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**An evaluation of the perceptions of high school teenagers
regarding sexual health promotion programmes in
Whittlesea, Eastern Cape, South Africa:
A Qualitative Study**

Aiyede, Amos Onakho

M Med Family Medicine Research Assignment

Student Number 16333969

Supervisor: Professor R. Mash

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DECLARATION

I, the undersigned, hereby declare that the work in this assignment is my original work and that I have not previously submitted it, in its entirety or in part, at any university for a degree.

Signature: A handwritten signature in black ink, appearing to read 'Amjeda', written over a light blue horizontal line.

Date: 13th February, 2014.

ABSTRACT

Introduction

Health problems emanating from sexual behaviour include HIV/AIDS, other sexually transmitted infections and unintended pregnancies. The prevalence of HIV/AIDS and sexually transmitted infections among adolescents are considered high in South Africa. Also, the burden of unplanned pregnancies has wider implications in society. These problems occur in spite of a number of different sexual health promotion programmes. The aim of the study was to view the perception of high school teenagers to sexual health promotions programmes as well as their response to these programmes. The objectives of the study were:

1. To explore the perceptions of local teenagers regarding the content and materials used in local health promotion programmes
2. To explore the perceptions of local teenagers regarding the communication strategies and style used in local health promotion programmes
3. To explore the perceptions of local teenagers regarding the impact of local health promotion programmes on their behaviour

Method

This was a qualitative study. The study population was high school teenagers from the Whittlesea townships in the Eastern Cape province of South Africa. Fourteen purposefully selected teenagers from the seven high schools were individually interviewed. Analysis was done using the framework method.

Results

The study showed that the content of sexual health promotion programmes to which high school teenagers in Whittlesea were exposed to composed of sexual health education and the building of life skills. Perception of the messages in these contents was influenced by lack of communication on sexual matters within individual families and religious beliefs of participants. The programmes were considered to be practical and helpful. Methods that involved teenagers' participation or interaction were generally preferred and the communication style was perceived as facilitating behavioural/attitudinal change.

Conclusion

In order for adolescent sexual health promotion programmes to be effective, they should employ methods that involve participation and human interaction. The involvement of parents, role models, religious groups and community services in sexual health promotion could be helpful in promoting sexual health education and lifestyle change amongst teenagers.

INTRODUCTION

Health promotion seeks to promote human behaviour and practices that will enhance good physical, mental and social well-being or prevent future disease. Sexual behaviour plays a role in the transmission of sexually transmitted infections, including HIV/AIDS, as well as unplanned and teenage pregnancies. The prevalence of HIV/AIDS in South African females and males less than 15 years is estimated as 13.6% and 4.7% respectively.(1) Local studies show that in South Africa, there is a high prevalence of sexually transmitted infections.(2) For example, the age group with the highest prevalence of HIV in South Africa is from 15 – 24 years.(3) The high prevalence of sexually transmitted infections occurs in spite of a wide range of health promotion programmes using a variety of methods which are supposed to reduce these.(4,5) Identified behaviours associated with increased risk for sexually transmitted infections among teenagers include early age of sexual debut, multiple sexual partners, low incidence of condom use, low socio-economic status and negative peer pressure.(6,7) These constitute the target of sexual health promotion programmes.

Sexual health promotion promotes safer or alternative sexual behaviour or practices. These messages are conveyed through face-to-face interventions, such as school sex education, as well as by mass media. The methods employed have varying effects, strengths and weaknesses, which have resulted in different recommendations about what works. For example, mass media is effective at promoting the uptake of HIV testing and leads to case identification and treatment.(8) Teen-targeted organisational programmes such as LoveLife, to which it is estimated that 85% of South African youth have been exposed, has a strong correlation with self-reported safer sexual behaviour, including increased abstinence, delayed sexual debut and increased condom use.(9) The Stepping Stones project, which targeted 15-26 year olds in the Eastern Cape province of South Africa using participatory learning approaches in sexual health promotion, produced a reduction in several risk factors for HIV such as Herpes Simplex Virus -2 and the perpetration of intimate partner violence.(10) Another South African study among females aged 14 to 35 years showed that addressing economic and social vulnerability of women may contribute to reductions in HIV risk behaviour.(11) In terms of an effective approach to sexual health promotion among youth in South Africa one study recommends addressing HIV social risk factors (such as gender, poverty and alcohol), targeting the structural and institutional context of young people (such as alternatives leisure time activities, learning of life skills), working to change social norms, and engaging schools in new ways (such as more participatory learning).(12)

