Perceptions of Youth About Voluntary Confidential Counselling and Testing (VCCT) For HIV and AIDS

By

ZODWA DEBORAH MOTIKI

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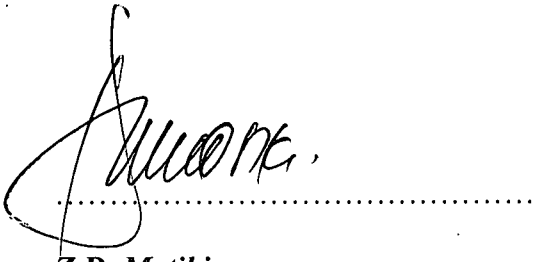
SUPERVISOR: Prof. Yvonne Botma

DECLARATION

I declare that the dissertation submitted for the degree, Magister Societatis Scientiae in Nursing to the University of the Orange Free State is my own independent work and has not previously been submitted for a degree to another university. I furthermore cede copyright of the dissertation in favour of the University of the Free State.



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Z.D. Motiki

DEDICATION

This work is dedicated to:

- My late father, Fred Shange, for the gift of my life-long learning.
- To my mother, Nollina Shange who is still alive for the words of wisdom, encouragement, her support and love during stressful times.
- My son, Tshepo, who bought me the computer to complete this research.
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SUMMARY

The total number of HIV infections in South Africa is expected to increase well into the next decade. Infections will continue to increase, especially among the youth until society appreciates the extent of the epidemic, and people alter their behaviour and their response to those people who are infected and affected (LoveLife, 2001: 4). Programmes aimed at changing sexual behaviour have often been successful in other countries like Uganda, Kenya. Early diagnosis through Voluntary Confidential Counselling and Testing (VCCT) for HIV / AIDS with intensive education and support has been reported to be successful in changing sexual behaviour.

The researcher conducted a qualitative study at a secondary school in Mangaung Municipality at the Motheo District. The purpose of the study was to:

- Explore and describe the perceptions of the youth on Voluntary Confidential Counselling and Testing for HIV / AIDS.
- Make recommendations to influence HIV/AIDS policies.

The study used the explorative, descriptive, contextual and qualitative designs to explore the perceptions of the youth about VCCT on HIV/AIDS.

A pilot study was conducted first before the main study in order to:

- Test the research question for ambiguity, clarity and researchability.
- Detect and correct problems with the design, which would interfere with the data collection of the main study.
- Refine the data collection and analysis plan.
- Give the researcher experience with the participants, setting and method of measurement.

Data collection was done using focus group interviews. Four focus group interviews were conducted at the participants' setting. The credibility of this study was assured by using a

skilled moderator to conduct the interviews, who is also a Masters Degree student. The study leader, who has a PhD in Nursing and is the Head of the Research Unit in the School of Nursing was a co-coder and supervised the data collection process. Participants had to respond to an open-ended question:

"What is your perception about Voluntary Confidential Counselling and Testing (VCCT) for HIV and AIDS?"

The data collected was analyzed according to the KAPB-model (knowledge, attitude, practice and belief). The KAPB-model is commonly used to measure perceptions. The KAPB Model was derived from the Health Belief Model which was proposed in the 1960s as a framework for exploring why people who are illness-free take actions to avoid illness while others fail to take protective actions. KAPB studies are based on an assumption that simple knowledge e.g. HIV/AIDS is sexually transmitted and that it kills will lead to attitude and behaviour change (Morna and Lush, 2003: Online).

The purpose of data analysis was to discover categories, sub-categories and themes related to the perceptions of the youth about VCCT. Two main broad categories were identified namely positive and negative. The positive and negative comments were further classified under the sub-categories. Related themes that emerged from the data were grouped together and were fitted under relevant sub-categories (knowledge, attitudes, practices and beliefs).

The subcategories and themes such as must test, know your status, self concept, behaviour change and factors influencing the spread of HIV / AIDS were repeated until the saturation point was reached.

Recommendations were made to the Departments of Education and Health.

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
CASE	Community Agency for Social Enquiry
DoH	Department of Health
HIV	Human Immune Deficiency Virus
HSRC	Human Sciences Research Council
KAPB	Knowledge, Attitudes, Practice and Beliefs
MTCT	Mother to Child Transmission
NDoH	National Department of Health
PMTCT	Preventing Mother To Child Transmission
SA	South Africa
SADC	Southern African Development Community
SAPLER	Splendidly Alive People Within Limited Environmental Resources
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
UNAIDS	Joint United Nations Program on HIV / AIDS
VCC	Voluntary Confidential Counselling
VCCT	Voluntary Confidential Counselling and Testing
VCT	Voluntary Counselling and Testing

CHAPTER 1

1. RESEARCH PROTOCOL

1.1. INTRODUCTION

During the last two decades, the Human Immune Deficiency Virus (HIV) pandemic has entered our awareness as an incomprehensible calamity. HIV/AIDS has taken a terrible human toll, laying claim to millions of lives, leaving thousands of orphans, inflicting pain and grief, causing fear, uncertainty and threatening economic devastation in Southern Africa (Stadler, Morrison and McGregor, 2000: 4).

Currently there are approximately 3.5 million South Africans living with HIV. It is estimated that by the year 2005, there will be 6 million South Africans infected with HIV and almost one million children under the age of 15 years, whose parents would have died of AIDS. Life expectancy has been significantly reduced as many people in the 15 – 49 year age groups are now dying of AIDS (South Africa. National Department of Health, 2000: 8).

Farham (2002: 65) cites findings of the (Levy NMG recent 20th Annual Report) on Labour Relations and Employee Benefits in South Africa, by saying that AIDS deaths will drive down the life expectancy of South African women and men to 37 and 38 years respectively by the year 2010. The real impact of these averages lies in the effect on population structure a 'hole in the middle' that is mirrored across the Southern African Development Community (SADC), with a population mainly comprised of people below the age of 15 and over the age of 50 years (i.e. no youth). A particular feature of the overall result is the negative financial impact, which in turn negatively affects job creation and economic growth in the country because of this pandemic (Farham, 2002: 65).

According to The National Department of Health Strategic Plan for South Africa 2000-2005, (2000: 15) priority area number one is vested in prevention of HIV/AIDS, especially amongst the youth. Numerous efforts are currently underway, to reduce the rate of sexually transmitted

infections including HIV (Human immune-deficiency Virus) in South Africa e.g. using condoms and anti-retroviral drugs. However, judging by the increased rate of HIV-infections, these efforts fall short of achieving their aim. Seemingly, these efforts have, in a way, successfully increased knowledge and awareness about HIV/AIDS among the population in general with little or no change in behaviour (Letsie, 2000: 2; Summerton, 2001: 13).

HIV-infection is no longer an 'automatic death sentence'. The development of effective anti - retroviral therapies means that the opportunistic illnesses associated with HIV can be effectively treated and people can now live longer with a better quality of life. Therefore there needs to be a change in behaviour towards HIV-infection prevention. So it is important to test for HIV – infection in order to ascertain one's HIV-status for early diagnosis, prompt treatment (with retroviral drugs), follow-up care, lifestyle and nutrition management in order to prolong life thus enhancing the quality of life (Molekwa, 2002: 83).

According to Shisana and Simbayi (2002: 86) the Free State Province has the highest HIV prevalence rate. The study further states that awareness of the HIV -status has a positive impact on acceptability and adoption of preventive behaviours among individuals, and that there is a need for access to Voluntary Confidential Counselling and Testing (VCCT) among the youth. VCCT is now acknowledged within the international arena as an effective and essential strategy for HIV prevention and AIDS care (UNAIDS, 2001: 14). The study conducted by Letsie (2000: 2) on the prevalence of HIV infection amongst Bloemfontein municipal employees concurs by saying that, in order for an organization to plan measures to address the problem of HIV-infection of its employees, the HIV status of employees must be known.

Findings from another study conducted by loveLife (2001: 27), states that early HIV diagnosis, after voluntary counselling and testing with subsequent partner notification, coupled with intensive education and support makes sense. It is noteworthy that an analysis in Kenya found that communities placed a higher value on VCCT than they did on a hypothetical AIDS vaccine, chronic care services, or anti-retroviral therapy (loveLife 2001: 27).

UNAIDS (2001:9) states that in areas where the AIDS pandemic is new, ignorance, denial and stigma may be more closely associated with HIV testing than in countries where the pandemic is more established. Furthermore, countries where the pandemic is mature may also be

experiencing a great impact from HIV in terms of morbidity, mortality and other sequelae such as rising numbers of orphans. These visual and practical consequences of HIV may be important in determining how people perceive their own risk of infection and their willingness to undergo VCCT.

As indicated earlier in this study the youth is the specific focus in the fight against HIV/AIDS as people between the ages of 14 – 35 are the most vulnerable to HIV-infection. Three percent of youth have their first sexual experience before the age of 12 (Kimmie, 2000: 9). In addition, the youth are an important target group to protect against future HIV-infection as they represent both the present and future economic powerhouse of the country (South Africa. Department of Health, 2000: 24).

Various sources like loveLife (2001: 2), Farham (2002: 63), Letsie (2000: 12), Summerton (2001: 91), Shisana and Simbayi (2002: 1), UNAIDS (2001: 57) and van der Ryst, Joubert, Steyn, Heunis, Le Roux and Williamson (2001: 7-9) clearly indicate that the HIV pandemic is severely affecting the young economically poor populations of Southern Africa. The researcher has developed an interest in conducting a study to investigate the perceptions of the youth about voluntary confidential counselling and testing for HIV/AIDS using a KAPB – model (knowledge, attitudes, practices and beliefs).

In this study VCT and VCCT will be used interchangeably because principles of VCT/ VCCT include: Voluntary confidentiality, pre-test counselling, testing, post-test counselling and on-going counselling. Voluntary counselling in HIV/AIDS is always conducted confidentially, based on its sensitive nature (Gazi, 2000: 19; Shelby, 1995: 3).

Numerous studies worldwide made use of the KAPB Model to describe perceptions of participants on various themes. The KAPB Model was derived from the Health Belief Model. The Health Belief Model has been developed to help determine whether an individual is likely to participate in disease prevention and health-promotion activities (Kozier, Erb, Berman and Snyder, 2004: 178). The KAPB - studies that were conducted internationally, and in South Africa about the youth on sexually transmitted infections and HIV/AIDS include the following themes:

- Sexually transmitted infections and HIV/AIDS: An investigation into
- KAPB of the Botshabelo community (Fourie and Furter, 1998a).
- Communicating HIV/AIDS (Morna and Lush, 2003: Online).
- Report on National KAPB survey on HIV/AIDS. Ministry of Education (Division of Youth Affairs, Barbados, 2001).
- Sexually transmitted infections and HIV/AIDS: An investigation into KAPB among school–going teenagers in Thaba Nchu (Fourie and Furter, 1998b).
- Exploring perceptions (knowledge, attitudes, practices and beliefs) among a group of At-Risk Individuals: (Summerton, 2001).
- South African National HIV Prevalence Behavioural Risks and Mass Media Communication (Shisana and Simbayi, 2002).
- HIV/AIDS-related knowledge, attitudes and practices among South African Military recruits (van der Ryst *et al.* 2001).

Judging by the above mentioned findings of specific so–called KAPB studies, it would appear that AIDS awareness initiatives are based on the Health Belief Model of behavioural change. This model assumes that increasing knowledge about the phenomenon will lead to appropriate change in behaviour (Summerton, 2001: 13). In this case, knowledge of ones' HIV status will result in appropriate behaviour modification and prolong the quality of life (Gontsana, 1998: 12; McIntyre, 2000: 307 and Shelby, 1995: 17). The Health Belief Model will be discussed further in Chapter 2.

The Member of the Executive Council (MEC) for Health Me Ouma Tsopo, launched the VCCT-programme in April 2002 in five districts in the Free State province. In her speech, she was emphatic in encouraging members of the community to go for VCCT in order to prevent the spread of HIV/AIDS and HIV positive people to seek treatment early (Grobler, 2002: 1).

In view of the above, the researcher realized the necessity to explore the perceptions of the youth on Voluntary Confidential Counselling and Testing for HIV/AIDS (VCCT).

1.2 PURPOSE OF THE STUDY

The purpose of the study was to:

- Explore and describe the perceptions of the youth on Voluntary Confidential Counselling and Testing (VCCT) for HIV/AIDS.
- Based on the findings of the study recommendations were made to the Department of Health and Education. These recommendations could influence HIV/AIDS policies.

1.3 CLARIFICATION OF CONCEPTS

1.3.1 Perception

Perception refers to mental processes by which data – intellectual, sensory and emotional are organized meaningfully (Beukes, 2003: 55). Kozier *et al.* (2004: 393) concurs with the above definition by saying perception or awareness and interpretation of stimuli, takes place in the brain, where specialized brain cells interpret the nature and the quality of the sensory stimuli.

1.3.2 HIV-Infection

A human immunodeficiency virus is responsible for causing Acquired Immune Deficiency Syndrome (AIDS). It attacks the individual's T4 lymphocytes, weakens and destroys the immune system (van Dyk, 2002: 4).

1.3.3 AIDS

AIDS is an acronym for Acquired Immune Deficiency Syndrome. AIDS is a syndrome of opportunistic diseases, infections and certain cancers – each or all of which has the ability to kill the infected person in the final stages of the disease (van Dyk, 2002: 5).

1.3.4 Prevention

Prevention means to hinder or stop (Concise Oxford Dictionary 2001: 814) and the Mosby Medical, Nursing & Allied Health Dictionary, (2003: 860) refers to prevention as any action directed to preventing illness and promoting health to eliminate the need for secondary or tertiary health care.

1.3.5 Voluntary

Voluntary means being able to act of one's own free will not being constrained or compelled (Concise Oxford Dictionary 2001: 1204).

1.3.6 Confidential

Confidential means being entrusted with secrets or charged with a secret task (Concise Oxford Dictionary 2001: 814), The Mosby Dictionary defines confidential as the non-disclosure of certain information except to another authorized person (Mosby Medical, Nursing & Allied Health Dictionary, 2003: 382).

1.3.7 Counselling

Counselling involves talking to clients and their families, encouraging them to explore issues and options (Mc Ewen, 2001: 15). AIDS counsellors have been trained to counsel individuals before and after an HIV test, to make sure that an individual has sufficient information to make an informed decision about having an HIV test (van Dyk, 2002: 201).

1.3.8 Testing

Testing refers to the procedure usually conducted in a laboratory, that is intended to detect, identify or quantify one or more significant substances to establish the nature of a condition or disease (Mosby Medical, Nursing & Allied Health Dictionary, 2003: 909).

1.3.9 Youth

According to the South Africa National Youth Commission Act No. 19 (1996:1) "youth" means persons between the ages of 14 and 35 years (Beukes, 2003: 56). The Concise Oxford Dictionary (2001: 1252) describes youth as the period between childhood and full manhood or womanhood. For the purpose of this study, the youth will be persons aged between 14 and 21 years of age because these ages correspond with those of learners / pupils from grade nine to grade eleven included in the study.

1.4 REASEARCH DESIGN

The researcher used the qualitative research method to answer the research question, with an exploratory, descriptive and contextual design, because the purpose of the study was to explore and describe the perceptions of the youth about voluntary confidential counselling and testing for HIV/AIDS. The researcher used the focus group interviews as an instrument to collect data. Participants were asked to describe in their own words their perceptions of the phenomenon VCCT for HIV/AIDS (Burns and Grove, 2001: 66).

The qualitative research design together with the exploratory, descriptive and contextual design will be defined and discussed extensively in Chapter 2 under the research design.

1.5 REASEARCH TECNIQUE

The researcher decided to use the focus group interviews in order to obtain rich data needed to support the purpose of the study.

1.5.1 The Focus Groups and Focus Group Interviews

A focus group is defined as a special type of group selected because they have certain characteristics in common that relate to the topic of the focus group. The purpose is to understand how people feel or think about an issue, product, service or idea (Krueger and Casey, 2000: 4; Kitzinger and Barbour 1999: 21). This type of interview is usually directed to a

group of 5 to 15 individuals that assembled to discuss issues on a specific topic. The advantage of this technique is that a researcher obtains the viewpoints of many individuals in a short space of time. A focus group interview is a method usually used in collecting qualitative self-report data (Polit and Hungler, 1999: 702). The focus group interviews were employed in this study. The focus group interview is also a special kind of interview that is largely used to obtain qualitative data from a homogeneous group simultaneously (Polit, Beck and Hungler, 2001: 256; Neuman, 1997: 253). The focus groups conducted were homogenous because learners / pupils were of the same race, were adolescents and were from the same economic background. The moderator was appointed to facilitate the focus group interviews. In order to collect the necessary data the moderator was guided by the open-ended research question.

1.5.2 Research question

The research question refers to a statement of a specific inquiry the researcher wants to answer in-order to address a research problem. In qualitative research, questions often evolve and change over the course of the study. It is important to phrase the question so that it is flexible enough to allow the phenomenon to be explored in depth (Flick, 1998: 51).

Open-ended questions allow the participants to respond narratively rather than having to choose between pre-conceived alternative options. The moderator guided the participants on the phenomenon being studied. The moderator used various communication skills such as probing, clarifying, checking, restating, paraphrasing, reflecting as well as summarizing, thus giving direction to the discussion (Burns and Grove, 2001: 422; Marshall and Rossman, 1999: 119). An open-ended question was asked as stated below:

" What is your perception on voluntary confidential counselling and testing for HIV/AIDS?"

1.6 UNIT OF ANALYSIS

The unit of analysis (sample) refers to the basic unit (typically the individual study participant) or focus of a researcher's analysis (Polit and Hungler, 1999: 717). A sample refers to the segment of the population from whom the data will actually be collected (Kozier *et at.* 2004:

1463). In qualitative research, sampling does not rely on numbers of participants but on the quality of the information and informational needs (Polit and Hungler, 1999: 299; Neuman, 1997: 206). Sampling and sampling methods employed in this study are described below:

1.6.1 Population

Population refers to all the elements (individuals, objects, events, or substances) that meet the sample criteria for inclusion in the study (Burns and Grove, 2001: 806). The population consisted of all learners from grade eight to grade twelve. The number of learners per grade was as follows:

- Grade eight = 94
- Grade nine = 76
- Grade ten = 440
- Grade eleven = 172
- Grade twelve = 147

Total population = 929

The study targeted learners from grade nine to grade eleven (target populations). The target population means a group of individuals who meet the sampling criteria. The target population was 688 learners at a secondary school in Mangaung municipality at Motheo District and it consisted of the following numbers of learners:

- Grade nine = 76
- Grade ten = 440
- Grade eleven = 172 learners

Total number of target population was 688.

Grades eight and twelve were excluded from the study in order to reduce the "pecking order" and in an effort to reduce differences in seniority

1.6.2 Sample and Sampling Methods

Sampling is a process of systematically selecting cases for a research study. In qualitative research the sampling method does not rely on the number of the participants, but it depends on the quality of the information "data saturation principle" (Polit and Hungler, 1999: 299; Neuman 1997: 206). The researcher purposively selected the participants from one secondary school out of seven secondary schools in the Mangaung municipality.

This study used the proportionate and the purposive sampling methods as briefly described below.

1.6.2.1 Proportionate Sample

The proportionate sample means that subjects are selected in proportion to their occurrence in the population (Burns and Grove, 2001: 372). Participants of this study were selected from grades nine to eleven, using the proportionate sample, see table 2.1 under Proportionate Sample, in Chapter 2 and where there will be further discussion on sampling.

1.6.2.2 Purposive Sample

Purposive sampling means the conscious selection by the researcher, of certain participants to be included in the study and participants are selected according to the needs of the study (Polit and Hungler, 1999: 281; Woods and Catanzaro, 1988: 110). The target population consisted of 688 learners. A class register was used as a sampling frame with the permission from the principal. A purposive sample of five participants (for the pilot study) and fifteen participants per focus group (for the main study) was drawn from the learners' register. Learners had to be at the school, had to meet the set criteria and had to voluntarily agree to participate in the study. The data saturation principle guided the interview process This means that no new data was generated by further discussions (Pilot and Hungler, 1999: 299). Learners were not included in more than one focus group.

1.6.2.3 Inclusion Criteria for the Sample

According to Burns and Grove (2001: 367), inclusion criteria are characteristics that must be present for the element to be included in the sample.

- In this study, the adolescents / youth between the ages of 14 and 21 years of age were included in the sample.
- The participants were physically at the secondary school when the study was conducted.
- Participants were drawn from grade nine to eleven.
- Both males and females were included proportionally according to number of learners per grade and gender.
- Black (African) pupils were included in the study sample.
- Participants were to communicate in English or IsiXhosa.
- Be able to express their opinions.

IsiXhosa (language) was chosen for this study because it is a secondary school for predominantly Xhosa-speaking learners and English was chosen because it is mainly a medium of instruction in the Black (African) secondary schools.

1.6.3 Saturation Principle

In qualitative research, the sample size should be determined based on informational needs (Polit and Hungler, 1999: 299). Hence, a guiding principle in sampling is the "data saturation principle: that means, sampling to the point at which no new information is obtained and redundancy is achieved. So the group discussions were conducted until redundancy was achieved (Polit and Hungler, 1999: 299).

1.7 PILOT STUDY

A pilot study is a small–scale version, or a trial run, done in preparation for a major study in order to improve trustworthiness and to test the research question (Polit and Hungler, 1999: 710; Neuman, 1997: 141). The pilot study was conducted before the commencement of main study in order to:

- Test the research question for ambiguity, clarity and researchability.
- Detect and correct problems with the design, which would interfere with data collection of the main study.
- Refine data collection and analysis plan.
- Give the researcher experience with participants, setting and method of measurement.

A minimum of five learners took part in the pilot study. Participants in the pilot study did not take part of the actual research project. Each participant signed an informed consent form before taking part in the study because the learners were 18 years of age and above. In the consent / assent form participants were informed that participation was voluntarily and that all data would be handled confidentially. Permission to tape record the discussion was requested from the participants before the interview began. An audiotape was used to record all interviews. Participants responded to the following open-ended question:

"What is your perception about Voluntary Confidential Counselling and testing (VCCT) for HIV and AIDS?"

The raw data collected (recorded on the tapes, field notes and on observation) were sealed in an envelop until they were transcribed later. The audiotape was properly labeled: Name i.e. Pilot study (focus group interview number 1), date and time interviews took place. Participants were assured of confidentiality of the recorded data. No information from the collected data was supposed to be divulged to anyone without the consent of the participants (Polit *et al.* 2001: 44).

1.8 DATA COLLECTION

Data collection refers to the precise, systematic gathering of information relevant to the research purpose or the specific objectives, questions, or hypotheses of the study (Burns and Grove, 2001: 794).

1.8.1 Entry into the field

According to Creswell (1998: 115) permission needs to be sought from a Human Subject Review Board before conducting any study, hence permission was obtained beforehand from:

- The Ethics Committee of the Faculty of Health Sciences.
- The Department of Education to conduct this study in the learners' natural setting.
- The school principals.
- Parents.

The pilot and the main study were conducted at a secondary school. The study targeted learners/pupils from grade 9 to 11 only.

1.8.1.1 Criteria for choosing the setting

A secondary school was chosen because:

- It was convenient for the researcher to conduct the study.
- Learners / pupils were from the same socio-economic background.
- The researcher had no family members or friends employed at or attending this school.
- Learners were from the same cultural background namely Xhosa speaking.

1.8.1.2 Building rapport

The researcher established rapport in the setting by:

- Identifying an individual from the school, who was a member of the group (a teacher), and acted as a "gatekeeper" Creswell (1998: 117). The "gatekeeper" assisted in selecting participants who met the criteria of being outspoken and who were willing to share their views on VCCT.
- A relationship of trust was built with the "gatekeeper" and participants by: Explaining the purpose of the study. The amount of time needed for the interviews which was a total of approximately of 1hour 30 minutes to 2 hours. The resources needed when conducting the study were a quiet room with 18 chairs, a small table or chair to put the tape-recorder and one big table for refreshments.
- The researcher explained the benefit of the study (Creswell, 1998: 118). It was explained that the study aimed at exploring and describing the perceptions the youth on VCCT for HIV and AIDS. However, the study was not going to benefit an individual or the school per se, but that it would form a basis for further research studies in future.
- The gatekeeper was requested to assemble participants in a classroom on the days of the interviews. For thirty minutes prior to interviews the study leader, researcher, moderator and the participants met informally, got to know each other over a cup of coffee and biscuits.
- The focus group interviews were conducted in the afternoon during the Life-Skills period, in order to prevent disruption of the school teaching programme.
- The consent from parents was obtained retrospectively whereas assent was obtained from learners before commencement of focus group interviews.

During the interviews, the moderator cultivated an environment where participants could speak freely and where they could express their feelings without fear of disclosure or negative evaluation. The moderator accomplished this by:

- Introducing herself, the study leader, and the researcher to the participants.
- Allowing learners to introduce themselves.
- Explaining what the research was all about and how feedback would be given on focus group interviews.
- Offering the group cool drinks and biscuits so as to socialize (Krueger and Casey, 2000: 104).

The permission to tape-record the interviews was obtained from the participants beforehand. Participants were shown the tape recorder and they were assured that all the information will be treated with strict confidence. Tape recording ensured that the original views of participants were kept as accurate as possible as they responded to the research question (Neuman, 1997: 253; Polit and Hungler, 1999: 332). The moderator introduced the topic, encouraged participants to talk freely about the topic as she guided the discussion and ensured that no individual dominated the discussion.

1.8.2 Method of data collection

Qualitative research enables the researcher to collect data or information without formal, structured instruments. The total number of participants was fifty. Forty-one participants were older than 18 years and they signed their consent forms in order to take part in the study. Nine participants from grade nine needed parental consent because they were younger than 18 years. They signed the assent forms before participating in the study (Department of Health, 2002: 20). The focus group participants were selected to discuss their perceptions on voluntary confidential counselling and testing for HIV/AIDS. Focus groups have an advantage of flexibility, which allows the researcher to obtain large amount of information and still grasp fully the participants' ideas in a group (Flick, 1998: 132).

The researcher used various strategies to collect data i.e. the focus group interviews, observation, field and personal notes. The discussions from focus groups were recorded on audiotape. The researcher also used observation as an unstructured data collection procedure. Participants in the focus groups responded to an open-ended question, using their own words (Creswell, 1998: 110). Field notes, observational, and personal notes were collected by the researcher and formed part of data collection process (Polit and Hungler, 1999: 369).

Data collection will be discussed more in Chapter 2 under data collection.

1.9 TRUSTWORTHINESS

Trustworthiness is the term used by Lincolin and Guba (1985) in Woods and Catanzaro (1988: 473) and refers to believability of the study. They use words like credibility, usefulness and trustworthiness when referring to the criteria for evaluating the scientific merit of qualitative studies (Krefting, 1991: 215). Researcher credibility is defined as the faith that can be put in the researcher (his / her qualifications and experience) during the research project in order to establish confidence in the data collection process (Polit and Hungler, 1999: 429). The following is a brief discussion on how the study's trustworthiness and credibility was achieved and enhanced. Woods and Catanzaro (1988: 473), drawing from and using the terminology of Lincolin and Guba (1985), identified four criteria that must be present to evaluate a qualitative study as rigorous, which are:

- Truth – value / Credibility
- Applicability / Transferability
- Consistency / Dependability
- Neutrality / Confirmability

The researcher employed the same criteria in the study. These aspects will be further discussed in chapter two under research methodology. An outline of the concepts is presented below:

1.9.1 Truth – value / Credibility

Truth – value or credibility refers to a criterion for evaluating the data quality of qualitative data, referring to confidence in the truth of the data. Qualitative researchers take steps to improve and evaluate the credibility of their data and conclusions (Polit and Hungler, 1999: 699).

To establish the truth - value in this study, the researcher involved two expects to enhance credibility of data. The study-leader, who is a nurse educator with a PhD Degree in Nursing who attended and supervised the focus group interviews and data analysis and the registered nurse qualified in psychiatric nursing who was a moderator who facilitated the interviews.

The researcher carried out the investigation in such a way that the believability of the findings was enhanced, and she took steps to demonstrate credibility of the study by using the techniques suggested by (Lincoln and Guba 1998: 290; Polit and Hungler, 1999: 699):

- Researcher credibility
- Prolonged engagement
- Method triangulation
- External checks (peer debriefing and member checks)

Each of these techniques will be discussed in full and how they each enhanced the veracity of the study in Chapter 2, under the heading trustworthiness.

1.9.2 Applicability / Transferability

According to Burns and Grove (2001: 678) in order to be of value, the results of a study need heuristic relevance for the reader. This value is reflected in the readers capacity to recognize the phenomenon described in the study, its theoretical significance, its applicability to nursing practice situations, and its influence on future research activities. The researcher fully described the research method in order to assist consumers to evaluate the applicability or transferability of the study (Burns and Grove, 2001: 678; Krefting, 1991: 215). The dimension of heuristic relevance includes intuitive recognition, relationship to the existing body of knowledge, and applicability. Intuitive recognition means that when individuals are confronted with the theoretical schema derived from data, it has meaning within their personal knowledge base. They immediately recognize the phenomenon being described by the researcher and its relationship to a theoretical perspective in nursing (Burns and Grove, 2001: 678).

