PERCEPTIONS ON THE ROLE OF PEER PRESSURE IN INCREASING HIV RELATED RISKY SEXUAL BEHAVIOURS IN FURTHER EDUCATION AND TRAINING (FET) COLLEGES: A CASE STUDY OF PC TRAINING AND BUSINESS COLLEGE IN GAUTENG, SOUTH AFRICA

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Declaration

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

Limkile Mpofu
January 2012

Dedication

To my beloved husband Mr. Jarrot Mpofu, my children, Nigel, Manduleli Mpofu; Letwin Yanelisile Mpofu; Shelton Sibanesenkosi Mpofu; Simphiwe Faith Mpofu for their support and natural immeasurable love.

I would like to extend my words of gratitude and sincere appreciation of the invaluable roles played by the following people:

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I also thank Mr. Mduduzi Moyo, for editing the whole document, and giving his insightful comments. I doff my hat at him.

PC Training and Business College for their support and assistance in making this research a success

My Husband and my children for their support and perpetual love they displayed during the days of hardship.

My church members and Eagles prayer group for who accessed me to all the spiritual blessings from God.
God bless you all!

Abstract

The following research question motivated the study: What is the perception of FET students about the role of peer pressure in engagement in HIV related risky behaviour? To answer this research question, an FET college PC Training and Business College was chosen as its students consist of diverse learners from all backgrounds and it is in the hub of Gauteng which is amongst the provinces in South Africa with the highest HIV prevalence.

This research used a quantitative approach. Questionnaires were administered and analysed using SSPS version 17. The study made use of cross-sectional survey design in order to link peer pressure and HIV related risky behaviour to questionnaire data. The research findings indicated that peer pressure plays an insignificant role in influencing HIV related risky sexual behaviours and that it cannot be surprising that it contributes positively. Findings of the present study extended previous research as it emerged that students engaged in risky sexual behaviours despite their knowledge of these risky sexual behaviours. The participants were motivated to avoid negative side effects of sexual risk taking behaviours such as unwanted pregnancies. It was also noted that there was inadequate communication among many close associates within the tertiary institution environment about HIV and sexual issues and practices as reflected by the lack of knowledge about the use of contraceptives by their peers depicting peer influence as playing a lesser role.

It emerged that a general strategy would not be feasible, since the norms, values, cultures, and traditions of the various communities in South Africa are too different. Thus the focus of a prevention program for students would have to be based on the particular needs and beliefs of each community.

Opsomming

Die volgende navorsingsvraag het die studie gemotiveer: Wat is die persepsie van VOO-studente rakende die rol van groepsdruk in betrokkenheid in die MIV-verwante risikogedrag? Om te antwoord op hierdie navorsing vraag, is 'n VOO-kollege-rekenaar-opleiding en besigheidskollege gekies aangesien sy studente bestaan uit diverse mense van alle agtergronde en dit is die middelpunt van Gauteng, wat een van die provinsies met die hoogste voorkoms van MIV in Suid-Afrika is.

Hierdie navorsing het gebruik gemaak van 'n kwantitatiewe benadering. Vraelyste is geadministreer en ontleed met behulp van SSPS weergawe 17. Die studie het gebruik gemaak van 'n dwarsdeursnee-opname-ontwerp om groepsdruk en MIV-verwante risiko gedrag te skakel na die vraelys data.

Die navorsing het aangedui dat groepsdruk 'n onbeduidende rol speel in die MIV-verwante risiko seksuele gedrag beïnvloed. Bevindinge van die studie het vorige navorsing uitgebrei soos dit aan die lig gekom het dat die studente wat betrokke is in riskante seksuele gedrag, ten spyte van hul kennis van hierdie riskante seksuele gedrag. Die deelnemers is gemotiveer om negatiewe newe-effekte van seksuele risikogedrag soos ongewenste swangerskappe te voorkom. Daar is ook opgemerk dat daar onvoldoende kommunikasie onder baie naby geassosieerdes binne die tersiêre instelling omgewing oor MIV en seksuele kwessies en-praktyke soos weerspieël deur die gebrek aan kennis oor die gebruik van voorbehoedmiddels deur hul eweknieë uitbeeld.

Dit blyk dat 'n algemene strategie nie haalbaar is nie, aangesien die norme, waardes, kulture en tradisies van die verskillende gemeenskappe in Suid-Afrika te verskillend is. Die fokus van 'n program vir die voorkoming vir studente moet gebaseer wees op die spesifieke behoeftes en oortuigings van elke gemeenskap. Die gevolgtrekking was dat groepsdruk nie dieselfde negatiewe invloed op alle jeugdiges het nie, individue verskil in hul vatbaarheid.

Key Concepts

Peers- are the individuals with whom a child or adolescent identifies, who are usually but not always of the same age-group

Peer pressure- Peer pressure occurs when the individual experiences implicit or explicit persuasion, sometimes amounting to coercion, to adopt similar values, beliefs, and goals, or to participate in the same activities as those in the peer group (Mueller, 1998). According to Bauman, (1996), Peer pressure is strongly associated with level of academic success, drug and substance use, and gender role conformity. He further declares that the level of peer influence increases with age, and resistance to peer influence often declines as the child gains independence from the family or caretakers, yet has not fully formed an autonomous identity.

Perception- it is the process by which people translate sensory impressions into coherent and unified view of the world.

Risky sexual behaviour- (e.g., unprotected sex) is defined as the behaviour that may result in unwanted pregnancy and /or a sexually transmitted disease (STD), as well as HIV/AIDS (Jeltova et al., 2004).

Participants- These are the students who got involved in the research study

FET College- Further Education and Training College

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

1. INTRODUCTION AND BACKGROUND

1.1. Introduction

The current research study looked at the perceptions of peers/youths on the role of peer pressure in increasing HIV related risky sexual behaviours in Further Education and Training (FET) colleges. This was so, because the effect of peer pressure has not been widely researched (Eaton, Flisher and Leif, 2003). The researcher felt that there was a gap that needed to be filled by research. The researcher also felt that it was priceless information for planning purposes, as it helps the planners into coming up with appropriate measures to deal with risky related sexual behaviours among the youths.

This evidence of such usefulness was reflected by the meeting of the United Nations General Assembly Special Session (UNGASS) in 2001, where leaders from around the world drew up a comprehensive set of goals that included: reducing HIV prevalence among young people aged 15-24 by 25 per cent in the most affected countries by 2005, and by 25 per cent globally by 2010, (UNAIDS, 2010). This meeting by the leaders showed how serious HIV was among the youths. The question of whether peer pressure has anything to do with increasing risky related sexual behaviours among these youths then remained. It is also noted that UNAIDS and WHO (2009), stated that in sub –Saharan Africa, the rate of newly acquired HIV infections was highest among 15-24 year olds, thus South Africa was not spared in that respect, as Central Services statistics 1998 puts the country‘s youth structure as follows: 21 percent of the population of South Africa (8.8 million) as between 15 and 19 years, with a further 10per cent (4 million) aged 20-24.

According to UNAIDS and WHO (2009), young people aged 15-24 are said to have accounted for about 41 percent of new adult HIV infections in 2009, and 5 million [4.3-5.9 million young men and women are currently living with HIV. They further predicted millions of new HIV infections among young people in the future years which called for more actions in order to halt the AIDS.

This was supported by ILO, UNAIDS, UNESCO, UNFPA, UNICEF, WHO and the World Bank (2011) when they said that AIDS would not be halted until young people have the knowledge and capacity to avoid behaviours that put them at risk. All that reflected that school going youths in South Africa were at risk with HIV, hence drew our concern and forced the researcher to study the topic of peer pressure role in increasing HIV risky related behaviour among young people in tertiary institutions.

Adolescents and young people need accurate and relevant information about HIV transmission and an enabling and protective environment in their communities where they can talk openly about risk behaviours, (UNAIDS, 2010). Furthermore, as of 2007, the estimated HIV prevalence rate among teens and young adults, through to adults (15–49) was 18.1% (UNAIDS/WHO, 2008). South Africa is among the countries with HIV prevalence above 15 per cent among people aged 15 through to 49. Varga (1999) a South African researcher, basing her arguments on 1998 estimates confirmed it, when she said that HIV infection among South African youth was escalating rapidly. The great challenge then is reaching out the many young people who are not aware of their vulnerability to HIV or who do not understand the best ways to prevent becoming infected. UNICEF (2010) further stipulated that HIV prevention where prevalence was low or the epidemic was concentrated in specific populations is challenging because the spread of HIV is fuelled by high-risk and typically stigmatized behaviour, and that much is known about how to prevent HIV infection among adolescents and young people most at risk, but programmes generally have not been taken to scale.

UNAIDS/WHO estimate that AIDS claimed 350,000 lives in 2007 - nearly 1,000 every day (UNAIDS/WHO, 2006). Based on a wide range of data, including the household and antenatal studies, UNAIDS/WHO in July 2008 published an estimate of 18.1% prevalence in those aged 15-49 years old at the end of 2007. Their high and low estimates are 15.4% and 20.9% respectively. According to their own estimate of total population (which is another contentious issue), this implies that around 5.7 million South Africans were living with HIV at the end of 2007, including 280,000 children under 15 years old.

According to UNAIDS (2010), many young people in the age group 15-24 engage in unsafe behaviour and a significant number continue to be infected. In the same report of the UNAIDS (2010), on the global AIDS epidemic, they also indicated that among these young people in 15 of the most severely affected countries, HIV prevalence has fallen by more than 25 per cent as these young people have adopted safer sexual practices. The question then remains of what could be the cause of these alarming statistics among the youths- Could it be that these youths engage in risky sexual behaviour, and could peer pressure be the cause of such HIV related risky sexual behaviours?

Arowojolu, (2002); Louw et al., (2009); Nupen (2006) and Omoregie (2002) conducted studies and concluded that older adolescents and youths, potentially, have better access to reproductive health information and services than younger ones, but despite all this, available information shows that their reproductive health risk remains high and that despite their knowledge about HIV/AIDS they were inclined to sometimes ignore the knowledge gained from their family and school cultural environment. Louw (2009) and Nupen (2006) found that the learners at the schools they studied were alert to the dangers of HIV/AIDS but were still careless in their behaviour and attitudes towards the disease. This brings us to high prevalence of risky sexual behaviours among students in tertiary institutions despite a high level of knowledge about reproductive health issues.

The environment in higher institutions of learning in South Africa, like that in many other parts of the world, is characterised by high level of personal freedom and social interactions. Socially, the typical College environment in South Africa offers opportunities for high level of sexual networking, and the ―freedom" that characterizes the higher institutions permits permissive lifestyle, (Fatusi, 2004). These sexual lifestyles in Further Education institutions in South Africa, and a number of other African countries, have been documented as featuring a high level of risky sexual behaviour such as transactional sex, engagement with multiple partners, unprotected

casual sex, and gender-based violence (Katjaviri, 2003; Kelly 2001 and Omoregie, 2002).

This being so, it seems legitimate to expect that the school as the teaching-learning institution should play a very active role in the communication of messages about HIV/AIDS. It is suggested that peer pressure may be responsible for risky sexual behaviours in FET schools. Risky sexual behaviours among the youths have been a cause for concern. Risky sexual behaviour (e.g., unprotected sex) is defined as the behaviour that may result in unwanted pregnancy and /or a sexually transmitted disease (STD), as well as HIV/AIDS (Jeltova et al., 2004). The Centre for Disease Control and Prevention (CDC) in 2001, estimated that nearly 25% of all new HIV infections, new infections with other STDs, and almost 1million pregnancies occur among South African teenagers. Schools may be HIV -free institutions, if something is done to promote abstinence. An appreciation of these problems that youths encounter will make it possible to be more realistic about what schools can and cannot accomplish in the field of HIV prevention so as to promote abstinence.

In South Africa the researcher, through her experience as an educationist, has observed that students attending primary, secondary and tertiary schools are of very mixed ages as some children begin school late. They are therefore older than they should be for their educational level. This situation is compounded by the common practice of allowing learners to repeat grades.

1.2. Background

PC Training & Business College is a tertiary institution that provides Further Education and Training courses. It has students whose ages range from 18- 24 years although there sometimes has cases of working class in the ages above 24 and sometimes as low as 15 years. This is due to the fact that some courses even allow for the Grade 9s to enrol. The researcher concentrated on the ages‘ ranging from 18-24 and that therefore defined the participants youth category. It was not known whether these youths engaged in risky sexual behaviours that caused AIDS. Their sexual

behaviours were not known and it was not known how they responded to peer pressure. It was well known that young people were often caught in an environment of conflicting pressures which (often against their will) necessitated their engagement in risky sexual practices. Still others did not appear to feel personally at risk of infection, despite acknowledgement that HIV/AIDS was an important social health problem. Youths were acutely aware of HIV presence in their communities and HIV was a frequent topic of discussion among South African young people and a matter which figured prominently in their sexual life histories (Varga, 1999) According to her, these youths could still engage in HIV related sexual behaviour. Therefore, was not clear whether peer pressure had anything to do with the youths‘ engagement of those risky behaviours.

1.3. Research Problem/Question

A critical question about HIV and other sexually transmitted infections (STIs) among South African FET College students is:

What is the perception of FET students about the role of peer pressure in engagement in HIV related risky behaviour?

This is so, because high risk behaviours among South African school going young people is often influenced by interpersonal processes such as peer group norms, perceived gender roles resulting in coercive male-dominated sexual relationships, lack of communication skills to negotiate condom use, their understanding of love, sex and relationships and a lack of positive adult role models (Monasch & Mahy, 2006). This is backed by Campbell & MacPhail, (2002); Eaton et al., (2003); Harrison et al., (2000); Visser et al., (2004); Wood, Maforah & Jewkes, (1998) who confirm this and also cite the lack of recreational facilities and social norms such as intergenerational silence about sexual behaviour, the status of women and socio-economic environment as playing a role in causing high risk sex behaviours among these kids.

1.4. Significance of the study

The practical implications for the findings of the above study were aimed at promoting good behaviour in the community. Very few schools come to grips with issues of sexuality. What this means in practice is that the education sector would benefit in terms of having responsible students who are exemplary to their peers. This feedback facilitated the design, refinement, and implementation of programs that could help the youths and their peers to delay the initiation of risky sexual behaviour and to make wiser, healthier choices in their lives.

This study contributed to sexual health education prevention efforts, all clinicians who treat adolescents - including paediatricians, social workers and psychologists - routinely discuss their patients' mental health history, lifetime use of all substances and sexual activity, as well as provide appropriate interventions when necessary in order to reduce their HIV risk. The Government also benefits by having responsible citizens who would help in curbing HIV/AIDS.

1.5. Aims and Objectives

The aim of this research proposal was to establish the perceptions of FET college students about the role of peer pressure in the engagement of risky sexual behaviour in order to propose programmes that addressed peer pressure influence on risky sexual behaviour.

The present study was designed with four **major objectives** in mind.

- To determine the knowledge of FET students about the role of peer pressure in the engagement of risky sexual behaviour.
- To describe perceptions of FET students regarding peer pressure in the engagement of risky sexual behaviour.
- To describe the problems experienced by students around peer pressure and risky behaviours.
- To provide guidelines for programmes to increase coping to address peer pressure related to risky sexual behaviour.

1.6. Outline of the research report

In accordance with Mnyaka (2006, p.7) this section serves to indicate what the researcher intends to discuss in each of the sections of the research report.

Section 1: **Introduction and Background**

This provides an introduction to the research study and outlines the identified problem, research objectives, definition of terms to be used, delimitations and importance of the study.

Section 2: **Literature study on the role of peer pressure in increasing HIV related risky behaviours**

A literature review of related articles or papers will be previewed here to assist in identifying any departure points, varying opinions from different researchers and also help understand the main research question under examination in broad terms. Similarly, it will give the views of other researchers about the topic under investigation (De Vos et al., 2005, pp. 206-207)

Section 3: R**esearch design and Methods**

This chapter is the critical part of the research study. It will encompass the research design and a brief explanation of the theory underpinning the methodology, as well as how the researcher plans to do the research. In other words we are saying that Methodology is the data-collection plan, which sets out the detailed strategy for collecting data (De Vos et al., 2005, p.132). The data-collecting plan will include the following elements: where, when, how and from whom the data will be collected, as well as how data will be analyzed and explained.

Section 4: **Findings**

This chapter provides the results of the research. This starts with an introduction and goes on to give an in-depth analysis, in order to give an easy understanding of the dataset, as data is summarized using appropriate figures and tables.

Section 5: **Discussion**

This chapter will include a clear analysis of the data collected, realization of sample, discussion of results, field notes, and so on.

Section 6: **Conclusion and Recommendations**

This last chapter provides summary, conclusions and recommendations covering the findings pertaining to the problem, the implications of the results, and recommendations for implementation and possible future research.

