TOWARDS UNDERSTANDING WAYS IN WHICH OUT-OF-SCHOOL YOUTH IN HIGHFLATS, HLOKOZI AREA, KWAZULU NATAL RESPOND TO A CONTEXT OF HIV/AIDS

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ABSTRACT

HIV/AIDS mostly affects youth between the ages 11 and 24. Learners in school are in a position to receive the necessary HIV/AIDS education and prevention messages through the formal curriculum. However, there are many youth not attending school and who are not able to access such critical information. The purpose of this study, therefore, is to explore where out-of-school youth get their information about sex and HIV/AIDS, what the ways are in which out-of-school youth respond to the challenges of HIV/AIDS and what out-of-school youth need in order to develop more effective skills and strategies for dealing with HIV/AIDS. This study is located within Bronfenbrenner's ecological systems theory, to understand how micro-level interactions, relationships and experiences of out-of-school youth are impacted on by influences from the larger social context.

Fifteen participants, seven boys and eight girls from Hlokozi, KwaZulu-Natal, participated in this study. Matters pertaining to relationships and HIV/AIDS could be considered sensitive and personal and there is a possibility that people will be reluctant to disclose thoughts on sensitive and personal matters in the company of others. Accordingly, this research was conducted within a qualitative research paradigm, and drew on in-depth interviews and focus group interviews to explore experiences, perceptions, and attitudes.

The data in this study reveals that respondents have a sound knowledge of HIV/AIDS acquisition and transmission. It also shows school and health centres as main sources of HIV information.

Acknowledgements

I would like to extend a word of gratitude to all those who participated in interviews and responded to my requests for information.

DECLARATION OF ORIGINALITY

This dissertation represents original work by the author and has not been previously submitted by me for a degree at any other university. Where use has been made of the work of others it has been duly acknowledged and referenced in the text.

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Chapter 1

Introduction

Background

HIV/AIDS remains overpoweringly an illness of the marginalised and stigmatised in the society. It has been some time since the virus known as HIV has been around and the early responses to the HIV/AIDS crisis has largely focussed on preventing the spread of the disease.

Campbell and MacPhail (2002) have identified that existing HIV/AIDS programmes cater for school youth but neglect those young people who dropped out-of-school or who have never attended school. LoveLife (2004), UNICEF (2002), Lloyd and Hewet (2003), Statistics South Africa (2001) and Burns, Finger, Murphy-Graham, McCarney and Schueller (2004) show that there is a high number of youth not attending schools or tertiary institutions. Hibret, Damen, Kassahun and Gail (2007) in a study conducted in Ethopia demonstrate that out-of-school youths had a 13-time higher chance of being infected with HIV than the youths attending school. Studies by loveLife (2004) and Campbell (2003) show that youth between the ages of 11 and eighteen are most vulnerable to HIV infection.

It is a commonly held opinion that communication is central to the efforts to stem the spread of HIV and the efforts to prevent transmission must be expanded. This requires a commitment to understanding and intervening in human behaviour. Reddy (2003) argues that HIV intervention strategies targeting sexual behaviour change must be based on a thorough understanding of the structural influences and interpersonal dynamics shaping sexual practices, instead of on a narrow focus on medical and biological aspects of infection and disease.

Given the above, it is my intention to try to establish where out-of-school youth get information about friendship, love, sex and HIV/AIDS, and, secondly, how out-of-school youth respond to a context of HIV/AIDS. Accordingly, my study grappled with the following research questions:

- ➢ Where do out-of-school youth get their information about friendship, love, sex and HIV/AIDS?
- ➢ In what ways are the out-of-school youth responding to the challenges of HIV/AIDS, and what motivates these responses?
- ➢ What do out-of-school youth need in order to develop more effective skills and strategies for dealing with HIV/AIDS?

Even though HIV/AIDS is perceived as the most problematic disease in this country, I consider that very little has been done to accommodate out-of-school youth with regard to this issue. In support of this claim, Francis and Rimensberger (2008) point out that one of the problems with being out-of-school is that many HIV/AIDS information campaigns are run through schools. Most of the youths interviewed named their teachers as their main source of HIV/AIDS information. Various high-profile prevention campaigns such as loveLife are broadcast through the media, but out-of-school youth are beyond the reach of a structured learning environment in which they can discuss and ask questions regarding the information they receive, or talk about how to apply this knowledge in practical situations. This again places out-of-school-youth at a higher risk for HIV infection. (p.7)

 In order for the out-of-school youth to develop more effective skills and strategies for dealing with HIV/AIDS, they need programmes that are aimed at changing behaviour especially in the HIV/AIDS context, since it has been noticed that the problem is not the lack of information (Francis and Rimmensberger, 2008). Although Kelly, (2002) acknowledges that there is a link between education and the reduction of high HIV prevalence rates among youth, it can be argued that it is not only the information that one possesses that reduces the risks of HIV infection but the response/ attitude towards it. More importantly, there is a dearth of literature available talking about the way in which out-of-school youth respond to a HIV/AIDS context, and where they get information about HIV/AIDS. This applies particularly in deep rural areas like Hlokozi, the research site. This study represents an attempt to fill this gap.

Burns et al. (2004) noted a trend towards declining enrolment amongst primary school children in Africa. For example, Kenya has one of the highest levels of school enrolment in sub-Saharan Africa. The proportion of school-aged children in Kenya attending school dropped from 91% in

1980 to 69% in 2000. This decline was also noticed in Tanzania and Zambia, a result apparently related to the growing number of AIDS orphans in those countries, (Burns et al., 2004). The Demography and Health Survey [DHS] (2003) reports also show that in most developing countries there is a notably higher rate of girls not attending school than boys between the ages of 11 and 15. It is also noted that females are the ones who are most vulnerable to the HIV/AIDS pandemic (Bankole, Singh, Woog and Wulf, 2004). The lower the rate of children enrolled at school the higher the rate of out-of-school youth. As a result, many young people do not get information about love, relationships, sex and HIV/AIDS from reliable sources. Out-of- school youth lose the opportunity of attending sex and HIV/AIDS programmes intended for young people. School is a place where discipline which results in behavioural change is enforced. Kilian, Gregson and Ndayanabangi (1999) point out that both behaviour and behaviour change are likely to be linked to educational level, and that attendance at school may directly affect access to health services and exposure to health interventions. Kilian et al., (1999) further state that in the longer-term, increased educational attainment may improve the ability to understand and act on health promotion messages.

The challenges that the youth face with regard to HIV/AIDS are the possibility of either being infected or affected by the HIV pandemic. Parents or family members die or become sick and the youth have to become heads of the houses and care for younger siblings; they have to nurse those who are sick and find jobs in order to replace the breadwinners. This deprives them from obtaining literacy skills which could help them finding information about the HIV and other sexually transmitted diseases. They also indulge in unsafe sex because they fail to internalize HIV prevention (loveLife, 2004). Bryne (2002) explains that a number of studies show that whilst the youth understand AIDS as a fatal sexually transmitted condition with no cure, very few of respondents perceive themselves to be personally at risk of being infected . For example, 74% identified AIDS as one of the five greatest concerns for young people, but only 37% acknowledge the fact that they themselves are at risk of being infected with the disease (Bryne, 2002).

 The factors that motivate unsafe sex practices are cultural (Nduati, 1997), gender inequalities (Campbell, 2003; Rawjee, 2002; Reddy 2003), and drugs (Schofield, 1965). The South African Health Report (SAHR) quoted in Rawjee (2002) states that even if a woman knows that her

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partner should use condoms, she is unable to effect this because she may face the risk of abuse or abandonment if she refuses to have sex with her partner not wearing a condom.

LoveLife (2004) recognizes that the primary problem is not a lack of information, but a failure to internalize and personalize the risks involved in sexual relationships.

Youth represent the most critical target population for HIV prevention strategies. Over 95% of South African 15-16 year olds are HIV-negative. If these youth successfully internalized HIV prevention, the pandemic would collapse within the next decade, (Zisser and Francis, 2006, p189). On this note, one can understand that the main concern with regard to youth's response to HIV/AIDS context is behavioural change.

Although one cannot solely depend for behavioural change on knowledge concerning HIV/ AIDS reduction, it is important that out-of-school youth need to be exposed to such information. In view of this, sources need to be established in order to ensure that out-of-school youth do get information and more especially from reliable sources. Schofield (1973) writes that youth get information about friendship, love, sex and HIV/AIDS from books. Therefore, for the youth to be in position to access such information, they need to possess a certain level of literacy skills, e.g. reading. Schofield (1965, 1973); Schifter and Madrigal (2000); Preston-Whyte (1991) and Bryne (2002) show that youth also get information from friends. This source may be unreliable thus giving youth the feeling of knowing everything while they know very little or nothing.

This thesis draws on interviews with out-of-school youth in the area of Hlokozi. Data collected from the study helps to highlight out-of-school youth's challenges, their ability to negotiate safe sex, their ability to internalise HIV prevention, their sources of information about HIV/ AIDS matters and their experience of abject poverty.

