

# “If you are a plus, you should wear a raincoat”

The Ndlovu Aids Awareness Program in South Africa

**Behavioral determinant analyses among the Ndlovu Aids Awareness Program (NAAP) members  
and their target groups**



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## Abstract

It is increasingly recognized that HIV/AIDS education should focus more on the underlying cultural and social issues contributing to risky sexual behavior. The present study into the NAAP, active in Elandsdoorn South Africa, explored secondary school students' perceptions and behavior regarding four cultural rules leading to risky sexual behavior. Focus Group Discussions, the qualitative measurement, were held with students and NAAP members to assess their perceptions on risky sexual behavior. A quantitative measurement of both groups' behavior was executed by means of a Knowledge, Attitudes, Beliefs and Practices (KABP) survey. A behavioral determinant analyses using the ASE-model was performed in order to see how risky sexual behavior arises. Results confirmed the importance of social and cultural issues such as gender inequality, social expectations and the influence of peers regarding risky sexual behavior. These factors are predominantly present in the social influence determinant, ultimately impeding students' to perform safe sexual behavior. It is concluded that for NAAP, and other similar programs, to be effective students should be made aware of the influence these issues have on their behavior. Then, students will gain a critical understanding of their situation which will facilitate behavioral change more effectively.

*Keywords: HIV/AIDS, peer education, risky sexual behavior analyses, culture, ASE-model.*

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## Introduction

Worldwide South Africa has the highest number of people living with HIV/AIDS, representing a sixth of the global disease burden (Karim, Churchyard, Karim, & Dawn, 2009). The HIV and AIDS epidemic in South Africa is complex. It is no longer a health concern but it is now widely regarded as one of the most serious developmental issues faced by the country. The impact of the epidemic can be felt throughout society: politically, economically and socially (Arndt & Lewis, 2000; Tempelman & Vermeer, 2008). The key question now is how to deal with the impending crisis. According to Tempelman and Vermeer (2008) it is increasingly recognized that the epidemic must be addressed by all sectors of the South African society in a holistic manner. An epidemic like HIV/AIDS doesn't exist isolated but within a community whose broad needs should be taken into account, not only health care. Economic, religious and cultural issues are part of the epidemic and should thus be part of the approach as well.

To slow down the HIV/AIDS epidemic it is necessary to define the reasons why people get infected and which people are at risk. Getting infected is a consequence of human behavior and people who perform sexual risky behavior are at risk (Fishbein, 2000). To stop the epidemic it is necessary to change the cultural and social behavior of the South African people who are at risk. Many strategies and programs have been developed and implemented to educate the South African population against infection and to combat rates of infection. Strategies have included the development of policies, mass media campaigns, peer education and free access to condoms (Baxen, 2008). Education is often identified as key in the fight against HIV/AIDS in South Africa and the rest of the world (Baxen, 2008; Yankah & Aggleton, 2008). A frequently utilized strategy for preventing HIV and other sexually transmitted infections (STIs) worldwide is peer education intervention. In Africa 60% of the NGOs focusing on HIV prevention, use peer education (Kelly, Simlai, Benotsch, Amirkhanian, Fernandes, & Stevenson, 2006). In addition, a meta-analysis of Medley, Kennedy, O'Reilly and Sweat (2009) showed that peer education interventions in developing countries are moderately effective in improving behavioral outcomes, such as increasing HIV knowledge and condom use, but no significant impact was found on biological outcomes, like STI infection.

The Ndlovu Care Group (NCG) is such an organization that uses peer education for preventing HIV and other STIs. The NCG is an innovative, multi award winning community development group that has been operating in rural Moutse area in South Africa since 1994. The NCG believes that health and socio-economic stability form the basis for well-being in a community, and wants to empower communities towards wellness (Vision NCG, n.d.). To achieve this, NCG developed different programs including an HIV/AIDS awareness program with education as a key concept: the Ndlovu Aids Awareness Program (NAAP). NAAP uses peer education as a process whereby well-trained and motivated young people (the NAAP-team) undertake informal or organized

educational activities with their peers over a period of time. It consists of a peer education program, in which peer educators visit schools or the community and perform a play about HIV/AIDS. During these school or community visits the so-called ABCD of prevention is promoted: 'Abstaining', 'Being faithful', 'Condom use' and 'Delay'. The NAAP team performs different activities: presentations, dramas, debates, life skill games and setting up core groups. This program started in 1999 and wants to make children aware of the problems in their community and inform and educate them about HIV/AIDS prevention (van der Lubbe, Schinnij, Tempelman, & Vermeer, 2008).

This research proceeds from previous research into the NAAP and is performed in co-operation with NCG and Utrecht University (UU). Previous research by UU into the NAAP showed that the target group of the NAAP-team developed the knowledge about HIV/AIDS and that the students were aware of the risks of HIV infection, but they still performed risky sexual behavior (Brands, 2009; Glimmerveen, 2009). Research of Glimmerveen (2009) included the saying of a secondary student; "if you are a plus, you should wear a raincoat", which can be characteristic for the finding that the students do have the knowledge regarding safe sexual behavior. Brands (2009) and Glimmerveen (2009) found however that the peer educators almost entirely focused on factual information about HIV/AIDS, information that the pupils already seem to have. The illusion that increasing knowledge will lead to behavioral change is a common misunderstanding in education and influencing behavior (Kok & Damoiseaux, 1991). Students are aware of the risks of HIV infection, but for their behavior to change they should become more aware of the reasons why they are behaving the way they do. In order to facilitate behavioral change Brands (2009) and Glimmerveen (2009) found that there should be paid more attention to the underlying social, cultural and moral issues concerning HIV/AIDS. Focusing on these issues will contribute to the holistic approach (Hicks, Allen, & Wright, 2005). To that it is important not only to focus on one aspect of prevention, here factual knowledge, but to focus on more aspects like underlying issues in order to change their behavior. This will lead to a more critical understanding of their situation and will increase the confidence and insights to change their behavior. While the present study proceeds from previous research it has to be mentioned that Brands' (2009) and Glimmerveens (2009) findings can not be adopted uncritically; during their research period the informants for two FGDs were gathered in a slightly different way, reducing generalization of the findings. In addition Glimmerveens (2009) analyses worked through the material more globally while a systematical and inductive analysis with associated key labels and dimensions, providing well-founded results, is more desirable.

The main aim of the present research is to contribute to the prevention of the HIV/AIDS epidemic in the Moutse area through getting insight in the perceptions of secondary school students and peer educators regarding risky sexual behavior issues such as having (multiple) relationships, having sex, using protection and negotiating sex with others. While previous research of

Glimmerveen (2009) focused on the level of the cultural context, this study will pay specific attention to the level of behavioral determinants. Glimmerveen (2009) focused only on how students negotiate the cultural rules leading to risky sexual behavior and how NAAP addresses this process, in contradiction to the present explorative study that focuses more on the content of these rules and to what degree and how they influence students' risky behavior. The general objective is to get more insight into students' perceptions and behavior regarding these rules. A study about sexuality not only includes sexual practice, but also pays attention to people's beliefs about sex and normative rules on what is proper sexual behavior. For instance cultural ideals on male and female conduct influence their sexual behavioral choices and are related to sexual risk taking behavior (MacPhail & Campbell, 2001). These cultural ideals are addressed by the four cultural rules adopted from previous research of Glimmerveen (2009).

With respect to having (multiple) relationships it can be said that men and women can have different reasons for engaging in a relationship. In general men often engage in a relationship for sexual pleasure in contrary to women who find love more important. While 'real' men are supposed to have multiple girlfriends women are not supposed to show this kind of behavior. It is an assault on their respectability (MacPhail & Campbell, 2001; Varga, 2003). Some women do have more partners because of material benefits that accompany transactional relationships. The reasons for men and women to have sex can differ as well. Men enjoy the sexual satisfaction and prove their manhood while women enjoy the love it symbolizes (Ragnarsson, Onya, Thorson, & Ekström, 2008; Reddy & Dunne, 2007). Women are again not supposed to have sex with more partners. Since men engage in sex mainly because of sexual pleasure it is not strange they dislike condom use. It is seen as a lack of trust and can suggest illness. This, and the already existing gender inequality in a relationship, makes it for women hard to suggest condom use for they are the ones wanting to use protection (Ragnarsson et al., 2008; MacPhail & Campbell, 2001; Schefer & Foster, 2001). Women are pretty much not allowed to talk about sexual issues at all, which makes discussing previous relationships very difficult. Sexual issues are not discussed with parents or their partner but rather with peers who seem to have a higher level of trust and comfort with the secondary school student, which results in more open discussions about sexual issues (Campbell & MacPhail, 2002).