The view of teenagers regarding sexual health promotion is influenced by their acceptance of the methods employed to convey the message. Generally, group-based and participatory programmes are more accepted among teens.(12,13) In the context of Whittlesea, this study evaluated the response of teenagers to sexual health promotional programmes in order to measure their effectiveness in the local area. It is meant to be a form of feedback from them regarding how the messages are perceived, what methods are preferred and

what is seen to be effective. This feedback from local teenagers, on existing health promotion initiatives, may enable local health promoters to improve what they do.

AIM AND OBJECTIVES

AIM: To explore the perspective of high school teenagers regarding local sexual health promotion programmes in four Whittlesea townships, in the Eastern Cape, South Africa.

OBJECTIVES:

1. To explore the perceptions of local teenagers regarding the content and materials used in local health promotion programmes
2. To explore the perceptions of local teenagers regarding the communication strategies and style used in local health promotion programmes
3. To explore the perceptions of local teenagers regarding the impact of local health promotion programmes on their behaviour.

METHODS

Study Design

This was a qualitative study using in-depth interviews.

Setting

Whittlesea is made up of several rural townships in the Lukhanji Municipality of the Eastern Cape Province in South Africa. The four communities used in this study, namely Greater Whittlesea, Sada, Shiloh and Dongwe townships, are located nearest to the level one hospital serving the community. The target population for the research was high school teenagers within these four communities, including seven high schools in total. Learners at these schools are drawn mainly from the residents of these four townships.

Greater Whittlesea has the most commercial activities, a bank, municipal library, magistrate court, police station, two clinics and a few grocery stores. Hewu district hospital as well as a clinic is located in Dongwe township. The local correctional services building and a clinic are located in Sada. A clinic is also located in Shiloh. There are a few religious buildings and bill boards spread across all four townships. There is also constant electricity supply in the area and most household have access to electronic media particularly the municipal radio station. The health facilities used by the population include a district hospital and 5 clinics.

The researcher is a medical doctor in this rural community, involved in primary care. While the researcher grew up in an urban background during his teenage years, he has previously interacted with teenagers in rural environments through rural postings as a medical student as well as from working in rural hospitals. His interest in this subject was borne of out the

perceived high number of teenagers presenting at the rural hospital with sexual health problems. Having previously been the co-ordinator of a peer education programme (a sexual health promotion programme) in a rural Nigerian high school, in the opinion of the researcher, this seemed to suggest that sexual health programmes in the area were not being as effective as they could be. While the hospital in which the researcher practices is well known to the participants, it is not certain if all participants knew the researcher very well. There were five other doctors in the hospital at the time when the interviews were conducted. Also, the researcher is very fluent in the English language and less fluent in the Xhosa language, while the participants were very fluent in isiXhosa and less fluent in the English language.

Selection of study participants

Fourteen teenagers from the seven high schools were recruited for the study. Two participants, one male and one female, were selected from each school. Voluntary, information-rich participants who could communicate in English, and were aged between 15 and 19 years, in grades 10 to 12, were purposefully chosen in collaboration with the Life Orientation teacher in five schools and by the school principal in two schools. The two participants selected from each school were in different grades.

Data collection

Interviews with each teenager were conducted by the principal researcher in the school premises in the presence of an adult chaperone of the same sex as the interviewee. The presence of the chaperone was to create a comfortable atmosphere for the teenager who might otherwise feel unease at being interviewed on sexual matters. The chaperones were healthcare workers from the local hospital and of the same Xhosa cultural background as the participants. These chaperones did not serve as interpreters during the interviews. Prior to the interviews, the researcher had a conversation with each participant to determine his/her ability to communicate in English and to ask if they were satisfied with the presence of the chaperone and felt comfortable for the interview to proceed.

An interview guide (see appendix) was used for the interviews with the following initial open questions:

What health promotion methods, which talk about the prevention of teen pregnancies, sexually transmitted infections and HIV/AIDS, are you aware of? What do you think were the key messages given in these various programmes [interviewer explores the person's understanding and interpretation of these messages in some depth]?

The full interview guide is contained in the appendix. Interviews were audio recorded and the interviewer also made complementary field notes. As no new information was being given by participants after the tenth interview, saturation was considered to have been reached; nevertheless the additional interviews were still undertaken in the remaining two schools.

