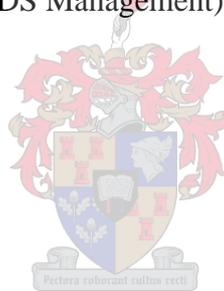


# **AN INVESTIGATION INTO THE ROLE OF ATTITUDES IN INHIBITING PARENTS FROM TALKING ABOUT SEXUALITY TO THEIR ADOLESCENTS**

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Assignment presented in partial fulfilment of the requirements for the degree of Master  
of Philosophy (HIV/AIDS Management) at Stellenbosch University



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March 2011

## **Declaration**

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D.M. Maneli

February 2011

## **Abstract**

The study was conducted at the Lungisa High School, at KwaDwesi in Port Elizabeth. The study aimed at describing attitudes of parents of adolescents of this school as possible reasons for the lack of sexuality education for their adolescents. The sample comprised 150 parents of adolescents (guardians) who participated in the survey. Probability sampling was used. This means that each member of the parent population had a specificable probability of being chosen.

A questionnaire, two focus groups and interviews were used to solicit responses. Use of descriptive statistics helped in presenting and analysing the data. The survey revealed that parents' attitudes inhibit them from talking about sexuality issues to their adolescents. Parents also fear that if they talk about sexuality issues to their adolescents, they will be sexually active at a younger age. Responses of participants (married parents living together, single mothers, single fathers and guardians) indicated this concern.

It can be concluded that education for parents of adolescents is imperative. They must be caused to join the fight against HIV and AIDS, but first they must shed these attitudes to reduce HIV infection and other sexually transmitted infections (STIs). Suggestions and recommendations of the syllabus for this kind of education are discussed under the "Conclusion and Recommendations" part of the research article.

## Opsomming

Hierdie studie was uitgevoer by Hoërskool Lungisa op KwaDwesi, Port Elizabeth. Die fokus van die studie poog om die houdings van ouers van adolessente as moontlike redes aan te voer vir die gebrek van seksualiteitsopvoeding vir hul adolessente kinders. 'n Steekproef van 150 ouers (sowel as voogde) het deelgeneem aan die opname. Die waarskynlikheid monsterneming metode was gebruik. Dit beteken dat elke lid van die ouer-populasie het 'n bepaalde waarskynlikheid om gekies te word.

'n Vraelys, twee fokusgroepe en onderhoude is gebruik om reaksie van die deelnemers uit te lok. Die gebruik van beskrywende statistiek het gehelp met die voorstelling en analisering van data. Die opname het getoon dat die houdings van ouers verhinder hulle om seksualiteitskwelpunte met hul adolessente kinders te bespreek. Ouers vrees dat die praatjies met betrekking tot seksualiteitskwelpunte met hul adolessente kinders sal lei tot vroeë seksuele betrokkenheid op 'n jonger ouderdom. Antwoorde van deelnemers (getroude ouers wat saam woon, enkel ma's, enkel pa's en voogde) het hierdie besorgheid aangedui.

Ter afsluiting kan beklemtoon word dat opvoeding van ouers uiters belangrik is. Ouers moet aangemoedig word om aan te sluit by die oorlog teen Vigs, maar hulle moet eers hul houdings aanpas sodat MIV-infeksie en ander seksuele oordraagbare infeksies verminder word. Voorstelle en aanbevelings van die sillabus van hierdie soort opvoeding word bespreek onder die "Slot en aanbevelings" gedeelte van hierdie artikel.

## **Acknowledgements**

I would like to thank the following people for their invaluable role they played in making this work a resounding success:

Mr Gary Eva, my supervisor whose expert guidance, patience, support and encouragement helped me achieve this milestone in my academic endeavours.

All members of the Africa Centre for HIV/AIDS Management. Amongst them are Pof. Jan du Toit and Prof. Johan Augustyn who motivated me to pursue this degree.

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## **1. Introduction**

HIV and AIDS was recognized in 1981, but it has already killed more than twenty-five million people (UNAIDS, 2005). The number of people living with HIV in the world today is high as it is about 40, 3 million.

When looking at the destruction caused by this disease in South Africa, it is clear that a concerted effort must be made to stop it. The fact of the matter is that our country, South Africa, is one of the countries hardest hit, with the largest HIV and AIDS prevalence in the world. Out of the population of about forty-six million, 6, 29 million people in South Africa live with the virus (AVERT 2005).

Parents, Faith based Organizations (FBOs), school educators, Community Based Organizations (CBOs), the corporate world, government, academic institutions etc. need to rally together to fight the disease. Education and campaigns about this disease have been designed, but they are not enough as we witness AIDS related deaths everyday. The preaching of the use of condoms, abstinence from sex and faithfulness to one partner is just not enough.

Adolescents who are at the school-going age and those who are economically active die and AIDS is the cause. In the near future, there will be a skills shortage in workplaces, because of this pandemic as current school-going adolescents are likely to be HIV positive in the future. Companies will compete for a few skilled potential employees, who will be lucky enough to survive HIV infection or death as a result of AIDS. This will impact negatively on the economy of South Africa. Parents cannot just hope for divine intervention to minimize or alleviate the human suffering we witness. Adolescents are amongst millions of people who contract HIV. They are also more vulnerable to HIV infection as they explore and experiment with sex. However, concern is growing about the spread of HIV in adolescents via sexual behaviour and drug abuse (Millstein, Peterson & Nightingale, 1993). The term adolescence is the developmental stage between childhood and adulthood. It is derived from the Latin verb “adolescere” which means “to grow up” or “to grow to adulthood”. The negative view about the adolescent states that in comparison with the adult, he is more of a rolling stone,

emotionally disturbed, sexually promiscuous, less idealistic and more critical of moral values. He is therefore “disengaged” from the adult generation (Louw, 1991). This is the stage whereby peer pressure is at its strongest. The positive view of the adolescent sees him/her as better informed and more clever than previous generations. He is more idealistic, honest, tolerant, loving and responsible; less sentimental and promiscuous than today’s adults were in their youth (Louw, 1991). Instead of letting adolescents fend for themselves during this stage, parents need to be more involved and help their adolescents during this important transition in life. Emotional bonding between the parent and the adolescent will prove invincible to potentially malicious outside influences of negative peer pressure, which predispose adolescents to HIV infection and other STIs. From research in various cultures involving the “average” adolescent, it appears that most adolescents accept their parents’ values on religion, ethics and politics. They are not always rebellious and in conflict with their parents, and there is little or no difference between parents’ and adolescents’ views on competition, the upholding of law authority, education and social relationships. Therefore, adolescence is no longer regarded as a period of crisis but rather as a period of transition in the development from childhood to adulthood (Fein, 1978; Peterson, 1988; Santrock, 1986). The nature of this developmental stage clearly shows that adolescence involves profound changes that have to be accepted and necessary regarding certain skills, knowledge, functions and attitudes. This second school of thought serves as a beacon of hope. The attributes of adolescents mentioned above show that adolescents can be guided to live their lives to the fullest. Parents can educate their adolescents if they change their own attitudes that inhibit them from talking about sexuality to their own adolescent children. It creates room for sexuality education to help parents hone their parenting skills. Parents ought to know that parenthood is part of their becoming. Educating a child about sexuality is work in progress.

Adolescence is the stage whereby healthy attitudes must be formed. It is these healthy attitudes that will help them during this stage and later on in life. They must be helped at this impressionable stage of their lives to acquire skills, knowledge and attitudes that will give moral radar in their lives. With healthy attitudes, adolescents will be hands-on in the prevention of HIV infection and other self-destructive and counterproductive behaviours in life. They will refrain from high-risk sexual behaviour that results in HIV infection and which is a threat to their reproductive lives due to STIs and teenage

pregnancy. The incidence of most STIs is rising and because of the sometimes devastating consequences of the disease (for example blindness in infants exposed to syphilis, gonorrhoea or herpes), its increasing incidence is of concern to community health practitioners and the general public. The consequences of this will have a devastating impact on the South African economy and threaten national efforts for reconstruction and development. The mentioning of sex as a mode of HIV infection does not necessarily mean the researcher is oblivious of other modes of HIV transmission. The reason is that the adolescence stage is usually characterized by the onset of sexual activity. Sex is notoriously the most common mode of HIV infection among people, including adolescents. Therefore, sexuality education offered by parents will help in reducing the spread of the disease. They cannot take the back seat and hope the solution to HIV infection will be a fortunate find.

Adolescence is characterized by a series of developmental tasks that need to be mastered. In the realm of sexual development, such tasks include learning to manage feelings of sexual arousal, developing new forms of intimacy and autonomy, experiencing interpersonal relationships with the opposite sex and developing skills to control the consequences of sexual behaviour (Millstein, Peterson, & Nightingale, 1993). Teenage pregnancy is also another problem in South Africa, which also calls for sexuality education. Various articles and research results have shown that culturally appropriate and accurate sexuality education is the answer to decreasing teenage pregnancy. For instance, in 1992, the United States of America had a teenage pregnancy rate of 96 per 1 000 live births. This was in contrast to the Netherlands where sexuality programs seem to be effective as they have the lowest rate of teenage pregnancies of only 14 per 1 000. However, statistics in 1995 revealed a teenage pregnancy rate of 330 per 1 000 live births in South Africa. Major efforts are being made worldwide to provide teenagers with information concerning the availability and accessibility of contraceptives, but teenage pregnancies are still on the increase and teenagers continue to engage in unprotected sexual intercourse (Massey, 1992). Unprotected sex can also result in HIV infection.

The survey was conducted to assess the role of attitudes of parents in inhibiting them from talking to their adolescents about sexuality. The social upbringing of parents inhibits them. It also became evident that some parents are not very conversant about the

two terms, namely “sex” and “sexuality”. To them, these are synonyms as they think sexuality education is sex education. One can understand the taboo associated with the latter. Therefore, there is a necessity for parents to shed these attitudes that are culturally based and broaden their vocabulary and knowledge of certain issues around sexuality education. For adolescents to avoid HIV infection, STIs and teenage pregnancy, education for parents is necessary.