The general objective, as stated before, is gaining insight into students' perceptions and behavior regarding the mentioned cultural rules adopted from previous research of Glimmerveen (2009). This insight will be gained by performing a behavioral determinant analysis on each rule, providing detailed information on how students' risky sexual behavior arises under the influence of these determinants. A frequently used model for explaining and predicting behavior, like risky sexual behavior, is the Theory of Planned Behavior (TPB) (Ajzen, 1985). This theory has its limitations though and that's why the present study utilized the Attitude-Social Influence-Self-efficacy- model (ASE-

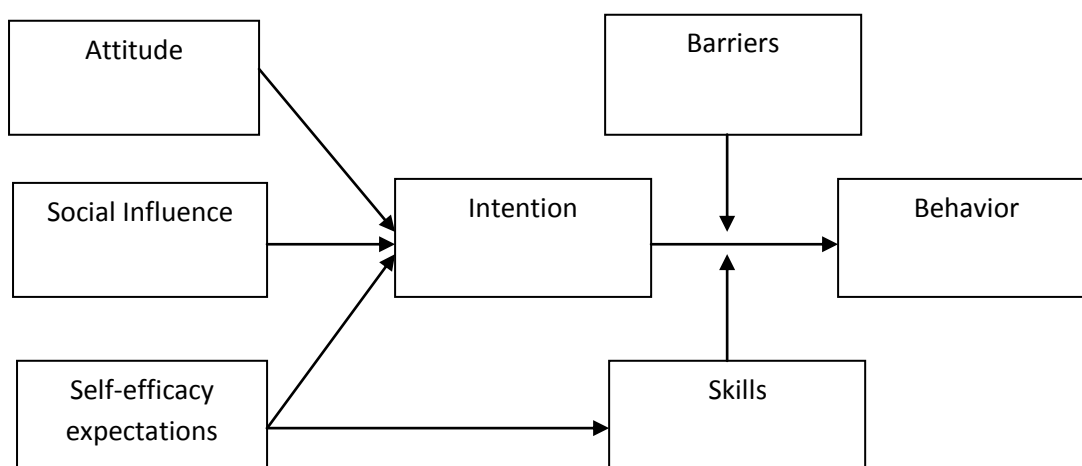
model) (De Vries, Dijkstra, & Kuhlman, 1988) as a model of behavioral change. The TPB is based on cognitive processing while the ASE-model takes other determinants in consideration such as skills, barriers and protective factors, which influence the intention-behavior relationship (Kok & Damoiseaux, 1991). The ASE-model also differs from the TPB regarding the determinant social influence. The ASE-model distinguishes this determinant into several other influences than just the subjective norm. Social influence in the ASE-model also includes social support or pressure and modeling. The ASE-model is suitable for this study because of the apparent role social influence constitutes regarding risky sexual behavior. The differentiation into several social influences will contribute to a more comprehensive insight into this determinant. Besides that, previous research of Brands (2009) and Glimmerveen (2009) showed that students have the intention to perform safe sexual behavior but somehow don't practice this. The ASE-model acknowledges two determinants that influence the intention-behavior relationship, to wit barriers and skills. The addition of these two determinants can thus be very useful in the present study.

The best way to improve the quality of NAAP peer education is to fit their strategies to the needs, experiences, norms and values of the target group (Wilson & Miller, 2003). The present determinant analyses will reveal these needs, experiences, norms and values by gaining insight into how students' risky sexual behavior arises. The ASE-model incorporates a number of variables that need to be considered in predicting and understanding any given behavior. The following section will first elaborate on this model and then discuss the specific research objectives.

#### *ASE-model*

The ASE-model assumes that intentions are the immediate antecedents of behavior. Intentions can be conceptualized as a readiness to engage in a particular behavior, in this case using a condom or doing voluntary HIV counseling and testing (VCT). The essential underlying dimension characterizing an intention is the person's estimate of the likelihood or perceived probability of performing a given behavior (Fishbein, 2000). That some individual factors, factors within the person, influence the sexual behavior of the students has been shown in previous research at the NAAP. Here it was concluded that intention is one of the individual factors influencing behavior significantly (van der Lubbe et al., 2008).

**Figure 1.** ASE-model (De Vries, Dijkstra, & Kuhlman, 1988).



The ASE-model posits that a person's behavior is predicted by his or her intention to perform the particular action. As can be seen in figure 1 this particular intention is determined by three behavioral determinants; the attitude towards performing the behavior, the subjective norm and social influence concerning the performance of the behavior, and one's self-efficacy expectations with respect to performing the behavior (Brug, Schaalma, Kok, Meertens, & van der Molen, 2001).

According to Ajzen (2001) there is a general agreement that attitude represents a summary evaluation of a psychological object captured in such attribute dimensions as good-bad, harmful-beneficial, pleasant-unpleasant etcetera. How someone thinks about a given behavior (attitude) is determined by the following factors: judgment towards the risk behavior, knowledge regarding risk behavior, outcome expectancies, judgments about costs and benefits, habits and attribution. The attitude of a participant towards having (multiple) relationships can contain a secondary school students disagreeing on a man having two girlfriends. Female students can also have a positive attitude towards having sex for money, because they need the money to buy food. An attitude towards using protection can be that a student wants to use a condom, because he/she knows the risks of having unprotected sex. Students can also have a positive attitude towards negotiating sex with others because they find communication about sexual issues necessary in a relationship.

The second determinant of intention is called social influence. This determinant consists of the influence students experience from their social context. Social influence is divided in four different kinds of social influence: the direct influences of others on the individual behavior (e.g. social support or pressure), modeling (e.g. learning through the observation of behavior), subjective norm (e.g. normative beliefs of others) and the motivation to comply (the degree to which a person complies with the subjective norm). In this research a social influence, for the theme having (multiple) relationships can be that a male student starts to have two girlfriends because he is modeling the behavior of his father who married two wives. For the theme having sex a social

influence can be that a girl is pressured by her boyfriend to have sex with him for money or gifts. Peer pressure can also play a role with using protection; a male student can influence a girl by not using a condom because he prefers flesh-to-flesh sex. Regarding the theme negotiating sex with others the subjective norm can play a role because most of the time men are portrayed as “conquering heroes”, while women are regarded as passive in the face of male advances (Campbell & MacPhail, 2002).

The last determinant that is part of the intention, self-efficacy, contains the beliefs that students have about their abilities to perform a particular behavior (Ajzen, 2001). Self-efficacy varies across three dimensions: magnitude (the level of task difficulty and skills needed to perform the behavior), generality (the extent to which efficacy expectations can be generalized to other situations) and strength (a probabilistic judgment about the ability to perform a particular task) (Bandura, 1986). Female students can believe it's difficult to demand things in a relationship when their boyfriend is giving them money and gifts. Another example of self-efficacy is that students can believe that you have to be aware of your responsibilities when having sex. With using protection, self-efficacy can focus on the difficulty of suggesting condom use to your partner. Also the belief that talking about previous relationships is difficult and that you can't discuss sexual issues with your parents is an example of self-efficacy.

In addition to intention, the ASE-model recognizes that barriers and skills can moderate the intention-behavior relationship. Even though there is an intention to perform safe sex, environmental factors (e.g. barriers to buying condoms) or skills and abilities (e.g. how to use a condom properly) can impede performing safe sex. Researchers acknowledge the importance of structural factors in the emergence of risky sexual behavior by recognizing that social, economical, political and environmental factors directly affect HIV risk. Broader structural factors such as poverty, wealth, gender, age, policy and power can shape or constrain individual behavior. It is assumed that the effectiveness of prevention programs will improve when additional attention will be given to structural factors such as the physical, social, cultural, organizational, community, economic, legal or policy features of the environment that affect HIV infection (Gupta, Parkhurst, & Ogden, 2008). This has been emphasized by previous research into the NAAP by Brands (2009) as well. The experience of the informants in Elandsdoorn showed that being aware and having knowledge of HIV and the ways to prevent it didn't mean that they changed their behavior. Contextual conditions and mechanisms as gender inequality, peer pressure and a lack of capacity to negotiate faithfulness seemed to constrain people from performing less risky sexual behavior. A structural factor such as gender inequality might lead to risk behavior of women like unsafe transactional sex. On a structural level there can be laws restricting women's ownerships of economic assets. On the environmental level women can be economically dependent on men and on an individual level it's possible that



women have no money for food and other necessities (Gupta et al., 2008). These restrictions can lead to risky sexual behavior of women. In addition Rosenthal and Levy (2010) use the social dominance theory and the four bases of gendered power –force, resource control, social and obligations and consensual ideologies– to organize and explain international research findings on women’s risk of contracting HIV from male sexual partners. Research and interventions should thus pay more attention to the influence of underlying social, cultural and moral issues concerning HIV/AIDS; why do men and women get involved with more than one partner, why is it difficult to suggest condom use or what are the reasons to have sex in the first place?

### *Research questions*

The following main research question has been formulated in order to assess students’ ideas regarding social, cultural and structural factors that influence their risky behavior: *What are the perceptions of secondary school students regarding risky sexual behavior issues such as having (multiple) relationships, having sex, using protection and negotiating sex with others, and how do the peer educators and students act regarding safe sexual behavior?* This question is divided in four sub questions that address each cultural rule separately.