I began this chapter by stating the rationale for conducting this study. I then introduced the research questions that underpin this dissertation. Next, I discussed factors that underpin out-of school youth's increased susceptibility to HIV/AIDS. The rest of this chapter informs the reader about how this thesis is organised.

Chapter 2 explores the essential features of the theory and an overview of the available literature on out-of-school youth. The presentation of the theoretical discussion at the outset is not in any way meant to suggest that theory was the starting point from which my thesis proceeded.

Chapter 3 describes the methods I used to collect and analyse the data of this research study.

In Chapter 4, I present the data in the form of critical questions and themes that emerged from the interviews. As such, the reader is allowed the opportunity to hear the words and stories as recounted by the participants as opposed to being told about them.

In Chapter 5, I attempt to analyse and integrate the data with the theoretical themes and literature.

Chapter 6 is the conclusion.

Chapter 2

Theoretical Framework and Literature Review

2.1 Introduction

This chapter is structured into two parts, that is, the theoretical framework and the literature review. In the first part, I present the framework within which this study is located.

In part two, I review literature that is related to the focus of my study. In this section, I firstly attempt to explain how I understand the social group out-of-school youth. Secondly, I illustrate how out-of-school youth are vulnerable to HIV. Thirdly, I look at the sources of information available to out-of-school youth on issues pertaining to relationships, love, sex and HIV/AIDS and on their response to the HIV/AIDS context and finally, I try to identify the skills and strategies out-of-school youth need in order for them to deal with the challenges posed by HIV/AIDS.

It is also critical that I should highlight the fact that very little has been written on out-of-school youth per se, thus most literature is about youth in general. It is important to note that although the literature is about youth in general, it also covers youth who are not at school.

2.2 Theoretical and conceptual frameworks

This project is guided by Bronfenbrenner's ecological system theory. Bronfenbrenner's (1979) eco-system theory locates contexts within contexts, in a kind of nested fashion. The power of the model lies in its ability to provide a framework for considering how contexts intersect. Bronfenbrenner defines the micro-system as a layer closest to the individual and contains structures with which the individual has direct contact, the exo-system as the larger social system in which the individual does not function directly, and the macro-system is the outermost layer in the individual's development, which consists of cultural values, customs and law (Bronfenbrenner, 1979). This proposed study seeks to understand out-of-school youth's communication with the community and their interaction with members of the society. It also

seeks to understand how out-of-school youth process HIV/AIDS messages, and the social effects of HIV/AIDS. In terms of Bronfenbrenner's (1979) system theory, this communication can be conceptualized in terms of the micro-, exo-, and macro-levels of the educational and social system, with interaction between all levels of the system.

UNICEF (20002) shows that there are a number of social factors that can reduce the likelihood of risky sexual behaviour. It identifies the following factors: having positive relationships with parents, teachers and other adults in the community, feeling valued, having a positive school environment, being exposed to positive values, rules and expectations, having spiritual beliefs and having a sense of hope for the future (p. 15). Many of these protective factors are absent from the lives of out-of-school youth.

Therefore, I use Bronfenbrenner's ecological systems theory because it focuses on the quality and context of the youth's environment. It states that as youths develop, the interaction within these environments become more complex. In this proposed study then, it is useful to look at how micro-level interactions, relationships, and experiences are impacted on by influences from the larger social context.

The school community can be understood as the micro-level. The teachers, friends, dating partners, parents, and learners are in continuous interaction with each other. This study focuses on the micro-system that encompasses the relationships and the interaction an individual has with his / her immediate surroundings. Bronfenbrenner (1979) emphasizes the relationship between the individual and his / her immediate micro-system (e.g. school), but if the relationship breaks down the individual does not always have tools to explore the parts of his/her environment.

HIV/ AIDS projects, and campaigns such as loveLife form part of the exo-system that play an important role in giving information about HIV/AIDS and changing behaviour of the youth. When youth do not attend school, they miss these programmes. These programmes are normally available in schools, and they provide guidance, support, and behavioural models for youth.

On the macro-level, policies and organizational structures, as well as the culture, values and meaning, play a role in the belief systems and behaviour patterns the impact on youth. For example, in the Zulu culture an adult does not discuss with young people issues of sex, love and relationships. This cultural practice can put out-of-school youth at risk of using unreliable sources and their friends for information about the above issues. Issues of love, sex, and HIV/AIDS require an understanding of the interaction between the different sub-systems within the community and external resources.

2.3 Literature Review

2.3.1 Out-of-school youth

Out-of-school youth have been defined as those youth that have never started school, those who have dropped out of school, or those who have completed their schooling yet currently have no form of occupation (Burns et al., 2004). "Mainstream" out-of-school youth as defined by Burns et al. (2004) are those youth that for varying reasons presently do not have access to any form of formal schooling and do not have access to other kinds of educational alternatives, such as extra-mural activities. An example of a "mainstream" out-of-school youth would be a child in a rural area who cannot access schooling. Burns et al. (2004) further identify "socially marginalized" out-of-school youth as those youth that are especially vulnerable and particularly marginalized. These include out-of-school youth that are orphans, street children, child sex workers or children involved in gangs, drug users, migrant children, refuge children, or child soldiers (Burns et al., 2004).

In relation to this study, the out-of-school youth group that is of particular interest are those youth who have either never started school or have dropped out-of-school. Thus, out-of-school youth in this study will be defined as young people between the ages of 15 to 20 who are currently not attending school.

2.3.2 **Youth as a Vulnerable Group**

It would be useful to paint a clear picture as to show how youth are affected by HIV and AIDS. I argue that youth are a vulnerable group. Haysom (1998) sees 'vulnerability' as a lack of power, opportunity, and skills to make and implement decisions that affect one's own life. Young people are vulnerable if they are unable to implement decisions about safe sexual practices, if they get information from unreliable sources and if they lack knowledge, skills and strategies to deal with the challenges of HIV and AIDS.

Youth, especially young women, are the victims of HIV/AIDS. Haysom (1998) say that women are more vulnerable to HIV than men. Tapper (1998, p. 4) in Haysom (1998) mentions that many women face sex encounters with no free will, especially in their youth and it continues like this all their lives.. Statistics by Haysom (1998) show that young women between ages 15-25 are more likely to be infected by virus. Although these statistics refer to women in general, they also include out-of-school women. Similarly, Hepburn (2002) states that in Tanzania, one quarter of primary school girls reported having sex with teachers, relatives, or an adult known to them, and another 23 percent with 'strangers'. 'Forced sex' accounted for one-third primary school girls' first sexual experience and nearly half reported having 'forced sex' at some point. Other factors that contribute to young females' vulnerability to HIV/AIDS are, firstly, their involvement in transactional sex, secondly, the myth that having sex with a virgin cures AIDS, and lastly, the cultural norms where girls want to protect virginity by engaging in unsafe sexual practices such as unprotected anal intercourse (p. 93). Given the above, the literature suggests that in many instances, women are not in a position to negotiate safer sex practices with their partners, thus making them more vulnerable. This includes girls who are not attending school. Haysom (1998) states that AIDS prevention campaigns have to date failed women by urging prevention methods that women often have little or no power to apply, such as, condoms, abstinence and mutual fidelity

Burns et al. (2004) state that many youth who are out-of-school and unemployed spent much time on the streets, where they are vulnerable to experimentation with risky behaviours such as alcohol and drug abuse. Burns et al further argue that the abuse of drugs and alcohol is associated with an increase in unsafe sexual behaviour and its consequences of sexually

transmitted infections (STI's)/HIV. Statistics by UNICEF (2002) and Burns et al. (2004) show that in Tanzania, for example, youth ages 16 to 24 that smoked tobacco and drank alcohol were four times more likely than others to have multiple sexual partners.

Adolescents who start having sex early are more likely to have sex with high-risk partners or multiple partners, and are less likely to use condoms. More than half of those newly infected with HIV in 2002 were between 15 and 24 years old (UNICEF, 2002). The most vulnerable group includes males who have sex with other males, people who inject drugs and those in the sex trade. The fact demonstrated by Haysom (1998) that there are more men infected with HIV than women puts the young girls at risk of contracting the disease.

2.3.3 Youth and access to knowledge about relationships, love, sex, and HIV/AIDS

Schools are seen as places that provide/reliable information about HIV/AIDS. If HIV/AIDS programmes mostly cater for school youth, one then begins to wonder where, out-of-school youth find information pertaining to relationships, love, sex, and HIV/AIDS. Youth who are not in school are more likely to be overlooked by programme planners, less likely to receive skills training and at greater risk of sexual exploitation. Analysis by Focus (1999) on Young Adults Project surveys in 10 Caribbean countries indicates that girls in school were less likely to have experienced sexual intercourse than girls who were not attending school. Focus (1999) further explains that in Kenya data from nearly 600 adolescents ages 12 to 19 suggests that the girls are less likely to engage in premarital sexual intercourse if they attended school. This therefore, makes it imperative to establish where out-of-school youth get information. Kelly (2002) and Burns et al. (2004) also acknowledge a link between education and the reduction of high HIV prevalence rates among youth.