Analysis

Verbatim transcripts were prepared and checked for accuracy against the audio recordings. Data was analysed using the framework approach. This involved familiarisation with data (listening to tapes and reading transcripts); thematic indexing (key themes and sub-themes that emerged during familiarisation were organised into an index of themes); coding of all the transcripts; charting data (all data with the same codes were brought together on the same charts) and interpretation (the range and strength of different viewpoints were identified and any associations between findings were considered). This process was performed under supervision. Atlas-ti qualitative data analysis software was used to assist with thematic indexing, coding and charting.

Ethical Considerations

The study was approved by the Health Research Ethics Committee of the University of Stellenbosch (N11/09/277). It was also approved by the Research Ethics Committee of the Eastern Cape Department of Education. Participants' parents/guardians gave written informed consent and the participants gave written assents prior to the interviews.

RESULTS

Table 1 gives an overview of the 14 study participants.

Table 1: Demographic profile of interviewees

	AGE (YEARS)	GENDER	NAME OF SCHOOL	SCHOOL GRADE
1	16	Male	Nompumelelo High School, Sada	10
2	16	Female	Nompumeleo High School, Sada	11
3	17	Male	Zamokuhle Senior Secondary School, Whittlesea	10
4	18	Female	Zamokuhle Senior Secondary School, Whittlesea	11
5	18	Female	Ekuphumleni High School, Dongwe	11
6	15	Male	Ekuphumleni High School, Dongwe	10
7	17	Female	Khaya High School, Shiloh	12
8	19	Male	Khaya High School, Shiloh	12
9	18	Male	Sijongephambili Senior Secondary School, Dongwe	11
10	17	Female	Sijongephambili Senior Secondary School, Dongwe	12
11	16	Female	Mhlotshana High School, Sada	11

12	18	Male	Mhlotshana High School, Sada	11
13	16	Female	Funda High School, Dongwe	11
14	18	Male	Funda High School, Dongwe	11

Exposure to sexual health promotion programmes

High school students in Whittlesea reported that they were exposed to sexual health promotion messages from mass media programmes such as the Love Life campaigns; school activities such as Life Orientation classes; clinic visits; reading books or being exposed to print and electronic media such as radio, magazines, and especially television programmes such as Soul City, Intersexions, H2B Squared, Sonke Gender Justice and Sunday Live Debates:

“I’m aware of Love Life and the peer education programme.” (16-year old female)

“TV programs are also giving us some information” (18-year old female)

“When you go to the clinic, you get the books and read about the HIV/AIDS and how to prevent it” (16-year old female).

“I read about it in books and magazines” (17-year old female)

Institution-based participatory activities like Soul Buddyz, Peer Education, school debating clubs like the Winners Programme and local community-based campaigns such as the Treatment Action Campaign’s “Preventing Unwanted Pregnancy” and those undertaken by organisations like Ncedi Sizwe Hewu as well the National Youth Development Agency also played a role in educating them on sexual matters:

“We used to have projects like Soul Buddyz and Peer Education and also attend campaigns” (16-year old female)

General perception of programmes

Most of the programmes were thought of as helpful, were seen as practical and most people felt that they could relate to the content:

“Because I’m a youth too, I should learn about these things they are educating us, so that I can also prevent myself from these things happening.”(18-year old male)

“Because they talk about what affects us and the key topics that they talk about are those that affect us really. So I find them relevant and appropriate for me because it’s what is happening in our daily lives.”(16-year old female)

However, there were individual variations in the level of acceptance of specific messages. This lack of acceptance may also be tied to a feeling that the message was not practical or feasible, for example in the situation:

“whereby they are saying that you should stay away from bad friends, you can’t just distinguish which friend is best for you without relating with them” (18-year old male).