1. What are the perceptions of secondary school students regarding having (multiple) relationships?
2. What are the perceptions of secondary school students regarding having sex?
3. What are the perceptions of secondary school students regarding using protection?
4. What are the perceptions of secondary school students regarding negotiating and discussing sex with others?

Each of these four sub questions was measured from two different perspectives, the perspective of secondary school students on their peers and the perspective of peer educators on secondary school students. It was decided to use these two perspectives because of practical and theoretical considerations. Practical in the sense that students’ perceptions regarding risky sexual behavior were already addressed by Glimmerveen (2009) so adding peer educators’ perceptions to this would give more information on this topic. Besides that, the choice for two perspectives is based on the theoretical consideration that combining two perspectives would give more in-depth knowledge of the interaction between the determinants and possible safe or risky sexual behavior. In addition a comparison between students’ and peer educators’ perceptions would be possible. The aggregation of these two different perspectives resulted in a common understanding of the perceptions and behavior of secondary school students. In contradiction to this joined common description of students’ perceptions and behavior, also the actual sexual behavior of students and peer educators is

questioned to both groups separately. Hereby they reflected on their own general sexual behavior which resulted in an adequate behavioral description.

It is expected that the perceptions and the sexual behavior of the secondary school students are related to their cultural ideals (Parker, Herdt, & Carballo, 1991). Researchers have shown that the context, here the cultural rules, limits people's opportunities to protect their beliefs about sexual health and their actual behavior towards sexual health (Campbell & MacPhail, 2002; Varga, 2003). For sub question one it is expected that secondary school students believe a man is allowed to have more girlfriends at the same time to show he is a "real" man. On the other hand women don't have multiple relationships because they are not supposed to do that. Only the women who need financial or material benefits will engage themselves in multiple relationships in return for money or gifts (van Dijk, van den Dries, & Tempelman, 2008). For the perceptions of secondary school students regarding having sex it is expected that they believe men need more sex than women (van Dijk et al., 2008; Ragnarsson et al., 2008). An important reason for men having sex will be pleasure and gaining status (Ragnarsson et al., 2008; MacPhail & Campbell, 2001; Varga, 2003). Perceptions regarding using protection will probably differ. It is expected that some secondary students will use protection against pregnancy and not against HIV/AIDS (Kirkman, Rosenthal, & Smith, 1998). Most of the time students won't use protection because it can be seen as a lack of trust and it makes sex less enjoyable (Varga, 2003; Meyer-Weitz, Reddy, Weijtz, van den Borne, & Kok, 1998; Van Dyk, 1994). It is expected that negotiating and discussing sex with others is not allowed for women. Men can talk about sexual issues with peers and their partner, but women have to keep it for themselves (Varga, 1997; Varga, 2003). It is also expected that the secondary school students don't discuss sexual issues with their parents because discussing sex related matters is a taboo, especially when it concerns inter-generational communication (Mturi, 2003; Boulton & Cunningham, 1991; Visser, Roos, & Korf, 1995). Focusing on the peer educators it is expected that they will benefit from the fact that they educate their peers and therefore act more positively and safely regarding the four themes than students. Although some of these studies into the effects of peer education reported methodological weaknesses (Harden, Oakley, & Oliver, 2001) it was found that peer educators benefit from participating in a peer education program (Strange, Forest, Oakley, & Ripple, 2003). A significant number of peer educators in this study reported positive changes in sexual knowledge, changes towards more liberal attitudes and many peer educators thought that the program would have an impact on their confidence in relationships and on their sexual behaviour.

## Method

### *Participants*

The present study contains a quantitative and qualitative data collection method. The amount of participants involved in the quantitative method differs however from the number of participants that were involved during the qualitative method. The quantitative data was provided by two groups; the NAAP-team members (N=15) and grade eight students (N=581). The grade eight students that completed the KABP-questionnaire were selected for the CHAMP baseline report of NCG (Kodisang, 2009). The secondary school students were not random selected for the baseline study, but through a convenience sample in which a group of grade eight students were conveniently available for the study. All the grade eight students were attending schools in the Moutse area. The age of the students ranged from 13 to 22 with an average age of 15.19. The NAAP-team members who completed the KABP-questionnaire were not randomly selected and consisted of eight males and seven females. Their age ranged from 21 to 30 years old, with an average age of 27.07. They were all peer educators, but some of them had more responsibilities, as a team leader, a senior or a coordinator.

For the provision of qualitative data forty secondary school students (19 female, 21 male) participated in eight of the eleven focus group discussions. All of these students lived in the Moutse area and were black South Africans. The secondary school students who participated in the FGDs had to be above 16 years old, attending secondary school and willing to participate voluntarily with sufficient verbal English skills. The students were aged between 16 to 22 years, with an average age of 18.5. All of them had seen at least one NAAP performance. The last three focus group discussions were executed with eight of the fifteen peer educators (5 female, 3 male) that also completed the questionnaire. With respect to the representativeness of the research group it can be said that the questioned students are a relative good reflection of the secondary school students because they are part of this target group. There are some outliers regarding age but the mean age shows a relative normal age for secondary school students. The involved peer educators are a good reflection of all NAAP peer educators since more than half of them participated in the research.

### *Instruments*

In this research two forms of measurement were performed. A quantitative measurement was executed by means of a KABP-questionnaire (appendix 1). Prior to developing HIV/AIDS information and education programs a KABP survey is often conducted in order to identify knowledge gaps, assess beliefs and attitudes about AIDS and people with AIDS (PWA), and to determine the degree to which members of a given population are engaged in a variety of high risk

and/or protective behaviors. It is however also possible to conduct a KABP survey during an already existing intervention and use this as a baseline with which to measure progress (Schopper, Doussantousse, & Orav, 1993). Objectives of KABP surveys are to improve planning, implementation and evaluation of HIV/AIDS prevention programs (Tearfund, 2005; Schopper et al., 1993). In addition, KABP surveys have been proposed to gather more and better information about the understanding of people's view on HIV/AIDS and how they are affected by HIV/AIDS. In the present study, a KABP survey has been used to assess some of the behavioral determinants of the ASE-model with respect to risky sexual behavior, and to determine the ultimate sexual behavior of students and peer educators. The KABP-questionnaire in this research was divided into four parts; knowledge, attitudes, practices and stigma (beliefs). Items of the questionnaire were supposed to be divided into the determinants of the ASE-model but it was decided to only use a few items of the practices part. This, because the definitions of knowledge, attitude and beliefs didn't correspond to the definitions of the behavioral determinants of the ASE-model. In the end the KABP survey thus only measured the actual sexual behavior of the participants to support the qualitative findings. The practices part contained six questions to measure the actual behaviour regarding HIV/AIDS, e.g. did you use a condom the last time you had sex? Respondents could answer yes, no or unsure.

The qualitative measurement contained of three Focus Group Discussions (FGDs) with the peer educators to gather information about the perceptions of secondary school students regarding risky sexual issues. The main data is gathered by FGDs, because previous research of Brands (2009) and Glimmerveen (2009) showed that this discussion group method had several advantages compared to individual interviews. In addition this previous research indicated that the NAAP-team members prefer a qualitative approach to be more fruitful as a data collection method. The first advantage of FGDs is that they are interactive conversations in which participants can inspire each other and come to new ideas (Baarda, de Goede, & Teunissen, 2005). Participants can express themselves more, have more influence on which topic they find important and they can choose to discuss this topic more and in detail. Another advantage of using FGDs is that this method is shown to be suitable for discussing taboo topics, like sex and HIV/AIDS. MacPhail and Campbell (2001) found that participants of the FGDs who are more extrovert can help shy participants to talk about taboo topics. Except for the advantage that the participants can help each other to speak up during the FGD, Brands (2009) found that during the FGDs participants correct each other when they think someone else doesn't tell the truth. This finding stimulates participants to be honest and open which results in less social desirable answers. Finally executing FGDs is a good and efficient method to get to know more about behavioural determinants (Kok & Damoiseaux, 1991). During the FGDs vignettes (appendix 2) were used to trigger discussion among the peer educators. Each vignette consisted of three parts and all topics were discussed separately. These vignettes are adopted from previous

research by Glimmerveen (2009) and Brands (2009). The vignettes were on their literature study and contain examples of 'real-life' experiences of fictive characters with having relationships, having sex and using protection. Existing data from Glimmerveen (2009) is used to complete the three FGDs from the present study. Glimmerveen (2009) held eight FGDs to assess the way students negotiate cultural rules that stimulate them to perform risky sexual behavior. Combining the transcriptions of 11 FGDs resulted in more comprehensive information about students' situation from two different perspectives, students' and peer educators' perspective.

