their nature. Thus at stage 3 there are no indicators of opportunistic or secondary infections.

HIV can only reproduce itself inside a living cell which it parasites for purposes of reproduction. HIV can only live and multiply in human cells. HIV is the virus that attacks the white blood cells that are responsible for the body's immune system. The reduction of the body's resistance to infections is known as immune deficiency.

AIDS is the acronym for Acquired Immune Deficiency Syndrome. Drawing from Messinis, (1995) as cited in Marcus (2002), the Centre for Disease Control stipulates that an individual may be positively diagnosed for AIDS when the patient has a reliably diagnosed disease that points to an underlying deficiency in the immune system which is not due to immunosuppressive drugs of any other immunosuppressive disease, and has been tested positively for the HIV antibody.

NIAID (2005) state that the disease is regarded as acquired because it is not inherited. It is caused by the HI virus, which enters the body from the outside. Immunity refers to the body's natural inherent ability to defend itself against infection and disease. Deficiency refers to the fact that the body's immune system has been weakened so that it can no longer defend itself against passing infections. A syndrome refers to a medical term, which refers to a set or collection of specific signs and symptoms that occur together and that are characteristic of a particular pathological condition. AIDS is not a specific illness. It is a collection of many different conditions that manifest in the body because the HI virus has weakened the body's immune system that it can no

longer fight the pathogen (disease-causing agent) that invades the body (NIAID, 2005).

2.1.2 The causes of HIV and AIDS?

Recent claims have questioned whether HIV does really cause AIDS but these claims still remain unfounded. The HIV and AIDS controversy centres around the premise that in spite of the seemingly overwhelming evidence that HIV causes AIDS, there is an impressive audience of scientists who contend that HIV does not. However scientists who subscribe to the argument that HIV does not cause AIDS focus on inconsistencies prevalent in the HIV and AIDS research (AIDS Controversy, 2005). In order for a scientific revolution to take place, there must exist enough empirical evidence as grounds for change (Should we rethink whether HIV causes AIDS? 2001).

HIV is transmitted most commonly by indulging in unprotected sex with an infected partner (NIAID, 2005). The virus can enter the body through the vagina, vulva, penis, rectum or mouth during sex. According to the National Institute of Health, (2005) the following are the common causes in the spread of HIV:

HIV can infect anyone who practices risky behaviours such as

- Sharing drug needles or syringes
- Having sexual contact, including oral, with an infected person without using a condom
- Having sexual contact with someone whose HIV status is unknown

Infected blood, contaminated needles and infected mother to child transmission are also causes in the spread of the infection.

2.1.3 Prevalence of HIV and AIDS internationally

This study engages some aspects of the HIV and AIDS epidemic and the complexities associated with it. According to UNAIDS (2000) 36,1 million individuals have become infected with HIV and a total of 21,8 million have died thus far. In 2000, about 5,3 million people the world over became infected, 600 000 of them were children. In 2000 alone, AIDS claimed three million lives. According to UNFPA (2003), an estimated 6 000 youth a day become infected with HIV and AIDS – one every 14 seconds, the majority of them being young women.

A closer look at particular regions reveal that almost 1,8 million people in Latin America and the Caribbean are living with HIV and AIDS, including the 210 000 adults and children who became infected in the year 2000 (IRIN News, 2005). Some 6, 4 million people in Asia carry the virus and an estimated 780 000 people became infected in South and South-East Asia in 2000 and because of India's vast population, its low prevalence rate (0,7%) nonetheless translates into 3, 7 million people living with HIV and AIDS - more than in any country besides South Africa (IRIN News, 2005).

Drawing from IRIN News (2005) infection rates are climbing alarmingly in Eastern Europe and Central Asia, where overlapping epidemics of HIV, injecting drug use and sexually transmitted infections are swelling the ranks of people living with HIV and AIDS. Hence most of the quarter million people who became infected in the year 2000 were men. According to IRIN News (2005) in North Africa and the Middle East, infections are rising from a low base. Across the region, there was an estimated 80 000 new infections in the year 2000, bringing to some 400 000 the number of people living with HIV and AIDS.

Despite its relatively recent origin, HIV and AIDS have become a major development challenge in Africa. Africa today accounts for over 70 percent of new infections and four fifths of AIDS related deaths globally (UNAIDS, 1996). Sub-Saharan Africa is by far the worst affected region in the world. According to IRIN News (2005) an estimated 25,3 million Africans were living with HIV at the end of 2000, by that time a further 17 million had already died of AIDS – over three times the number of deaths

in the rest of the world. On the continent, two million more women than men carry HIV (IRIN News, 2005).

2.1.4 Prevalence of HIV and AIDS in South Africa

South Africa has entered the spotlight in terms of the global AIDS epidemic. The total number of HIV infected people in South Africa is expected to increase well into the next decade (LoveLife, 2001). IRIN News (2005) estimated that around 4,7 million South Africans are currently HIV infected. It is also estimated by LoveLife (2001), that there could be around 5,3 to 6,1 million infected individuals by the end of 2005 and 6 to 7,5 million by 2010. The number of deaths each year due to AIDS, according to LoveLife (2001) is expected to rise rapidly in South Africa from around 120 000 in the year 2000, to between 354 000 to 383 000 in 2005, and up to 545 000 to 635 000 in 2010. Nationally the proportion of the adult population dying from AIDS will reach 2 to 2,6% by 2010.

In South Africa, young people especially women, are considered to be particularly vulnerable to HIV and AIDS. Dorrington, Bradshaw and Budlender (2002) report that the ratio of young men to women between the ages of 15 and 24 years infected with HIV in South Africa is 1: 4. This demonstrates the need to focus our attention on young women and the factors underpinning their predicament. The reasons for their vulnerability will be explored in this study with particular reference to the Indian culture and the context in which young Indian women find themselves.

This study hopes to explore the issues that are at play in rendering our youth, and in particular Indian youth susceptible to this disease. Policies and programmes have been developed to address the problems and challenges facing the youth in South Africa. The rapid spread of the HIV epidemic amongst the youth has also meant that programmes have had to focus their attention on interventions that aim to raise awareness and influence positive behaviour change among youth. Such interventions include media campaigns, life skills and peer education. In developing an understanding of the susceptibility of youth and why the virus is still spreading, it can assist policy makers, politicians, educators and parents in exploring other avenues in curbing this disease.

2.1.5 Rapid Change in Society

The world is changing politically, economically and socially, and these changes affect the lives of all people. The twenty-first century has given rise to unprecedented innovation and development and the obvious result is change and social transformation. Africa has been exposed to political change as countries experienced a transition from colonialism to independence, civil strife, dictatorship, wars and internal displacement. Africa has been in economic crisis for several years and the population has experienced poverty. The influence of Westernisation has led to change in social interaction and social patterns, which according to the International Development Research Centre (2003), has resulted in lack of common responsibility for social issues. This often results in a demoralised and disempowered adult society that is complacent or helpless when faced with handling issues of HIV and AIDS pandemic.

2.1.5.1 Cultural changes in South Africa

The 1994 Democratic election has moved the entire country into a post-apartheid era. Worldwide changes are occurring that affect the lives of all people and this according to De Lange and Olivier (2004) is also true for citizens in post-apartheid South Africa. Changes around the world have impacted directly and influenced several changes within the country. Transformation has not only brought about political changes but has also affected many other aspects of society, e.g. the demographics, the economy, the psycho-social climate and the educational scene (De Lange & Olivier, 2004).

The South African post-apartheid government is presented with the difficult task of transforming and re-developing the entire society, including formally disadvantaged communities who have had little education, and who have been brought up in a climate of violence, dysfunctional homes, poverty and oppression (Collins & Stadler, 2001). There has also been a growing awareness that a combination of social, political and economic factors of the past and present play an influential role in HIV transmission (HIV/AIDS and Young People, 1996).

In the diverse African cultures, the passage from childhood into adulthood was marked with a variety of rites and customs. Customs are important building blocks in each culture. The International Development Research Centre (2003) maintains that customs were maintained through traditional education and that the traditions were concerned with maintaining a moral order with social integration taking precedence over individual interest. The process of traditional education was through imitation and observation of parents and community members in their various roles. However, the current modernisation processes and urbanisation has resulted in a dramatic decline in the exposure to cultural learning. In fact some authors argue that the adolescent phenomena as experienced in sub-Saharan Africa today is a creation of the Westernisation and modernisation of the African cultures, resulting in a vacuum which lacks clearly defined roles and values that adolescents can emulate (Balmer, 1994). Thus the adolescent is left to find his or her own set of values and moral codes.

Within the context of historical disadvantage and rapid social transformation, it is evident that a new adversity faces the nation (Marcus, 2002). HIV and AIDS has already infected over four million people in South Africa and former President Nelson Mandela described the pandemic as the new 'enemy' against which South Africa must struggle (Collins & Stadler, 2001).

2.1.5.2 Changes within the Indian culture

Vahed (2000b) states that the emergence of democratic, non-racial political structures signaled and heralded the beginning of enormous change that likely to reshape and alter the social identities of Indians in South Africa. The Indian citizens, a minority group in South Africa (Vahed, 2000b), maintain a rich and varied culture, based on traditions and practices that originated in India. Young (1998) however, argues that change need not lead to erosion of cultural ethos, race or religion, separate from the nation-state unit, but that such contextual changes could rather produce stronger communal identities.

Although Vahed (2000a) is of the opinion that Indian cultural localism is alive and well and has not been replaced with a modern collective consciousness, the HIV/AIDS and Social Transformation Program (2005), argues that the most central

factor in the breakdown of the traditional Indian society is the enormous increase in female labour force participation. More than 60% of women are active in the labour market. This is agreement with De Lange and Olivier (2004) who assert that this might be in conflict with the role of Indian women according to Indian tradition and that research about changes that Indian women have undergone refer mostly to dress, social mobility and the fact that women are given relatively equal opportunities to men (Vahed, 2000b).

It is clear from literature according to Pillay (1991), that the Westernisation process, by virtue of the socio-economic and political pressure on the Indian community as a whole, was rapid. Pillay (1991) asserts that some customs and habits remain merely as tokenism, while more Indians participate in the conventional Western life in South Africa (Hofmeyr & Oosthuizen, 1981). According to Hansen (2000:269), the Indian culture is being commercialised and re-packaged, while Indians themselves are possibly 'losing a sense of themselves'. Indian traditions embodied ideals and values of a culture and losing them means losing the Indian culture. Certain traditional values that could serve to protect people from HIV infection, such as abstinence from sex before marriage, are being eroded by cultural modernisation (HIV/AIDS and Social Transformation Programme, 2005).