1.7. Summary

The problem statement and the rationale behind the research were outlined and the aim and objective of the study were clearly defined. The concepts surrounding and frequently used in this study were clearly defined for the sake of understating and insight. The section was concluded with a brief outline of the study programme (section division).

2. LITERATURE REVIEW

2.1. Introduction

Babbie and Mouton (2005) hold that the researcher must trace all available literature that is broadly and specifically relevant to his subject. This method is necessary as it serves several purposes in the research itself. We bear in mind that the aim of the study was to provide an explication of relevant literature regarding the role of peer pressure and HIV risky sexual behaviour in youths, furthermore, the study aimed to contribute to theory building in the field of peer pressure and HIV risky sexual behaviour.

2.2. Friendship Choices

Several literature reviews, dating back to the 1990s, have dealt with the bases by which children and adolescents choose their friends (Aboud & Mendelson, 1996; Hartup, 1996; Hartup & Stevens, 1997; Mueller, 1998; McLellan & Paugh, 1999; Sheldrake, 2001). Considerable agreement exists among these authors about the nature of friendship, whether it is ―unilateral" or "reciprocal" friendships. Unilateral occurs when only one member of a dyad indicates that the other member is a ―friend" and reciprocal friendships involve a mutual choice (Newcomb & Bagwell, 1995). With these two phrases in mind, then consistent differences are found in frequency of social contact, degree of mutual liking, closeness, loyalty, and mode of conflict resolution (Newcomb & Bagwell, 1995).

Aboud & Mendelson (1996); Erwin (1998), observed that adolescents are initially attracted to and choose their friends based on perceived similarity and that the most salient characteristics are age, sex, ethnicity, mutual liking, and activity preferences. Activity preferences lead to frequent companionship, closeness, and mutual enjoyment. Aboud & Mendelson (1996) also noted that the preceding findings suggest that degree of friendship closeness should affect amount of attitude influence and that reciprocal friends should have a greater influence than unilateral friends.

2.3. Friendship Influences

A distinction must be made between the similarity observed between friends based on their initial selection of each other as friends, and the mutual socialization that occurs through their frequent interaction with each other. Aboud & Mendelson (1996); Erwin (1998); McLellan & Paugh (1999); Hartup & Stevens (1997); Streit (2004); Mueller(1998), also reported that adolescent friends resemble each other in a wide range of characteristics such as school-related attitudes, academic achievement orientation, smoking, drinking, sexual activity, drug use, aggression, and delinquency. Guttmacher et al., (1997) observed that having peers who engage in risk behaviours was associated with initiating sexual intercourse and other risk behaviours, such as alcohol and substance use. Fang, Stanton, Li, Feigelman and Baldwin (1998) backed Guttmacher et al., (1997) when they found out that similar rates of sexual activity, as well as feelings associated with sexual intercourse and intentions to engage in sex, were found among peer friendship groups. Further still, Streit (2004) had discovered that younger teens appear to be susceptible to peer pressure for risk behaviours, and perceptions of peer norms impact sexual behaviour.

Brown (2004) concluded that the heightened importance of peer influence was a hallmark of adolescent psychosocial functioning. Peer pressure is commonly invoked in discussions of adolescent misbehaviour and is implicated in many accounts of adolescent risk taking, because most risky behaviour in which adolescents engage, such as delinquency, substance use, and reckless driving, takes place in the company of peers (Chassin et al., 2004; Simons-Morton, Lerner, & Singer, 2005).

Hallinan & Williams, (1990) (as cited by Poulson et al., 2008) on their studies of peer influence have found that peer pressure is an important factor in a variety of youth‘s outcomes, including educational performance and aspirations. For example, adolescents use condoms less frequently when they perceive that their friends do not use condoms (Norris & Ford 1998), and conversely, are more likely to use condoms when they believe that their friends use them (Romer, Black, Ricardo, Feigelman, Kaljee, Galbraith, Nesbit, Hornik, Stanton 1994).

Deciding to postpone sexual activity is also influenced by peers. Peer groups have so much influence, especially with adolescents, because, no matter how inappropriate it seems to adults, belonging to a group really does give something significant to the young person. Peer groups provide a place where children feels accepted, where they can feel good about themselves, and where their self-esteem is enhanced. In this instance adolescents will alter their behaviour and want to fit in because they care more about what their friends think of them, they are more likely to go with the crowd to avoid being rejected (Streit, (2004).

2.4. Schools, teachers, and principal's role in children' lives

According Auerbach and Coates (2000), the societal norms and policy environments influence the risky and safe behaviours of people. They stated that policy interventions could also effectively change societal norms and behaviours to promote HIV prevention at the aggregate level. This then brought in the following points pertaining to schools, teachers and principals: The majority of young people attend schools and, thus have a chance to be exposed to health education and promotion programs. No other setting can compete with schools in terms of access to youth, well established educational traditions, and capacity to teach young people.

Schools offer a channel to the community to introduce HIV prevention initiatives and advocate policies that lessen discrimination. Schools have access to adolescents at important stages in their lives when lifelong behaviours are shaped. With those important points in mind it brings about the question of whether South African schools have any positive role to the children. Contrary to the above thinking, we witnessed a Jules High School saga in Johannesburg (6 November 2010), in which a female student was allegedly gang-raped while her classmates watched and videotaped, (evidence of peer pressure was also noted here), one would wonder where the teachers and the principal were, when such an incident happened, and this leaves the schools as the dangerous breeding ground for sexual promiscuity, contrary to the role that they are supposed to play as highlighted by (Auerbach and Coates, 2000).

Negussie, Sundby, Holm-Hansen, & Bjune, (2002), in their study of HIV prevalence and socio-cultural contexts of sexuality among youth in Addis Ababa, Ethiopia found that the engagement of sexual activity among the youth also involved responding to different pressures facing them as social beings, especially from peers. Peers reportedly forced some of their friends to feel eager to learn the consequences of an action and sexual activity was one of those actions. In the same study, Negussie et al., (2002), also found that the unlicensed video films in private homes appeared to be the major shapers of erotic intentions among young people. They say that "Khat" chewing (an amphetamine-like substance) and alcohol consumption, often in combination, provided a fertile environment for the execution of pre-contemplated ideas on sex. These practices were reported to be common among groups of young people who call themselves ―modernised" and as observed by a 23 year old male in the focus discussions in a research by Varga (1999), ―… they start (sexual intercourse) to show-off their experience…if one fails to catch-up with the modern group, she/he is insulted and mocked at as homely and frivolous".

Contrary to what is happening on the ground, the American Association of University Women (AAUW), (1999) reported that, schools have come to recognise the need for assuming a proactive role in preventing and intervening on risky behaviours. It also adds that in order to be effective, the schools have also begun targeting constellations of these behaviours with a particular focus on risky sexual behaviours and that in fact, school-based prevention and intervention programs have contributed to recent positive changes in adolescent's sexual behaviour. Even though they reported like that they also noted through their nationwide surveys that these programs do not benefit girls and boys equally (American Association of University Women (AAUW), 1999). According to AAUW, girls report that when these schools talk about sex, or when they are being spoken to about sex, the dangers usually become the focus of getting pregnant or contracting STD, (Fine, 2003), (as cited by Poulson et al., 2008). The programs tend to focus on pregnancy prevention whereas girls express desire to learn better negotiation skills when faced with pressure to have sexual intercourse (AAUW, 1999). In this study we explore the nature and extent of peer communication and

whether peers' ideas about their colleagues generally have to do with risky sexual behaviours.

2.5. Parental involvement

DiClemente (1992), (as cited in Eaton et al., 2003) says that the emergence of HIV and other sexually transmissible diseases as significant problems for adolescent health has led to an upsurge of interest in the factors that facilitate or inhibit adolescent sexual risk-taking. Abrams, Abraham, Spears, & Marks, (1990) also (cited in Eaton et al., 2003) backed him when they highlighted that among those factors is the credibility of young people's sources of information about these sexually transmitted diseases. We note that research by Rosenthal & Smith (1995) (as cited in Eaton et al., 2003) has indicated that parents are among the most trusted but infrequently used sources, suggesting an important role for parents in educating their teenagers about sexuality and safer sex.

Parents continue to be important, and parent-adolescent discussions about sex can protect teens from other influences that might encourage risky sex. Whitaker and Miller (2000) found that parent-adolescent discussions about sex were associated with less risky behaviour and less influence of peers for sex. Teens who talked with their parents about sex were also more likely to discuss sexual risk with their partners, (Whitaker & Miller, 2000; and May & Levin, 1999) (as cited in Eaton et al., 2003). Parental monitoring is associated with less involvement in sexual and other risk behaviours for minority youth, (Romer et al, 1994 and Stanton et al 2000) (as cited in Eaton et al., 2003). DiClemente et al (2001) (as cited in Eaton et al., 2003) also found that the perceived absence of parental monitoring has also been associated with STD diagnosis, decreased condom use, risky sexual partners, and increased substance use.

Despite evidence that teenagers would rather get sex education from their parents than any other available source (Brooks-Dunn, 1990) (as cited in Goodson et al., 2006), parents' actual involvement in the sex education of their children is relatively modest with some focus on biology rather than sexual decision making and generally avoid

issues relating to sex, (Andre, Frevert, & Schuchmam, 1989; Wright, Ryan, & Gabb, 1989; Baldwin & Baranosk, 1990), (as cited in Goodson et al., 2006) Adolescent sexual development is a worrying time for parents and fear of HIV/AIDS puts pressure on parents to become involved in the sex education of their offspring. While parents want to be involved they also fear that engaging in sex education with their children is immoral and/or inappropriate, and they are unwilling to confront young people over sexual values and behaviour, a fear of open discussion about sex because this may appear to condone or even encourage early sexual behaviour, and a concern about their own lack of knowledge about sexual matters (Moore & Rosenthal, 1993). (as cited in Goodson et al., 2006)

As the age of first sexual encounter continues to decrease and the children are placed at increased risk from an earlier age to the dreadful virus. And this situation is not restricted to schools. This means that parental involvement should increase. Poor parental involvement in preparing young people for safe sexual life and good reproductive health is part of the blame for the lack of skills on sexual decision-making. Most discussants in the research by Varga (2004) for example pointed out that there are taboos of purposeful teen-parent communication on sexual matters including condom use at home. The timing of communication appears to be critical. Ideally, communication should occur before the initiation of sexual behaviour (Halperin, Joyner, Udry, Suchindran, 2000; Perrino Gonzalez-Soldevilla, Pantin, Szapocznik, 2000), (as cited in Goodson et al., 2006). Thus, encouraging parent-teen communication, and assisting parents in monitoring teens‘ behaviour, may be especially important for the prevention of HIV/STDs as well as unintended pregnancy (Gardner & Steinberg, 2007).

2.6. Risky sexual behaviours, peer pressure and pregnancy

Peer pressure is a common factor in most young people‘s decisions not only to become sexually active, but to engage in unsafe sex practices (Gruseit, 1997), (as cited in Gardner & Steinberg, 2007) Similarly, research suggests that those young people, who

are less susceptible to peer pressure or more successfully resist it, are more likely to practice safe sex (Gage 1998), (as cited in Eaton et al., 2003).

Personal values about premarital sex influence self-esteem of sexually active adolescents: sexual behaviour that contradicts personal values is associated with lower self-esteem and emotional distress (Miller, Christensen, Olson, 1987), (as cited in Eaton et al., 2003). For example, self-esteem is enhanced for sexually active adolescents who believe that sexual intercourse is always right, but self-esteem is diminished for sexually active adolescents who believe it is wrong (Miller, Christensen, & Olson, 1987), (as cited in Eaton et al., 2003).

There are strong similarities between sexual behaviours of peers, but the congruence may not reflect peer pressure. Adolescents do not end friendships due to difference in sexual behaviour, nor do they succumb to peer pressure to conform to sexual standards. Instead, similarity of sexual behaviour occurs via acquisition of friends who engage in similar sexual behaviour (Billy & Udry, 1985), (as cited in Poulson et al., 2008)

It is obvious that risky sexual behaviours among adolescent females have been a cause for concern. Risky sexual behaviour (e.g. unprotected sex) is defined as a behaviour that may result in unwanted pregnancy and/or a sexually transmitted disease (STD), as well as HIV/AIDS (Jeltova et al 2004). Nearly 25% of all new HIV infections, new infections with other STDs, and almost 93% pregnancies occur among the adolescents/teenagers in South Africa. (Love Life, 2011 News bulletin).

The general household survey of (Stats SA, 2009) reported that 110 477 teenage girls in South Africa under the age of 19 were pregnant, 8 451 of those were aged 10-14 and that 102 025 were between 15 and 18 years of age. This reflects that teen pregnancy is a growing problem in South Africa and this also means that there is some risky element involved and that HIV cannot be ruled out. Stevens-Simon & McAnarney, (1996), (as cited in Gardner & Steinberg, 2007) support this, when they

concluded that teenage pregnancy, HIV/AIDS, and STDs are associated with an increase in school dropouts, repeated grades, and a lower level of adult educational and occupational attainments.

Even the hospital statistics reflect the increasing problem of teen pregnancies. For example at Charlotte Maxeke Johannesburg Academic Hospital, 63 children were born to mothers under 18 between January and March 2011 according to hospital records, (personal communication with spokeswoman Lungi Mvumvu). Of interest is another hospital, Rahima Moosa Mother and Child Hospital whose records show that 42,5% births a month involve teenage mothers and their records of last April 2010 to March 2011 show that there were 856 births at the hospital. Of this number, 510 involved teenage mothers under the age of 18. The list is endless and shocking. Thus these alarming rates have prompted even the MEC for Health Ntombi Mekgwe to visit schools in February 2011 to raise awareness around Gauteng about the preventative measures that could be taken.

With all those statistics in mind we also witness contrary instances on sexual behaviours happening to the youths in other countries like America for instance, CDC, (2002) reported that from 1993 to 2003, there has been an encouraging downward trend in the numbers of teenagers engaging in sexual intercourse, accompanied by a significant increase in the number of adolescents using condoms when having sex. But despite these significant decreases, the proportion of young people engaging in risky sexual behaviour was still high, 9%, with girls engaging in unprotected sex more frequently than boys (CDC, 2002). Shumaker, Schron, Ockene, and McBee, (1998) (as cited in Gardner & Steinberg, 2007) concludes that, this is in concert with an overall trend among young people to underestimate their vulnerability to contracting STDs or becoming pregnant.

2.7. Coping strategy and age influence

An individual‘s coping style may also serve a protective role in coping with the stresses of adolescence. Specifically, individuals who employ more adaptive coping

strategies such as cognitive restructuring and problem solving are likely to engage in less risky behaviour than those who use more palliative coping methods (e.g.., wishful thinking, problem avoidance; (Gardner & Steinberg, 2007).

Other factors associated with reduced sexual risk taking in teens include school attendance and religious involvement. Youths who are striving to accomplish long-term goals (e.g., high school graduation) are more motivated to avoid the negative side effects of sexual risk taking such as unwanted pregnancy (Belgrave et al., 2000; Gardner & Steinberg, 2007).

According to Gardner & Steinberg, (2007) adolescents are more inclined toward risky behaviour and risky decision making than are adults and that peer influence plays an important role in explaining risky behaviour during adolescence.

2.8. Care free attitudes or developmental tasks behaviours by youths

Greene et al., (2000) found that youths/adolescent egocentrism-errors in judgement that result from a sense of invulnerability-was positively related to risk behaviours such as unprotected sex. In the study, even though the adolescents/youths were well informed about the risks associated with certain behaviours, they did not see the relevance of these messages. They simply developed a carefree attitude that (e.g. _it is not going to happen to me‘)

In most cases young people do not see themselves or their partner as likely to get a sexually transmitted disease or HIV/AIDS. Many adolescents/youths tend to believe that they are luckier than others. The result of this belief is that each episode of sexual intercourse that does not result in an STD, HIV infection, or unwanted pregnancy reinforces this sense of invulnerability. Pinkirton & Abramson, (1992), (as cited in Gardner & Steinberg, 2007) then conclude that the fact that each sexual encounter is an independent event that HIV has long latency period and will not be taken into account as it creates cognitive dissonance with the ―adolescent egocentrism”. In addition to personal experience, beliefs about invulnerability also may be reinforced

when peers do not experience negative consequences as a result of risky sexual behaviours.

According to Gerrard et al., (1996); Stevens-Simon & McAnarney, (1996), (as cited in Eaton et al., 2003) a general ―care-free" attitude of adolescence appears to contribute to teenagers' not taking advantage of contraceptives even when they know about them and have access to them. ―I just never got around to it" was the most common answer among young females when asked ―Why did you delay seeking contraception?" (Zabin, Stark, & Emerson, 1991), (as cited in Eaton et al., 2003)

Another factor of consideration and that has been researched suggests that adolescent risky behaviour impulses may take precedence over conscious decision-making when the environment is conducive. It also highlights the ambivalence many young people experience about engaging in sexual relationships, ambivalence portrayed in cultural norms, and the media. American society discourages sexual intercourse in adolescence; at the same time, sex and drinking are part of the transition to adulthood (Poulson et al., 2008). Eaton et al., (2003) proposes that because many young people feel guilty about violating official norms, they deny their knowledge of contraception and do not utilise it, as reflected by one female student who was quoted as saying: ―I know how to prevent contracting a STD, but by planning my sexual behaviour, I am planning to violate the rules").