Applicability ensures trustworthiness, because its value is reflected by the sufficient descriptive data in the research report so consumers can evaluate the applicability of the data to other contexts (Burns and Grove, 2001: 430). The researcher gave a good description of the transactions and processes observed during the inquiry.

The findings of this study (qualitative) cannot be generalized but they can influence future research studies. Generalization in qualitative studies is not relevant because every situation is made up of specific participants (Shelby, 1995: 12).

1.9.3 Consistency / Dependability

Consistency refers to the degree to which repeated administration of a measure will provide the same data, or the extent to which the measure administered once but by different people, produces equivalent outcomes or results (Krefting, 1991: 219).

In this study, consistency was achieved by asking an independent person, an experienced researcher, to be a co-coder to code the data independently and when the results were compared they were relatively the same.

1.9.4 Neutrality / Confirmability

Neutrality is another way of ensuring credibility of the study. Neutrality refers to the degree to which the findings are a function solely of participants and conditions of the research and not of other biases, motivations and perspectives (Shelby, 1995: 9).

In qualitative studies, the issue of confirmability focuses on the characteristics of the data collected. Confirmability refers to the objectivity or neutrality of the data, such that there would be agreement between two or more independent people about the data's relevance or meaning (Polit and Hungler, 1999: 430). A qualified and an experienced researcher was involved when the researcher directly observed and interacted with participants in their natural setting (data collection phase) and during the analysis phase.

1.10 ETHICAL CONSIDERATIONS

Four ethical principles, which were taken into account in executing the study, are discussed. The main principles are protection of human rights, respect for human dignity, beneficence and justice.

1.10.1 Protection of human rights

All participants enjoyed the protection of human rights in the following manner:

Letters of approval were obtained to conduct the proposed study from the relevant stakeholders:

- The Department of Education.
- The Ethics Committee of the Faculty of Health Sciences, University of the Free State.
- The Principal of the secondary school.
- Participants.
- Parents.

It is ethical for the researcher to obtain an informed consent from participants before conducting the study (*cf* Kozier *et al.* 2004: 29). Written consent (assent) forms were obtained from participants before participating in the study. The parental consent forms were signed retrospectively for nine participants who were under the age of 18 years. Forty-one participants signed their consent forms because they were 18 years and above. According to the "gate keepers" the majority of the learners from grade ten to twelve were already eighteen years old and above. The researcher explained how the research process was going to take place beforehand. Participants were assured that all the information was to be kept in strict confidence; real names of participants were not used in order to ensure anonymity. Anonymity means that the participants remain nameless, The researcher did not disclose the participants' identity before or after conducting the study (Polit and Hungler, 1999: 138).

Raw data (from the tapes) were protected by keeping them safe in sealed envelopes until they were transcribed. Participants were informed that no one would have access to the data except the researcher. It was explained that after the research project all the raw data will be burnt to ensure confidentiality. Confidentiality was further ensured by not sharing any information emanating from the study without the consent of the participants (Polit and Hungler, 1999: 144).

1.10.2 Principle of respect for human dignity

Two aspects will be discussed under this topic, which are right to self-determination and the right to full disclosure and right to privacy.

- ***Right to self-determination***

All participants were briefed about the study so that they could make an informed consent to participate in the proposed study.

- ***The right to full disclosure and right to privacy***

No information was withheld from participants. All participants participated voluntarily with no coercion and they were informed that they were free to discontinue their participation from the study if they so wished (Polit and Hungler, 1999: 136). The researcher was prepared to discontinue the interviews in case somebody or people felt uncomfortable.

1.10.3 The Principle of Beneficence

The principle of beneficence deals with doing good, freedom from harm (non-maleficence) and freedom from exploitation of participants.

- ***Freedom from harm***

Participants were not exposed to any physical or psychological harm while conducting the study (Polit and Hungler, 1999: 134). The researcher explained to the participants that anyone could object to any information or situation that he / she felt uncomfortable with. It was explained that the researcher was ready to stop the project.

- ***Freedom from exploitation***

Freedom from exploitation was ensured by not exposing the participants to situations for which they have not been explicitly prepared for. The researcher explained properly what the research entailed. It was clearly stated verbally and in the consent forms that the participants were only sharing / discussing their perceptions on VCCT. No one was to be subjected to the testing of blood for HIV / AIDS.

- ***Benefits of the research***

The researcher explained that there were no potential benefits to participants or the school per se, but recommendations would be made based on the findings to Department of Health and Education and it could influence the HIV/AIDS policies. The study could form the base for further research studies.

1.10.4 Principle of Justice

The principle of justice refers to the participants' right to fair treatment and right to privacy (Polit and Hungler, 1999: 138). All participants stood an equal chance to be selected for the study. The selection of participants was based on research requirements. All participants treated with respect and courtesy. The right to privacy was observed throughout the study. Privacy enable clients to participate without worrying about later embarrassment (Kozier *et al.* 2004: 28). Anonymity of study participants was ensured because the researcher could not link a specific participant to the information reported. Participants were assured of confidentiality about information collected. Only people who were involved with the research had access to the research information (Burns and Grove, 2001: 202).

1.11 DATA ANALYSIS

Qualitative data analysis refers to a search for a general statement about relationships among categories of data. Information collected from each focus group was transcribed within twenty-four (24) hours after the interview. Data was analyzed and coded from transcripts, observational, field and personal notes (Polit and Hungler, 1999: 313). The purpose of data analysis was to discover categories, sub-categories and themes related to the perceptions of the youth about VCCT for HIV/AIDS.

Data was analyzed using predetermined KAPB model (knowledge, attitudes, practices and beliefs). Numerous studies around the world used the KAPB model mainly to measure perceptions, few examples are mentioned below:

- Sexually transmitted infections and HIV/AIDS: An investigation into KAPB of the Botshabelo community (Fourie and Furter, 1998a).
- Communicating HIV/AIDS (Morna and Lush, 2003: Online).
- Report on National KAPB survey on HIV/AIDS. Ministry of Education (Division of Youth Affairs, Barbados, 2001).

The KAPB model was derived from the Health Belief Model. Several theories or models of health beliefs and behaviours have been developed to help determine whether an individual is likely to participate in disease prevention and health-promotion activities (Kozier *et al.* 2004: 178). This study explored and described the perceptions of the youth about VCCT. The study tried to assess if the youth desired to avoid a negative health consequence as a prime motivation, e.g. HIV infection is a negative consequence, and the desire to avoid HIV infection could be used to motivate sexually active people into practicing safe sex. Data analysis will be further discussed in Chapter 2.

An experienced professional researcher was appointed as a co-coder. The co-coder was a person who was actively involved in qualitative methodology. Both the researcher and the co-coder analyzed the data independently and reached a consensus on categorizing the data (Creswell, 1994: 140).

1.12 VALUE OF THE STUDY

The value of this study lies in the fact that the outcome will assist in creating awareness of the importance of knowing one's HIV-status. Recommendations were highlighted based on the findings of the research project. The recommendations could influence the HIV/AIDS and VCCT policies of the Departments of Education and Health.

1.13 CONCLUSION

Predisposure to new infections still exists in South Africa and HIV infections will continue to increase until society appreciates the extent of the pandemic, and people change their behaviour and including their response to those who are infected and affected by HIV / AIDS. VCCT and change of moral behaviour of all people and especially the youth will have to be the order of the day. It is imperative to know one's HIV-status by means of VCCT. If an individual knows his or her HIV status, that person can plan his or her life even if the reality is that he / she is HIV positive, instead of endlessly wondering and worrying, deciding to be tested or not, and fearing the outcome of the test.

CHAPTER 2

2. RESEARCH DESIGN METHODOLOGY AND LIMITATIONS OF THE STUDY

2.1 INTRODUCTION

In chapter one, a qualitative research design was mentioned, which is explorative, descriptive and contextual in nature. The qualitative design was used to explore the perceptions of the youth about voluntary confidential counselling and testing (VCCT) for HIV and AIDS.

In this chapter, the qualitative research method followed will be described to ensure that the purpose of the study was attained. A full description will be done of the following:

- Research design
- Research technique
- The process of data collection
- Data analysis
- Trustworthiness of the study
- Ethical considerations.

2.2 THE RESEARCH DESIGN

The research design is defined by Burns and Grove (2001: 242) as a blueprint for the conduct of a study that maximizes control over factors that could interfere with the desired outcomes from studies. According to Zikmund (2000: 59) research design is a master plan specifying the methods and procedures for collecting and analyzing needed information.

According to Burns and Grove (2001: 345) the study design defines what activities are to be done and by when, where, how and by whom they are to be carried out. It is critical that the

integrity of the intervention be maintained. Integrity is the extent to which the intervention is implemented as it was designed. All the principles of conducting a qualitative study and maintaining the integrity of its intervention were observed throughout conducting this study.

2.2.1 Qualitative Design

Qualitative research is multimethod in focus, involving an interpretive, naturalistic approach to its subject matter (Creswell, 1998: 15). This means that qualitative researchers study things or people in their natural settings, thus attempting to make sense of or interpret phenomena in terms of the meanings people bring to them. Qualitative research is an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The intent of this qualitative research design was to explore and describe the youth's perceptions about voluntary confidential counselling and testing (VCCT) for HIV and AIDS. Participants were asked to describe in their own words their perceptions on VCCT for HIV and AIDS.

2.2.2 Explorative design

Explorative research is the initial research conducted to clarify and define the nature of a problem (Neuman, 1997: 19). An exploratory research is a study designed to explore the dimensions of a phenomenon or to develop or refine hypotheses about the relationships between phenomena (Polit and Hungler, 1999: 702).

Explorative research begins with some phenomenon of interest. It is done in order to satisfy the researcher's curiosity and desire for a better understanding. It investigates the full nature of the phenomenon and other factors with which it is related (Babbie, 2001: 92). The researcher used focus group interviews and observation to explore the perceptions of the phenomenon in question. Exploratory studies are undertaken when a new area or topic is being investigated, and qualitative methods are especially useful for exploring a little-understood phenomenon (Neuman, 1997: 19). VCCT phenomenon is relatively new and there was no study conducted on perception of the youth on VCCT for HIV and AIDS in the Mangaung Municipality in Motheo District, where this study was conducted. Exploratory qualitative research is designed to shed

light on the various ways in which a phenomenon is manifested and on underlying processes (Polit, Beck and Hungler, 2001: 19). Sometimes exploratory research is pursued using focus groups or guided small group discussions (Babbie, 2001: 92).

2.2.3 Descriptive design

Qualitative research is descriptive in that the researcher is interested in the process, meaning and understanding gained through words and pictures. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting (Creswell, 1998:15; Polit *et al.* 2001: 180).

The focus of qualitative research is not on numbers but on words and observations; stories, visual portrayals, meaningful characterizations, interpretations, and other expressive descriptions (Zikmund, 2000:103). The descriptive approach provides an accurate portrayal or account of characteristics of a particular individual event or group in real-life situations for discovering new meaning describing what exists and categorizing information (Burns and Grove, 2001: 795).

In this study the researcher was trying to describe the perceptions of the youth at secondary school level about the voluntary confidential counselling and testing on HIV and AIDS. In this study, participants described their perceptions on VCCT for HIV and AIDS in focus group interviews.

2.2.4 Contextual design

A contextual approach refers to the research conducted at the participants' natural setting (Krueger and Casey, 2000: 11). The natural setting for this study is a secondary public school in the Mangaung Municipality. This meant that the researcher had to travel to the participants' physical setting to conduct interviews (Cresswell, 1998: 140; Woods and Catanzaro, 1988: 26). The scholars in the school are predominantly Xhosa speaking Africans.

The study was contextual in the sense that the researcher physically went to conduct focus group interviews which allowed her to interact directly with participants and she made her own observation and documented them. Focus groups involve homogeneous people in a social interaction (Krueger and Casey, 2000: 18).

2.3 RESEARCH TECHNIQUE

The researcher used focus group interviews as technique to collect data. The characteristics, advantages and disadvantages of focus group discussions will be described in more detail.

2.3.1 Focus group interviews

Focus group interview was selected as a technique to conduct the study. A focus group interview is an unstructured, free-flowing group dynamics sessions that allows individuals the opportunity to initiate the topics of discussion, with a small group of people. It is not a rigidly constructed question-and-answer session, but a flexible format that encourages discussion. There is synergistic and spontaneous interaction among participants that has been found to be highly advantageous (Zikmund, 2000: 121).

Focus group interviews were considered an appropriate technique because Kitzinger and Barbour (1999: 5) claim that this method ideally "gauges people's experiences, opinions, wishes and concerns". The researcher equates opinions with perceptions and therefore Kitzinger and Barbour endorse this strategy as appropriate for this study. Gibbs (1997: Online) stated that the main purpose of focus group research is to draw upon respondents' attitude, feelings, beliefs, experiences and reaction in a way in which would not be feasible using other methods. These attitudes, feelings and beliefs may be partially independent of a group or its social setting, but are more likely to be revealed via the social gathering and the interaction which being in a focus group entails. Focus groups are a form of group interviewing but it is important to distinguish between the two. Group interviewing involves interviewing a number of people at the same time, the emphasis being on questions and responses between researcher and participants. Focus groups however rely on interaction within the group based on topics that are supplied by the researcher (Morgan and Kreguer 1997: 12). In this study the moderator facilitated

discussion amongst group members and therefore the technique fits the description of focus group interviewing and not that of group discussion.

2.3.1.1 Advantages of the focus group interviews

The advantages of the focus group interviews as cited by Zikmund (2000: 109) were applicable to this study as well. The advantages as described by Zikmund will be discussed in relation to this study.

- ***Homogeneity***: During the selection the researcher made sure that the group was as homogeneous as possible. Participants were from the same school and same socio-economic background and relatively of the same age (adolescents) (Zikmund, 2000: 109). Though both genders were represented in each group no problems were experienced.

- ***Security***: Before the discussion, participants were briefed on how the discussion was going to be conducted. Participants shared their views openly. They found some comfort in the fact that their feelings were similar to those of a group and on the fact that the focus was on the group rather than the individual. One is more candid because the focus is on the group rather than the individual. Flick (1998: 121) says that statements and expressions of opinions are made in the context of a group (Burns and Grove, 2001: 425; Babbie, 2001: 294).

- ***Synergism:*** In this study the combined effort of the groups produced a wider range of information, insights, and ideas than interviewing separate individuals. The researcher's interaction with the participants was thought provoking.

- ***Serendipity:*** Burns and Grove (2001: 467) describe serendipity as the accidental discovery of something useful or valuable during data collection. The moderator guided the discussion and encouraged the free flow of ideas from the groups. A participant would come with a different idea, which made the discussion take a new interesting

direction. The groups also had the opportunity to develop the idea to its full significance and rich data was obtained.

- ***Stimulation:*** The moderator first built rapport with the participants and introduced the topic stimulating response from participants, and they expressed their ideas and exposed their feelings as the general level of excitement about the topic increased. Flick (1998: 119) calls it 'a discussion stimulus' in which focus groups generate diversity and difference, either within the group or between groups.

- ***Snowballing:*** A comment by one participant often triggered a chain of responses from other participants, the moderator allowed the group enough flexibility to have free flowing ideas but she directed the discussion and no one was allowed to dominate. More ideas and rich data were extracted (Babbie, 2001: 294; Burns and Grove, 2001: 424).

- ***Spontaneity:*** The moderator allowed participants to answer spontaneously, but gave each one turns. Participants answered the given question in a group and they did not need to defend their statements. In the focus group interviews, the individual's response can be more spontaneous and less conventional (Burns and Grove, 2001: 425; Flick, 1998: 122).

- ***Specialization:*** The researcher requested a moderator who has very good communication skills and who are skilled in facilitating group interviews. Burns and Grove (2001: 425) concurs with this statement by saying selecting effective moderators is as critical as selecting appropriate participants.

- ***Scrutiny:*** The researcher and the study leader observed the session; this afforded some check on the consistency of the interpretations of verbal and non-verbal communication (*cf* Burns and Grove, 2001: 425; Flick, 1998: 122).

- ***Costs:*** Apparent economics of interviewing several persons at the same time, were clearly reduced in this study because participants were studied as a group in a central venue (Flick, 1998: 121).

- ***Data:*** The focus group interviews produced a rich body of data as expressed in the participants' own words and context (Bickman and Rog, 1997: 507; Polit and Hungler, 1999: 702).

2.3.1.2 Disadvantages of the focus group interviews

Although focus group research has many advantages, as with all research methods there are limitations. The limitations of this technique that were pertinent to this study are described below.

- Qualitative research using focus group interviews is subjective in nature and it cannot be generalized (Zikmund, 2000: 121). The findings in this study will not be generalized to the whole population, but they will form a baseline for further studies.
- In this study transcribing and the interpretation of data was time consuming because of groups dynamics. Data are difficult to analyze (Babbie, 2001: 294).
- The researcher had to search for a skilled moderator to conduct the interviews (Babbie, 2001: 294; Zikmund, 2000: 113).
- The focus group of fifteen participants was relatively large causing some participants to have minimal participation (Polit and Hungler, 1999: 702). Krueger and Casey (2000: 73) stated that one should not plan focus groups with more than ten participants, because they are difficult to control, and they limit each person's opportunity to share insights and observation. Fifteen participants were selected to allow for absenteeism, but everybody turned up. The researcher then felt that it would be unkind to ask some to leave. The moderator and study leader / co-observer agreed with her and they felt they will rather deal with the limitations of a big group.

2.4 UNIT OF ANALYSIS

The units of analysis are the what or whom being studied. In social science research, the most typical units of analysis are individual people (Babbie, 2001: G11).

2.4.1 Population

The study population is defined as all elements (individuals, objects, events, or substances) that meet the sample criteria for inclusion in a study (Burns and Grove, 2001: 806). The population for this study was all learners from Grades eight to twelve of the chosen secondary school in the Mangaung municipality of the Motheo District. The total population was 929 learners. The number of learners per grade was as follows:

- Grade eight (8) = 94 learners
- Grade nine (9) = 76 learners
- Grade ten (10) = 440 learners
- Grade eleven (11) = 172 learners
- Grade twelve (12) = 147 learners

Total population = 929 learners.

In an effort to reduce, the "pecking order" of senior and junior learners the two extreme ends namely grades eight and twelve were excluded from the study. This strategy made the age distribution smaller and the group more homogenous regarding age. No "pecking order" was observed during the focus group interviews, because all participants contributed freely. The facilitator ensured that everybody participated. Contributions occurred freely and there was no obvious reluctance to contribute to discussions.

2.4.2 Group size

Authors differ in describing the composition of focus groups. Burns and Grove (2001: 425) and Zikmund (2000: 109) say, the traditionally recommended size of the focus group should consist of an interviewer or moderator and six to ten participants who discuss a single topic. Whereas, Babbie (2001: 294) says, in a focus group, typically 12 to 15 people are brought together in a room to engage in a guided discussion of some topic. A number of 15 participants were selected per focus group interview.

2.4.3 Process of selecting group members

It was decided beforehand that a focus group will consists of a maximum of 15 learners per group. Although 15 learners were a large group it was recommended so that provision was made for any absenteeism or no attendance. The number of learners per grade that was included in the group was determined proportionally to the number of learners per grade. Proportionate sampling means that subjects are selected in proportion to their occurrence in the population (Burns and Grove, 2001: 372). The number of learners that were proportionally identified per grade and sex are depicted in table 2.1.

Once the number of learners per grade and sex was determined, the learners were purposively selected. Purposive sampling means the conscious selection, by the researcher of certain subjects to be included in the study. Participants were selected according to the needs of the study. Purposive sampling allows us to choose a case because it illustrates some features or a process which we are interested in (Polit and Hungler, 1999: 281; Woods and Catanzaro, 1988: 110 and Silverman, 2000: 104).

A "gatekeeper" was identified at the school with whom the researcher collaborated. The "gatekeeper" was a life skills teacher who knew most of the learners. The selection criteria were discussed with her where after she selected the learners purposively for each group interview. According to Burns and Grove (2001: 367) inclusion criteria are characteristics that must be present for the element to be included in the sample. The inclusion criteria for this study were that the learner should be:

- Older than 14;
- Attending the secondary school when the study was conducted;
- Selected from grades nine to eleven;
- Able to communicate in English and IsiXhosa;
- Outspoken and be able to take an active part in the discussion;
- Not necessary to have experienced VCCT because the participants were only to discuss their perceptions on VCCT.

Table 2.1 Proportionate Sample illustrated

	Grade nine			Grade ten			Grade eleven		
Gender	**No. of learners**	**% of the population**	**Sample size**	**No. of learners**	**% of the population**	**Sample size**	**No. of learners**	**% of the population**	**Sample size**
Boys	43	6.3%	**2**	215	31.3%	**10**	62	9%	**3**
Girls	33	4.7%	**1**	225	32.7%	**10**	110	16%	**4**
Total	76	11%	**3**	440	64%	**20**	172	25%	**7**

The study was conducted in English to prevent having to translate the transcripts from an African language to English because meaning can easily be lost in the translation. The participants indicated that they preferred to have the focus group conducted in English. The

moderator informed them that should they want to express themselves in their home language they were free to do so. However, this occurred only briefly once or twice during a discussion. The reason why the participants preferred English may be due to the fact that English is mainly a medium of instruction in the Black (African) secondary schools.

The participants in the focus groups were homogeneous meaning that they came from the same socio-economic and cultural background. They were all adolescents attending the same school. The inclusion of both sexes in the study actually stimulated the discussion and it enriched the data collected. According to Krueger and Casey (2000: 71) the focus group is characterized by homogeneity but with sufficient variation among participants to allow for contrasting opinions.

2.5 PILOT STUDY

A pilot study is a small–scale version or a trial run, done in preparation for the main study (Polit and Hungler, 1999: 710). It is done in order to:

- Test the research question for ambiguity, clarity and researchability.
- Detect and correct problems with the design, which would interfere with the data collection of the main study.
- Refine the data collection and analysis plan.
- Give the researcher experience with the subjects, setting methodology, and methods of measurement (Burns and Grove, 2001: 50).

According to Polit and Hungler, (1986: 378) pre-testing the research instrument and the entire pilot study precedes the gathering of data for the actual research project. A pilot study was conducted a week before the main study on five participants at the school. The participants of the pilot study possessed the same characteristics as the participants in the main study.

Rapport was built between the researcher, the study leader, the moderator and the learners in order to gain trust and to allow learners to talk freely about their perceptions about the youth about VCCT for HIV and AIDS. Coffee and biscuits were served as part of building rapport. The researcher, the moderator and the study leader chatted with the learners for thirty minutes

before the interviews commenced. This was done in order to create a relaxed atmosphere conducive to the learners to share their views freely and openly (Zikmund, 2000: 110).

After coffee, the moderator introduced the research team to the participants and explained the importance of getting a written consent (assent) and clarified what was documented on it especially that no tests whatsoever would be administered during or after the study. Their contribution to the study was only in a discussion about VCCT amongst themselves. All participants enjoyed the protection of human rights in the sense that the researcher requested that they complete an informed consent (assent) form before the focus group interview commenced. Informed consent is defined as an ethical principle, which requires researchers to obtain the voluntary participation of participants (Polit and Hungler, 1999: 704).

The moderator posed the following open-ended question to the group:

"What is your perception on voluntary confidential counselling and testing for HIV and AIDS?"

A moderator skilled in conducting focus group interviews conducted the interviews while the researcher acted as a participant observer and took field notes. The study leader supervised the process.

An audiotape was used to record the discussion (Polit *et al,* 2001: 267). This was done after permission was obtained from the group. The recording was transcribed and stored in a safe place. Data collected from the pilot study indicated that the question was relevant and well understood by the participants. There was no need to reconstruct the question.

2.6 DATA COLLECTION

The process of data collection will be described in detail. It will address entry into the setting, environmental conditions, rapport building, and characteristics of the moderator as well as recording of the discussions.

2.6.1 Entry into the setting

Permission was obtained to conduct the study in the learners' natural setting from the:

- Ethics Committee of the Faculty of Health Sciences, at the University of the Free State.
- Free State Department of Education;
- Principal of the secondary school;
- Class teachers;
- Parents (retrospectively); and
- Participants.

The researcher communicated telephonically and made at least two visits to the identified secondary schools in order to plan the data collection event together with the teachers (gatekeepers). The relationship built on trust was ensured (Neuman, 1997: 352). Dates and times for conducting pilot and the main study were arranged with gatekeepers six weeks before collecting the data, and confirmed a week before and the morning of the day of collecting the data.

2.6.2 Environmental conditions

The pilot and the main study were conducted at the identified secondary school, because the main aim was to conduct the study in a natural setting. The researcher traveled to the participants' school and physically conducted the research. The focus group interviews were conducted in a room used for meetings by staff. Its placement was near the office of the principal to ensure the maximum quietness. The chairs were placed in a circle to promote communication amongst group members. They could all see one another and the moderator could easily interact with the group members. The moderator was part of the circle whilst the researcher and study leader were seated outside the circle and were thus not part of the group. The tape recorder was placed in the middle of the group in full view. The atmosphere was established to ensure that the mood of the session was as relaxed and as natural as possible.

Focus group interviews were designed to obtain the participants' perceptions in a focused area in a setting that was non-threatening (*cf* Burns and Grove, 2001: 425; Zikmund, 2000: 110).

2.6.3 Building rapport

After requesting permission from the school principal he recommended that the researcher collaborate with the Life Skills teacher (gatekeeper) (Krueger and Casey, 2000: 79).

The researcher readily and easily interacted with the teachers and participants. A field researcher builds rapport by getting along with members in the field. A field researcher needs social skills and personal charm to build rapport (Neuman, 1997: 355).
On the day of data collection for all focus group interviews, the room and seating arrangements were set up in advance. Chairs for participants were set in a circle and the moderator formed part of the circle. A separate table for refreshments was provided. Refreshments were prepared and ready before the participants arrived for the interview session. Krueger and Casey (2000: 104) say most focus groups use a variety of snacks. Eating together tend to promote conversation and communication within a group.

Prior to the interviews, participants met informally for thirty minutes with the moderator, the study leader and the researcher to build rapport (Creswell, 1998: 117). The research team acted as hosts and greeted each participant as they arrived. The emphasis was on creating a friendly, warm and comfortable environment. A thirty minutes "Small Talk" over a cup of coffee and biscuits helped to put the participants at ease. Purposeful small talk avoids the focused issue, and instead concentrates on common human experiences such as the weather or sports (Krueger and Casey, 2000: 103).

Before the participants signed the consents, the moderator explained the procedure about the focus group discussion. The moderator requested that everybody should not speak at once, and to speak spontaneously. Spontaneity encouraged free flow of ideas, which led to accidental discovery of useful information (serendipity). The moderator showed the group the tape recorder, and also explained that it was only going to be used to capture the spoken word and that no way would the recordings be linked to their names or that of the school. According to

Krueger and Casey (2000: 105) tape recording equipment should be in plain sight of participants. Hidden recorders and microphones are usually unwise because they create an unnecessarily secretive atmosphere.

Focus groups interviews were conducted in the afternoons during the Life-Skills period, in order to prevent disruption of the school teaching program.

2.6.4 Characteristics of the moderator

The moderator was chosen to facilitate the discussion because she is a qualified psychiatric nurse who is in-charge of a psychiatric unit and is fluent in both English and IsiXhosa languages. She is experienced in conducting interviews eliciting peoples' feelings and attitudes. She is a Masters Degree student and involved in qualitative research. Using a skilled person to conduct the interviews enhanced the credibility of this study. Other strategies to enhance the credibility of the study are discussed later in this chapter under the heading trustworthiness. The moderator controlled the discussion but participants were so free and had fresh different ideas which created that snowballing effect, an idea catching on from one participant to the other (Zikmund, 2000: 109). They were given a good chance to discuss any topic of interest fully.
In addition, the moderator used various communication techniques to get information from the participants described below. The moderator varied communication techniques during the interview to clarify unclear areas and to obtain the rich data needed for the research project. The communication techniques used are discussed below.

- ***Probing***

Probing was used by the moderator to obtain more information in a specific area of the interview. At a deeper level, the moderator picked up on a comment made by the participant and asked probing questions to obtain further meaning from the participant for example one participant said:

"I think the only way to abstain from sex is salvation,"

The facilitator probed further by saying:

"Can you explain what you mean by the word salvation".

Probes were neutral to avoid biasing the participants' responses and probing was done within reasonable guidelines to prevent the participant from feeling that he or she was being "cross examined" or "grilled" on the topic (Burns and Grove, 2001: 422; Krueger and Casey, 2000: 110).

- ***Clarifying***

Clarifying means attempting to put into words, vague ideas or unclear thoughts made by the participant to enhance the researcher's understanding (Polit and Hungler, 1999:350). The moderator often restated what was said to clarify the underlying meaning of the participants' ideas. For example one participant said:

"I think girls go out with sugar daddies because in their homes they are poor and so they want to buy themselves food and clothing."
The moderator said, "Do you think poverty has got something to do with it?"

- ***Reflecting***

Reflecting means conveying to the sender his / her expressed thoughts and related feelings (Krueger and Casey, 2000:110). The moderator demonstrated this skill by giving feedback in her own words about the participants' feelings conveyed during the interview e.g. the moderator said:

"So you feel that masturbation is wrong?"

- ***Focusing***

Focusing means concentrating on a specific thought or feeling regarding a particular point (Bickman and Rog, 1998: 507).