UNICEF (2002, p. 14) points out that most teenage boys get information concerning sex from their friends or pornographic films and literature. Some do not speak to anyone at all, and are not told anything. Those that do speak, especially to adults, are ignored, or told to act like a man without being told what it is to be a man. There is strong evidence that young people either are misinformed or completely lack reliable information. In countries such as Cameroon,

Central African Republic, Equatorial Guinea, Lesotho and Sierra Leone, more than 80% of young women aged 15 to 24 do not have sufficient knowledge about HIV. A fifth of the pupils in a secondary school in Botswana still believed they could screen out risky partners by looks only. This also concurs with most young people's belief that a beautiful and young looking partner is HIV negative. There are also misconceptions as how HIV/AIDS is spread. In some cultures it is believed that it is spread by mosquito bites or witchcraft, and that it can be cured by eating a certain fish or having sex with a virgin (Haysom, 1998).

The lower the rate of children enrolled at school the higher the rate of out-of-school youth. As a result, many young people do not get information about love, relationships, sex, and HIV/AIDS from reliable sources. Out-of-school youth lose the opportunity of attending sex and HIV/AIDS programmes intended for young people.

Even though there are doubts about the reliability of young people's sources of information regarding sexual relationships, it is argued that the information that one possesses should result in the change of behaviour. In support of this idea, Francis and Rimensberger (2005) recognize that the primary problem is not a lack of information, but a failure to internalize and personalize the risks involved in sexual relationships. I also believe that school is a place where discipline which results in behavioural change is enforced.

For the youth to be in position to access good information, they need to possess a certain level of literacy. Schofield (1965, 1973); Schifter and Madrigal (2000); Preston-Whyte (1991) and Bryne (2002) show that youth's sources of information are their friends. This source may be unreliable thus giving youth the feeling of knowing everything yet they know very little or nothing about HIV/AIDS.   Young people thus need access to other sources of information on HIV/AIDS, such as literature.

2.3.4 Ways in which out-of-school youth experience their lives in an HIV and AIDS context

This paragraph looks at how out-of-school youth are affected by HIV/AIDS. The challenges that the youth face with regard to HIV/AIDS relate to being either infected or affected by the HIV pandemic. Their parents or family members may die or become sick and the youth have to

become heads of the houses and care for younger siblings. They have to nurse those who are sick and find jobs in order to replace the breadwinners. This deprives them from obtaining literacy skills which could help them finding information about the HIV and other sexually transmitted diseases. They may also indulge themselves in unsafe sex because they fail to internalize H1V prevention.

2.3.5 Skills and Strategies out of schoo1 youth need in order to face HIV/ AIDS challenges

In South Africa, youth represent the most critical target population for HIV prevention strategies, as over 95% of South African 15-16 year olds are HIV-negative. This makes it important to determine whether there are skills and strategies that can help out-of school youth to face the HIV/AIDS challenges, if there are any, whether youth are in possession of these skills.

In order for the out-of-school youth to develop more effective skills and strategies for dealing with HIV/AIDS, they need programmes that are aimed at changing behaviour especially in an HIV/AIDS context, since it has been noticed that lack of information is not the only problem.

Youth need to be empowered and equipped with skills and knowledge needed to become leaders of the future. There is a need for programmes in which youth will take active roles to combat this epidemic. There should be educational programmes in place that include promoting the self-esteem of girls through teaching self-protection, that include the promotion of safe sex practices and that provide children with comprehensive knowledge about all aspects of sexuality, puberty and body rights. Information for boys should attempt to balance assertiveness messages with those that encourage gender sensitivity, responsibility, and equality in all relations. An acceptance that children and young people are sexual beings needs to become accepted at a cultural level so that taboos about speaking openly to children about sex and sexuality education are challenged within homes first. When most men are sufficiently informed and take mature responsibility for their actions in sexual relationships, this will mark an enormous paradigm shift that is required to battle the HIV/AIDS problem (Haysom, 1998).

The literature indicates a higher prevalence of HIV amongst women and recommends that gender issues, including gender-related vulnerability to HIV infection, as well as vulnerabilities and imbalances that exist for female be integrated into HIV programming. LoveLife (2004) also recognizes that only through open communication in confronting misconceptions of gender roles, challenging power differentials, teaching healthy habits, and instilling life skills will South Africans begin to demonstrate the behavioural modifications necessary to successfully stem this epidemic.

2.4 Conclusion

 Although the literature mostly deals with youth in general, much of what applies to youth in general must also apply to out-of-school youth. Literature that specifically deals with out-of-school youth indicates that they are particularly affected by HIV/AIDS, especially because studies show a link between education and the lower prevalence of HIV. The fact that HIV/AIDS programmes cater for school youth makes the sources of information for youth who are not at school to be unreliable, limited and perhaps inaccessible, thus causing out-of-school youth to be more vulnerable to the pandemic. Francis and Rimensberger (2005) also indicate that the problem with HIV/AIDS is the lack of skills and strategies that can empower youth to deal with the challenges of HIV/AIDS.

Chapter 3
Research Strategy

3.1 Introduction

The purpose of this chapter is to provide a description of the research design and account of a rationale for the methodology and methods employed in this study. I begin by presenting the problem statement and research objectives.

This study tries to find out where out-of-school youth get information about HIV/AIDS. It is based on the premise that HIV/AIDS programmes and messages do not reach out-of-school youth, and if they do get information, they might be getting it from unreliable sources. Campbell and MacPhail (2002) have identified that existing HIV/AIDS programmes cater for the school youth thus neglecting the young people either who dropped out-of-school or who have never attended school.

In view of the above, it is important to find out where out-of school youth get information from about friendship, love, sex, and HIV/AIDS, and secondly, how out-of-school youth experience their lives in a context of HIV/AIDS.

The study was qualitative in nature with focus being on the depth of the investigation. The research design must be informed by the research objective (Eisner, 1998, p. 35). In keeping with the objective of my study, to explore and understand rather than to measure participant's experiences, feelings and perceptions, I identified the qualitative research paradigm as the most compatible with my study and subsequently employed this approach in the study. The use of qualitative research enabled my participants to divulge their experiences, accounts of meaning and perceptions in their natural language, using their own words. Furthermore, the qualitative approach allowed me to identify participants' beliefs and values related to their experiences. This type of research is field-focused and enables the researcher and participants to conduct an in-depth exploration of the participants' experiences, knowledge, feelings and perceptions regarding the phenomenon under focus (Rubin and Babbie, 1993; Eisner, 1998). Knell (1981) stated that

the several techniques used for getting at opinions or attitudes boil down to the simple matter of asking people questions about an issue in order to elicit a response, which is interpreted as the respondent's opinion or attitude towards the given issue. By employing this approach in my study, I was exposed to verbal and non-verbal cues projected from the participants. This provided the opportunity to be instrumental in creating meaning, making my research interpretive. Therefore, I decided to use the two techniques of data collection, namely, in-depth individual interviews and focus group interviews.

3.2 Sampling method

Sampling is a way of determining who the participants would be. The population of the study comprises a subset of the population or representation (according to research) of the population being studied (Babbie and Mouton 2001, p. 100). We study the sample (participants) in attempt to explore and understand the population from which they were drawn. Sampling may be divided into either probability or non-probability sampling (Babbie and Mouton 200, p. 100)

Babbie and Mouton (200, p. 166) argue that social research is often conducted in situations that do not favour probability sampling. In keeping with this view, Terre Blanche and Durrheim (1999, p.35) argue that where research is less concerned with statistical accuracy, non-probability sampling is the most viable. Based on these insights and in keeping with the objectives of this study, as articulated earlier on, I identified and engaged non-probability sampling for my study. Non-probability sampling was appropriate because I selected my out-of-school youth based on my own knowledge and nature of my proposed research. In other words, I selected participants within the age bracket of 15-20, both males and females and who were out-of-school youth.

Therefore, in this study, the participants were randomly selected using snowball non-probability sampling technique. The residents of Hlokozi (the site of research) are predominantly Zulu-speakers. Accordingly, interviews were conducted in Zulu. The participants were also not fluent in English since either they dropped out of school from lower grades or they did not attend at all.

Non-probability snowball sampling technique was my gateway to the defined sample as Babbie and Mouton (2001) point out that this procedure is implemented by collecting data on the few members of the target population one can locate, and then asking those individuals to provide information needed to locate other members of that population whom they happen to know.

Out-of-school youth were identified through schools and churches in Hlokozi, areas in greater Ixopo district. Once a few participants were identified, they were requested to then suggest others.

3.3 Data collection methods

In this section, I outline and discuss the data collection techniques employed in this study. These included in-depth interviews and focus group interviews.