### *Procedure*

Both the quantitative data and the qualitative data are gathered over a period of two years. Firstly the quantitative data of the questionnaire completed by the students is gathered in 2009 by Ndlovu Care Group and the results are also presented in the CHAMP baseline report (Kodisang, 2009). The peer educators of the NAAP completed the same questionnaire in February 2010. The questionnaires were answered in two separate groups, to provide sufficient attention and to prevent the respondents from discussing their answers. The quantitative data in this research is analyzed by using the Statistical Package for the Social Sciences (SPSS) and will be used to complement the qualitative results regarding the four sub questions by measuring the actual behavior of peer educators and secondary school students. Only the practices part of the KABP-questionnaire is analyzed using descriptive statistics, because the other concepts didn't match with the definitions of the behavioral determinants of the ASE-model and with the topics of the qualitative data. These quantitative results provide a comparison between students' and peer educators' reflection on their own behavior.

The qualitative data consists of transcriptions from 11 FGDs. The first eight FGDs are held by Glimmerveen (2009) in which only secondary school students participated. The last three FGDs were executed in the present study and held with the peer educators. The peer educators were approached personally, but because of the funding stop of NAAP they weren't motivated to join the FGDs and there was not enough time to perform more FGDs. By adding the previous eight FGDs to the present three FGDs, two perspectives (students and peer educators) on students' perceptions about risky sexual behavior were taken into account. The transcriptions of all FGDs were analyzed according to the analyzing method of Baar (2001) and Baarda et al. (2005). This method contains three phases of analyses: *open labeling and encrypting* (phase one), defining, arranging and reducing labels into categories (phase two) and integrating and relating the categories (phase three). Each phase consists of a few sequential steps. Since the transcripts used here were already split in relevant fragments the main focus during the qualitative analyses was on phase two. The following steps were undertaken: labeling the fragments, reducing and relating labels, encrypting on content,

grouping labels on content, dividing the labels into dimensions and finally defining the categories. This method works systematically through the data leading to more valid categories which results in valid answers to the research questions.

## Results

In the following section the results of the qualitative analyses will be discussed. The results will be addressed according to the four themes: having (multiple) relationships, having sex, using protection and discussing and negotiating sex. Moreover both the perceptions of the students and the peer educators regarding the four themes possibly leading to risky sexual behavior are included in this overview. The determinants of the ASE-model as explained before were used to address these perceptions. During the analyses several categories were formed about each theme and determinant. These categories or labels are displayed italic, while the particular dimensions of these categories, i.e. citations, are depicted between quotation marks. Peer educators' citations are illustrated by a (pe) sign while students' citations are blank. The quantitative results regarding the actual risky or safe behavior of peer educators and secondary school students are, corresponding to theme, integrated with and completed to the qualitative results. This, to support the qualitative findings and to gain more in-depth knowledge of the interaction between the determinants and actual safe or risky sexual behavior.

### *Having (multiple) relationships*

As discussed in the theoretical framework the first determinant attitude contains the following five characteristics; judgment towards the risk behavior, outcome expectancies, attribution, knowledge regarding risk behavior and habits. With respect to students' judgment it can be said that most of them questioned in this research have the same attitude regarding having (multiple) relationships. According to them *having more partners and being in a relationship for gifts is wrong*. A substantial part of the students disagree with boys and girls being allowed to have more partners because "people don't have the right to fool around and you have to be faithful to your partner". Material relationships are also wrong: "Buying love is wrong". Students' outcome expectancies can be summarized into their opinion that *having more partners will cause problems*, e.g. losing concentration at school. They also think *boys are allowed to have more partners and girls are not*; "boys impress themselves by dating two girls, because you run two companies at the same time". The meaning students attribute to *a relationship is that it should be about love and trust and that having more relationships is all about lust and material*, "Girls with more boyfriends don't love them just lust". It seemed that students have the knowledge with respect to having (multiple) relationships. *Having more partners is a risk* because there are many illnesses and STIs: "Men having

two sexual partners put both girls at risk for STIs and HIV". With respect to the fifth characteristic habits it appeared that according to their ethnic and culture men have the right to marry two or more wives. Students think *men having more partners is a cultural thing* with which they grow up: "If you're a real man you have to have more than one girlfriend". Female students and peer educators disagree with this statement and think a real man should be faithful at all costs; "Boys having more girlfriends is just an adolescence phase" (pe). The second determinant social influence contains the following characteristics: the direct influences of others on the individual behavior, subjective norm, the motivation to comply with this subjective norm and modeling. Most of the students have the same perceptions about the social influences contributing to having (multiple) relationships. Both *peer pressure and parents directly influence having (more) partners*. There is though a difference in how boys and girls are being influenced by these groups. Boys are being told by their friends a man should have many girlfriends: "Friends tell you that you can't eat chicken every night, you have to eat pork or something else". Parents also have a direct influence on their children; their children have to follow their parents' ethics and they promote material relationships of their daughters. With respect to the subjective norm *having more partners is a social expectation for men but not for women*. Girls are however being discouraged because they don't get respect for it. Subsequently students are also motivated to comply with this subjective norm. *They have more partners to impress other people* but in general they think it's a wrong motivation. The last characteristic of social influence, modeling, appears in the perception that *students observe risky sexual behavior (multiple relationships) in the environment* which can in turn function as a role model. In accordance with the theoretical framework the third determinant self-efficacy has three characteristics; magnitude, generality and strength. With respect to the strength students appeared to have a reasonable *lack of confidence in talking about relationships*. Students are scared and uncomfortable to talk about having relationships. The second characteristic magnitude is evident in the perception that *for girls it's hard to deal with (multiple) relationships*. It's difficult for them to demand things from their boyfriend when he is giving her gifts, "Girls know once they leave the man it will be difficult to survive". The last characteristic generality wasn't evident in the FGDs and analyses. Taken together the attitude, social influence and self-efficacy form the intention to perform a particular action, in this case having (multiple) relationships. The actual behavior can be influenced by two other factors: barriers and skills. These determinants were however not present in the analyses of this particular theme, so now the actual behavior of students regarding having (multiple) relationships will be discussed. Although some students say *many boys have one partner most of them do have more partners, both boys and girls*: "It's happening on both sides, girls and boys are having more partners". But again they say it's not done for a girl to have more partners: "If a girl has more boyfriends she is seen as a slut and people will talk behind her back". *Talking about relationships doesn't happen with parents but with*

*friends, "Students are still hiding things for their parents" (pe). Previous relationships are also discussed with friends instead of with their current partner "Boys ask around about previous relationships of his girl instead of asking her". Although students think its not fair cheating happens, especially boys do it "Boys are just playing around". If girls on the other hand cheat boys can get violent and beat her up. Besides having multiple relationships, also buying love is happening a lot: "Dating an older guy in return for gifts is normal. Having sugar daddies for money and gifts is common: "Having a sugar daddy is happening big time".*

### *Having sex*

With respect to the first characteristic of attitude, judgment towards having sex, students think that *you must talk a slow walk to start with sex*. They think it's not good to start having sex at an early age and you shouldn't force people into having sex. *Female students think the need for sex is equal between boys and girls; "Boys don't need more sex then girls"*. Students' perceptions about the expected outcome of having sex are that *sleeping with a guy for money is a risk for your life*. There seemed to be a *contradiction in the meaning of having sex* because students don't agree on what motivates having sex; some say having sex is not about love and trust but about lust; *"Boys say sex is for fun"*. Others say it takes commitment to have sex with someone; *"Sexual intercourse should be undertaken by two people who are committed to each other"*. With respect to knowledge of having sex, *students know the risks of having sex and HIV/AIDS*. They know that HIV does not only infect you with sex, *"It is a risk to have sex because AIDS is there"*. Although they know the risks of it, they say people don't think about these risks when having sex. In South African culture *virginity is important for girls but boys prove their manhood by having sex*. Guys are proud of their sexual life while girls are hiding it, *"Men like to have sex with many girls to prove they are man enough"*. As with the social influence on having (multiple) relationships, *students also experience the direct influence of peer pressure from their friends for having sex*. Peer pressure happens on both sides but students think boys experience more pressure from their friends, *"Peer pressure from friends makes boys force sex"*. Boys force into sex because they are afraid of their friends making jokes about them. Besides the influence of peers also culture, principals and beliefs influence students for having sex. *Men catching girls for having sex is a subjective norm "Real men are sexually active"*. *The motivation of having sex for boys is impressing their friends and gaining status; "When having sex you are the guy to your friends or peers" and "Some boys gain status from it when having sex with a virgin"*. There was no information evident about modeling the sexual behavior of others in the environment. With respect to the first characteristic of self-efficacy, magnitude, it is clear that students think *talking about sexual issues with parents is difficult but easier with their teachers*, *"It's hard to ask parents about having sex"*. In addition it has been found that students in general are afraid and have a *lack of*