2.9. Socio-cultural factors versa youths sexual behaviour

According to Gebhart, Kuyper, & Greunsven (2003), sexual activity may serve as a substitute for care, love and acceptance in adolescents/youths. Li et al., (2004) then carried out a research that indicated that adolescent mothers would want to have a child so that someone will love them and that immigrant teenagers may be particularly vulnerable because they have a great need to fit in, but they may have a very limited support system in the new country. And that in most cases, immigrant teenagers become caretakers, or ―cultural brokers," for their families, which in turn may lead to teenagers acting ―adult" across multiple domains. Becoming sexually active then may

signify to them that they are indeed adults. In many Asian cultures, it is unacceptable to openly display sexual desires verbally or nonverbally. Traditionally, Asian parents do not express sexual desires in front of their children, and among family members a sexually neutral atmosphere is maintained (Li; Fang; Lin, Mao; Wang; Cottrell; Harris & Stanton., (2004). While a youth may receive sex education from an adult relative or friend, the Western concept that parents or teachers should be able to speak openly and comfortably about sexuality with their children or students may be particularly alien and alienating.

2.10. Poverty/single parents

The researcher has observed that some issues are beyond parents control as highlighted in one gender Based Violence Presentation held in Johannesburg recently in 2011, one parent raised a concern over the sleep pattern and the space that is, one room for the entire family, parents on the bed and children on the floor. He strongly questioned how possible the measures like the use of condoms are applicable in such contexts. He indicated that the process of dressing in a condom alone has high chances of waking up the children, up and practically watching and listening to the entire exercise. The consequences of such circumstances might not be different from a child watching pornographic videos and practising the same the following day. Her actual words were- ―I would think there is a lot to consider in trying to protect the children from behaviours that can easily make them vulnerable in future."

It is a known fact that most of the parents in South Africa live under very difficult circumstances and many families share very cramped accommodation. So beside children's easy access to technology, there is also the lack of privacy at home, where children are witness to sexual behaviour between adults as well as victims of sexual abuse. So the situation is very complex. Previous research has shown that family, environmental and interpersonal factors are associated with early sexual activity in teens (Macintyre, Rutenberg, Brown and Karim (2004). Adolescents from low-income families and from mother-alone or mother-absent families tend to become sexually active at younger ages (Macintyre et al., 2004).

2.11. Social supportive environment and peers

The Researcher is convinced that it is the lack of social support in the school environment that leads to all sorts of social problems. Children spend better part of the day in school, even if they are in trouble they might not know who to talk to or what to do. Social support can be formal and informal and can serve as a preventative and supportive tool to learners because for the reasons mentioned above parents are not going to change their lifestyles soon but can be engaged at an individual level. Adolescents who report having more social support are less likely to engage in risky behaviours. This was highlighted by Poulson and colleagues who found that African American teens who reported high levels of peer social support were less likely to engage in casual sex, had more positive attitudes about using condoms, and reported fewer STDs and fewer non monogamous partners than African American teens who reported less social support Poulson et al., 2008)

2.12. Religion and peers

McCree, et al., (2003) conducted a research and discovered that greater religious involvement was associated with less sexual risk-taking and a more positive attitude toward consistent condom usage among African-American female participants. McCree et al., (2003) also stated that female adolescents with high religiosity scores were "1.5 times more likely to delay sexual intercourse as compared to low religiosity adolescents and 1.6 times more likely to have used condoms in the past 6 months". On the other hand, Bowie, et al., (2006) found that low frequency of church attendance was strongly associated with alcohol related problems.

2.13. Sexual behaviour

Sexual lifestyles in higher educational institutions in South Africa, and a number of other African countries, have been documented as featuring a high level of risky sexual behaviour such as sexual bingeing, transactional sex, engagement with multiple partners/frequent partner turnover, unprotected casual sex/ negative attitudes toward condom use, and gender-based violence, (Katjavivi & Otaala, 2003; Kelly, 2001 Omoregie , 2002).

Based on the picture of the sexual behaviour within the campuses, African institutions of higher learning have recently been described as ―high-risk institutions for the transmission of HIV"- (Katjavivi &, Otaala, 2003). Students engage in sexual activity at a younger age and an increase in the reported numbers of sexual partners. Eaton et al., (2003) report that at least 50% of young people in South Africa are sexually active by age 16, and probably 80% are by the ages of 20. And that boys report earlier sexual debut than do girls, and Black ―African" youth are more likely to start sexual activity in their teens than are other ethnic groups.

On the number of partners, Eaton et al., (2003) reported that the majority of school going adolescents reported having one or two partners in their life time and over 60% of university students reported no partner or one partner in the last year. This is consistent with studies by Gardner and Steinberg (2007) that risky behaviours decreased with age.

2.14. Perceived vulnerability towards STDs/HIV-AIDS

The youths in general are aware of their vulnerability to have HIV/AIDS as a group, but had different opinions on whether young people's sexuality had changed in the face of this vulnerability (Negussie et al., 2002). Majority were of the opinion that sexual activity had actually increased. These fierce exclamations were used among one out-of-school mixed sex group discussants to describe the current situation: ―sexuality has increased like a forest fire. There is a queue at the brothels for services …three out-of four girls give birth while living with their parents and we hear this to happen when they are just 14 or 15 … I will sleep with AIDS itself if it gets dressed up like a woman."

The availability of condoms itself was also reported to have taken away the fear for the disease and thus resulted in an increase of sexual activity. Sexual debut was reported to take place at the age of 13-14 years for some girls. To have multiple sexual partners was also reported as a practice among many young people, (Negussie et al., 2002).

Life skills on sexual negotiations and practice of safe sex were found to be largely lacking. Some discussants indicated that sexual acts are unplanned and spontaneous. Others felt that it is either a slowly evolving process or there will be an inviting precedence before it takes place. Some of the reasons for failing to use condoms were blamed on personal weaknesses and being too much driven by emotional desires. Certain groups of young people were described to have depended much on the trust they had on friends (because, they grew up together) to justify their practice of unprotected sex, (Negussie et al., 2002).

2.15. Sexuality and its determinants

Negussie et al., (2002) also observed that there was some feeling of cultural clash between the society and youth that have been exposed to and influenced by ‗modernisation" and its ideas. The cultural norms of premarital virginity emphasised more for the females than for the males. The discussants in their focus group generally agreed that the practice of premarital sex is widespread among people contrary to these norms and that the youth do not perceive ‗going out' together and having sexual intercourse differently. ‗it is inconceivable to be in love and avoid sex …. It makes the walls of love."This then showed them that sexual relationships among young people lacked such process of preparing oneself for love and marriage which defies the definition of courtship- a process of seeking the affection of someone for love and marriage.

Negussie et al., (2002) also revealed that sexual relationships for girls were frequently motivated by gain in the form of money, gifts, job position or a promise to send abroad. This mostly happens with much older men and there are no cultural sanctions against it. It appears from their description that these men simultaneously satisfy the economic needs of the girl and get the advantage of meeting young and apparently free from disease clients for sex.

2.16. Condom use

Eaton et al., (2003) agree that condoms are very effective in reducing HIV/STD infections but what lacks are the basic social skills that put this knowledge into practice. They say that four skills categories are missing and these are the skills to acquire condoms, the skills to refuse risk behaviours or to negotiate condom use if risk behaviours are engaged, the skills to use condoms effectively and the skills to seek help or support from significant others or professionals if problems arise. He said that even though research shows that adolescents express a negative attitude towards the use of condoms, they are still seen as important in the prevention of HIV infection and suggested that schools, universities, colleges and community organisations should provide contraceptives to these young adolescents who are sexually active, (Eaton et al 2003).

Studies, dating back as 1990, have indicated that while sexual abstinence has proved to be the best method of preventing sexual transmission of HIV but studies have revealed that a large number of adults and adolescents fail to adopt this strategy (Anderson et al., 1991; Catania, et al., 1992; DiClemente, 1990; Hein et al., 1992; Kann et al., 1991; Peterson et al., 1992), (as cited in Hartell 2005) This then leaves the condoms as the best option to reduce their risk of exposure to HIV (Cates, 1990; Cates and Stone, 1992) (as cited in Eaton et al., 2003)

2.17. Lack of skills to negotiate condom use

As mentioned above lack of skills necessary to negotiate condom use with a potential partner is one of the four skills categories missing in youths. This may be due to the fact that they are young and still in a protected social role, have limited experience with interpersonal conflict and negotiation, particularly with life-threatening issues. Compared to older people, they are novices in the area of sexuality (Gardner & Steinberg, 2007). There are good reasons, then, to expect that adolescents will benefit from skill-training interventions. Again , several studies have found that good communication between sexual partners is positively related to condom use (e.g., Goodson et al., 2006 ; Gardner & Steinberg, 2007), and many of the most successful

interventions focus on increasing adolescents' interpersonal negotiation skills (Campbell & MacPhail 2002).

Males and females are also in different roles and positions of power with respect to negotiating condom use. Males are more typically in the role of initiating sexual intercourse (Campbell & MacPhail 2002), but negotiating condom use may put them in the role of supplicant, undermining their power advantage.

They have greater direct control over whether a condom is used, however, increasing their power in the negotiation. In contrast, young women are in the requester role with regard to condom use. Young men and women may have different relationship goals or perceptions. Campbell & MacPhail (2002) reported that, among her college student respondents, females were somewhat more likely than males to report feelings of passion for their partners.

Differences in perceived level of commitment or love in the relationship can affect condom use either directly or indirectly, by influencing the likelihood that the couple will be using other methods for contraception, such as birth control pills. Finally, negative consequences of intercourse are more likely to occur to the woman. STDs, including HIV, are more transmissible from males to females than vice versa (Aggleton & Campbell, 2000) and women also carry the burden of pregnancy. Because women are more likely to experience the adverse consequences of unprotected sex, we expect that women would use safety messages more often than men, when negotiating condom use.

2.18. Type of partner and condom acceptance

One of the factors that determine risky behaviours is the type of partners-: frequent partner turnover, multiple partners, or having high risk partners (defined as one-night stands, sex workers, and anonymous partners, known or suspected HIV partners). Thus, the importance of the type of partner in condom use attitudes, norms, intentions and behaviour has been touched by so many researchers such as (Baker, Morrison,

Carter, & Verdon, 1996; Hammer, Fisher, Fitzgerald, & Fisher, 1996; Morrison, Baker, & Gillmore, 1998; Morrison, Gillmore, & Baker, 1995), (as cited in Morojele et al., 2006).

Condom use is more frequent with casual than with steady partners, and different concerns about using condoms are salient with different partner types. Concerns about the effect of condom use on the intimacy and romance of the sexual encounter, for example, are more salient with steady partners than with casual partners (Morrison et al., 1998; Morrison et al., 1995; Richard & van der Pligt, 1991; Weisman, Pliehta, Nathanson, Ensminger, & Robinson, 1991), (as cited in Morojele et al., 2006).

It seems likely, then, that there will be differences in the ways young men and women discuss condom use with steady vs. casual partners, either in the reasons they present, their assertiveness, or the tone of their communication. Based on prior research findings, we predict that direct messages about using condoms, refusing to have sex, and expressions of safety concerns will be used more often with casual than steady partners. In contrast, we predict that socio-emotional messages will be used more often with steady partners when negotiating condom use.

2.19. Gender roles in sexual relationships and Communication

According to Jeltova et al., (2005), gender identities and stereotypes that took root in early childhood continue to solidify in adolescence through to youths. Not only did these socialisation processes impart different social images of being a boy and girl, but also determined the relative privilege of premarital sex practice. Boys are socialized to engage in sex at a tender age and they say ―he is a male and thus it is his virtue (to have sex before marriage), whereas the girl will bring shame to her family. It would be taken as self-humiliating or ruffian for girls if they are discovered doing such acts". She went on and said that control over sexual urges was mostly the concern of girls, not boys. Some male colleagues of the discussants in fact felt that sexual tension fills their body to the level of ―intoxication" unless relieved in time. Hulton et al., (2000) also reported the same and said that having a child enhanced a boys‘ status and was

proof to his manhood. One boy in his focus discussions was quoted as saying that it was normal to have a child. ―We are fond of impregnating them". But such sense of a sexual urge was reported as uncommon among females. Gender differences influenced care seeking for STDs too.

In another study by Varga (2003) in his research on resistances to behavioural change to reduce HIV/AIDS infection, he concluded that peer pressure plays a major role in shaping sexual practices among youths. Combined with the stigma associated with practices such as condom use or abstinence, forced sexual relations severely hinder the possibility of either partner successfully enforcing, or reinforcing, sexual behaviour which might prevent the spread of HIV among youth. Gender-based violence is increasingly recognised as a significant barrier to safe sex practices in general (Varga 2003), as well as specifically in an intimate or steady sexual relationship where coercive sex is often more difficult to identify, (Jeltova et al 2005; Varga 2003). This is particularly the case in societies where forced sexual relationships are tolerated as acceptable means of sexual communication.

Furthermore, in most societies sexual activities are perceived to be one of the most intimate and spontaneous behaviours, about which, and during which, verbal communication is often unacceptable. Communication about sex or any behaviour that implies it, such as in the purchase of condoms, is embarrassing to almost everybody, particularly adolescents and young adults. Even students who report practicing some of the safer sex behaviours do not appear to discuss previous sexual experiences or exposure to disease with sexual partners (Sunmola, 2004).

In this context, gender-based violence may have served as a way of communication between partners. Wood and Jewkes (1998) 's descriptions of young Xhosa males' motivations for sexual violence make it obvious that men's violent reactions were means of showing various emotions: with female partners at times interpreting such behaviour as demonstrative of affection or commitment. It is likely that gender-based violence served a similar function among the young people in this study.

Related to poor dyadic communication was an apparent lack of clarity concerning partners‘ expectations of each other. Both young men and women in this study were often caught up in what they _should‘ be doing sexually rather than what they themselves, or their partners, wanted; leading to misunderstandings between partners over sexual matter. Such dynamics are consistent with research conducted among youth in other countries. Lear (1996) found out American college students possessed misconceptions about the motivations of their partners, which led to confusion and lack of preparation for sexual situations. If young people cannot communicate openly and effectively with each other on this level, they are unlikely to be able to discuss, much less agree upon, matters related to HIV in the context of sexual behaviour. Factors such as partner communication and negotiation skills have been recognised as crucial in the success of programs focused sex educations and behavioural risk reduction among youth (Grunseit 1997), (as cited in Gardner & Steinberg 2007)

2.20 Conclusion

This chapter has established what has been written on the subject/problem and what other researchers have found out about the topic as well as the results and conclusions which arose from these previous researches on this topic and how this research links up with them. The literature consulted includes books, journals, Government gazettes and newspaper report in which news events have been reported; ideas have been raised and opinions expressed on the matter under investigation.

3. RESEARCH DESIGN AND METHOD

3.1. Introduction

This chapter is the core of this study. It encompasses design and a brief explanation of the theory underpinning the methodology as well as how the researcher was planning to do the research. According to Mouton (2002, p.35) methodology is a plan to apply a variety of standardized methods and techniques in the systematic pursuit of knowledge. It includes the data collection plan which sets out the detailed strategy for collecting data (i.e. where, when, how and from whom) and for analyzing data (Schulze, 2002b, p. 4)

3.2. Design

The strength of the study‘s findings was based on the methodology, the instrument and the approach used. The research design provides the overall structure for the procedures the researcher follows, the data to be collected and the analysis the researcher conducts (Leedy and Ormrod, 2005). This current study was based on a questionnaire survey design in addressing the defined research objectives. Survey research involves obtaining information from one or more groups of people using their opinions, attitudes or previous experiences (Leedy and Ormrod, 2005). Survey research design has the advantage of being able to generalize findings from a large number of respondents, is generally inexpensive and can be administered from remote stations using email, mail and telephone.

This study was conducted quantitatively in order to identify responses in large group so that specific variables relating to peer pressure and HIV related risky behaviour could be investigated. The study made use of cross-sectional survey design in order to link peer pressure and HIV related risky behaviour to questionnaire data.

As this was a cross-sectional study, it meant that data was to be collected from research participants during a single, relatively brief period as stipulated in the following procedure.

3.3. Data Collection and Procedure

Each participant was given a copy of the consent form (in Appendix 2) that clearly described the nature of the study. Each participant was seated in an area where no other participants could either observe their answer or communicate with them about the study. The researcher was present in the class room throughout the session. The average time for completion of the survey was 40 minutes. Steps were taken to assure confidentiality. The youths ages ranged from 18 to 24. Peer pressure was broached by asking students about instances in which they had opinions that differed from those of peers, and if there were times when friends tried to influence their beliefs or actions. Students were asked about how they felt at such times and, if they succumbed to Peer Pressure, why they did. Specific questions about situations involving HIV and AIDS were asked.