If one looks at adolescent identity, the concept of identity, according to Gouws, Kruger and Burger (2000) and Louw, Van Ede and Louw (1998), refers to the meaning someone attaches to him or herself as a person and provides answers to questions such as 'Who am I?' and 'What is the meaning of my life?' Indian adolescents, like all other adolescents, are faced with the difficult task of establishing themselves as individuals (Hamachek, 1985). According to Gouws *et al.* (2000), adolescents attain self-knowledge and self-assessment within peer groups, which also contributes to their identity formation. Furthermore, Louw *et al.* (1998) state that adolescents conform to the practices of the group to fit in and feel part of the group because of a desire to belong and be accepted. Besides contending with normal adolescent identity formation Vally (2001) believes that Indians are challenged to find a place for themselves, rethink their place in South Africa and thereby reconstructing their identities (Vahed, 2000b). This concurs with Pillay (1991), who refers to the 'cultural disjunction' of the Indian community whereby changes such as new English

names, a new life-style, movement to a middleclass socioeconomic status, access to different professions, better education and political awareness have occurred (Vally, 2001; Veney, 1999). Indian women have also been liberated (Vahed, 200b) in the sense that they are competitors in the corporate world and are establishing themselves in all areas of the economic and political sectors. They have access to education and attend higher education institutions, aspiring to greater career opportunities. This may be in conflict with the role that, according to Indian tradition, religion and culture, a woman is expected to play (De Lange & Olivier, 2004). This in turn may undermine family life and the time parents could spend with their children.

Research by the Health Systems Trust (2005) clearly indicate a rapid increase in HIV prevalence among the Indians. This increase in the number of HIV infected Indian youth in South Africa can possibly be attributed to the change in the culture and tradition of the Indians in South Africa.

2.2 INFLUENCE OF THE SOCIAL CONTEXT OF YOUTH

In developing an understanding of HIV and AIDS in South Africa, and particularly among the Indian youth, an extensive review of the existing social research was conducted. HIV transmission does not depend solely on sexual or drug-using behaviour. As with other infectious diseases, as stated by Kelly (2002) at the International Policymakers Conference on HIV/AIDS in New Delhi, India, HIV and AIDS is also greatly influenced by social and economic context. The susceptibility of youth to HIV infection include gender dimensions, poverty and the standards that society sets for itself. Change in behaviour among the youth can also be seen as one of the contributing factors in the increase of HIV prevalence in the world.

2.2.1 Change in behaviour

Youth is a phase of discovery and experimentation for everyone. Young people develop new feelings, which is coupled with physical changes and maturing which lead to exploring new relationships and new behaviours. They discover drugs, and buy into the dominant consumerist, capitalist mindsets and they enter into power relationships based on money and sex (Maart, 2004). Drawing from research

conducted by REACT (1997) in Singapore yields that even though sex attracts little discussion in Singapore, it happens among secondary school students. In a survey of 5 149 secondary and junior college students conducted from 1993-1994 (Ball & Moselle, 1995) 18,5% of students reported that they had engaged in sexual intercourse by the time they were 19 years old. Less than half the students who reported sexual activity said that they or their partners used condoms. Over 4% of the boys and 2,6% of the girls reported to their medical worker that they had some type of sexually transmitted disease. This pattern in Singapore, also possibly applies to what happens elsewhere in the world, and warns that some students are at risk of HIV infection and later development of AIDS. Indeed, research has shown that adolescents are the fastest growing risk group for the development of AIDS worldwide (DiClemente, 1990).

Irish missionary Duggan has been credited with reducing the AIDS epidemic in Uganda and other African countries. Drawing from the article published in AD2000 (2000), Duggan argues that the spread of HIV and AIDS in Africa is attributed to the loss of traditional cultural values. She adds that while traditionally Africans practised polygamy, they also respected the values of virginity before marriage, and fidelity and faithfulness within marriage. This behaviour has changed. She further emphasises that behaviour change was the root cause of the spread of HIV and AIDS and young people have a great sense of wanting to belong so they indulge in sex, drugs and are easily influenced by peers (AD2000). According to Perkel and Strubel (1989) as cited in Marcus (2002), AIDS is a disease of attitudes and behaviours. We cannot control, cure or treat AIDS therefore it is of utmost importance that the disease is prevented from spreading. In this context Kelly (1989) as cited in Marcus (2002) indicated that the provision of information only would not result in the kind of behaviour change that is necessary to prevent the transmission of HIV and AIDS. In this regard Kelly (1989) as cited in Marcus (2002) asserts that a change need not occur only on the informational level, but also on the attitudinal and behavioural levels.

Changes in the social context of youth contribute largely to behaviour change. Lawson (1999) asserts that it will be impossible to introduce the fundamental changes required to master this pandemic so long as the interrelationships between HIV/AIDS, cultural and social values are not fully understood. This is supported by UNAIDS

(2001), which states that individuals do not live in a vacuum, therefore, do not make decisions in a vacuum. These decisions are based on the social context youth find themselves, the context that shapes behaviour. Based on a paper presented at the AIDS in Context conference held at WITS University in April 2001, Kelly and Parker (2001), assert that sustainability of behaviour change is contingent upon factors largely not within the scope of individual decision making. The knowledge, attitudes and practices of individuals, rather than the affordances of their environments, have been the primary concern of most social researchers, whilst the contextual determinants of behaviour have been given scant attention (Marcus, 2002). It has therefore been argued that research priorities need to move from a focus on individuals to a focus on the environment in which people live.

As indicated before, within the Indian culture changes occurred economically as well as socially. Access to better job opportunities due to improved and higher qualifications improved the quality of the Indian lifestyle. Exposure to the Western world has greatly influenced Indian population to bring about change which ultimately lead to a change in social context and behaviour of the Indians. Indian youth have the freedom to compete with the new fashion trends and hairstyles of the Western culture. These changes gradually lead to erosion of cultural practices and traditions of the Indian population in South Africa.

However, according to Marcus (2002) human behaviour is shaped by interpersonal, cultural, social and economic factors. Tackling the roots of the HIV prevalence in the Indian community needs an approach that recognises all of these factors. According to Parker, Dalrymple and Durden (1998) as cited in Marcus (2002), there is thus a need to understand both individual behaviour as well as the complex social factors that lead to HIV infection.

2.2.2 Vulnerability of youth in a changing society

According to Hubert and Delor (2000) as cited in Marcus (2002), the HIV and AIDS epidemic has been linked to the term ‘vulnerability’. Marcus (2002) claims that these authors offer a tripartite explanation of vulnerability consisting of entitlement, empowerment and political economy, and in applying these concepts, they argue that

all human beings are biologically susceptible to infection by different diseases such as HIV and AIDS. However Marcus (2002) also states that certain social and economic factors place some individuals and groups in situations of increased vulnerability. South Africa is beginning to witness deaths in adults in their thirties and forties who were infected when they were young (Afrol News, 2004). Some are listening, according to Afrol News (2004), while others are not responding to the messages and evidence of the seriousness of the HIV epidemic. Adolescence is a period of profound physical and psychological change, during which young people learn to assume control of their own lives and make decisions in the light of the consequences for themselves and others (Worldreference.com, 2005). However, rapid changes in society including urbanisation, industrialisation, the spread of non-traditional values through media, transformation of values, the decline of the influence and support of the extended family have given many adolescents a wider range of behaviour from which to choose, some of which may be harmful, particularly sexual behaviour (Marcus, 2002). There are a number of reasons why school children and the youth in general are more vulnerable than their older counterparts.

2.2.3 Susceptibility of youth within the Indian culture

This research aims to understand Indian female perceptions of HIV and AIDS and the social dynamics which underlie the context of HIV and AIDS among the Indian youth. This is in the interest of promoting positive behaviour which will be sustainable within future generations in the hope to prevent the spread of this dreaded disease. With some 12 million young people being infected with the disease, almost one third of those currently living with HIV and AIDS are aged 15 to 24 (UNAIDS, 2001).

Oral traditions refer to that knowledge which is transmitted orally over several generations in a given society which may be in the form of riddles, songs, proverbs, legends, folktales and recitations, which constitute the tangible heritage. These traditions are a means of teaching societal values and beliefs and are integral to the culture of a particular society (Heritage at Risk, 2002). Among the Indian community, these traditions are slowly fading away, due to lack of communication within the household.

Social research among the Indian community in South Africa is very limited. Not much research has been conducted in this particular field. However, it is the task of the researcher who is an Indian, to explore and understand the perceptions of Indian female youth in their community in South Africa that may assist in understanding the susceptibility of the Indian youth to HIV and AIDS. Drawing from African cultures in South Africa, societies passed on cultural practices through social ceremonies which according to Heritage at Risk (2002) is slowly disappearing. The debilitating effect of HIV and AIDS poses a real threat to the maintenance of cultural traditions.

2.3 CONTEXTUAL AND CULTURAL DETERMINANTS OF HIV AND AIDS RELATED BEHAVIOUR

2.3.1 Sexual cultural behaviours

It is the researcher's view that one cannot begin to conceptualise and understand AIDS in Africa without taking into consideration the socio-cultural context of the beliefs and practices within which the disease is spreading. It is important that a distinction be made between AIDS in the First World and AIDS in the Third World, that there exists a difference in the spread of the virus and in the reactions and strategies to combat the disease (Marcus, 2002). It needs to be viewed from a social perspective, for the social conditions differ, and it is this that generates the difference in AIDS-related beliefs and behaviour. The researcher reiterates the view strongly supported by Lawson (1999), when he asserts that it will be impossible to introduce the fundamental changes required to master this pandemic so long as the interrelationships between HIV and AIDS, cultural and social values and human rights are not fully understood. As a result, after years of focusing on personal choices around lifestyles, by the early 1990s, AIDS prevention programs were giving renewed attention to the social context of peoples' daily lives, the context that shapes behaviour.

Our South African society comprising of so many cultures, is a society still battling with the remains of apartheid and most importantly the risk of being infected with HIV and AIDS. It is the task of the researcher to explore the perceptions of Indian

female youth and thereby try to understand the gaps between knowledge and culture as they apply to Indian youth in our society. However, due to a lack of research conducted in the Indian community, the researcher will attempt to draw parallels with other cultures.

Globally, the risk of HIV infection for women is increasing, particularly for young women. HIV/AIDS and Young People (2002) indicate that the situation is worse in Africa with close to four-fifths of all infected women in the world living in the continent. In Africa patriarchal culture has heavily influenced the legal systems, governance structures and value systems that uphold the unequal status of girls and women (IRIN News, 2005). A number of commonly observed traditional practices are now recognised as being directly responsible for the spread of HIV and AIDS. Widow inheritance, widow cleansing, wife sharing, wife exchanging with land or cattle, and polygamy are some of the key issues that affect the health of women (News, Health Systems Trust, 2003). Female and male circumcisions are still practised in a traditional way, using the same knives or blades, which often result in bleeding.

Aside from these traditional practices are the social norms which dictate that females defer to males (IRIN News, 2005). Drawing from research conducted by the Kenyan Ethical and Legal Network as cited in IRIN News (2005), male youth have been cultured to believe that it is a sign of manhood to be able to control relationships and females are brought up to believe that males are superior in all spheres of life and should be the masters of sexual relationships. This belief is also adhered to in the Indian community in South Africa. An Indian female is taught to believe that men are superior to women and should be accorded more respect. Men must always dine separately from the females at a function and which was always before the females. Women were not allowed to be assertive and outspoken. However, this has changed drastically. In post-apartheid South Africa many Indian women are assuming new roles and religious identities, they attend higher institutions and aspire to a career life (De Lange & Olivier, 2004).