Also, the lack of acceptance might be because there was discomfort with discussing sexual health matters in normal social situations:

“Because our parents at home don’t talk about these things, they find it difficult to talk about these things to us. So when you come to school and people are just saying these things, it is difficult to accept initially” (17-year old female)

Some of the youth found a discrepancy between the messages and their religious beliefs. For example Christian youth were taught to believe in no sex before marriage and that therefore having sex and using condoms are both sinful:

“Because since I am a Christian, Some say that we must ‘condomize’, then as a Christian I believe if you are a child you are not supposed to have sex. You must have sex after marriage. So, I remember we were arguing about that, some children said you must have sex because it’s nature and then I tell them that according to my values in church, you must not have sex until you get married. So I disagree.” (18-year old male)

Also, some reported that the messages could be misinterpreted, which may result in teenagers identifying with the negative roles portrayed in the programmes that they have witnessed:

“But then that would depend if a child is watching. Another child might take it in a wrong way, and choose to do things in a wrong way. But for me, I think they are appropriate” (16-year old female)

“Because a certain person that’s watching the television might get the wrong message, and decide to be that ‘player’, or that person who’s spreading HIV and AIDS” (16-year old female)

“Some of my friends got tips to do bad things from some of these TV programmes” (17-year old female)

Understanding of key messages

The teenagers interviewed reported that:

“The key message is for young teenagers and the youth to abstain from sexual activities” (15-year old male).

The avoidance of risky behaviour, building life skills and being faithful to one’s sexual partner were also recalled as key messages from these programmes. Moreover, according to those that were interviewed, these programmes encouraged teenagers to use family planning, condoms and to abstain from sex:

“teenagers to go to clinic and get injection to prevent pregnancy” (16-year old female)

“They tell us the importance of abstaining, staying away from things like alcohol and drugs that may lead us to become pregnant or have HIV and AIDS” (16-year old female)

“The main message of the these programmes is to teach us about what we must do to abstain from sex and to use a condom when you are not abstaining” (18-year old male)

“The main message is that we should stay away from doing the wrong things and we should stay away from doing bad things such as doing drugs”.(18-year old male)

“They say when we don’t want to get pregnant we must use a condom.” (18-year old female”)

“They teach teenagers how to take care of themselves and how to stay healthy and be aware of the diseases that are out there, how to stay abstain, ‘condomise’, be faithful.” (17-year old male)

Others stated that programmes told them:

“That you must learn how to protect yourself from HIV and AIDS” (18-year old female).

They were also said to provide education on the subject of HIV/AIDS:

“They talk about HIV and AIDS” (17-year old female)

“They let us know that HIV is a dangerous virus and it is not curable” (18-year old male)

Some of the teenagers reported that when they presented to clinics for other medical conditions they were invited to participate in HIV Counselling and Testing as a part of their evaluation and management:

“When you go to the clinic for let’s say a fever, they request to do the HIV test. They ask you about your knowledge of HIV and AIDS and educate you” (16–year old female)

Perception of educational methods

Practical demonstrations and interpersonal interaction through drama, debates, talk shows or discussions were generally preferred. Those interviewed said they preferred these options because they could relate with the scenarios displayed, as in the case of drama, or they were able to ask questions, get feedback and clarification as in talk shows or discussions:

"I like talk shows and discussions but if I am watching something on the TV I cannot express my disagreement with that person on the TV because, he or she is not next to me. But if he is next to me I can ask some questions" (18-year old male).

"Dramas make sense. You can see that now this is the fact" (18-year old male)

"What they're acting in the drama is what we really do as people" (16-year old female)

Methods that were one-way, such as those involving reading held less appeal:

"I don't like reading about it" (15-year old male).

Communication style

Teenagers interviewed mostly described the manner in which the messages were conveyed as "exciting", "challenging", "empowering" or "respectful". The appropriateness of the language was also described as "cool". These positive descriptions were more common than negative ones amongst the respondents. However the manner in which the subject of HIV/AIDS was communicated was perceived by some of the teenagers as "imposing" or "intimidating".

Perception of impact

Most of the respondents felt that the programmes had influenced them positively. As this was not something that was easily discussed with their peers they could not comment on their friend's reactions. The consequences of unsafe sexual behaviour were often cited as a reason to change.

"I've changed because I've learnt that if you are walking late you can get raped or get anything from outside" (18-year old female)

"Well I can say I stopped chasing up the girls...because I know the dangers that are involved" (15-year old male)

"As I watched Soul City, I learned that a guy that has many girls, can be ill with HIV, and get some sexually transmitted diseases. So I've changed from that." (19-year old male)

"I changed because this programme guided me in life. Then I was a person who just want to go every time to the street and then this programme came and taught me otherwise, that is I will not be able to prevent myself." (16-year old female)

Ideas on how people change

Apart from the educational programmes respondents felt that they had also changed as a result of personal experiences, from "listening to your parents", attending religious meetings, or by observing the conduct of role models and counsellors.