The current study utilized questionnaires as opposed to an experimental design, and individuals who took part in this study were referred to as participants and not subjects (APA, 2001).

3.4. Participants, Population and Sample

In order to reliably investigate and identify relationship between peer pressure and HIV related risky behaviour, a representative sample was needed for the study. The researcher was looking at 550 youths which was the exact number of students for PC Training and Business College. This population comprised of male and female young adults, enrolled as tertiary education FET National Certificate, Higher Certificate and Diploma course students at PC Training & Business College with average ages of 18-24. Stratified sampling was used. Due to a large number of participants that were required for the study; students at higher certificate were recruited for that purpose. For this research then, it was suggested to only use 150 participants as the sample size. The inclusion criteria were restricted to 150 higher certificate Students within the age group of 18-24 at PC Training and Business College.

Given that a large sample was required, and given the time and financial restraints, it was not possible to select a random sample. A sample which is not randomly selected places limitations on the generalisability of the results. The results can therefore not be generalized to populations other than the given group and the results of other studies which make use of similar measurement instruments may differ from that of the current study. The results of the present study may be seen as a first step in describing the relationship between the role of peer pressure and HIV related risky behaviour. Further studies should make use of other populations and random samples. Biographical information such as age and gender was requested from the participants in this study. No name was needed on the self-administered questionnaires.

3.5. Data collection

A survey questionnaire was used as data gathering instruments in this study. Details of this data collection instrument are given as follows:

A semi-structured questionnaire was developed as a measurement instrument to capture views of FET college students on the role of peer pressure in increasing HIV related risky sexual behaviours. The researcher made efforts to ensure that the questionnaire was constructed using simple language to the benefit of respondents. Efforts were also made to ensure that the questionnaire was clear without any ambiguity. A five point and three point rating scales were used in the questionnaire.

A questionnaire was chosen as one of the methods to collect data in this research study for the following reasons in agreement to Pattan (2002):

- Questionnaires are easy to analyze, and most statistical analysis software can easily process them. They are cost effective when compared to face-to-face interviews, mostly because of the costs associated with travel time.
- Questionnaires are familiar to most people. Nearly everyone has had some experience completing questionnaires and they generally do not make people apprehensive.

- They are less intrusive than telephone or face-to-face surveys. When respondents receive a questionnaire in the mail, they are free to complete it on their own time-table. Unlike other research methods, the respondent is not interrupted by the research instrument.
- Written questionnaires reduce *interviewer bias* because there is uniform question presentation. Unlike in-person interviewing, there are no verbal or visual clues to influence a respondent to answer in a particular way. Many investigators have reported that interviewer voice inflections and mannerisms can bias responses. Written surveys are not subject to this bias because there is no interviewer.

  Nevertheless, questionnaires have demerits which are listed as below;
- Questionnaires are simply not suited for some people. For example, a written survey to a group of poorly educated people might not work because of reading skill problems. More frequently, some people are turned off by written questionnaires because of misuse.
- Structured questionnaires often lose the "flavour of the response", because respondents often want to qualify their answers.
- A common criticism of questionnaires is that they often have low response rates which are a curse to statistical analysis.

3.6. Reliability and Validity

Questionnaires tend to be weak on validity and strong on reliability. The artificiality of the survey format puts a strain on validity. Since people‘s real feelings are hard to grasp in terms of such contrasts as ―agree / disagree”, which are only approximate indicators of what we have in mind when creating questions. Reliability on the other hand is a clearer matter. Survey research presents all subjects with a standardized stimulus, and so goes a long way towards eliminating unreliability in the researcher‘s observations.

In order to ensure that the questionnaire was consistent, an initial draft was tested to selected respondents within IT students in order to establish the level and content of the questions. To further improve the effectiveness of the questionnaire, (and hence

improve its reliability) as a collection tool, the questionnaire was carefully worded using simple language with no ambiguities. The questionnaire was also further tested for the reliability of questions using the Cronbach Coefficient Alpha.

3.7. Data Analysis

It is noted that the data in this study is predominantly quantitative. The detail of analysis process that was used in analyzing the questionnaire was as follows:

- The first part of analysis involved ensuring that all responses were received in good content quality.
- The second part entailed data cleansing exercise to ensure the correctness of the data.
- Data was be coded so that it assumed numeric form to facilitate statistical analysis.
- Data was captured on a spreadsheet in readiness for analysis.
- The numeric ordinal data was comprehensively analyzed (statistically) using SPSS to assist in answering research objectives in Section 1. Prior to a detailed analysis, simple statistical distributions were presented. This assisted into having a clear understanding of the dataset.

As already been highlighted ,the nature of this research study was quantitative and so the data collected was transformed into numerical values, called codes (Kumar, 2005). Data was analyzed using the Statistical Package for Social Sciences (SPSS).

3.8. Ethical Considerations

To ensure that the rights of participants were protected, the proposal for this study was reviewed and approved by the Research and Ethics Committee of the University of Stellenbosch.

Research ethics are a set of guidelines to assist the researcher in conducting ethical research (Christensen et al., 2011). Diener & Crandall, (1978) report that ethical concerns can be divided into three areas: The relationship between society and science, Professional issues and treatment of research participants. This means that Ethics in

research refers to the social code that conveys moral integrity and adherence to widely acceptable values in the research fraternity. Ethical considerations for the empirical section of this research include individual and professional codes of conduct during the development and conduct of the research. General ethical standards for research that are taken into account are commitment to honesty, an avoidance of plagiarism and respect for the dignity and privacy (or confidentiality) of the respondents. Steps to ensure adherence to research ethical standards include inter alia the following:

The respondents: were College students who volunteered to participate. They received neither remuneration nor course credit for their participation. The following essential points were strongly considered to ensure fairness on the part of the participants.

Risks and Benefits: There were no appreciable risks or discomfort that arose from participating in this study. Questions were posed in general terms.
There was no direct benefit to individuals or the FET College participating in this study.

Consent: The youths involved in this study were from the ages of 18 to 24 years. These participants signed the consent forms before the questionnaires could be administered. This means that written informed consent was obtained from the student participants at the FET College. Consent scripts were in English and were also translated into the preferred local language. The consent documents are provided in (Appendix 2).

Voluntary participation: Participants were informed of their right to withdraw from the study at any point without facing any negative repercussions.

Coercion and perverse incentives: There were no undue incentives to those who consented to form part of the study. Participants were neither intimidated nor

compelled to take part in the study. Any kind of coercion and issuing of perverse incentives is a breach of ethical conduct and is deemed to be unethical.

Confidentiality: Steps were taken to ensure confidentiality for participants. We treated all information collected in client survey in a confidential manner. All surveys took place in private classrooms. Information collected was only made accessible to people authorized to assist with data capturing and investigators involved in the analysis and write-up of study results. Data collected electronically was stored on password-protected computers and network drives. Hard copies of questionnaires, interview notes and forms and observation sheets were also stored in locked cupboards, offices or store rooms at the researcher‘s office when not in use for data entry or analysis. All audio-recordings of interviews were destroyed as soon as the data was captured.

No names or personal identifiers were recorded in any of the data collection tools. In reporting the results, class information were grouped with other similar types of class, and care was taken not to report results in a way that would enable any classes to be identified and stigmatized in their views about HIV/AIDS.

Maintenance of objectivity: McKay (2005, p. 20) holds that the researcher must maintain objectivity. In this study, the researcher has maintained objectivity throughout the research.

Permission to conduct research at an institution: For research at any institution, such as a University or school/college, permission for conducting the research should be obtained before any data are collected (Schulze, 2002b, p. 19). For this study, the researcher gained approval to conduct a research from the Academic board of the selected College.

Informing participants about the findings: According to Schulze (2002b, p. 19), as a mark of the researcher‘s gratitude for the respondents‘ participation, respondents

should be informed on the findings of the study. This should be done objectively. Unnecessary details should not be supplied and the principle of confidentiality should not be violated. In this study, the subjects were duly informed of the findings of the study and the principle of confidentiality was not violated.

3.9. Conclusion

In this section, the research design, population and sampling, data collection, reliability and validity and data analysis procedures was discussed. The chapter concludes with some ethical considerations. The detailed description of the research design and methodology provides a clear framework and parameters for the researcher to effectively conduct the empirical part of the research. The next chapter presents detailed research results.

4. FINDINGS

4.1. Introduction

This chapter constitutes the findings and analysis section of the research report. To have an easy understanding of the dataset, data is summarized using appropriate figures and tables. The analysis process here is aimed at presenting the data in an understandable and interpretable way in order to discover trends and relations according to the research aims defined in section 1. The results presented in this section forms the basis for the next section that deals with discussions, conclusion and recommendations.

4.2. Data analysis

The opinions of the respondents from the structured questionnaire pertaining to the role of peer pressure in increasing HIV related risky sexual behaviours, followed the procedure below before the final detailed statistical analysis was performed:

- Data were initially captured on excel spreadsheet.
- Data were subsequently thoroughly checked for accuracy.
- Furthermore, data coding in SPSS version 17 in readiness for statistical analysis was also done.

The final stage involved a detailed statistical analysis. The details of such analyses follow:

4.3. Statistical distributions

In order to have a clear understanding of the respondents‘ perceptions, simple statistical distributions were performed as below:

There were 151 participants (83 female students & 68 male students), primarily first-year Business Administration students (n=83, 55%) and (n=68, 45%). Therefore a total of 151 questionnaires were dispatched to the student participants and this gave a

response rate of 100%. The 151 respondents represented 27.5% of the total population (550) of learners at PC Business and Training College.

4.4. Demographics

Below we have the distribution by age and gender explaining the demographics.

4.4.1. Distribution of Participants by Gender

Table 4.1 illustrates the demographic traits that characterize the study participants by gender. With respect to gender, the population mode was 34; 50% males in the age category of 18-20 years, and another 34; 50% in the 21 to 24, quite a balanced matrix. The rest accounted for the female participants as illustrated in the table below.

Table 4. 1: Distribution of respondents by Age and Gender

Age (Years)	Male		Female		Total	
	No.	%	No.	%	No.	%
18 – 20	34	50.0%	45	54.2%	79	52%
21 – 24	34	50.0%	38	45.8%	72	48%
Total	68	100	83	100	151	100%

4.4.2. Distribution of respondents by age

Figure 4.1 illustrates the demographic traits that characterize the study participants. With respect to age, the population mode was 18-24 years, with the range of ages of 18 to 20 being 48% and 21 to 24 being 52% almost balanced as illustrated in figure 4.1 below.

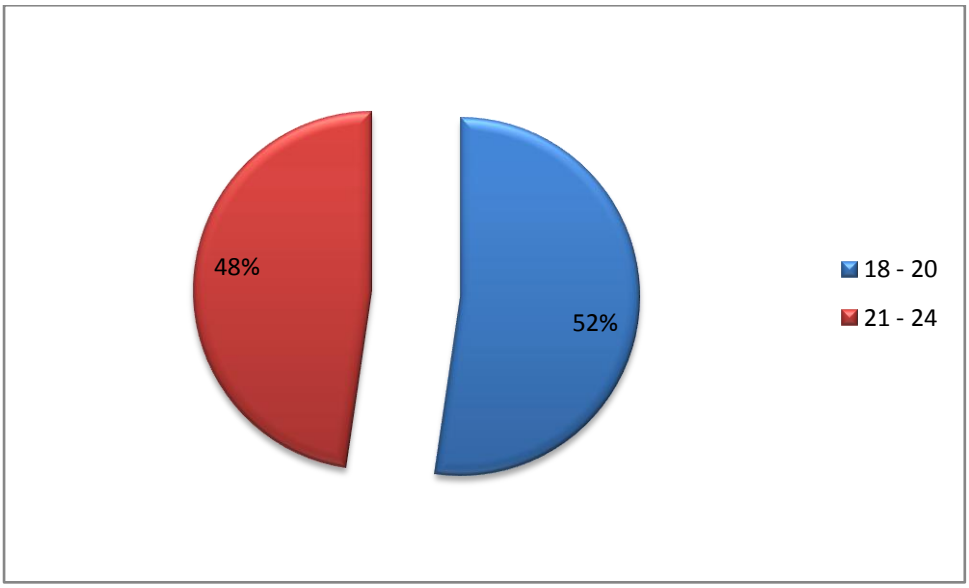

Figure 4.1: Distribution of respondents by Age

4.4.3. Distribution of first dating age of participants

The researcher noted that more males had sex or were at risk of having sex compared with females, as they started dating earlier as seen in Table 4.2 below:

Table 4. 2: Age at which the participants started dating by gender

Question	Response	Male		Female		Total	
		No.	%	No.	%	No.	%
My friends and I started dating at the age of?	N/A	0	0%	2	2.4%	2	1%
	9-11	9	13.4%	1	1.2%	10	7%
	12-14	18	26.9%	9	11.0%	27	18%
	15-17	22	69.1%	34	41.5%	57	38%
	18-20	10	32.8%	33	40.2%	43	28%
	21-24	8	11.9%	3	3.7%	12	8%

4.4.4. Distribution of Age of Participants for both sexes

Out of 149 participants who had started dating at various stages as per supplied questionnaire, only 2 girls had not started dating to make the 151 which is the total of our sample. Our mean as per Table 4.3 is 4.13 which show that most of the participants started dating around the ages of 15-17 as seen below in Figure 4.2.

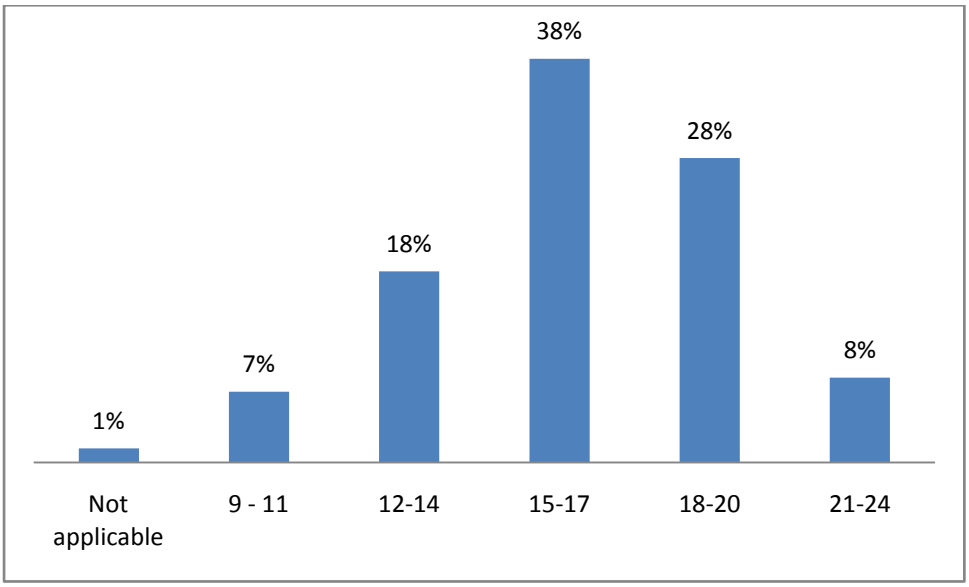

Figure 4.2: Distribution of Dating Age of participants

4.5. Incidence of Risky Sexual Patterns

From the above tables and figures, we noted some elements of risky sexual patterns, which needed to be investigated further.

4.5.1. Most participants depicted as having sex

The majority of students were sexually active; only 11 (7%) reporting never having sex and these were 7 females and 5 males. Half (n=75, 50%), regardless of gender, reported having had sex during the past three months. Most students (n=103, 68%) reported that they were sexually experienced, with male students (n=55, 80.9%) claiming to be more experienced than female students (n=48, 57, 8%). When being quizzed whether they had more than one sexual partner 28% of both sexes said yes. Almost everyone agreed that most of their peers do engage in sex before marriage. This made it a norm that even the 5 % that said they don‘t know became insignificant. The 5 % might be those students who have not engaged in sex so far.