One participant said:

"When you talk to a small child he does not know, so I do not understand."

The moderator said:

"We must not lose focus on the topic - the topic is about voluntary confidential counselling and testing for HIV and AIDS".

- ***Summarizing***

The moderator used this communication technique in order to facilitate recall of important points and to bring a discussion of a particular subject to a conclusion (Bickman and Rog, 1998:507). After a discussion the moderator said:

"Now I understand. I think we have exhausted the shebeen issue. What else? We have talked about abstinence, about alcohol and its influence. What else?"

2.6.5 Recording of discussions

Recording information means that each participant's idea or opinion and non-verbal communication was documented and formed part of the data gathering process. The data were collected at the participants' natural setting (secondary school), using an audiotape in order to record all focus group interviews. The researcher bought the tape recorder herself and it was in good working condition. Enough tapes and extra batteries were provided. The researcher had a participative observer status as she collected and documented field notes (descriptive, observational, theoretical and personal notes). Participants' permission to use the tape recorder

was requested before interviews commenced. A tape recorder was used to record the discussion amongst participants. The researcher took notes as the participants interacted; she captured complete statements of the participants. The note taking did not interfere with the spontaneous nature of the group interview (Krueger and Casey, 2000: 105).

- **Resolving field issues**

Resolving field issues refer to the notes taken by the researcher, describing the unstructured observations made in the field, and the interpretation of those observations (Polit and Hungler, 1999: 702). Notes taken in the field included descriptive, observation, theoretical and personal notes as discussed below:

- ***Descriptive notes***

Descriptive notes are descriptions of the physical setting and accounts of particular events and activities. In this research study, descriptive notes described the seating arrangements of participants, the researcher and the study leader. Participants sat in a circle, and the moderator formed part of the circle.

- ***Observation notes***

Observation notes are the descriptions about observed events and conversation during the study (Burns and Grove, 2001: 419). The researcher recorded each field visit on a new page with the dates and times of commencing and ending interviews documented. Events were recorded in the order in which they occurred for example gestures, nodding of the head showing agreement.

Notes were made as concrete, complete and comprehensible as possible. A wide margin was left to make it easy to add to the notes as soon as the researcher observed something. According to Krueger and Casey (2000: 105) observation notes should be as complete as possible in case the tape recorder doesn't work. Tape recorders shouldn't be completely trusted.

A writing pad was used to record field notes relating to observations made during the interviews, personal thoughts such as speculations, feelings, problems, ideas and hunches impression by the researcher and accounts of particular events. The researcher wrote notes quickly without worrying about spelling or wild ideas (Neuman, 1997: 364).

- ***Theoretical notes***

Theoretical notes are purposeful attempts to derive meaning from observations made by the researcher. These were made on the left side of the transcripts (Polit and Hungler, 1999: 369).

- ***Personal notes***

Personal notes are written comments about the researcher's own feelings during the research process (Polit and Hungler, 1999: 467).

2.6.6 Number of focus group interviews

Morgan and Kreguer (1997: 42) said that research "aimed at 'getting someone's perspective' will probably take only a few groups" and "the more homogeneous your groups are in terms of both background and role-based perspectives, the fewer you need". Morgan and Kreguer (1997: 5) and Kreguer (1997: 43) further specified that one group should be avoided, but that two or three may well be adequate because "there are few economies of scale to doing many groups". Krueger and Casey (2000:75) said that the number of groups in a focus group study could range from three to several dozen, but that by the third or fourth group most new information has been introduced. Morse (1998: 76) stated, "in qualitative research, adequacy refers to the amount of data collected, rather than to the number of subjects, as in quantitative research". Adequacy is attained when sufficient data have been collected that saturation occurs and variation is both accounted for and understood. This study depended on the principle of data saturation (Cresswell, 1998: 56). Initially a pilot study focus group interview plus two focus group interviews were planned. Data saturation was not reached after conducting these three focus group interviews; therefore, two more focus group interviews were scheduled. Data saturation was reached after conducting the pilot study plus three focus group interviews (total of four

focus group interviews), the fifth focus group was cancelled. The question tested in the pilot study proved good. Data collected in the pilot study was analyzed and became part of the main study (Polit and Hungler, 1999: 325).

2.7 DATA ANALYSIS

Data analysis refers to a search for patterns in data-recurrent behaviour, objects or body of knowledge. The process involves examining, sorting, categorizing, evaluating, comparing, synthesizing and contemplating the coded data as well as reviewing the raw and recorded data (Neuman, 1997:426). Polit *et al.* (2001: 460) concurs with the above definition by referring to data analysis as the systemic organization and synthesis of research data, and the testing of research hypotheses using those data. According to Burns and Grove (2001: 51) data analysis is conducted to reduce, organize, and give meaning to data. The researcher considered the above-mentioned definitions in order to make sense of the process of data analysis.

2.7.1 Transcripts

A transcript is documented information recorded from the audiotape during an interview. Recordings were transcribed immediately after each interview session in a quiet place. According to Krueger and Casey (2000: 142) one should type transcripts in a place with minimal distraction or interruptions. Each transcript was typed on separate pages and were labeled appropriately i.e. transcripts' name (e.g. pilot study focus group interview number 1, and main study focus group interviews numbers 2, 3 and 4 respectively as well as the dates and times of interviews.

The conversation and all comments were typed word for word as the participants spoke. No grammar errors were corrected. Notes were made for unusual sounds like laughter, noise or the pointing with hands to emphasize what the participant said. The spoken words by the participants were typed in Italics to differentiate what was said by the participants from what was said by the moderator (Krueger and Casey, 2000: 142).

2.7.2 Process of data analysis

The process of qualitative data analysis is an intensive and time-consuming activity that involves clustering together related types of narrative information into a coherent structure. Data were analyzed from transcripts, observational, descriptive, and theoretical as well as from personal notes and was coded (Burns and Grove, 2001: 43).

2.7.2.1 Data management and reduction

Data reduction refers to reducing the large volumes of data acquired in a qualitative study in order to facilitate examination of data (Neuman, 1997: 421). The researcher examined and Familiarized herself with the data by reading the transcripts more than once. Points of interest were underlined, meaning was attached to the elements of the data and notes were made along the margin (Burns and Grove, 2001: 596). The purpose of data analysis was to discover categories, sub-categories and themes related to the perceptions of the youth about VCCT.

Two main broad categories were identified namely positive and negative. The positive and negative comments were classified according to the sub-categories (knowledge, attitudes, practices and beliefs). Related themes that emerged from the data were grouped together and were fitted under relevant sub-categories (Polit and Hungler, 1999: 580).

2.7.2.2 Code and coding

Coding refers to the process of transforming raw data into standardized form for data processing and analysis; in qualitative research, the process of identifying recurring words, themes or concepts within the data (Polit *et al.* 2001: 697). The researcher decided beforehand to categorize positive and negative comments according to knowledge, attitudes, practices and beliefs.

According to the Health Belief Model in Pender (1996: 35) the life space in which an individual exists is composed of regions, some having negative valence, some having positive valence and others being relatively neutral. Variables proposed as directly affecting predisposition to take

action perceive a threat to personal health and the conviction that the benefits of taking action to protect health outweigh the barriers that will be encountered. Beliefs about personal susceptibility and the seriousness of a specific disease combine to produce the degree of threat or negative valence of a particular disease. Perceived seriousness or severity of a given health problem can be judged either by the degree of emotional arousal created by the thought of having the disease or by the medical and clinical or social difficulties that individuals believe a given health condition would create for them. Perceived benefits are beliefs about the effectiveness of recommended actions in preventing the health threat (ETR Associates, 2004: Online; Kozier *et al.* 2004: 180; Pender 1996: 35).

The KAPB model as illustrated in Figure 2.1 was derived from the Health Belief Model which was proposed in the 1960s as a framework for exploring why some people who are illness-free take actions to avoid illness while others fail to take protective actions. A number of so called KAPB studies were conducted. KAPB studies are based on the assumption that simple knowledge that AIDS is sexually transmitted and that it kills will lead to attitude or behaviour change (Morna & Lush, 2003: Online). The advantage of using focus group interviews was that the socio-economic, cultural and social circumstances in which the pandemic of HIV/AIDS is flourishing were considered. According to the structure of the KAPB model (see Figure 2.1) attitudes and beliefs start to lead to changes in practices. Furthermore, more analytical and scientific information increases knowledge and may lead to attitude change. Clear and unambiguous messages raise awareness. Linearly it can be described as follows: increased knowledge may lead to change in beliefs and attitude that in turn may lead to change in practices.

Numerous studies worldwide made use of this strategy to describe perceptions of participants e.g.

- Exploring perceptions (knowledge, attitudes, practices and beliefs) among a group of At-Risk Individuals: (Summerton, 2001).
- Communicating HIV/AIDS (Morna and Lush, 2003: Online).
- Report on National KAPB survey on HIV/AIDS. Ministry of Education (Division of Youth Affairs, Barbados, 2001).

- Sexually transmitted infections and HIV/AIDS: An investigation into KAPB of the Botshabelo community (Fourie and Furter, 1998a).
- Sexually transmitted infections and HIV/AIDS: An investigation into KAPB among school–going teenagers in Thaba Nchu (Fourie and Furter, 1998b).
- South African National HIV Prevalence Behavioural Risks and Mass Media Communication (Shisana and Simbayi, 2002).
- HIV/AIDS-related knowledge, attitudes and practices among South African Military recruits (van der Ryst *et al.* 2001).

The KAPB model was used by the researcher despite its limitations. Judging by the above-mentioned findings of specific so-called KAPB studies, it would appear that AIDS awareness initiatives are based on the Health Belief Model of behaviour change. This model assumes that increasing knowledge about the phenomenon will lead to appropriate change of behaviour (Summerton, 2001:13). In this case, knowledge of ones' HIV status will result in appropriate behaviour modification and prolong the quality of life (Gontsana, 1998: 12; McIntyre, 2000: 307; Shelby, 1995: 17). The assumption that knowledge on its own right will influence behaviour is a somewhat simplistic view of human behaviour. One has to look at attitudes and behaviour in relation to weight management and the diet industry to realize that behaviour change is a far more complex phenomenon.

As the content of the focus groups fitted very nicely into the positive and negative valences of the Health Belief Model as well as the classifications of knowledge, attitude, beliefs and practices it was seen as a useable model for data analysis. The researcher used the KAPB model to analyze the data. All similar themes were grouped or clustered together and were written under a specific sub-category. Colour coding of the data assisted the researcher to easily identify themes that belonged together, and which best fitted under the specific sub-category (Burns and Grove, 2001: 598). The researcher used different highlighters to highlight similar words, wording, themes related to a specific category as described:

- Knowledge - purple e.g. (Must test, know your status etc).
- Attitudes - turquoise e.g. (Disclosure, self-concept, behaviour change etc).
- Practices - yellow e.g. (Abstinence, safer sex etc).
- Beliefs - red e.g. (Values clarification, support etc).

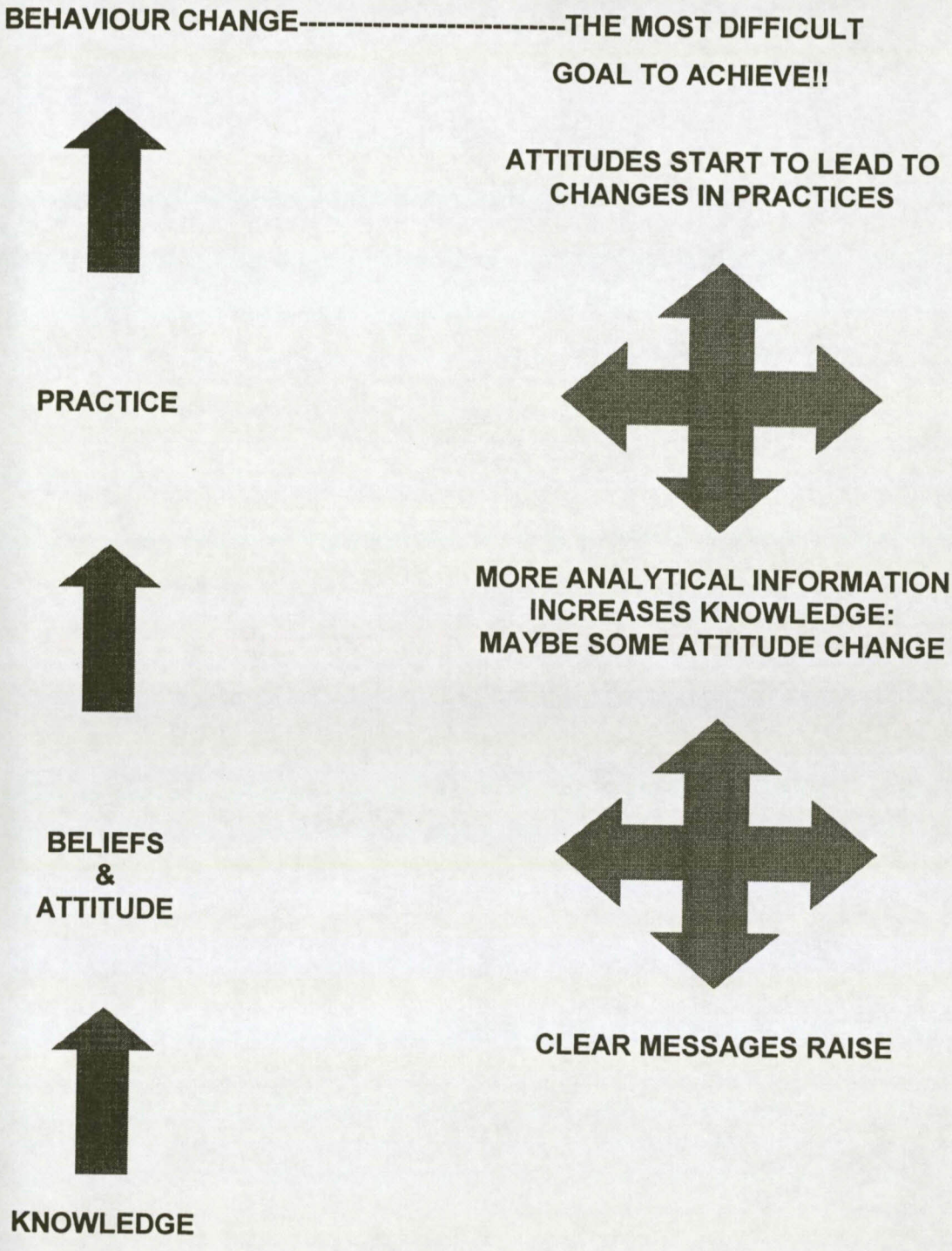

Figure 2.1 KAPB Model (Morna and Lush 2003 Online).

The researcher independently coded the data. Clean sets of transcripts were given to the co-coder. The co-coder categorized the comments according to the KAPB Model. The researcher thereafter met with the co-coder to compare and revise the categorized comments / information. Very few comments did not correlate. The researcher discussed with the co-coder where to fit in information to the relevant categories. The co-coder and the researcher finally reached consensus about the grouping or clustering of participants' comments. An experienced professional researcher was a co-coder. The co-coder was a person who is currently actively involved in qualitative research (Creswell, 1998: 140). Categorized data are displayed in a table form in chapter 3 under the topic Data Analysis, discussion of results and literature control.

2.8 TRUSTWORTHINESS

Trustworthiness is the term used by Lincolin and Guba (1985) in Polit and Hungler, (1999: 430) as well as Woods and Catanzaro (1988: 453) to refer to believability of the study and they use words like:

- Truth value / Credibility
- Applicability / Transferability.
- Consistency / Dependability
- Neutrality / Confirmability

The researcher used the above-mentioned criteria to establish the trustworthiness of qualitative data collected as outlined below:

2.8.1 Truth Value / Credibility

Truth value deals with the credibility of the researcher, the moderator as well as the duration of engagement. Triangulation of data also enhances trust worthiness of the study. These aspects will be discussed in more detail.

2.8.1.1 *Researcher credibility*

Researcher credibility is defined as the faith that can be put in the researcher in order to establish confidence in the data collected (Polit and Hungler, 1999: 429). The researcher is a novice in scientific inquiry. During data collection of this study, where the researcher explored the perceptions of the youth on VCCT for HIV and AIDS, she requested assistance from skilled and experienced people in qualitative research:

- A professor, with a PhD degree in Nursing, the Head of Research Portfolio at the Free State University, who is also the study leader and the supervisor of this research project.
- A moderator who is skilled in conducting focus group interviews (see 2.6.4 for characteristics of the moderator).

Engaging skilled and experienced people enhances the credibility of the study. The researcher is a Masters Degree student; she is inexperienced in qualitative research. The researcher acted as an observer, taking field notes and observing non-verbal communication during the focus group interviews. All the information was documented.

2.8.1.2 *Prolonged engagement*

Lincoln and Guba (1985) recommend several activities that make it more likely that credible data and interpretations will be produced. A first and very important step is prolonged engagement - the investment of sufficient time in the data collection activities to have an in-depth understanding of the culture, language, or views of the group under study and to test for misinformation and distortions. Prolonged engagement is essential for building of trust and rapport (Polit and Hungler 1999: 427). The researcher invested sufficient time in the data collection activities to have an in-depth understanding of the views of the group under study and to test for misinformation and distortions. The minimum time spent with each group was 90 minutes and the maximum time was 120 minutes 30 minutes was spent on building rapport (over a cup of coffee and biscuits) with the participants before each interview. All interviews continued until the topic was exhausted. The moderator repeatedly asked participants before

conclusion if anybody had something more to say. All participants agreed that there was nothing more to say on the topic.

2.8.1.3 Triangulation

The technique known as triangulation was also used to improve the credibility of the qualitative findings (*cf* Burns and Grove, 2001: 240; Polit and Hungler, 1999: 428; Silverman, 2000: 98; Woods and Catanzaro, 1988: 453).

The researcher used literature triangulation in order to increase the overall trustworthiness of the study. Methodological triangulation was also used in this study. The researcher made use of three data collection methods namely the focus group interviews, observation and documentation in order to collect rich data thus enhancing the trustworthiness and rigor of the study (Burns and Grove, 2001: 240; Polit and Hungler, 1999: 428).

2.8.1.4 External checks

External checks are other techniques that Lincoln and Guba (1985) recommend for establishing credibility involve activities that provide an external validation of the inquiry (Polit and Hungler, 1999: 429).

- ***Peer debriefing***

Peer debriefing is a session held with one or more objective peers to review and explore various aspects of the inquiry (Polit and Hungler, 1999: 429). The researcher involved the Expert and Evaluation committees at the School of Nursing, where people experienced in the methods of naturalistic inquiry reviewed the proposal.

- ***Member check***

Member check is a method of validating the credibility of the qualitative data through discussions with the informants (Polit and Hungler, 1999: 428). The moderator asked

participants whether she had accurately described and stated their discussion on perceptions on VCCT.

2.8.2 Applicability / Transferability

Applicability or transferability refers to the degree to which the findings from the data can be transferred or applied in another context, settings or to other groups. Lincolin and Guba (1985) in Krefting (1991: 215) present applicability by referring to fittingness or transferability as the criterion against which it can be measured.

The findings of this qualitative study cannot be generalized to the whole population, but the findings can influence future research studies. Generalization in a qualitative study is not relevant because every situation is made up of specific informants (Shelby, 1995: 12).

2.8.3 Consistency / Dependability

Consistency or dependability refers to the degree to which repeated administration of a measure would provide the same data, or the extent to which the measure administered once but by different people (sometimes known as *inquiry audit)*, produces equivalent outcomes or results (Krefting, 1991: 219; Woods and Catanzaro, 1988: 453).

In this study, consistency was achieved by asking an independent person who is an experienced researcher to be a co-coder to code the data independently.

2.8.4 Neutrality / Confirmability

Neutrality or confirmability is another way of ensuring credibility of the study. Confirmability refers to the degree to which the findings are a function solely of participants and conditions of the research, and not of other biases, motivations and perspectives (Polit and Hungler, 1999: 430).

The researcher directly observed and interacted with participants in their natural setting during the data collection phase. The researcher had a rich and thorough description of the research setting or context, the transactions and processes observed during the qualitative inquiry (Polit and Hungler, 1999: 430; Shelby, 1995: 9).

2.9 ETHICAL CONSIDERATIONS

Ethics refers to a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal, and social obligations to the study. Ethical principles include principles of respect, beneficence, and justice relevant to the conduct of research (Burns and Grove, 2001: 797; Polit and Hungler, 1999: 701). Ethical principles taken into account during the execution of the study are discussed below.

2.9.1 Principle of protection of human rights

Obtaining permission to conduct the study from relevant stakeholders prior to conducting and proceeding with the study ensured the principle of protection of human rights. Letters of approval to conduct the study were obtained from the following stakeholders:

- The Ethics Committee of the Faculty of Health Sciences at the University of the Free State.
- The Free State Department of Education.
- The principal of the Secondary School where the study was conducted.
- Parental consent was obtained in retrospect.
- Participants consent / Assent.

2.9.2 Principle of respect for human dignity

The principle of respect for human dignity includes the right to self-determination and the right to full disclosure and right to privacy.

2.9.2.1 The right to self-determination

The principle of self-determination means that prospective participants have the right to decide voluntarily whether to participate in the study, without the risk of incurring penalties or prejudicial treatment (Polit and Hungler, 1999: 136). The purpose and the process of the study were fully explained to the participants who agreed voluntarily to participate in the study without coercion. Forty-one participants signed the consent forms because they were over the age of 18 years. Nine participants signed the assent forms because they were under 18 years. Parental consent was obtained retrospectively of these nine learners between the ages of 14 – 18 years. Obtaining parental permission before commencing with the study was an omission by mistake on the part of the researcher. No monetary incentives were promised to the participants. They were informed that they were free to withdraw from the study anytime they wished to do so (Brink, 1996: 210).

They were assured that all information would be handled confidentially. Nobody would be able to link any information with a specific person.

2.9.2.2 The right to full disclosure and right to privacy

Full disclosure means that the researcher has fully described the nature of the study, the researcher's responsibilities, and explained to the participants about their right to refuse to participate in the study if they wished to do so as well as the potential risks and benefits of the study (Polit and Hungler, 1999: 136). Participants were informed that they would only take part in the focus group discussions on the topic exploring perceptions of the youth on VCCT on HIV and AIDS in their own setting (own school). No tests or treatments would be given to the participants during or after the study. They were free to withdraw their participation any time they wished to do so during the course of the study.

Virtually all research with humans constitutes some type of intrusion into people's personal lives. The researcher ensured that the research was not intrusive than it needed to be and the participants' privacy was maintained throughout the study. Anonymity of participants and confidentiality of data collected and were maintained (Burns and Grove, 2001: 201; Polit and

Hungler, 1999: 138). Participants were given codes, this ensured that their real names or that of the school was not linked to the study. Participants were assured that the information collected would not be made accessible to parties other than those involved in the research.

2.9.3 Principle of Beneficence

The principle of beneficence encompasses freedom from harm and the competence of the researcher.

2.9.3.1 Freedom from harm

One of the most fundamental ethical principles in research is that of beneficence, which encompasses the maxim: "Above all, do no harm." Exposing research participants to experiences, which result in serious or permanent harm is unacceptable (Polit and Hungler, 1999: 134). This study did not expose participants to any type of physical or psychological harm whatsoever. The consent / assent forms specified that no testing for HIV/AIDS would be done to the participants during or after and that no possible harm as VCCT was not an inclusion criteria. No psychological harm could possible be done in re-living stress of testing or being forced into involuntary disclosure. The discussion was purely on the participants' perceptions of the youth about VCCT for HIV/AIDS.

2.9.3.2 Freedom from exploitation

The participant enters into a special relationship with the researcher, and it is critical that the relationship not be exploited in any way (Polit and Hungler, 1999: 134). During this study, the procedure of the research was explained to the participants and an informed consent / assent was obtained as it has been already explained earlier.

2.9.3.3 Storing and safeguarding data

Storing and safeguarding data should adhere to specific principles in order to maintain confidentiality which gives the integrity and credibility of the study (Burns and Grove, 2001:

345). Principles about data storage and handling that were applied in this research project are explained below:

- A highly sensitive tape recorder was used to record the utterances of the participants.
- High-quality tapes for audio-recording information during interviews were used so that no information was lost.
- Each recorded tape was labeled: Pilot study focus group interview number 1 and the main study focus group interviews numbers 2, 3 and 4 respectively and were stored safely after transcribing them. No one was allowed access to this information, as it would be considered breach of confidentiality.
- Confidentiality was ensured by not linking participants' names and that of the school to the research by using codes.
- Only the researcher and the co-coder had access to the data collected (Creswell, 1998: 135).

2.9.4 Principle of Justice

The principle of justice refers to the right to fair treatment. The study participants had a right to fair and equitable treatment before, during and after their participation in the study (Polit and Hungler, 1999: 138). No person was treated unjustly. Everybody had an opportunity to be selected. Selection of participants was based on research requirements and not on the convenience, gullibility, or compromised position of certain types of people. All participants were treated with respect and courtesy. The researcher honoured all agreements made between the researcher and the participants by adhering to the procedure outlined in advance.

2.10 BENEFITS OF THE RESEARCH

The researcher should strive to predict the outcome of the study on the basis of previous research, clinical experience, theory assess the actual and potential benefits and risks on the basis of this outcome. Then maximize the benefits and minimize the risks. This is called balancing benefits and risks of the study (Burns and Grove 2001: 204; Polit and Hungler, 1999: 135). The benefits of this study are:

- Intensify awareness of the importance of people knowing their HIV status and change of sexual behavior.
- To influence policies on VCCT for HIV and AIDS.

No potential risks were identified for conducting this study.

2.11 LITERATURE CONTROL

The review of the literature in terms of the phenomenon being studied namely: investigating perceptions of the youth about VCCT for HIV and AIDS is presented after data collection and analysis to compare and combine findings from the study with literature, to determine the current knowledge of the phenomenon.

The collected data were analyzed and arranged according to themes and categories. For each theme, with the interpreted response, literature was advanced as a basis for comparing results found in this study. A discussion of the study findings incorporates references to other reports and indicates how the study findings deviate from previous studies on the same phenomenon or how it supports findings of previous research.

2.12 LIMITATIONS OF THE STUDY

- Like in any research project, certain flaws were exhibited in this study. The number of participants for the focus group was relatively large (fifteen participants) as result interaction of some participants was limited. Authors differ in describing the composition of

the group. According to Burns and Grove (2001: 425); Zikmund (2000: 109) the traditionally the recommended size of the focus group should consist of an interviewer or a moderator and six to ten participants. Whereas Babbie (2001: 294) says, in a focus group, typically twelve to fifteen people are brought together in a room to engage in a guided discussion.

- The parental consent was signed retrospectively (for nine learners who were under the age of 18 years) which was omitted by error by the researcher. The researcher made reference to the Medical Treatment Act: South Africa, 1983. Child Care Act 74 of 1983, Section 39(4) instead of The World Medical Association Declaration of Helsinki and Majority Act No 57 of 1972 (The World Medical Association Policy, 2002: Online).

- The results of this study cannot be generalized to the whole population, but the findings can influence future research studies and can influence HIV/AIDS policies in the South African Department of Health and Education. Generalization in a qualitative study is not relevant because every situation is made up of specific informants (Shelby, 1995:12).

2.13 CONCLUSION

In this chapter, the research design, technique, sampling and data collection process was addressed. Data collection was done using. Focus group interviews, observations, documents, and audiotape material.

CHAPTER 3

DATA ANALYSIS, DISCUSSION OF RESULTS AND LITERATURE CONTROL

3.1. INTRODUCTION

In chapter two, the research design, the methodology and data analysis was discussed in detail. In this chapter, the focus will be on discussion of results and literature control. Four focus group interviews were conducted. Participants were asked to explore the perceptions of the youth on voluntary confidential counselling and testing (VCCT). The researcher used the KAPB – Model that is used internationally explore perceptions (knowledge, attitudes, practices and beliefs) of participants in any given phenomenon (Summerton, 2001: 19). The KAPB Model is based on the Health Belief Model as it was described in Chapter 2.

3.2 THE PROCESS OF DATA ANALYSIS

Data analysis refers to pieces of information conducted to reduce, organize and give meaning to data (Burns and Grove, 2001: 794). Data management, code and coding were discussed in Chapter 2. Colour-coding of themes assisted the researcher to analyze data quicker. The researcher did an in-depth analysis of the data to identify the frequencies of the important issues raised by the participants. The transcript-based analysis was done. Transcript based analysis refers to the use of unabridged transcripts of focus group interviews as bases of analysis (Krueger and Casey, 2000: 130). Related themes were clustered together and were fitted to the relevant categories and sub-categories. The researcher and the co-coder reached a consensus in categorizing the data.

Categorized data were arranged in a form of a table. Frequencies of themes were fitted into categories, sub-categories as indicated in the following tables:

Table 3.1 Frequencies of positive responses from four focus group interviews.

Table 3.2 Frequencies of negative responses from four focus group interviews.

Table 3.1 Frequencies of positive responses from four focus group interviews.