3.3.1   In depth individual interviews

To achieve the aims of the study an in-depth individual interview structure was used for obtaining the relevant information from the participants. In order for interviewees to elucidate on their points of interest, I used open-ended questions. In-depth individual interview is one form of semi-structured interview, which also allowed me to be flexible with regard to the sequence of issues raised by the respondent. Seidman (1991, p. 3) strongly advocates in-depth interviewing as means to understanding the experiences of other people and the meanings they append to their experiences. Interviewing provides access to the context of people's thoughts, feelings and behaviour (De Vos, 2002, p. 304; Seidman 1991, p. 4; Terre Blanche and Durrheim 1999, p. 382). In keeping with this idea, De Vos (2002, p. 292) maintains that interviewing is the predominant method of data collection in explorative research and is an effective means of uncovering people's life worlds in their own words. In concurring with this idea, Seidman (1991, pp. 5-7) argues that the advocacy of a research method depends on the purpose of the research and that as a method of inquiry, interviewing is most consistent with people's ability to make meaning using language.

With regard to making meaning, Seidman (1991, p. 3) advocates that people's behaviour becomes meaningful and coherent when located in the context of their life histories and the lives of those around them. Given the fact that my sample is out-of-school youth who did not attend school at all or those who left school in lower grades, face to face interviewing was very appropriate for this study. In support of that, Babbie and Mouton (2001, p. 249) argue that due to the relatively low level of literacy of South African population, face-to-face interviews are popular. These interviews allow researchers to ask the questions orally and record participant's responses. By using face-to face in-depth interviewing, I was able to explore and understand the experiences, thoughts, feelings, and behaviour (using language) of participants.

In an attempt to preserve the original data, all the interviews in this study were tape-recorded. With regard to tape recording of interviews, Seidman (1991, p. 87) argues that "the primary method of creating text from interviews is to tape record the interviews and transcribe them." Tape-recorded interviews are beneficial since they provide an accurate record of participant's responses, represent evidence to guard researchers against accusations of mishandling of data and afford researchers the opportunity to revise and if necessary to improve their interviewing technique (Seidman, 1991, and Terreblanche and Kelly, 2002).

I conducted twelve in-depth interviews aided by a tape recorder and an interview guide. These allowed me not only to gain a detailed account of participants' beliefs, perceptions and accounts of meaning, but also allowed great flexibility in my interactions with participants as advocated by De Vos (2002, p. 302). I used a set of pre-determined questions (an interview schedule, appendix A). These questions served as a guide rather a prescription. Babbie and Mouton (2001) expound on qualitative interviewing:

> A qualitative interview is an interaction between an interviewer and respondent in which the interviewer has a general plan of enquiry but not a specific set of questions that must be asked in particular words and in particular order. A qualitative interview is essentially a conversation in which the interviewer establishes a general direction for the conversation and pursues specific topics raised by the respondent. Ideally, the respondent does most of the talking. (p. 289)

It was anticipated that matters pertaining to relationships and sexual behaviours could be considered sensitive and personal and there is the possibility that people will be reluctant to disclose thoughts and experiences on sensitive and personal matters in the company of others. In addition, some characters could dominate the proceedings and bully more timid members of the focus group into expressing opinions they would not admit to in private (Denscombe, 1998). It was for this reason that I decided to use in-depth individual interviews in order to strike the balance between the forms of data collection chosen. For the in-depth interview I spent 45 minutes with each participant. I planned to interview six boys and six girls but ended up interviewing eight girls and seven boys. (See appendix A for possible questions). The interviews were conducted in Zulu, although in some instances the participants responded in English and Zulu.

3.3.2   Focus group interviews

In addition to in-depth interviews, focus groups are used to explore attitudes and perceptions, feelings and ideas about a topic. I made use of focus group interviews to establish trust and respect with participants by comprehensively explaining the role and rights of participants as well as the procedures of the study. Focus groups enable interaction within the groups as a means for drawing out information, rather than just collecting each individual's point of view. They can lead to insights that might not otherwise have become known through the one-to-one conventional interview (Denscombe, 1998). According to Babbie and Mouton (2001, p. 292), focus group interviews provide the researcher with an opportunity to observe a vast amount of interaction on a topic in a limited period. Some people might feel comfortable to express their views about the topic once they see that the other group members talk freely. Both boys and girls might feel comfortable to express themselves in separate gender groups and there are those who will choose to speak in the presence of mixed groups. Accordingly, I decided to work with three focus groups consisting of six participants each:

Boys only group

Girls only group

Girls and boys group

The focus group interviews were held in the classroom at the school where I am teaching. They were conducted in Zulu. Each group discussion took approximately one hour in duration (see appendix B for possible questions). The girl's only group seem to be more open than the boys' group. In both groups, some individuals seemed to dominate the discussion. The very same individuals also dominated the mixed group interviews. There was a long period of silence before some questions were answered in the mixed gender group. With the mixed group, the boys seem to be more relaxed than the girls were. Separate group discussions worked better than the mixed gender group. The reason could be that the girls were shyer than the boys were. The girls tended to respect the boys' opinions and thereby not argued against them yet the boys' responses were in disagreement to the responses of the girls in their separate group.

3.4 Reliability and Validity

Lincoln and Guba (1985) foreground the notion of trustworthiness as a pivotal principle of good qualitative research. De Vos (2002, p. 351) states that all qualitative research must respond to precepts that represent gauges or yardsticks against which the trustworthiness of the research can be evaluated. These include questions about validity, credibility and transferability (De Vos 2002, p. 351). Next, I discuss these concepts and the ways in which this study addressed these requisites.

Credibility according to Babbie and Mouton (2001, p. 276) describes "the compatibility between the constructed realities that exists in the minds of respondents and those that are attributed to them." With reference to credibility and validity in qualitative research, De Vos (2002) explains:

> The strength of qualitative study that aims to explore a problem or describe a setting, a process, a social group, or a pattern of interaction will be its validity. An in-depth description showing the complexities of variables and interactions will be embedded with data derived from the setting that it cannot help but be valid. Within the parameters of that setting, population and theoretical framework, the research will be valid. (p. 351)

In an attempt to contribute to the credibility of the study as prescribed by Kirsch (1999) and Durrheim and Wassenaar (2002), I have adhered to a number of precepts. These include the tape

recording of interviews; the verbatim quotations of participants (De Vos 2002, p. 352); and taking my findings back to participants in attempt to verify findings and enhance validity (Babbie and Mouton, 2001, p. 277). In addition, the interview structure used in this study incorporated features that promote the achievement of validity. The process as well as the time management (spacing) encouraged internal consistency in participants, promoted participants' understanding and meaning of their own experiences, and allowed them to make sense to me as well as to themselves. These characteristics promote validity (Seidman, 1991, p. 14).

Using both individual and focus group interviews helped to ensure that the data collected reflects views of both introverts and extroverts. With interviews, the control of the researcher strengthens the quality of data gathered as compared to questionnaires. By using follow up questions, I ensured that the respondent answered every question adequately and rephrasing clarified any ambiguity that might occur during questioning.

Opinions and views expressed throughout the individual interview stem from one source, the interviewee. This makes it straight forward for me to locate specific ideas with specific people. It is easy to control. I only have one person's idea to grasp and cross-examine.

When transcribing data I looked for themes emerging from a number of interviews. This ensured that I did not have to rely on a single source of what is correct. Themes coming from different respondents demonstrate that the idea is shared among a wider group, and therefore makes the data to be considered as valid.

3.5 Ethical issues

Babbie and Mouton (2001, p. 238) describe research ethics as extensively conventional moral principles about proper conduct and behavioural expectations towards participants and other researchers. These principles represent guidelines that allow the researcher to assess his conduct as a researcher.

Key to the understanding of ethical considerations is the fact that this study forms part of Professor Francis' project on out-of-school youth. My study was located within the larger project led by Prof Francis. The Ethics Committee at the College of Humanities, University of KwaZulu-Natal, approved the study. The ethical clearance reference number is (HSS/06075A). In line with the ethical clearance proposal, confidentiality and anonymity were stressed and maintained throughout the study.

Within the spirit of that clearance, I also put the following checks in place. I thoroughly explained the research objectives and process to potential participants before requesting for volunteers in the study. The participants were assured of the strictest confidentiality and anonymity. All the participants were also advised that they had the right to withdraw from the study at any point, should they so desire. In keeping with anonymity, each participant was given a pseudonym. All the participants signed the consent forms.

3.6 Data analysis

After the collection of data, responses were grouped into themes. The data was analysed and responses were interpreted according to the critical questions and themes that emerged. Most of the data was in Zulu. All the data was translated by me. Although I did not initially intend using quantitative methods of data production and analysis, when the occasion presented itself, I subjected the data to those statistical analyses. Tables were used to classify the data and percentages were used to show variations. There is thus some degree of quantitative or organisation of data, using percentages. I then used a mix of quantitative and qualitative data analysis.