When young women have sexual relations, it tends to be older men, increasing the likelihood that these men are already infected (Home: State of World Population, 2003). More commonly as reported by UNAIDS (2001) sexually active adolescents in

Africa have partners at least 2-10 years their senior –“sugar daddies” who provide them gifts, meals and clothes. Research by the Home: State World Population (2003) has also revealed that some poor girls exchange sex for school fees or for assistance with their families. Within the Indian culture it was customary for Indian women to marry men who were older and financially secure to provide for their families. These marriages were more often than not ‘arranged’ marriages, which did not involve any courtship behaviour.

Evidence from virtually every African country shows that in the area of sexual relationships, women enjoy less power than men (UNAIDS, 2001). Decisions about when, where and how to have sex, rest more with men than women. A Zambian study confirmed that less than 25% of women believe that a married woman can refuse to have sex with her husband, while only 11% thought they could ask their husband to use a condom (Commonwealth Secretariat, 2001). This subordination of women places them at considerable HIV risk. Thus, a study by the National AIDS Research Institute in India found that 14% of married women in Pune who reported no history of promiscuity tested positive for HIV (Shreedharr, 1995). While men are encouraged to be promiscuous, including within the marriage, women are often expected to remain ‘pure’. It is evident from the above that the belief that men are more superior to women still prevails among the Indians in India.

Not all women have the opportunity for education, and there also exists a low level of education among many girls and women, due to being pulled out of school early to perform household duties or care for sick relatives. This means that they cannot access HIV information. Dr Patrick Orega, Deputy Director of the National AIDS Council (NACC) in Kenya, states that young women are kept ignorant about sex, as this is viewed as a sign of innocence (News, Health and Trust, 2003). This in turn makes them totally unprepared for sexual relations, and equally unable to negotiate for safe sex. This sentiment is also echoed by Bukuluki of UNESCO (2001) who states that women are at greater risk of HIV infection because they lack the power to determine when, where and whether sex takes place.

Lenient social, cultural and economic arrangements in society allow men sexual licence and many cultures encourage or even demand high-risk sexual behaviour from

boys and men which ultimately places them at a high risk of HIV infection. In addition, rigid implementation of traditional practices such as dowry payments, make women men's property. It can be reaffirmed that one cannot understand HIV and AIDS in South Africa without taking into consideration the sociocultural context of the beliefs and practices within which the disease is spreading.

Sexual violence is seen as a contributing factor in the spread of HIV and AIDS. Dealing with sexual violence is considered as a key factor in the fight against AIDS. In agreement Kumar, Larkin and Mitchell (2004) state that in South Africa the legacy of violence that underpinned the apartheid state has led to extremely high levels of violence in the past. A history of oppressive political practices has embedded violence as a normal part of gendered relations. The rapid spread of HIV across the country and the disproportionate infection rate in females, have been linked to the high incidence of rape (Mlamelli, Napo, Mabelane, Free Goodman, Larkin, Mitchell, Mkhize, Robinson, & Smith, 2001). Sexual pressure from male sexual partners, ranging from rape to persuasion, is common in adolescent heterosexual relationships (Holland and Thompson, 1998).

However, despite efforts to encourage safer sexual practices, if a culture is founded on male domination and men are in control and make important decisions for their family and community, women are reluctant to negotiate safe sex. A black girl who asks a man to use a condom may be perceived as questioning his judgement, which is considered unacceptable. In addition, in cultures where the value of a woman is dependent on their ability to reproduce, they are compelled to have unprotected sex, placing themselves and their babies at risk of infection (UNAIDS, 2001). It is evident that people's behaviours are to a great extent shaped by the environment and the social context in which they live thus freedom of choice at individual level may be restricted by the environment and the cultural context in which they find themselves.

2.3.2 Capitalising on peer influence

In recent years, there has been much work done on understanding how children's development is shaped by their social contexts. Probably the most influential contribution as cited by Donald *et al.* (2002) has been the contextual framework

formulated by Bronfenbrenner. He has developed a powerful ecological model involving different levels of system in the social context, interacting with one another in a continuous process of dynamic balance. Youth are raised in a nurturing unit, which is usually a family. These units set the spiritual, emotional and physical identity of the youth. It becomes evident that the family plays an important role in setting the limits for behaviour.

However, Nduati and Kiai (1997) highlight that in South Africa, literature, observation and experience reflect a lack of information and communication barriers limit the parents' ability to counsel the youth in the African culture. It has been established that youth are more easily influenced by their friends or peers than their parents (Grant, 1988). Knowledge of HIV and AIDS does not appear to have deterred youth from becoming sexually active. Youth continue to be exposed to multiple partners without any form of protection even though they recognise the inherent risk of HIV in individuals with multiple partners (Lema, 1992).

According to Kelly (2002) youth feel compelled to behave in ways that will be approved by their colleagues and peers. They are very aware and sensitive of the opinions of their peers and are reluctant to deviate from the norms. This strong influence of peers and of the group they belong to has both positive and negative aspects. Referring to the negative aspects, they would indulge in sexual practices, including those that risk transmitting HIV solely because their peers do. Thus in Kenya, male adolescents who were sexually active were found to be seven times more likely to be HIV positive themselves (Kiragu, 2001). According to Kumah *et al.* (1993), some youth felt it is important to have boy/ girl relationships and many felt that in a relationship sex is a definite eventuality that they were unable to prevent. Research has shown that youths in most countries of the world are the most highly sexually active age group.

Drawing from research conducted by Taffa *et al.* (2002) in Ethiopia, unlicensed video films in private homes appeared to be the major shapers of erotic intentions among peers. Consumption of alcohol and drug abuse provided a fertile environment for the execution of pre-contemplated ideas on sex. Engagement in sexual activity among youth also involved responding to different pressures from peers. Peers reportedly

forced friends to feel eager to learn about sexual intercourse (Taffa *et al.*, 2002). Research by UNAIDS (2002) argue that the availability of condoms has removed the fear of contracting HIV and thus result in an increase in sexual activity. Taffa *et al.* (2002) claim that sexual debut was reported to occur at the age of 13 years for some girls.

2.4 MISCONCEPTIONS ABOUT HIV AND AIDS AMONG YOUTH

Youth tend to underestimate or downplay the risks of HIV infection. Case studies by the World Health Organisation (2002) indicate that only between one fifth and one third consider themselves at risk. Many young people do not recognise that their partners' behaviour also puts them at risk. Still there are others, according to WHO (2002) that believe or perceive HIV as something that occurs only among sex workers, drug users or black people. The researcher stemming from the Indian culture strongly believes that these misconceptions are also prevalent among the Indian youth. Due to a lack of research conducted among the Indian youth in South Africa, the researcher hopes to explore the various perceptions of Indian female youth have of HIV and AIDS in their community, which may serve as a source of information for future studies.

Misconceptions about HIV and AIDS are widespread among young people. In Swaziland, Kenya, Zambia, Botswana, Lesotho, Burundi, Comoros and Somalia, between 57% and 99% of the girls aged 15- 19 has at least one misconception about HIV and AIDS or has never heard about it (HIV/AIDS and Young People, 2002). In Botswana in the last year of primary school, two thirds of the learners thought they could tell if someone was infected by just looking at them (UNICEF, UNAIDS, WHO, 2001). In Botswana where one in three individuals are infected, this kind of ignorance is alarming. Dr Molefi Sefularo, MEC for health in North West Province in South Africa, claims as cited in Afrol News (2003), most of the youth do not have the right information on sexuality, sexually transmitted diseases, the consequences of sex and HIV and AIDS. They get half-baked information from newspapers or friends who in turn are also misinformed.

Feelings of invincibility, combined with the lack of awareness of the consequences of risk-taking behaviour, may make youth less likely to take precautions to protect their health and their lives. Drawing from research carried out by the International Development Research Centre (2003) show that there are common misconceptions on modes of transmission of HIV and AIDS. Some youth believe that HIV and AIDS can be transmitted by sharing clothes while others believe that the illness is a punishment from God, that only girls in brothels are at risk and that all infected people are thin and look sick. Some youth think that abstaining from sex after acquiring HIV will protect them from AIDS and also believe that body secretions, sweat, sharing toothbrushes and kissing are seen as a risk factor (Kumah, *et al.* 1993).

Another area where knowledge and sexual practices of youth may lead to disaster arises from trust they show in each other when they enter into a relationship. Establishing a relationship according to WHO (2002) is so wonderful that it needs to be safeguarded. A major safeguard is to abstain from sexual activity until marriage or to use a condom to prevent HIV transmission. Frequently young people are reluctant to follow this course of action, feeling it portrays a lack of trust in their partner. Often they do not know whether that fidelity is absolute, and also what sexual history of their partner was before they came together.

This illustrates that ignorance about HIV risks is very widespread especially in the early years of sexual activity. Much more needs to be done to ensure that young people are provided with accurate information and to keep them alert to the risks they might encounter. As UNICEF (2004) rightly says that the overwhelming message is that information about AIDS and its deadly danger is not getting out or is not being absorbed!

2.5 IMPLICATIONS FOR CURRENT INTERVENTION PROGRAMMES IN SCHOOLS AND COMMUNITY

According to Biersteker and Robinson (2000), the HIV and AIDS epidemic is fast becoming South Africa's priority health problem. The Department of Health has placed interventions against AIDS at the top of its agenda. In most provinces there is collaboration between Departments of Health and Departments of Education in developing programmes for school-aged young persons (Abrahams, Wigton & De Jong, 1997). Schools have a significant influence on child and adolescent development (Entwisle, 1990). A child's experiences in school have the potential to protect him or her from the debilitating and in the case of HIV, life-threatening consequences of unwise behavioural decision-making.

Schools are the ideal places to be taught to embrace and promote acceptance of people living with HIV and AIDS. It is necessary to embark on education and awareness campaigns at schools. As leaders of tomorrow, school children must be empowered with information to enable them to lead productive lives and to take their rightful places in the future. According to the National AIDS Programme held in 1998, interventions in schools are one of the most important strategies in the fight against HIV and AIDS pandemic. Life skills programmes and sexuality education are therefore a critical component of HIV and AIDS prevention. However, drawing from Moletsane (2003), the education system, including the teachers, are ill-prepared to address the special educational needs of the infected and affected. Providing better training, information materials and preparation for educators is a major priority.

HIV and AIDS education programmes have to date, been lacking in recognising traditional and cultural beliefs that may identify witchcraft, evil spirits or offence to ancestors as causes of AIDS. To succeed, educational programmes must incorporate sensitivity with respect to traditional belief systems in order to enlist the involvement of traditional leaders and healers (HIV/AIDS and Education, 2000). Counselling services and trauma support for learners, educators and families will mean a change in the role of education.

Effective HIV and AIDS, sexual health and sex education needs to be built into the curriculum at all levels of the system. Early departure of youth from the education system stresses the importance of starting sex and HIV and AIDS education at an early age and initiating programmes for out-of-school youth and adults. According to the Interagency Coalition on AIDS and Development (2001), some parents in developing countries are concerned that the introduction of sex education in schools will lead to greater sexual activity among youth. However, UNAIDS studies around the world have found little evidence to support this concern (2001). In fact, there is evidence that youth exposed to such education are more likely to be cautious (UNAIDS, 2001).