Main Category	Sub-category	Themes	Focus group interview			
			1	2	3	4
3.3.1 Positive	3.3.1.1 Knowledge	• **Must test**	✔	✔	✔	✔
		• **Know your status**	✔	✔	✔	✔
		• **Other mode of spread**	✔	✔	✔	✔
		• **Sources of information** ▪ Media, radio, TV, Games, workshops, pamphlets, posters, music, plays, concerts, cartoons, comedies, movies documentaries and fantasy stories. ▪ **Youth groups:** Youth clubs, discussions / debates /youth programs.	✔	✔	✔	✔
		• **Parental guidance**	–	✔	–	✔
		• **School guidance**	✔	✔	✔	✔
	3.3.1.2 Attitudes	• **Disclosure**	✔	✔	✔	✔
		• **Development of Self-concept**	✔	✔	✔	✔
		• **Behaviour change**	✔	–	✔	✔
	3.3.1.3 Practices	• **Counselling** ▪ Peer counselling ▪ Pre and post counselling	✔	✔	✔	✔
		• **Factors influencing the spread of HIV/AIDS**				
		• **Abstinence**	✔	✔	✔	✔
		• **Safer sex** ▪ Condoms ▪ Masturbation ▪ Thigh sex ▪ Virginity testing	✔	✔	✔	✔
	3.3.1.4 Beliefs	• **Values clarification** ▪ Trust, faithfulness, respect. ▪ Youth getting involved with VCCT.	✔	✔	✔	✔
		• **Support**	✔	✔	✔	✔
		• **Religion and Culture**	✔	✔	✔	✔

3.3 PRESENTATION OF THE FINDINGS

Literature control was integrated with the discussion of the results as a further measure to ensure the trustworthiness of collected data (Polit and Hungler, 1999: 42).

3.3.1 Main category: Positive

In this study, the researcher identified two main categories, which are positive and negative. The presentation of findings, of the two main categories, positive and the negative will be discussed separately. Relevant themes will be substantiated with quotations from the transcripts and supported with literature.

Four sub-categories are listed below:

- Knowledge
- Attitudes
- Practices
- Beliefs

3.3.1.1 Sub-category: Knowledge

- ***Must test***

Testing refers to the procedure usually conducted in a laboratory, which is intended to detect, identify or quantify one or more significant substances to establish the nature of a condition or disease (Mosby Medical, Nursing & Allied Health Dictionary, 2003: 909). HIV testing refers to any form of testing designed to identify the HIV status of a person, including blood tests, saliva tests or medical questionnaires (Grant, Strode and Smart, 2002: 1).

All four focus group participants reported that they were aware of HIV/AIDS infection and the fact that it has a high mortality rate amongst the youth. They emphasized that people must test for HIV/AIDS.

The following quotations bear the testimony of their convictions:

"People must go for the test. Aids must be prevented in anyway. Prevention is better than cure."

"You are not negative until you have tested, the only way to stop the spread is you must test."

"You must test for HIV."

"It is important to know that HIV/AIDS is not a death sentence. People must go for voluntary counselling and testing."

According to Grant, *et al.* (2002:14) in support of the above-mentioned findings he describes the clinical course of HIV infection. He states that HIV affects the body by affecting the immune system. The immune system is the body's defense against infection by microorganisms that cause the disease. Among the cells that make up the immune system is one called a CD4 (T4) lymphocyte. The CD4 (T4) or "helper Cells are very important in the regulation and control of the immune response (Evian, 2000: 7). HIV is able, by attaching to the surface of the CD4 lymphocyte, to enter, infect, and eventually destroy the cell and cause immune-deficiency and opportunistic infections.

According to Van Dyk (2002: 27) in support of the above-mentioned findings, he states that HIV infection is often silent, and a person usually remains symptom-free for many years. In many patients, the only evidence of HIV infection is a positive HIV test. It is important to test for HIV and to know your HIV status in order to prevent progression of the infection into AIDS.

Studies demonstrating that sexual risk behaviour are reduced significantly with counselling come from a number of developing countries (UNAIDS, 2001: 14). The recent multi - center VCT efficacy trial was the first randomized trial of HIV counselling and testing from developing countries. It demonstrated that VCT resulted in greater behaviour change than health education alone. However, sero-positive people were more likely than sero-negative to show significant changes in behaviour eve in developed countries (UNAIDS, 2001: 14).

- ***Know your HIV status***

HIV status means that the person is either HIV negative or positive after an HIV (antibody) blood test. The standard test to screen for antibodies for HIV is the ELISA HIV test (Evian, 2000: 46). The ELISA test requires the collection of serum and specialized equipment and it takes delays of 1 to 2 weeks to receive the results as compared with the rapid HIV testing.

In various clinical situations, it may be important to know the HIV status of a patient. Rapid testing may be appropriate and more cost effective when compared to formal laboratory testing (Evian, 2000: 47). Rapid testing can be performed quicker than the ELISA and can provide results within 10 to 30 minutes and it can help with an early diagnosis e.g. in rural hospitals, which do not have the necessary laboratory resources. Some rapid tests can be done without the need of a formal laboratory, often at the bedside or at home for 'self testing' purposes to prove the HIV status. A formal laboratory confirmation should be done on all positive results (South Africa. Department of Health, 2000a: 4).

All four focus groups concurred that a person should know his or her HIV status. The following statements bear the testimony from the transcripts:

"Each person must know his or her own HIV status."

"You must know where you stand."

"You are not negative until you have tested, the only way to stop the spread is you must test."

"Both partners must test and stay faithful to one another in order to curb the spread of the disease".

These findings are in agreement with the statement made by Hicks (2003: 5), she says I quote:

"Status is something most of us crave: a flashy car, cool clothes and mega bucks. But how many of us, know or even think about our HIV status?"

HIV status (infection) can be diagnosed by means of an assessment of the clinical history, an identification of risk factors, a clinical assessment of signs and symptoms and blood tests. Previously, HIV testing was mainly used to confirm or diagnose suspected HIV infection. People are now encouraged to make use of voluntary confidential counselling and testing (VCCT) services to find out their HIV status. It is hoped that if people know their HIV status and are sero-negative, they will be motivated to adopt preventive measures (change of high risk behaviour) to prevent future infection. The hope is also that if people are sero-positive, they will learn to live positively (eat a well balanced diet, exercise). Take the trouble to access health care services and obtain support at an early stage, learn to prevent transmission to sexual partners and plan for their own and families' future (van Dyk, 2002: 57).

HIV testing should be done in a proper and ethical manner; this means that the person must give informed consent to have the HIV test. This should be based on correct and accurate information. No person should be tested for HIV without his or her consent (Evian, 2000: 39; South Africa. Department of Health, 2003: 9).

With the introduction of the use of the anti-retroviral drugs in South Africa people will be compelled to test for HIV and AIDS and disclose their HIV status in order for them to receive anti-retroviral therapy. Anti-retroviral therapy refers to drugs, which suppress or prevent the replication of HIV in the body cells (van Dyk, 2002: 423).

- ***Other modes of spread of HIV/AIDS***

HIV/AIDS is not spread by sexual contact alone but from mother to child and through occupational exposure. Occupational exposure means exposure to blood or other body fluids, which may be HIV infected, during the course of carrying out working duties (for example, a health worker may be exposed to HIV in the case of a needle-stick injury), (South Africa. Department of Health 2000b: 9; Grant *et al.* 2002: 4). Being infected by HIV positive blood after a needle-stick is the most common mode of spreading the disease amongst health workers.

Apart from being infected by HIV in the workplace, HIV-infected blood can pass from one boy to another during traditional circumcision if the same blade is used without sterilization between circumcisions on a number of boys. Though, several studies have indicated that circumcised men are less likely to become infected with HIV than uncircumcised men (van Dyk, 2001: 23), circumcision should definitely not be promoted as a way of preventing HIV infection. In addition, the beliefs that it is a way of preventing infection may cause ignorant people to abandon safer sex practices such as using condoms.

Participants were well informed about the mode of spread of the disease other than sexual contact. The four focus groups stated the importance of testing for HIV even if a person is not sexually active in view of the fact that HIV can be contracted by any other means other than sex for example by touching HIV infected body fluids like blood. The discussion above is reflected in the participants' statements extracted verbatim from the four focus groups:

"If you say to yourself you are not going to be tested because you did not have sex with anybody you are wrong because you can get HIV by touching someone's infected blood. So to be on the clear you must get tested."

"During volunteer work you can touch somebody's' infected blood."

"When you touch the blood of HIV positive person you can get AIDS if you have a sore."

"You can get infected by the blood of HIV positive person."

According to Evian (2000: 13) and van Dyk (2002: 19) in support of the above-mentioned statements they say HIV is generally spread in three ways:

Via sexual intercourse with an HIV-infected person;
When HIV-infected blood is passed directly into the body;
From mother to child, during pregnancy, childbirth and via breastfeeding.

South Africa. Department of Health (2000: 12) confirms that HIV can be transmitted from mother to child. The transmission from a mother to her child is dependent on a number of factors, including maternal viral burden, phenotype and genotype, maternal immunologic responses, and obstetrical events during labour and delivery. Studies demonstrate that the majority of HIV vertical transmission probably occurs at the time of birth. Children can be infected in-utero, during delivery, and post-partum through breastfeeding (African National Congress, 1994: 84).

Further literature that supports the above mentioned findings is from (van Dyk, 2002: 57). According to van Dyk (2002: 57) there are three main reasons why HIV antibody testing was carried out: For the purposes of screening donated blood, the epidemiological surveillance and mapping of HIV prevalence, and the diagnosis of HIV infection in individuals. While HIV testing was previously mainly used to confirm or diagnose suspected HIV infection, people are now encouraged to make use of VCCT services to find out their HIV status. It is hoped that, if people know their status and are sero-negative, they will be motivated to adopt preventive measures to prevent future infections.

- ***Sources of sexual information***

Participants mentioned various sources where the youth get information about sex. The main sources mentioned included mainly media; youth group activities, from school and the list from parents. Data under this theme were combined and everything that was related to mass information was clustered under media and other information, which involved in-group activities, were clustered under youth groups.

- *Media*

All four groups mentioned that their sources of information about sex are from the radio, TV, pamphlets friends, books and movies. The following statements from participants are in support of the above discussion:

"They must show more dramas on TV, comedies like Yizo Yizo."

" Posters to be interesting to the youth."

"We can have booklets, radios, concerts music, dramas and sketch telling people more about AIDS."

Literature supports the above-mentioned findings, media is a rich source of information (i.e. TV, radio, newspapers, posters and pamphlets) for disseminating health information including information on HIV/AIDS (Neethling and Schoeman, 1999: 72).

Participants of four focus groups recommended a variety of ways of teaching about HIV/AIDS. The statements from their transcripts illustrate their opinions about the situation:

"Youth programs are needed to address HIV/AIDS."

"We can have like debating teams challenging other schools."

"We will form groups and go from house to house."

"We can have it in music like, RAP music"

The above mentioned findings are confirmed by Education Training Unit (2002: 10) by saying that: plays, songs and music can be a very effective way of getting the message across to the people, especially people (the youth) who do not want to sit in meetings or workshops.

Some participants had a different view on the people being given information basing it on the fact that there is enough information from the media but people just ignore it or people do not listen. This is how they described their views:

"People see it on television every day but people ignore what they are told about HIV and AIDS, they think it does not exist".

"People do not listen, I think the government should stop advising people about AIDS because it is a waste of money we are like monkeys."

"The media must reduce movies which contain sex, they are the ones that encourage or influence the youth to have sex."

"I think the media must replace sex movies with educational program."

Participants believed that more information on HIV/AIDS can be reinforced through attending sources other than the media e.g. workshops, life skills program at school, group discussions or debates, youth clubs, dramas, plays and reading posters. They suggested that posters should be displayed at school to warn children about AIDS. The following statements attest their opinions:

"If you attend workshops you will be informed about the disease and how to live longer by eating the right diets and take care of yourself. All you need to do is to be positive about life."

"I think there should be a youth league and everybody should join because the youth need to be educated and they need to understand that the disease is here and it kills."

"We can attend workshops, have debates with other schools about the HIV/AIDS topic."

"The youth should be told more and get involved into this VCCT, get posters sent to schools."

According to Van Dyk (2002: 181) in support of the above-mentioned findings he cites Piaget's theory on cognitive development; the theory states that most adolescents develop formal operational thinking between the ages of 12 and 16. This means that adolescents are able to think in abstract terms and to think about possibilities. Adolescents also factor a future-time perspective into their thinking: they are not tied so much to the kind of here-and-now thinking that characterized their childhood. The above-mentioned statements demonstrate that adolescents are seeking information and guidance to assist them in order to make the right choices and avoid wrong choices and risky behaviour and the eventual manifestation of negative and undesirable consequences (van Dyk, 2002: 127).

Some participants agreed that more information should be given through the media. They voiced their opinions in the following manner:

"I think AIDS must be expressed on TV, on the media as wide as possible."

"If you put it (information about HIV/AIDS) in the media more. We need to put it in the media the way it is interesting for the youth creating awareness."

"I think most of the youth are killed by the lack of knowledge, we perish because of lack of knowledge".

" I think the youth must be taught because the youth is the future and the leaders of tomorrow. We must be prepared to serve the community."

The above-mentioned findings are supported by Maker (2000: 25) saying children often learn about sex from television, radio, the internet, magazines, newspapers, dramas, comedy, plays, and friends. A source of information about sex is the media and not so much from parents (Alan Guttmacher Institute, 2003: Online); (Beukes, 2003: 65). Parental guidance and communication between parents and their children is very important.

- ***Parental Guidance***

Parental guidance is expected in any stage of development of children. Sex education is no exception. The youth indicated that the main sources of information are the media, friends, the government (health officials) and schoolteachers. Parents and family played a lesser role in educating them about these topics. At present, the only form of education that their parents or guardian give is warning to refrain from sex while the required parental guidance and discipline is relinquished to the teacher (Davey, 1999: Online). While parents express concern about HIV, they do not seem convinced that open communication about sex and sexuality can do a great deal to help reduce the risk of HIV infection (Alan Guttmacher Institute, 2003: Online). Participants agreed that they were not getting parental guidance. This is what they said about lack of parental guidance:

"Our parents do not talk to us about sex."

Your parents must talk to us about sex."

"Some parents lack knowledge."

"Parents must be taught how to talk to u about sex."

The following literature confirms that parental guidance is very important in every child's life. Valuable information and parental guidance is given at home during the socialization of children. Parental guidance, knowledge and experiences continue to be used by children as resources for verification of their own fast-developing repertoire of behaviours. Parental values, ideas, and expectations become a springboard for adolescents to develop their own (South Africa. Department of Health, 2002: 24).

- ***School guidance***

School guidance, in this study refers to sexuality and sex education given at schools by teachers like life skills (van Dyk, 2002: 155).

Early sex education, be it at home or at school has a positive impact on adolescent sexual behaviour such as delaying initiation of sexual activity, reducing teenage pregnancy, the prevention of the spread of sexually transmitted infections (STIs) including HIV/AIDS. There is little or no evidence to support the contention that more open communication about sex with children and early sex education will promote promiscuity (*cf* loveLife, 2001: :9; *Maker*, 2000: 27).

All four groups agreed that sex education must be taught at school, it should form part of the curriculum. Their views were captured in the following statements:

"A good suggestion for us as learners is to start here at school, during the assembly talking regularly with other learners about this killer disease."

"More education about AIDS should be done during the life skills period."

"Teachers must be involved."

"We can have sex education at school because it is part of education."

These findings are supported by van Dyk (2002: 155) by saying HIV/AIDS education in schools should preferably form part of a life skills education program and should include sexuality education as well as information on HIV/AIDS. It should be integrated into the existing school curriculum either as part of other health-related subjects and HIV/AIDS education should be an ongoing process.

Other forms of getting information were communicating the message daily to all people. Talking to friends and relatives the message will eventually register. Participants from two groups said they are well informed by the government (health workers) who visit the school and give sex education. The clinics also give information

3.3.1.2 Subcategory: Attitudes

Attitudes are dispositions or feelings towards a person, object, or idea. Attitudes are rather constant feelings and are made up of many beliefs, they include, cognitive, affective and behavioural components (Kozier *et al.* 2004: 1445).

- ***Disclosure***

The focus groups were greatly concerned about the problem posed by keeping HIV status confidential and for the fact that it is legally acceptable not to disclose one's HIV status. They reported that the spread of HIV/AIDS will continue because people do not disclose their HIV status.

People living with HIV/AIDS are legally protected by the South African Constitution. The South African Constitution (Act, No. 108 of 1996: 7) is the supreme law of the country and all other laws must comply with its provisions. The Bill of Rights (which is part of the constitution) enumerates a number of basic human rights, which apply to all citizens and therefore also protect people living with HIV/AIDS (van Dyk, 2002: 404).

Legislation supports the confidentiality and the right to non-disclosure of the HIV status of an individual in the workplace. People with HIV infection and AIDS have a right to confidentiality and privacy about their health and HIV status. Health care professionals are ethically and legally required to keep all information about clients or patients confidential (*cf* Grant *et al.* 2002: 23; van Dyk, 2002: 408).

The four focus groups acknowledged that an HIV positive person must disclose to the sexual partner(s). The controversy is that if a person dies of AIDS doctors and families will not state that a person died of AIDS. This obscures the magnitude of the disease. The following statements from transcripts testify to the above discussion:

"Doctors will not say a person died of AIDS. They will say the person died of TB or cancer etc."

"We do not see people dying of AIDS. This AIDS issue especially at funerals no one talks about AIDS and AIDS kills."

"During a funeral of an HIV positive person, the wrongdoing (promiscuity) of that person is polished e.g. people will say how saint the person was, things need to be put on the open."

" Witchdoctors or fortune tellers must not lie, they must tell the truth about the illness (AIDS) of the person, because they tell the people that they are bewitched and yet they are dying of AIDS."

Literature supports the findings above by stating that people living with HIV and AIDS should not be discriminated against, based on their HIV status. The protection of people living with HIV and AIDS is within the common law (van Dyk, 2002: 405). It is based on the following pieces of legislation and policies which, spell out explicitly how people living with HIV/AIDS should be treated in the workplace, in medical settings as well as in schools and tertiary educational settings:

- South Africa. Employment Equity Act No. 55 of 1998.
- South Africa. National Education Policy Act No. 27 of 1996.
- South Africa. National Policy on HIV/AIDS for learners and educators in public schools and students and educators in further educations (Notice 1926 of 1999, Government Gazette: Vol. 410, Pretoria, 10 August 1999, No. 20372).
- South Africa. Promotion of Equality and Prevention of Unfair Discrimination Act No.4 of 2000.
- South Africa. Labour Relations Act No. 66 of 1995.
- South Africa. Occupational Health and Safety Act No. 85 of 1993 (Beukes, 2003: 56).

- ***Development of Self-concept***

Self-concept deals with recognizing one's own values, believing in oneself and acceptance of self. It means having confidence in your own ability to direct your own life. It encompasses assertive behaviour (Cox, 1999: 18). Being assertive means being able to stand for your own rights (Education training Unit, 2002: 9). In the fight against HIV/AIDS self discipline, self-respect and avoiding being coerced into having sex is needed. One must be able to say 'NO' to peer pressures to have sex (Louw *et al.* 1996: 131). Participants shared their views in the following manner:

"You must believe in yourself, be confident about yourself."

"People who believe in themselves they go for voluntary confidential conselling and testing for HIV/AIDS."

"Being cool is not drinking and smoking and having sex, it is about doing what is right."

" Be able to say no to sex. Say it with pride."

Education Training Unit (2002: 7) supports the above-mentioned findings by saying women need skills to be assertive. Women who are in unequal relationships with HIV positive men and who are powerless to insist on safer sex should be targeted and supported.

Positive living is associated with living life free from subjecting oneself to high-risk behaviours by demonstrating assertive behaviour. Cultural, moral, family values and value clarifications also influence the positive lifestyle (van Dyk, 2002:126). The positive life-style and assertive behaviour relates to standing up for one's rights, whilst not being insensitive or indifferent to the thoughts and feelings of others (Gillis, 1996: 41). Therefore education on HIV/AIDS for adolescents should be based on sound health practices, development of positive self-concept, life skills, development of positive attitudes, and a good value system such as honesty, integrity, respect, tolerance, commitment and forgiveness (Louw *et al.* 1996: 19).

All four focus groups were in agreement with living a positive life and avoiding high-risk behaviours. They emphasized the need for the youth to change their behaviour to encompass VCCT. The following participants' statements bear testimony to this:

"We need to stand our ground if you do not want sex you have a right to say 'NO'. Being cool is being yourself you have the right to say 'NO' be strong about it and say it with pride."

"Going for VCCT tells a lot about you, it tells people that you believe in yourself, you are confident, love yourself and trust yourself."

"If I know I have survived and tested negative I will not risk my life. If I am negative I will remain negative and I will live a positive life."

"We are the future, we need to change, and we need to change our behaviour, we need to maintain a positive lifestyle."

In support of the above-mentioned findings, van Dyk (2002: 189) states that it is very important to educate adolescents in the manner that will develop their self-concept in a positive way. A positive self-concept will instill self-awareness, self-confidence and personal pride. Evian (2000: 21) says that poor education and low literacy levels help to keep people ignorant of the ways and means to avoid diseases like AIDS.

- ***Behaviour change***

Behaviour change was emphasized by three focus groups in order to prevent HIV/AIDS and teenage pregnancy. Participants' statements on behaviour change were captured in the transcripts as follows:

"After undergoing VCCT and you are negative, you must stay that way and condomize."

"We are the future. We must change and prevent HIV/AIDS."

"Think of yourself, think of the future, and change your behaviour."
"People must change their ways, practice safer sex in order to stay negative."

The findings are supported by the following literature from Education Training Unit (2002: 7) which says the focus on education about HIV/AIDS should aim at changing sexual behaviour to specific target groups of people who are most vulnerable e.g.

- Sexually active youth.
- Migrant workers, mineworkers and transport workers.
- People with more than one partner- especially men.
- Sex workers.
- Women who are in unequal relationships with HIV positive men and who are powerless to insist on safe sex.
- Men and women who are already HIV positive and may spread it (Education Training Unit, 2002: 7).

In support of the above-mentioned findings, Kutz (1997: 26) states that empowerment occurs when one becomes able to take action for oneself and on behalf of others. The first sign of it is a dawning belief in oneself; one experiences growth of confidence, which is usually accomplished within a group of others facing the same ordeal. Spiritual transformation is only one kind of change. Other changes may have to do with being more assertive and being able to take responsibility for oneself.

3.3.1.3 Sub-category: Practices

- ***Counselling***

Counselling involves talking to clients and their families, encouraging them to explore issues and options (Mc Ewen, 2001: 15). AIDS counsellors have been trained to counsel individuals before and after an HIV test, to make sure that an individual has sufficient information to make an informed decision about having an HIV test (van Dyk, 2002: 201).

Two themes were identified under counselling namely: Peer group counselling and pre and post counselling.

- *Peer group counselling*

Peer group counselling refers to the process by which an individual gives nonjudgmental, nondirective support to a peer who is experiencing a personal crisis (Cox, 1999: 4).

Participants from the four focus groups strongly supported peer counselling. They made the following statements:

"Young people should work in the clinics so that other young people can go for counselling."

"Sometimes it is better when a young person speaks to another young person because they can talk heart to heart, unlike a young person talking to an adult."

"Old people come and address us about sex issues. We don't see people like, our own age group. We want to hear it from our own age group"

"We should fight the government to help young counsellors so that we can help ourselves and others."

Cox (1999: 4) confirms the findings by stating that peer counselling involves creating a non-threatening, nurturing environment in which the one being counselled seeks help in understanding and dealing constructively with his or her concerns.

Literature reviewed supports peer counselling by saying behavioral change is most likely to occur if peers educate, empower and support each other. That means youth programs should be run by the youth. A successful peer education program transfers the control of knowledge from the hands of experts to lay members of the community, thereby making the educational process more accessible and less intimidating. Counsellors' responsibility is to be supportive, caring and

trustworthy. They do not make decisions for their clients; they help them arrive at the decision that best suits them (*cf* Cox, 1999: 34; Stanhope and Lancaster, 1988: 78). In order for the HIV/AIDS youth prevention program to be successful, peer counselling should be encouraged.

HIV/AIDS prevention program can only be successful if political will and leadership back them. A successful program should impart knowledge, counter stigma and discrimination, create social consensus on safer behaviour in order to boost HIV prevention and care skills (*cf* Kutz, 1997: 26; van Dyk, 2002: 93). HIV infection can only be confirmed by a positive HIV test therefore every individual should be offered pre and post counselling for HIV / AIDS test (South Africa. Department of Health, 2000b: 23).

- ***Pre and post counselling***

Pre and post counselling should be done before and after any HIV test. Ethical and legal rights of every person must be observed. Rapid testing must be conducted according to the same ethical standards as for any other test including pre and post-test counselling, informed consent, privacy, confidentiality and the right to refuse to do the test (South Africa. Department of Health, 2000a: 5).

All the participants from the four focus groups agreed that voluntary confidential counselling should be done before and after the HIV test. This means to prepare the client fully so that he / she can face the outcome of the results. The following statements were made by participants:

"At the clinic you will be given counselling before and after the test so that you can be prepared for the outcome, positive or negative,"

"It is important to know that HIV/AIDS is not a death sentence. People should go for voluntary counselling and testing."

"Couples should both go for pre and post counselling and stay faithful to each other."

"Counselling should be given before and after the test so that a person must be able to face the outcome of the results."

These findings are confirmed by literature on pre and post counselling as follows:

Before an HIV test, pre and posttest counselling must always be offered to a person. It is important for a person to fully understand the reason for and the nature of the test, the meaning of HIV positive or negative results and the possible psychosocial implications of the results (Evian, 2000: 39). Trained counsellors (not necessary nurses) should provide voluntary counselling to all patients who present with opportunistic infections including tuberculosis (TB) (South Africa. Department of Health, 2000b: 23). Post-test counselling is provided to discuss the result, share information, provide on-going support and encourage safe sexual behaviour. The potential benefits of HIV counselling include:

- Improved health status through good nutritional advice and early access to prevention / treatment for HIV-related illness (e.g. TB curative treatment known as directly observed treatment strategy (DOTS).
- Ability to plan for HIV-related illnesses, the family welfare and death.
- Awareness of safer options for reproduction and infant feeding.
- Emotional support and better ability to cope with HIV-related anxiety should be offered on continuous basis (South Africa. Department of Health, 2000b: 24).

- ***Factors influencing the spread of HIV/AIDS***

Reducing the rate of HIV infection among teenagers would lead to a substantial slowing of the epidemic over the next five to ten years. Conversely, failure to curtail the rate of infection in this age group could sustain an epidemic of catastrophic proportions for decades (Stadler *et al.* 2000: 1). The key to success is open communication about sex and early sex education to empower the youth and to positively influence the adolescent sexual behaviour with the aim of reducing teenage pregnancy, the spread of HIV/AIDS and other sexually transmitted infections (Pelzer, 2002:17-20; loveLife, 2003: Online).

Under the subcategory strategies to reduce HIV and AIDS four themes were identified which are: abstinence, virginity testing and safer sex which includes (masturbation, thigh sex, and use of a condom). The perceptions of the participants from the four focus groups will be tabled below and will be substantiated with relevant quotes as well as supported with relevant literature.

- ***Abstinence***

Abstinence refers to abstaining from any pleasure (Concise Oxford Dictionary, 2001: 5)

In principle, sexual abstinence is viewed as the best way of protecting oneself from HIV-infection (loveLife, 2003: Online). It was perceived as a practical option by all four focus groups. This how they substantiated the notion:

"I think we must abstain from sex before marriage."

"I believe in abstinence from sex for the youth."

"If you are having a relationship, I think there must be rules like not having sex until you are ready and are married."

"Sex is not for children, it is not a game."

The above-mentioned findings are supported by van Dyk (2002: 132) stating that studies from all over the world have shown that behaviour interventions (which include information, education and communication program, condom promotion program and other behaviour change initiatives e.g. VCCT) can bring about changes in high-risk behaviour. Programmes encouraging abstinence from sex and freely accepted postponements of the onset of sexual activity by young people (sexual initiation) have also been successful.

Western European countries (The Netherlands, Sweden and Denmark) in particular, are better known for their more progressive attitudes or approach to sex education. In the United States,

sex education campaigns are limited to the "abstinence only" message as a result the contrast between Western European countries and the United States in terms of age initial sexual activity and teenage pregnancy rates is significant. In South Africa, the initial sex debut is at the age of 13 years or younger. Teenage pregnancy is a major problem in its own right. The South African Population Reference Bureau estimates the fertility rate of teenage girls in South Africa as 0.55 – meaning on average, 55 babies are born to 1000 girls during their teenager years (Sapler Population Trust, 2004: Online). The Netherlands, for example, has 12 pregnancies per 1000 adolescents a year, while the United States has more than 70 per 1000 a year. An abstinence-only approach ignores the developmental diversity in young people's sexuality, marginalizes and possibly alienates those who – for whatever reason – do not adopt the "no sex" option (*cf* loveLife, 2001:16). This statement echoes the feelings of participants in a study done at Thabong (Summerton 2001: 127).

The study done at Thabong by Summerton (2001: 127) agrees with the negative views of some participants in the four focus groups on abstinence. The study revealed that abstaining from sex was viewed as tampering with the laws of nature, since sex is perceived as part of human nature. The study also revealed that the young boys perceived sex as appropriate as soon as an individual develops sexual needs and desires, which they referred to as the development stage', called puberty.