Both the in-depth interviews and focus group discussion were audio taped, transcribed, and grouped according to similar themes.

3.7 Conclusion

In this chapter, I presented and explained the methodological processes I chose in order to generate and analyze data. I have also presented the data collection techniques and procedures and provided reasons for the choices I made. Literature relevant to the research design was also discussed and used to substantiate the choices thereof.

Chapter 4

Findings

4.1 Introduction

The previous chapter outlined the research design and methodology employed in this study. This chapter focuses on the presentation of the data gathered from both the in-depth and focus group interviews. The data is presented in terms of critical questions and themes that emerged from the interviews. In presenting the data, the researcher wanted to ensure that the voices of the participants were not lost. Therefore, *verbatim* quotations are also used in the data presentation (Giele, 1998, Plummer, 2001 and De Vos, 2002). Major themes and related categories are presented using direct quotes of participants. This study aimed at finding out where out-of-school youth get their information about friendship, love, sex and HIV/AIDS; secondly, in what ways are the out-of-school youth responding, to the challenges of HIV/AIDS, and what motivates these responses, and lastly, what out-of-school youth need in order to develop more effective skills and strategies for dealing with HIV/AIDS?

Table 1: Overview of out-of-school youth interviewees

Girls interviewed	Age	Boys interviewed	Age
Pinky	18	Mzobe	16
Xaba	19	Xolani	15
Thembelihle	17	Bheko	15
Nomfundo	17	Sihle	15
Mayeza	18	Simo	16
Mchwe	18	Mthobisi	16
Zandile	12	Qoza	17
Ngongoma	19		
8 girls	Average age: 17yrs	7 boys	Average age: 16yrs

I present the data in themes, namely: Sources, Knowledge, Challenges and what motivates responses to HIV/AIDS, HIV/AIDS experience, Poverty, Discussion with friends, Misconceptions and Denial, which were extracted from the interview schedule and those that emerged from discussion. The sources where participants get information about HIV/AIDS that emerge from the data are presented under the categories School, Media, Health Centres, Family and Friends. The participants' knowledge about HIV/AIDS that emerged from the data is presented under the categories Transmission and Prevention. Under the heading of Transmission, sub-themes of sex and infected blood are addressed and under Prevention condom use, faithfulness and abstinence are addressed.

4.2 Sources of information

The data show that participants get information about HIV, friendship and love from different sources. They mentioned schools, media, health centres, family members, friends and other people they met.

4.2.1 School

The data collected showed that the participants have learnt about this disease in schools from teachers. Out of the fifteen participants interviewed, seven (46.6%) mentioned school and teachers as their source of information in matters regarding HIV/AIDS. Either the participants have used these sources or they (participants) were referred to others for help in case they need advice. Out of the seven (46.6%) of the participants who mentioned school as the source of information, three (20 %) were girls and four (26.6%) were boys.

I can ask a teacher because some of them are familiar, because teachers know and they are the ones who teach about this thing.

4.2.2 Health Centres

Health centres, e.g. Clinics, hospitals and counselling centres were considered as a second reliable source of HIV/AIDS information after school. This is evident from the responses to questions as to who provided them with such information and where they get information about HIV/AIDS.

From the health workers 'Onompilo' and clinics.

… You also get it when you go for counselling. I got it when I went for counselling. I got it when I went for testing. From the clinic. I think we can get information about HIV/AIDS in Hope Centre in Durban.

Out of the fifteen interviewees, ten (66.6%) indicated that they visit clinic, hospitals, counselling centres and health officials for HIV/AIDS information. Out of this ten 66.6%, the split was 8 (53.3%) girls and 2 (13.3%) boys.

4.2.3 Media

The data in this study reveals the extent to which participants have heard about HIV/AIDS through the media. The messages from the radio, television and print media have reached them to some extent although only two (13.3%) commented about these sources.

Over the radio and from clinics, you have to have safe sex by wearing a condom.

4.2.4 Family members

Bronfenbrenner (1979) recommends that there must be a strong relationship between the individual and the structures closest to the individual, such as family, school, neighbourhood, or childcare environments. From the data collected, the evidence suggests that only 13.3 per cent of the interviewees showed that they talked to their family members about HIV issues. One of the participants mentioned her sister as her own confidant and counsellor.

My sister. Because she is older than I am. Like we as young women we fall in love. My sister likes to take time advising us as to how to do things.

Only one participant mentioned her father as one of the people that talk about HIV/AIDS.

My father talks a lot about it.

4.3 Knowledge of HIV/AIDS

Most of the participants have a good knowledge of HIV/AIDS. They showed good knowledge of how HIV is transmitted and how it is prevented.

4.3.1 Transmission

The participants have a good knowledge of how HIV/AIDS is transmitted and various modes of transmission. Unsafe sexual intercourse and the contact with contaminated blood were prevalent in their responses. These were the specific sub-themes:

4.3.1.1 Sex

Most participants were aware of sex as means of transmission of HIV/AIDS virus. Even though the participants said there are many ways in which the HI Virus is transmitted, sex as a mode of transmission was prevalent in their responses. All fifteen (100%) participants mentioned unsafe or unprotected sex with a person who is an HIV positive person as the main means for HI Virus transmission.

Through sex. Sex without a condom. You acquire it if one of you is already positive. Besides unsafe sex, one can acquire it if one does not use gloves when helping someone who is positive yet having wound on your hands.

4.3.1.2 Infected Blood

The spreading of HIV/AIDS through touching infected blood is particularly well known amongst the participants in this study. Ten (66.6 %) of the respondents viewed contact with contaminated blood as the most common means for HI Virus transmission. Six (40%) of the total were girls and four (26.6%) were boys.

> *It is that how it is transmitted. It is transmitted through blood when they both have cuts. About sex, I am not sure because some people say if there is no place with the problem; it cannot be acquired by sperm cells. They say so but I have never been to the doctors to verify this information. They say it cannot be transmitted by sperm cells; it can only be transmitted when there is a friction during sexual intercourse.*

One participant mentioned that another possible means of transmitting the HIV/AIDS virus was the sharing of razor blades by traditional healers.

> *In clinics and hospitals if they use the same injection for different patients and if you go to the inyanga that uses the same razor blade for different people.*

4.3.2 Preventing HIV/AIDS

Data reveals that the participants viewed condom usage, faithfulness and abstinence as the common means for HIV/Aids prevention.

4.3.2.1 Condom

The participants showed great awareness of condom usage as a means for HIV/AIDS prevention. Data shows that twelve (80%) of the total respondents mentioned condoms as one of the preventative measures. Of the total, five (33.33%) were girls and seven (46.66%) boys who answered in this way. When asked, what advice they would give to other people this is what they had to say.

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I would tell him/her to use a condom if s/he wants to have sex. If one were not aware of how it is acquired, I would tell him/her that it is also acquired through blood.

4.3.2.2 Being faithful

Six (40%) of the total participants viewed avoidance of multiple partners as a means for HIV/Aids prevention. Data also shows that participants were aware of the fact that having multiple sexual partners could increase HIV acquisition or it could worsen the situation of HIV positive persons.

> *We discuss that he must not fly, because I am doing nothing here. He might get HIV and then we will be sick and leave our child behind. [I mean that] he must not have sex without a condom with girls in Durban.*

> *…..and to enslave themselves with males. She must not fall in love with other people because HIV could become worse.*

4.3.2.3 Abstinence

Of the total participants, two (13.3%) mentioned abstinence as one of the prevention methods.
> *Yes, together with my partner we decide to abstain from sex.*

Some participants mentioned that either sex with a condom or no sex at all protected people in order to meet HIV/AIDS challenge. I doubt all the participants practised this as most of the female participants have children.

4.4 Challenges facing out-of-school youth

The relationship between poverty and HIV/AIDS is "bi-directional" (Collins and Rau, 2000, p. 100). The data collected reveals that there is high level of poverty that either resulted in youth

leaving schools or prevents them from furthering their studies. Given the above one could realise the level of vulnerability the youth is faced with.

Even though they are faced with abject poverty they still spoke of wanting to change their lives and *become better people*, but this was dependent on getting a good job, which in turn was dependent on education, which they could not access for lack of funding or other reasons.

It is to study and pass the two subjects that I failed, and then get someone who can help me with money to study. Thereafter I will be in the position to work for myself.

Yes, there are issues that worry me. It is that I do not know what can happen if my granny can die since I am not working. I wish she could die when I have already found the job. I wish to get money and build a house for my mother since she is not working. I cannot find the job.

4.5 HIV/AIDS Experiences

Twenty per cent of the participants also revealed lived experiences of having relatives with HIV/AIDS. They showed a profound understandings of the disease as would be outlined below.

My greatest concern is the way an HIV positive person looks like when she becomes sick. I become very scared. Especially when s/he cannot get help and thereby becoming sick until s/he dies.