Due to the lack or inability of caregivers to assist adolescents to develop and cope with their changing sexuality, organizations such as the Planned Parenthood Association of South Africa have taken over some of this responsibility (Bility, 1996). This organization provides factual information, but can never give the emotional support that is so important for the total development of the adolescent. This organization would do a better job if parents of adolescents could be involved. Reproductive health is an essential part of health but has been neglected as it deals with personal aspects of people’s lives that are usually hidden by cultural and social barriers (Rees, 1995). Parents should be encouraged to be involved in sexuality education of their adolescents because the primary goal of this education should be the promotion of sexual health. This education seeks to assist young people in creating a positive view of sexuality, providing them with adequate information and skills about sexual health. It will help adolescents make informed decisions now and in the future.

In South Africa, this will happen if parents give their adolescents sufficient, accurate and culture-based information to make informed choices to delay the onset of sexual activity and for those adolescents who are engaging in sexual intercourse, to practise safe.

## **2. Literature Review**

### **2.1 Defining Attitudes**

An attitude can be acknowledged as a more or less permanently enduring state of readiness of mental organization, which predisposes an individual to react in a characteristic way to any object or situation with which it is related. An attitude is the general feeling (positive-negative) or evaluation (good-bad) a person holds towards self, other people or objects (Louw & Edwards, 1994). An attitude may vary on a number of dimensions. Three of these most important dimensions are:

- (1) Direction: generally in favour of or against (pro or anti) something.
- (2) Strength: a strong or weak feeling about the object or business.
- (3) Centrality: (or salience) extent to which an attitude is important to a person in relation to other attitudes.

Since attitudes cannot be seen or perceived they have to be inferred from either verbal or non-verbal behaviour. In the case of parents of the adolescents of Lungisa High School, where the survey was conducted, attitudes were inferred from their behaviour. Their responses to questions on the questionnaire indicated this behaviour.

Sexual well-being includes four developmental challenges: positive feelings about one's body and acquisition of secondary sexual characteristics; feelings of sexual arousal and desire; the engagement in sexual behaviours; and, for those teenagers who are engaging in sexual intercourse, the practice of safe sex.

Vulnerability implies that a particular child or group of children who are at risk in a probabilistic sense for manifesting a certain behaviour or set of behaviours are also susceptible to decrements in well-being. All of these occur in the context of the other social, emotional and cognitive challenges facing the adolescent.

Risk factors are those biological, psychosocial and environmental conditions, broadly defined, known to be associated with negative outcomes or decrements in well-being.

A taboo is a strong social prohibition (or ban) against words, objects, actions, discussions, or people that are considered undesirable or offensive by a group, culture, or society. This term comes from the Tongan language “tapu” meaning “not allowed” Other taboos result in embarrassment, shame and rudeness. Common courtesy taboos have more to do with etiquette and respect including topics on sexuality, religion, death etc. One of the explanations for the origins of taboo is that it is an unconscious phenomenon passing through generations. Breaking a taboo is usually considered objectionable or abhorrent. Anyone who violated a taboo becomes taboo himself because he possesses the dangerous quality of tempting others to follow his example.

Self-preservation is keeping yourself alive, either physically or psychologically. The latter includes mentally or economically healthy. The concept “self-preservation” in its simplest definition describes both the set of behaviours by means of which individuals attempt to preserve their own existence and the psychological processes that establish these behaviours. Self-preservation is in essence, preservation of yourself from harm; a natural or instinctive tendency.

Pluralistic ignorance involves several members of a group who think that they have different perceptions, beliefs, or attitudes from the rest of the group. While they do not endorse the group norm, the dissenting persons behave like the other group members, because they think that the behaviour of the other group members shows that the opinion of the group is unanimous. In other words, because everyone who disagrees behaves as if he/she agrees, all dissenting members think that the norm is endorsed by every group member but themselves. This in turn reinforces their willingness to conform to the group norm rather than express their disagreement. Because of pluralistic ignorance, people may conform to the perceived consensual opinion of the group, instead of thinking and acting on their own perceptions. (Pluralistic ignorance – Wikipedia, the free encyclopedia). This theory is one of the reasons why adolescents conform to negative peer pressure and gang influence.

## **2.2 Attitude and Behaviour**

The aim of this study was to assess attitudes that inhibit parents from talking about sexuality to their adolescents. In the 1960s, research findings questioned the assumption that attitudes and behaviour are closely linked. Correlation was found, but it was a weak

link. The finding was that attitudes are not the only shapers of behaviour, but they are amongst shapers of behaviour (Louw & Edwards, 1994). When it comes to HIV and AIDS, people conceptually know that the disease is there and deadly, but they do not always behave in preventive ways. Knowledge does not always lead to change of behaviour.

### **2.3 Attitude and Change**

Behaviouralists strongly believe that in order to change behaviour one must first change attitudes. Contemporary strategies for persuading the public in advertising, political propaganda, mass media presentation and education employ this principle. An attitude is "...a mental and neutral state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's responses to all subjects and situations with which it is related (Allport, 1967). These behaviouralists claim that an attitude is always an attitude towards something, such as a person or group or idea, and that "something" is conventionally referred to as the attitude object. In the case of parents of the Lungisa High School, the attitude object is sexuality education. If the attitude changes, so will the behaviour. The cognitive dissonance approach implies the reverse possibility that by changing behaviour, the attitude can change. An example of that is changing the laws regarding smoking. This is based on the assumption that changing of behaviour can lead to a subsequent disapproval i.e. attitude change (Festinger, 1957).

A self-fulfilling prophecy is a prediction that directly or indirectly causes itself to become true. The self-fulfilling prophecy, in the beginning, a false definition of the situation evoking a new behaviour, which makes the original false conception come true.

Conformity is a process by which people's beliefs or behaviours are influenced by others within a group. People can be influenced via subtle, even unconscious processes, or by direct and overt peer pressure. Conformity is group behaviour. Numerous factors, such as group size, unanimity, cohesion, status, prior commitment and public opinion all help to determine the level of conformity an individual will reflect towards his or her group. Conformity influences the formation and maintenance of social norms.

Crystallized intelligence reflects the degree to which the individual has assimilated the knowledge transmitted to him through acculturation, teaching and instruction (Horn, 1970).

A study was conducted and it revealed that amongst 210 black teenagers in a township near Empangeni in South Africa preferred being taught about sexuality by a stranger e.g. a clinic nurse as they felt that their parents were ashamed to talk about sexuality and the nurse would be more open (Kunene, 1995).

Sexuality education has always been a sensitive subject, with everybody thinking that somebody else would do it, but eventually, nobody does. Parents would want to leave it to religious societies or the education department. When parents neglect their responsibility in this regard, youth may consequently engage in early sexual experiences, have unplanned teenage pregnancies and contract STIs, including HIV.

#### **2.4 Importance of Sexuality Education by Parents**

Sexuality education is a lifelong process of acquiring information and forming attitudes, beliefs and values about identity, relationships and intimacy. It encompasses sexual development, reproductive health, interpersonal relationships, affection, intimacy, body image and gender roles.

The behavioural approach to personality has three principles. The first principle is that all behaviour patterns are learned. One can explain the differences between people in the way they behave by showing that they have been through different learning experiences (Louw & Edwards, 1994).

The second principle is that behaviour can best be understood as a collection of learned habits. These behaviouralists believe that instead of looking for personality traits or general characterological structures to account for personality differences, we should study how particular habits are acquired. This will explain how and why one person's habits differ from those of another.

The third principle is that we need to look at the person's observable habits. These behaviouralists recognized that we cannot understand people and help them change, unless we know about their experiences, their thinking patterns, desires and emotions.

It is worth mentioning that the behavioural approach was too narrow, but some behaviouralists used the principle as basis for developing their own theories. The same principles can be used to educate adolescents because they also learn certain behaviour patterns as they grow up. The good or bad patterns will provide evidence and testimony to the adolescent's learned behaviours. Sometimes adolescents learn certain behaviours from their peers. The behavioural approach to personality can also help in understanding a collection of learned habits as demonstrated by parents in their own upbringing, when they were adolescents themselves. Parents also have learned habits, which may inhibit them from educating their adolescents about sexuality. Cultural inhibitions and taboos for instance are learned. Other people, social norms, intentions and extraneous, uncontrollable restrictions could inhibit parents from talking about sexuality to their adolescents. When attitudes are strong, central and meaningful to a person then they will relate more strongly to behaviour (Ajzen, 1988).

The social learning theory advocated by Albert Bandura provides that we can learn about the consequences of behaviour without experiencing these consequences directly (vicarious learning) and we can imitate the behaviour of others and learn complex new behaviours without having to discover them ourselves through trial and error (Louw & Edwards, 1994). Bandura also contributed to the concept of self-efficacy. He stated that a person who has a high score in self-efficacy will be thinking thoughts like: "This is difficult but I can deal with the situation," or "If I succeed it will be great, but if I don't, it will not be the end of the world". Self-efficacy is necessary in life as it propels an individual to venture into new territories without fear of failure and humiliation. The self-efficacy theory is important for personality theory, as it demonstrates that thinking patterns are closely linked to emotions and behaviour. Furthermore, self-efficacy demonstrates the cognitive basis of the trait called self-confidence. Lastly, it demonstrates that retraining can modify an important personality trait. This is the training parents must undergo, to be able to impress these positive principles upon their children. Organized patterns of thinking that people develop to represent the world to themselves are called apperceptive schemas. If people have different beliefs and

attitudes about the same event, they will think, feel and act quite differently. Therefore, what we think determines how we feel and what we do. A person's behaviour springs from his ideas. Proponents of this idea took an educative role in showing people how their conscious attitudes and goals were unhealthy and self-defeating and helped them find alternative ways of thinking and acting.