- ***Safer sex***

Safer sex refers to sex using a condom when having penetrative sex (van Dyk, 2002: 142). Practices such as vaginal, anal and oral sex without a condom are considered a high risk for contracting sexually transmitted diseases including HIV and AIDS. The consistent use of condoms, sexual abstinence and mutual faithfulness between partners were echoed by all four focus groups.

All four groups were aware of high risk sexual practices and agreed that sex without a condom is a number one high risk for contacting sexually transmitted infections (STI) or diseases including HIV and AIDS. Some participants had a negative view on safe sexual practices as discussed later.

Safe sexual practices mentioned apart from abstinence, included use of a condom, masturbation.

"I think we should abstain not even to use condoms. I think we should abstain from sex until you are married."

"Well we know AIDS is going to kill everyone if we don't take care. People must go for the test; if negative, they must condomize and stay that way."

"The thing is you are going to have AIDS if you have unprotected sex."

"People must practices safe sex, use female or male condoms but have safe sex."

The above-mentioned findings are confirmed by Gillis (1996: 103) who listed specific behaviours, which place an individual at risk of HIV infection for example:

- Having unprotected intercourse (vaginal or anal sex) without the use of a condom, with someone whose HIV status is not known to you.
- Using alcohol or drugs, which might lead to impaired judgment and subsequent participation in 'at risk' activities.

Masturbation (NB Masturbation and thigh sex literature control will be discussed together)

Two groups mentioned masturbation as a form of preventing the spread of the HIV/AIDS as well as teenage pregnancy. Participants were quite vocal about these sexual practices. This is what they said about masturbation:

"I think masturbation should be done. I think it is the right thing to do in order to reduce STI, HIV/ AIDS and teenage pregnancy like in olden days."

"There must be abstinence for the future or else you can do masturbation."

- *Thigh sex (ukusoma)*

Only one group mentioned thigh sex (thigh sex is an old Zulu custom practiced by young unmarried people. Whereby, the girl would cross her legs and the boy would make friction in between the girls' thighs with his penis until he ejaculated, to avoid vaginal penetration consequently unwanted pregnancies). This concept was mentioned in a TV Youth programme "Gaz' lam. The following statement was made about thigh sex:

"I think thigh sex or masturbation should be encouraged to the youth to prevent the spread of AIDS."

Van Dyk (2002: 147) supports the above-mentioned findings by drawing a continuum of sexual practices: from no-risk to high risk. She further states that, if we want to determine the extent of risk generated by each different sexual practice, we must first ascertain exactly what body fluids are involved in each specific practice. The highest concentration of the HI virus is found in blood, semen and vaginal secretions (Johnson and Johnstone, 1993: 30). The risk will of course, increase with the number of partners who are involved in unprotected sexual activities. No risk sexual behaviours cited by van Dyk (2002: 147) include: abstinence, hugging, masturbation, thigh sex, kissing, petting etc.

- *Virginity Testing*

Virginity testing is an old African (Zulu) custom (still practiced in rural areas in South Africa) which proves that an (adolescent) boy or girl has not yet had sex. It is seen by many as the answer to the scourge of AIDS. Opponents argue that the practice is unconstitutional, unhygienic and violate the human rights of those being tested. The girls regularly (monthly) submit to the ordeal of having a stranger check if their hymens are intact (vaginal examination by a female inspector) and leaping for joy when the test confirms that they are still virgins. For boys, a piece of wire is extended three feet above the ground. They are instructed to pull down

their trousers and, without using their hands, urinate above the marker (Murphy, 1999: Online; Reuter, 2001: Online). In Turkey, Virginity testing of high school girls was re-instituted by the Minister of Health in 2001. People condemned it because it represented a profound violation of women's human rights, and significant contravention of Turkey's obligations under international law (Andersen, 2001: Online).

One participant raised a point that virginity testing should be done in order to prevent HIV/AIDS spread. This is what he said:

" Virginity testing should be done and any person who is not a virgin should be arrested."

Participants disagreed with him because there is no way to test the men's virginity. This point was not entertained much.

The above-mentioned findings are confirmed by Hicks (2003: 5) who wrote an article: 'That first time - virginity the gift of love' where she discovered that virginity is something teens today really want to keep. She said:

"There isn't nothing wrong with being a virgin. Having sex does not make you cool. Being a virgin is so cool."

She defined a virgin as someone (boy or girl) who hasn't had vaginal or anal intercourse. She went on and said: Being a virgin means you will never get pregnant, or chances of getting HIV/AIDS are zero.

Virginity testing according to Leclerc-Madlala (2003: 7) is still practiced by some communities in South Africa who say it proves whether young girls are 'pure and untainted' before they get married. She does not agree with these practices, she said, " A big problem with virginity testing – besides the violation of someone's body – is how it leaves those who have tested 'positive' falsely or not. These girls are harassed by their communities sometimes even banished."

3.3.1.4. Sub-category: Beliefs

Beliefs refer to acceptance of any received theology (Concise Oxford Dictionary (2001: 81). Beliefs are intertwined in the culture of the people; it is a way of life. Culture is defined by Kozier *et al.* (2004: 1449) as the totality of socially transmitted behaviour patterns, art, beliefs, institutions and all other products of human work and thought characteristic of a community or population. Culture influences our beliefs and values. Culture is a way of life (Alan Guttmacher Institute, 2003: Online).

- ***Values clarification***

A value is an affective disposition towards a person, object, or idea. Values represent a way of life. Many other values held by an individual are not shared. One more thing, young people should learn or be taught how to love and accept themselves, by focusing on their strengths and accepting their weaknesses (Kozier *et al.* 2004: 1466). During the focus group interviews participants expressed their perceptions on values to which people should adhere. They were strongly against the married men called 'Sugar daddies' who are unfaithful to their spouses. 'Sugar daddies' in terms of the South African context are older married men who have relationships with younger girls or women in exchange of money or any form of support. They are called 'Sugar daddies' because they buy all the nice things (Maker, 2000: 12).

The following statements bear the testimony:

"No sex until a person is married."

"Sugar daddies must be stopped, they are not faithful to their wives."

"Sugar daddies (married men) go out with young girls as young as their daughters for money."

"Stay faithful to one another."

Values like faithfulness to sexual partners are questioned especially at this time of the AIDS pandemic. The findings are confirmed by the following literature: Qualities needed for a successful relationship are, inter alia, good communication, shared interests and leisure, love, respect, honesty, commitment, loyalty, trust, faithfulness and security (van Schaik, 2002: 243).

Kozier *et al.* (2004: 71) confirm the above findings on value clarification, by outlining seven criteria, which must be met during the process of acquiring a given value. Values must be:

- Chosen freely.
- Chosen from a list of alternatives.
- Considered thoughtfully about outcomes of the alternatives.
- Prized and cherished.
- Made known to others (affirming)
- Choices must precipitate action.
- Integrated into the lifestyle.

Evian (2000: 21) commenting on low morals and HIV/AIDS says low socio-economic conditions influence the spread of the HIV/AIDS confounded by the breakdown of the usual traditions, customs, beliefs and cultural practices in the community. These practices usually determine the accepted sexual behaviour and constraints in a society.

- ***Support***

Participants agreed that support of people living with HIV/AIDS from the community can lower the prevalence of HIV/AIDS. People can disclose their status without fear of being stigmatized or ill-treated. Participants demonstrated that they valued the support of those people who are living with HIV/AIDS. This is what they had to say:

"Being HIV positive is no longer a death sentence."

"A person can live longer if he / she takes care of himself."

"The clinic staff and hospitals should support people living with HIV/AIDS."

"We need to help others to prevent the spread of HIV."

According to Education Training Unit (2002: 3) every community needs a support program that can identify children affected by HIV/AIDS. Those who are living with parents who are ill, those whose parents have already died, and children who have HIV/AIDS themselves. Some ideas recommended include:

- Set up community childcare committees to identify and help provide emotional and material support to children in need.
- Support nutrition, vegetable-growing and wellness projects to help people stay healthy for longer.
- Introduce foster care program where possible, for children who have lost their parents.
- Make information and assistance available to get child support grants to children and their caregivers.
- Involve the municipality, welfare organizations and the religious sector in providing food, clothing and other forms of relief for families.

The above findings are confirmed by van Dyk (2002: 307) by saying support to the people living with HIV should be continuous. The client and the counsellor should discuss all possible support systems in the community and together ensure that they are available. Evian (2000: 263) supports the findings by saying treat all patients need to be treated with respect and dignity. A person should set aside one's own morals, attitudes and judgment about people suffering from the disease.

- *Getting the youth Involved with VCCT*

Participants showed interest in knowing more about VCCT, and they felt that they need to be involved in the local clinics and in the community hospitals to motivate others to go for VCCT. The following statements testify their convictions about getting involved with VCCT:

"Many people don't know that you can go and get tested for free."

"Its like this, we must have more volunteers to go from house to house and talk about HIV/AIDS in the Location."

"We can organize workshops and encourage others to go for testing."

"I think there should be young people who work at the clinic so that young people can come for counselling."

Literature by Education Training Unit (2002: 3) supports the above-mentioned findings by saying:

- People should set up support groups for people with HIV/AIDS where people meet others with the same illness and discuss common problems, feelings and ways of coping.
- Build and support organizations for people with HIV/AIDS that take up issues and co-ordinate support.
- Set up home-based care projects in communities to ensure that people who are ill at home receive proper care. Volunteers should be used to carry out home visits to give support to families and basic care for people with HIV/AIDS. Volunteers should work with and under the supervision of local clinic staff.

- ***Religion***

Religion refers to a particular system of faith and worship (the Christian, Muslim or Buddhist religion) (Concise Oxford Dictionary, 2001: 877).

The four focus groups voiced strong opinions on the need of the youth to change their moral behaviour to be in line with the teachings of the bible. The following quotations bear testimony to this:

"I think the only solution is to take responsibility for yourself, abstain from sex. The only way to abstain from sex is by salvation, by accepting Christ, if you pray to God, he is going to lead you.

"I believe that the whole world must pray every day."

"I think it (HIV/AIDS) is a punishment from God, you know because the bible says no sex before marriage."

"Muslims punish rapists by chopping off their private parts."

The above-mentioned findings are in line with Mokhele's findings (2002: 20), which say the Rainbow Nation, with its multi-faceted communities, is challenged to reach down to its moral fiber and address the issue of AIDS. She asked the opinion of some of the religious leaders. This is what they had to say:

Moulana Sabier Vally of the Sandton Muslim Jamaat:

"The true solution to fighting AIDS is upholding our religious practices, such as chastity until marriage and uphold the institution of marriage."

The Right Reverend Michael Coleman, Bishop of Port Elizabeth:

"The Catholic church has serious reservations about promoting the use of condoms as the desirable way of combating this serious and tragic reality. The ways of sexual abstinence and marital fidelity show respect for human dignity, are morally correct and are safer options for all."

The four focus groups believed that one must abstain from sex until he/she is married. This is a controversial issue. A person may abstain until married but if she /he meets a person who is HIV positive and gets married he / she may contract HIV/AIDS in marriage, particularly if "safer sex" options are not practiced. To increase the likelihood of not contracting HIV/AIDS in marriage, a complete trusting relationship is required and both couples should go for VCCT and stay faithful to one another.

- ***Culture***

Culture is defined as the totality of socially transmitted behaviour patterns, art, beliefs, institutions and all other products of human work and thought characteristic of a community or population (Kozier *et al.* 2004: 71). In traditional African culture, parents do not discuss sex with children. As we all know, ones teenage years present such a person with various challenges relating to sex (Murphy, 1999: Online). Participants had concerns when comparing different cultures on HIV/AIDS and sex education. This is how they substantiated the notion:

"I think if all cultures could work together and fight this disease."

"We saw in Gaz' Lam (a popular TV series) another traditional way (thigh sex) to prevent AIDS and teenage pregnancy."

" White people talk to their children at an early age."

"Our parents do not talk to us, we need to hear it from them."

Parental guidance is hindered by the old traditions. Literature confirms the findings on cultural differences:

" Sometimes we have to face the facts. Cultures and traditions at times cripple us rather than help us. If it is taboo to speak about sex, we are putting our people at risk by not informing them. Sex education will not only help in avoiding teenage pregnancy but HIV/AIDS as well" (Daley, 1999: Online; Stadler et *al.* 2000: 13) state that poverty, the disintegration of family structure, political liberation and dysfunctional schooling are among the main ingredients shaping the attitudes of young South Africans.

In conclusion, the four focus groups mainly had positive responses about VCCT. These were exhibited from the data collected on the knowledge, attitudes, practices and beliefs about VCCT for HIV/AIDS.

3.3.2 Main Category: Negative

The presentation of findings, of the main category negative discussion will follow. Relevant themes will be substantiated with quotations from the transcripts and supported with literature control.

Four sub-categories:

- Knowledge
- Attitudes
- Practices
- Beliefs

3.3.2.1 Sub-category: Knowledge

- ***Misinformed about HIV/AIDS – causes of death***

Some people are misled by not seeing actual people dying of AIDS. Participants voiced their concerns as follows:

"Witchdoctors and fortune tellers must stop lying when a person has AIDS." they must be open."

"At funerals if a person died of AIDS, they will only say how much of a saint the person was."

"Others will say it was witchcraft."

"Doctors say a person has died of TB or cancer."

According to Van Dyk (2002: 195) in support of the above findings, nobody may be forced to have an HIV test. Testing for HIV and disclosure of one's HIV status is voluntary. Health workers are not supposed to divulge the patient's HIV status on grounds of confidentiality (Evian, 2000: 49).

HIV/AIDS is a highly infectious disease spread by sexual intercourse with an infected person, mother to child transmission, through contaminated blood (van Dyk, 2002: 19). Failure to disclose HIV status will only make the disease escalate. Many people do not know they are infected.

- *Misconception payment for VCCT*

However, there was a misconception from some of the participants about VCCT. Some participants thought that people had to pay for the HIV test.

This was illustrated in the following statements:

"People do not have money to go for the test."

"Doctors want money for the test"

VCCT is offered free of charge in all public hospitals and every citizen has a right to be given full and accurate information about the nature of one's illness, diagnostic procedures, the

Table 3.2 Frequencies of negative responses from four focus group interviews.

Main Category	Sub-category	Themes	Focus group interviews			
			1	2	3	4
3.3.2 Negative	3.3.2.1 Knowledge	• **Misinformation** ▪ Cause of death	✔	✔	–	–
		• **Misconception**	✔	✔	–	–
		▪ Payment for VCCT	✔	✔	✔	✔
		▪ People don't listen ▪ Condoms have holes	–	✔	✔	✔
	3.3.2.2 Attitudes	• Scared to test and to disclose	✔	✔	–	–
		• Stigmatization / rejection	✔	✔	✔	✔
	3.3.2.3 Practices	• **Suicide**	✔	✔	✔	–
		• **Unprotected sex**	✔	✔	✔	✔
		• **Peer pressure**	✔	✔	✔	✔
		• **Alcohol/ drug abuse**	✔	–	✔	✔
		• **Prostitution / multiple partners**	–	✔	✔	✔
		• **Poverty** ▪ Teenage pregnancy ▪ Visual sexual stimulation	–	✔	✔	✔
	3.3.2.4 Beliefs	• No parental guidance	✔	✔	✔	✔
		• Parental ignorance	✔	✔	–	✔
		• Poor self-concept and poor values clarification ▪ Unfaithfulness, ▪ No respect of parents ▪ Irresponsibility ▪ Youth lie to parents	–	–	✔	–
		• Myths: ▪ Sleep with a virgin to cure AIDS	–	✔	–	–

proposed treatment and the costs involved (National Progressive Primary Health Care Network, 2001: 23.

People do not listen

On the whole, the four focus groups felt that there is enough information about HIV and AIDS on TV, radios and everywhere. The problem is that people won't listen. The following statements from the participants show how they stated their views:

"We are like monkeys we do not listen."

"Only if people can listen."

"Kids do not listen, AIDS kills."

"People do not listen."

The above findings are confirmed by the following literature: A majority of youth says they get a lot of information about sex from television (72%) or magazines (67) from teachers (71%). Many HIV/AIDS programs are shown on TV, broadcast on radio, books and magazines written on HIV/AIDS, but the HIV infections continue to rise. This indicates that people are having sex without using condoms. People have unprotected sex and they do not think they can contract HIV and AIDS (*cf* Evian, 2000: 99). The findings that people do not listen as stated by the participants are confirmed.

- *Negative comments about condom use*

In three groups, some participants had negative comments about the use of condoms. Their comments were captured in the following statements:

"Condoms have holes"

" They trust this thing called condoms but the disease does not stop"

"Most times the condoms burst. The government must make sure that condoms are 100% safe."

According to Summerton (2001: 60) in support of the above-mentioned findings, most people do not like using condoms. They prefer sex 'flesh to flesh' and they get HIV/AIDS. According to loveLife (2001: 31) many surveys show a high level of awareness of HIV/AIDS among South African teenagers, many are nonetheless exposed to high-risk situations. Of concern is the high level of teenage pregnancies, which indicates a low rate of condom use. The above statement made by loveLife concurs with the study findings, which indicate that people do not use condoms for one reason or another.

3.3.2.2 Sub-category: Attitudes

- ***Scared to test and to disclose***

Once a diagnosis is made, fear of stigmatization in society often pre-occupies the person. Diagnosis and disclosure of HIV status in itself results in major psychosocial effects and stress for an individual involved. Stress and depression can compromise function and well being in all areas of family life, including school and work performance (Grant *et al.* 2002: 83).

All four focus groups agreed that people do not go and test because of fear of being confirmed HIV infected being stigmatized. The following utterances from the participants bear testimony to this:

"I think those who are scared of going to the clinic not knowing if they are positive or negative, they will not go and get tested and face the results. They must face the results, they must face the disease, it is here, and I mean it is alive."

"Testing for HIV/AIDS is scary but you have to face it."

"Other people say if I am HIV positive, I am going to kill myself."

" Other people end up committing suicide but there is life even if you are HIV positive."

Van Dyk (2002: 272) confirms the findings by saying HIV/AIDS continues to generate fear and discrimination, it is important for counselors and other health care professionals to do everything in their power to counter these negative attitudes.

HIV/AIDS is largely associated with stress, prolonged suffering and death, thus people are scared of subjecting themselves to the HIV test (cf Stadler *et al.* 2000: 1). Even those who have gone for the test are very scared of the outcome and are reluctant to get the blood test results.

- ***Stigmatization and rejection***

All four focus groups agreed that people do not go and test because of fear of being stigmatized. The following utterances from the participants bear testimony to this:

"Some people will invite you in their homes even if you are HIV positive. After drinking from their cups or glasses they pour jik (bleach) or sta-soft (fabric softener) to wash those dishes."

"Some parents have a negative attitudes they will say she or he is no longer my daughter or son if a person is HIV positive."

"They are afraid of what people will say if you are HIV positive."

"I think some people get caught trying to kill themselves, somehow they feel very sorry for themselves and they feel they are not needed in the community."

The above-mentioned findings are supported by literature as follows. Stigmatization of HIV/AIDS often causes social rejection, alienation, and can compromise employment, housing, schooling and child-care responsibilities (Evian, 2000: 22; Grant *et al.* 2002: 134).

Overcoming the stigma associated with HIV is the biggest challenge to its prevention and care. It has been proposed that wider access to VCCT and a large number of people's greater

awareness of their HIV status within a community are important elements in challenging stigma. Countries where VCCT is well established, such as Uganda, have less stigmatizing attitudes to HIV (UNAIDS, 2001: 46).

The greatest barriers to achieving HIV prevention are fear, denial and ignorance. HIV prevention efforts have been plagued, above all, by silence resulting from the stigma associated with the disease (Stadler *et at.* 2000: 4).

- ***Suicide***

Suicide means taking ones' life. Suicide is common with people who are tested HIV positive. Factors that are linked with suicide with people who test HIV positive are hopelessness or negative expectations of the future (van Dyk, 2002: 278).

The participants in three focus groups during the interviews highlighted suicide as follows:

"Some people get caught trying to kill themselves."

"If I am HIV positive I am going to kill myself."

"Only the weak people kill themselves after testing positive."

Van Dyk (2002: 279) states that HIV infection and AIDS are associated with an increased likelihood of suicide confirms the above-mentioned findings. Being diagnosed, as having HIV infection is a devastating experience. Reactions may vary from denial, disbelief, shock and numbness to helplessness and despair. Proper pretest and posttest counselling prepares the person to expect the results and deal with them in a positive way (Gillis, 1996: 104).

There are a number of medico-psycho-social issues that are most commonly experienced by people living with HIV and AIDS. Emotional reactions to these issues include shock, anger, guilt, anxiety, depression and obsession in thinking or behaviour, which include frequently talking about suicide (Evian, 2000: 42).

3.3.2.3 Sub-category: Practices

Six themes were identified i.e. unprotected sex, peer pressure, alcohol abuse, prostitution/ multiple partners, poverty and teenage pregnancy. The findings will be substantiated by quotes and supported with relevant literature.

- ***Unprotected sex***

Surveys indicate that there is a a high rate of teenage pregnancies (UNAIDS, 2001: 42). All four focus groups indicated a negative attitude towards safer sex. The following statements bear a testimony to this:

"Condoms are not 100% safe."

"You masturbate today tomorrow you want to go to your girlfriend."

"Masturbation is not a good idea."

"Having sex is like walking on airs and you want to experience it."

The above-mentioned findings mean that those adolescents may not be practicing safer sex, which will make them highly susceptible in contracting HIV/AIDS and spreading it. The indifference to HIV/AIDS was reported as disbeliefs in the existence of AIDS and subsequent continuation with high-risk sexual behaviour. This indifference to knowledge about HIV/AIDS may also be linked to the view that the immediate gratification of basic human needs such as sex is perceived as more important than the future threat of HIV/AIDS. Sexual desire, hunger, thirst and sleep are situated at the lowest level of Maslow's Hierarchy of Needs, known as Basic Physiological Needs (Summerton, 2001: 118).

- ***Peer pressure***

Peer pressure refers to the obligation a person feels to please and belong to a 'group' (van Schaik, 2002: 54). Adolescents have an intense desire to belong; and their social development is characterized by an increasing interest in and involvement with the peer group. The peer group plays an important role in the adolescent's psychosocial development (van Schaik, 2002: 54).

The four focus groups participants reported that they are influenced by their peers as reflected in the statements below:

"Because of peer pressure we youth we do not listen, friends can tell you to go and have sex, experience it for yourself."

" I think nowadays young people are worried about being cool and being cool means having sex, smoking and wearing what ever."

" I am more free with my friends than my parents."

"Friends will tell you to sleep with your boyfriend and it is wrong."

The findings are supported by van Dyk (2002: 180) who states that interaction with friends satisfies the adolescent's emotional needs. The peer group serves as an important source of information. Peer-group relationships are characterized by an increase in conformity. Conformity refers to the tendency to give in to social pressure (in this case, peer pressure). Conformity can have negative or positive influences. Excessive conformity can cause an adolescent to become involved in high-risk behaviours such as early sexual activity/ promiscuity and eventually contracting HIV/AIDS, smoking, alcohol and drug abuse as well as antisocial behaviour e.g. prostitution (van Dyk, 2002: 183).

- ***Alcohol / drug abuse***

Alcohol abuse refers to the excessive use of any psychoactive chemical substance or intoxicating substances (Gillis, 1996:107). Alcohol is a central nervous system depressant. It can lead to psychological dependence (Little, 2000: 176).

The four focus groups agreed that alcohol abuse has a great influence and has a huge impact on high-risk sexual behaviours of the youth. The quotations below from all focus groups support this statement:

" The youth of today go to the shebeens and get drunk and forget all about using a condom when they have sex, that is why at the end of the day the young people get this disease."

"One day you go out you use alcohol you are going to have a negative attitudes towards VCCT. You are going to end up sleeping around."

"Say no to alcohol."

"When they are drunk the blood becomes hot and you are tempted to have sex without a condom."

Gillis (1996: 107) concurs with these findings by saying the abuse of drugs and alcohol by young people is a problem which is escalating at an alarming rate. Although it is difficult to authenticate the actual extent of alcohol / drug abuse amongst young people, research indicates that most adolescents experiment with alcohol and / or other drugs prior to leaving school. As many as 25% of male adolescents and 10-15% of female adolescents abuse alcohol at least once a week.

Evian (2000: 21) confirms findings by stating that people often drink too much alcohol, or smoke "dagga" (marijuana) or use drugs to escape from everyday hardships. This also encourages people to become 'loose', and become promiscuous or sell sex for food and basic needs.

Neethling and Schoeman (1999: 57) also concur with the findings above by saying that most teenagers often experiment with drugs, smoking, alcohol, sex, clothing, make-up, jewelry, tattoos etc. To experiment is a normal and healthy part of the process of growing up, if it is not overdone and does not pose health or other hazards. This experimentation usually arises from the need to appear more mature and worldly-wise, to further his emerging freedom, to develop personal preferences, to be accepted by the group.

Children experiment with smoking and drinking at parties because it is then socially acceptable or the 'mature thing' to do. More over they see their parents and other adults smoke everywhere around them, the media make it look so sophisticated and many of their heroes smoke (Neethling and Schoeman 1999: 59; Stanhope and Lancaster, 1988: 688).

Similarly, Little (2000: 176) agrees with the findings by saying, in contrast to the popular non-drug image of alcohol, official agencies like Alcoholics Anonymous take the position that alcohol is a mind-altering chemical substance that fulfills every reasonable criterion to be labeled a drug. People often drink too much alcohol, or smoke dagga or use drugs to escape from the everyday hardships (Evian 2000: 21).

- ***Prostitution / multiple partners***

Prostitution is defined as woman who offers her body for promiscuous sexual intercourse especially for payment or a man who undertakes sexual actions for payment (Concise Oxford Dictionary, 2001: 827). Little (2000: 27) also defines prostitution as any sexual exchange where the reward for the prostitute is neither sexual nor affectionate. Thus, anyone including young boys, wives, or girlfriends – prostitute themselves when they exchange access to their bodies for material gain (money, clothes, promotion, or entertainment) (Little 2000: 27).

Prostitution is viewed as another means of spreading HIV/AIDS. Prostitution can be caused by high unemployment rate and poverty resulting in women selling sex for gains especially the unemployed youth (Evian, 2000: 21).

Participants of three focus groups felt strongly about the youth selling sex in exchange for money. Their comments are reflected in the statements below:

"Because most youth are unemployed, some girls say they don't want to have relationships with students/ scholars they want Mr. Good Money."

"The youth are unemployed but they want beautiful things and men come and say sleep me I will give you R100 or R200 just for one nice dress."

"I think the youth is tempted by the sugar daddies with money because they have the money, so they are tempted to have sex for money with them."

Literature consulted confirms the above-mentioned findings. Although women accepting gifts regularly from lovers may be engaged in commercialized relationship, they usually do not view it that way (Little, 2000: 27). He further states that prostitutes, on the other hand, see the sex-money exchange as the business transactions that constitute the job.

High unemployment promotes migrant work and family disruption (Evian 2000: 21). People leave their homes, their loved ones, friends, familiar surroundings and local community life. In far-away places, migrants often find themselves in lonely, unfavorable, hostile or alienating environments. There is a natural need for sex and intimacy, migrant labourers end up engaging in other sexual relationships or prostitution (Evian 2000: 21).

About the spread of AIDS and prostitutes Little (2000: 32) says, despite widespread public concerns that prostitutes spread venereal disease (including AIDS), the rate among prostitutes are low- less than 5% as compared to a 25% rate among high school students aged 15 to 19. Studies of the presence of the AIDS virus antibodies in female prostitutes in the United States and in Europe find that "unless a prostitute abuses drugs by injection, the presence of specific antibodies to the AIDS virus is unusual". He further explains this by saying this should not be surprising, for sex is these women's business and they know it well enough to take precautions. Women on the streets are particularly insistent about the use of condoms in any kind of sex.

Customers are apparently encouraged by strict prohibitions against drug use, regular weekly medical examinations and rules making condoms mandatory for all sex acts (Little, 2000: 32).

- ***Poverty***

Poverty is described in the Oxford Thesaurus Dictionary (2003: 342) as a great lack of money or resources. According to Evian (2000: 21) poverty in the community is characterized by high unemployment, poor socio-economic conditions, which play a big role in spreading the HIV/AIDS as indicated in the following participants' statements:

"I think poverty plays a big role in the spread of HIV and AIDS because many girls are unemployed, they turn to prostitution because they want money and they get this AIDS thing."

"I think the government should continue educating us and also focus on reducing poverty."

"More jobs for the youth should be created to fight poverty."

"The government should reduce poverty and HIV will go down."

Evian (2000:21) supports the findings that poverty, low socio-economic conditions and alcohol abuse have a great influence on the spread of HIV. He cites some of the reasons why low socio-economic conditions promote the spread of sexually transmitted diseases, including HIV/AIDS as:

- Women are often exploited and have an inferior status than men. In many communities, women have very little control over their sexual lives and the ways to prevent sexually transmitted diseases.

- Women are often forced to sell sex to earn precious money for food and basic needs. Young girls may sell sex to older men.

- Poor education and low literacy levels help to keep people ignorant of the ways and means to avoid diseases like AIDS.