*confidence when talking about sex with their parents.* About the generality of having sex no information was found during the analyses. Also skills regarding having sex weren't present in the transcripts and following analyses. A possible explanation is the different focus between previous research of Glimmerveen (2009) on how students deal with the four cultural rules and the present study that focuses more on behavioral determinants. For the present analyses transcripts of Glimmerveen (2009) were used but these didn't exactly address all the behavior determinants according to the ASE-model for that wasn't his objective. When there is an intention to perform a particular behavior like having (safe) sex there can be barriers that constrain a person from performing this behavior. *One of the barriers that came forward during the present analyses is poverty.* Poverty keeps students from performing safe sexual behavior and students think that poverty is a cause of sugar daddy relationships: "Poverty can cause sugar daddy relationships". With respect to students' sexual behavior the following came forward. The results of the quantitative analyses of the KABP questionnaire indicated that the majority of the students (52.5%) has been sexually active the past year. If these students had sex before or rather prefer to stay a virgin is not questioned by the survey. *Students start having sex at an early age, "At 11 or 12 you lose your virginity" (pe).* As a consequence *many young girls get pregnant, "At 12 you find girls are pregnant" (pe).* Quantitative analyses indicated that the majority of students and peer educators have had one sexual partner the last year. From the students however, 33.3% had two sexual partners and 28.3% had more than two sexual partners. Again these results only provide an indication of their sexual activity and it is unclear if students had more sexual partners at the same time, which is seen as more risky sexual behavior. *When having more boys girls only sleep with one of them, "You have sex with one boy, the other is for kiss and goodbye".* With respect to the age of their sexual partners, the majority of students (78.7%) and peer educators (73.3%) seem to have sex with people their own age. While the remaining part of the peer educators (26.7%) had sex with a 10 year older partner, the remaining students had sex with partners 10 years younger (8.1%) and 10 years older (13.2%). The last three results can indicate the appearance of sugar daddy relationships but this is only a possibility, not a direct conclusion. *Forcing a girl into sex and blaming her for the rape happens a lot.* Boys are used to force girls into having sex, "Boys are used to do that, to force a girl who is still a virgin into sex". Boys are also used to blame the girl for the rape, "The girl will be blamed for the rape because she was wearing a sexy dress (pe)". *Alcohol and sex seem to go hand in hand; "If you're drunk no is not an answer so you force person into sex".* Finally *Students discuss sexual issues with peers, brothers and teachers but not with their parents, "Not all the parents are open to talk about sex with children".*

### *Using protection*

Students' attitude regarding using protection is that you should *always use protection* and both boys and girls are responsible for using a condom, "Use condom at all cost". Students differ on carrying a condom with you or not when dating a girl because "When you are carrying a condom you are planning to have sex". With respect to outcome expectancies students think *not using protection will kill*, "If you don't use a condom you dig a grave for yourself" and they expect condoms to protect them in the future. *Students also have the knowledge about using protection* and know a condom can't save you always, "Protection is not 100% quality". Before you're going to use a condom you must go to have a blood test and know your status, "If you are a plus you should wear a raincoat". Although students say you have to use protection all the time, they indicate that *other students don't think condom use is necessary* and ignore their knowledge when they practice because *a popular saying "We are all going to die"* (pe and student). Besides this attribution of condom use, men also think that using a condom is sperm waste. There appeared to be a difference between boys and girls regarding condom use. With respect to habits it seemed that in general *women want to use a condom while men don't*. Girls want to use a condom longer than a week, while boys say "Let's not use protection, we will do it naturally". Guys want to stop using a condom because they want to see a lady suffer. Regarding the social influence on using protection friend again play an important direct role. *Students are influenced by their friends to use or not to use protection*. It's common that friends tell you not to use a condom, "Friends laughing at friend when asking about condom use is always happening". Both girls and boys influence each other in using a condom. *On who is responsible for using protection students don't agree*. Some think that condoms are for people already infected while others think men are responsible for using a condom. With regard to the subjective norm students expect people to be sick when they suggest condom use, "If you talk about a condom it suggests being HIV positive". The other two characteristics of social influence, modeling and motivation to comply, were not evident in this theme. Students' perceptions about self-efficacy regarding using protection can be clarified as follows. With respect to the first characteristic magnitude, students think *it is difficult for women to suggest condom use* because men will question the objectives of the woman, "When women say let's use condom men ask why" (pe). Besides that it also seems that *people are afraid to talk about condom use*; especially girls lack the confidence to talk about it. Women are not conscious in using condoms and are scared to suggest condom use to older guys. An important finding is that it seemed *unclear if students have the skills to use protection properly*. They didn't agree on this topic, "Students know how to use a condom" (pe) in contradiction with "Maybe people don't know how to use a condom". Besides poverty being a barrier to safe sexual behavior, also the *government is a barrier to safe sexual behavior because it doesn't allow promoting condom use*. Students think that a problem with condom use is that they can't distribute

them because the government doesn't allow talking about condom use, "Condom distribution is not allowed, so measurement of condom use is not possible" and "Not allowing condom distribution is the choice of the government (pe)". The actual behavior of students regarding using protection will be addressed now. According to the students *condom use isn't common*, "Not using a condom is most normally appearance". Results from the quantitative analyses indicated however that 68.6% of the questioned students used a condom the last time they had sex compared to 80% of the peer educators. The remaining respondents didn't use a condom the last time they had sex but this is only an indication of one event and not their normal behavior. *If students do use a condom it's for a short period*, they stop using a condom after a while, "After tasting men have sex without a condom (pe)". *Students use a condom more often with their regular partner* instead of with non-regular partner(s) because there is enough time for talking and foreplay. This can be confirmed by results from the KABP survey; 73.8% of the students always used a condom with their regular partner compared to 62% that used a condom with their non-regular partner. The same trend wasn't evident among the peer educators however. Girls again appear to have a subordinate position because *usually boys are the ones who decide on condom use and most of the time they resist using protection*, "Men almost always resist condom use". Boys will question the objectives of girls suggesting condom use, "Men will say are you sick when woman wants to use a condom" or "Don't you trust me?" (pe). Besides using protection doing VCT is also important when it comes to safe sexual behavior. Unfortunately, according to the students *doing VCT is not very popular*. People don't know their status and don't test before having sex.

#### *Discussing and negotiating sex with others*

Students' attitude towards the last theme is that you have to talk about previous relationships with your current partner. Students also know that *talking about protection is necessary in a relationship*. You have to talk about condom use and HIV status. With respect to attribution however *students see talking about sexual issues with their partner not always as a solution*. Sometimes they find beating a better solution, "Sometimes beating up is a better solution". Students' perceptions about outcome expectancies are illustrated by saying that *people have to think about the consequences of their actions*, "People are thinking inside the box and not outside". The last characteristic habits, is evident in the usual inequality between women and men. Due to their culture *women and men are not equal* in a relationship. Men take advantage of women and blame them for infecting them. They can do this because "They are the leaders". The second determinant social influence is mainly apparent in the direct influence certain persons or groups have by giving advice about sexual issues. *Students discuss condom use and sex with peers, teachers and people from clinics*. These people have direct influence on the students because they are approached by

students when they want to discuss condom use and ask for information and advice. Students again don't go to their partner to talk about these issues, "When you have a problem with your girlfriend you don't ask her but your friend". Students also don't go to their parents about this topic, because some parents aren't open to talk or students find it disrespectful, "It shows disrespect when talking about sex with parents". The three other characteristics of social influence were not evident in the analyses of this theme. With respect to the magnitude characteristic of self-efficacy it appeared that students think *it's difficult to talk about previous relationships*, "Telling current partner that previous partner is ill or passed away is a problem" (pe). The finding that *women are afraid to talk to their partner about sexual issues* is part of the strength of their self-efficacy. Women seem to have a lack of confidence when talking to their boyfriend about sexual issues like their HIV status, "Women are afraid to tell men he has infected her" (pe). The two determinants that influence the behavior-intention relationship, skills and barriers, were not evident in the analyses of this theme. A possible explanation is the same as given before; Glimmerveen (2009), whose transcripts were used, didn't focus on analyzing and predicting behavior like has been done here by using the ASE-model. Focusing on the behavior of students regarding discussing and negotiating sex with others it seems that it's common that boys beat up their girlfriends instead of communicating, "It often happens in a relationship that a boy beats his girl". Some peer educators argued that it's also the other way around, "A woman beating up her man happens" (pe). *So boys and some girls beat their partner in a relationship*. The life of boys seems to be all about girls because *they talk about girls all the time*; "When sitting together boys are always talking about girls". According to the students *talking about their sexual past is difficult and not all students do talk about it*, "Telling about sexual past is a problem". Students are also reluctant when it comes to talking about condoms with their partner but *they do discuss condoms with their peers* and principal advisers, "People don't go to partner to talk about condoms". *Talking about their own or others HIV status doesn't happen as well*, "Most people keep it a secret if someone is HIV positive" (pe). Finally the attitude of men that women are to blame for basically everything can also be seen in their actual behavior. Students think that men take advantage of the position of women because *women are blamed for infection*, "Men blame women for infecting them".