One of the participants testified the way the condom saved her from acquiring the HI Virus.
I used a condom with one of my boyfriends. Only to find that he is positive.

4.6 Poverty

Francis and Rimensberger (2008) state that financial dependency can disempower a person. They maintain that poverty is a barrier to practise of safe sex. Shortage of money results in youth

opting for relationships with the aim of getting money. Being dependent and lacking in agency to change their situation has implications for young people's vulnerability to HIV/AIDS. Disempowered people tend to think that they cannot take control over their health and are less likely to engage in health-enhancing behaviour (Campbell and MacPhail, 2002). Campbell and MacPhail use the Freirian notion of critical consciousness to understand how the context of poverty and disadvantage, as well as gender, shapes the poor sexual health experienced by youth.

What I like most about my boy friend is that he satisfies all my needs. Like if there something that needs money. He helps me out. He gives me money if I have asked for.

This discourse of dependency was evident in the conversations of girls who said a positive aspect of their relationships with boyfriends was that *he helps me when I need things*. Material gains were important to girls and this was often spoken about as an indicator of a successful relationship. This finding also was evident in Francis & Rimensberger (2008). Girls mentioned this when they were asked what they liked about their relationship

> *Interviewer: If you do have a boyfriend, what do you like most about this relationship?*
> *Xaba: I get almost everything I like.*
> *Interviewer: If you do have a boyfriend, what do you like most about this relationship?*
> *Thembelihle: What I like most about him is that she satisfies all my needs.*
> *Interviewer: What kind of needs are you talking about?*
> *Thembelihle: Like if there is something that needs money. He helps me out. He gives me money if have asked for it.*

The effects of falling pregnant were far-reaching and desperate, taking young girls out of the education system and placing them in a situation where they could not work either and usually fell into dependent relationships. A UNICEF report on young people and HIV/AIDS states, 'The danger of infection is highest among the poorest and least powerful. Young girls living in poverty are often enticed or coerced into having sex with someone older, wealthier or in a position of authority, such as an employer, schoolteacher or older "sugar daddy", in order to stay in school or support themselves and their families' (UNICEF, 2002, p. 18).

"The issue that worries me most is the fact that I had a baby, his father does not support him, and my parents ignored me. Nevertheless, I wish to be a right person. A right person is the one that works and has his or her own money. I shall only be able to get money if I work."

4.7 Discussion with friends

What the participants liked about their friends was that they could laugh together, swap advice and talk. When it came to the more serious topic of HIV/AIDS, the reaction was mixed. In some cases friends created an enabling environment in which positive messages about facing the reality of HIV/AIDS could be exchanged, but in others, the topic was avoided.

 Friends proved to be an important support for taking action against HIV/AIDS and encouraging others to do so as well. Of the total, seven (46.6%): 4 (26.66%) girls and 3 (20%) boys saw their friends as their confidants. They rely on their friends for information.

I like my friends because we get well with each other and we advise each other where there are some problems. We tell each other where one goes wrong and where we do right. We even discuss AIDS related issues, that is, it is not right to involve oneself in unsafe sex. One should use a condom.

The above testimonies show that while out-of-school youth do not have a structured learning environment to discuss misconceptions about HIV/AIDS, this does not mean they have no knowledge of the disease.

4.8 Misconceptions

Some data showed that there is some degree of uncertainty among the participants with regard to HIV/ AIDS issues. The data also revealed lack of adequate information. One participant confessed that she was unsure when is the treatment taken after one has tested positive. This is the evidence that some of the sources are unreliable. Seven (46.6%) of the total participants,

showed that they had either lack of knowledge or misinformation. One participant mentioned that HIV/AIDS could be acquired through using the same eating utensils.

> *Since I know that you get through unsafe sex and if you take care of sick person without using gloves, I want to know then how does one acquire it. I used to hear that if you are using same eating utensils, one gets it. The sick person should use his or her own utensils. I used to see this from our neighbours. They used to do it to the sick people. I used to see them having their own utensils.*

4.9 Denial

HIV/AIDS was talked about as a very real disease, but one that they had psychologically separated from their own lives. The data reveals that people who interact with them (participants), that is, friends, family members and other members of the community are sceptical of talking about HIV/AIDS issues. This was evident from three respondents (20%). These responses came from two girls (13.3%) and one boy (6.66%). They think HIV/AIDS is not for them but it is for other people. It is interesting to detect that even though participants blame other people for denial, they are not innocent themselves from this tendency.

> *We do talk with my friends about HIV/AIDS, but we do not concentrate on this issue, nor do we take much consideration thereof, **simply because it is something that can not get us easily**.*

Hereunder, we find a situation where the participant is conscious about the danger of HIV/AIDS and she encourages others to go for HIV testing. Her boy friend refuses to go for testing claiming he cannot be HIV positive.

> *We talk with my friends about AIDS, advising each other about the importance of checking the status. There are many people around that are said to be positive, but they do not want to admit and some that we hear to be HIV positive, they deny it. There is nothing that can stop*

us from checking our status, because many people are living with AIDS, but you cannot see
them with your naked eyes that they are positive. Ours is to check and get treatment.
I also discuss this issue with my boy friend. I always suggest that we should both know our
status. I was telling him that to love him does not mean it is easy to simply disclose your
status, so what is best is to go together for checking. He refused. I do not know the cause of
his unwillingness. May be he does not trust himself. In addition, you cannot trust that you do
not have AIDS. I am still going to explain to him and make him understand.

4.10 Conclusion

In this chapter I have presented the findings, using critical questions and topics extracted from the interview schedule. The following chapter will present the analysis and interpretation of the findings using themes extracted from critical questions as well as those emerged from the interview as tools of analysis.

<center>**Chapter 5**</center>

<center>**Discussion**</center>

5.1 Introduction

The previous chapter presented the data that was gathered from both in-depth and focus group interviews. This chapter focuses on the discussion and analysis of data in terms of critical questions and emerged themes. It mainly discusses the data with regard to the respondents' responses on their sources of HIV/AIDS information, the data that emerged on prevention and transmission of the virus, and the challenges presented by the fact that the participants are out-of-school. Finally, it gives analysis and interpretation of the findings. In view of the above, I begin this chapter by presenting a tabular overview of statistical analysis of the participants' response.

Table 3: Overview of statistical analysis

Issue	No. of participants who commented about the issue	%	Girls	%	Boys	%
1. Sources						
1.1 School	7	46.6	3	20	4	26.6
1.2 Media	2	13.3	0	0	2	13.3
1.3 Health Centres	10	66.6	8	53.3	2	13.3
1.4 Family	2	13.3	1	6.66	1	6.66
1.5 Friends	1	6.66	1	6.66	0	0
2. Relatives with HIV/AIDS	3	20	2	13.3	1	6.66
3. Transmission						
3.1 Sex	15	100	8	53.3	7	46.66

3.2 Infected Blood	10	66.6	6	40	4	26.6
4. Prevention						
4.1 Condom	12	80	5	33.33	7	46.66
4.2 Be faithful	6	40	4	26.66	3	20
4.3 Abstinence	2	13.3	0	0	2	13.3
5. Those that talk about it (discuss) with their friends	7	46.6	4	26.66	3	20
6. Misconception	7	46.6	4	26.66	3	20
7. Denial	3	20	2	13.3	1	6.66

5.2 Sources

The data in this study reveals that participants have heard about HIV/AIDS through media, friends, clinics and teachers. This is similar to what other studies found.

According to Bronfenbrenner (1979), the individual has to have a strong relationship with his or her immediate surroundings. These among others are family, school and neighbourhood environments. As out-of-school youth, they do not have sound relationships with such environments, especially the school. Surprising though is the fact that 46.6% of the participants believe that school is the most reliable source of HIV/AIDS information. These findings are similar to the results of the survey by Burns et al. (2004, p. 7) conducted in nine Caribbean countries and involving nearly 16,000 youth respondents. The survey found that the strongest protective factors against sexual risk taking were school related, including feelings of school connectedness, participation in family life education courses, academic performance, number of years of education, and the degree of safety of the school environment. Connectedness to parents was also a protective factor, including parental expectations regarding school completion, age at marriage, and sexual behaviours.

It is sad to note that only two of the respondents (13.3%) provided evidence of having connection with their parents with regard to sharing of HIV related issues. This, according to Bronfenbrenner, could be the result of cultural values. For example, in the Zulu culture an adult does not discuss with a minor sex, love and relationship matters. This cultural practice can put out-of-school youth at risk of using unreliable sources and their friends for information about the above issues. Issues of love, sex, and HIV/AIDS require that youth understand the interaction between the different sub-systems within the community and external resources.

5.2.1 Schools

HIV/ AIDS projects, and campaigns such as loveLife form part of the exo-system that play an important role in giving information about HIV/AIDS and changing behaviour of the youth. When youth do not attend school, they miss these programmes. These programmes are normally available in schools, and they provide guidance, support, and behavioural models for youth. The study by Focus (1999) in ten Caribbean countries indicates that girls in schools were less likely to have experienced sexual intercourse than girls who were not attending school. This information makes out-of-school youth who have never attended school to be more vulnerable.