The above-mentioned findings are supported by loveLife, (2002) stating amongst other that there are many interrelated factors contributing to an environment of increasing sexual promiscuity, alcohol abuse and violence among young South Africans. Poverty, the disintegration of family structure, political liberation and dysfunctional schooling are among the main ingredients shaping the attitudes of young South Africans.

- *Teenage pregnancy*

Teenage pregnancy was mentioned by three focus groups in conjunction with the use of safer sex. Their statements testify to this:

"We need to practices safer sex to prevent AIDS and teenage pregnancy."

"I think masturbation is the right thing to do in order to prevent yourself from teenage pregnancy and HIV/AIDS."

"Masturbation also prevents teenage pregnancy."

Many girls and boys have not had good sexuality education. They do not understand their own bodies or those of the opposite sex, and experiment with sex without understanding what the consequences will be, resulting in teenage pregnancies. Teenage pregnancy hinders the economic advancement of many young women (Louw *et al.* 1996). Safer sex e.g. use of a condom and masturbation prevent unwanted pregnancies. According to van Schaik (2002: 128) attitudes toward masturbation are usually based on cultural and/or religious beliefs. Traditional African cultures have been known to have customs that include masturbation between two people without engaging in sexual intercourse. The influence of Christianity has, however caused many of these customs to disappear. Masturbation prevents HIV infection and teenage pregnancy (van Dyk, 2002: 143).

- *Visual sexual stimulation*

Two participants in two groups mentioned the visual sexual stimulation caused by watching movies that show explicit sex. This is what they said:

"I think there should be an age restriction to those films that show sex".

"I think, when you go to see the movies that show sex you must control yourself. If you know, you are weak and you know you are going to be pressured by watching those things, I think you must not watch them at all because you might go into something you have not planned".

Literature supports the above – mentioned statements by saying children are exposed to sexual messages in their daily lives. Their knowledge about human sexuality is incomplete and it is riddled with myths and superstitions. He agrees that the influence of mass media has left the children confused about moral and ethical issues surrounding sexual behaviour. He recommends that parents should supervise what the children watch on television (Louw *et al.* 1996: 71).

3.3.2.4 Sub-category: Beliefs

- ***No Parental guidance and parents' ignorance***

Participants had mixed feelings about parental guidance. Parental guidance refers to raising children (Maker, 2000: 11). Being a parent today is a most challenging job. Parental guidance is very important because children are exposed to many different values from watching TV, listening to the radio, reading books, magazines and peer pressure especially about sex, HIV/AIDS and VCCT (Maker, 2000: 15).

Participants said that parents do not talk to them about sex. The perceptions of the four focus groups on parental guidance are reflected in the statements below:

"Parents should be taught how to speak to children about sex, so that they know how to open up about what they are saying about AIDS."

"Some parents lack knowledge on HIV and AIDS."

"I have a boyfriend and I do have sex with my boyfriend but I want to hear it from my own mother, if you have sex you must use a condom."

"Many parents do not talk to us, they make decisions for us."

Findings are confirmed by the following literature: According to Black culture, it is taboo to discuss sex with children (Daley, 1999: Online). Families, within extended family networks and traditional rites, have always guided teenagers to adulthood throughout Africa. However, the migrant labour system, apartheid in South Africa and the socialization of production and reproduction in industrial economics have eroded family functions, authority and cohesion. Once stable cultural, support and kinship systems have become fragile, and for some families have disappeared (*cf* Stadler *et al.* 2000: 13).

The above-mentioned findings are confirmed by literature on parental guidance and building children's self-esteem by Maker (2000: 11). She says one of the most important jobs you can do as a parent, is to build your child's self-esteem. Children with good self-esteem feel good about themselves and have the confidence to deal with life (they feel loved, perform better at school, can deal with challenges and are able to take responsibility for their actions). Children with low self-esteem have more problems than those with high self-esteem (they do not feel appreciated, feel powerless, perform badly at school and find it hard to resist peer pressure etc). This makes them vulnerable to contract HIV/AIDS.

Surveys show that young people want direction from their parents but this is generally lacking. In South Africa, traditional taboos relating to talking about sex and sexuality are major impediments to influencing positive adolescent sexual behaviour (loveLife, 2003: Online).

- ***Poor self concept and poor values clarification***

People with poor self-concept have poor self-esteem and can not fight for their rights. They have a negative attitude towards life, they are not trustworthy have no respect for themselves and others (Maker, 2000: 14).

Only one group voiced the point on faithfulness. During the interviews, most participants did not discuss any values like faithfulness, respect, and trustworthiness towards parents. Participants said children lied to their parents as it is indicated in the statements participants made below:

"They will have strategies to get to their boyfriends."

"Lack of commitment in marriage, a person just goes sleeping around."

"I have so many girlfriends I won't be faithful when I get married tomorrow."

The above-mentioned statements prove that children show no respect for their parents, children are not trustworthy and they lie about their behaviour. The following statements bear testimony to their unfaithfulness and taking advantage of parents' trust:

"I am much open to my friends, my friends know me better than my mother. My mother knows me as a little sweet girl washing dishes, pretty and beautiful. I mean I have respect for my mom, but when I am with my friends I am free with my friends. I am in a relationship and I do this and do that."

"Parents hold their children fast and they lie to their parents. When she gets home she is going to make strategies to get to the boyfriend".

The above findings are confirmed in the following literature: There is a high level of sexual activity among learners. Nationally, two thirds of thirteen year-olds in South Africa are estimated to have already experienced their first sexual debut. The evaluation tentatively

estimated that in grades 10 – 12, about 75% of learners were sexually active, about 30% of learners have more than one current partner, and learners have had a average of 3 partners and 9 sexual encounters in the past year (Population Reference Bureau, 2004: Online).

Parents must talk to their children about sex, so that children can cope better with life if they know they can discuss what they hear, see and experience with an adult instead of friends. If parents do not talk about sex with their children, children will try new things, maybe get wrong information, will have fears and anxieties and may get into trouble (contacting HIV or pregnancy) because they are ignorant (*cf* Maker, 2000: 25).

- ***Myths***

One participant mentioned that "other people" believe in a myth that having sexual intercourse with a virgin will cure AIDS. This is a belief held by some people in South Africa. It goes to prove lack of knowledge. There is no cure for AIDS.

According to van Dyk (2002: 33) there are some truly horrifying myths about how to avoid HIV infection and AIDS. These myths are extremely dangerous and should be counteracted in our society by means of intensive education. Some people erroneously believe that they will not get AIDS if they have sex with:

- Fat women, they evidently do not have the "slimming" disease as AIDS is called in Africa.
- Virgins
- Girls younger than twelve years of age.
- Very young boys.

Beliefs like these will cause HIV infection to spread like wild fire. They should be discouraged as much as is possible.

3.4 DISCUSSION OF FIELD NOTES

During the focus group interviews field notes were made as an addition to the interviews. These consisted of observational and personal notes as indicated below.

Table: 3.3 Observational and Personal Notes

Observational Notes	Personal Notes
Open discussion: Most participants were very free and open to discuss their perceptions about the topic VCCT.	The reason for this was that the group was homogeneous enough, meaning they were: ▫ From the same socio-economic background. ▫ All adolescents aged between 14 – 18 years. ▫ All Black. ▫ All familiar with one another.
No one felt intimidated in the group.	▫ Despite the fact that this was a mixed group of males and females, they all felt comfortable in discussing any issue that was on the table. ▫ The whole group laughed at the idea of some males disagreeing with some sexual practices suggested e.g. masturbation and thigh sex.
Rapport with the researcher: The group immediately established a good rapport and a mutual trust – relationship developed with the researcher.	▫ This can be attributed to the fact that the researcher has high social skills, spoke the same language and was dressed in a

Observational Notes	Personal Notes
	non-intimidating manner. ▫ The age difference between the researcher and the participants (being adolescents), did not cause any withholding of information by the participants.
Active Participation: Some participants were not actively involved all the time, though they were leaning forward to show that they were interested in the discussion.	This can be attributed to the fact that: ▫ The groups were relatively large i.e. fifteen per group though they gave each other turns to voice their opinions. ▫ Some participants tried to dominate the group, but were called to order.
Noise: During the interviews, it was noisy due to it being outside normal school hours.	The noise did not interfere with the recordings because a powerful and a highly sensitive tape recorder was used.

3.5. CONCLUSION

The results of the four focus group interviews on voluntary confidential counselling and testing for HIV and AIDS have been presented in chapter three. The literature control on the field research was done through comparing the results and the theory in order to confirm the study's trustworthiness.

Voluntary confidential Counselling and testing for HIV and AIDS is a very sensitive topic to discuss especially with young people because it has connotations of sexual activity. Taking into consideration that, it is said that it is not accepted in the African culture to talk about sex with young people, the youth interviewed were open-minded in discussing their views on VCCT and sexual practices.

Their knowledge about prevention strategies about the number one killer disease (AIDS) was quite impressive, especially the need for the youth to change from high-risk sexual behaviour. If their views hold true and equal to their sexual practices, HIV and AIDS will be curbed in the near future.

CHAPTER 4

4. DISCUSSION, CONCLUSION AND RECOMMENDATIONS

In chapter three (3) data collected from the four focus groups were analyzed and the discussion of the interview results were integrated with a literature control. In this chapter, the discussion will focus on the following aspects:

- Flow diagram which depicts the process of Quality Management System of a Voluntary Confidential Counselling and Testing (VCCT) programme as illustrated in Figure 4.1 Process of the VCCT programme.
- Discussion of findings.
- Conclusion.
- Recommendations.

4.1 FLOW DIAGRAM FOR THE PROCESS OF THE VCCT PROGRAMME:

Figure 4.1 is a flow diagram suggested for quality management of the VCCT for an HIV/AIDS programme. The discussion in detail of the flow diagram will follow. The flow diagram depicts the Quality Management System (QMS) of the process of the VCCT for HIV/AIDS programme. The researcher based it on the Institute of People Development (IPD) Module 1 ETD Management and Quality Management Toolbox flow diagram (The Institute of People Development, 2003: 95).

The process to be followed when using the flow diagram is to commence at the 'awareness of the HIV status' point. The positive side indicated by 'Yes' will be discussed first and the negative side indicated by 'No' will be discussed later in order to avoid confusion.

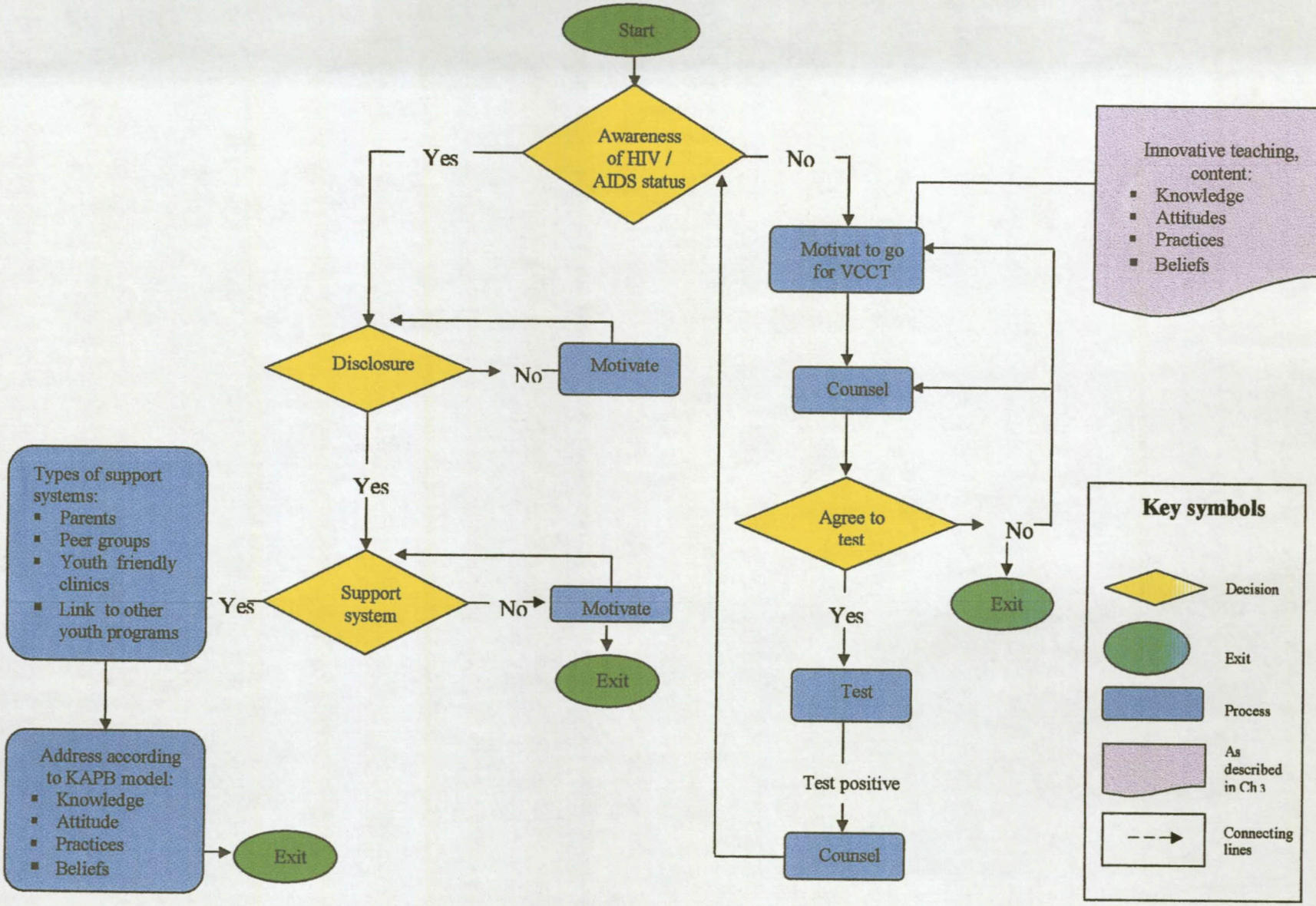

Figure 4.1 Process of the VCCT programme.

- ***Awareness of the HIV status***

Awareness of the HIV status is a starting point of the flow diagram. The researcher conducted a qualitative research project in a secondary school situated at the Mangaung Municipality in the Motheo District. The researcher was interested in exploring the Perceptions of the Youth about Voluntary Confidential Counselling and Testing (VCCT) for HIV/AIDS, using focus group interviews. During data collection and analysis, themes such as 'Must test', 'Know your HIV status' and 'Behaviour change' were mentioned several times by participants during the interviews.

The reason for testing is that HIV/AIDS arrived on the world scene without warning and it has ambushed the human race around the world, the worst affected being the Sub-Sahara region in Africa. Today HIV/AIDS covers Africa in dark clouds of fear, uncertainty and suffering. Being HIV positive, makes a tremendous impact on the medical, psychological, social, spiritual, educational and economic life of the infected person, affected significant others, the community and country as a whole (van Dyk, 2002: 6).

All people are now encouraged to make use of VCCT services to find out their HIV status. It is hoped that if people know that they are sero – negative, they will be motivated to adopt preventive measures or change the high-risk behaviours to prevent future infections. Prevention will include postponing the first sexual encounter, abstinence, always using condoms, or use masturbation as a means of sexual gratification etc.

Equally for the sero-positive people, it is hoped that they will learn to live positively (eat a well balanced diet, exercise, take the initiative to access health care services early and obtain medical and general group support at an early stage). They will learn how to prevent future sexual infections, which hasten the progression of the disease by always using condoms to avoid re-infecting each other. They will have the opportunity to plan their own future appropriately as well as the lives of their families. In addition those who test positive are given moral support and anti- retroviral therapies so that they are able to live much longer.

HIV testing should always be done in an ethical manner, this means that a client has to give consent (preferably a written one) prior to being subjected to pre and post counselling and testing for HIV test. This should be based on correct and accurate information and the person must be fully prepared to face the outcome of the results. Research has confirmed that, in areas where the disease has been prevalent for sometime, if the results are negative, VCCT has positive results in the change in sexual behaviour especially among the youth and they will do anything to preserve their HIV negative status (UNAIDS, 2001: 28).

- *Answer is 'Yes' to being aware of his/her HIV status. One can proceed to the next process which is disclosure.*

- *Answer is 'Yes' to disclosure, he or she can move to the next component..*

Disclosure means to make one's HIV status known to the sexual partner(s) or significant others. The objective is to promote prevention programs of new infections as well as promoting wellness programmes, treatment, care and support for people living with HIV/AIDS (Grant *et al.* 2002: 75; van Dyk, 2002: 409). Disclosure of a clients' HIV status is not compulsory. The client should be assisted in thinking the whole procedure through, all the pros and cons should be weighed very carefully and a plan decided upon before he / she discloses his or her HIV status. Disclosure is a process not an event. The counsellor must discuss the implications of disclosure fully with the client. He / she will make the decision not the counsellor. The counsellor must show empathy, be practical, not hurry the client and be sensitive to the clients wishes as to whom to inform first, how and when. Sources of support groups should be identified. Clients should exercise their own rights and choose whether they would want full disclosure (i.e. publicly revealing their HIV status) or partial disclosure (i.e. telling only certain people e.g. spouse, relative or close friend).

- ***Benefits of the disclosure and motivation for disclosure***

The benefits of disclosure should be properly explained to the client. Benefits of disclosure are to:

- Motivate the person to accept his / her HIV status and reduce the stress levels of coping alone.
- Make it possible for a client to access the medical services, care and support early.
- Protect people from re-infecting themselves and others.
- Encourage openness about the HIV positive status which may help women to negotiate safer sexual practices e.g. use condoms.
- Reduce the stigma, discrimination and denial that surround HIV/AIDS.
- Promote responsibility. It may encourage the persons' loved ones to adequately plan for the future of his / her family.

- *Answer is "No" to disclosure motivate the client to disclose and encourage the client to enter the support system.*

- *Does the client want to enter the support system?*

- *Answer is 'Yes' to the support system, he or she will be referred to the support system.*

- *Types of support system*

  - Parental support.
  - Community support groups.
  - Peer groups.
  - Youth Friendly Clinics.
  - Link to existing youth programmes.

Existing youth programmes include loveLife. loveLife initiative is a bold and ambitious attempt to reduce HIV infection among South African adolescents by promoting sexual health and healthy futures for young people and behaviour change. loveLife is a new lifestyle brand for young South Africans promoting healthy living and positive sexuality, whitch was launched in September 1999. Organized under the patronage of Mrs Zanele Mbeki (the wife of the 2nd democratically elected South African President). loveLife combines high-powered media with

nationwide adolescent sexual health services, educational, physical activity, outreach and support programmes. loveLife's programmes are implemented through a consortium of leading South African non-governmental organizations such as:

- Advocacy Initiatives;
- Health Systems Trust;
- Planned Parenthood Association of South Africa; and
- The Reproductive Health Research Unit.

- ***Function / task of support groups***

The function of the support groups is to give clients information based on the KAPB model especially about positive and negative factors that influence the spread of HIV/AIDS (as discussed in chapter 3).

- *Answer is 'Yes' to entering the support system.*

The client will be given continuous support at the youth organizations, youth friendly clinics or will link up with other outreach youth programs so that the client can make an informed decision. Innovative teaching strategies which are student- centered teaching strategies e.g. (role plays, film, videos) will be employed to re-enforce education / information based on the KAPB model outlined below:

- ***Knowledge***

Information to assist in changing sexual practices and to prevent the spread of the pandemic should include the following:

- You must test.
- Should know his / her status.
- Other modes of spread.
- Sources of information – media etc.

- The importance of parental guidance.
- The importance of school guidance.

- ***Attitudes***

Attitudes have to change and clients should come forward for voluntary confidential counselling and testing. The change of attitudes will encourage:

- Disclosure,
- Development of positive self concept, and
- Behaviour change.

- ***Practices***

The youth should be encouraged to prevent the spread of HIV/AIDS by:

- Encouraging them to be involved in counselling especially peer -group counselling,
- Postponing the first sexual relationship,
- Practicing abstinence, and
- Practicing safer sex (use of condoms, masturbation, thigh sex, virginity testing & punishment).

- ***Beliefs***

- Values clarification

Values clarification is a process by which people identify, examine, and develop their own individual values. A principle of values clarification is that no one set of values is right for everyone. When people can identify their values, they can retain or change them and thus act on the basis of freely chosen, rather than unconscious, values. Values clarification promotes personal growth by fostering awareness, empathy, and insight Values clarification is a process of discovery and allows the person to discover through feelings

and analysis of behaviour what choices to make when alternatives are presented. The value clarification process attempts to bring to conscious awareness the values and underlying motivations that guide one's actions (Kozier, *et al.* 2004: 70).

- Support

During the parent - teacher meetings a speaker can be invited to address the parents about good child rearing practices. Children need support from their parents, teachers and members of the community. The best is to build the child's self-esteem so that they feel wanted and loved by hugging and just telling them that they are loved. Praise them when they have done good things, communicating each others' feelings and discipline if it is needed. Discipline means setting rules and limits that help children behave well. The aim of discipline is to improve behaviour in future. If the children are brought up properly they will learn self-respect and to respect other people (Maker, 2000: 9).

The role religion and culture play in shaping sexual behaviour should be discussed in groups and clients are encouraged to share ideas.

- *Answer is 'No' to support system*

If a client does not want to be involved in group support, give emotional and psychological support before the client is allowed to exit. Reassure the client that he/she will be accepted if he decides to change his/her mind and come back later for group support.

- *Answer is 'No' to awareness of the HIV status, motivate the client to go for VCCT.*

Counsellors to use innovative learner-centered teaching strategies (e.g. dramas, plays, role-plays, peer-group education, and use practical examples) on the positive and negative factors influencing the spread of HIV and AIDS, using the KAPB model (Education Training Unit, 2002: 2).

- ***Knowledge***

Correct the following:

- Misinformation on the causes of deaths.
- Misconceptions about no payment for VCCT.
- People do not listen.

- ***Attitudes***

Negative attitudes concerning HIV/AIDS HIV status awareness, disclosure and prevention should change as well as the attitudes towards people who are living with HIV/AIDS. Other issues include:

- Negative attitude on condoms.
- Being scared to test and to disclose.
- Stigmatization / rejection.

- ***Practices***

(The objective is to change the high-risk behaviour negative factors influencing the spread of HIV and AIDS as discussed in Chapter 3). The negative factors that influence the spread of HIV/AIDS are:

- Unprotected sex,
- Peer pressure,
- Alcohol / drug abuse,
- Prostitution / multiple partners, and
- Poverty.

- ***Beliefs***

A different approach is needed on teaching the following to the youth:

- Values clarification (to address the lack of respect for parents, unfaithfulness and untrustworthiness).
- Skills (negotiation, assertiveness, enhancement of self-concept and how to put on a condom).
- Social and cultural values.
- Address myths for example, that having sex with a virgin cures AIDS.

- *Answer is 'Yes' to testing, advise the client to go for conselling.*
- *Answer is 'Yes' to counselling the client should be encouraged to go for a test.*

Was the test done?

If the test was done, the client will be aware of his / her HIV status and then the client should disclose.

- *Answer is 'No' to counselling, motivate the client to go for counselling and to go for testing. If the answer is still 'No' educate the client before he/she exits.*
- *Answer is 'No' to test refer the client for counselling before the client is allowed to exit.*

The client should be reassured that he / she will be accepted if he/she later changes his / her mind and agrees to VCCT for HIV/AIDS.

- *If the answer is 'Yes' to testing.*

The client will be aware of his / her status and the client should be advised to disclose his/ her status.

Answer is 'No' to disclosure.

Re-motivate the client to disclose. The client must be given educational support and allowed to make an informed choice before being allowed to exit.

4.2 DISCUSSION OF FINDINGS

The findings of this study confirmed that the young are aware of HIV/AIDS as the most deadly disease confronting many people around the world today, especially young South Africans. According to (Evian, 2000: 20), South Africa was one of the last countries in Africa to be affected by the epidemic. By the beginning of 1999 surveys estimated about 3,5 million people with HIV infection and 150 000 cases of AIDS. This figure is expected to rise to 5 – 7 million HIV infected people over the next 5 years. Experts calculated that an average 1 500 people are infected each day in South Africa. South Africa has one of the most rapidly spreading epidemics in the world, especially amongst the youth. Most new infections occur between the ages of 15 and 20 years. Reducing the rate of infection among teenagers would lead to a substantial slowing of the epidemic over the next 5 to 10 years. Conversely, failure to curtail the rate of infection in this age group could sustain an epidemic of catastrophic proportions for decades (*cf* Stadler *et al.* 2000: 2).

The findings confirmed that there is a high level of sexual activity among learners especially with older men known as 'Sugar Daddies' in the South African context, who give young girls money for sexual favours. Literature confirming the findings states thus: Nationally, two thirds of thirteen year-olds in South Africa are estimated to have already experienced their sexual debut. The survey evaluation tentatively estimated that in grades 10 – 12 about 75% of learners were sexually active and about 30% of learners had more than one current partner (SAPLER Population Trust, 2003: Online). In Sub-Saharan Africa, in particular, girls' early sexual relationships is likely to be with men who are considerably older than them, often in exchange for money or gifts. One typical pattern involves girls being inducted into semi-coercive sexual relationships by older men, including well-heeled fast living gangsters (Genza). Such girls and their families are often economically dependent on the boyfriend and girls are therefore willing

to engage in unprotected sex partner (SAPLER Population Trust, 2003: Online; Beukes, 2003: 56).

Research findings of this study identified that causes of the spread of HIV/AIDS are largely due to high risk - sexual activity among the youth (unprotected sex), also due to peer pressure, alcohol/drug abuse, poverty, and prostitution. Literature confirming the findings from (Daley, 1999: Online) say there are many causes of teenage pregnancies but a major one is poverty. In Ghana, many children engage in prostitution just because their parents do not have enough money to support their education or even provide three square meals for the family from (Daley, 1999: Online; Beukes, 2003:56).

People should be encouraged to come forward for VCCT because the emphasis should be about 'Know Your Status'. Voluntary confidential counselling and testing (VCCT) should be done with the patient's informed consent. Informed consent means that the person has been made aware of, and understands the implications of the test (*cf* van Dyk, 2002: 407).

Most prevention initiatives to curb the spread of the pandemic have so far been based on the premise that increased knowledge about HIV/AIDS will lead people to adopt safer sex practices. The fact that the prevalence of HIV in South Africa remains high seems to suggest that this approach has fundamental shortcomings (Summerton, 2001: 13). People are now encouraged to make use of voluntary confidential counselling and testing (VCCT) to find out their HIV status (Grant *et al.* 2002: 84).

This study revealed that young people are aware of their rights with regard to testing for HIV. It was mentioned several times that pre and post counselling is imperative for HIV/AIDS. Pre and post counselling prepares and empowers an individual to deal with the results in a most positive and constructive manner. Most people who are HIV positive do not know it. This means that they will unknowingly spread the disease to their partners when they are in the early stages of the infection (window period) (Evian, 2000: 41).

Peer education is more acceptable to the youth than from older people who come and tell them what to do with their lives. This means that young people should be trained to be the educators

of other young people. Schools should be encouraged to be places where youth can access friendly and supportive conselling services the principle of "peer education" is most successful in changing the sexual behaviour (*cf* Cox, 1999: 72; South Africa. Department of Health, 2000: 22).

To prevent the spread of the HIV/AIDS, consensus was reached by participants of the focus groups that people must test for HIV. One participant said 'you are not negative until you have tested for HIV'. The groups were emphatic saying it is very important for each person to be aware or know his / her HIV status because this can lead to a change in sexual behaviour. They emphasized that all people who have active sex lives and must practice safer sex and those who do not practice safer sex must be encouraged to go for voluntary confidential counselling and testing (VCCT) for HIV/AIDS to make sure that they do not spread the disease (South Africa. Department of Health, 2003: 9).

The behaviour of the young people now will determine the future of the HIV/AIDS epidemic. If we cannot change the behaviour of the people especially the youth who are not yet infected, the disease will only escalate (van Dyk, 2002: 132). This study confirmed that one of the VCCT's main aims is to reduce HIV transmission by encouraging changes in sexual behaviour following testing. Participants agreed that it is important to share HIV status with one's sexual partner in order to make appropriate changes in sexual behaviour and to prevent further infections. Most studies show that the majority of people share their HIV results with someone and disclosure rates increase over time as people adjust to their test results. Levels of disclosure to spouse / sexual partner/s are however, usually lower in studies from developing countries Some people do not disclose their HIV status for the fear of discrimination, rejection and isolation (UNAIDS, 2001:18). HIV positive people must be supported and given information to practice safer sex, to get treatment and appropriate care and the spread of this epidemic will be curbed.

This study also confirmed that there is a great need for the public to be informed about HIV/AIDS especially the youth. The media was cited as the best way to inform the public about the disease e.g. TV, radio, dramas, posters (van Dyk, 2002: 189). Other modes of disseminating information mentioned were workshops, music, going from house to house, group discussions and debates which would also be useful in creating awareness about the disease.