If parents refuse or fail to play their roles, the deaths we witness in South Africa today will not stop. There must be ways of encouraging attitude change of parents. Adolescents must also be trained to resist negative media pressure. Some adolescents fall into the trap of being one-night stands. It is amazing how being a one-night stand can ruin one's life. This could be a life changing experience. Again, adolescents think everything they see on television, newspapers, Internet etc. should be imitated because it is cool (good). Without the life skills adolescents would acquire from sexuality education offered by their own parents and guardians, they will not be able delay the onset of sexual activity, negotiate condom use with their sexual partners, resist negative peer pressure, avoid teenage pregnancy and know the importance of thinking, planning and self-determination in human behaviour. Drug abuse is rife in our country and in the world, and so is alcohol abuse. These young adults do things they regret, when the unthinkable happens and they are in prison. Equipping them with skills and healthy attitudes is an absolute necessity.

Sexuality lessons are first learned from parents who have the primary responsibility for providing sexuality education for their children (Synovitz et al., 2002). These authors go further to state that as a child starts primary and secondary schooling, the responsibility expands to engage teachers. The community as well has an obligation to provide sexuality education programmes. Sexuality is a lifelong process that encompasses the biological, emotional, psychological and social domains and is a natural and healthy part of living. Proper sexuality education assists the youth, teenagers and adolescents in understanding sexuality, engendering a positive view of sexuality and helping them make responsible decisions regarding their sexual health.

Approximately 17 million girls younger than 20 years give birth each year in developing countries (Silberschmidt & Rasch, 2001). South Africa is also a developing country. In the townships, there is a high rate of teenage pregnancy. Children as young as thirteen

years old, mother babies. A recent WHO global review of research exploring sexual practices concluded that the most successful approaches are those which do not focus exclusively on the cognitive processes of the individual but also take into account the social world in which the behaviour happens (Mitchell, Debbie & Watson, 2000). This education will help parents understand why adolescents sometimes demonstrate antisocial behaviour.

Sexuality education is the right of each individual. This was endorsed at the International Conference on Primary Health Care in September 1978 in Alma Ata, where communities committed themselves to promote health for all the people of the world, including family planning and reproductive health. Again, societies have devised controls for adolescent sexuality because sexual desire emerges as the adolescent acquires a reproductive mature body rather than when a particular society deems it appropriate to begin producing offspring. Diverse strategies for controlling youthful sexuality have been developed, as historical and cross-cultural studies suggest (cited by Millstein, Peterson & Nightingale, 1993). Parents must be caused to know about these strategies. This education will help parents understand that both nature and nurture predispose adolescents to sexual desire.

The book on ethics and politics by Earl Babbie (1989), titled *The Practice of Social Research* shed some light on how to conduct an interview and consider ethics during the study. According to Mouton (2001), methodology focuses on the research process and the kind of tools and procedures to be used. De Vos et al. (2002) Argue that the methodology section of the study is described comprehensively so that the reader develops confidence in the method used. Goddard & Melville (1996) consider descriptive or case study research as research which studies a specific situation to see if it gives rise to any general theories or to see if existing general theories are born out by specific situations. A paradigm is the fundamental model or frame of reference we use to organize our observations and reasoning (Babbie, 1989). Creswell (2003) discusses the steps for the data analysis process. A questionnaire is useful when you are certain that it will produce the type of information you need and when you are certain that barriers such as language and literacy do not apply to population (Wilkinson, 2000). Gender is an important variable when a study is conducted. This is evident in a study conducted by Finch in 1984 (cited by Coolican, 2004). Some participants were not very keen to give

information to a researcher of the opposite sex. Personal qualities also play a role. When faced with an esteemed researcher, people may well 'manage' their attitudes and behaviour to a misleading extent (Coolican, 2004).

### **3. Research Objectives**

Research objectives assist in ensuring that the research study is clear on what it includes and leaves out. The objectives of this study were to investigate and describe the culture that serves as barrier to sexuality education offered by parents to their own adolescents. Objectives of the study can be summarised as follows:

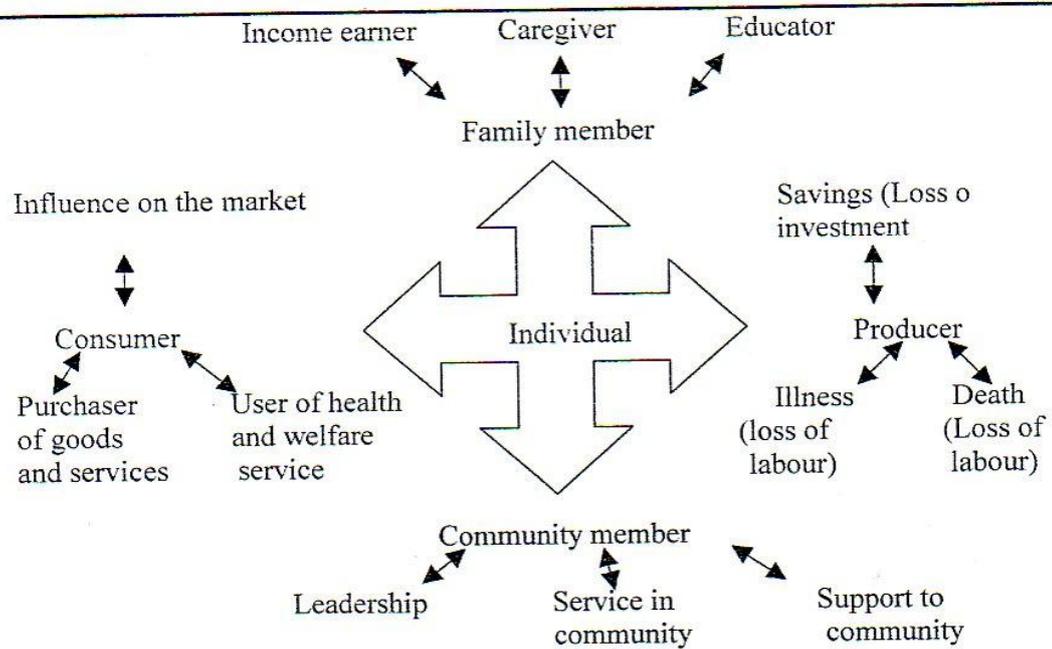
- To investigate and describe the participants' opinions and views about sexuality,
- To identify factors that bar the parents from offering this education education to their own adolescents,
- Based on the research findings, to contribute to the better understanding of barriers to teenage pregnancy, spread of HIV and AIDS and content of this education.

The objective of this study was to study attitudes as the cause for parents to be inhibited from talking about sexuality to their adolescents. Attitudes were perceived to be the manifestation of cultural convictions and inhibitions in the African culture. The information gained from this study can help in designing education for parents with the aim of helping them understand the adolescents of today. It is understood that there is no magic formula or bullet to stop HIV infection amongst these young adults, but parents must play their role as allies in this war. This education will bring parents to speed with attitudes, aspirations, expectations and pressures of the adolescents of the twenty-first century that predispose them to negative peer pressure, resulting in HIV infection, syphilis, gonorrhoea, imprisonment, substance abuse, teenage pregnancy, destruction of reproductive life etc. A meticulously crafted sexuality education for both parents and adolescents would help them come to grips with contemporary communication and parenting skills and trends. This education would help adolescents perceive themselves as the extension of the legacy of their parents when it comes to the upholding of African values.

The importance of trying to minimise or alleviate the spread of HIV and AIDS cannot be overemphasised. The above discussion has put more emphasis on the adolescent as an individual. If we look broadly at an individual, including the adolescent, it is clear that an individual is an economic and social actor. Adolescents are also economic and social

actors who purchase and consume goods. He/she is a user of health and welfare services in the form of disability grants.

*Figure 2.1 The individual as an economic and social actor*



(Adapted from Whiteside & Sunter, 2000).

Figure 1.1. gives a vivid picture of roles adolescents play in the economy of the country. Having employees living with HIV and AIDS implies regular absenteeism from work due to ill health and ultimately death, resulting in loss of labour, skills and investment. The more skilled the HIV infected employee, the greater the loss for the employer. The more skilled the HIV infected employee, the greater the loss for the employer, especially if the employer trained that employee or paid for his or her training (Whiteside & Sunter, 2000). People living with HIV and AIDS place increasing demands on the household's resources and in the case of economically active ones, a decline in income and exhaustion of medical aids may eventually result as a direct consequence of work absenteeism and frequent ill health. Infection with HIV or death as a result AIDS of an adolescent is a loss to the country. It became apparent that a lot needs to be done in the way of educating parents about the role they must play so that they do not just hope and pray that religious societies, teachers and the community will educate their adolescents for them. It starts at home with each parent.

## 4. Methodology

The purpose of this chapter is to outline the research methodology adopted to conduct this survey and to reflect on choices made by the researcher in operationalising it. Mouton (2001) states that the research methodology focuses on the research process and the kind of tools and procedures to be used. De Vos et al. (2002) argue that in this section of the study the research methodology is described comprehensively so that the reader develops confidence in the methods used. According to Mouton (2001), research methodology indicates how the researcher intends conducting the study.

Mouton (2001) helps in giving the rationale for the study. This author states that one of the activities in conducting a research project involves transforming an interesting idea into a feasible and researchable problem. The idea for this study came as a result of observations made by the researcher as he works as a teacher at a primary school in the area of KwaDwesi. This primary school is the feeder to the Lungisa High School under study, which is also situated at the KwaDwesi suburb. The researcher noticed that a substantial number of high school-going adolescents, who were learners of this neighbouring primary school, leave school due to teenage pregnancy or are lost to HIV and AIDS. The interest of the researcher was to see the role played by parents in educating their own adolescents about sexuality. It is the researcher's aim to contribute to the alleviation of human suffering caused by HIV and AIDS.