According to Burns et al. (2004), school based prevention programmes have the advantage of a captive audience that can progress through programmes and curricula. The school setting provides the opportunity to work with the same group of young people, to teach and practise skills with them, and to address their questions and concerns over a period. Without that daily ongoing structure, reaching youth with comprehensive and understandable information becomes a challenge. In addition, research has found that school attendance is often associated with protective factors against sexual risk taking. That seven (46.6%) participants mentioned school as the source of information makes it critical that AIDS intervention programmes should be introduced at school. Looking at the average age, that is, 14 years, at which boys in this study left school, one strategy could be that the lessons about HIV/AIDS should be introduced in lower primary schools.

Similarly, Narismulu's (2004), Francis and Zisser's (2006), and Francis and Rimensberger's (2008) studies found that school children were more likely to talk to teachers about issues around HIV/AIDS than to friends or parents. These results are alarming for out-of-school youth, who may have the same amount of exposure to the high profile loveLife campaign as youth in school, but not the resource of a school learning environment and access to teachers whom their peer seem to feel more comfortable talking to. This entrenches them even further in a socially isolated space.

5.2.2 Health service centres

Burns et al. (2004) argue that girls who are out-of-school are also more likely to experience the negative consequences, including unintended pregnancy, since they are more likely to have sexual intercourse. When pregnant, girls under the age of 15 are more likely to experience premature labour, spontaneous abortion, and stillbirths than older women are, and are up to four times as likely to die from pregnancy-related causes. The data in this study reveals similar results. It has found that all the female participants mentioned the clinic as their source for HIV/AIDS information. They visited clinics during their pregnancy stage. Most girls cited pregnancy as the main reasons they left school. In view of the above it is important that sex education be introduced in lower grades and that the clinic should be strengthened. The campaigns against teenage pregnancy should be brought to the places where youth spend most of their times, e.g. in sporting events.

If schools and teachers remain the biggest source of information, and these are no longer available, further questions they may have and myths about HIV/ AIDS cannot be cleared up. Significantly, community health clinics were the second most common place that out-of-school youth turned to for HIV/ AIDS information.

The above testimonies also reveal clinics as the participants' most accessed source of information. Only girls and not boys mentioned this source. This could be because they frequently visit them. The above finding makes out-of-school boys vulnerable in the sense that

they have limited reliable sources. The data reveals that boys mostly mentioned their friends as the sources of information if not the school.

5.2.3 Media

Narismulu (2004) found that even though young people are surrounded by information about HIV/AIDS, they find it difficult to talk to friends and partners, which leads to "communicative disempowerment". In this study, only two (13.3%) of the participants heard of HIV/AIDS through the media. Participants state that the television, newspapers, radio and magazines have provided them with information regarding HIV/AIDS. Although media could be viewed as a tool in the battle against HIV/AIDS, this study reveals a loophole as this source seems to be the least accessed. In view of the findings from this study out-of-school youth, who are often difficult to reach, present special challenges for the provision of HIV/AIDS information and services. Burns et al. (2004) argue that the information they need on human sexuality, abstinence, STIs, pregnancy prevention, HIV prevention, and skills for sexual decision-making can be better addressed in formal settings since this information requires sensitivity and focus. In addition, messages about sexuality issue and behaviour change are complex and require multiple contacts from a variety of channels to be effective.

Parker (1998) also states that for HIV/AIDS communication activities to be effective, it is necessary to create a sense that it is important to mobilize around the disease. He that thinks therefore the way to communicate information to out-of-school youth is through logos and symbols, and mass media products. According to Parker (1998), mass media products such as television channels, radio stations, newspapers, magazines and billboards are developed in such a way that they provide access to well-defined audiences, for an example the television and radio production such as "Soul City".

5.2.4 Friends

Many felt that they could not talk to their friends, a concern often expressed through fears of being gossiped about – a finding similar to that of Campbell and Macphail's (2002) study of peer

education programmes. While their study was in a school environment, the underlying problem was the same, namely, talking to friends or peers was not considered as "safe" as a trusted adult and that gossiping was a real threat among friends.

The above finding is in contrast to Mbhele (2004), Bryne (2002), Schifter and Madrigal (2000) and Preston-Whyte (1991) who found that young people find information about relationships, sexual behaviours through interaction with others. She further states that when children leave the confines of the home to interact with others they form relationships with peers and these relationships could proceed to heterosexual relationships. The data in this study reveals that only one (6.66%) of the participants talked to his/her friends about the issue of HIV/AIDS.

5.3 Knowledge

The study conducted by UNICEF (2002) in Cameroon, Central African Republic, Equatorial Guinea, Lesotho and Siera Leone found that more than 80 % of young women aged 15 to 24 do not have sufficient knowledge about HIV. The study conducted by UNICEF (2002, p. 13) in Ukraine, also found that although 99 per cent of the girls had heard of AIDS, only 9 per cent could correctly identify the three primary ways of avoiding sexual transmission (abstain, be faithful, consistently use of condoms). These findings are in contradiction with the findings of this study, which found that all the girls who participated in this study have profound knowledge about the disease. All the female participants showed that they were aware of different modes of HIV/AIDS transmission and prevention methods.

 The fact that data from this study shows that most participants have good knowledge of HIV/AIDS could be as a result of the fact that all of them have been to school and all the female participants in particular have been to either clinics or hospitals. Schools and health centres are revealed by the data as the sources on which the participants mostly rely on for HIV/AIDS information. Some also have had lived experiences of having relatives with HIV/AIDS and profound understanding of the disease. This finding concurs with loveLife (2004) who found that youth have enough information about this disease.

5.3.1 Transmission

The findings in this study are contradictory to the research by UNICEF (2002) which found that the majority of young people have no idea how HIV/ AIDS is transmitted or to protect themselves from the disease. The participants in this study have shown a good knowledge of how HIV/AIDS is transmitted and the various modes of transmission.

The spreading of HIV/AIDS through touching infected blood is particularly well known amongst the participants in the study. Out of fifteen participants ten (66.6%) showed the knowledge that this disease is acquired by coming into contact with contaminated blood.

All the participants were aware of sex as a means of transmission of the HIV/AIDS virus. One participant as a possible means of transmitting the HIV/AIDS virus also brought up the sharing of razor blades by traditional healers.

5.3.2 Prevention

Unlike the research conducted by UNICEF (2002) in Somali, which found that only 26 per cent of girls have heard of AIDS and only 1 per cent knows how to avoid infection, this study found that all the participants are ware of different kinds of HIV/AIDS prevention.

Condom use emerged as a persistent theme. This could possibly be informed by their own understanding of perceived vulnerability to HIV infection. The participants showed great awareness of condom usage, in particular, as a means for HIV/AIDS prevention. In fact, 80 percent of the participants mentioned condoms as prevention means. Of this twelve (80%), five (33.33%) were girls and seven (46.66%) which is equivalent to 100% were boys.

Some participants also view faithfulness as a means of prevention of HIV/AIDS. Data also shows that participants were aware of the fact that having multiple sexual partners could increase HIV acquisition or it could worsen the situation of a HIV positive person.

Broadening the dialogue around condom use, two (13.3%) of the participants very clearly stated that their perceived vulnerability towards contracting HIV was greatly reduced through practising the only prevention method deemed as fail-safe, namely abstinence.

5.4 Challenges
5.4.1 Poverty/ Financial dependency

One of the reasons why participants left school was the issue of shortage of school fees. The link between HIV/AIDS, poor socio-economic backgrounds (resembling those indicated by narratives of my participants), and low levels of education has long been recognised. Children who drop out-of-school are more likely to engage in sex at a young age, consume alcohol earlier and become infected with HIV (Department of Education, 2003). Research has established that girls who exit the school system very early are three times more likely to contract HIV than their peers who remained in school (Kelly, 2002; Department of Education, 2003).

Data in this study shows that young adolescents of limited education who become parents are less able to provide for their children or prepare them for life, repeating the cycle of risk. In support of this, Burns et al. (2004) states that a young girl who becomes pregnant may lose her chance to receive the education and training she needs to have a dependable livelihood, relegating her and her child to a life of poverty, so as a young father who works to support a growing family may miss educational opportunities.

The use of drugs, especially alcohol, was seen as the contributory factor to the spread of HIV/AIDS. During the focus group interview, it was mentioned, "once one is drunk, the sex drive becomes high". Burns et al. (2004) affirm the latter finding when stating that many youth who are out-of-school and unemployed spend much time on the streets, where they are vulnerable to experimentation with risky behaviours such as alcohol and drug abuse. Burns et al further argue that the abuse of drugs and alcohol is associated with an increase in unsafe sexual behaviour and the consequences of sexually transmitted infections (STI's)/ HIV.