The participants felt that they need more information on how to prevent sexually transmitted infections including HIV AIDS through healthy and safe sexual practices e.g. how to masturbate. They need to know how to deal with peer pressure and learn some communication skills and negotiation skills especially around sexual issues. Open communication should be encouraged between the parents and the youth about HIV/AIDS. Findings of this study cited lack of parental guidance as one of the major problems parents do not talk to their children about sex. The participants attributed this to the high level of illiteracy of parents, as well as the fact that, in African culture parents do not talk about sex with their children. This responsibility is left in the hands of the people who perform cultural rites. One participant suggested that parents should be taught how to talk to their children about sex and HIV/AIDS. Parental and school guidance on HIV/AIDS issues were cited as extremely very important. Participants recommended that HIV/AIDS education must be taught from junior to senior secondary schools. Van Dyk (2002: 189) concurs with these findings by saying, HIV/AIDS education and life skills training in the junior secondary schools must be direct, specific, frank and concrete. This study confirmed that poor socio-economic conditions such as unemployment, poverty, prostitution, low literacy levels and alcohol abuse promote the spread of sexually transmitted diseases including HIV and AIDS (Evian 2000: 21).

Young unemployed women are forced to sell sex (prostitution) to earn precious money for food and basic needs. Young girls often sell sex to older men called 'Sugar Daddies', as one participant puts it like this:

"School girls do not want to be in love with scholars, they want Mr Good-Money".

The older men pick up the young girls at the shebeens after buying them alcohol.

Alcohol abuse and peer pressure were also indicated as other contributory factors to the spread of HIV/AIDS. Young people often abuse alcohol and this encourages them to abandon their morals, loose their inhibitions and engage in high-risk behaviours such as having sex with different partners, without using a condom and having sex early in life because of peer pressure.

The youth should be taught strategies that reduce HIV/AIDS, for example abstinence and postponing sexual activity.

This study showed that all four focus groups agreed on strategies to reduce HIV/AIDS, such as abstinence, practicing safer-sex (for example masturbation, use of condoms and thigh sex). The youth must be taught assertive behaviour in order to reduce the spread of HIV/AIDS. The youth can be taught skills towards reducing the spread of the HIV/AIDS, for example living a positive lifestyle such as demonstrating assertive behaviour, being confident and having a high self-esteem. A confident person can fight or negotiate his/her own terms in sexual relationships. This also indicates that a person will not be easily influenced or easily conform to negative peer pressure. A few participants had negative comments on engaging in safe sexual practices like using condoms, masturbation, and thigh sex. They said:

"Condoms are not 100% safe ".

"Condoms burst".

"Masturbation is not such a good idea".

Such negative ideas and beliefs will make the youth to be vulnerable in contracting HIV/AIDS. Such ideas should be eradicated through education via the media.

4.3 CONCLUSION

The purpose of this study was to explore the perceptions of the youth on voluntary confidential counselling and testing for HIV/AIDS in a secondary schools in Mangaung Municipality, in the Motheo District. Recommendations will be made to the Departments of Health and Education. The findings of this study can influence the policy on voluntary confidential counselling and testing for HIV and AIDS.

Although HIV and AIDS has become common it is still surrounded by silence. People are ashamed to speak about being infected and many see it as a scandal when it happens in their

families. People living with HIV/AIDS are exposed to daily prejudice born out of ignorance and fear (Education Training Unit, 2002: 56).

There are myths around HIV/AIDS and they lead to people seeing HIV infection as a scandal and that it should be kept a secret when it happens in their families. Many people see those with HIV/AIDS as people who are somehow to blame because they were promiscuous or homosexual. AIDS is almost viewed as a plague that you can catch just from being with someone who is HIV positive. In some communities people with HIV/AIDS have been chased out or attacked (Education Training Unit, 2002: 56).

In countries where the infection rate has gone down, this only happened after so many people became ill and died that no one could pretend it was not happening. Everyone started fearing that they would be next. In South Africa we cannot afford to wait that long and we must find ways of bringing HIV/AIDS into the open. The challenge is to make people fear getting the disease, without the people having negative attitudes towards those who are already HIV positive. This means it must be made easier for people to be open about their HIV status and to motivate people to go for voluntary confidential counselling and testing, disclose and to seek care. A caring environment should be created where communities become more caring towards people living with HIV/AIDS. It is everybody's responsibility to educate people about this disease, which has claimed so many lives and left many child-headed families (orphans).

Most of the people who are dying are between the ages of 20 and 45 years an age when most people are workers and parents. This has serious consequences for our economy and the development of the country. Although HIV/AIDS is a terrible disease that has destroyed families and communities, we should not forget that it is also a preventable disease. We can protect ourselves against it and improve the lives of those living with HIV/AIDS, just like any other chronic disease. People who have chronic diseases go for their treatments and check-ups that prevent complications of the disease e.g. stroke or diabetic coma in patients diagnosed with hypertension or diabetes mellitus respectively.

Voluntary confidential counselling and testing has emerged as a major new strategy for the prevention of new HIV infections. Apart from raising awareness about HIV/AIDS, knowing

one's HIV status is instrumental in effecting behaviour change and adoption of safer sexual practices (van Dyk, 2002: 96). According to loveLife (2003: Online), behaviour change requires internalization by the target group (12 – 17 year olds) of the desired changes. To be successful, loveLife has to change pervasive values and attitudes among adolescents to sex, sexuality and gender relations. The key to loveLife's approach is to get young adolescents to "talk about it".

4.4 RECOMMENDATIONS

The recommendations are made from the research findings following the KAPB model.

4.4.1 Knowledge

- ***Raising awareness towards voluntary confidential counselling and testing can be done by means of:***

  - Motivating the people to test for HIV infection and every person must know his or her status.
  - Encouraging voluntary confidential counselling and testing for HIV/AIDS by organizing testing drives and asking those prominent leaders who are willing to test to go public about their results.
  - Marches and cultural events to mobilize community support.

4.4.2 Attitudes

- ***Disclosure about the HIV status can be promoted by:***

  - Creating role models, by encouraging influential people in society to disclose their HIV status (Education Training Unit, 2002: 14).
  - Breaking the silence and shame that surrounds HIV/AIDS.
  - Encouraging people to disclose their HIV status so that treatment can be commenced before the disease escalates.

- Changing public attitudes, during prayer meetings, funerals and other community events, people must come and talk about HIV /AIDS.
- Using funerals of people who died of AIDS as an opportunity to raise awareness, but be sensitive to families' wishes.

- ***Openness and fostering awareness in the community can be promoted by:***

  - Encouraging parents to talk to their children about sex.
  - Open communication about sexuality and early (eight to ten years of age) sex education at home and at school. It is essential in delaying the onset of adolescent sexual activity, reducing teenage pregnancy, increasing the use of condoms and reducing the spread of HIV/AIDS and other sexually transmitted diseases.

4.4.3 Practices

Education should focus on addressing negative and positive factors influencing the spread of HIV/AIDS and how to curb the pandemic. New learner-centered approach to teaching methods should be used.

- ***Peer counselling***

The youth to be trained to do peer counselling in local clinics. They should be encouraged to work as volunteers in the youth friendly clinics (health care services), and be involved in motivating and counselling others about voluntary confidential counselling and testing (VCCT).

- ***Innovative teaching strategies***

  - A different approach in teaching methods and content should be developed. Programs should aim at developing skills of the youth e.g. modeling assertive behaviour and negotiation skills concerning sexual issues etc.
  - Teaching should be learner-centered and should probe adolescents' attitudes towards childbearing and should include values clarification exercises (to adopt value laden

aspects such as respect for education, good health, self respect, trustworthiness, faithfulness etc.) which can be used to motivate young people to look forward to a better productive life.

- Access to male and female condoms should be encouraged especially amongst 15-25 years old persons. This implies that condoms should be made available to junior and senior secondary schools. This finding is based on the shocking statistics like this one 'Nationally, two thirds of thirteen year-olds in South Africa are estimated to have already experienced their sexual debut' (SAPLER Population Trust, 2003: Online). The Department of Education should consider how to address this issue with parents and communities.
- Poor families should be assisted financially to educate those children who dropout of school because of teenage pregnancy. Learning a lesson from other countries like Thailand, where HIV/AIDS is spread through sex trade, The Education Ministry in Thailand, together with the private sector have set up bursary schemes for education for girls from poor families, who may be vulnerable to become sex workers (Education Training Unit, 2002: 16).
- Establishing life skills programmes in all schools from junior secondary schools from age 12 years or less.

4.4.4 Beliefs

- ***Awareness campaigns to be promoted and supported by:***

  - Creating a more supportive environment for people living with HIV/AIDS i.e. no discrimination against those who are infected and those affected by HIV/AIDS.
  - Raising awareness through the symbols of candle lighting when remembering those who are living with and those who have died of HIV/AIDS.
  - Wearing a red ribbon to show support (especially all prominent people, TV personalities, managers to set an example).

- ***Training the youth as home-based care workers, giving support to those living with HIV/AIDS.***

- *Values clarification*

Values clarification is a process of discovery and allows the person to discover him/herself through analysis of feelings, behaviour and choices which can be made when alternatives are presented. The value clarification process attempts to bring to conscious awareness the values and underlying motivations that guide one's actions (Kozier *et at.* 2004: 1466). Negative or poor value systems should be challenged e.g. Does an adolescent value motherhood or being a father over education?. Values clarification needs to be done in a group session. The youth need to challenge and debate what they consider of value in their life-situation. They should be assisted in examining their own value system e.g. about education against sex, teenage pregnancy/motherhood; safer sex options (good health), self respect, trustworthiness, faithfulness against being HIV positive, no self-respect, no self respect and no faithfulness etc. The youth must be taught skills on how to develop a positive self-concept, self-esteem and self-confidence based on solid values that will guide their decision-making (van Dyk, 2002: 157). The clarification of values leads to human growth as well as allowing each person to develop and reach a high level of self-actualization (Kozier *et at.* 2004: 71).

4.5 OTHER STRATEGIES RECOMMENDED

Other strategies recommended are:

- A national network of multi-purpose youth facilities known as 'Y-Centers' should be increased in the community, providing recreation and skills training as well as sexual health education and care in non-clinic setting.

- All schools should have sports facilities and learners should encourage competitive sports events with other schools. The overarching goal of physical education programmes should prepare learners to adopt active lifestyles and discourage excessive sedentary habits. It is believed that schools can help to encounter the alarming trend of physical inactivity among learners through quality physical education programmes including recreation and sports (South Africa. Department of Health, 2002: 77).

- The National Adolescent-Friendly Clinic Initiative / Reproductive Health Services for the youth. Services at the Adolescent-friendly clinics should aim at:

  - Non-judgemental attitude of the youths towards reproductive health services in the community including Sexually Transmitted Infections.
  - Youth sexuality and educational programmes should begin earlier in life (ten to twelve years of age (Alan Guttmacher Institute, 2003: Online). It is equally essential to back up open communication and sex education with adolescents at the youth friendly clinics, also by linking these services to other outreach youth support programmes.
  - Providing access to toll-free telephone help-line for specialized counselling for young people.
  - Making information available on VCCT and rapid HIV testing to the youth at all times.
  - Encouraging the young people to come forward for VCCT. There should be a link between the Adolescent-friendly clinics and other youth programmes offered by other youth organizations.

- ***Poverty Alleviation***

Poverty can be alleviated by:

  - Keeping people in employment.
  - Developing skills of school-leavers.
  - Creating income-generating projects.

- ***Developing skills of school leavers***

Skills of school leavers are developed through Learnerships according to the South African Skills Development Act and the Skills Development Strategy. The purpose of the Skills Development Act is to develop employable skills amongst the youth and to create jobs especially the youth. People can create their own small businesses thus contributing to the economy growth of the country so that all South Africans can live a better life (Budlender, 2001: 25).

- ***Creating income generating projects***

There is a great need to create income-generating projects where:

- Micro-lending projects should be encouraged for affected families to help them launch a small business or enterprise at home.
- People can be taught to do bead work and craft workshops should be offered where people learn skills e.g Wola Nani beadwork project in Khayelitsha their products are also sold abroad (Education Training Unit, 2002: 25).

4.6 FURTHER RESEARCH

It is note-worthy that the study was conducted at the Mangaung township in the Motheo district. Findings of this qualitative study cannot be generalized because of its sample size, therefore, it will be important to investigate this phenomenon further in other areas in the province or the country. This study can be used as baseline data for further studies. This will improve service delivery on voluntary confidential counselling and testing throughout the province.

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ANNEXURE A

Letter of intent to the Ethics Committee

15 Schickerling Crescent
Fichardtpark
Bloemfontein
9301

The Ethics Committee
Faculty of Health Sciences
University of the Free State
P.O. Box 339
Bloemfontein
9300

Request to conduct a Research Project

Study Title: **Perceptions of Youth about Voluntary Confidential Counselling and Testing (VCCT) For HIV and AIDS**

I hereby request permission to conduct the above-mentioned study and to enlist the co-operation of the students at the Vulamasango High School during the qualitative data collection process for my Master's Degree in Nursing project.

The purpose of the study is to:

- Explore and describe the perceptions of participants concerning voluntary confidential counselling and testing for HIV and AIDS.
- Based on the findings of the study, recommendations will be made for service delivery on the Voluntary Confidential and Testing.

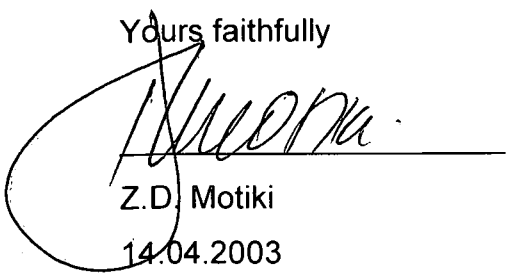
The benefit of the study will allow participants to share their thoughts with each other and new ideas can be generated concerning service delivery of VCCT programmes.

Permission will be sought from all stakeholders that are the Free State Department of Education, the parents and the participants.

Anonymity will be assured by coding data and participants' identity will not be revealed while the study is conducted and during the publication of the report.

Thank you

Yours faithfully



Z.D. Motiki

14.04.2003

ANNEXURE B

Ethics Committee approval letter

UNIVERSITEIT VAN DIE VRYSTAAT
UNIVERSITY OF THE FREE STATE
YUNIVESITHI YA FREISTATA

Direkteur: Fakulteitsadministrasie / Director: Faculty Administration
Fakulteit Gesondheidswetenskappe / Faculty of Health Sciences

Research Division
Internal Post Box G40
☎(051) 4053654

E-mail address: gndkgcn@med.uovs.ac.za

Mrs G Niemand

2003-05-05

MS ZD MOTIKI
15 SCHICKERLING CRESCENT
FICHARDTPARK
BLOEMFONTEIN
9301

Dear Ms Motiki

ETOVS NR 78/03
RESEARCHER: MS ZD MOTIKI
PROJECT TITLE: PERCEPTIONS OF YOUTH ABOUT VOLUNTARY CONFIDENTIAL COUNSELLING AND TESTING (VCCT) FOR HIV AND AIDS.

You are hereby informed that during their meeting on the 29th April 2003 the Ethics Committee approved the above-mentioned study.

Your attention is kindly drawn to the following:

- Failure to submit a progress report not later than one year after approval of the project may result in the termination of the study.
- That all extentions, amendments, serious adverse events, termination of a study etc have to be reported to the Ethics Committee
- These documents have been accepted as complying with the Ethics Standards for Clinical Research based on FDA, ICH GCP and Declaration of Helsinki guidelines
- Translations of the Subject Information Leaflet and Consent Form have to be submitted prior to commencement of the study.

Will you please quote the Etovs number as indicated above in subsequent correspondence, reports and enquiries.

Yours faithfully

For DIRECTOR: MEDICINE ADMINISTRATION

ETHICS COMMITTEE

FOR MEDICAL RESEARCH

ATTENDANCE LIST OF THE MEETING HELD ON THE 29th APRIL 2003

FACULTY MEMBERS (CLINICAL)		
Prof BB Hoek	Chairman M.B. Ch.B. (Pret), M.Med. (Paed.) (UOFS), D.G.G. (UOFS) Department: Paediatrics and Child Health	Present
Prof R Barry	Vice-chairman M.B. Ch.B. (Stell.), M.Med. (Surgery)(UOFS) Department: Surgery	Present
Prof L Goedhals	M.B. Ch.B. (U.C.T.) M.Med (Rad.T.) UOFS Department: Oncotherapy	Absent
Prof MVJ v Vuuren	M.B. Ch.B. (Pret) M. Prax. Med. (Pret) MRCGP (London) Dip. Forensic Med. (SA) Department: Family Medicine	Absent
Prof CS de Vries	MB.Ch.B (UOFS), M.Med Rad.D (UOFS) Department: Diagnostic Radiology	Present
Dr JH van Zyl	MB.CH.B (Pret), Dip. Av Med, M.Med (Internal Medicine) Add. Qualification: Gastro-enterology Dept of Internal Medicine	Present
SCHOOL OF NURSING REPRESENTATIVE		
Prof Y Botma (lady)	B. Soc.Sc (Nursing) Honn, B.Soc.Sc., M. Soc.Sc.. Ph.D. (UFS) School of Nursing	Present
REPRESENTATIVE OF SCHOOL OF ALLIED HEALTH PROFESSIONS		
Ms S van Vuuren (lady)	B. Occupational Therapy (Stell.) Head: School of Allied Health Professions	Present
RELIGIOUS/LAY MEMBER		
Rev D Keta Coloured)	B.Th. (University of the North) B.Th. (Hons.) (UNISA) Department: Biblical Studies	Present
Mr E Khutsoane	Matric At present: Technical and Logistical assistant Division for the Development Of Student Learning, UOFS	Present

LEGAL MEMBER		
Prof H Oosthuizen	B.Iur., LL.B., LL.D. (UOFS) Department: Criminal Law	Absent
EX OFFICIO MEMBERS (not entitled to vote)		
Dr S Kabane	MB.Ch.B. (Medunsa) Chief Executive Officer Universitas Hospital Bloemfontein	Present
Ms MA Mabandla	Representative Universitas Hospital Bloemfontein	Absent
Mr ST Mohapi	Senior Executive Officer Free State Psychiatric Complex Bloemfontein	Absent
Dr BM Masitha	MB.Ch.B. B.Sc Hons Health Sciences IFE - Nigeria B.Sc NBLS – ROMA H.O.C.S. – Chief Medical officer Free State Psychiatric Complex Bloemfontein	Present
Ms MA Madolo	Senior Executive Officer Pelonomi Hospital Bloemfontein	Absent
Ms NC Sondiyazi	Senior Executive Officer National Hospital Bloemfontein	Absent

For DIRECTOR: MEDICINE ADMINISTRATION
/hs

ANNEXURE C

Request for permission to conduct a study

Department of Education

15 Schickerling Crescent
Fichardtpark
Bloemfontein
9301

The Head
The Department of Education
Bloemfontein
9300

Dear Sir,

Request to conduct a Research Project

Study Title: Perceptions of Youth about Voluntary Confidential Counselling and Testing (VCCT) For HIV and AIDS

I hereby request permission to conduct the above-mentioned study and to enlist the co-operation of the students at the Vulamasango High School during the qualitative data collection process for my Master's Degree in Nursing. A qualified person will conduct the interviews.

The study and its procedure have been approved by the Ethics Committee of the Faculty of Sciences at the University of the Free State.

The purpose of the study is to:

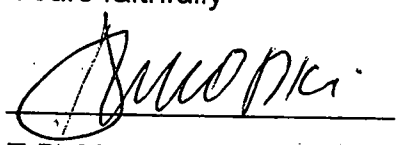
- Explore and describe the perceptions of participants concerning voluntary confidential counselling and testing for HIV and AIDS.

- Based on the findings of the study, recommendations will be made for service delivery on the Voluntary Confidential Counselling and Testing Programmes.

No tests will be conducted what so ever on the participants, but participants will share their perceptions on the subject in a form of a group discussion, which will take approximately an hour. Anonymity will be assured by coding data and participants' identity and that of the High School will not be revealed while the study is conducted and during the publication of the report.

Thank you

Yours faithfully



Z.D. Motiki

07.05.2003

ANNEXURE D

Department of Education –

approval letter

FREE STATE PROVINCE

Enquiries :Mrs M V Wessels/
Reference no. :16/4/1/14-2003

Tel :(051) 404 8075
Fax :(051) 4048074

2003-05-09

Ms ZD Motiki
15 Schickerling Crescent
Fichardt Park
Bloemfontein
9301

Dear Ms Motiki

REGISTRATION OF RESEARCH PROJECT

1. This letter is in reply to your application for the registration of your research project.

2. Research topic **PERCEPTIONS OF YOUTH ABOUT VOLUNTARY CONFIDENTIAL COUNSELLING AND TESTING FOR HIV AND AIDS.**

3. Your research project has been registered and you may conduct research in the Free State Department of Education under the following conditions:

   3.1 Learners participate voluntarily in the project.
   3.2 The names of the learners involved remain confidential.
   3.3 The interviews are conducted outside the normal tuition time of the school.
   3.5 This letter is shown to all participating persons.

4. You are requested to donate a report on this study to the Free State Department of Education. It will be placed in the Education Library, Bloemfontein.

5. Once your project is complete, we should appreciate it if you would present your findings to the relevant persons in the FS Department of Education. This will increase the possibility of implementing your findings wherever possible.

6. Would you please write a letter **accepting the above conditions**? Address this letter to:

   The Head: Education, for attention: CES: IRRISS
   Room 1213, C R Swart Building
   Private Bag X20565, BLOEMFONTEIN, 9301

7. We wish you every success with your research.

Yours sincerely

Chief Director: Education Development
And Professional Services

ANNEXURE E

Request for permission

to conduct a pilot study

15 Schickerling Crescent
Fichardtpark
Bloemfontein
9301

The Principal
Vulamasango High School
Private Bag X 13032
Gasehunelo
9300

Dear Sir,

Request to conduct a Pilot Study for a Research Project

Study Title: Perceptions of Youth about Voluntary Confidential Confidential Counselling and Testing (VCCT) For HIV and AIDS

I hereby request permission to conduct the above-mentioned study and to enlist the co-operation of the learners at the Vulamasango High School during the qualitative data collection process for my Master's Degree in Nursing. A qualified person will conduct the interviews.

The study and its procedure have been approved by the Ethics Committee of the Faculty of Sciences at the University of the Free State.

The purpose of the study is to:

- Explore and describe the perceptions of participants concerning voluntary confidential counselling and testing for HIV and AIDS.

- Based on the findings of the study, recommendations will be made for service delivery on the Voluntary Confidential Counselling and Testing Programmes.

No tests will be conducted what so ever on the participants, but participants will share their perceptions on the subject in a form of a group discussion, which will take approximately an hour. Anonymity will be assured by coding data and participants' identity and that of the Vulamasango High School will not be revealed while the study is conducted and during the publication of the report.

Thank you
Yours faithfully

_____

Z.D. Motiki

ANNEXURE F

Request for

permission to conduct the main study

15 Schickerling Crescent
Fichardtpark
Bloemfontein
9301

The Principal
Vulamasango High School
Private Bag X 13032
Gasehunelo
9300

Dear Sir,

Request to conduct a Research Project

Study Title: Perceptions of Youth about Voluntary Confidential Counselling and Testing (VCCT) For HIV and AIDS

I hereby request permission to conduct the above-mentioned study and to enlist the co-operation of the students at the Vulamasango High School during the qualitative data collection process for my Master's Degree in Nursing. A qualified person will conduct the interviews.

The study and its procedure has been approved by the Ethics Committee of the Faculty of Sciences at the University of the Free State.

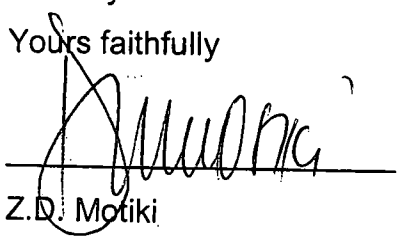
The purpose of the study is to:

- Explore and describe the perceptions of participants concerning voluntary confidential counselling and testing for HIV and AIDS.
- Based on the findings of the study, recommendations will be made for service delivery on the Voluntary Confidential Counselling and Testing Programmes.

No tests will be conducted what so ever on the participants, but participants will share their perceptions on the subject in a form of a group discussion, which will take approximately an hour. Anonymity will be assured by coding data and participants' identity and that of the High School will not be revealed while the study is conducted and during the publication of the report.

Thank you

Yours faithfully



Z.D. Motiki

ANNEXURE G

Parental and participants consents

English and IsiXhosa

PARENTAL INFORMED CONSENT FORM

Study Title: **Perceptions of Youth about Voluntary I Confidential Counselling and Testing (VCCT) for HIV and AIDS**

Researcher: Zodwa Deborah Motiki

I am a Masters Degree student studying perceptions (knowledge, attitudes, practice and beliefs) of the youth about voluntary confidential counselling and testing for HIV.

The study and its procedure have been approved by the Ethical Committee of the Faculty of Health Sciences in the University of the Free State and the Free State Department of Education.

No tests will be conducted what so ever on your son / daughter during this project, but participants will share their views on this subject in a form of a group discussion. The discussion will take approximately one hour and it will be recorded on a tape recorder.

The study will be coded so that it will not be linked to your sons' / daughters' name. His or her identity that is, his or her name will not be revealed during the report and publication of this study.

Your daughters' / sons' participation in this study is voluntary; he / she is under no obligation to participate. He / she has the right to withdraw from the study at any time if he / she wishes to do so.

Although the study may not benefit him / her directly, it will provide information that can form a baseline data for further studies and improve service delivery on VCCT.

I have read this informed consent form and voluntarily give my consent for my son /daughter to participate in this study.

....

Subject's signature **Date**

I have explained the study and this letter to the above subject and have sought his / her understanding for the informed consent.

....

Field Worker's Signature **Date**

IFOMU YEMVUMELWANO NOMZALI

ISIHLOKO SESIFUNDO:

IZIMVO ZOLUTSHA MALUNGA NOVAVANYO OLUNGESOSINYANZELO NOLUYINFIHLO LWESIFO SIKA GAWULUYO

UMPHANDI: Zodwa Deborah Motiki

Mna ndingumfumdi we sidanga seMasters owenza isifundo malunga nezimvo (ulwazi, iimbono, inkqubo neenkolelo) zolutsha malunga novavanyo olungesosinyanzelo noluyimfihlo lwesifo uGawulayo.

Esi sifundo nomgaqo – nkqubo sele sigunyazisiwe yi komiti ye Ethics yeCandelo le Zempilo kwiDyunivesithi yaseFreyistata kunye neSebe le Zemfundo.

Akukho luvavnyo luya kwenziwa kunyana okanye intombi yakho ngexesha lesi sifundo, kodwa abathathi – nxaxheba baya kuxoxa babelana ngezimvo malunga nesi sifundo bengamaqela. Ingxoxo iya kuthabatha iyure kwaye iya kushicilelwa kwisishicileli – mazwi.

Esi sifundo siya kuba yimfihlo kangangokuba asiyi kwayanyaniswa nonyana okanye intombi yakho. Akukno apho iqama lakne liyakuveliswa khona xa kubhengezwa iziphumo zovavanyo.

Ukuthabatha – inxaxheba konyana okanye intombi yakwo ayisosinyanzelo kangangokuba anqarhoxa nanini na xa efuna.

Nangona esi sifundo singena kuba nembuyekezo ithe ngqo kunyana okanye intombi yakho kodwa luya kunika ulwazi olu balulekileyo oluya kuba sisiseko ekuqhubeleni phambili izifundo ezilolu hlobo nokunceda ekuphuculeni ukuhoywa kwalo mbandela (we VCCT).

Ndizifundile zonke iinkcukacha, ndiyavuma ukuba unyana okanye intombi yami athabathe / ithabathe inxaxheba kwesi sifundo.

.....

Umzali

.....

Umhla

.....

Ingqina

.....

Umhla

SUBJECT'S INFORMED CONSENT FORM

Study Title: **Perceptions of Youth about Voluntary Confidential Counselling and Testing (VCCT) For HIV and AIDS**

Researcher: Zodwa Deborah Motiki

I am a masters degree student studying perceptions (knowledge, attitudes, practices and beliefs) of the youth about voluntary confidential counselling and testing (VCCT) for HIV and AIDS.

The study and its procedure has been approved by the Ethics Committee of the Faculty of Health Sciences in the University of the Free State and the Free State Department of Education.

No tests will be conducted what so ever on you as a participant, but participants will share their views on this subject in a form of a group discussion. The discussion will take approximately one hour and it will be recorded on a tape recorder.

The study will be coded so that it will not be linked to your name as a participant. Your identity that is, your name or the name of the school will not be revealed during the report and publication of this study.

Your participation in this study is voluntary; you are under no obligation to participate. You have the right to withdraw at any time if you wish to do so.

Although the study may not benefit you directly, but it will provide information that can form, baseline data for further studies and improve service delivery on VCCT.

I have read this informed consent form and I voluntarily consent to participate in this study.

....

Participants signature **Date**

....

Witness' Signature **Date**

IFOMU YEMVUMELWANO NOMTHABATHI – NXAXHEBA

ISIHLOKO SESIFUNDO:

IZIMVO ZOLUTSHA MALUNGA NOVAVANYO OLUNGESOSINYANZELO NOLUYINFIHLO LWESIFO UGAWULUYO

Umphandi: Zodwa Deborah Motiki

Mna ndingumfundi wesidanga se Masters owenza isifundo malunga nezimvo (ulwazi, iimbono, inkqubo neenkolelo yolutsha malunga novavanyo olungesinyanzelo noluyimfihlo lwesifo uGawulayo.