Mouton (2001) states that there are four steps that can be followed in transforming a research idea into a research problem. The first being to do a literature review and see how much information there is around your idea or topic. The second step is to be clear about the unit of analysis. "The unit of analysis refers to the what of the study: what 'object', 'phenomenon', 'entity', 'process' or 'event' I am interested in investigating. The third step as identified by this author is to be clear about the objectives, goals and aims of the study, i.e. what you as a researcher wish to find out through the research. The last step is that the researcher needs to be certain about the feasibility of the study, meaning availability of resources like time, money and other resources necessary to complete it.

Once more, Mouton (2001) argues that once the researcher has formulated the research problem, the next logical step is to select an appropriate research design. What kind of study will you be doing? What kind of study will best answer the question that you have formulated? On the other hand, De Vos et al. (2002) state that a research design is a logical strategy for gathering evidence about the knowledge desired. The design must be efficient, i.e. actually yield the knowledge sought. It should be the simplest and cheapest way of acquiring knowledge. It should be acceptable to the parties involved and lastly, it should be as methodologically 'tight' as possible.

According to De Vos et al. (2002) the first thing a researcher must outline is the paradigm that underpins the study, i.e. the researcher's point of view or frame of reference. A paradigm is the fundamental model or frame of reference we use to organise our observations and reasoning (Babbie, 1989).

The researcher conducted a literature review on topics discussing attitudes, psychological concepts like self-fulfilling prophecy, pluralistic evidence, attitude and change, dimensions of attitudes, sexual well-being, taboo, self-preservation, research methodology etc.

Description of attitudes was the aim of the study. The approach chosen to describe attitudes of parents of adolescents of the Lungisa High School should be the correct one. The descriptive research approach aims at providing the accurate description of a particular situation or phenomenon. It attempts to find if there is any significant relationship between the independent variable and the dependent variable. Goddard & Melville (1996) consider descriptive or case study research as research which studies a specific situation to see if it gives rise to any general theories or to see if existing general theories are born out by the specific situations. It is argued that descriptive research may be used when the objectives of a research are complex, like trying to compare health care systems of different countries. The preferred method was the survey. The independent variable was the role of attitudes and the dependent variable was the lack of sexuality education for adolescents as they are vulnerable to HIV infection, other sexually transmitted infections, teenage pregnancy and loss of young lives. The reason for opting for the survey was that variables of interest do not fall under those for direct manipulation. The survey method has its limitations, but the benefits outweigh those

limitations. These weaknesses include low response and incomplete response information (Kerlinger, 1992). The Gallup Roll for instance conducts surveys to find out what people are thinking about issues such as abortion or nuclear power, or to obtain data on preferences among political candidates (Cozby, 1993). When scientific sampling techniques are used, the survey results can be interpreted as an accurate representation of the entire population. A survey uses self-report measurement techniques to question people about themselves i.e. their attitudes, behaviours and demographics. (age, income, race, marital status etc.) A survey must employ careful sampling techniques in order to obtain the accurate description of the entire population. In this particular survey, the aim was to measure attitudes of parents that inhibit them from talking about sexuality to their adolescents. Results were generalized to the Lungisa High School parent population. The sampling technique should enable the researcher to generalise results to the entire parent population of this particular school. Therefore, the question could be asked:

Is there any significant relationship between attitudes of parents and the lack of adolescent sexuality education by parents?

## **4.1 Data gathering**

### **4.1.1 Interviews**

There are various methods of data collection and De Vos et al. (2002) identify three of them. They are the following:

#### **4.1.2 Unstructured Interviews:**

This method is described as an extended or formalized conversation. It is a ‘conversation with a purpose’. De Vos et al. (2002) argue that at the root of the unstructured interview is the interest in understanding the experiences of other people and the meaning they make of their experience. In this method, the researcher prepares questions with which to begin and guide the conversation. At times the researcher will probe and even ask follow up questions.

#### **4.1.3 Semi-structured Interviews:**

The aim of this method is to gain a detailed picture of the participant’s beliefs or perceptions about accounts of a particular topic. With this approach the researcher will

have a set of predetermined questions on an interview schedule that guides rather than dictate the interview. In this study, semi-structured interviews were used as tools to collect data. The semi-structured interview method allows the researcher and the participant much more flexibility (De Vos et al., 2002). The researcher is able to follow up particular interesting avenues that emerge in the interview and the participant is able to give a fuller picture. They further claim that semi-structured interviews are suitable for complex or controversial and even personal areas of interest. The issue of culture as the barrier to sexuality education is both complex and personal in nature.

#### **4.1.4 Structured Interviews:**

De Vos et al. (2002) also refer to this method as the standardized interview. In this method, the researcher prepares a set of questions which are carefully worded and arranged for the purpose of minimizing variation in the question posed to participants. These authors state that this method is preferred when there are two or more researchers who are involved in data collection.

#### **4.2 Data Analysis**

The researcher adopted Tesch's process of data analysis as outlined in Creswell (2003). The steps are as follows:

- The researcher got the sense of the whole study by reading all transcripts carefully and jotted down some ideas along the margins as he was reading.
- The researcher selected one of the most interesting interviews and listened to its recording carefully in an attempt to find underlying meaning. This process was eventually done to all interviews conducted.
- The researcher proceeded to the clustering of similar topics and then put them into columns. The topics were later indicated as major and unique topics.
- The researcher then abbreviated the topics as codes and new categories were developed.
- The researcher found the most descriptive wording for the topics and confirmed the categories that were initially developed. The topics were then grouped together according to related issues, thus reducing the categories.
- The researcher finalized the abbreviations for categories and put the codes in alphabetical order.

- At this point, the researcher assembled all the data material belonging to each category in one place and performed a preliminary analysis.
- The researcher finally recorded the existing data.

### **4.3 The Survey**

In this survey, a questionnaire with questions was used with the intention to elicit responses. See Appendix B. A questionnaire can be used when information is sought from large numbers of people over a relatively large area, when the information sought is not complex, when you are seeking information about facts, either in the present or because of the influence of memory in recent past and when you want to study particular groups or people in a particular problem area because you want to generalise about them, make comparisons with other groups or use their responses and comparisons for development. Furthermore, a questionnaire is useful when you are certain that it will produce the type of information you need and when you are certain that barriers such as language and literacy do not apply to your population (Wilkinson, 2000). The researcher ensured that the questionnaire was user-friendly to obtain maximum cooperation and the courtesy of 'please' and 'thank you' was not underestimated. The presence of the chairperson of the Lungisa High School governing body helped in making participants feel at ease. She gave a brief explanation of the reasons for the survey. Ethical issues like personal rights and privacy were not compromised as respondents had been assured in a parents' meeting prior to the day of the survey.

### **4.4 Ethical considerations**

See the ethics consent form (appendix A).

In most dictionaries, and in common usage, ethics is typically associated with morality, and both deal with matters of right and wrong. But what is wrong and what is right? What is the source of the distinction? For individuals, the sources vary. They may be religious, political ideologies, or the pragmatic observation of what seems to work and what doesn't (Babbie, 1998). Webster's New World Dictionary is typical among dictionaries in defining ethical as "conforming to the standards of conduct of a given profession or group" As a researcher, one must be conversant about what is the general agreement shared by researchers about what is proper and improper in the conduct of scientific inquiry. Social research often, though not always, represents an intrusion into

people's lives. The interviewer's knock on the door or arrival of a questionnaire in the mail signals the beginning of an activity that the respondent has not requested and one that may require a significant portion of his or her time and energy. Participation in a social experiment disrupts the subject's regular activities. Social research, moreover often requires that people reveal personal information about themselves-information that may be unknown to their friends and associates. Again, if you, as a researcher are going to live in a particular society, then it is extremely useful for you to know what the society considers ethical and unethical. The same holds true for the research 'community'. The researcher was familiar with the KwaDwesi community as he had been a teacher there for more than a decade. Voluntary participation was the norm in this study, but it must be mentioned that it goes directly against a number of scientific concerns. For instance, the scientific goal of generalizability may be threatened if experimental subjects or survey respondents are all the kinds of people who willingly participate. This orientation probably reflects more general personality traits. Most clearly, in the case of descriptive survey, a researcher cannot generalize the sample survey findings to the entire KwaDwesi population unless a substantial majority of scientifically selected sample actually participates i.e. the willing respondents and somewhat unwilling. That's what the researcher did. The survey did not injure the people being studied in any way as is required by the 'no harm to participants' norm. There was no revealing of information that would harm or embarrass them or endanger their home life, friendships, jobs etc. Again, this was a qualitative research. Qualitative research is an interpretative, multimethod approach that investigates people in their natural environment (Denzin & Lincoln 1994, cited by Christensen). This definition has three primary components that are essential to understanding qualitative research. The first is that qualitative research is interpretative. Qualitative research data consist of words, pictures, clothing, documents or other non-numerical information. Once this information is collected, some meaning has to be extracted from it. This multimethod approach includes diverse data collection methods as an individual's account of personal experience, introspective analysis, an individual's life story, interviews with an individual, observation of an individual or individuals, written documents, photographs and historical information.

This use of several methods is referred to as triangulation because it is believed that the use of several methods provides a better understanding of the phenomenon being

investigated. Focus group discussions, interviews and questionnaires were used for data collection and triangulation.