In sum, students' perceptions regarding having (multiple) relationships, objective one, include the idea that having multiple relationships is about lust and can lead to problems. Students disapprove multiple and material relationships. Friends, parents and the social environment play an important role in the emergence of (multiple) relationships. Men being allowed to have more partners, in contrary to women, is a cultural thing. Even though students disapprove multiple and material relationships it seems they do get involved in this kind of behavior, both boys and girls. With respect to the second objective, students' perceptions regarding having sex it can be said that while

having sex is not just a boy thing, students don't agree on the meaning for having sex. They are conscious about the risks but acknowledge that peer pressure and impressing friends leads them to have sex eventually. Men prove they are a real man when having sex but for girls virginity is more important. When it comes to talking about sexual issues students have a lack of confidence and think it's difficult to discuss these issues. In addition poverty is seen as a barrier that impedes students to perform safe sexual behavior. Despite their knowledge and attitude about having sex, students start with it at an early age. Girls are often forced into sex and there is a tendency to blame them for the rape. When focusing on students' perceptions concerning the use of protection it was found that students say you should use protection all the time, even though they know a condom is not always safe. Despite this many have a negligent attitude towards condom use and say it's not necessary. Using protection or not is also strongly influenced by friends. Suggesting condom use by women, who are more into that, is hard because it can suggest they are sick. If students know how to use a condom properly appeared however unclear. An important barrier here is the government that prohibits almost anything about promoting condom use. While most of the students say they use a condom, not using it is very normal. In general boys decide on using a condom. With respect to the last objective aimed at students' perceptions regarding discussing and negotiating sex with others, students expressed that communication about sexual issues and protection is necessary in a relationship. Talking is however not always a solution and that's where boys beating up girls, something common, begins. Women and men are not equal in a relationship which makes it hard for women to discuss sexual issues with their partner. Peers play again a prominent role in discussing sex and condom use. Finally it was found that people don't talk about their own or others' HIV status.

### **Discussion**

The general objective of the present study was to get more insight into students' perceptions and behavior regarding four cultural rules that influence sexual risky behavior, from two different perspectives, both students and peer educators. It is assumed that the NAAP should address these issues during their activities in order to facilitate behavioral change. Previous research into the NAAP however concluded that the strategy of the NAAP didn't match the needs of the secondary school students, because the peer educators only focused on factual information about HIV/AIDS instead of discussing the social and cultural factors that influence risky sexual behavior. In order for students' behavior to change more attention had to be paid to their situation (Brands, 2009; Glimmerveen, 2009). This study confirmed that students in general have the right attitude and knowledge regarding safe sexual behavior, but peers, social expectations, cultural beliefs, gender inequality and many more social and cultural factors however strongly influence the ultimate intention to perform safe

sexual behavior. In addition especially women lack self-efficacy regarding suggesting condom use, discussing previous relationships etcetera, possibly due to the existing gender inequality. In addition, weak intentions to perform safe sexual behavior can easily be disrupted by barriers and skills. Barriers like poverty and the South African government play a role in the existence of risky sexual behavior. Due to poverty girls get involved with sugar daddies that provide them with money and gifts. The government on the other hand doesn't improve the situation by not allowing condom distribution in schools and by having a leader who himself has ten wives and says that taking a shower after sexual intercourse prevents HIV infection. It appeared unclear if students had the skills to use a condom properly.

### *Having (multiple) relationships*

Based on previous research of Glimmerveen (2009) and research of van Dijk and colleagues (2008) it was expected that the perceptions and the behavior of secondary school students, regarding the four objectives, were related to their cultural ideals. The results of the present analyses partly confirm the expectations regarding students' perceptions on having (multiple) relationships. Based on this research it can be confirmed that men in the Moutse area, in contrary to women, are allowed to engage in more relationships. This is a cultural thing that shows he is a real man by having more girlfriends (van Dijk et al., 2008). However, the expectation that women don't get involved with more partners (Van Dijk et al., 2008) cannot be confirmed. The present study showed that women as well engage in this kind of behavior. Although it's unclear if the proportion of men and women having multiple partners is equal, the secondary school students do explain this kind of behavior performed by women. Students suggest that a woman has more partners, because it can be of the advantages that accompany additional material relationships (MacPhail & Campbell, 2001). These material benefits apparently outshine the 'rule' that having more partners is not done for women making them a slut, if it comes out.

With respect to the behavioral determinant analyses regarding having (multiple) relationships the following can be said. While students in general expressed a negative attitude towards multiple and material relationships, the role of social and cultural factors on the other hand is pretty clear. Outcome expectancies are different for men and women, making having multiple partners more attractive for men. In addition, especially for men having more partners is a cultural thing they grow up with. The influence of social and cultural factors on having (multiple) relationships was predominantly evident in the second determinant of intention, social influence. Peer pressure really leads students to have more partners, especially men, and some parents even promote material relationship(s) of their daughter. Besides that, students observe this kind of behavior in their environment and there is a social expectation for men to have more partners, in contrary to women.

It appeared that people have multiple relations mainly to impress others and amuse friends. Regarding self-efficacy it became clear that students in general have a lack of confidence when talking about relationships. The evident influence of cultural and social factors on risky behavior and the absence of barriers and skills that could disrupt an intention to act safe, indicates that students don't seem to have a strong intention to perform safe sexual behavior, in contrary to findings of previous research. As a consequence students' in general keep performing risky sexual behavior; both men and women are having more partners and buying love is happening a lot.

### *Having sex*

That women in some way are in a race to catch up with men, combating gender inequality, can also be seen in their sexual behavior. While it was expected that men need more sex than women (van Dijk et al., 2008; Ragnarsson et al., 2008), it appeared that sex is not just a boy thing because the need for sex is equal between boys and girls. The expectation that men often engage in sex because of pleasure and gaining status (Ragnarsson et al., 2008; MacPhail & Campbell, 2001; Varga, 2003) can to some extent be confirmed; of course not all men from the Moutse area were questioned but the involved participants did indicate this motivation of men. While a few participants say having sex takes commitment, men in general say sex is for fun and their sexual life makes them proud.

Again students in general express the right attitude towards having sex; they acknowledge the risk of HIV/AIDS and state that you must talk a slow walk towards sex. As with having multiple relationships, here also the influence of social and cultural factors on risky sexual behavior became evident. While men prove their manhood by having sex, girls find their virginity more important. There also appeared to be a contradiction in the meaning for having sex, lust versus reproduction. The influence of these underlying factors is however predominantly evident in the same determinant as before, social influence. Mostly male students but female students as well experience peer pressure for having sex. Men catching girls for having sex is a subjective norm and they are expected to be sexually active. Also here especially male students have sex to impress friends and gain status. The influence of peers can also be seen in the students' self-efficacy. Students have a lack of confidence in talking about sex with their parents which leads them to their peers, who are the most important advisers on having sex. Taken together it appears that students, especially male students, don't really have the intention to perform safe sexual behavior. The intention of women to act safe can to some extent be disrupted by poverty, which is a cause of sugar daddy relationships according to the students. When one combines these behavioral determinants it seems that students in general don't practice safe sexual behavior; having sex starts early sometimes leading to young girls being pregnant, more than 20% of the students have sex with a ten year older or younger person

(which can indicate sugar daddy relationships), and students indicate that boys raping girls happens a lot.

### *Using protection*

In this study there appeared no evident relation between condom use and preventing pregnancy instead of preventing HIV/AIDS (Kirkman, Rosenthal, & Smith, 1998). However, the expectation that students wouldn't use a condom to prevent HIV/AIDS can be confirmed but needs some nuance. In general it appeared that not using a condom is very normal because using it is unnecessary. Students express this negligent attitude by bringing up the popular saying "we're all going to die". This indicates that students don't relate using condoms to their own personal situation, which is needed to change students' behavior regarding using protection (MacPhail & Campbell, 2001). On the other hand the expectation that students won't use protection because it can be seen as a lack of trust and makes sex less enjoyable (Varga, 2003; Meyer-Weitz, Reddy, Weijtze, van den Borne, & Kok, 1998; Van Dyk, 1994) can be confirmed. That students don't use a condom is mainly due to men saying it's less enjoyable and women being unconfident to suggest condom use. If women do suggest using protection it indicates they don't trust their partner so women eventually please men by having unsafe sex. Women and men are thus not equal in a relationship; men are the leaders.

The analyses showed that students have a positive attitude towards using protection; they think it's right to use a condom at all cost, otherwise you will kill yourself. This positive attitude is however influenced by social and cultural factors that can impede the intention to use a condom; students acknowledge that there is a difference between boys and girls in which girls want to use a condom longer than a week while boys suggest not using a condom at all. The influence of these underlying factors is again predominantly present in the determinant social influence. As with having sex, boys experience more peer pressure from friends than girls but girls are being pressured by friends as well. Students say it's common that friends tell you not to use a condom. Regarding self-efficacy it seemed that students are afraid to talk about condoms; especially women are not conscious in using condoms and are scared to suggest condom use. These findings show once more that the intention to use protection is strongly influenced by social and cultural factors. This weak intention-behavior relationship is on its turn influenced by two other determinants; with respect to skills how to use a condom properly the students couldn't agree on. Some students say they know how to use a condom while others suggest that people don't know how to use a condom. The disrupting determinant that was found is the government. Students stated that the government is a barrier to using protection because it doesn't allow condom distribution at schools. When one combines these determinants it seems that there isn't a very strong intention to use protection



among the students and if there is an intention to do so, there still is a possible lack of skills and one barrier that can disrupt this. Students' found behavior regarding using protection can partly confirm this; condom use isn't common but 68.6% of the students did indicate they used a condom the last time they had sex. In contrary to this relative positive finding students use a condom for a short period, more often with a regular partner instead of with a non-regular partner and boys usually decide on condom use and almost always resist.