Esi sifundo no mgaqo – nkqubo waso sele sigunyazisiwe yiKomiti ye Ethics yeCandelo le Zempilo kwiDyunivesithi yaseFreyistata kunye nesebe le Zemfundo.

Akukho luvavanyo oluya kwenziwa nakumphi umthabathi – nxaxheba ngexesha lesi sifundo kodwa abathathi-nxaxheba baya kuxoxa babelane ngezimvo malunga nesi sifundo bengamaqela. Ingxoxo iyakuthabatha iyure, kwaye iyakushicilelwa kwisishicileli – mazwi.

Esi sifundo siya kuba yimfihlo kangangokuba asiyi kwayanyaniswa nawe Akukho apho igama lakho negama lesikolo liya kuveliswa khona xa kubhengezwa iziphumo zovavanyo.

Ukuthabatha inxaxheba ayisosinyanzelo kangangokuba ungarhoxa nanini na xa ufuna.

Nangona esi sifundo singena kukunika mbuyekezo ithe ngqo kodwa luya kunika ulwazi olubalulekileyo oluya kuba sisisekelo ekuqhubeleni phambili izifundo ezilolu hlobo nokunceda ekuphuculeni ukuhoywa kwalo mbandela (we VCCT)

Ndizifundile zonke iinkcukacha ndiyazinekela ekuthabatheni inxaxheba kwesisifundo.

....

Umthabathi – nxaxheba Umhla

....

Ingqina Umhla

ANNEXURE H

Transcription

focus group 3

Annexure H: Transcription focus group 3

Date: 15-05-2003

Venue: Vulamasango Secondary/High School

Time: 15h00 – 17h30

Study leader: Prof. Y Botma

Moderator: Me N. Gxabuza

Researcher: Me Z.D. Motiki

13H00 - 13H30 Coffee and buscuits served

Moderator: "Good afternoon. I am Thami Gxabuza, I am a Moderator for the study the researcher is Mrs Zodwa Motiki and Prof Botma is the study leader from the university of the Free State. So we are doing the research. I am going to ask you a question and I am expecting you to answer the Question. The question says:

"What is your perception for voluntary confidential counseling and testing for HIV and AIDS?" That is the question."

Participant No.5: *"I think it is ok that people go and test for the AIDS some people do not have money to go and test if they don't have the money to go and test in the meantime they will be spreading the disease. If they can go to their clinics or hospital to go and test but if they don't have the money and in the meantime they will be spreading the disease, and people are dying."*

Participant No.3: *"I don't think that it is a good idea to pay for the testing for HIV and AIDS because people do not have money. If we do that money it is the more we will spread the disease why? Because nowadays children or teenagers are doing these things, or having sex knowing that they need money or* ***having sex er... for money*** *so that is why I say they must not pay at the clinic."*

Moderator: "yes it is voluntary and it is free."

Participant No. 7:" *I agree because that they can go for the clinic may be pregnant or are HIV positive and they are not even aware."*

Moderator: "Somebody else?"

Participant No. 7:"*Yes* ***people*** *must go and get tested for AIDS because we can not all (loud noise)*

Participant No. 5: *"I support the statement because nowadays people, they don't work and there is no money so I think it is good to get tested free"*

Moderator: "Ok"

Participant No.3: *"I also support the statement because in our country there is poverty, so if it is concerning money other people have no food or even something to eat so it is better if the test is free so that they can know if they are HIV or not."*

Moderator: "So how is that going to help?

Participant No.: 5: *"I think it is gonna help because some people the don't know whether they are HIV positive or not and in the meantime you tell yourself I am not HIV positive. They don't know where they stand and they go to sleep their boyfriends not knowing what, what they have been sleeping with. So immediately, they must to go and test so that they know. Obviously in the clinic, if you are HIV positive they are counselled and they are going for counseling you are going to know what to do and if you are tested you are going to do the right thing if you listen to their counseling."*

Participant No.10: *"I think some people prefer not to know that they are infected with the virus and that is wrong because they may be scared they don't know what they are going to be told at the clinic that they are positive. They fear. Some people are too scared that they are infected with the virus which is wrong, you have to go there and get tested."*

Participant No.13: *"I think those who are scared of going to the clinic not knowing if they are positive or negative they will not go to the clinic and get tested they must face the results, they must face the disease, it is here." (Emphasizing, pointing with the finger on the floor)." I mean it is alive. I mean they must face and be...be... what can I say?"*

Participant No 13"*They must, they must not be scared to face that, if they are scared they will not know and they will not go to the clinic and get tested. So I think every year there must be people walking the streets er...hm...checking for fighting the disease toytoying (protesting) (Crowd laughed) Toytoying showing that this disease is killing people. They must toytoyi." (Laugh)*

Moderator: "What do you think the toytoyi will do?"

Participant No.12: "*I think it will encourage the people about the this disease."*

Moderator: "Encourage them how?"

Participant No.12: *"Encourage them in such a way of going to the clinic and get tested."*

Moderator: "Ok. Ya"

Participant No. 11: "*I think going to the clinic, to know whether you are HIV positive or not is to the advantage of these people, if you are having the disease, they will know how to deal with it So I think, like, we people should take it seriously, it is our opportunity to know whether we have the disease and know how to deal with it and it will help a lot because you can live long."*

Moderator: "Any thing else?"

Participant No. 6: *"I can say it is good to.... to encourage testing, we see now especially these days now especially the youth. If you know that you are infected, you will say that No man this*

is a killer and you will tell other people that don't do that, they must use condoms. That is how you will tell other people about this disease. Uyabona (You see)."

Participant No. 4 "*It's like this we must have more volunteers to go and talk with people about this in the location because many* ***people don't know that you must go and be tested for free,*** *they think that you must go to the doctors and pay money for the test. They don't know that you must volunteer yourself and get tested for free.*"

Moderator: "So you think there must be more volunteers."

Participant No. 4: "*Yes I think so. They must talk to the people to volunteer to be tested.*"

Participant No. 3: *I think people who have the HIV virus or with this virus, they must be open about it, tell others that this thing er.... Is living with us. They must preach it throughout the country and tell people to use condoms.*"

Participant No.11: "*I would like to add what you have said, we need volunteers. Most of our grandparents and our parents don't know about AIDS they are not educated, so I think they will need volunteers who will go to them help them and explain to them how people get AIDS.*"

Participant No.7: "*After being tested you are scared about getting the results. Parents should encourage the youth to test like in Backstage (TV drama) instead of being always worried.*"

Moderator: "So you think that we should inform parents."

Participant No. 7: "*Yes.*"

Participant No.4: "*I don't think it will be such a good idea to inform your parents. I will not feel so good I think it we must inform someone who is educated and know more about this disease like a counsellor.*"

Moderator: "Do you think that a counsellor should go to your mother and do what?"

Participant No. 4: *"Yes I think so, to talk to her and give her information everything."*

Participant No. 14:*I think that it would be good to talk to someone because some parents have that* ***attitude****, she or he is no longer my son or daughter because you have AIDS. If you don't talk to someone you will spread the disease to everyone else."*

Participant No. 2: *" I think it is better for you to test in order to know if you have it or not."*

Participant No. 8: *" I think before you get tested you must know everything about AIDS because other people say if* ***I am HIV positive I am going to kill myself****, it is not right. Whether you are negative or positive you are going to live longer you have a family."*

Participant No.11: *I would like to go back to the point of counselling. I think most of us in fact, young people should be taught about counselling others so in that way it will be better for us young people to help those who do not know about the HIV and AIDS to show them the way to deal with the with AIDS. Young people do know about the disease AIDS but don't want to accept the fact that AIDS has killed so many young people but they don't want to understand. So if we, as the youth could be educated and taught about counselling and counsel others. I think it will help them."*

Moderator: "So you do think that there should be counsellors among young people."

A strong yes from participants.

Moderator: "How can you do that?"

Participant No.14: *" Actually I think we can try to educate others it is better to have the youth to counsel each other than to have old people. To add on that, you must know your status none will know if you are HIV positive or nor."*

Moderator: " That is why it is voluntary and it is confidential."

Participant No. 12: *" We should like, fight with the* ***government to help young counsellors*** *so that we can help ourselves and others. I think before we can do that we all need to get tested before we can start something like that and protest may be we can get some help."*

Participant No. 3*: "As we are a team like this it is a good suggestion for us as learners to start here at school, talking maybe at the assembly regularly talking with other learners. May be asking the permission from the principal to talk about this disease to make it known that this thing kills more especially the youth. I think it is a good suggestion."*

Moderator: Would it be advisable that in all assembles we should talk about AIDS?"

Participant No. 3: *"Yes"*

Moderator: "Before you go to class?"

Participant No. 3*: "May be after praying."*

Moderator: " After praying?"

Participant No.3*: "Or may be before praying."*

Moderator: "So, who is supposed to do that?"

Participant No. 3 *"Anyone or one of us who can volunteer to come and teach.".*

Participant No. 13*: "I also think that, like, we have periods for guidance we must talk about it or we may talk to my friend and she can pass it on."*

Participant No. 3: *" I saw sometime back or two weeks back some two ladies came from the clinic. They were like volunteers. It was a good idea of them to come here at. They must come regularly to the school, they must come and do it here in private I mean the HIV class or negotiate with the principal, they must come and* ***do the HIV in class."***

Moderator: "Ok you say that HIV AIDS be included in the class periods?"

Participant: *"Yes I also mean er... the HIV topic by using catalogues. You have to advertise and use catalogues."*

Moderator: "So how that thing should be advertised?"

Participant No. 7: *"Catalogue She means posters or pictures on the posters."*

Participant No. 14: *It is a good thing for us but people would not care about this thing. They will say Oh Ho it is an AIDS thing? They would not care."*

Moderator: They will not care for the poster? So what is you suggestion?"

Participant No. 14: *To have a meeting for the youth or there must be an HIV AIDS drama like on TV because a lot of youth, like most of us youth we spend more time on TV. They must spend more drama on TV. I know there are dramas but they must add more drama."*

Moderator: "In the media?"

Participant. 13: *"Ya"*

Moderator: "So they must add more dramas concerning HIV and AIDS. Ok."

Participant No.7: *"Another thing is like the Department of Education should send out pamphlets on the virus telling people what are the consequences if people get infected and how to go about it."*

Participant *No.9:* *I want to disagree with the pamphlets like loveLife have so many posters, in fact HIV is not from sex only you can get HIV from blood and stuff. I think posters are not*

gonna work because loveLife has tried that and it has not worked. People should get themselves to the clinic and be tested, because they know they are infected they just do not want to admit."

Participant No.13*: I know there are posters. If you can look at the posters, the small children they just take them off like that, you know. They are not interested on reading them and on what is written on them and some are written in English and yet some people are not educated."*

Moderator: "You don't think it will work? You say some posters are not effective? Is that what you think? So what other suggestions would you like to make concerning HIV and AIDS voluntary confidential counselling and testing?

Participant No. 14*: "I think there should be a youth league and every body should join because the youth need to be educated and they need to understand that the disease is here and it kills."*

Participant No. 3:I also suggest, maybe, that there be drama groups who play the drama about AIDS normally showing it on the streets show people how AIDS kills and how you can be affected by AIDS, play in public. But people are stereotyped, still you go back to that thing again sex."

Respondent No. *5: "I think also er...probably the youth group like volunteering for doing counselling like going from house to house talking about the disease. So if we o from house to house telling people about testing, that will be better."*

Respondent No. 6*: "I think, may be going from house to house, most people won't like that now, people want their privacy So if you go house to house some people won't allow that and others will say" who do you think you are? Coming into my house telling me about this, so go away,* so this will not be a good idea."

Participant No. 1:*" I want to agree with the other person we can go and talk to our friends. Going to somebody's house, it is like you think you know too much. Some will tell us no go away. We don't want that. So it will be not a good idea."*

Participant No. 11: *"I also agree some people will chase you away from their houses if you talk to them about AIDS, they are just rude, ok. They are rude we can understand it's their right. So it's better to go to the church."*

Moderator: *"So you think of going to church."*

Participant No. 11: *"Yes I think ja being like being a counsellor in fact advising children or peer leaders"*

Participant No. 6: *"The idea of* ***pamphlets*** *can work and also we see it everyday. We can talk on the radio. People see it on television every day but people ignore what they are told about HIV and AIDS they think that it does not exist I think people don't want to be tested If only people can open their ears and listen."*

Moderator: "Any more comments?"

Participant No. 12: *"I think this thing of the HIV stuff must not be done in Africa alone I think it must be done in the whole world so that people can be educated like volunteering must be around the world. Ja."*

Participant No.13: *"Most old people ignore this disease and if it can be broadcasted on the radio. Old people like listening to the radio especially Radio Lesedi. On television they only look at these dramas like Tshatsha and Gaz Lam, I think these dramas are made for people to concentrate on them but I think people are not afraid of this disease. I think the dramas are OK."*

Participant No. 3: *"I think we said earlier we can have like debating teams challenging Kagisho, Brebner and other schools. As we are learners at Vulamasango School, we can debate about this. We can share ideas we can go out and talk about this."*

Moderator: "So you think you should talk to other people."

Participant No. *"Yes."*

Participant No. 5*: I think that there should be workshops. People can come to HIV workshop. Those things like Tshatsha and stuff, some parents don't allow their children to watch that stuff because they are frightened, they think they are putting their children in danger."*

Participant No.12*: "Other parents think that children will look at the things they watch and they will do what they see on TV. I Sex asinto yok'dlala ii ngane ' is not a game for children."*

Participant No. 14: *I think other parents think that children will look at the dramas, people having sex and they will go to have sex with their partners, which is wrong. May be after the drama showing the person having sex with different partners and he or she got infected then get AIDS. So I think it helps in a sense because it gives information about HIV and AIDS.*

Participant No. 11*: "I support that idea of going from* ***house to house.*** *If people are infected how will they react when they react when they are told they are told that they have the HIV virus.*

Moderator: *" So if you* are going to go from house to house will you go by appointment or will just go there?"

Participant No. 6: *"We will form groups to go from house to house, One group will go to Rocklands and others will go to other houses, will have to agree on which dates to go."*

Moderator: "How are you going to make the schedule?"

Participant No. 5: *"We will make sort of a schedule as a group, to say when we will go. We will decide what we are going to say to the people."*

Moderator: "So during that appointment are you going to teach from house to house?"

Participant No. 5: *" We will pick a special day when we will go like a Saturday."*

Moderator: "Ok"

Participant No. 3: *"I think that suggestion is very nice. We can make an appointment by telling Thuso (a popular Radio announcer) to advertise in the media. It will be a better thing unlike we enter ko ko (Knock knock) sorry we are from HIV AIDS what what..."*

Moderator: "You think you can advertise in **the media."**

Participant No. 3: *"Ja media it will be. Ja unlike you knock there"*

Moderator: "Ok. So if you advertise in the media are you going to give the announcer the house numbers?"

Participant No. 3: *"Let us say we start from Vukazenzele until Sechaba and end there and next week we will start from Sechaba until Spa and so on. We will do it as a group because the media will be preaching the visits."*

Moderator: "Now I understand. Any other suggestions?"

Participant No.4: *And I think the problem is that **many parents do not talk to us, they take decisions for us** and they say 'my girl is young, she is young she knows nothing' I know I am a little girl to my mother, but I know everything. I have a boyfriend and I do have sex with my boyfriend but I need someone like my mother to talk to me and say if you have sex you must use a condom, do this or don't have sex at all. You know if I tell my friend, my friend will say "Yo ulale ne boyfriend yakho wena" (You must sleep with your boyfriend) I can do it because my friend said it. I need my mother to talk to me."*

Participant No. 7: *"The other thing is that is to call a person you **trust** and people the best thing to do is to have no sex at all. Get tested if you have had unprotected sex, you have to trust yourself."*

Participant No. 5: *I think if you say to yourself you are not going to be tested because you did not have sex with anybody you are wrong because it is not only through sex that you can get HIV in your blood. Even if you never had sex with anyone, you would not know if may be you helped someone who had a wound or something may be he / she had AIDS and you can be infected not knowing. So to be on the clear get tested."*

Participant No. 6: *" I think we will be lying if we can say, "I can not have sex until after marriage, that is a lie. People you must know where you stand, test for HIV if you have to and you know that you had unsafe sex. Better sill let us abstain from sex, sex is not a game for us to play."*

Moderator: "Ok"

Participant No.7: *We have to encourage the youth not to have sex. When you get married you have to tell your husband to go and get tested. If you can use a condom we know that condoms are not 100% and they can burst."*

Participant No. 9: *" I don't think you have to go and ask your parents about this because sometimes you know that you are ready to have sex. You know what your mother will say if you tell her. Your mother will say no don't have sex you are still too young but inside you know that I am ready but you know what your mother will say about it."*

Participant No. 4: *"Er...it is not right to go and ask* ***your parents but your parents must talk to you,*** *you know and the must say this is right this is wrong, you know."*

Participant No. 7: *"There is no one who can encourage you like a parent. The parent is the best person who can encourage you and advise you like that there is something coming, if you have unsafe sex you can get pregnant or get a girl pregnant or get AIDS in the mean while."*

Participant No. 6: *"I think we can go to our parents and talk to them but we youth we do not listen because of* ***peer pressure****. Friends can say go there and experience it for yourself and you will say I am going there."*

Participant No. 12: *"I think I must choose best friends. I mean I must choose best friends for my self. If I do this, she can tell me that this is not the right for myself. I must be able to tell you that you are not advising me right, you are telling me the wrong things."*

Participant No. 2: *I think it is not right to go to your mother but rather go for counselling, some parents are not educated, go for counselling, they will counsel you and tell them that you must get tested so that you can know where you stand."*

Participant No. 13: *" I think even if we as youth, I think you should* ***be confident*** *so if you have a parent who are not educated if a friend tells you something wrong so you must tell your friend that your mother will tell me about this but for myself I choose the best friend for myself."*

Respondent No. 14: *"Every one can have friends you could have a best friend but for that he or she to say you must sleep with your girl/ boyfriend and it is wrong because if this is your best friend he or she will advise you on good behaviour or good things."*

Participant No. 12: "I think nowadays young people are worried about being cool **and being cool means having sex, smoking and wearing what ever.** If you are not in the cool gang they think you are out.People who need sex education are those who come from makhayas (rural areas) they need education because they take AIDS as a joke they make fun of AIDS. AIDS? AIDS? They should be educated, those people from the rural areas they come here in the cities not knowing whether they are HIV positive or not when they are in the cities they go sleeping around so they are the ones who need education most."

Participant No. 6: *We need to* ***stand our ground*** *if you don't want anything you should say 'NO'. It is better to stand our ground and say 'NO', this not for me."*

Moderator: "So you mean being **assertive."**

Participant No. 6: *"Yes be assertive."*

Participant No. 13: *"I think **being cool is being yourself you have the right to say 'NO', be strong about it,** like say it proudly with pride Say 'NO' to your boy/girl friends because that thing is wrong you will not do that thing."*

Moderator: "So you say you must be confident."

Participant No. 13: *"ja."*

Participant No. 7: *"I mean you can have a girlfriend who can say you must have sex touching you at the wrong places. Just believe in yourself, I mean you have to believe in yourself and say you will not have sex until you finish school anyway the choice is yours."*

Participant No. 4: *"I think you must go to the clinic, you must **volunteer yourself and get tested,** there must be someone to listen to you."*

Participant No. 12: *"I also think that young people should work in the clinics for young people for the young people to go and get tested. Sometimes it is better when a young person speaks to the young person because they can talk heart to heart unlike a young person talks to an adult. I think there should be **young people who work at the clinic so that young people can go for counselling.**"*

Participant No. 13: *"I am much **open to my friends**. I can say my friends know me better than my mother. My mother knows me as a little sweet girl washing dishes, pretty and beautiful. I mean I have respect for my for my mom, but when I am with my friends I know I am free with my friends. I am in a relationship and I do this and do that. I think having a youth counsellor is a good thing unlike talking to an adult. If I talk to an adult I will not be that much open."*

Participant No. 5: *" I think more counselling should be done in rural areas because so many **people who come from the rural areas who do not know anything about AIDS."***

Participant No. 5: *"Parents hold their children fast and they lie to their parents, like when the have a chance to go to the shop they are gonna make most of their time, maybe 6o'clock may be everyday at 6 o'clock her boyfriend takes her out somewhere and they have sex quickly and she goes back. Ja most of the time they make most of the time they go or may be after school, they gonna go with her boyfriend somewhere, when she gets home she is going to have strategies to get to the boyfriend and parents do not want friends to visit."*

Participant No. 5: *"**So parents should not hold them too fast** because they are gonna make most of their time. If they do that they are gonna do the wrong things because she is gonna say if I ask my mother to go somewhere she is gonna say no."*

Moderator: "So do you think that parents should be flexible?"

Participant No. 5: *" Yes I don't want to say they should leave them to do as they want."*

Participant No. 9:" *I think partners should go together at the same time to the test for HIV because if only one partner goes and the other one does not, it shows that there is **lack of commitment** and the person who does not go for a test will just go sleeping around and spread the disease."*

Participant No. 8: *I also think that it is better to have more counselling because young people should be discouraged into having sex. They should be taught to masturbate to protect yourself from getting the disease, AIDS."*

Strong disagreement from the boys.

Participant No. 1: *"Yes, the fact is that you are going to have Aids if you have **unprotected sex**. I also think that you must tell your you have feelings."*

Moderator: What feelings?"

Participant No. 9: *"Feelings of wanting to have penetrative sex.* ***People must masturbate in order to prevent yourself from teenage pregnancy and HIV and AIDS****, something like that."*

Moderator: "Do you agree with that?"

A strong 'NO' from the boys

Participant No. 3: *"But if you masturbate you do not feel the same as having sex with your girlfriend. In that case the boy will simply go to another girlfriend. You masturbate yourself today tomorrow you want to go to your girlfriend and say "zwakala " (come to me) and have sex. "*

Participant No. 12: *"I would like to support that statement about masturbation. If you masturbate you won't be pregnant you won't get AIDS so, I think masturbation is the solution.*

Participant No. 13: *" I think when you go to these movies like having sex you must* ***control yourself****. If you know that you are weak and you are going to be pressured by watching these things, I think you must not watch it at all because it might go into something, which you have not been planning. If you know you are most strong you must not look at it at all."*

Participant No. 6: *I think masturbation is not a good idea. You are supposed to get more information about sex the advantages and disadvantages is that even if you have sex you will know how to protect yourself. If you are HIV you will know it. If you don't want to know the facts, that's bad. I'd advise that you must masturbate. Just get more information about sex that's all."*

Participant No. 4: *"The problem is one I want to have sex because. I want to know ukuthi kunjani (How is it) experience it that is the problem is that we as youth* ***we want experience."***

Participant No. 2: *" I don't support masturbation because regardless of the act some people will say, "go away."*

Participant No. 7: ***Masturbation is best*** *it is safe sex and no teenage pregnancies, you also feel safe in that way.*

Moderator: "Other suggestions? We have heard about masturbation."

Participant No. 3: *"Masturbation is sex?"*

Participant No. 8: *"Yes, as youth we must stop sleeping around so that you can stop infecting each other and protect each other."*

Participant No. 5: *"If you are having a* ***relationship,*** *I think there* ***must be rules*** *like not having sex until you are ready and are married."*

Participant No. 14: *"We must know that life does not depend on sex. But if you have sex you must use a condom. There are those people who do not know how to use a condom."*

Moderator: *"Another suggestion?"*

Participant No. 3: *I suggest people must practice safe sex use female or male condoms but have safe sex.*

Participant No. 7: *I think loveLife need to come and pay us a visit and give us more information* ***"TO TALK ABOUT IT"***

Participant No. 11: *"I think I agree about that people who have AIDS need love, support and care, so that they know that they are loved and they are cared for."*

Participant. 12: *"Oh I think that* every *one* ***in South Africa have their own culture****. I think if all the cultures could work together and show or fight the disease in a cultural way that will attract other people to prevent AIDS."*

Participant No. 10: *"Well I would not go with the group that say people must masturbate, they say that* ***having sex is like walking on air*** *and you also want to feel that."*

Moderator: " Back to that question of culture, can you elaborate on that?"

Participant No. 7: *"We should involve many cultures to tackle AIDS and prevent the spread of HIV. For an example what we saw in a drama Gaz Lam, they used safe sex called* ***ukusoma (thigh sex) to prevent Aids and teenage pregnancy*** *an old traditional way."*

Moderator: *"So you say we must now go back to our traditional ways?"*

Participant No. 7: *"Yes"*

Respondent No. 15: *"I have no suggestion, but I am asking a question. '****Where does AIDS come from?****' because others say that it comes from America so it spread to other people and so on."*

Participant No. 5: *"I know a bit it it is not that I have an exact answer, I went with my aunt to a workshop in Johannesburg, we went to this workshop on AIDS. They said AIDS comes from doctors, scientists, they were trying to look for something I don't know what was it? And doctors can't take it out now. They don't want to point out who did that."*

Moderator: " There are so many stories."

Participant No. 13: *" I think if we know where Aids come from may be we can find the cure."*

Participant No. 3: *"I want to know that how can these* ***anti-retroviral pills*** *cure the baby and it can not cure the mother carrying the baby and she dies? Lying down, How?"*
Participant No. 2: *"You can drink the pill that can kill the virus but it will not kill you. But it is unfair."*

Participant No. 9: *"My suggestion AIDS must be preached at churches because some people say "I am a Christian, I d don't I don't have sex and I don't have Aids. Things like God will punish you."*

Participant No. 12: *"I think we should talk about it more, like in the olden days. People were not dying of AIDS. May be we can learn a lot. ."*

Participant No. 1: *"May be it never existed then."*

Participant No. 10: *"I think that in the olden days there were no computers but witches who killed people."*

Participant No. 8: *"I think thigh sex or masturbation should be encouraged to the youth to prevent the spread of AIDS."*

Respondent No. 3: *"**Witchdoctors or fortune tellers** must not lie they must **tell the truth** about the illness (AIDS) of the person because they tell the people that they are bewitched and they are dying of AIDS. I think they must be given counselling."*

Participant. 12: *"Traditional doctors do not know anything about AIDS. They just take peoples money. They do not really help people."*

Participant No. 3: *"They really should be taken to a workshop and learn about AIDS."*

Participant No. 11: *"I think the combination of witchdoctors and scientist will help. Their combination can do something to help."*

Participant No.10: *"I want to say I believe in abstinence from sex for the youth and they must learn to behave themselves."*

Participant No. 2: *"Witchdoctors are lying, they are killing us."*

Participant No. 7: *"Do not forget where we come from. My grandfather was a traditional doctor he knew how to fight disease."*

Participant No. 5: *"Sex before marriage should be illegal, some people will be scared that if they are found having sex they will be worried that they will be penalized. If you cheat on your husband you should be punished."*

Participant No. 1: *"Yes **Muslims do it they kill the wrong doers**."*

Participant No.7: *"I think prostitution is illegal. I think they are the ones who are responsible for spreading HIV."*

Participant No. 12: *"Prostitution is illegal. I think they are the ones who are responsible for spreading HIV."*

Participant No. 8: *"They say, prostitutes say they have no jobs and they do this so that they can buy food and clothes in the house."*

Participant No. 3: *"I believe that the whole world must pray everyday. If we pray I think God can* do it by deep praying, we can be healed."

Moderator: "There is the world AIDS day do you think it is not enough? How often should we pray? If I may ask?"

Participant No.10: *"My suggestion is that real deep praying he will help to get this disease to go away. We must pray every day."*

Participant No. *12: "91% of young people have had sex, at an early age. I think the people must know how to have safe sex. I think the media should also be involved, they must reduce programmes which contain sex, they are the one's that encourage or influence the youth to have sex."*

Participant No. 5: *"Like he said we must pray. I like what is done at the clinic they pray before starting work the pray. Like at school we pray every morning. I think we must pray everyday we must do it everyday."*

Moderator: *"What can be done?"*

Participant No. 5: *"I think the media must replace sex programmes with educational programmes. Young people should be given their programmes where all young people should gather and discuss issues concerning AIDS. I mean youth to youth discussions"*

Participant No. 6: *"I think condoms should be used and virginity testing should be done and a person who is not a virgin should be arrested."*

Participant No. 12: *"No, I disagree, how do you see that a man is a virgin? This will mean only women will be arrested. It is not fair at all."*

Participant No. 9: *"I think masturbation should be done. I think it is the right thing to do in order to reduce STD, AIDS and teenage pregnancy like in olden days. "*

Participant No. 6:"*People are dying and children are spreading AIDS we will die and who is going to rule the country?"*

Participant No. 11: *"I think young people should control their feeling and do not engage in sex. Doctors know what to do to shut the feeling down and wait until the people are married. I mean to reduce the libido on young people and avoid sex."*

Participant No.12: *I want to say practicing safe sex is not ok. Young people should not have sex at all. They should have sex after marriage."*

Participant No. 13: *Counselling for the youth should be done by trained youths and people should use condoms, some use transparent plastics as condoms."*

Moderator: "But the government is abolishing plastics."

Participant No. 2: *"Doing it flesh to flesh means you will get AIDS. Use condoms."*

Participant No.6:" *I support the prevention of AIDS people must go for the test. AIDS must be prevented in anyway. Prevention is better than cure."*

Moderator:" Any more suggestions? If there are none, we would all like to thank you for your excellent participation. Have a good day. Thank you."