Deontologists (deon meaning obligation or duty in Greek) believe that people have a duty to follow certain principles or rules, and most believe that these principles are universal and that people must apply them irrespective of the circumstances and consequences. Certain acts are therefore wrong in themselves and are prohibited, even though they may be morally admirable or morally obligatory (Davis 1991, cited by Allan 2008). It is therefore no surprise that supporters of virtue ethics argue that deontologists emphasize a single value, namely that of conscientious rule following (Macintyre, 1981, cited by Allan). Pertaining to religion, some people believe that ethical principles come from a divine source. From a Judeo-Christian perspective, this means from God, but this does raise the question of how people find out what constitutes God's will. There are, however various criticisms of the religious theory (Banks 2004, cited by Allan). Natural Law also comes into play when research is conducted. Natural Law has a long and varied history that goes back to Plato (427-347 BC). The core assumption of proponents of this approach is that humans are determinate and rational and are therefore able to identify general principles of right conduct that are in accordance with human nature, in other words, of conduct that is natural (Buckle 1991, cited by Allan). Ethics were part and parcel of the data collection process. The 1998 Data Protection Act requires that respondents should be informed if the computerised data entry is part of your study. Respondents also have certain rights over their personal data, such as access to it. From 2001, similar safeguards will be required for manual records as for computer records. If you are using a questionnaire, it might be helpful to print on the document that you may be using a computer to analyse the data (Wilkinson, 2000). Studies have demonstrated differential effects of female and male interviews. More negative attitudes towards gender-exclusive language were evident for female than for male interviewers, with young men interviewed by males reporting the least use of gender-inclusive language and older female interviewers reporting the most (Greene 1991, cited by Coolican). For a sample of California Latino couples, the men interviewed by women reported fewer sexual partners and fewer encounters with strangers than men interviewed by men. Again, the age of the interviewer had an effect on men as they were more likely to report sex with prostitutes to an older interviewer, where women were less likely to report oral sex. Sex-of-interviewer effects in interviews

where the topic is not related directly to sex or gender are harder to find, though for senior citizens in USA, researchers found that in cross-sex interviews, women talked more than in same-sex interviews while in the same comparison, men emphasized their family more as part of their identity (Stephenson et al. 1999 cited by Coolican).

Confidentiality was guaranteed. Using no names of participants ensured this. All names and addresses were removed from questionnaires and replaced by identification numbers. A master identification file was created linking numbers to names to permit the later correction of missing or contradictory information, but that file is not available except for legitimate purposes. Whenever the survey is confidential, rather than anonymous, it is the researcher's responsibility to make that fact clear to the respondent. Never use the term 'anonymous' to mean 'confidential' (Babbie, 1989). Debriefing and post experimental interviews were done after the survey. This was done to gain information regarding the participants' thinking or strategies used during the experiment. This helped to better explain their responses and behaviour.

Questions were presented in a written format and participants indicated their responses. Open-ended questions on the attitudes of participants towards sexuality education were formulated to solicit responses. Participants were requested to select a response by indicating that they agree or disagree with the statement. A scale that had responses like the following was formulated to indicate responses: Strongly agree with statement (SA), Agree with statement (A), Neither agree nor disagree with statement (N), Disagree with statement (D), Strongly disagree with statement (SD). The survey questions were tied to the research questions. Participants co-operated as the researcher had obtained their consent to participate in the survey. The consent to participate was set so that it included the following elements:

- What the study was about, where it was to be conducted, duration of the survey and when the participant would be expected to participate.
- The statement listed what procedures were to be followed and whether any of them were experimental.

#### **4.5 Sampling Procedure**

The aim of sampling is to identify parameters for gathering data and to select participants who will be knowledgeable about the phenomenon under study (Polit & Hungler, 1995). In keeping with Strydom's suggestion in De Vos (1998), the population will be all the parents of adolescents who attend school at Lungisa High School.

The sample is a portion of the population. The information was obtained from selected participants who are rich in information and easy to reach (Schurink, in De Vos 1998). Hundred and fifty parents (guardians) participated in the survey. The aim was to get parents of adolescents at the Lungisa High School at KwaDwesi, in Port Elizabeth. This school has a catchment area of learners at KwaDwesi, KwaMagxaki, Joe Slovo, KwaNoxolo, Zinyoka, Kwazakhele, New Brighton and Zwide residential areas. Probability sampling was used. This means that each member of the population had a specificable probability of being chosen. In this survey, probability sampling was very important, as the aim was to make exact statements about the population under study on the basis of the results of the survey. The sampling technique was very important to accurately generalize results from this sample to the entire parent population of the school. The reason for having samples from the above-mentioned areas was to ensure that participants were matched on the basis of their socio-economic status. Demographic factors like race, age, ethnicity, geographical position, language (isiXhosa) and location were taken into cognisance. Out of one hundred and eighty parents (guardians), one hundred and fifty were chosen to be participants. By so doing, biases and extraneous factors were eliminated.

Qualifying conditions were set for respondents to be contained in the sample. The parent or guardian should have a child of between thirteen and twenty years of age who goes to this school. The participant's residential area had to be one of those mentioned above. The sample comprised single fathers, single mothers, parents living together and guardians (aunts, grannies etc.).

## **5. Research Findings**

### **5.1. Introduction**

The aim of analyzing and interpreting research data is to test, achieve research objectives and provide answers to research questions (McMillan & Schumacher, 2009). In this research, data which was collected, using questionnaires, focus groups and interviews was analyzed and interpreted. Comparing results from these sources helped in confirming findings.

### **5.2 Demographic Information of Survey Participants**

Questionnaires were distributed to parents of Lungisa High School. Each of the parents received one copy of the questionnaire. Single fathers (65%), single mothers (81%) and married parents living together, including guardians (67%) participated. The overall response rate was 85,6 and it was acceptable when taking into account that response rates for questionnaires can be low because of the nature and process of self-administered questionnaires. This response rate made it possible to continue with the study because it was likely to produce diverse and more objective information (McMillan & Schumacher, 2009).

The majority of respondents were female (74%) and male were 26% of participants. The age distribution of these participants showed that most of them (68%) were in their mid-forties.

Responses to statements on the questionnaire were examined and analyzed as follows: Each item was analyzed separately and summed up to create a score for that particular group. These were treated as data for measuring the variable in discussion. Data from scales was reduced to nominal levels by combining all 'agree' and 'disagree' responses into two categories of 'accept' and 'reject'. These categories were to be used to explain for the groups if attitudes of parents are barriers to sexuality education offered by them to their own adolescents.

Attitudinal statements on the questionnaire were grouped into categories to analyze attitudes of parents according to the objectives as follows: There were statements to measure attitudes of parents in terms of their involvement in sexuality education of their

own adolescents. Secondly, there were statements to measure attitudes in terms of the necessity of that education that would include them. There were statements to measure likely consequences of that education, as envisaged by them. Lastly, there were statements to measure if they saw the need for sexuality education, delivered by somebody else, but not them and thereby shifting responsibility. Responses to these statements were examined and analyzed.

### **5.3 Focus Group Proceedings**

The classroom at Lungisa High School was made conducive to these discussions. Chairs were arranged in a circle to allow eye contact amongst participants.

The researcher welcomed participants and thanked them for availing themselves to the study. The aim of the discussions was clarified and the researcher asked for permission to use the audiotape for recording the proceedings. Participants in both groups were comfortable with the use of the audiotape.

The researcher disclosed the all the information needed for the study to the participants for understanding and to make them aware that they had a free choice in giving consent. Consent forms were signed.

Ground rules for group discussions were discussed and set by the participants and the researcher. These rules included respect for one another, allowing one person to talk at a time and talking for note taking and audiotape recording and lastly for other participants to hear. They were also asked to repeat the question if it is not understood and clarify a point if others does not understand. They were also reminded to acknowledge people's view points differ, but important to share.

Sixty-two participants were given an opportunity to express their views and were encouraged to talk to one another rather than address comments to the researcher. This worked very well and encouraged discussions. Both teachers (9), teenage moms (12), social workers (2), religious leaders (7), single fathers (12), single moms (8), grannies (12) were encouraged to state reasons for their points of views. Johnson & Christensen (2000) state that the group is called 'focus' group because the group moderator keeps the participants in the group focussed on the topic being discussed.

These group discussions were held for one hour and were conducted in one week. The researcher strove to stick to the agreed upon duration of discussions to avoid participants becoming restless and maintain their trust. It was worthwhile collecting in-depth information and viewpoints of many individuals in a relatively short space of time. This approach was beneficial to this study because it allowed parents to put across their views and it was socially oriented. The researcher discovered that in order to gain in-depth and valuable information during focus group discussions, good interpersonal skills were a prerequisite.

Lastly, the researcher thanked the participants for their time and cooperation.

### **5.3.1 Limitations of Focus Groups**

When conducting focus group discussions sessions, the researcher was on the alert for the following limitations. The researcher tried to avoid the potential problem of having less control over a group interview. This could result in lost time and dead-end or irrelevant issues being discussed. The researcher therefore tried to allow deeper discussions of issues, but remained in control to focus on the topic. It was apparent that effective interviewing communication and observation skills were crucial throughout the group discussions. Minority opinions are not always expressed in focus group discussions. The researcher was observant of participants and encouraged the less vocal participants by asking opinions on issues under discussion.

### **5.3.2 Findings Related To Attitudes of Parents Towards Sexuality Education**

A scale with twenty-nine items was used for collecting data. Participants were requested to respond to the following statements and their responses are in the form of percentages:

Strongly Agree	2%
Agree	4%
Neither Agree nor Disagree	8%
Disagree	22%
Strongly Disagree	64%

### **5.3.3 Findings of The Focus Group Interviews**

Kreuger, 1994 (cited by Wilkinson) recommends that two people conduct the focus group. One (moderator) may attend to the questions and the second can record the interactions, noting nodding and other non-verbal behaviour, which may indicate the extent of agreement, for instance. The questioner in a focus group interview situation plays the role of the 'facilitator' rather than that of a director of proceedings. The general topic for discussion had been fixed to everyone's satisfaction. The facilitator was responsible for steering the path the participants themselves had chosen to tread. The job of determining the precise content of the discussion within the boundaries of the topic as a whole was deliberately left to participants. Kreuger claims that the reasoning behind this lies in the implication that those aspects of the topic most important, meaningful or relevant to participants will emerge first in the interview. The interviewer encouraged comments of all types, both positive and negative, taking care to avoid judgements about responses and controlling body language communication approval or disapproval (Kreuger 1994, cited by Wilkinson). This author claims that focus groups are used to gain information relating to how people think, to explain perceptions of an event, idea or experience, where there is a desire for more understanding of the human experience and when seeking the perspective of the client. In this study, three focus groups were used.