Table 4. 3: Incidence of risky sexual patterns

Question	Responses	Male		Female		Total	
		No.	%	No.	%	No.	%
Do most people of your age have sex before marriage?	Yes	61	89.7%	79	95.2%	140	93%
	No	4	5.9%	3	3.6%	7	5%
	I don't know	3	4.4%	1	1.2%	4	3%
I am also sexually experienced	Yes	55	80.9%	48	57.8%	103	68%
	No	7	10.3%	26	31.3%	33	22%
	I don't know	6	8.8%	9	10.8%	15	10%
I have more than one sexual partner	Yes	27	39.7%	16	19.3%	43	28%
	No	38	55.9%	65	78.3%	103	68%
	I don't know	3	4.4%	2	2.4%	5	3%
I have had sexual intercourse during the past three months	Yes	40	58.8%	35	42.2%	75	50%
	No	25	36.8%	43	51.8%	68	45%
	I don't know	3	4.4%	5	6.0%	8	5%

4.5.2. Condom use necessity/ safe sex

Most participants said that condom use was necessary even when one had the same person for a long time. About 87% participants out of 151 agreed that condom usage is necessary even with long time partners, compared to 13% who thought otherwise. Using a scale of 1 to 6, where 1 is strongly agree and 6 is extremely disagree, It is observed from the Table 4.4 that the mean of participants who claim to use condoms with their long time partners is 1.48. This implies that the majority of the respondents claim to use condoms as confirmed in the above statement where frequencies were used.

Table 4. 4: Condom usage for long time partners

Question	Responses	Male		Female		Total	
		No.	%	No.	%	No.	%
Condom use is necessary, even when you are with the same person for a long time	Strongly agree	45	70.3%	47	56.6%	93	62%
	Agree	13	20.3%	23	27.7%	38	25%
	Disagree	4	6.3%	3	3.6%	8	5%
	Strongly disagree	2	3.1%	3	3.6%	5	3%
	I don‘t know	0	.0%	7	8.4%	7	5%

Indicators of risky sexual patterns			
Indicators	N	Mean	Std. Deviation
Condom use is necessary, even when you are with the same person for a long time	144	1.48	.757

In Table 4.5, respondents showed that they were much concerned about HIV/AIDS but that was not a hindrance for them to engage in sexual intercourse even when they were not in possession of a condom. About 47% agreed that they were concerned and that despite their concern they would still engage into sexual intercourse. In a scale of 1 to 6 where 1 is strongly agree and 6 is extremely disagree. It is observed from the Table 4.5 that the mean of participants who claim to engage in sexual intercourse even without a condom is 2.46. This implies that almost half of the respondents could take a risk to engage in sexual intercourse without a condom as confirmed in the above statement where frequencies were used. Another 47% would not engage in sexual intercourse without a condom. The 6% is for the extreme that is those that could fall either way.

Table 4. 5: Respondents‘ concern about AIDS and their responses to having sexual intercourse.

Question	Responses	Male		Female		Total	
		No.	%	No.	%	No.	%
I am concerned about AIDS, but in the heat of the moment it wouldn‘t stop me from having sexual intercourse without using a condom	Strongly agree	25	38.5%	25	30.5%	51	34%
	Agree	9	13.8%	11	13.4%	20	13%
	Disagree	9	13.8%	15	18.3%	25	17%
	Strongly disagree	20	30.8%	24	29.3%	46	30%
	I don‘t know	2	3.1%	7	8.5%	9	6%

Indicators of risky sexual patterns			
Indicator	N	Mean	Std. Deviation
I am concerned about AIDS, but in the heat of the moment it wouldn‘t stop me from having sexual intercourse without using a condom	142	2.46	1.275

From the Table 4.6, it is suggested that condom use solely depended on the other partner suggesting it, with a mean of 1.29. The scale of 1 to 6 is still maintained, with a 1 standing for strongly agree and 6 for the extreme, don‘t knows. About 91% would respect a partner that suggested condom usage. This was mostly true for both genders. Only 9% participants out of the whole sample voted against the statement.

Table 4. 6: Respondents that would respect a partner that suggested using a condom

Question	Responses	Male		Female		Total	
		No.	%	No.	%	No.	%
I would respect my partner if he/she suggested using a condom	Strongly agree	48	72.7%	63	78.8%	113	75%
	Agree	12	18.2%	9	11.3%	24	16%
	Disagree	5	7.6%	1	1.3%	6	4%
	Strongly disagree	1	1.5%	1	1.3%	2	1%
	I don‘t know	0	.0%	6	7.5%	6	4%

Indicators of risky sexual patterns			
Indicators	N	Mean	Std. Deviation
I would respect my partner if he/she suggested using a condom	145	1.29	.611

The most promising thing is that most of these people will most likely use condoms the next time they have sexual intercourse, be it with the main partner or casual partner. 108, 72% of participants responded positively for condom usage in the near future. Almost 87% promised to use condoms on their next sexual encounter, giving condoms a future. Their mean was 1.36; after using a scale of 1 to 6, where 1 stand for very likely and 6 standing for I don‘t know. 1.36 depicted that they lay in between very likely and sort of likely. It is assumed that those who said it was unlikely were stimulated by the fact that they had not had sexual intercourse and hence they did not have a clear answer as to when they shall start engaging.

Table 4. 7: Respondents‘ stand point on condom usage in the near future

Question	Responses	Male		Female		Total	
		No.	%	No.	%	No.	%
The next time you have sexual intercourse with your main partner, how likely is it that you will use a condom?	Very likely	43	64.2%	65	79.3%	108	72%
	Sort of likely	15	22.4%	7	8.5%	23	15%
	Sort of unlikely	4	6.0%	1	1.2%	5	3%
	Very unlikely	3	4.5%	2	2.4%	6	4%
	I don't know	2	3.0%	7	8.5%	9	6%

Indicators of risky sexual patterns			
Indicator	N	Mean	Std. Deviation
The next time you have sexual intercourse with your main partner, how likely is it that you will use a condom?	142	1.36	.747

To describe the knowledge of FET students about the role of peer pressure in the engagement of risky sexual behaviour.

The above objective on the knowledge of FET students and the role of peer pressure in the engagement of risky sexual behaviours is explained by the following report.

4.6. Self Reports on Peer Pressure and risky behaviours

As already been highlighted on the above discussion, participants were asked to self-report if they had ever had sexual intercourse (yes/no). Several other items were used to assess sexual behaviour of the participants, including age at first intercourse, number of sexual partners, and sex with main versus casual partners, (Kinsler et al., 2003). On average, the participants reported having their first intercourse between 15 and 17 years of age (Table 4.3) though female students tended to delay a bit, as we have (n=46, 59.7%) versus (n=11, 16,4%) at the same age for the male students. Table 4. 8 also show that male students also believed that one should go out with many people before getting married. This is reflected when nearly half of the male students claim the statement that _I should go out with many people before getting married got 33 ~~yes~~” 48.5% while females believed it‘s not proper as the majority voted ~~no~~” for the same statement n=43, 51,8%. When being quizzed about the number of sexual

partners they had, most participants said they did not have more than one partner (n=103, 68%) but surprisingly when asked about their peers sexual behaviour ―Do most of your friends have regular sexual partners" they said yes (n=80, 53%). This can only highlight that they do not want to be associated with the ―wrong" behaviour and wouldn't like to be aligned with such but when it comes to labelling others they will rightly do so with ease. This then shows that the prevalence of risky sexual behaviour is high among students in tertiary institutions despite a high level of knowledge about peer pressure and reproductive health as supported by Okonkwo, Fatusi, and Ilika (2008). Neither can we blame drinking as more than half said they do not agree about alcohol (n=78, 52%). We bear in mind that girls outnumber the boys and they are the ones that most agreed with the statement while boys are on the contrary (n=35, 51, 5%). This supports the above statement that despite the knowledge about peer pressure youths will always engage in risky sexual behaviour. Table Peer Pressure and risky behaviours depicted.

Table 4. 8: Peer Pressure and risky behaviours

Question	Responses	Male		Female		Total	
		No.	%	No.	%	No.	%
I should go out with many people before I get married	Yes	33	48.5%	28	33.7%	61	40%
	No	28	41.2%	43	51.8%	71	47%
	I don't know	7	10.3%	12	14.5%	19	13%
I am also sexually experienced	Yes	55	80.9%	48	57.8%	103	68%
	No	7	10.3%	26	31.3%	33	22%
	I don't know	6	8.8%	9	10.8%	15	10%
Most of my friends have regular sexual partners?	Yes	47	69.1%	33	39.8%	80	53%
	No	9	13.2%	21	25.3%	30	20%
	I don't know	12	17.6%	29	34.9%	41	27%
My friends and I do not agree on alcohol use	Yes	29	42.6%	49	59.0%	78	51%
	No	35	51.5%	31	37.3%	66	44%
	I don't know	4	5.9%	3	3.6%	7	5%

To describe the perceptions and practices of FET students regarding peer pressure in the engagement of risky sexual behaviour.

When it came to the perceptions and practices of these FET students regarding peer pressure in the engagement of risk behaviours, the following explained better.

4.7. Peers' sexual practices

A major area of interest in the study was respondents' perception of sexual behaviour among their peers, including engagement in pre-marital sex and use of contraceptives. The majority of the respondents believed that young people of their age were already engaged in pre-marital sex (Table 4.9). More than half (n=80, 53%) of the respondents indicated that most of their friends had sexual partners (Table 4.9). The majority of participants (n=140, 93%) also agreed that most of the people at their age will have sex before marriage, while they are also aware of condom use. The condom use was common amongst male students while female scored less on condom use (n=39, 57.4%) for males compared to (n= 40, 48.2%) for female students. On the issue of the use of other contraceptives male students said they did not know, this highlights the fact that traditional when it comes to family planning men do not normally care, all

they want is prevention and its always the role of females. Pertaining to female students (n=35, 42.2%) said that their friends do use other contraceptives and we conclude that their aim will be for the prevention of pregnancy not the disease AIDS which is quite a risky sexual behaviour. This practice is very dangerous and aggravates the spread of HIV.

Table 4. 9: Perceptions of respondents on sexual practices of their peers

Question	Responses	Male		Female		Total	
		No.	%	No.	%	No.	%
Most people of my age have sex before marriage	Yes	61	89.7%	79	95.2%	140	92.5%
	No	4	5.9%	3	3.6%	7	5%
	I don't know	3	4.4%	1	1.2%	4	2.5%
Most of my friends have regular sexual partners	Yes	47	69.1%	33	39.8%	80	53%
	No	9	13.2%	21	25.3%	30	20%
	I don't know	12	17.6%	29	34.9%	41	27%
Condom use is common among my sexually active friends	Yes	39	57.4%	40	48.2%	79	52.5%
	No	12	17.6%	11	13.3%	23	15.5%
	I don't know	17	25.0%	32	38.6%	49	32%
My sexually active friends commonly use other contraceptives	Yes	22	32.4%	35	42.2%	57	38%
	No	9	13.2%	14	16.9%	23	15%
	I don't know	37	54.4%	34	41.0%	71	47%

To describe the problems experienced by students around peer pressure and risky behaviours.

Another objective that needed some scrutiny was that of identifying the problems that these youths face around peer pressure and risky behaviours and the following was noted.

4.8. Problems experienced by students around Peer Pressure and risky behaviours

Peers' influence was considered in terms of the general campus environment as well as within the context of the relationship of the respondents with their close circle of friends. Generally, most respondents were of the opinion that females on campus

encouraged their female peers to engage in pre-marital sex and males also encouraged their male peers to do the same (Table 4.10). The truth of the matter was as highlighted in the following findings: More than a third of the male students indicated that they were being encouraged by close friends, to engage in sexual intercourse with the opposite sex. The girls were not easily moved by pressure than the male students.

Looking at the questions we find that, on quizzing the participants on whether they will sleep with a boy or girl because their friends had pressured them to do so, we have a greater number for both sexes saying no. All the same there is a considerable number that said yes n=49, 32%, meaning that these participants can succumb to pressure. Similar observations are noted on the question of whether they will actual engage on the sexual intercourse should pressure be exerted and their common answer was no but we also have a significant number that can still be pressured into performing the act if enough pressure is put, (n=40,26%). We then note that when it comes to the question of being accompanied by their friends to see a boy or girl and then get pushed to some sexual activity, the male participants indicated that they can be encouraged to engage. ―Have you ever been accompanied by your friends to see a boy/girl and got pushed to get involved with him/her" and ―Have you ever been pressured to have more than one partner by your closest friends? Both scoring n=107, 71% for a no but with more guys saying yes they will do it! Almost half male participants voted positive for being accompanied and then getting pushed to engage, and for ―to have more than one partner, male participants scored", 39.7% versus the 14.5% for females.

Table 4. 10: Participants‘ responses on the problems that they encounter around peer pressure and risky behaviours

Question	Responses	Male		Female		Total	
		No.	%	No.	%	No.	%
Would you feel pressure to sleep with a boy or a girl because your friends are doing it	Yes	24	35.3%	25	30.1%	49	32%
	No	42	61.8%	54	65.1%	96	64%
	I don't know	2	2.9%	4	4.8%	6	4%
Would you feel pressure from friends to make you love someone and have sex with him/her?	Yes	18	26.5%	22	26.5%	40	26%
	No	47	69.1%	58	69.9%	105	70%
	I don't know	3	4.4%	3	3.6%	6	4%
Have you ever been accompanied by your friends to see a boy/girl and got pushed to get involved with him/her	Yes	30	44.1%	9	10.8%	39	26%
	No	36	52.9%	71	85.5%	107	71%
	Not applicable	2	2.9%	3	3.6%	5	3%
Have you ever been pressured to have more than one partner by your closest friends?	Yes	27	39.7%	12	14.5%	39	26%
	No	40	58.8%	67	80.7%	107	71%
	I don't know	1	1.5%	4	4.8%	5	3%

In relation to current context of influences that peers may be exerting on their peer friends‘ decision making, we sought to know the degree of pressure and/or support that respondents were having from friends for sexual abstinence, on one hand, and pre-marital sex on the other hand. The results are shown in Table 4.11 below.

In the current study, learners reported that to a certain extent they have the same basic beliefs as their friends, n=60, 40% reported that they have the same beliefs while n=71, 47% voted for no. Some of the participants they still haven‘t discovered themselves as they voted for 1 don‘t know for this question n=20, 13%. When it came to friends influencing their beliefs about sexuality quite a remarkable number n= 108, 72% voted for no, but all the same we have a 25% which still is influenced by friends. On the alcohol patterns, we have more boys being influenced by their friends. On the question of whether the participants do not agree with their friends on alcohol we have more than half of the boys/male students claiming that they agree about alcohol use with their friends n=35, 51,5% versus the 31; 37,3% for female participants, but on the

question of whether they do seek their friends‘ approval for the people they date, n=81, 54% which is more than half reported that it is less important that their friends approved of the people they dated, n=58, 38% said yes. On the issue of having a baby, it looks like it‘s not a priority for their friends as they voted no for that question, n=128, 85% versus the yes with n=18, 12%

On the issue of their friend‘s views about having more than one girlfriend/boyfriend, both genders mostly voted for a no n=90=60%. Again, we still have an n=55, 36% which say yes to having more than one partner. This is scary. What is more consoling is that they promise that, the next time they will have sex, they will use condoms every time and that they do respect a friend that thought they should use condoms n=118 , 78% .

Table 4. 11: Participants‘ responses on the problems that they encounter around peer pressure and risky behaviours (continued)

Question	Responses	Male		Female		Total	
		No.	%	No.	%	No.	%
My friends and I have the same basic beliefs	Yes	26	38.2%	34	41.0%	60	40%
	No	32	47.1%	39	47.0%	71	47%
	Don't know	10	14.7%	10	12.0%	20	13%
My friends influence my beliefs about sexuality	Yes	19	27.9%	18	21.7%	37	25%
	No	43	63.2%	65	78.3%	108	72%
	Don't know	6	8.8%	0	.0%	6	4%
My friends and I do not agree about alcohol use	Yes	29	42.6%	49	59.0%	78	52%
	No	35	51.5%	31	37.3%	66	44%
	Don't know	4	5.9%	3	3.6%	7	5%
It is very important that my friends approve of people I date	Yes	26	38.2%	32	38.6%	58	38%
	No	36	52.9%	45	54.2%	81	54%
	Don't know	6	8.8%	6	7.2%	12	8%
My friends want me to have a baby; they say it’s normal at my age	Yes	8	11.8%	10	12.0%	18	12%
	No	56	82.4%	72	86.7%	128	85%
	Don't know	4	5.9%	1	1.2%	5	3%
My friends say that one should not stand with one leg by having one boyfriend or girlfriend but should have at least 2 or more	Yes	31	45.6%	24	28.9%	55	36%
	No	32	47.1%	58	69.9%	90	60%
	Don't know	5	7.4%	1	1.2%	6	4%
If I have sex during the next 2 months, I will use condoms every time	Yes	52	76.5%	69	83.1%	121	80%
	No	6	8.8%	8	9.6%	14	9%
	Don't know	10	14.7%	6	7.2%	16	11%
Friends that I respect think I should use condoms every time, if I have sex during the next 2 months	Yes	57	83.8%	61	73.5%	118	78%
	No	4	5.9%	11	13.3%	15	10%
	Don't know	7	10.3%	11	13.3%	18	12%

4.9. Peer Influence Scale explained

To clarify the analysis of peer pressure, a Peer Influence scale was used in order to quantify the degree of peer influence in increasing the risk behaviours amongst the students. The Peer Pressure influence scale was adopted from Steinberg and Monahan (2007). In terms of analysis, two parts were divided into a and b. Values ranged from 1 to 2 for a question 41a and another 1 to 2 for the 41b going on wards as in Tables 4.13

to 4.22 No gender difference was found. The positive statements which depicted peer influence were grouped and analysed as follows.