DISCUSSION

Key findings

Sexual health promotion programmes for teenagers in the Whittlesea area are composed of institution-based programmes, as found in schools or clinics, as well as community-based campaigns. The mass media activities of organizations such as LoveLife also contributed to sexual health promotion.

The content of such programmes was perceived by these teenagers to include sexual health education and building of life skills. Participatory programmes and those that involved audio-visual interactions such as dramas were preferred because they either allowed teenagers to clarify what was meant or were easier to identify with. Also, as identified in field notes, teenagers were not attracted to methods that appeared frivolous or which tried to make the message too simple in the form of cartoons or comic strips.

Most people interviewed could relate to the programmes because the content was helpful and practical. Social norms about discussing sexual health matters and religious beliefs affected the way these messages were perceived. Also, teenagers highlighted that some media programmes could be misinterpreted in a manner that was contradictory to the effect intended.

The communication styles employed by these programmes were perceived as facilitating behavioural change and most respondents reported a positive impact on their actual behaviour or attitudes. Although this study suggests a positive impact of the programmes on sexual behaviour and attitudes the effect is likely to be small to moderate, as with all interventions of this nature.

Comparison to literature

A study in three Asian cities, highlighting the role of the media in sexual health education among young adolescents, recommended its use in intervention programmes to improve reproductive health outcomes. This was because access to and use of mass media and the messages they present were influential factors on sex-related knowledge, attitudes, and behaviours.(14) It has now been suggested that policymakers, school systems, parents and health providers need to be aware that media can be used effectively to decrease sexual risk behaviours in adolescents and young adults, especially when complemented with interpersonal strategies.(15)

Respondents generally preferred methods of sexual health promotion that were interactive or participatory. Programmes that employ interactive approaches such as integrative computer-based interventions can be effective in sexual health promotion.(13) These interactive methods of sexual health promotion allow teenagers to give feedback and to clarify the messages that they are exposed to. Another study has noted the benefit of group-based learning, which fosters collective thinking and may have a positive impact in changing the social norms associated with HIV risk.(12) Engaging school pupils in participatory learning is now being advocated in the prevention of HIV among South African youths.(13)

Community-based campaigns in Whittlesea appeared to contribute to sexual health promotion among the adolescents interviewed. These programmes create a forum for interaction among residents in a common cultural setting and this can be used to address common beliefs and practices that affect sexual health. As a study in Nigeria has shown, employing school-based programmes in addition to community-based programmes led to positive effects on rejection of myths, attitudes related to abstinence and use of condoms, and sexual activity.(16)

A lack of communication between adolescents and their parents on sexual health matters was highlighted by those interviewed as limiting the initial understanding of sexual health messages. This follows a pattern from a study among adolescents in South Africa and Tanzania which revealed that a substantial proportion of adolescents reported not communicating with their parents about HIV/AIDS, abstinence, or condoms.(17) This seems to be the case because matters of a sexual nature are not often discussed between parents and their children in traditional African settings. It also infers that most of the sexual health education that teenagers are exposed to is not from their parents. Parents have a role to play in sexual education as the family is the initial unit from which children learn. Children who may grow up with their parents as role model will easily incorporate the sexual health education received at home. When parents are forthcoming with their children in matters of sexual health, messages received from other avenues of sexual health promotion will reinforce what has been learnt at home and vice versa.

While the findings above are suggestive that sexual health promotion programmes are mostly well perceived and accepted in Whittlesea, the researcher observes that the overall desired effect on the community is at variance with this. A future study on local teenagers presenting with sexual health problems may provide further insight on the subject of this study.

Strengths and limitations

This study only recruited teenagers who were attending school and did not interview those who had dropped out of school. Additional viewpoints may have been obtained if these teenagers had been included in the study. The interviews were conducted by the principal researcher who is a medical doctor and whose status in the community could have intimidated the high school teenagers interviewed. These interviews were done in the presence of an adult chaperone within the school premises, which might also have limited the responses by the teenagers and thereby have the opposite effect from what was intended. Also, all interviews were done in the English language, but not all respondents were very proficient in the English language. The depth of exploration of their viewpoints was therefore limited in some of the interviews. The strength of this study is drawn from the fact that most of those interviewed were recruited in collaboration with the Life Orientation teacher of the participating schools. As these teachers are well known to the participants, only those who were considered to be more willing and able to talk were enlisted in the

study. Another strength is in the fact that the analysis and interpretation of results was guided by the assistance of the research supervisor.