#### *Discussing and negotiating sex with others*

As a consequence of the gender inequality it's difficult for women to talk about sexual issues with their partner. While it was expected that men do discuss sexual issues with their partner (Varga, 1997; Varga, 2003), the present research proved this is not happening. Students don't go to their partner to talk about sexual issues but they discuss this with their friends because peers appear to have a higher level of trust and comfort with each other, which allows more open discussions about sensitive topics, here sexual issues (Campbell & MacPhail, 2002). The expectation that students don't discuss these sexual issues with their parents (Mturi, 2003; Boulton & Cunningham, 1991; Visser, Roos, & Korf, 1995) can be confirmed. Some secondary school students suggest that it's disrespectful to talk about sexual issues with your parents and some parents aren't open to talk about sexual issues with their children.

Students' attitude towards discussing and negotiating sex with others is mainly positive. Most of them think that communication is necessary in a relationship, but a few say that sometimes beating is a better solution than communication. Once more this attitude is influenced by social and cultural factors; students state that due to their culture men and women are not equal in a relationship. Men take advantage of women and blame them for infecting them. Social influence on this theme plays again an evident role but besides peers also clinics and teachers are approached for discussing and advice on sexual issues. Students don't talk to their partner about sex, possibly due to the cultural gender inequality in a relationship. This inequality also plays a role in the determinant self-efficacy; women are afraid to talk about sexual issues and talking about previous relationships is experienced as difficult. Taking these determinants together it seems plausible that students don't really have the intention to discuss sexual issues, mostly due to social and cultural factors as gender inequality. Unfortunately this research didn't shed light on the skills and barriers that can support or disrupt students' intention to discuss sexual issues. The assumed weak intention to discuss sexual issues is however reflected in students' behavior; instead of communicating with their partner, especially boys are prone to beat their girlfriend, talking about their sexual past is a problem and doesn't seem to happen that much, and students don't discuss condom use with their partner but rather with peers.

### *Students' and peer educators' actual sexual behavior*

Although there wasn't a separate objective aiming at a comparison between students' and peer educators' actual sexual behavior, findings from the quantitative analyses couldn't be withheld from this discussion since they provide useful information. It was expected that the peer educators would benefit from educating their peers and would therefore behave more positively and safely than students (Strange et al., 2003). Based on the qualitative analyses of the practices part of the KABP survey, this expectation can be confirmed. Students had more sexual partners and didn't always use a condom with non-regular partners in contrary to peer educators. It is worth noting that many students answered unsure on the questions regarding condom use. This can be due to a lack of skills how to use a condom.

### *Limitations and implications*

In contradiction to previous research of Glimmerveen (2009), this research focused more on the level of behavioral determinants which resulted in a thorough insight into how risky sexual behavior of secondary school students in the Moutse area originates. This information is key to develop or improve a successful peer education prevention program (Kok & Damoiseaux, 1991). Although the performed analyses of behavioral determinants provides a comprehensive insight in the perceptions and behavior of secondary school students regarding the four objectives, this research has some limitations that have to be mentioned as well. Firstly, the period of the data collection was shortened, because of the funding stop in February. In this short period of 3.5 weeks the qualitative and quantitative data were obtained from the peer educators. The participants may be influenced in their behavior during this period of time because this funding stop had terrible consequences for them. Due to the funding stop a part of the data of the FGDs can be limited because the participants weren't motivated to participate and English wasn't their native tongue. Important information could have been lost, because English can limit the participants in understanding what the discussion is about and in expressing their thoughts. In future research this can be solved by using a translator. Secondly, using FGDs to gather qualitative data had some advantages as mentioned above in part two Method, but it also had some critical points that have to be mentioned. The use of vignettes during the FGDs triggered the discussion about the taboo topics a lot, but it was sometimes hard to distinguish if the participants were talking about their own view and behavior or about the view and behavior that is common or desirable. This made comparison between the two perspectives hard. It wasn't possible to ask the participant personally, but in future research this has to be taken into account and aspired by executing individual interviews. Individual interviews can reduce social desirable answering and can be used as a control method of the things the participants discussed in the FGDs. In this research the researchers were aware of social desirable

answering and learned how to distinguish these social desirable answers from their actual behavior. The third limitation involves the KABP questionnaire. While some KABP surveys on AIDS related issues in Africa have been formally published on international conferences, seminars or in the form of reports, this data collection method is never questioned on the validity (Schopper et al., 1993). During the present analyses of the quantitative data it became clear that the used KABP questionnaire wasn't reliable or valid except for the practices part. In addition to practices, it was supposed to measure students' and peer educators' understanding of HIV/AIDS (Knowledge), their opinion about HIV/AIDS (Attitude) and their beliefs about HIV/AIDS (Beliefs). Unfortunately it appeared that the scales weren't intern valid and the items of the different parts of the KABP-questionnaire weren't related to the four objectives of this research. This resulted in only using six items of the practices part. In future research this KABP questionnaire should be made reliable and valid by changing the scales and connecting the questionnaire to a theoretical model in which behavior can be explained.

Based on the results of this explorative research recommendations can be formulated to further improve the NAAP. The present research showed that social and cultural rules have an evident influence on students' intentions towards safe and risky sexual behavior, ultimately impeding the performance of safe sexual behavior of secondary school students in the Moutse area. For resisting and changing these cultural rules secondary school students need to get insight in how their personal situation increases the possibility of getting a HIV infection (Campbell & MacPhail, 2002). Results of the FGDs showed that the participants sometimes had a critical awareness about the pressure from the environment in for example deciding not to use a condom during sex; this showed that discussion can trigger critical reflection on the secondary students themselves. Previous research into the NAAP already showed that the presentations were mainly one-way without actively involving the students in the discussion. It is therefore necessary for NAAP to use participatory methods that involve their target group in discussions in which NAAP stimulates them in developing critical awareness, which can result in behavioral change. For behavioral change of secondary school students to occur more active, participatory methods should be used in which the cultural and social rules leading to risky sexual behavior can be addressed more extensively. Future research aimed into these participatory methods and applying them to HIV/AIDS education is therefore necessary. Besides the process of giving HIV/AIDS education also the content of the education is of outmost importance. The presence of risky sexual behavior can be seen as a time dilemma. According to Kok & Damoiseaux (1991) the problem with these dilemmas is however that the advantages of this behavior are present on the short term (pleasure) in contrary to the disadvantages that show up on the long term, here HIV or STI infection. In addition, people in general base their decisions on the advantages and disadvantages on a short term. These dilemmas are thus difficult to solve with

education because there are so few advantages to mention on the short term. For people to change their decisions and behavior more emphasis should be on the long term disadvantages. With respect to interventions aimed at changing risky sexual behavior, like the NAAP, future research is necessary into the effectiveness of this approach and how to integrate this approach with existing interventions. Since the present research didn't gain much information on the influence of skills and self-efficacy on risky sexual behavior, future research into these determinants is necessary to further improve HIV/AIDS education like the NAAP. Especially women seemed to have a lack of self-efficacy when suggesting condom use but more information on this and other topics is necessary to develop or improve an intervention that effectively enhances the self-efficacy. This is also true for skills for this study wasn't inconclusive on students' skills how to use a condom properly.

Despite the mentioned limitations this study absolutely provided a lot of useful information for the NAAP. The insight in how students' risky sexual behavior occurs should be used to adjust and improve the existing program. Now the NAAP can match their strategy to the needs of secondary school students, which have been clarified and described in the present study. This will contribute to the effectiveness of the NAAP and enables a small step to solving the HIV/AIDS epidemic.