Table 4. 12: The positive statements and the table depicting the resistance index

R/Index	Group choice	R/Index	Mindset/influence	R/Index	Relationships
2.66	Fitting in than standing alone	**2.56**	Friends easily changing your mind	**2.40**	Going along friends happy
2.54	Earning respect of your friends	**2.68**	Hiding true opinion in fear of being made fun of	**2.70**	Action to stay good side
2.68	Going along than making friends angry	**2.68**	Changing your conduct because of your friends	**2.75**	Breaking the your friends s
		2.26	Taking risk when with friends	**2.68**	
		2.54	Saying things you don‘t believe just to earn your friends‘ respect		

The scale of peer pressure influence was concentrated in the region slightly above 2. The centre being 2, it meant that when it‘s above 2, the participants were to a certain extent resistant to peer pressure. Peer pressure is reflected though it is not clear whether it was bad peer influence or good peer influence. What is clear is that this particular group was resistant to peer pressure, though there were quite a number of participants who succumbed to peer influence.

4.10. Using the positive statements to explain the peer influence scale

From the students‘ questionnaire, the researcher extracted the questions from the peer influence scale, in order to measure the extent of peer influence. The researcher took all positive statements, that showed peer influence and the values of those opposing statements, then grouped them to make answers for the statements. The positive statements which depicted peer influence were given values as per the responses of the participants positively while all negative statements‘ results were used as really untrue and sort of untrue, so as to explain their level of peer influence. The positive statements were presented as follows:

From the table 4.13 below, we noted a remarkable figure of 60% going along with their friends just to keep them happy.

Table 4. 13: Respondents views on whether they go along with their friends just to keep their friends happy.

Question	Response	Male		Female		Total	
		No.	%	No.	%	No.	%
I go along with my friends to keep them happy	Really true for me	26	38%	18	22%	44	29%
	Sort of true for me	22	32%	25	27%	47	31%
	Really untrue for me	2	3%	14	17%	16	11%
	Sort of untrue for me	18	26%	26	31%	44	29%

From Table 4.14 it is noted that 58% of the participants would rather stand out on their own than fit in with the crowd. This trend is noted for both genders.

Table 4. 14: Respondents view on whether it is important to fit in with the crowd than to stand out as an individual.

Question	Response	Male		Female		Total	
		No.	%	No.	%	No.	%
It is important to fit in with the crowd than to stand out as an individual.	Really true for me	15	22%	13	16%	28	19%
	Sort of true for me	13	19%	21	25%	34	23%
	Really untrue for me	33	49%	33	40%	66	43%
	Sort of untrue for me	7	10%	16	19%	23	15%

Half of the participants indicated that they cannot be easily influenced by their friends to change their mind about anything. This is illustrated in Table 4.15

Table 4. 15: Respondents views on whether their friends can easily get them to change their mind.

Question	Response	Male		Female		Total	
		No.	%	No.	%	No.	%
My friends can easily get me to change my mind	Really true for me	20	29%	22	26%	42	28%
	Sort of true for me	14	21%	20	25%	34	22%
	Really untrue for me	14	21%	10	12%	24	16%
	Sort of untrue for me	20	29%	31	37%	51	34%

Table 4.16 shows that 51% of the participants will not support a friend‘s action just to keep their friends happy. However about 58% of the males and 41% of the women are in support of the friend‘s actions to keep them happy all the time.

Table 4. 16: Respondents views with regard to their friends' actions in order to stay on their friends' good side.

Question	Response	Male		Female		Total	
		No.	%	No.	%	No.	%
I would follow my friends' actions in order to stay on my friends' good side.	Really true for me	22	32%	16	19%	38	25%
	Sort of true for me	18	26%	16	22%	34	23%
	Really untrue for me	9	13%	2	1%	11	7%
	Sort of untrue for me	18	26%	49	59%	67	44%

Table 4.17 indicates that 53% of the participants responded that they will not hide their true opinion from their friends even if their friends made fun of them. Still there was not much difference as 47% would rather keep their opinions for fear of being made a laughing stock.

Table 4. 17: Respondents‘ views on whether their friends hide their true opinion from their friends if they think their friends will make fun of them because of it.

Question	Response	Male		Female		Total	
		No.	%	No.	%	No.	%
When I think my friends will make fun of me, I hide my true opinion from them	Really true for me	25	37%	19	23%	44	29%
	Sort of true for me	11	16%	15	18%	26	17%
	Really untrue for me	4	6%	10	12%	14	9%
	Sort of untrue for me	28	41%	39	46%	67	44%

A remarkable 67% of the participants (Table 4.18) were against the idea of breaking the law if their friends said so. A remarkable 65% of the males and 70% of the females were against the idea of breaking the law if their friends said so.

Table 4. 18: Respondents views on whether they would break the law if their friends said so.

Question	Response	Male		Female		Total	
		No.	%	No.	%	No.	%
I would break the law if my friends said so	Really true for me	8	12%	9	11%	17	11%
	Sort of true for me	16	24%	16	19%	32	21%
	Really untrue for me	33	49%	40	48%	73	48%
	Sort of untrue for me	11	16%	18	22%	29	19%

From Table 4.19, it is noted that 55% of the participants cannot change the way they conduct themselves because of friends‘ influence. This is quite a remarkable figure as compared to the remaining 45% that would change to suit their friends‘ needs. However, 52% of the males can easily change their conduct and engage into sexual activities under the influence of friends. On the other hand, 60% female participants cannot easily change their conduct through friends influence.

Table 4. 19: Respondents' views on whether their friends change the way they conduct themselves.

Question	Response	Male		Female		Global	
		No.	%	No.	%	No.	%
When with friends I change the way I conduct myself	Really true for me	23	34%	16	19%	39	26%
	Sort of true for me	12	18%	17	20%	29	19%
	Really untrue for me	13	19%	12	14%	25	17%
	Sort of untrue for me	20	29%	38	46%	58	38%

Table 4.20 reflects that about 60% of participants get encouragement from their friends and tend to take part in risky activities. Males have a tendency to take part in risky activities compared to women who are risk averse as shown in Table 4.20.

Table 4. 20: Respondents' views on the risk they take when they are with their friends than when alone.

Question	Response	Male		Female		Total	
		No.	%	No.	%	No.	%
I take more risk when I am with my friends than when alone.	Really true for me	35	51%	26	31%	61	40%
	Sort of true for me	11	16%	19	23%	30	20%
	Really untrue for me	8	12%	12	14%	20	13%
	Sort of untrue for me	14	21%	26	31%	40	26%

About 60% of the respondents will say something they do not really believe in order to earn their friends respect. 67 % of the males compared to 54% of females will just please their friends, to earn themselves respect as highlighted by Table 4.21 below

Table 4. 21: Respondents' views on whether some people say some things they really don't believe in order to earn their friends' respect.

Question	Response	Male		Female		Total	
		No.	%	No.	%	No.	%
I always say some things that I really don't believe in order to earn my friends' respect.	Really true for me	35	51%	26	31%	61	40%
	Sort of true for me	11	16%	19	23%	30	20%
	Really untrue for me	8	12%	12	14%	20	13%
	Sort of untrue for me	14	21%	26	31%	40	26%

Half of the respondents suggest that, they will go along with their friends, than make their friends angry, of these, 53% of the males and 47% of the females will ensure that their friends are always happy around them.

Table 4. 22: Respondents views on whether it's better to go along with the crowd than to make their friends angry.

Question	Response	Male		Female		Total	
		No.	%	No.	%	No.	%
I would rather to go along with the crowd than make my friends angry.	Really true for me	24	35%	24	29%	48	32%
	Sort of true for me	12	18%	15	18%	27	18%
	Really untrue for me	10	15%	13	16%	23	15%
	Sort of untrue for me	22	32%	31	37%	53	35%

To provide guidelines for programmes to increase coping to address peer pressure related to risky sexual behaviour.

After having examined the influence of peer pressure there was a need to provide guidelines for the programmes, in order to increase coping to address peer pressure related to risky sexual behaviours.

4.11. Guidelines for programmes to increase coping to address peer pressure related to risky sexual behaviour

In Table 4.9 below n=121; 80% was likely to use condoms, while only n=14, 9% said no. The 11% that said they don't know also needs to be educated on condoms.

There was quite a number that respect a friend who suggests a condom n=118; 78% and the n=15; 10% said no while n=18; 12% said they don't know. The culture of silence and shyness in sexual relationships need to be thwarted.

What was interesting was the big number that said yes to the use of condoms in the next 2 months and every time n=128; 85% versus the 13;9% with a _no' and 10;7% which doesn't know still confused with the issues of condoms.

The participants also impressively said yes to the use of condoms in the dark room- 125; 83% while only n=17; 11% would not attempt and the usual don‘t knows with a 6% n=9.

The participants in this study also have the confidence to ask a partner to use a condom because they were 135; 89% saying they could do that and n=10; 7% said no. The 6, 4% said they did not know.

With the above results, it became easy to provide guidelines for programs in order to increase coping to address peer pressure related to risky sexual behaviour because not all peer pressure was related to risky sexual behaviours.

From the Table 4.9 below, it can be concluded that the participants really could cope to a certain extent and all that was needed was to increase their coping in order to address peer pressure related to risky sexual behaviours, the coping strategies were provided in the discussion section.

Table 4. 23: Behaviour patterns of participants that depict coping strategies to combat peer pressure

Question	Response	Male		Female		Total	
		No.	%	No.	%	No.	%
If I have sex during the next 2 months, I will use condoms every time	Yes	52	76.5%	69	83.1%	121	80%
	No	6	8.8%	8	9.6%	14	9%
	I don't know	10	14.7%	6	7.2%	16	11%
Friends that I respect think I should use condoms every time, if I have sex during the next 2 months	Yes	57	83.8%	61	73.5%	118	78%
	No	4	5.9%	11	13.3%	15	10%
	I don't know	7	10.3%	11	13.3%	18	12%
If I have sex during the next 2 months, I am planning to use condoms every time.	Yes	61	89.7%	67	80.7%	128	85%
	No	1	1.5%	12	14.5%	13	9%
	I don't know	6	8.8%	4	4.8%	10	7%
I can use a condom every	Yes	55	80.9%	70	84.3%	125	83%

time even if the room is dark.	No	6	8.8%	11	13.3%	17	11%
	I don't know	7	10.3%	2	2.4%	9	6%
I can ask a new sex partner to use condoms	Yes	57	83.8%	78	94.0%	135	89%
	No	8	11.8%	2	2.4%	10	7%
	I don't know	3	4.4%	3	3.6%	6	4%

The role of peer pressure in increasing HIV related sexual risk behaviours.

Having looked at the above objectives and all analysis pertaining to it, it then became necessary to look at the role of peer pressure in increasing the HIV related sexual risk behaviours, which was the main topic.

4.10 Peer pressure tested against HIV risky sexual behaviours

Peer pressure was tested against risky sexual behaviours to find the correlation of the two factors using multivariate regression analysis.

Multivariate regression analysis is generally used to address the subject of dependence of a variable(Y) to other factors usually referred to as independent variables (X_i). Assuming dependence, the general regression model is presented mathematically as below;

$$Y = k_1X_1 + k_2X_2 + k_3X_3 + \ldots\ldots\ldots k_nX_n$$

Where;

Y is the dependent variable,

X_is are the independent variables and

K_i are associated constants

Therefore in order to check whether the dependent variable, Y is influenced by a factor X_i, one has to check for the existence or significance of an associated constant k_i as shown in the above equation. If k_i is significant, it then follows that Y is dependent or influenced by that factor in question.

We had in mind that the central aim of the study was to test whether peer pressure had any role in the engagement of risky sexual behaviour in order to propose programmes

that addressed peer influence on risky behaviours. In our case HIV risky sexual behaviours were dependent on Peer pressure.

The tests were done as follows:

R Square is very small and so HIV related sexual behaviours are not defined by peer pressure alone. There are many other factors that define these risky sexual behaviours as highlighted in the literature review.

Table 4. 24: An analysis of dependence of HIV related sexual behaviours to peer pressure using regression analysis.

Regression Statistics	
Multiple R	0.1196
R Square	0.0143
Adjusted R Square	0.0077
Standard Error	0.2777
Observations	151

ANOVA

	Df	*SS*	*MS*	*F*	*Significance F*
Regression	1	0.167	0.167	2.163	0.143
Residual	149	11.491	0.077		
Total	150	11.657			

	Coefficients	*Standard Error*	*t Stat*	*P-value*	*Lower 95%*	*Upper 95%*	*Lower 95.0%*	*Upper 95.0%*
Intercept	1.428	0.106	13.525	0.000	1.219	1.636	1.219	1.636
Peer	0.085	0.058	1.471	0.143	-0.029	0.200	-0.029	0.200

The overall HIV related sexual behaviour is not influenced by peer pressure as per the above table, since the P value (14.4%) for peer pressure is greater than the 5% threshold, it can be maintained that HIV related sexual behaviours is not depended on peer pressure at 5% level of significance, based on the information obtained from the group which were the college students.

4.12. Conclusion

Section 4 provides the data analysis, interpretation and presentation. The HIV/AIDS risky behaviours, peer pressure influence, are analyzed, subjected to statistical tests and the results displayed in the form of graphs, charts and tables. The chapter concludes by accepting or rejecting the possibility or rejecting the possibility of relationships between the variables based on the test results.

5. DISCUSSION

5.1 Introduction

This chapter presents the discussions of the research in line with the stated research objectives.

5.2 Evidence of high-risk sexual behaviour

Evidence of high risk sexual behaviours is highlighted in the following discussion

5.2.1 Most participants depicted as having sex

Despite the lack of accurate national figures on age of sexual debut, the studies by Eaton et al (2003) suggest that at least 50% of young people in South Africa are sexually active by age 16, and probably 80% are by the age of 20. According to him boys report earlier sexual debut than do girls, and Black (__African‘‘) youth are more likely to start sexual activity in their teens than are other ethnic groups. This study also supports Eaton et al., as the respondents were asked to self-report if they had ever had sexual intercourse. Other items used to assess sexual behaviour of the participants included age at first intercourse, number of sexual partners. Kinsler et al., (2003) also assessed the same on the risky sexually behaviour.

In the present study, we found that approximately sixty-eight percent of our participants were sexually active. Most studies (e.g., Poulson, et al., 2008) report findings that range from seventy to eighty-five percent of students reporting that they are sexually active. Negussie et al., (2002) supports this when he said that peers forced some of their friends to feel eager to learn the consequences of an action and sexual activity was one of these actions. Our 68% of sexual active participants was quite a big number.

Therefore, it is important to note that findings from the present study extend previous research in this area by also showing that just under half (i.e. 46%) of our participants reported engaging in sexual relations. If students are engaging in sex, it would be

somewhat sobering to know that they are having sex with the same person and that they are using condoms, Poulson, et al., (2008) findings showed that forty-eight percent of participants engaged in sex with more than one partner during the previous year; 53 percent of respondents in the present study reported that their friends have regular sexual partners and that most of the people of their age have sex before marriage. This finding becomes even more problematic because having a regular partner as well as having sex before marriage does not mean that the same regular sex partner, will be your future husband, and then one begins to wonder whether risky behaviours are not part of the activity. This also was supported by Varga (2003) qualitative report in which she quoted a 23 year old male as saying that –they start sexual intercourse to show their experience, if one fails to catch up with the modern group, she/he is insulted and mocked as homely and frivolous."

Despite the fact that we also note some improved behaviours as reported by peer influence scale results and also supported by the American Association of University Women (AAUW), The researcher's experience and as a lecturer in this institution, she has noted that no intervention strategies on risky behaviours on youths have been put in place, contrary to what the association claims- that schools have come to recognize the need for assuming a proactive role in preventing and intervening on risky sexual behaviours.

5.3. Condom use necessity/safe sex

The fact that only 52 percent of our study population indicated that condom use was common among their friends suggests that a high proportion of sexual activities among college students may be unprotected. Even more alarming was our finding that forty-four percent of female students in the present study were more likely to accept the non-use of condoms because they were in love with their partner and also because their partners did not want to use a condom. This is so because at the heat of the moment compromise can be done without a condom as n=55, 34% strongly agree with this statement. Even when the room is dark, there is an 11 percent that still think they would not use condoms (inconsistent use of condoms). When queried as to whether

students would ask a new partner to use a condom- the majority said yes (n=135, 89%), this reflects that condom use is necessary even when you are with the same person for a long time (n=93, 62%) and reflects on the openness of youths. This is most striking because a growing number of studies reveal that the rate of infidelity among college students may be even higher than that of married couples.