Teaching is being transformed by HIV and AIDS, with new tasks constantly emerging for educators in the fields of care, counselling and trauma support. Education about HIV is compatible with the objectives of the Pastoral Care initiatives in many schools. These are intended to foster all-round, social, emotional, vocational and academic growth of each student through activities across the curriculum that stimulate self-awareness, goal setting, decision-making and inter-personal skills (HIV and AIDS Education, 2000). Effective school-based programmes aim to create an environment where altered behaviour is encouraged by stimulating individual changes in attitude. Providing students with opportunities to develop and practise important social skills, problem-solving, and refusal tactics will serve as a buffer against engaging in casual and unprotected sex or submitting to unwanted demands for sex (REACT, 1997).

Preventive education is the only tool available for reducing the risk of HIV infection among youth. Formative sexual attitudes and experiences are a part of the psychosocial development that occurs during school years (REACT, 1997). Any overall plan for HIV and AIDS prevention needs to include evaluation. Periodic self-report surveys can help to indicate whether knowledge, attitudes and behaviours increase or drop over a period of time when a prevention programme has been introduced in school (Welbourne-Moglia & Moglia, 1989). The array of deprivations and special needs arising from HIV and AIDS 'will challenge the education system to go beyond its traditional teaching role and develop capacity and systems to support the large numbers of children in crisis, and provide them with life and survival skills from relatively early ages' (LoveLife, 2001).

There are many models of developmentally responsive, holistic, school-based HIV prevention programmes that enable students to learn the knowledge and skills needed to understand and negotiate sexuality throughout their lives (Welbourne-Mogolia & Moglia, 1989). Innovative prevention programmes have derived from psychological theories such as Social Learning Theory (Bandura, 1994). The aim is to create an environment where altered behaviour is encouraged by stimulating individual changes in attitude and enabling practical experience of different relevant behaviours. Using these techniques, adolescents are helped to learn assertiveness and refusal skills for counteracting pressure to engage in unprotected sex (REACT, 1997).

Success has also been found in programmes that use student peers who discuss teenage relationships as well as provide factual information. Research conducted in other countries show that older students are often seen as role models and as more acceptable sources of information about risky behaviours than adults (Perry, 1989). Drawing from Kelly (2002), young people listen to one another and can speak a language that strikes an immediate chord with their age-mates. Involving young people in programme development recognises the powerful socialising influence that young people have over each other and seeks to win to its side the potency of peer pressure. They appear to have more success than adults in assisting younger teenagers to make autonomous decisions and to develop skills to deal with unwelcome sexual pressures. One implication of research on HIV prevention efforts is that HIV prevention content and activities should be integrated into teaching across the academic curriculum, and not isolated in a special programme.

The problem of HIV and AIDS is not the problem of the government alone, or the Department of Health, it is everybody's problem, which requires a systemic solution. Together people can contribute to the goal of defeating the scourge of HIV and AIDS. The central message on HIV and AIDS therefore must be of hope and of humanity's capacity to triumph over adversity and tragedy!

2.6 SYNTHESIS

Advances in the educational struggle against HIV and AIDS must be supported by placing HIV and AIDS at the centre of educational agendas, policies, planning and management (HIV and Education, 2000). Partnerships between government departments, religious groups, communities and business can serve to support advances in education and achieve community impact. Policymakers and all those in leadership roles have a bound duty to ensure that information and programmes that will reduce the susceptibility of youth to HIV infection and ultimately contribute to ushering in a world free of AIDS are accessible (UNESCO, 2001). Educational institutions will need to become multi-purpose community centres for the provision of information and awareness about HIV and AIDS, and educators need to provide visible and vocal role models to highlight positive life-styles and open up a transparent community dialogue on HIV/AIDS and Young People (2002). In this way the social context and its constant changing is brought into play in the HIV and AIDS dialogue.

In a world transformed by HIV and AIDS, nothing can be business as usual. It is time to break the silence. In the words of Nelson Mandela at the Durban 2000 International AIDS conference, “The time for action is now, and right now’ (HIV/AIDS and Education, 2000).

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In this chapter, the researcher will present the methodology and the procedures followed in this study. According to McMillan and Schumacher (2001), the methodology describes the design of the study, including the selection and decision of the site, the role of the researcher, initial entry for observation, the time and length of the study, the number of participants and how they were selected, and data collection and analysis strategies.

The methodology used in this study is applicable to understanding the perceptions of Indian female youth of HIV and AIDS in their community.

3.2 PROBLEM STATEMENT

The primary research question can be stated as follows:

- What perceptions do Indian female youth have of HIV and AIDS in the Indian community?

The secondary research question can be stated as follows:

- Which guidelines in the form of recommendations can be generated to empower educators to facilitate a better understanding of HIV and AIDS amongst the Indian youth?

3.3 RESEARCH AIMS

Firstly, this research aims to explore the perceptions Indian female youth have of HIV and AIDS in the Indian community. Secondly, it aims to generate guidelines in the form of recommendations, which will empower educators to facilitate a better

understanding of HIV and AIDS amongst the Indian youth. These guidelines could also be useful to programme planners and other stakeholders involved in designing interventions to assist youth in HIV and AIDS awareness.

3.4 RESEARCH DESIGN

3.4.1 Introduction

A research design is defined by Thyer in De Vos (1998:77) as a “blueprint or detailed plan for how a research study is to be conducted.” Rubin and Babbie (1993) further point out that research designs can be classified according to their purpose. The research design used in this study is classified by De Vos (1998), as exploratory, as it seeks to explore and describe a particular phenomenon thoroughly, the purpose being to develop ideas and theoretical generalisations. The researcher has chosen to employ a qualitative approach in this study, as it allows for the exploration of Indian female youth’s perceptions of HIV and AIDS within the Indian community.

3.4.2 Qualitative research

It is imperative that in order to answer the research question, a qualitative approach reflecting a phenomenological strategy be utilised. Qualitative research is defined as an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem (De Vos, 1998). The methodology adopted is appropriate in that qualitative research is designed to help researchers understand people and social and cultural contexts within which they live. This characteristic of qualitative research was relevant to my study because it provided the opportunity to explore and understand Indian female youths’ perceptions of HIV and AIDS in their community. According to Terre Blanche and Durrheim (1999) qualitative research is relevant where the purpose of the research is to study phenomena as they unfold in the real world situations without manipulation. The qualitative approach allows the researcher to capture what really goes on in the participant’s everyday lives by incorporating the context in which the participants operate as well as their frame of reference (Francis, 2004).

In qualitative research inductive logic prevails. Categories emerge from the participants, rather than being identified a priori by the researcher (De Vos, 1998). The primary goal of studies utilising this approach is defined as describing and understanding human behaviour rather than explaining human behaviour (Babbie & Mouton, 1998). This approach is used when one is trying to understand or study a particular phenomenon that is taking place, which is in this case, are the perceptions of Indian female youth of HIV and AIDS in their community. Attempts were made by the researcher to understand the reality, which is subjective, of the phenomenon as perceived by the participants.

The interpretive paradigm as well as the transformative paradigm will be reviewed.

3.4.2.1 The interpretive paradigm

The interpretive paradigm views the social world as a process that is created by the individuals concerned. Interpretivists focus on generating understandings, that is, trying to understand human beings, their minds, their feelings and the manner in which these manifest in their outward actions (Collins, Du Plooy, Grobbelaar, Puttergill, Terre Blanche, Van Eeden, Rensberg and Wigton, 2000). Interpretive research can therefore afford one the opportunity to gain insight into their cultural meaning systems and processes of communication and negotiation (Neuman, 1997). This is especially evident during the research process when the interpretive researcher analyses the photographs and the photo-narratives of the participants, searching for subtle non-verbal communication to understand the details of interactions in their context. The interpretivist frame of reference assumes a participatory stance. The researcher is perceived as the 'human instrument' and an individual's world can only be understood by the researcher sharing their frame of reference (Cohen, Marion & Morrison, 2000). It is therefore imperative that the interpretive researcher delves deeply to uncover unique facts and add them to the existing corpus of knowledge, if one seeks to represent a slice of reality that is rooted in direct experience of everyday life (Cohen *et al.*, 2000).

Research that aims at understanding and interpreting the perceptions of Indian female youth, lends itself to the interpretive perspective. A central endeavour of the

interpretive paradigm is that the researcher shares the feelings and interpretations of the people being studied and sees things through their eyes thus affording the researcher 'the feel for another's social reality' (Collins *et al.*, 2000:25). This can only be achieved through the use of qualitative research techniques.

3.4.2.2 The transformative paradigm

The transformative paradigm is often referred to as a critical social science approach. Critical educational science has the aim of *transforming* education, it is directed at educational change (Marx, 1941). Within the social sciences generally there is a burgeoning of interest and expertise in using visual and participatory elements for research designs which have a built-in 'research as a social change' orientation (De Lange *et al.*, 2004). This study uses visual participatory methodology. Indian female participants had to capture images using cameras to highlight their perceptions of the challenges and solutions of HIV and AIDS in their community. The aim of inquiry is to transform the real world by raising the consciousness of participants so that they are energised and facilitated towards transformation (Guba, 1990). During the study the participants became aware of the challenges and the possible solutions to HIV and AIDS in the Indian community. The participants could possibly be empowered to take action themselves and expose these challenges and solutions to others in their community. The participants become critical of the world and their community in which they live and take action to transform youth behaviour and to help decrease their vulnerability to HIV and AIDS in the Indian community.

3.5 RESEARCH METHODOLOGY

3.5.1 Visual participatory methodology

Within the social sciences there is a great deal of interest in using visual and participatory elements for research designs, which are directed and centred around social change. Schratz and Walker (1995) in their book *Research as social change*, map out a number of different tools and approaches including drawings, photographs

and visual mapping. The following data production techniques will be employed during the study.

3.5.1.1 Photovoice

Denzin and Lincoln (2000) state that the use of a camera is an information-rich instrument, which concretises the observations that field-workers use continually to redefine their theories. According to Becker (1974), when we photograph, we re-create our unexamined, taken-for-granted perceptions. Drawing from De Lange *et al.* (2004) visual-arts approaches can be very effective in facilitating a ‘taking action’ approach to looking at youth sexuality, and in this instance, exploring their perceptions of HIV and AIDS. The first session was held to brief the participants on visual methodologies, by viewing books on visual methodology and examples of photographs previously taken. Photovoice has three goals: (Understand your Community, 2005)

- It enables people to record and reflect their community’s strengths and problems.
- It promotes dialogue about important issues through group discussion and photographs.
- It engages policymakers.

From the above can be seen that photovoice is a creative community development tool for initiating social change. Webb (Understand your Community, 2005) states that photovoice has the potential for developing long-term involvement of stakeholders in social action on issues that concern them and bringing about social change in the root problems.

Data collection was conducted in September of the year 2005. This process transpired during the lunch breaks as well as after the termination of school. During the thirty-minute orientation session, each learner was provided with a camera and a demonstration was then conducted on the use and care of the camera. Each learner

was required to capture images of how she perceives HIV and AIDS in the Indian community. A prompt was given to all the participants, "Take pictures of the challenges and solutions of HIV and AIDS in your community". During the orientation session, participants were given files containing their prompt, a gel pen as an incentive and they were advised to keep field notes of each photograph they captured. Mitchell (2004) emphasises that photographs should be regarded as textual evidence in our study of ourselves. A timeframe of one week was given to capture images. The film was retrieved and developed in sepia. A total of 54 photographs were developed. Lather, as cited in Jipson and Paley (1997), proposes that this data might be seen as 'the material for telling a story' where the challenge becomes to generate a polyvalent data base that is used to *vivify* interpretation as opposed to 'support' or 'prove' it.