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Appendix1: KAP-questionnaire**KAP SURVEY:**

<b>Date:</b>	<b>Location:</b>	<b>Age of respondent:</b>	<b>Gender: M / F</b>

<b>KNOWLEDGE</b>			
	True	False	Unsure
1. Having sex with a virgin can cure HIV/AIDS			
2. Having sex with more than one partner can increase a person's chance of being infected with HIV/AIDS			
3. A person can be infected with HIV and still be healthy			
4. HIV/AIDS is only a problem for young people			
5. Patients with TB also have HIV/AIDS			
6. ARV'S have to be taken for life			
7. There is a cure for AIDS			
8. HIV/AIDS is caused by witchcraft			
9. HIV/AIDS is the same as "dirty blood" (makgome)			
10. HIV/AIDS infection is prevented by using condoms			
11. A person can get HIV by using a cup or plate that has been used by a person with HIV/AIDS			
12. A person can get HIV by sharing a bottle when drinking			
13. A person can get HIV by sitting on the same toilet seat			

14. A person can get HIV by touching someone who has AIDS			
15. Coughing and sneezing spreads HIV			

### ATTITUDES

	Agree	Don't Agree	Unsure
1. If I knew that a shopkeeper or food seller had HIV, I would still buy food from them			
2. I would be willing to care for a family member with AIDS			
3. I would not have a problem having protected sex with a partner who has HIV/AIDS			
4. It is a waste of money to train or give a promotion to someone with HIV/AIDS			
5. I would want to keep the HIV positive status of a family member a secret			
6. HIV positive children should be kept separate from other children			
A person would be foolish to marry a person who is living with HIV/AIDS			
My friend with HIV/AIDS is still my friend			

### PRACTICES

1. In the last 12 months, have you been sexually active? (If no skip to Q 7)	Yes	No
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2. If "Yes", how many different partners have you had sex in the past 12 months?	1	2	More than 2
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3. How would you describe the age of your sexual partner/(s)	Same age	10 years older	10 years younger
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4. During sex, do you <i>always</i> use a condom with your regular sexual partner?	Yes	No	Unsure
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5. During sex, do you <i>always</i> use a condom with your non-regular sexual partner?	Yes	No	Unsure
--	-----	----	--------

6. Did you use a condom the last time you had sex	Yes	No	Unsure
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7. Do you know where to access VCT	Yes	No	Unsure
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8. Do you know your HIV status	Yes	No	Unsure
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<b>STIGMA (external)</b>
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	True	False	Unsure
1. People do not want to be associated with PLHA.			
2. PLHA are rejected by their family and friends.			
3. PLHA are guilty and have only themselves to blame.			
4. Family and friends of people living with HIV/AIDS should be avoided.			
5. PLHA are not productive/can't work			
6. PLHA should not be given loans or other support.			
7. People with HIV/AIDS should not have children			

Appendix 2:*Vignette 1:*

A. For three months Thabo is having a relation with Zanele. He has also a relationship with Lindiwe for two months now. Zanele and Lindiwe do not know that Thabo has a second girlfriend. Thabo is not planning to stop one of the relationships. He thinks he is allowed to have more girlfriends because boys need more sex than girls.

B. Zanele finds out that Thabo also has a relationship with Lindiwe. She finds it okay for men to have more girlfriends. She thinks their need for sex is bigger. The only thing she is scared about is that they do not use condoms.

C. The relationship between Thabo and Zanele is not going well. Zanele does not like it that she gets less presents from Thabo, she thinks he is buying more presents for Lindiwe. Zanele starts another relationship with a guy who does give her a lot of presents. Zanele is scared to step out of her other relationship with Thabo because she thinks he will beat her up.

*Vignette 2:*

A. Thabile has a boyfriend, Thomas, for a year now. She meets Siyabonga, a boy at school. They also start dating, but she is not sure if she loves him and if she should stop her relationship with Thomas. She has continued both relations for more than two months now.

B. Thabile has a relationship now with Thomas and Siyabonga for four months, she loves both boys. She does not want her friends and family to know, because she is scared of their reactions. It is getting more difficult to hide the relationships.

C. Thomas finds out that Thabile has a second boyfriend. He gets really angry and beats her up. He says she belongs to him and she is not allowed to fool around with other boys. As a man he is the only one that is allowed to have more than one girlfriend.

*Vignette 3:*

A. Maria has a relationship with Steve, a boy her age she met at school, for seven months now. Maria comes from a poor family, she does not have the money to buy a new school uniform. She meets Themba a boy that is fifteen year older than her, he has a steady job. Sometimes Maria gets money or gifts from Themba. They start a sexual relationship. Maria tells stories to her friends at school about all the nice things she does with Themba.

B. Themba is not satisfied with the number of times he has sex with Maria. Maria does not want to have sex more often. Themba tells Maria that he loves her and that she is the only one for him. He gives her a new bag for school. Themba convinces Maria to have sex more often.

C. Maria and Themba have a relationship now for two months. Maria just heard that Themba is probably HIV positive. Maria is scared to ask Themba to use condoms when they have sex. Maria keeps having sex with Themba and her other boyfriend Steve.

*Vignette 4:*

A. Karabo has a sexual relationship with Sharon for two months now and also with Palesa for more than a year. Both girls live in another village. He is proud that he is able to support both girls with money and gifts. Karabo speaks proudly of his two girlfriends to his male school friends.

B. The school friends of Karabo push him to also start a relationship with Paulinah, a nice girl from school. Then Karabo finally has a girlfriend in his own village, which he can meet often. They say that as a real man he is allowed to have more girlfriends if they live far away. As long as he makes sure that his parents do not find out.

C. Karabo has a sexual relationship now with Sharon, Palesa and Paulinah. Karabo starts really loving Paulinah. Maybe this is the girl he wants to marry. He does not know what to do now. His friends keep telling him to continue the three relationships.

*Vignette 5:*

A. Mandla and Lizzy have a steady relationship. They started having sex. They never use a condom. Mandla does not have any other girlfriends and also thinks Lizzy is faithful to him. Still Mandla starts to worry: Would it be better if he would use a condom? Can he get infected with HIV if he does not use a condom with Lizzy? He wants to know this, but is afraid to ask anybody.

B. Mandla asks his friends if he should use a condom when having sex with Lizzy. His friends laugh at him: Lizzy and Mandla are healthy, so why should they use a condom? They say condoms are for people that are already infected with HIV or STIs (sexually transmitted infections)

C. Now Lizzy also starts to get worried. She heard that her previous boyfriend became very ill, maybe it is AIDS. She wants to say this to Mandla and suggest that they should use a condom, but she is afraid of his reaction. Because of this, she does not say anything.

*Vignette 6:*

A. David is at a party with his friends. He has a girlfriend, but she is not at the party. David sees a nice girl at this party: Mpumi. She goes to the same school as him. First, he does not want to go to her, because he already has a girlfriend. His friends tell him that he should go and talk to Mpumi, because that is what a real man should do.

B. After talking to his friends, David walks up to Mpumi and speaks to her. He really likes her and wants to have sex with her. He takes her outside where it is dark and says to Mpumi that he wants to have sex. She says she does not want it. David thinks that she is only saying that to look like a nice, innocent girl. He thinks that she actually wants to have sex. He forces Mpumi to have sex with him.

C. Mpumi feels really bad about what happened at the party. When she is sitting at school two days later, she sees David sitting in another class. She panics and starts crying. When a female educator asks her what happened, she does not want to tell her. She is afraid that the educator will blame Mpumi. The educator will probably say she was wearing a sexy dress and was asking for it to happen.

*Vignette 7:*

A. Sipho and Thembi have a relationship for one month now. They did not have sex yet. Sipho wants to have sex with Thembi, but she wants to wait longer. Thembi is still a virgin and wants to stay a

virgin until she is 18 years old. Siphso thinks differently about this; he already started having sex when he was only 15 years old and he is proud of this.

B. Siphso said to Thembi that he wants to have sex with her. Thembi still prefers to wait, but loves Siphso and does not want to lose him. She sleeps with him anyway.

C. Two months later, Siphso and Thembi are still having a relationship. Thembi does not like the relationship and wants to end it. She talks about this to Siphso. He says that he loves her very much and he does not want to lose her. If she tries to leave him, then he will beat her up.

*Vignette 8:*

A. Jerry and Khomotso have a relationship for a few months now. Jerry likes having sex with Khomotso. Khomotso likes to have a relationship with an older boy who is buying her gifts and paying her school fees.

B. One evening, Khomotso visits Jerry in his house. She is very tired, but he wants to have sex with her. Khomotso says that she is too tired. Jerry gets angry: "I buy you all these gifts, but you will not even sleep with me!"

C. After this night, the relationship between Jerry and Khomotso changes. He starts forcing Khomotso to have sex with him every day. She does not like this, but she needs the money and gifts Jerry gives her. Because of this, she keeps going to his house every day and has sex with him.

*Vignette 9:*

A. Sizwe and Mary are in love and have a relationship. Since a few weeks, they are having sex. Sizwe knows that Mary had other boyfriends before him. He knows she had sex with these boys. He is a little bit scared of getting STIs or HIV, but he does not want to talk with Mary about her previous relationships.

B. Sizwe and Mary have talked about condom use. Sizwe said he does not enjoy sex while using a condom. Mary accepts this and says they do not need to use condom anyway; they love each other and trust each other.

C. One day, Sizwe finds out that he has got an STI (sexually transmitted infection). He blames Mary for this. She already had several boyfriends before Sizwe. He thinks she should have been more responsible and should have asked for a condom. Because of her, he has got an STI.