Recommendations and implications

Most participants reported that the sexual health promotion programmes they were exposed to brought about a positive impact to them. However, the following should be taken into consideration with regards to planning and execution of these programmes:

1. Sexual health promotion targeted at teenagers should employ methods that facilitate inter-personal interaction such as drama, group discussions or talk shows. These methods allow teenagers' to receive feedback, obtain clarification on the messages promoted and generate reasoning that may result in a shift from previously held cultural beliefs.
2. Parents should be actively involved in the promotion of sexual health among teenagers. This is especially so in traditional African setting where sexual matters are rarely discussed between parents and their children. The home is the usually the first place of learning for a child and the teenager can be carefully guided by their parents to adopt healthy sexual habits. Organisers of sexual promotional programmes should create a forum among parents for interaction during which sexual health promotion is addressed. Educating parents to communicate more with their adolescent children on sexual health may facilitate early understanding of sexual health promotional messages.
3. Roles models and counsellors should be used in the promotion of sexual health. Some teenagers interviewed suggested that their behavioural change is influenced by observing role models. Also, counsellors and role models can provide continual guidance, support and mentorship to teens, so that sexual health programmes are not just once-off activities. These role models and counsellors can be appointed especially in school-based and community based programmes.

CONCLUSION

The study showed that high school teenagers in Whittlesea are exposed to sexual health promotion programmes through institution-based programmes, community-based programmes, mass media and from reading educational materials such as school books. These programmes were thought to contain messages on developing life skills, sexual abstinence, being faithful to one partner and the use of contraception, especially condoms. The materials used to communicate messages were either participatory or non-participatory and the former was better received. The communication style employed by these programmes was mostly perceived as facilitating behavioural change. Most teenagers interviewed claimed that the programmes brought about behavioural change.

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APPENDIX: INTERVIEW GUIDE

INTRODUCTION	<ul style="list-style-type: none"> • Interviewer introduces self and purpose of the interview. • Description of how interview will be conducted. • Reminds the interviewee of the various sexual health promotion programmes that they may have been exposed to and determines which ones they can recall. Asks about any other programmes that they have been exposed to with a similar purpose. • Ask for any questions.
DEMOGRAPHY	<ul style="list-style-type: none"> • Age • Sex • School Grade • Race
QUESTIONING	<ul style="list-style-type: none"> • What methods that talks about the prevention of teen pregnancies, sexually transmitted infections and HIV/AIDS are you aware of? • Could you state specific programmes or schemes you are aware that use the methods above? <p>Questions to explore content:</p> <ul style="list-style-type: none"> ▪ What do you think were the key messages given in these various programmes [interviewer explores the persons understanding and interpretation of these messages in some depth]? ▪ Did you disagree with any of the messages given? ▪ Did you find it difficult to understand or make sense of any of the messages? ▪ Did you think the messages were relevant and appropriate for you? <p>Questions to explore materials:</p> <ul style="list-style-type: none"> ▪ These programmes tend to use different types of materials – such as drama, comic strips, talks, discussions, role plays, TV programmes, adverts and so on – what types of materials appeal to you the most or the least? ▪ Did you use any of the materials [explore]? ▪ Did you find it difficult to understand any of the materials [explore]? ▪ Did you think the materials were relevant and appropriate for you [explore]? <p>Questions to explore communication style:</p>

	<ul style="list-style-type: none"> ▪ How did you feel about the way in which the message was given? ▪ Which of the following words best describe the way you feel about the way in which the message was given [provide a list of possible options]? E.g. Boring, Judgemental, Exciting, Stimulating, Respectful, Intimidating, One-way, Authoritarian, Empowering, Challenging, Too adult, Insulting, Cool, etc. <p>Questions to explore the impact:</p> <ul style="list-style-type: none"> ▪ Have you changed your behaviour in any way as a result of these programmes? ▪ What behaviour have you changed as a result of these programmes? ▪ Have any of your friends changed as a result of these programmes? ▪ Do you think teenagers like yourself change their behaviour because of these programmes? ▪ Do people change in other ways?
CLOSING	<ul style="list-style-type: none"> • Additional comments • Next steps after the interview • Verbal appreciation