On the contrary Eaton et al through their evaluation of different studies by different researchers found that the majority of school going adolescents reported having one or two partners in their lifetime and that over 60% of university students reported no partner or one partner in the last year. This highlights that most of the young people are not being promiscuous. But even though, emphasis must be placed on instructing college students about the rate of infidelity in college relationships and how it places them at risk for contracting STDs. As highlighted by Eaton et al., (2003), the majority of sexually active young people use condoms irregularly, if at all.

Again, in a mixed-gender samples, a maximum of 86% of sexually active respondents reported ever having used a condom, with the average being much lower. A maximum of 55 % and more likely fewer than 20%, of young people use condoms at every sexual encounter. And an overall estimate of 50-60% of youth in these studies (with a range of 23-85%) report not using condoms at all. These statistics make it clear that young South Africans put themselves at risk for HIV infection through unprotected sex, starting in their teens (Eaton et al., 2003). Those numbers then do not explain the problem, why those youths do not protect themselves.

5.4. Perceptions of FET students

The response of 38 percent of study participants that their sexually active friends were using other forms of contraceptives suggests that condoms may not be the contraceptive of choice among many unmarried sexually active college students. It may also be a reflection that even among those that use the condom, it may not be used all the time (with other contraceptives being substituted at other times) or that –dual protection" (the simultaneous use of condom and another contraceptive method

for concurrent protection from sexually transmitted infections and pregnancy) is being practiced by a number of students. The former picture is the more likely as studies have shown that pregnancy prevention is of greater focus and concern among college students than sexually transmitted infections even when using condom, (Omoregie, 2002).

In this study ―the question on whether their friends want them to have a baby and that it‘s normal," gives a reflection of this. Their majority answer for both genders was ―no". This is contrary to documentary evidence presented on literature review that pregnancy was on the increase in youths. We tend to then look at the ages – the documentary evidence concentrated on the ages 15 to 18 and looking at our sample, we have more mature students on the ages of 18 to 24 and so these can be able to make a sound choice, making age to be having influence on peer pressure as stated on literature review Youths in this study, just as Begrave et al., (2000) observed, are more motivated to avoid the negative side effects of sexual risk taking such as unwanted pregnancy.

A high level of negative perception about condom use had also been reported among South African FET colleges, with almost half reporting that a condom reduces sexual pleasure, (Omoregie, 2002). If and when dual protection is practiced, it is not unlikely that it may be due to some level of distrust for the condom as 69 percent of male undergraduates, in a study by Omoregie (2002) had been reported to know of an incidence of condom breakage that occurred to a close associate. The result of that study further indicated that the reproductive health risk may be high even among college students using the condom and suggested that their efficacy in the use of condom may be low.

The high proportion of respondents that indicated lack of knowledge about the contraceptive practices of their friends (32 % for condoms and 47 % for other contraceptives) may be an indication of inadequate communication among many close associates within the tertiary institution environment about HIV and sexual issues and

practices. Thus, it is not unlikely that institutions of higher learning in South Africa, despite their general openness to new ideas, may still have some traces of the ―culture of silence" that had traditionally surrounded sexual issues and personal reproductive health practices in our environment.

Gardner & Steinberg (2007) and several of other researchers portrayed the youths as having carefree attitudes but in this study, we noted that these youths are quite conscious and know much more about condom use. In the current study they were very receptive about condoms as they even promised to use them every day in future. In South Africa another potential precursors to engaging in risk-related sexual behaviour include a disrupted family environment, poverty, and societal norms regarding appropriate sexual behaviour and the acceptance of condoms as depicted in literature.

5.5. Peer pressure as a promoter or perpetuator for unsafe sexual behaviour

South African research has addressed the issue of peer pressure only in studies of Black youth. (Buga et al., 1996; Cassimjee, 1998; Eaton et al., 2003; NPPHCN, 1996) This research indicates that both girls and boys experience considerable same-sex peer pressure to be sexually active. For boys the pressure has to do with proving manliness, and having many sexual partners wins a young man status and admiration, as highlighted in the literature review. Young men often encounter negative peer attitudes towards condoms, (Eaton et al., 2003; MacPhail & Campbell, 2000). Participants reported higher levels of condom use, greater intentions to use condoms the next time they had sexual intercourse and more attitudes towards condoms. These findings are consistent with the other school-based studies on knowledge (Caceres et al., 1994; Merson et al., 2000) and attitudes toward condoms (Caceres et al., 1994; Jemmott and Jemmott, 2000).

For girls pressure sometimes comes from sexually experienced peers who exclude inexperienced girls from group discussions because they are still __children‘‘ (Wood et al., 1997a). CDC also noted that girls engaged in more unprotected sex more

frequently than boys CDC (2002). This was in contrary to the current study, which depicted that girls were not easily moved by peer pressure. We noted a balance being struck by the two genders.

Young men appear to be influenced to greater extent than are young women (MacPhail & Campbell, 2000). Peer pressure is also not necessarily a negative influence. Positive examples set by friends and role models can promote safer sexual behaviour (Perkel, 1991), (as cited in Poulson, 2008).

Literature indicated that children raised under parents with the moral standard of sexual abstinence but growing up in a more permissive generation and environment where premarital sex appears increasingly as the norm. There is the possibility with this scenario that while pre-marital sexual engagement appears as the current trend, there is still considerable thought about sexual abstinence among South African young adults in deference to their parents' desire particularly when they are resident with their parent most of the times (as was the case with our respondents).

Another possible explanation for the opposing picture of pressure to be sexually active alongside that of anticipated support for sexual abstinence may be that while friends may advance a particular position on sexual behaviour, ultimately most friends in the social context of the South African college students would likely respect the final choice of their friend to engage in sexual practices or to abstain from such. The influence of other factors that may shift the decision of the individual college student towards pre-marital engagement or sexual abstinence may include parental influence and other alternative social support structure as depicted in Literature.

The perspective of most respondents (93 %) that most people of their age are involved in pre-marital sex agreed with the environmental circumstances that state that poverty and single parents may also be a contributing factor and other factors like religiosity and alcohol, (McCree et al., 2003). There is a need for more detailed study, which

would involve the use of both quantitative as well as qualitative methods to facilitate a better understanding of the situation and uncover associated issues.

5.6. Peer influence

Looking at the peer influence scale, we grouped those 10 questions into classes as in table 4.3 of the findings section. With these groups/classes we then conclude that belonging to a group really does give something significant to the young person. Peer groups provide a place where children feel accepted where they can feel good about themselves, and where their self-esteem is enhanced. This study supported many studies done on peer influence by different researchers such as (Brown 2004, Chassin et al 2004, Simons-Morton, Lener and Singer 2005), where they say that adolescents would alter their behaviour and want to fit in because they care more about what their friends think of them, they are more likely to go with the crowd to avoid rejection. In the current study we have these youths making their choices and deciding to stick with their friends, so as to keep relationships and so get influenced by their friends. Though most of the influence is slightly above 2, it shows that to a certain extent they succumb to peer pressure, though they have the ability to resist it. Gruseit (1997) noted that peer pressure was a common factor in most young people‘s decision, not only to become sexually active, but to engage in unsafe sex practices. This is strongly opposed by Billy and Udry (1985) (as cited in Poulson et al., 2008) when they said that though they are strong similarities between sexual behaviours of peers, the congruence may not reflect peer pressure. Adolescents do not end friendships due to difference in sexual behaviour, nor do they succumb to peer pressure to conform to sexual standards. Instead, similarity of sexual behaviour occurs via acquisition of friends who engage in similar sexual behaviour (Poulson et al., 2008).

Peer pressure does not however have the same negative influence on all youths. Individuals differ in their susceptibility.

We noted also in Morojele et al., (2006), that the adolescents proposed several explanations for their peers‘ engagement in sexual risk behaviours (i.e. engagement in sex with multiple partners and unprotected sex) despite knowing the risks. Reportedly,

sexual risk behaviours were more common among males than females, although girls were not considered to be exempt from carrying them out. Morojele et al., (2006) said that males in particular, reportedly refrained from condom use to avoid dampening the pleasure of sexual intercourse and engaged in sex with multiple partners due to the perceived thrill of the behaviour. Moreover, the positive (_playboy‘, _streetwise‘, and _powerful‘) status accorded to boys who engaged in risky sexual acts was thought to impede their adoption of protective behaviours. One Xhosa speaking, Grade 11 male explained that his friend‘s reaction to his disclosure of having used a condom, when he said that –Oh no, come on. Do you still wear a condom?” had dissuaded him from future condom use, (Morojele et al., 2006). In this study we note a bit of difference as both genders were of the same opinion except in alcohol use. Females showed that they were not for alcohol as they did not agree with their friends who supported alcohol, though overall, both genders scored n=78, 52%.

According to Morojele et al., (2006), females‘ main reasons for engaging in sexual risk behaviours were reportedly due to their desire to please their sexual partner and their inability to _say no‘ to males‘ sexual advances for fear of being rejected or beaten. Some girls were believed to deliberately refrain from condom use to fulfil a desire to conceive. A younger Afrikaans-speaking female‘s comments captured these beliefs: –Maybe some of them want to get pregnant, or they think if the girl doesn‘t want to use a condom he will just drop her”. In this study we also noted that the female participants would engage in sexual activity in the heat of the moment even without a condom and that their use depended on the other partner suggesting it, n=63, 78.8%.

Morojele et al., (2006) went on to say that, the participants opined that adolescents‘ underestimation of their own and/or their partner‘s vulnerability to HIV infection could lead to unprotected sex. Uniquely, both gender are aware of their vulnerability, but would still want to use contraceptives for prevention of pregnancy, forgetting the HIV epidemic and still practice the culture of silence.

5.7 Guidelines for programmes to increase coping to address peer pressure related to risky sexual behaviour

There is need for proper guidelines for programmes to increase coping to address peer pressure related to risky sexual behaviour because HIV in South Africa continues to rack havoc especially to the youths. The rapid increase in the prevalence of infection indicates that these efforts have not had a significant impact, (UNAIDS 2010).

5.7.1. Promotion of appropriate and culturally relevant programs

There is need to involve all stakeholders in planning, implementing and evaluation of sex and HIV/AIDS programs. Therefore Health educators should take note of this vital point, that is young people should not be excluded. In South Africa, we have diverse cultures, and so programs should be developed within the context of the specific cultural beliefs and values of the target group. Such culturally relevant programs will help eliminate myths and misconceptions regarding HIV/AIDS.

5.7.2. Early commencement of programs and parental involvement

It has been established in the literature and this study that risky behaviours reduce with age. The younger you are the more risky one is likely to be and that adolescents commence sex at an early stage. Therefore, sex and HIV/AIDS education programs should start in primary school and be developmentally appropriate. In order to obtain support of parents and other relevant role players, researchers, educators, and policy makers should take local cultural traditions into account. All those involved should be invited to voice their concerns and suggestions regarding the program. This way the risky sexually behaviours can be combated. Abstinence should also be preached and made "valuable" to adolescents. Messages that encourage them to abstain or delay sexual activity may help them adopt this attitude.

5.7.3. HIV/AIDS education programs should encompass both knowledge and skills

It has also been established that mature College students have the necessary knowledge of Health issues but despite this knowledge they still embark on risky

behaviours. This becomes a problem as the usual trend will be that once one is knowledgeable one is likely to be cautious. Therefore knowledge alone is not enough and so the college students need to be equipped with the skills in order to be in a position to stand against this epidemic. Factual information (e.g., the means of transfer, how it affects the body, the lack of a cure, preventive measures) should constitute the core of the program. HIV/AIDS education programs should emphasize social norms and skills needed for healthy human relationships, effective communication, and responsible decision making that offer protection from HIV infection. Programs should incorporate responsible decision-making strategies, communication, and problem-solving skills, particularly in combating the social pressures for having sex. In this research the female students are not particularly high in risk but all the same young women in South Africa are at particularly high risk of infection even though there is now a better understanding of the determinants of risk for young women, such as gender inequality, a lack of power in decision making, and social coercion. We need a way forward to combat those issues. Behavioural interventions for young women should include empowerment and the development of negotiation skills. For young men, respect and support for women and for gender equality, need to be taught and implemented by men.

Condoms should be more readily available. Adolescents in this research study express a positive attitude toward the use of condoms, and we know that these are very essential for the prevention of HIV infection. For young adolescents who are sexually active, schools, universities, and community organisations should provide contraceptives. Adolescents often seek contraceptives without parents' knowledge and hence must cope with such problems as finding transportation to clinics and harassment or refusal to be served at pharmacies. Therefore if the condoms are provided on campuses it will influence these adolescents' to use them every time, even at the heat of the moment, hence solving the problem of accessibility.

5.7.4. Educators and peers should be trained to provide an effective HIV/AIDS education program

The researcher‘s experience as a lecturer has highlighted that adolescents are open with sexual issues when they discuss those issues with their peers. These peers would appear to them as role models. There is need for effective programs, as they offer accurate information in a way that shows sensitivity to the issues of adolescents. An effective peer education program transfers the control of knowledge from the hands of experts to lay members of the community, making the educational process more accessible and less intimidating. Furthermore, peer education allows for debate and negotiation of messages and behaviours, leading to the development of new collective norms of behaviour rather than merely seeking to convince individuals to change their own behaviour

In summary, we note that any general strategy would not be feasible, since the norms, values, cultures, and traditions of the various communities in South Africa are too different. Thus the focus of a prevention program for students would have to be based on the particular needs and beliefs of each community. This should start in schools, Colleges included, and life skills should also be introduced as this will turn the focus of youths from risky sexual behaviours to something that will benefit them in future. Besides, these life skills will be performed as a group of peers which then will be a positive motive of peer pressure as there is something that will be binding them together.

5.8. Conclusion

This section has brought the research to its culmination in that it is evident from the contents that the problems formulated in chapter one have been investigated and the aims met. The main findings from the literature review and the empirical study are summarized in order to simplify the in-depth investigations. The findings discussed emerged from the analysis of written documents and questionnaires. Finally, the limitations of the study are discussed.

6. CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

Recommendations are subsequently put forward based on the discussions in the previous section. However, it must be borne in mind that these findings are based on the information that was gathered from the questionnaire. Generalizing from this research study is likely to face a lot of limitations some of which are as follows:

Due to limited time constraints, only a limited number of respondents were considered. Properties of a small sample size tend not to mirror what can be expected from the entire population.

Although our findings in the present study are for the most part quite consistent with a number of previous studies, the fact that we used a convenience sample prevents us generalizing our findings beyond the present sample. Future efforts should be made to acquire a sample via a randomized sampling technique.

A second methodological concern is that data from the present study is based upon self-reports. It is clear that such studies do present participants with an opportunity to present themselves in a favourable light and/or engage in social desirability. Whether this means that respondents overstated or understated their behavioural tendencies relative risky sex remains uncertain. However, there is a body of research that suggest that if reporting biases do occur in such studies, it is more likely to be a case of under reporting rather than over-reporting potential problematic behaviours (Visser, 2007). The third methodological concern centres on the general desire to treat co relational results as if they were true experimental results. We are fully aware of the possible "third variable" problem when explaining research findings on the basis of co relational data. Our goal was to examine the strength of the relationships between HIV related risky sex behaviours and Peer pressure. We observed that very few empirical studies had addressed the interrelationship among these variables. In future studies, we

will seek to employ a randomized selection procedure and use a larger sample. In this study only one college is used.

6.2. HIV Health Programmes

Nevertheless, this research study gives good pointers on the role of peer pressure. Young people in institutions of higher learning, who are typically from the age of 18 to 25 years, have particularly been neglected in terms of reproductive health programmes. One factor that may account for this relative neglect of young people in the older age bracket and tertiary institutions is an assumption that members of these latter groups are ―mature" enough to take care of themselves.

While it is true that older adolescents and youths, potentially, have better access to reproductive health information and services than younger ones, available information shows that they remain at risk While these data offer some important insights into HIV/STD-related risks in this population of FET PC Training and Business College adolescents, the limitations of this study must be borne in mind while interpreting the data. The prevalence of risky sexual behaviour is high among students in tertiary institutions despite a high level of knowledge about HIV and AIDS and risky sexual behavioural issues as reflected in this research as well as in the research by Akande and Omoregie (2002). Indeed, the environment in higher institutions of learning in South Africa, like that in many other parts of the world, is characterised by high level of personal freedom and social interactions. Socially, the typical College environment in South Africa offers opportunities for high level of sexual networking, and the ―freedom" that characterizes the higher institutions permits permissive lifestyle, (Fatusi, 2004). Sexual lifestyles in Further Education and Training Institutions in South Africa, and a number of other African countries, have been documented as featuring a high level of risky sexual behaviour such as transactional sex, engagement with multiple partners, unprotected casual sex, and gender-based violence (Katjavivi, 2003, Kelly, 2001 & Omoregie, 2002). Based on the picture of the sexual behaviour within the campuses, African institutions of higher learning have recently been described as ―high-risk institutions for the transmission of HIV" (Katjavivi 2003).