Focus groups with parents had questions on attitudes towards sexuality education delivered by them. They were asked how they feel about educating their own adolescents about sexuality. Secondly, they were asked if there would be any benefits brought about by that education. Lastly, they were asked if they thought that education would help in reducing the spread of HIV and AIDS. The discussion showed that parents are under the impression that such an education would result in their adolescents becoming sexually active at a younger age than they would if it was not delivered by them, as parents (guardians). They agreed that such an education should be the responsibility of the school. They also mentioned that the media in the form of television, radio, newspapers and programmes on World AIDS Day, on 01 December should suffice. There was an agreement amongst them that their culture does not permit them to discuss sexuality and sex issues with children. Cultural inhibitions cause these attitudes even when and if their children are already adolescents or already sexually active. They believe that even sexually active ones would think they have the liberty to date freely and engage in antisocial sexual behaviour. However, it was interesting to find

that there were few parents who saw the need for this education. These parents are professionals. One of them is a social worker. She strongly believes and agrees that culture is not static. Parents need to rise above cultural inhibitions. The other one is a nurse. She pointed out that HIV and AIDS knows no culture. The last one is a pastor who quoted a text from the Bible. The school principal and educators of the school were amongst those who disagreed. Interesting enough was the response of five younger parents who had fallen pregnant, claiming that they would not be mothering children born while they were teenagers if that education was there.

#### **5.3.4 Questions for Focus Group Interviews**

- Do you think parents must talk to their adolescents about sexuality and HIV and AIDS?
- Do you as a parent discuss sexuality issues with your adolescent?
- Do you think the rate of HIV infection amongst adolescents would be as high as it is, if there was sexuality education offered by parents themselves?
- Do you think that this education would help in saving lives of adolescents?
- What benefits would that education have to adolescents when they reach adulthood?
- Whose responsibility do you think it is to educate children about sexuality?
- As a teenage mom, did your parent discuss sexuality issues with you?
- As a single parent, is it easy for you to discuss sexuality issues with your adolescent child?
- As a grandparent, do you discuss sexuality issues with your grand daughter/son?

#### **5.4 Interview Proceedings With Parents**

The interview is perhaps the most ubiquitous method of obtaining information from people. It has been and still is used in all kinds of practical situations: the lawyer obtains information from a client; the physician learns about a patient; the admissions officer or professor determines the suitability of students for schools, departments and curricula. Only recently, however, has the interview been used systematically for scientific purposes, both in the laboratory and in the field. Interviews and schedules are ordinarily quite direct. This is both a strength and a weakness. It is a strength because a great deal of the information needed in social scientific research can be obtained from respondents by direct questions. Though the questions may have to be carefully handled, respondents can, and usually will give much information directly. There is information, however, of

a more difficult nature that respondents may be unwilling, reluctant, or unable to give readily and directly for example, information on income, sexual relations and attitudes toward religion and minority groups. In such cases, direct questions may yield data that are invalid. Yet properly handled, even personal or controversial material can be successfully obtained through interviews and schedules. The interview has important qualities that objective tests, scales and behavioural observations do not possess. When used with a well-conceived schedule an interview can obtain a great deal of information. It is flexible and adaptable to individual situations and can often be used when no other method is possible or adequate (Kerlinger & Howard, 1992). Interviews are used when in-depth information is required, where the subject matter is potentially sensitive, when issues under examination would benefit from development or clarification (Wilkinson 2000). According to Burns & Grove (2001), interviews involve verbal communication between the researcher and the subject during which information is provided. They were focused on pre-defined questions that were covered in turn. These were semi-structured interviews.

That gender is an important variable is demonstrated in a study by Finch in 1984 (cited by Coolican, 2004) where young mothers gave access to views which a man would have been highly unlikely to obtain (Coolican, 2004). A woman interviewee can assume common understanding with a woman interviewer, as when one Finch's mothers said "...fellas don't see it like that do they?" The interviewer took these qualities into consideration. The interviewer was conscious of the personal qualities. Interacting with interviewees was done with that in mind. Personal qualities and characteristics do play a role if not taken care of. For instance, the interviewer, instructed to be informal may find this quite difficult with some people and may therefore behave rather artificially, this being detected by the interviewee. There might be something else about the interviewer that the interviewee might not like. The problem of social desirability was eliminated as the research topic was not dealing with a sensitive issue like sex, prejudice etc. When faced with an esteemed researcher, people may well 'manage' their attitudes and behaviour to a misleading extent (Coolican, 2004). They usually know what they ought to say to an interviewer and may keep real views well hidden.

Interviews with the parents of Lungisa High School had specific questions on the parents' attitudes towards sexuality education delivered by them for the welfare of their

own children and the prevention of HIV and AIDS. They also alluded to the fact adolescents do need HIV and AIDS prevention programmes, but not to be offered by them. Again, they made mention of the fact that the role played by the media and Non-Governmental Organizations (NGOs) is enough. The results of the interviews suggest that attitudes, resulting from cultural inhibitions are a barrier to the important role that could be played by parents in the fight against the HIV and AIDS pandemic and welfare of their own adolescents. Church-going parents were so uneasy about the topic, claiming that this is taboo in African culture and their religious beliefs.

Tapes and transcripts were used to record responses. These methods have three advantages compared with other kinds of qualitative data:

- Tapes are a public record
- Tapes can be replayed and transcripts improved
- Tapes preserve sequence of talk

The schedule was used as a tool of ensuring that certain aspects were covered during the interview and guided the discussion towards answering the research question. Each interview lasted for about an hour. The interviewer interviewed one participant per day. The researcher is considered the main instrument for data collection as the quality of data collected depends on the quality of interviews conducted and observations made. The researcher conducted the study with high standards in mind. Creswell (2003) states that the role of the qualitative researcher is interpretative; the researcher is involved in a sustained and intensive experience with the participants.

It was important to consider the information the interviewee might reasonably need to know including subsequent write-up or transcription, the location of the interview, recording of the interview and analysis. Interviewees had been informed telephonically and given guidelines on the anticipated length of the interview. They were advised about the anonymity and confidentiality and potential audience of the study. As the interview drew to a conclusion, the researcher asked if the informants had anything to add to the interview that had not been addressed by any of the questions or responses. This helps avoid a situation where the respondent is prompted to add to the interview following the

conclusion of the interview. Some respondents thanked the researcher as they found the process therapeutic and developmental. Transcription and analysis was done.

#### **5.4.1 Interview Schedule**

- Do you think parents must talk to their adolescents about sexuality, HIV and AIDS?
- Do you as a parent discuss sexuality issues with your adolescent?
- Do you think adolescents would contract HIV if there was sexuality education offered by parents?

#### **5.4.2 Internal Validity**

Qualitative researchers are usually concerned with internal validity. Internal validity refers to the accuracy and value of interpretations. McMillan & Schumacher (1993) note criteria for internal validity which were met in this study.

The researcher used the qualitative method and source triangulation. Bias from one source or method was offset by the application of another source (Adams & van Harmelen (2000). The researcher believes that he was able to establish meaningful links between research, questions, raw data and findings and reconstructed reality credibly and authentically.

Eisenhart & Howe (1992) noted that research should be valuable for informing or improving educational practice. These findings will inform and suggest ways of the roping in of parents to put their hands up and be counted in the fight against HIV and AIDS. This criterion was met.

## **6. Conclusion**

Results supported the hypothesis that attitudes inhibit parents from talking about sexuality to their own adolescents. Responses by parents indicated that the hypothesis was supported. Results of the focus groups, interviews and the survey bear testimony to that.

Talking to adolescents about sexuality must have no conditions as it is a necessity. Old habits take time to die. The basic approach to changing attitudes of parents, which are based on experience and social sources, is to introduce information that is inconsistent with the parent's present attitudes. But since people resist persuasion, the inconsistent information must be presented in a way that will make it difficult for the individual to dismiss the information. Again, the cognitive dissonance theory is cautionary as it suggests that if people do not feel that they have a relatively free choice in their behaviour, then they will explain away their dissonance by saying, "Well I was forced to do this". They will say this instead of changing their behaviour. In other words, overly harsh or punitive methods of inducing behavioural change are not likely to change attitudes. Attitudes can be changed by persuasion (Attitudes-psychology-wikipedia, the free encyclopedia). The content, method and medium of instruction of this sexuality education must be carefully selected. Certain areas are important when communicating new ideas, with the intention of changing attitudes. They are the credibility of the source, expertness and trustworthiness.

The result of this inhibition is that they relinquish their responsibility of educating their own children about sexuality. Self-preservation causes parents to be reluctant to perform this task. They believe that educating the youth about sexuality is tantamount to preaching to the converted as they are under the impression that children of today won't listen. If all parents could come on board, the youth would be actively involved in significantly reducing the spread of HIV infection, teenage pregnancy, negative peer pressure and early onset of sexual activity. Parents would be able to educate their adolescents about negative media pressure because the television is infested with sexually related images. HIV and AIDS awareness and prevention programmes preach abstinence from sex, while the media portrays sex as a blissful experience. A conducive

atmosphere to educate adolescents about sexuality is when there is effective communication and rapport between the adolescent and the parent.

The results of this survey can also help in designing the syllabus for the education of parents. Parenthood is a learning curve. Both parents and guardians must have a uniform body of knowledge that will help them guide their children during adolescence. Culture must also be considered when it is designed. This paradigm shift is necessary.

It is important that adolescents be educated to increase their knowledge, change their attitudes, belief systems and sexual practices. Sexuality education for these parents must be moderate on intellectualism and more on pragmatism. The reason is that if parents perceive it as an intellectual exercise, they might shy away. Parents must also learn about human development. If parents attend prenatal lessons during pregnancy, they can do the same to equip themselves with knowledge to understand their adolescents better? Parents usually lose their beloved children at this stage in human development. HIV and AIDS, STIs, teenage pregnancies, school drop-outs, alcohol abuse, drug abuse, gangsterism, socially unaccepted sexual orientations etc. usually become apparent at this stage in life. All the above-mentioned phenomena conspire against adolescents as they blissfully, but dangerously disengage from their parents. This cultural inhibition that results in these attitudes is a communication barrier between the parent and the adolescent.