3.5.1.2 Photo-narrative writing

In the second session the participants were asked to select four of their 'best' photographs to be analysed. Keeping in mind the nature of the prompt, photographs were selected. Each photograph was pasted separately on A4 paper. The researcher then engaged each participant in writing a narrative in which she explained and described why the image was captured and what story it intended telling. According to Connelly and Clandinin (1990) the study of narrative is the study of the ways humans experience the world. Bruner (1996), a psychologist, suggests that narrative is the way people make sense of their lives and experiences. Their chosen photographs became a starting point for their narratives. Each participant had to clearly express why each photograph was captured. They constantly made reference to the prompt that was given to them and also consulted their field notes they kept in their files. This process was carried out during their thirty-minute lunch break and after school.

A third session was held after all the narratives were completed. During this session the participants were allowed to share the narratives and other participants' photographs. This session was brief but I was able to conclude that many of the participants shared similar ideas and probably had similar perceptions of HIV and AIDS in their community.

3.5.2 Sample

Mark (1996) as cited in Marcus (2002) defines sample as the collection of all individuals, families, groups, organisations, communities and events that we are interested in finding out more about. The sample is also the element of the population considered for the actual inclusion in this study. In other words, we study the sample in order to understand the population from which it comes. The type of non-probability sample procedure is purposive or judgmental sampling as it allows the researcher to select participants from the population who are accessible and informative about the research topic (McMillan & Schumacher, 2001). In keeping with Kiragu (2001) who defines youth between the ages of 9 to 19 years, a sample of Indian female learners was selected purposively from grades 8 to 11. Information-rich participants who were likely to be knowledgeable and informative of HIV and AIDS were selected.

TABLE 1: BIOGRAPHICAL INFORMATION OF PARTICIPANTS

PARTICIPANT	AGE	RELIGION	GRADE
1	14	HINDU	8
2	14	MUSLIM	9
3	14	CHRISTIAN	9
4	15	HINDU	9
5	15	HINDU	9
6	14	HINDU	9
7	16	CHRISTIAN	10
8	16	MUSLIM	10
9	17	HINDU	11
10	17	CHRISTIAN	11
11	17	CHRISTIAN	11
12	17	HINDU	11
13	17	HINDU	11
14	17	HINDU	11
15	18	CHRISTIAN	11

Research by the Health Systems Trust (2005) indicate clearly that from the year 2003 to 2004, the percentage increase in HIV prevalence was from 0,9% to 2,7% among

the Indian population. This alarming increase is cause for concern. This study is aimed at understanding the perceptions of Indian female youth on HIV and AIDS in their community and therefore a sample consisting of 15 Indian female learners from grades eight to eleven at a secondary school in Durban was selected. The study involved one grade eight learner, five grade nine learners, two grade ten learners and seven grade eleven learners. No grade twelve learners were involved due to being occupied with preparation of their final matriculation examination. The average age of the participants is 15 years and eight months. Within the Indian community, there exist various religions namely Hinduism, Islam and Christianity. Hinduism and Islam are predominantly practised among the Indian, however due to Westernisation, many Indians have converted and are now practising Christianity.

This school situated in Reservoir Hills in Durban has a total population of one thousand and one hundred learners of both Indian and African origin and a staff compliment of 32 educators. The school draws its learners from Reservoir Hills and the surrounding areas of Asherville and Clare Estate. The learners attending the school are mainly from a higher socio-economic status.

3.5.3. Data analysis

De Vos (1998) describes analysis as a reasoning strategy with the objective of taking a complex whole and resolving it into parts. The first level of analysis involved the participants writing narratives on four pictures that were selected. After the first level of analysis of the photographs, a second level was then conducted by the researcher, using a descriptive analysis technique to analyse their written narratives (Tesch, 1990 in Creswell, 1994). Analysis of data was done manually. The process of open coding was utilised which involved close examination of the participants' photo-narratives. Units of meaning were then identified and categorised after which themes which emerged were identified (Kvale, 1996). A literature control was then undertaken to identify both similarities and differences and unique contributions. The results were then presented under central theme headings that emerged. This research being qualitative in nature, does not aim to generalise its findings, this is merely the perceptions a small group of Indian female youth have of HIV and AIDS, in one

particular area in Durban. However, the research could be useful to researchers working with HIV and AIDS.

3.6 ETHICAL ISSUES

De Vos, Strydom, Fouche & Delport (2002) stress the importance of gaining permission to enter the field that has been decided on. Permission was sought from the Department of Education, principal of the secondary school and the participants of the study. In obtaining permission to enter the field, the researcher assured the participants of confidentiality and anonymity and described to them the intended use of data. Drawing from Mouton (2004) anonymity refers to the principle that the identity of an individual is kept a secret, the principle of confidentiality refers to the information gathered from the subjects. The participants sought permission from individuals to capture their images as well as to use these photographs for the purpose of research presented in a dissertation. Anonymity was also ensured by the participants, who captured images that were 'abstract' or did not reveal the identity of the individuals in their photographs. De Vos *et al.* (2002) proposes that emphasis must be placed on accurate and complete information, so that participants will fully comprehend the investigation so as to make a voluntary reasoned decision about their participation, that is informed consent.

3.7 TRUSTWORTHINESS

Trustworthiness was established by utilising Guba's model for trustworthiness (Lincoln & Guba, 1985) of qualitative research. The four criteria for trustworthiness are truth-value, applicability, consistency and neutrality.

Truth value

Krefting (1990) states that truth value asks whether the researcher has established confidence in the truth of the findings for the informants and the context in which the study was undertaken. According to Guba (1981), in qualitative research truth value is usually obtained from the discovery of human experiences as they are lived and perceived by informants. Guba & Lincoln (1985) termed this 'credibility'. The

researcher was very familiar with the learners whom she taught for many years and spent many hours engaging with the participants informally. This gained their confidence. Lincoln & Guba (1985) termed this 'prolonged engagement'.

Credibility was enhanced when participants were given their own individual cameras to capture photographs. This ensured that there was no sharing of cameras and group discussion and exchanging of ideas of their perceptions. Once the photographs were developed, the photo-narratives were completed at school during their non-teaching periods or breaks with the researcher present. This ensured there was no discussion and each participant completed her own photo-narrative.

A qualitative study can be considered credible when it presents accurate descriptions or interpretation of human experience that people who also share that experience would immediately recognise the description (De Vos *et al.*, 2002). After the second phase of analysis by the researcher, the themes derived from the photo-narratives were then discussed with the participants to ensure interpretation was accurate.

Applicability

Applicability refers to the degree to which the findings can be applied to other contexts and settings or with other groups (Lincoln & Guba, 1985). As stated by Guba (1981) research meets the criterion of applicability when the findings fit into contexts outside the study situation that are determined by the degree of similarity or goodness of fit between the two contexts. Lincoln and Guba (1985) argued that as long as the original researcher presents sufficient descriptive data to allow comparison, the researcher has addressed the problem of applicability. Applicability was addressed in the sample selection. The sample included learners from all grades in the secondary school who could offer insights into the perceptions of Indian female youth of HIV and AIDS in the Indian community. This particular sample related to other Indian female youth in secondary schools, and hence conclusions made in this study may be transferable.

Information about the participants and the context is presented to allow others to access how transferable the findings are. Themes were formulated as a means to

determine if the contents of the photo-narratives are typical or atypical of the lives of the participants (Krefting, 1990).

Consistency

According to Lincoln & Guba (1985) the third criterion of trustworthiness considers the consistency of the data, that is, whether the findings would be consistent if the inquiry was replicated with the same participants or in a similar context. Guba (1981) states that consistency is defined in terms of dependability. His concept of dependability implies trackable variability, that is variability that can be ascribed to identified sources. Dependability was enhanced through triangulation. Discussion of the photo-narratives with the participants was conducted to ensure that the photo-narratives were correctly interpreted.

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, motivations and perspectives (Guba, 1981). Lincoln and Guba (1985) shifted the emphasis of neutrality in qualitative research from the researcher to the data. They suggested that confirmability be the criterion of neutrality. This is achieved when truth value and applicability are achieved. Confirmability was ensured by providing the photo-narratives of participants to support my analysis and interpretation of the findings.

3.8 LIMITATIONS OF THE STUDY

A major limitation in this study was the time constraints. Time had to be allocated for production of data, which involved taking of photographs, processing it and then writing narratives. This progressed over a month after all participants handed in cameras. Difficulties were experienced after the films were developed and due to over exposure to light, no photographs could be retrieved. The entire data collection process had to be conducted again. This step involved constantly reminding the participants not to forget to take photographs and to keep notes on why they captured

their photographs. Some participants opted not to participate in the research study after their data was lost the first time.

This study specifically focused on the perceptions of Indian female youth. It is therefore limited to Indian female youth and does not address issues that may be pertinent to male youth.

The study focuses on one secondary school in Reservoir Hills in Durban. Therefore the analysis falls within the confines of one school in an affluent area in Durban and cannot offer generalisations. This restricted the data that could have been retrieved from various different areas of the Indian community.

3.9 SYNTHESIS

The focus of this chapter was the research design and procedures followed in this study. These included: decisions about sample, research design, data production methods and data analysis procedures.

The implementation of the above led the researcher to obtain rich data, which will be presented and analysed in the next chapter of this study.

CHAPTER FOUR

FINDINGS AND DISCUSSION

4.1 INTRODUCTION

This chapter presents a selection of photo-narratives as the first layer of analysis, followed by a second layer of analysis in the form of themes and categories as they emerged from the data collected, to explore the perceptions Indian female youth have of HIV and AIDS in their community.

4.2 RESULTS

TABLE 2: A SELECTION OF PHOTO-NARRATIVES OF PARTICIPANTS

PHOTO-NARRATIVE	TITLE
1	Alcohol use - Linked to sexual exploitation
2	Alcohol abuse sets a female up for disaster
3	Eager females ‘taken advantage’ of at school
4	Vulnerable girls exposed to risk-taking behaviour
5	Pressure to be ‘cool’ in the eyes of the opposite gender
6	Dominant males take advantage!
7	Early exposure to information about sex
8	Parents trading quality family time for cash

PHOTO-NARRATIVE 1: ALCOHOL USE - LINKED TO SEXUAL EXPLOITATION



Alcohol is often used by youth to show their peers that they are grown up. It is also used to relieve one from stress and an excuse is used that it allows one to enjoy oneself more.

However, more Indian females and teenagers as young as twelve indulge in the consumption of alcohol. When a young female drinks alcohol, the body cannot cope with the amount of alcohol in the blood. This when females are taken advantage of sexually, because they are vulnerable and cannot say no to sex.

Duke rape and sexual activity occurs when alcohol blinds one's senses.

Many Indian homes keep alcohol and parents drink in front of their children.