Even though the participants are faced with life's worse challenges they still spoke of wanting to change their lives and become better people, but this was dependent on getting a good job, which in turn was dependent on education, which they could not access for lack of funding or other reasons.

5.4.2 Misconceptions/denial

The data shows that participants spoke about some people in the general population being scared of the various and, as a result, deny any possibility that may be at risk of contracting the virus. It also reveals that participants are sometimes scared of asking HIV/AIDS related questions.

As much as most participants clearly had information about this disease, some of their sources are not reliable. This is evident from the myth one participant revealed that people from cities are the ones that are mostly infected by HIV/AIDS. This is a dangerous belief since youth in the rural areas, the sample of this study being no exception, could view themselves safe from the disease.

Statistics by UNICEF (2002, p. 13) reveals that two thirds of young people in their last year of primary school in Botswana thought they could tell if someone was infected with HIV by looking at them. By secondary school, a fifth of the pupils still believed they could screen out risky partners by looks alone. This misinformation is very dangerous.

Survey from 40 countries conducted UNICEF in 2002 indicate that more than 50% of young people age 15-24 harbour serious misconceptions about how HIV/AIDS is transmitted. This data is unlike the findings of this study, which shows that participants were aware of different modes of HIV/ AIDS transmission.

Chapter 6
Conclusion

Even though the participants showed good knowledge of HIV/AIDS, its acquisition, and transmission, it is argued that the information that they possesses does not result in the change of behaviour. This is evident in most female participants who were either having children or were pregnant during the course of the study. In support of this idea, loveLife (2004) in Francis and Rimensberger (2005) recognises that the primary problem is not the lack of information, but the failure to internalise and personalise the risks involved in sexual relationships. In addition, Morrell et al. (2001), and Campbell (2003) argue that knowledge of HIV/AIDS does not necessarily translate into action

The out-of-school youth interviewed had an understanding of HIV/AIDS, but displayed very little agency in taking control of their health. While out-of-school youth did not have a structured learning environment to discuss misconceptions about HIV/AIDS, this did not mean they had no knowledge of the disease. They were able to give others advice about protecting yourself, staying faithful and knowing your status, but when turned to their own experiences, this advice often did not stick. In other words, this becomes lip service.

Bryne (2002) echoes the same sentiment that whilst the youth understand AIDS as a fatal sexually transmitted condition with no cure, the proportion of youth who perceive themselves to be personally at risk of being infected are lower. In his survey, he found that 74% of respondents identified Aids as one of the five greatest concerns for young people, but only 37% acknowledge the fact that they themselves are at risk of being infected with the disease.

From this data, one strategy can be identified which could potentially be strengthened to assist out-of-school youth's efforts in dealing with the risk of HIV/ AIDS. The fact that 67% in this study used community health clinics for information shows that out-of-school youth display resilience to their marginalised circumstances and are taking responsibility for their sexual health. Clearly, the role of clinics needs to be strengthened for out-of-school youth especially the girls

Appendix A: EXAMPLE OF IN-DEPTH INTERVIEW SCHEDULE

1. *What is your name?*
2. *How old are you?*
3. *At what age did you leave school?*
4. *Why did you leave school then?*
5. *How do you spend your time now?*
6. *Where are you during the day? And at night?*
7. *What do you do to relax?*
8. *Who do you spend time with?*
9. *Do you have any one person with whom you are very close? If so, what age is he or she? Is this person a boy or a girl?*
10. *What kind of issues do you speak with your friends about most? Are these different for different friends?*
11. *Which people do you rely most on for advice and guidance? Your parents? Your friends? Ministers of religion? Other people?*
12. *Why do you rely most on the (people you mentioned in the previous question) for advice?*
13. *What are the issues you feel you need most information and guidance on?*
14. *What are the issues you worry about the most?*
15. *What are the things you would most like to achieve in life? What are the things that would help you achieve them? And what are the things that would stop you from achieving them?*
16. *What do you like most about your friends?*
17. *What do you like least about your friends?*
18. *Do you have a boyfriend / girlfriend?*
19. *If you do have a boyfriend / girlfriend, what do you like most about this relationship? Why?*
20. *What do you like least about this relationship? Why?*
21. *The issues I am researching include the issues of young people and what they learn about HIV/AIDS.*

22. *Do you know people in the area who are HIV positive?*

23. *Do you know of people who are ill with AIDS?*

24. *Do you think much about HIV? If so, what is your greatest concern about it?*

25. *What have you learnt about HIV? For example, what have you learnt about how it is transmitted?*

26. *Who has provided the information you have learned?*

27. *To what extent do you discuss HIV/AIDS with your friends?*

28. *What kind of things do your friends/ girlfriend / boyfriend say about the HIV/AIDS?*

29. *To what extent have you done something directly about HIV, maybe by caring for some other person?*

30. *To what extent have your friends/ girlfriend / boyfriend done something directly about HIV/AIDS? What actually did this consist of?*

31. *What advice would you give others about HIV?*

32. *Has there been some time where you did something that you believe helped in dealing with HIV? If so, what was it?*

33. *What are the kinds of things that you would most like to learn about HIV?*

Appendix B: EXAMPLE OF FOCUS GROUP INTERVIEW SCHEDULE

1. *Why did you leave school then?*

2. *What do you do to relax?*

3. *Who do you spend time with?*

4. *Do you have any one person with whom you are very close? If so, what age is he or she? Is this person a boy or a girl?*

5. *What kind of issues do you speak with your friends about most? Are these different for different friends?*

6. *Which people do you rely most on for advice and guidance? Your parents? Your friends? Ministers of religion? Other people?*

7. *Why do you rely most on the (people you mentioned in the previous question) for advice?*

8. *What are the issues you worry about the most?*

9. *What are the things you would most like to achieve in life? What are the things that would help you achieve them? And what are the things that would stop you from achieving them?*

10. *What do you like most about your friends?*

11. *What do you like least about your friends?*

12. *Do you have a boyfriend / girlfriend?*

13. *If you do have a boyfriend / girlfriend, what do you like most about this relationship? Why?*

14. *What do you like least about this relationship? Why?*

15. *The issues I am researching include the issues of young people and what they learn about HIV/AIDS.*

16. *Do you know people in the area who are HIV positive?*

17. *Do you know of people who are ill with AIDS?*

18. *Do you think much about HIV? If so, what is your greatest concern about it?*

19. *What have you learnt about HIV? For example, what have you learnt about how it is transmitted?*

20. *Who has provided the information you have learned?*

21. *To what extent do you discuss HIV/AIDS with your friends?*

22. *What kind of things do your friends/ girlfriend / boyfriend say about the HIV/AIDS?*

23. *To what extent have you done something directly about HIV, maybe by caring for some other person?*

24. *To what extent have your friends/ girlfriend / boyfriend done something directly about HIV/AIDS? What actually did this consist of?*

25. *What advise would you give others about HIV?*

26. *Has there been some time where you did something that you believe helped in dealing with HIV? If so, what was it?*

27. *What are the kinds of things that you would most like to learn about HIV?*

28. *Are there any people who have enough knowledge about HIV/AIDS acquisition and prevention but still fall into a trap getting it? If yes, how can we ensure that they apply the knowledge they posses?*

Appendix C: INFORMED CONSENT FORM

TOWARDS UNDERSTANDING WAYS IN WHICH OUT-OF-SCHOOL YOUTH RESPOND TO A CONTEXT OF HIV/AIDS

Dear Participant

My name is **Nicholas Latha**. I am a student at the University of KwaZulu-Natal. I am currently engaged in completing my M. Ed degree. As a part of my degree, I have designed a research study to explore ways in which out-of-school youth respond to a context of HIV/AIDS in Hlokozi area. The study is being conducted under the supervision of Prof. Dennis Francis. Should you have any queries, you are welcome to contact him telephonically at (031) 260 3490. Your participation in this study will be highly appreciated and it will help by creating better understanding as to where do out-of-school youth get information about sex, relationships and HIV/AIDS. Please consider the following:

- As part of the study, I am going to ask you some personal questions. Your answers will remain very confidential. Whilst the information you provide during the interviews will be included/used in connection with any of this information. Your identity will remain anonymous.
- The questions will be divided into in-depth and focus group interview sessions. In-depth interview session will last approximately 30 minutes and the focus group interview session will last approximately 1 hour. Each session will be tape-recorded.
- You do not have to answer any questions you do not wish to answer and you may end the interview at any time you wish to. However, I will greatly appreciate your total contribution since this will give me insight and help me to understand your response to HIV/AIDS context.
- You may ask to listen to the audiotapes or view the transcripts at any time. However, these remain my property.

Would you be willing to participate? Yes/No _____

I, _____ have read the above

statements and do hereby agree to participate in this study of my own free will and under the

conditions set out above.

_____   _____

Participant's Signature   Date

_____   _____

Researcher's Signature   Date

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