The following ideas will serve as food for thought for designing sexuality education for parents. The curriculum for a resilient education to help adolescents must include the following or must cause parents to realise the following:

- Parents must learn about cognitive processes of adolescents such as thoughts, expectations and plans (Bandura, 1982). That will help them understand their adolescents and themselves better.
- People are not passive in the face of factors that condition their behaviour. They are self-determining and regulate themselves. They do this through self-reinforcement and self-punishment (Bandura, 1982). Therefore, this education

must also involve adolescents when it is designed, so that they own and buy into it. Thoughtful, considerate, humane and empathetic ways of correcting high-risk behaviour must be done with care. Passion and love must prevail when they are making mistakes and behaviour is modified.

- Bandura also pointed out that a great deal of learning takes place through observation of other people. This leads to two learning processes namely vicarious learning and trial and error. Adolescents need role models of good behaviour to learn good behaviour and attitudes. They must be allowed to learn through trial and error. For that matter, they are also human beings. Parents themselves must model sound belief systems and sound moral values for their children to follow. In future, their children will say, “Where are parents went, we followed”
- People seek to learn new things, adapt to new situations and meet new challenges. This is a normal and healthy striving towards mastery, which promotes personal growth and development (Louw & Edwards, 1994). This education must allow adolescents to explore, as striving for mastery is one of the characteristics of adolescence. As they explore, they must be caused to realise that there are norms and ethics in any society. Therefore they must strive to do things in socially, morally and ethically accepted ways.
- It is the parents’ role to show adolescents how their conscious attitudes can change the course of their lives. Adolescents find alternative ways of thinking and acting in life. This will be possible if good nurturing and parental guidance is there and evident in every step of the way. There is no need to antagonize adolescents and perceive them as being incorrigible and therefore needing no adult involvement in their lives because they know all or won’t listen.
- When people criticize an attitude of ours it is easy to assume that they are criticizing everything about us. This over-generalization can push adolescents away from their parents. Nurturing of these young adults must be done with knowledge that they are on their journey to adulthood and therefore misjudge

certain phenomena. Even some adults have not yet overcome this human error. Therefore, the approach employed for communicating with these young adults must be the correct and humane one. Diplomacy and tact must be part of this corrective and remedial process to help them become corrigible.

- It is the parents' social role to help adolescents focus their thoughts when they are faced with painful decisions in times of personal growth or social crises. When an adolescent is in distress, the parent must give a shoulder to cry on. They must avoid words like, "You made your own bed. Now lie in it. I saw it coming but you wouldn't listen to me as an adult." They have to learn ways of helping adolescents make healthy decisions in problem solving in their trials and tribulations. HIV and AIDS hides in silhouette of the ignorance of adolescents. It thrives on the lack of experience in life. Sexuality education will cause the adolescent to hold the parent dearer to the heart than anything else. Parents on the other hand will be able to see the world through the eyes of the adolescent.

Parents must encourage adolescents to be self-actualised people. Self-actualised people are those who have a clear and efficient perception of reality. Adolescents can be trained to be self-actualised people. Self-actualised people are independent of group pressure and culture and they are not necessarily non-conformists (Maslow, 1970). Self-actualists set their own standards and make their decisions based on their own sense of what is right rather than being swayed by demands to conform to the standards of specific social or cultural groups. These are people who are able to accept themselves and others. They are comfortable with their nature, emotions, impulses and motivations, weaknesses and strengths. With sexuality education, parents can be mentors and role models to their adolescents and demonstrate being self-actualised. Before that happens, parents themselves must be educated to master parenting skills. They must help adolescents develop opposites of vulnerability and risk factors, which are resilience and protective factors (Millstein, Peterson & Nightingale, 1993). This education will promote the sexual-well being of adolescents.

- Parents must help adolescents have a capacity for genuine and lasting love, strong sense of self, sense of their own uniqueness and feeling of autonomy (Louw & Edwards, 1994).
- Parents of adolescents need to be educated about theories and explanations in social psychology. This will help them change their attitudes, as they will understand the psychological physiological, attitudinal, social and cognitive aspects of human development of adolescents. Single mothers, single fathers, families living together and guardians will have a uniform body of knowledge. Single parenthood has increased in South Africa. Again, after 1994, some affluent African parents and guardians register their children in White and Coloured schools. Due to culture shock, their children (adolescents) find themselves floating in the air, not belonging to any of these cultures or theirs. They become culture vultures. African parents must be the custodians of African cultural belief systems and values. They must lead from the front and not leave adolescents in the wilderness to fend for themselves. South Africa needs African solutions to African problems.
- Adolescents must be caused to appreciate the wonderful gift of life and keep a clean bill of health. These young adults take life for granted, hence they do drugs, abuse alcohol, experiment with guns and fast cars. They become desperadoes in order to affiliate and conform to gangs. Such acts are tantamount to going down a slippery slope, headed to the gutters with open floodgates. The torrent will sweep them down the stream and nobody will hear from them again. They find in retrospect when they are in jail and euphoria is gone that their actions were self-destructive and by that time, it's too late. Euphoria, gang influence and pressure cause adolescents to think they are larger than life and indestructible and subsequently have a brush with the law. Sometimes, this happens as they try to get out of the spiral of poverty, but instead, they find themselves going down the spiral. In jail, they find themselves having to conform to gangs as a result of pluralistic ignorance. They get HIV infected while tattooing their bodies, injecting drugs intravenously and indulging in anal sex. This education will prevent the tragic loss parents experience when their

adolescent children die. Sexuality education will revive the great love that was there before the child became an adolescent and fell prey to negative peer pressure, which is notorious for weaning them from their parents.

- The role each parent must play in parenting and nurturing the adolescent must be that of being the torchbearer in leading the child to know the four kinds of love any individual needs to experience in life (Winter, 1990). These kinds of love are storge (parental love), phileo (brotherly love), eros (romantic love) and lastly, agape (God's love). We all need these four kinds of love, so that our lives are fulfilled. Agape supersedes all kinds of love. Some schools discontinued Religious Education as a learning area in some African schools after 1994. If children had brotherly love, violence towards other people and amongst themselves would not be as high as it is. Deliberately infecting a fellow human being with HIV would not be practised. The intention and ability to work towards balancing these four kinds of love makes a complete individual. Mothers on the other side should weave their motherly magic and model that there is no greater love (storge) than theirs. These matriarchs must demonstrate to their adolescents that they are the masters of their own destinies. They can do that by binding family members together and avoid family break-ups. Broken families sometimes produce violent children. Mothers should be educated to advocate and uphold sound family values and endearment amongst family members. The family is the nucleus of any society. If we have happy families, we will have happy people. If we have happy people, we will have happy communities. Happy communities will breed happy nations of the world. This world will be a better place to live in. We are already reeling under the burden of moral decay in our societies as we hear about senseless murders, baby rapes, car hijackings, discrimination, xenophobia, senseless wars etc. These will be things of the past if love is the buzzword. At the moment, the morale fibre of the youth leaves much to be desired.
- The Planned Parenthood-Sexuality Education & Training organization is guided by the belief that sexuality is a natural part of life. They go further to state that sexual health includes the ability to understand and weigh the risks,

responsibilities, outcomes and impacts of sexual actions and to practice abstinence when appropriate. It advocates freedom from sexual abuse and discrimination and the ability of individuals to integrate their sexuality into their lives, derive pleasure from it, and to reproduce if they so choose. According to this organization, a sexually healthy person:

- understands how gender roles and expectations, social norms, body image, family values, attitudes, feelings, beliefs, and peer expectations affect the expression of sexuality.
- has skills to successfully navigate their own physical, emotional, and social development, critique media influence on their sexuality, make informed and intentional decisions, and effectively communicates.
- lives in an environment that values and cultivates the diversity of healthy sexual expression.
- needs support, courage, and freedom to thrive.

In essence, healthy sexuality leads to a positive sense of self, appreciation of others, good communication, and successful platonic and romantic relationships. At all ages, healthy sexuality includes our natural feelings about pleasure and desire. In order to make healthy sexuality the norm, our communities need to work together to lower the rates of teen pregnancy, STIs and abortion and increase knowledge, skills and healthy choices.

- An organization called Our Whole Lives also helps participants make informed and responsible decisions about sexual health and behaviour. It equips participants with accurate, age-appropriate information in six subject areas, namely human development, relationships, personal skills, sexual behaviour, sexual health and society and culture. This organization claims it is grounded in a holistic view of sexuality, hence they have Lifespan Sexuality Education Curricula. Not only does it provide information about human development, but it helps participants clarify their values, build interpersonal skills and understand spiritual, emotional and social aspects of sexuality. The Our Whole Lives covers

topics and skills that both parents and students want to have available but schools are less likely to cover. It values self-worth, sexual health, responsibility, justice and inclusivity. South Africa needs to have such an education designed for both parents and adolescents.

- The American Medical Association-Adolescent Health Centre has a clinic that provides early detection and treatment of medical, nutritional and psychosocial problems, institutes physical and mental health promotion measures, identifies high risk behaviours and reassures client and parent concerning normal development. This is the role that could be played by academic institutions and adolescent health services in South Africa to help parents hone parenting skills.
- A genuine interest, enthusiasm and concern about the development of the adolescent are the key to a successful sexuality education. A ray of hope will be seen if this education is designed. In a bid to save adolescents from destruction, parenthood must evolve and only a vigilant sexuality education will help. That children of today do not listen when adults talk is a forgone conclusion. This is a self-fulfilling prophecy. Children are innocent when they are not tampered with or subjected to negative peer pressure. Parents cannot afford to perceive their children as being insufferable before this crucial intervention and reach-out education. Keeping the channels of communication is the way to go and a hallmark of good parenthood. This gives the parent a chance to be live, up close and personal with the adolescent child. Parents must know the factors that affect behaviour change because they deal with adolescents who are influenced by negative peer pressure and negative media pressure to be violent, join gangs, indulge in sexual intercourse at a young age, abuse alcohol and drugs, assume socially unaccepted social orientations etc. This will help parents acquire remedial strategies to change behaviour. They will be aware of factors that affect attitude change, which are the following:

- Target characteristics: characteristics refer to the person who receives and processes the message. One such is intelligence trait. It seems that more intelligent people are less easily persuaded by one-sided messages. Those individuals higher in self-esteem

are less easily persuaded. The mind frame and mood of the target also plays a role in this process.