As a role model of a parent drinking alcohol, the child will copy this behaviour.

Many women are taken advantage of sexually when under the influence of alcohol.

The solution to this problem is that adults need to stress how alcohol affects one's decisions.

Females especially should be warned that they can be abused when under the influence of alcohol.

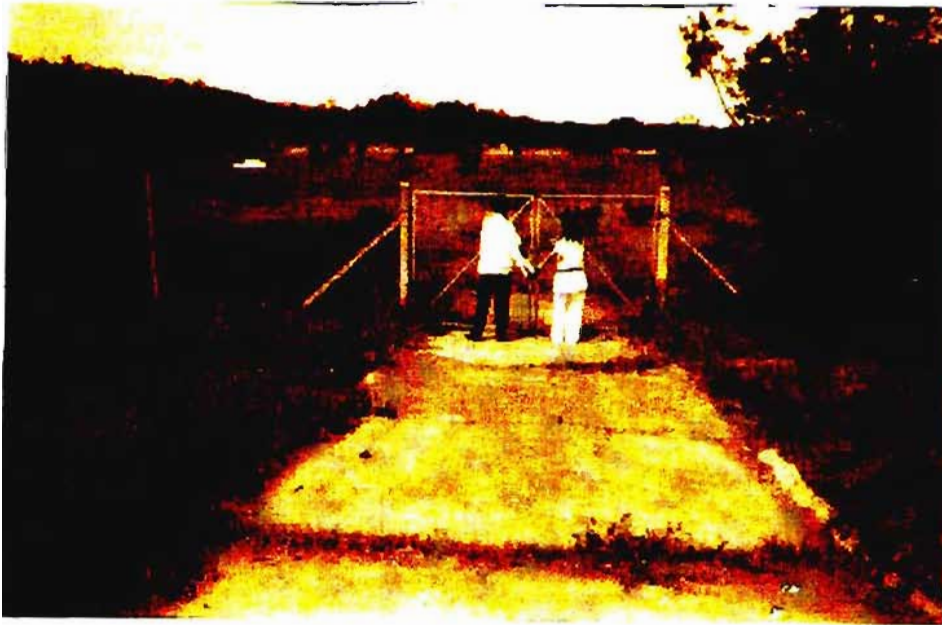
In the perverted society of today, not only females are abused, but children and young males.

PHOTO-NARRATIVE 2: ALCOHOL ABUSE SETS A FEMALE UP FOR DISASTER



This picture was taken at a local pub. I took this picture because this girl had a very lost look on her face. I could see that she has had too much to drink. I took time to observe her. She ordered a lot. In her inebriated state anything could happen to her. If she takes a walk home alone a lot of things can happen eg. someone could take advantage of her and maybe even rape her and take all her valuables and belongings. This can damage and ruin her life because she could get H.I.V or an S.T.D. She can even get pregnant and go through pain and suffering. Why should all this happen just because of alcohol? There is nothing and no purpose in drinking because it's a terrible feeling so why do it? What's the use of feeling dizzy, nauseous and faint. You can consume alcohol to a certain extent but never over do it because things can happen to you that you will never expect. Losing control is a sad state of affairs.

PHOTO-NARRATIVE 3: EAGER FEMALES 'TAKEN ADVANTAGE' OF AT SCHOOL



When in high-school boys and girls undergo a Metamorphosis, were they transform from the immature seventh grader to the mature eighth grader or should I say easily influenced and vulnerable teenager, who does not know Right from Wrong for they are blinded by what's cool or uncool. However this fact is more common amongst teenage Girls of today.

These teenage Girls come to high-school BEDAZZLED and boy crazy, for it wasn't a regular to see / be in the presence of older boys.

Being so innocent and vulnerable these girls serve as bait to the so called "older and more mature boys", and are easily taken advantage off. These girls are promised the Heavens in return for their physical attributes, but are left with nothing more than a broken heart, shattered self-esteem and a terrible reputation. Sometimes even a sexually-transmitted disease.

The picture above shows two teenagers (Boy + girl) leaving the school premises, to what looks like a vacant piece of land or grounds

PHOTO-NARRATIVE 4: VULNERABLE GIRLS EXPOSED TO RISK-TAKING BEHAVIOUR



Challenges : Almost everyday sexual intercourse is being used .Whether it be rape or free will sex. This is what really goes on in school. Girls are having sex with fellow pupils, but not only the boys at their school but the teachers, as well. The teachers, being male of course might say if the girl sleeps with him he will give her better marks. Now this is where the pressure of parents kick in, if this girl's parents were not stressing her about getting top marks all the time, then the girl would have been smart enough to report the teacher. The boy on the other hand bluff the girls with fancy gifts, and ~~hypnotising~~ hypnotising words, the girls are dumb enough to give in to him to move s on with his plan once he has a hold of the girl's mind and then says to her "if you love me, you will have sex with me". This leads to many dangers .

**PHOTO-NARRATIVE 5: PRESSURE TO BE 'COOL' IN THE EYES OF THE OPPOSITE
GENDER**



Things such as alcohol, cigarettes, drugs, condoms, etc are freely available in Indian schools from pupils who are "dealers." The cigarette in the above photograph was bought from a dealer for R2,00.

Peer pressure makes teenagers succumb to what their friends are doing.

Increasingly, females are involved in purchasing and using these items to become popular with the opposite sex. Competitions are held in school to discover who can sleep with the most amount of boys.

These females do not realise that their health is at risk as well as their honour.

The solution is that youth should be encouraged to express their own views. They should be told that to refuse to join in, is a stronger decision.

The more youth that are encouraged to say no, the better.

PHOTO-NARRATIVE 6: DOMINANT MALES TAKE ADVANTAGE!



Pressure on girls

This picture depicts one of many forced relationships. It shows a teenage boy pressurising a girl to remain with him in a vacant plot of land. It seems as though the girl has a change of mind as she tries to evade him, but it doesn't seem as though he is having any of that, and tries to pull her back.

This is just one of the, "one-side dominating" relationships at school in this day and age. The youth of today, especially in our Indian community, where morals and values were once held very high, are now taking the topic of AIDS and STDs very lightly.

Since the Indians are stereotyped about blacks being the only race with AIDS, they think they can't contract it.

PHOTO NARRATIVE 7: EARLY EXPOSURE TO INFORMATION ABOUT SEX



Magazines aimed at youth feature articles that are interesting to teenagers.

In Indian homes, the topic of sex is normally taboo and is spoken in hushed terms.

However, in school, peer groups and friends talk openly about sex. Therefore magazines are appealing as they demystify the topic.

Magazines are aimed for all cultures and in western culture the topic of sex is openly discussed.

Therefore these magazines are appealing to Indian female. I feel that these magazine articles, when read by youth who are mature and have sound moral values are helpful.

This is because one can take an objective view and therefore see the pros and cons of being sexually active.

To those who are immature and because of adventure and hormonal rushes these articles can be persuasive.

The solution is that every article should give a health warning and the risks of being sexually active at a young age.

PHOTO NARRATIVE 8: PARENTS TRADING QUALITY FAMILY TIME FOR CASH



Indians today have become affluent in certain ways. Parents, instead of spending time with their children, give them large allowances and all luxuries. They can afford cell phones, credit cards and cash allow yards. To indulge themselves in activities that their parents would not approve of.

Costs can buy alcohol and drugs.

Indian female are prone thought for pressure to give in to all suggestions.

In school, boys entice girl-friends by flashing material goods.

Gift can also be used to "get the girl's way" with the girl.

Parents need to monitor the allowance of their children. They should also discuss good moral values and educate their children that money can be used to encourage virtue.

The following two themes and subsequent categories emerged from the data collected:

TABLE 3: THEMES AND CATEGORIES REGARDING HIV AND AIDS IN THE INDIAN COMMUNITY

	THEME ONE	THEME TWO
	CHALLENGES	SOLUTIONS
CATEGORIES	<ul style="list-style-type: none"> • Drug and alcohol abuse • Risk- taking behaviour • Peer pressure • Lack of parental guidance 	<ul style="list-style-type: none"> • Gain self – respect • Need for parental control and guidance • Revive culture and tradition

4.3 DISCUSSION

4.3.1 Photo-narratives

The study involved 15 participants who selected four of their best photographs. However, some participants had some technical difficulty with cameras and had a limited number of photographs to choose from. A total of 54 photographs were retrieved which resulted in 54 photo-narratives being completed. Of the total number of photo-narratives received, the researcher carefully analysed each photo-narrative and derived themes and categories using open coding. The themes and categories derived are presented in Table 3. A total of 8 photo-narratives were then carefully selected which vivified the various themes. These photo-narratives were then scanned and allocated a title which depicted the essence of the photo-narrative and is presented in Table 2.

4.3.2 Themes

The results will be presented according to the two themes that were identified above. The researcher will refer to supporting literature and will use direct quotations from the photo-narratives. It is however important to report at this stage that even though all the participants were of different age groups, their perceptions were found to be very similar.

4.3.2.1 Theme 1: Challenges perceived regarding HIV and AIDS in the Indian community

4.3.2.1.1 Category 1: Drug and alcohol abuse

Adolescence is often a time for experimenting with drugs. Most participants captured the abuse of drugs and alcohol in their photographs as one of the greatest challenges facing Indian youth today.

“ ... drugs are becoming a daily routine for most of the teenagers in this day and age.”

“ ... many women are taken advantage of sexually when under the influence of alcohol ...”

“ ... in her inebriated state anything could happen to her ...”

“ ... because they are so high, they don't even know what's going on around them ...”

Studies carried out by Rocha-Silva (1993) provide insight into the link between drug use and HIV and AIDS in South Africa. The study indicated that drug users tend to share needles at times and tended towards risky behaviour like prostitution while under the influence (Rocha-Silva, 1993). This is highlighted by the participants.

“ ... someone could take advantage of her and even rape her ...”

“ ... while under the influence of alcohol and drugs... they're not in full control of themselves ... this leads to sexual abuse or rape ...”

From the photo-narratives it became clear that the girls perceived drug abuse to be associated with sexual violence. Being under the influence of drugs and alcohol makes a woman totally unprepared for sexual relations, and unable to negotiate for safe sex. Bukuluki of UNESCO (2001) asserts that women are at risk because of a lack of power to determine when, where and whether sex takes place. This situation is exacerbated by the use of drugs.

“ ... date rape occurs when alcohol blinds one's senses ... ”

“ ... while under the influence...they don't even know they'd been raped or they'd gone willingly ... ”

The conclusion of the largest study on the link between sexual violence and HIV and AIDS in South Africa indicated that misconceptions about sexual violence among South African youth put them at high risk of HIV infection (iafrica.com, 2004). The Indian culture does not approve of alcohol and drug abuse. In most traditional Indian homes the use of alcohol is forbidden, more especially among the females. However, due to the erosion of cultural practices and traditions, modern Indian homes are now indulging in alcohol. Due to this 'shift' in lifestyle, youth in Indian homes are now exposed to the 'pleasures' of alcohol and drugs. This increases their vulnerability to alcohol and drug abuse, and possibly HIV and AIDS. Two photo-narratives are included which highlights risk-taking behaviour.