6.3. Recommendations

The results of this analysis are modest in magnitude and should be treated cautiously, although we think that there are at least two findings that could help inform future programs.

6.3.1 Adolescents and Community

First, a greater understanding of the connection of adolescents to their communities, and to the adults in their households should be incorporated into program design. Greater efforts could be made to involve parents and other adults that surround them in the youth programs, not in a didactic role but in ways that support adolescents to examine their own behaviour, make positive changes, and protect them. Youth programming has widely recognized the role for peer educators but we are now beginning to increase our knowledge base about an effective role for adult mentors.

6.3.2. Program Planners

Second, the results should remind program planners that an emphasis on the provision of information and even skills building has limits to how much it can help an adolescent change his or her behaviour. Programs must also explore how they can alter the environments, in which adolescents form opinions, make choices, and act.

6.3.3. Further research

Further research is needed to elucidate the importance and salience of both negative and positive values attached to preventive behaviour. The findings from this study have implications for both programme and research activities. In terms of programme design and implementation, the findings indicate that in order to improve sexual behaviour among young people in South African tertiary education interventions must target the totality of their social environment. This implies, among others, that in programming for sex-related behaviour change communication in the South African Colleges, priority must be given to the use of theories that are applicable at the social and community level such as the social learning theory and the structural-environmental models, (King, 1999). The structural-environmental theories of

behaviour change, which holds that sexual behaviour is a function not only of individual and social but of structural and environmental factor as well, would particularly provide an appropriate framework for such interventions,(Eaton et al., 2003; Gardner & Steinberg, 2007). Another implication for programming purpose in terms of communication for sex-related behavioural changes in South African campuses is that abstinence must not be discountenanced, despite the high level of sexual activity, and abstinence message must not be assumed to be appropriate for all groups. Rather, a holistic packaging of communication focusing on abstinence, faithfulness between partners, and condom use is needed. In terms of future research activities, our findings showed that there are still considerable gaps in the understanding of the social context of sexual behaviour among young college students, and the degree to each of the elements in the social environment influence the actual behaviour. These issues need to be examined through the lens of appropriate psycho-social research work.

6.3.4. Condoms and the way forward

The present study also looked at the fact whether the acceptance of condoms as a contraceptive and preventer of HIV/STIs and discovered that people who want to avoid pregnancy perceive condoms to be less reliable than hormonal contraceptives when the participants were asked whether ―their sexually active friends commonly used other contraceptives" their common answer was that they did not know with 47%, when we compare it with the 52% that are said to be using condoms and the fact that most of the peers don‘t want to have a child (n=128,85%), it then shows us that condoms are perceived to be more of a risk than HIV, and that condoms are used only occasionally as supplementary contraception, especially when we take into consideration that in this study the females were reluctant to ask for condom use. Their use depends on the partner which in this case is the male partner. This is backed also by Eaton et al., (2003) when they perceived that as a cost. This then means that condoms should be disseminated in schools and Colleges and also the students need to be educated on their use as well.

It was apparent from these data that the factor most related to demographic variables was the Condom Interactions factor. This suggests that learning about condom negotiation may be related to gender, cultural and educational variables as well as beliefs, and that great care needs to be taken to tailor interventions which seek to increase condom acquisition, carriage, negotiation and application assertiveness to these variables-perhaps to the point of developing different interventions related to gender, belief and education level. Conscious choice of a safer method of sex and its negotiation with the sex partner are possible only when people have been prepared to meet the challenges of a sexually active life, (Eaton et al., 2003).

6.4. Concluding Remarks

HIV/AIDS is indeed the most challenging problem being faced by the youths in South Africa, the agony it has brought to thousands of families and the huge blow it has thrown on the economic sector makes it one of the most important subjects today. Youths make up the future working population and we cannot just watch them being wiped up by the epidemic just like that. Therefore we will want to find every alternative way to prevent the risky behaviours which can lead to HIV/AIDS. Therefore this study has further expressed the way forward, in order to combat the disease.

The most important conclusion of this study is that, despite the efforts of researchers, there has been no significant change in the rate of infection among adolescents in South Africa. This study recommends a new generation of behavioural interventions which provide both factual knowledge and life skills which promote behavioural risk reduction.

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APPENDICES

Appendix 1

STUDENTS' QUESTIONNAIRE

Hello, my name is Mrs. Limkile Mpofu. We are conducting a survey on **the role of peer pressure in increasing HIV related sexual risk behaviours in further education and training (FET) colleges** in Gauteng.

Please fill in the most appropriate answer. Mark with an X

Demographic data

1) Age

18-20 ☐

21-24 ☐

2) Gender

Male ☐ **Female** ☐

Dating and sex

3) My friends and I started dating at the age of

Not Applicable ☐

9-11 ☐

12-14 ☐

15-17 ☐

18-20 ☐

21-24 ☐

4) I engaged in sexual intercourse at the age of

Not Applicable ☐

9-11 ☐

☐

12-14

15-17 ☐

18-20 ☐

21-24 ☐

5) At my stage I should have a boyfriend/girlfriend

Yes ☐

No ☐

I don't know ☐

6) My friends think I should have a boyfriend/girlfriend

Yes ☐

No ☐

I don't know ☐

7) I should go out with many people before I get married

Yes ☐

No ☐

I don't know ☐

8) I decide for myself what is right and wrong even if my friends do not agree with me

Yes ☐

No ☐

I don't know ☐

9) I perceive my friends to be using condoms

Yes ☐

No ☐

I don't know ☐

10) I am also sexually experienced

Yes ☐

No ☐

Not Applicable ☐

11) I have had sexual intercourse during the past three months

Yes ☐

No ☐

Not Applicable ☐

12) I have more than one sexual partner

Yes ☐

No ☐

Not Applicable ☐

13) I always use condoms every time I have sex with a new partner

Yes ☐

No ☐

Not Applicable ☐

14) I do not use a condom every time I have sex with a new partner

Yes ☐

No ☐

Not Applicable ☐

15) I don‘t use a condom when having sex with my usual partner/girlfriend

Yes ☐

No ☐

Not Applicable ☐

16) Do most people of your age have sex before marriage?

Yes ☐

No ☐

Don't know ☐

17) Do most of your friends have regular sexual partners?

Yes ☐

No ☐

Don't know ☐

18) Is condom use common among your sexually active friends?

Yes ☐

No ☐

Don't know ☐

19) Do your sexually active friends commonly use other contraceptives?

Yes ☐

No ☐

Don't know ☐

20) Would you feel pressure to sleep with a boy or a girl because your friends are doing it

Yes ☐

No ☐

I don't know ☐

21) Would you feel pressure from friends to make you love someone and have sex with him/her?

Yes ☐

No ☐

I don't know ☐

22) Have you ever been accompanied by your friends to see a boy/girl and got pushed to get involved with him/her

Yes ☐

No ☐

Not Applicable ☐

23) Have you ever been pressured to have more than one partner by your closest friends?

Yes ☐

No ☐

I don't know ☐

24) My friends and I have the same basic beliefs.

Yes ☐

No ☐

I don't know ☐

25) My friends influence my beliefs about sexuality.

Yes ☐

No ☐

I don't know ☐

26) My friends and I do not agree about alcohol use.

Yes ☐

No ☐

I don't know ☐

27) It is very important that my friends approve of people I date

Yes ☐

No ☐

I don't know ☐

28) My friends want me to have a baby; they say it's normal at my age

Yes ☐

No ☐

I don't know

29) My friends say that one should not stand with one leg by having one boyfriend or girlfriend but should have at least 2 or more

Yes ☐

No ☐

I don't know ☐

30) If I have sex during the next 2 months, I will use condoms every time

Yes ☐

No ☐

I don't know ☐

31) Friends that I respect think I should use condoms every time, if I have sex during the next 2 months

Yes ☐

No ☐

I don't know ☐

32) If I have sex during the next 2 months, I am planning to use condoms every time.

Yes ☐

No ☐

I don't know ☐

33) I can use a condom every time even if the room is dark.

Yes ☐

No ☐

I don't know ☐

34) I can ask a new sex partner to use condoms

☐

Yes ☐

No ☐

I don't know ☐

35) I don't have a main or a casual partner

Yes ☐

No ☐

I don't know ☐

36) Condom use is necessary, even when you are with the same person for a long time

Strongly agree ☐

Agree ☐

Disagree ☐

Strongly disagree ☐

I don't know ☐

37) I am concerned about AIDS, but in the heat of the moment it wouldn't stop me from having sexual intercourse without using a condom

Strongly agree ☐

Agree ☐

Disagree ☐

Strongly disagree ☐

I don't know ☐

38) I would respect my partner if he/she suggested using a condom

Strongly agree ☐

Agree ☐

Disagree ☐

Strongly disagree ☐

I don't know ☐

39) The next time you have sexual intercourse with your main partner, how likely is it that you will use a condom?

Very likely ☐

Sort of likely ☐

Sort of unlikely ☐

Very unlikely ☐

I don't know ☐

40) The next time you have sexual intercourse with a partner, how likely is it that you will use a condom?

Very likely ☐

Sort of likely ☐

Sort of unlikely ☐

Very unlikely ☐

I don't know ☐

Resistance to Peer Influence Scale

For each question, decide which sort of person you are most like — the one described on the right or the one described on the left. Then decide if that is ―sort of true" or ―really true" for you, and mark that choice. For each line mark only ONE of the four choices.

Really True for Me	**Sort of True for Me**				**Sort of True for Me**	**Really True for Me**
❑	❑	Some people go along with their friends just to keep their friends happy.	BUT	Other people refuse to go along with their friends want to do, even though they know it will make their friends unhappy.	❑	❑
❑	❑	Some people think it‘s more important to be an individual than to fit in with the crowd.	BUT	Other people think it is more important to fit in with the crowd than to stand out as an individual.	❑	❑
❑	❑	For some people, it‘s pretty easy for their friends to get them to change their mind.	BUT	For other people, it‘s pretty hard for their friends to get them to change their mind.	❑	❑
❑	❑	Some people would do something that they knew was wrong just to stay on their friends‘ good side.	BUT	Other people would not do something they knew was wrong just to stay on their friends‘ good side.	❑	❑
❑	❑	Some people hide their true opinion from their friends if they think their friends will make fun of them because of it.	BUT	Other people will say their true opinion in front of their friends, even if they know their friends will make fun of them because of it.	❑	❑
❑	❑	Some people will not break the law just because their friends say that they would.	BUT	Other people would break the law if their friends said that they would break it.	❑	❑
❑	❑	Some people change the way they act so much when they are with their friends that they wonder who they ―really are".	BUT	Other people act the same way when they are alone as they do when they are with their friends.	❑	❑
❑	❑	Some people take more risks when they are with their friends than	BUT	Other people act just as risky when they are alone as when they are with	❑	❑

Really True for Me	**Sort of True for Me**				**Sort of True for Me**	**Really True for Me**
		they do when they are alone.		their friends.		
❑	❑	Some people say things they don‘t really believe because they think it will make their friends respect them more.	BUT	Other people would not say things they didn‘t really believe just to get their friends to respect them more.	❑	❑
❑	❑	Some people think it‘s better to be an individual even if people will be angry at you for going against the crowd.	BUT	Other people think it‘s better to go along with the crowd than to make people angry at you.	❑	❑

(Steinberg and Monahan, 2007)

Appendix 2

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STELLENBOSCH UNIVERSITY

CONSENT TO PARTICIPATE IN RESEARCH

PERCEPTIONS ON THE ROLE OF PEER PRESSURE IN INCREASING HIV RELATED RISKY BEHAVIOURS IN FURTHER EDUCATION AND TRAINING (FET) COLLEGES: A CASE STUDY OF PC TRAINING AND BUSINESS COLLEGE IN GAUTENG, SOUTH AFRICA.

You are asked to participate in a research study conducted by Limkile Mpofu, a student from the Africa Centre for HIV and AIDS and the Management Sciences Faculty at Stellenbosch University. The results of this study will anonymously be processed into the study report on the perceptions on the role of peer pressure in increasing HIV related behaviours in Further education and training (FET) colleges: A case study of PC Training and Business College in Gauteng, South Africa. You were selected as a possible participant in this study as a result of studying at PC Training & Business College that has been selected to participate in this study.

1 PURPOSE OF THE STUDY

The purpose of the study is to understand **the role of peer pressure in increasing HIV related sexual risk behaviours in FET colleges** in Gauteng in order to develop intervention strategies and means of educating youths on HIV/AIDS.

2 PROCEDURES

If you volunteer to participate in this study, we would ask you to do one of the following activities:

Questionnaire

We are administering questionnaires to collect information that will assist us in creating with intervention strategies that are tailored for the youth in FET colleges. In this case, we ask you to participate in a survey. Complete a questionnaire about yourself and how peer pressure influences other peers into engaging in risky sexual behaviours that might lead to HIV & AIDS. We are basically looking at your opinions on how your friends might cause you into doing something you had not planned to do. This will take approximately 30-40 minutes of your time at a time that has been identified as convenient.

3 POTENTIAL RISKS AND DISCOMFORTS

At the present time, we do not see any risks in your participation. The risks associated with participation in this study are no greater than those encountered in daily life; however, information required in the questionnaire may seem to want too much information about your personal/ your peers‘ sexual behaviours and might be uncomfortable on your side. However, the intention of the study is to investigate the role of peer pressure in increasing HIV related sexual risk behaviour, so that appropriate programmes/strategies are introduced and be able to use peers/peer pressure in a more beneficial way.

4 POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY

There will be no direct benefit to subjects from participating in this study. However, the information gained from this research may facilitate the design, refinement, and implementation of programs that can help the youths and their peers to delay the initiation of risky sexual behaviour and to make wiser, healthier choices in their lives. This study will contribute to sexual health education prevention efforts, all clinicians who treat adolescents - including paediatricians, social workers and psychologists - routinely discuss their patients' mental health history, lifetime use of all substances and sexual activity, as well as provide appropriate interventions when necessary in order to reduce their HIV risk. The Government also benefit by having responsible citizens who will help in curbing HIV/AIDS, hence promoting good behaviour in the

community and have responsible students who are exemplary to their peers. If you would like to receive feedback on our study, we will record your phone number on a separate sheet of paper and can send you the results of the study when it is completed or invite you for a presentation of findings.

5 PAYMENT FOR PARTICIPATION

There will be no payment for participation. This is a voluntary exercise that is contingent on your participation.

6 CONFIDENTIALITY

Information will remain completely confidential. No one will be identified by name. Confidentiality will be maintained at all times. No personal details will be collected from the participants at any given time; there is no direct threat to the participants. The organisations will be identifiable and as such all documentation of the organisation will be kept in a closed location not accessible by the public.

In a nutshell, any study records that identify you will be kept confidential to the extent possible by law. The records from your participation may be reviewed by people responsible for making sure that research is done properly, that are the University of Stellenbosch and the Human Research Ethics Committee. All of these people are required to keep your identity confidential. Otherwise, records that identify you will be available only to people working on the study, unless you give permission for other people to see the records.

The information you provide will not be published unless you give your specific permission in writing at the end of this consent form. All identifying information will be kept in a locked file cabinet and will not be available to others. We will refer to you by a code number or pseudonym (another name) in any publication.

7 PARTICIPATION AND WITHDRAWAL

Please understand that your participation is voluntary and you are not being forced to take part in this study. The choice of whether to participate or not is yours alone. If you choose not take part, you will not be affected in any way whatsoever. If you agree to participate, you may stop participating in the research at any time if you don't want to continue. If you do this there will be no penalties and you will NOT be prejudiced in ANY way. You may also refuse to answer any questions you don't want to answer and still remain in the study. You will receive or be part of the interventions that are to be implemented irrespective of whether you agree or decline to participate in this survey. The investigator may withdraw you from this research if circumstances arise which warrant so doing.

8 IDENTIFICATION OF INVESTIGATORS

If you have any questions or concerns about the research, please feel free to contact Mrs. Limkile Mpofu at Work Telephone: 011 403 3333 (day), Cell: 078 119 4205, email: leempofu@gmail.com or Prof Geoffrey Setswe (Study Supervisor) on 011 950 4329 or geoffrey.setswe@monash.edu

9 RIGHTS OF RESEARCH SUBJECTS

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

SIGNATURE OF RESEARCH SUBJECT

The information above was described to me……..by Limkile Mpofu in English. A translator……..was asked to explain in my own language sections that I could not understand. I am in command of this language…… and where necessary it was satisfactorily translated to me.

I……..was given the opportunity to ask questions and these questions were answered to my satisfaction. I am aware that the results of the study will anonymously be processed into a study report and that at any stage I can withdraw my consent and participation in the study.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

_____ _____

Signature of Subject/Participant Date

SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to _____ _____ .He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in ……. and *a/no* translator was used in this conversation. The conversation was translated into _____ by _____.

_____ _____

Signature of Investigator Date