- Source characteristics: the major source characteristics are expertise, trustworthiness and interpersonal attraction/attractiveness. The credibility of a perceived message has been found to be a key variable.
- Message characteristics: the nature of the message plays a role in persuasion. Sometimes, presenting both sides of the story is useful to help change attitudes.
- Cognitive routes: a message can appeal to an individual's evaluation to help change an attitude. In the central route to persuasion, the individual is presented with data and motivated to evaluate it and arrive at an attitude-changing conclusion. In the peripheral route to attitude change, the individual is encouraged to not look at the content but at the source. This is commonly seen in modern advertisements that feature celebrity/celebrities (Attitude-psychology-wikipedia, the free encyclopedia).
- The transformation of the adolescent into a reproductively mature individual is a major part of the first half of adolescence. How the adolescence experiences developmental changes, namely positive feelings about one's body and acquisition of sexual secondary characteristics, engagement in sexual behaviours, feelings of arousal and desire, others' responses to the adolescent's emerging body and practising of safe sex can be demanding. How the adolescent experiences these changes lays the groundwork for teenagers' feelings about their bodies. Because of sexuality education parents will realise that the emergence of sexual arousal is a response to internal hormonal changes and external responses to the physical manifestations of the internal changes. Healthy sexuality includes feeling comfortable about choosing to engage in individual sexual behaviours or not to practise them. For those youth who are engaging in sexual intercourse, healthy sexuality involves the practice of safe sex. Safe typically refers to practices to avoid HIV infection, teenage pregnancy and/or STIs. At least three developmental issues need to be considered in order to understand the adolescent. They are the timing of behaviours associated with sexual well-being, co-occurrence of sexual behaviours with other behaviours and

age trends in the expression of sexual behaviours. These developmental issues of sexual well-being can be explained as follows:

- timing of behaviours associated with sexual well-being refers to where an individual falls with respect to a certain behaviour vis-à-vis her or his peer group. The peer group may be defined in terms of national norms, community norms, or school or subgroup norms (the most subgroup classification being racial, gender and cultural). Literature on the timing of puberty suggests that early development renders girls vulnerable to various behaviours like smoking, drinking, depressive symptomatology, negative body image and dieting behaviour. The early maturer probably experiences sexual arousal earlier, given the links between arousal and hormonal levels. The early-maturing girl requests (or demands) earlier independence from her parents and has older friends. Girls with mature bodies probably elicit responses from males that lead to earlier dating and earlier sexual experiences (cited by Millstein Peterson & Nightingale, 1993).

- co-occurrence of other behaviours involves the early onset of sexual behaviour associated with early onset of behaviours like smoking and drinking, use of illegal substance, dropping out of school and juvenile delinquency. When such behaviours cluster together, youth are vulnerable to long-term problems.

- age trends: it is believed that younger adolescents exhibit fewer health-promoting behaviour than do older adolescents or adults.

Culturally, morality and prohibitions against sex during adolescence are not the same for boys and girls. For instance, sexuality desire is seen as paramount for boys and is ignored for girls. Girls' desires are almost never discussed, only the consequences of their sexuality, specifically pregnancy (cited by Millstein, Peterson & Nightingale, 1993). By pretending that female desire does not exist, girls are given few strategies for incorporating it into their lives or for planning on how to handle it. Contrast that with that of males, for whom desire is a socially accepted fact. Males may even be socialized to emphasize demonstration of their potency as more important than acting responsibly, limiting their options as well. Females, in being portrayed as having little desire and having to face the practical and moral consequences of sexuality are characterized as victims. Because of cultural inhibitions, discussing feelings of sexual desire is taboo.

Girls' emerging feelings of sexual desire are treated as if they did not exist, or worse, as if they were not normal. Sexuality education will help parents understand the unique nature of their adolescents. For instance, they will understand that certain girls who are early maturers are more likely to have negative experiences. This is more so for those early maturers who receive little or no information from their mothers. In this era of HIV and AIDS, this cultural phenomenon of perceiving boys and girls differently must be changed. The reason is that male and female adolescents are equally exposed to HIV infection and STIs. Sexuality education must:

- promote values in approach to sexuality.
- stress on communication between adolescent and parent and equip adolescents with techniques to resist peer pressure and postpone sexual initiation.
- improve responsible decision making when it comes to sexual behaviour.
- help in decreasing incidence of HIV infection, STIs and teenage pregnancy.
- encourage virgins to maintain abstinence and those who are sexually active, to practise safe sex.

Sexuality education will improve the crystallized intelligence of both parents and adolescents.

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## Appendix A: Ethics Consent Form

### A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED STUDY

Signed at----- on----- 2010

Signature of Witness-----

Full Name of Witness-----

Signature or Right Thumb of Participant:

### B. STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)

I----- declare that I have explained information given in this document to:

Name of Participant:-----

He/she was encouraged and given ample time to ask me any question

This conversation was conducted in

Afrikaans	English	IsiXhos	Other
		a	

This conversation was translated into:

(Language)----- By-----

I have detached Section D and handed it to the participant

Yes	No
-----	----

Signed/Confirmed at:----- on----- 20-----

Signature of Interviewer:-----

Signature of Witness: -----  
Full Name of Witness:-----

**C. DECLARATION OF TRANSLATOR**

I, \_\_\_\_\_ :  
I.D. \_\_\_\_\_ :  
Qualifications \_\_\_\_\_ :  
Current employment: \_\_\_\_\_

Confirm that I  
-translated the contents of this document from English to ----- (language)  
-translated the questions posed by:

Name:-----

as well as answers given by the investigator and  
-conveyed a factually correct version of what was related to me.

Signed at----- on----- 2010

I declare that all information acquired by me for the purposes of the study will be kept confidential

Signature or Right Thumb Print of Translator:-----  
Full Name of Witness:-----  
Signature of Witness:-----

**D. IMPORTANT MESSAGE TO PARTICIPANT**

Dear participant  
Thank you for your participation in this study. Should, at any time during the study:  
-require any further information with regard to the study, or  
-something unforeseen occur, please report in the space given below

\_\_\_\_\_

Please phone:

----- (home)

----- (cell)

(it must be the number where help will be available on a 24 hour basis)

Thank you for participating in this study

## Appendix B: Questionnaire

### Attitudes of Parents of Adolescents towards Sexuality Education

#### Instructions

To each of the following statements, please indicate whether you agree or disagree with the statement. Please respond to all items on the questionnaire. There are no correct or incorrect answers. Use the scale provided below.

- SA = Strongly Agree with statement  
 A = Agree with statement  
 N = Neither Agree nor Disagree with statement  
 D = Disagree with statement  
 SD = Strongly Disagree with statement

Please put an x in the appropriate space. Please note that the researcher may use a computer to analyze the data:

		SA	A	N	D	SD
1	My adolescent child may be sexually active but does not know risks involved that include HIV infection, teenage pregnancy, STIs etc.					
2	Adolescents today get sexually active at a young age and need to be educated about sexuality at an earlier age than before.					
3	Adolescents hear about sex from peers who are also not aware of the dangers of being sexually active at this stage in life.					
4	The information adolescents get from their peers is sometimes incorrect and I need to talk to him/her about sexuality issues.					
5	Mothers must educate their adolescent daughters about sexuality.					
6	Fathers must educate their adolescent sons about sexuality.					
7	Single mothers must educate their sons about sexuality.					
8	Single fathers must educate their daughters					

	about sexuality.					
9	I would like my adolescent child to tell me when he/she is dating so that I can start educating him/her about sexuality.					
10	As a single mother, I feel free to discuss sexuality issues with my son.					
11	As a single father, I feel free to discuss sexuality issues with my daughter.					
12	Sexuality education is the responsibility of the schoolteacher/nurse/community, not mine.					
13	Sexuality education is the responsibility of the parent.					
14	Parents are not supposed to talk about sexuality issues with their children/adolescents.					
15	My knowledge about sexuality issues of today is the reason why I cannot open up and talk to my adolescent about them.					
16	Even at this time of HIV and AIDS, parents should not discuss sexuality issues with their adolescents.					
17	Adolescents get sexually active at a young age if parents discuss sexuality issues with them.					
18	HIV and AIDS kills adolescents because parents do not educate them about sexuality.					
19	I would like to talk to my adolescent, but I do not know what to say or when to start sexuality education.					
20	I do not feel at ease when my adolescent asks me about sexuality issues because I might find myself having to talk about sex, condom use etc.					
21	I cannot answer some of the questions about sexuality my adolescent asks me because my religion and/or culture do not allow me to.					
22	If I do not discuss sexuality issues with my adolescent, he/she will get misinformation and myths from peers who are also naïve.					
23	The information my adolescent gets on World HIV and AIDS Day is enough to help him/her prevent HIV infection.					
24	I can answer all questions asked by my adolescent child about sexuality because I am an adult.					
25	Parents need to be educated about sexuality so that they open up to their adolescents who are bombarded by sexually related media					

	images on television, Internet, magazines etc.					
26	Both parents and adolescents need education about sexuality to prevent HIV infection, teenage pregnancies, STIs, substance abuse, misinformation, negative peer pressure etc.					
27	Both parents and adolescents need to communicate to help adolescents go through this stage and be the best they can be.					
28	If parents could realize that they need to learn more about parenthood, they would do better in guiding their adolescents to fulfil their lives.					
29	It is useless to talk about sexuality to the youth of today as they won't listen and think they know all.					

Thanks for participating in this research. Your co-operation is highly appreciated.