4.3.2.1.2 Category 2: Risk-taking behaviour

Adolescents have been identified as an elevated risk group for HIV infection based on their lack of knowledge about HIV prevention practices (DiClemente, Zorn & Themoshok, 1988). Drawing from Aggleton and Rivers (1998), in many countries the majority of young people are sexually experienced by the age of 20 and premarital sex is common among 15-19 year-olds.

One participant felt that attention-seeking behaviour could lead to unwanted sexual attention and this is evident in the dressing of young girls. This provocative style of dressing is perceived as seeking sexual attention from the opposite sex.

“ ... your dressing shows your character ... you get unwanted attention and reveals a lot about your personality ... ”

“ ... girls who dress like this have a low self-esteem ... dress like this to seek attention ... ”

The gender different views on sexual activity once again places young girls in a vulnerable predicament. It is perceived that power relations seem to be evident among Indian youth.

“ ... today young teenage boys don't want to be faithful to one partner ... ”

The above statement is supported by Zelaya, Marin, Garcia, Berglund, Liljestrand & Persson (1997) who states that while for girls public disclosure of sexual activity leads to dishonour, bragging about sex is common for boys. In contrast some participants perceive that some girls enjoy experimenting sexually and being ‘popular’ among the boys.

“ ... some just do it for the fun of it, because they want to try out and experiment with new things ... doing this will make them look ‘cool’ or ‘popular’ .”

“ ... they're blinded by what is cool ... ”

Similar patterns prevail throughout the world. The pressure for young Nicaraguan men to be sexually active and multi-partnered may be so great that those who do not fulfil this expectation are open to ridicule by their peers for not being a real man (Berglund et al, 1997). In South Africa, having many sexual partners is reported as being equated with popularity and importance among young men (Karrim & Morar, 1995). This notion is reflected in the words of one participant.

“ ... what the hell I am young let me experiment ... ”

“ ... girls can be easily fooled by guys who give them attention and even fall for complete strangers ... ”

At schools risk-taking behaviour is often observed from as early as 12 years of age. Young girls' first experience of secondary school makes them susceptible to older

more ‘experienced’ boys who often take advantage of them. Impressionable young girls who seek sexual attention and popularity often dress provocatively to achieve this and this often results in sexual indulgence.

The Indian culture forbids pre-marital sex and promiscuity. Indian marriages were only consummated after marriage, according to customary laws. However these practices of traditional values are fading away. Indian youth as young as 12 years of age are now pursuing relationships with the opposite sex. Going out ‘clubbing’ frequently is a norm in most modern Indian homes, however these practices are considered to be immoral and condemned, and this increases their vulnerability to HIV and AIDS. Two photo-narratives are included which highlights risk-taking behaviour.

4.3.2.1.3 Category 3: Peer pressure

Peer pressure is universal. However, this influence of peers has both negative and positive aspects. Negatively, some may be encouraged to become sexually active and abuse drugs and alcohol. Positively, significant peers can influence their classmates to desist from sexual activity and drug and alcohol abuse. Adolescents are faced with the major task of establishing themselves as individuals (Hamachek, 1985). They attain self-knowledge and self-assessment within their peer group, which also contributes to the forming of their identity (Gouws *et al.*, 2000).

“ ... children are being pressured into drugs, having sex and drinking alcohol ... ”

“ ... teenagers succumb to what their friends are doing ... ”

Many young people often feel compelled to behave in ways that will be approved by their peers. Kelly (2002) claims that the youth are very sensitive to the opinions of their peers and are reluctant to deviate from peer norms. Kelly (2002) adds that this heavy influence of peers and of the group has negative aspects such as engaging in sexual practices, including those that risk transmitting HIV, because their peers do the same and this seems to be expected of them. Kiragu (2001) states that in Kenya, male adolescents whose friends were sexually active were found to be seven times more likely to be sexually active themselves.

Some participants felt that once you commit yourself to a relationship, becoming sexually active is inevitable. There are increasing pressures on young people to be sexually active and, in the case of boys, to have had several different partners (Aggleton and Rivers, 1998).

“ ... if you love me you will have sex with me ... ”

“ ... boys entice girl friends by flashing material goods... cash can be used to get one's own way with girls ... ”

This is supported by Kumah *et al.* (1993), who state that youth feel that in a relationship sex is a definite eventuality that they were unable to prevent, and that once boys and girls were involved, they would not defer sex until they were married. Zelaya *et al.* (1997) state that girls are often pressured by boys to have sex as a proof of love and obedience and under conflicting pressures, girls also have little influence over decision-making or use of contraception.

Peer pressure is also perceived as negative when it is linked with drug and alcohol consumption.

“ ... young girls are being pressured into doing wrong things ... her boyfriend is forcing her to take drugs ... ”

It appears that peer pressure can indirectly lead to more risk-taking behaviour as well as sexual violence and hence unprotected sex. This is evident in the two photo-narratives presented.

“ ... forcing her to smoke a joint ... waiting for her to get high just so he can take advantage of her and rape her ... ”

4.3.2.1.4 Category 4: Lack of parental guidance

It is observed that many participants perceived a lack of parental guidance as a challenge in the Indian community in the spread of HIV and AIDS. This can be

attributed to both parents being employed and young children assuming 'adult' responsibilities in the absence of their parents. This is supported by Balmer (1994) who states that with the current modernisation processes, parental employment and urbanisation has resulted in a dramatic decline in the exposure to cultural learning. Thus, the adolescent is left to find his or her own set of values and moral codes.

" ... parents instead of spending time with their children give them huge allowances and all luxuries they can afford ... "

" ... cellphones, credit cards and cash allow youth to indulge themselves in activities their parents would not approve of ... "

" ... frequent visitors at the mall ... without adult supervision ... "

" ... cash can buy alcohol and drugs ... "

" ... no fear for adults such as parents and teachers ... "

" ... couples are seen walking hand in hand even kissing in full view ... "

" ... with a lack of supervision teenagers can get up to mischief... lead to early sexual experiences ... "

Young people often have less access to information, services and resources than those who are older (Friedman, 1993). This emphasises the need for parental guidance of young children. George and Jaswal (1995) assert that in some countries such as India, parents and children report that they do not talk to each other about sex. This is often done in the belief that they are 'protecting' young people from information which they believe may lead to sexual experimentation. However, evidence suggests that young people who openly communicate about sexual matters with their parents, especially mothers, are less likely to be sexually active or (if girls) become pregnant before marriage (Gupta, Weiss & Mane, 1996).

The role of many women within the Indian culture has changed drastically, from being a subservient home executive to a career woman, with equal status to her husband. The exposure to Western culture, as projected through the media, has possibly lead to the degeneration of the value system within the Indian culture, which in turn has lead to change in behaviour among the youth due to a lack of parental guidance. Two photo-narratives depicting this are included.

4.3.2.2 Theme 2: Solutions

The participants wrote about the possible solutions as they see them, but none took photographs depicting the solutions. This analysis is therefore based only on what they had written.

4.3.2.2.1 Category 1: Gain self-respect

It is perceived by the participants that Indian female youth often allow themselves to be threatened and coerced into sexual relationships by males. Indian female youth should acknowledge the existence of equality between the sexes and not feel subservient and inferior to their male counterparts. Evidence from the findings indicates that this kind of behaviour often results in sexual violence and abuse. The participants perceive gaining self-respect as a solution to this problem of Indian female youth.

“ ... Indian girls should start respecting their bodies and themselves ... ”

“ ... say no to pre-marital sex ... ”

“ ... don't have a partner who doesn't respect you and forces you to do anything ... ”

Evaluation of HIV prevention initiatives indicate that youth should be encouraged to manifest respect for oneself and others in a spirit of equality (REACT, 1997).

Having respect for ones' body and self often encourages abstinence from sexual activity which will ultimately help curb the prevalence of HIV and AIDS amongst the Indian youth. Kelly (2000) claims that the role and value of abstinence, the development of positive attitudes towards this, and the skills that enable one to abstain from sexual activity is the key to decreasing the vulnerability of youth.

4.3.2.2.2 Category 2: Need for parental control and guidance

It is perceived by the participants that the susceptibility of Indian youth to HIV and AIDS is exacerbated by the lack of parental guidance. Participants perceive that the

solution would be to encourage parents to adopt strict control and guidance of their children.

“ ... parents need to monitor the allowance of their children ... ”

“ ... they should also discuss good moral value s... ”

“ ... adults need to stress how alcohol affects one’s decisions ... ”

“ ... youth should be encouraged to express their views... be told that to refuse to join is a stronger decision ... ”

Parents should be encouraged to spend more time listening and talking with their children about intimate relationships and about sex from a practical as well as an ideological standpoint (REACT, 1997). The family is very important in setting the limits of behaviour and barriers in communication will limit the parents’ ability to counsel their children (Grant, 1988). Indian parents should promote the freedom of expression and encourage respect and trust within the family, especially among the youth.

4.3.2.2.3 Category 3: Revive culture and tradition

The participants also perceived that a solution to HIV and AIDS in the Indian community would be to revive cultural and traditional practices within the Indian community.

“ ... live according to the cultural beliefs and traditions of parents and grandparents ... ”

“ ... Indian community need to grab a hold of their culture ... ”

Duggan (2005) states that the main reason why HIV and AIDS is spreading in Africa is due to the loss of traditional cultural values. This possibly applies to the Indian population in South Africa too. It is perceived that due to modernisation and the exposure to the western culture, the cultural practices and traditional values within the Indian culture is slowly disappearing. Reviving culture and tradition is perceived as a solution to HIV and AIDS within the Indian community.

4.3.3 Reflection

The final session held with the participants reflected on the data produced. Although the participants were from different grades and classes, it was found that many had very similar perceptions about challenges related to HIV and AIDS in the Indian community. It was also observed that after their participation in the research, the participants felt empowered and ‘transformed’ to relate their understanding of the research to others to try and make a positive difference in the Indian community, and in that way facilitate social change.

4.4 SYNTHESIS

From the above it is clear that the participants perceive Indian youth as easily influenced and pressured by their peers. Louw *et al.* (1998) state that adolescents conform to the practices of the group to fit in and feel part of the group, because of their desire to belong and be accepted. Afrol News (2000) report that most youth experiment with sex during their teenage years and research has shown that the youth in most countries of the world are the most highly sexual active age group. The higher the sexual exposure the higher the risk of infection, especially when their age group has the highest prevalence rate. Participants also perceive this prevalence rate related to drug and alcohol abuse, risk-taking behaviour, peer pressure and a lack of parental guidance. Preventative education is the only tool available for reducing the risk of HIV infection among the youth (REACT, 1997). However, participants perceive gaining self-respect, increasing parental control and guidance and the revival of culture and tradition as possible solutions to help curb the spread of HIV and AIDS in the Indian community.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This study explored the perceptions Indian female youth have of HIV and AIDS in their community. It is clear from this study that there exist many challenges of HIV and AIDS in the Indian community. This study provides an insight into the various issues that need to be addressed as to try and curb the rapid increase of HIV and AIDS among especially the Indian youth.

5.2 CONCLUSIONS

There exists a feeling of cultural clash between the Indian society and youth that have been exposed to and influenced by 'modernisation' and its ideals. Balmer (1994) asserts that the influence of Westernisation has led to a change in social interaction and social patterns, which in turn has resulted in a lack of common responsibility on social issues. It appears that the Indian youth has lost their 'roots' with regard to cultural practices and tradition. This is supported by Pillay (1991), who asserts that some customs and habits remain merely as tokenism, while more participate in the conventional Western life in South Africa (Hofmeyr & Oosthuizen, 1981).

Most Indian youth are reared in families. These families set the spiritual, emotional and physical identity of the youth. As an Indian female, the researcher believes that the family is very important in setting the boundaries for behaviour. However, lack of information and barriers in communication because of socially determined taboos, limit parents' ability to counsel the youth (Grant, 1988).

It is evident from the analysis that the participants perceive drug and alcohol abuse as a challenge within the Indian community, and that being under the influence of alcohol and drugs increases the youths' vulnerability to be sexually exploited and possibly to be infected with HIV. Risk-taking behaviour due to a lack of knowledge of HIV prevention practices makes Indian youth more susceptible to contracting the virus. Negative pressure by peers cause Indian youth to behave in ways that are

unacceptable within the Indian culture such as indulging in pre-marital sex and abusing drugs and alcohol. This degeneration of the Indian value system that was once so highly regarded can possibly be attributed to a lack of parental guidance. Due to economic changes within the country as well as greater career opportunities, Indian parents aspire to better lifestyles requiring both parents being employed and their children at home to fend for themselves. This lack of parental guidance is also perceived as a challenge of HIV and AIDS within the Indian community.

Although the findings highlighted perceptions of the Indian youth, the researcher is uncertain to what extent this is true for only the Indian culture.

5.3 IMPLICATIONS

Through the production of their photo-narratives and the sharing of their perceptions related to HIV and AIDS, the participants became active agents for change by engaging not only in challenges but also possible solutions. Photo-voice as a visual participatory method therefore seems valuable in engaging individuals in a community.

From the research findings the study implies that:

- Drug and alcohol abuse is of great concern as a social problem amongst Indian youth. This probably encourages Indian female youth into indulging in risk-taking behaviour.
- Westernisation has greatly influenced and changed the cultural practices and traditions within the Indian community, and pre-marital sex and promiscuity are indulged in. The strong hold that culture ought to have is slowly diminishing amongst Indian female youth.
- Peer-group culture, as always, has a powerful influence on youth behaviour. The negative influence is of concern against the backdrop of HIV and AIDS. This

negative influence is a concern of Indian female youth and their vulnerability to HIV and AIDS.

- The involvement of parents in the lives of their children is diminishing in the quest for financial prosperity. This possibly accords them the freedom and opportunity to become involved in risk-taking behaviour.

5.4 RECOMMENDATIONS

Youth need guidance and nurturing to be steered on a suitable path of life. This can only be achieved if all ecosystems support each other in the optimal development of youth. It is education that equips and moulds modern students for tomorrow, and therefore the school, as part of the ecosystem should play a prominent role and therefore education should be given great priority in all the plans and programmes of the educationalists and the government.

It is important to conclude this study by providing guidelines in the form of recommendations. These are for all youth, including young Indian females.

- Schools have a significant influence on child and youth development. Strenuous efforts should be made by instituting drug and alcohol abuse programmes in schools. The Department of Education and community organisations should take the initiative. These efforts should incorporate visual participatory methodologies as an effective approach in trying to curb the spread of HIV and AIDS in the community.
- To promote healthy behaviour among youth and reduce the risk of HIV infection, effective risk-reducing programmes must be implemented at schools by the Department of Education and community organisations. This programme should contain:
 - information about the transmission of HIV and AIDS
 - behavioural competency skills which includes refusal of sexual advances,

partner negotiation, assertiveness.

- decision-making, problem- solving and coping skills
 - emotional-self management skills as well as alternatives to sex for getting emotional needs met.
- Peer-group culture has a powerful influence on behaviour. Peer-based education methodology, if carefully managed, leads to sustainable action driven by communities. To make peer education work, it is essential to provide:
 - peer support for youth (in discussion groups)
 - adults that youth can relate to (music or sports personalities)
 - background support (organisational and infrastructural).
 - Seminars, workshops and video programmes, including visual participatory projects should be offered to parents by schools and community organisations, that will assist them in acquiring communication skills in order to increase confidence in discussing HIV prevention with their children. This kind of participation should stimulate and encourage social change amongst the youth. These programmes can be offered during the weekends and public holidays at the nearby schools or community centres. Parents should be encouraged to become more aware of their children and spend more time guiding, talking and listening to their children about intimate relationships and about sex.

5.5 RECOMMENDATIONS FOR FURTHER RESEARCH

Visual culture such as photographs and drawings should be regarded as textual evidence in the study of ourselves and our communities. Participatory research is a creative development tool for starting the process of engagement of the stakeholders around various issues and concerns. It also has the potential for developing long term involvement of these stakeholders in social action on issues that concern them and bringing about real social change in the root problems (Understand your community, 2005). Therefore further research should incorporate visual participatory methodology as an approach to encourage active participation in data production, thereby

generating the issues, as well as the solutions, from within the different levels of the ecosystem.

5.6 SYNTHESIS

Prevention programmes such as abstinence from drugs and alcohol, are seen as one of the most effective risk-reducing initiatives. Formative sexual attitudes and experiences are a part of the psychosocial development that occurs during the school years. Thus, schools provide the single most significant milieu within which to increase awareness of HIV and help students to develop skills that will enable them to make wise decisions and, if they become sexually active, to use protection (Ball & Moselle, 1995).

Intervening during early adolescence can help shape behaviours as they are being formed, rather than during later adolescence, when behaviours are already established and more difficult to change.

Every young person that is reached by an HIV/AIDS prevention message and who successfully adopts safe patterns of behaviour is a saved life. Our children and our youth are the most important resource that our nations have and we owe it to them to create an environment in which they can learn skills that will help them negotiate life successfully in this era of HIV/AIDS (Nduati & Kiai, 1997: 220).

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APPENDIX A



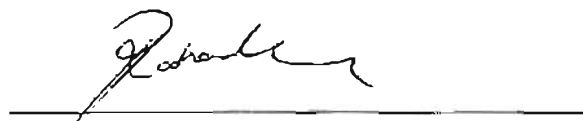
02 September 2005

ATTENTION: Mr Sibusiso Alwa

I, Mrs R. Mahadev, am a student at the University of KwaZulu-Natal, currently pursuing a Masters Degree in Education which includes a dissertation. The research for the dissertation is done under the supervision of Professor N de Lange. The aim of my research is to understand the perceptions of Indian female youth of HIV and AIDS in their community. I require the assistance of Indian female youth from grades 8 to 11. I humbly request the permission of the Department of Education to conduct my research and collect data at my school in Reservoirhills in Durban.

I have already gained consent of parents who understand fully that participation is voluntary and participants are free to withdraw from the research at any time without any negative or undesirable consequences to themselves. All responses will be treated in a confidential manner and anonymity will be ensured where appropriate eg. true identity will be replaced with the use of pseudonyms. I also wish to place on record that all data collection will be done after school and during the school vacation. No tuition time will be used.

Thanking you for your support.



R. Mahadev (Mrs)

Cell: 084 4042079

Home: (031) 4642437

APPENDIX B



PROVINCE OF KWAZULU-NATAL
ISIFUNDAZWE SAKWAZULU-NATALI
PROVINSIE KWAZULU-NATAL

DEPARTMENT OF EDUCATION
UMNYANGO WEMFUNDO
DEPARTEMENT VAN ONDERWYS

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Pietermaritzburg
3200

228 Pietermaritz Street
Pietermaritzburg, 3201

INHLOKHOHVISI

PIETERMARITZBURG

HEAD OFFICE

Enquiries:
Imibuzo: Sibusiso Alwar
Navrae:

Reference:
Inkomba: 0084/06
Verwysing:

Date:
Usuku: 10 January 2006
Datum:

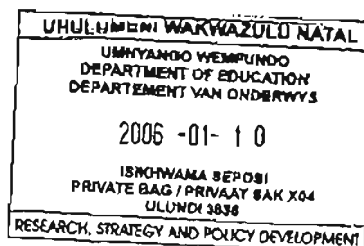
RE: PERMISSION TO CONDUCT RESEARCH

TO WHOM IT MAY CONCERN

This is to serve as a notice that Mrs Rekha Mahadev has been granted permission to conduct research with the following terms and conditions:

- That as a researcher, he/she must present a copy of the written permission from the Department to the Head of the Institution concerned before any research may be undertaken at a departmental institution.
- Attached is the list of schools she/he has been granted permission to conduct research in. however, it must be noted that the schools are not obligated to participate in the research if it is not a KZNDoe project.
- Mrs Rekha Mahadev has been granted special permission to conduct his/her research during official contact times, as it is believed that their presence would not interrupt education programmes. Should education programmes be interrupted, he/she must, therefore, conduct his/her research during nonofficial contact times.
- No school is expected to participate in the research during the fourth school term, as this is the critical period for schools to focus on their exams.


SUPERINTENDENT GENERAL
KwaZulu Natal Department of Education



APPENDIX C



**UNIVERSITY OF
KWAZULU-NATAL**

Sir / madam

29 August 2005

I, Mrs Rekha. Mahadev, am a student at the University of Kwazulu-Natal, currently pursuing a Masters Degree in Education, which includes a dissertation. The research for the dissertation is conducted under the supervision of Professor N de Lange. The aim of my research is to understand the perceptions of Indian female youth of HIV and AIDS in their community. I humbly request your permission to conduct my data collection at Dr A D Lazarus Secondary, involving Indian female youth from grades 8 to 11.

I have already gained consent of parents who understand fully that participation is voluntary and participants are free to withdraw from the research at any time without any negative or undesirable consequences to themselves. All responses will be treated in a confidential manner and anonymity will be ensured eg. true identity will be replaced with the use of pseudonyms. I also wish to place on record that all data collection will be conducted after school or during the lunch breaks. No tuition time will be used.

Thanking you for your support.

R. Mahadev (Mrs)

CONSENT

I, Mr P Reddy, principal of Dr A D Lazarus Secondary hereby grant/ do not grant permission to conduct data collection of the research at the school.

Signature of parent

2025/09/14
Date



26 August 2005

I, Mrs R. Mahadev, am a student at the University of Kwazulu-Natal, currently pursuing a Masters Degree in Education which includes a dissertation. The research for the dissertation is done under the supervision of Professor N de Lange. The aim of my research is to understand the perceptions of Indian female youth of HIV and AIDS in their community. I require the assistance of Indian female youth from grades 8 to 12. I humbly request your permission to allow your daughter/ ward to participate in my research study.

It is imperative that both parents and participants understand fully that participation is voluntary and participants are free to withdraw from the research at any time without any negative or undesirable consequences to themselves. All responses will be treated in a confidential manner and anonymity will be ensured where appropriate eg. true identity will be replaced with the use of pseudonyms.

Thanking you for your support.

R. Mahadev (Mrs)

CONSENT

I, Mr/ Mrs/ Ms _____ parent/ guardian of
_____ hereby grant/ do not grant permission to allow
my daughter/ ward to participate in your research study.

signature of parent

Date