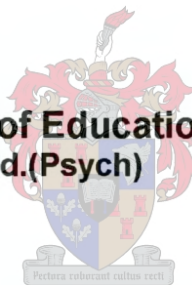# SEXUAL ATTITUDES AND BEHAVIOURAL PATTERNS OF ADOLESCENTS IN AN URBAN AREA IN THE WESTERN CAPE

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DECLARATION

I, the undersigned, hereby declare that this study project is my own original work, and that I have not previously in its entirety or in part submitted it at any other university in order to obtain a degree.

SUMMARY

Internationally there is concern about the reproductive health of adolescents. In South Africa a growing concern is the rampant sexual activity of underage learners. This study seeks to explore the knowledge, attitudes and behaviours of a group of adolescents with regard to their psycho-sexual development. A qualitative study was conducted, with data being collected by using semi-structured interviews, which were subsequently analysed thematically. The data was analysed and five themes emerged from the three categories (knowledge, attitudes and behaviour). The five themes that emerged were knowledge about HIV/AIDS and venereal diseases, where participants received their knowledge about sexual issues, knowledge about conception and pregnancy, attitudes about sexuality and sexual behaviours. The study found a disparity between participants' knowledge, attitudes and sexual behaviour. Many participants have not developed a healthy sexual identity because of many factors that has contributed to this development. Some of these factors were social, parental, emotional, socio-economic, lack of appropriate knowledge, media and attitudinal influences.

The findings indicated that the majority of the participants had a fairly good knowledge about HIV/AIDS but were less knowledgeable about other venereal diseases. It appeared that many of the participants did not have reliable sources to furnish them adequate answers to sexuality questions. This lack of information had a direct bearing on the formation of their sexual attitudes and behaviours. There was a marked difference between the sexual practices reported by the male and female participants. More of the male participants reported that they engaged in sexual activity as compared to the female participants. The study also highlighted the interrelatedness between knowledge, attitudes and behaviour.

OPSOMMING

Internasionaal bestaan daar groot kommer aangaande die reproduktiewe gesondheid van adolessente. In Suid Afrika is die toenemende seksuele aktiwiteit van minderjarige leerders 'n toenemende bron van kommer. Hierdie studie het ten doel om die kennis, houdings en gedrag van 'n groep adolessente ten opsigte van hulle psigo-seksuele ontwikkeling te eksploreer. 'n Kwalitatiewe studie is uitgevoer. Data is ingesamel deur middel van semi-gestruktureerde onderhoude, wat tematies geanaliseer is. Vyf temas vanuit drie kategorieë (kennis, houdings en gedrag) het na vore gekom. Die vyf temas sluit in kennis aangaande HIV/VIGS en veneriese siektes, waar adolessente hulle kennis aangaande seksuele sake ontvang het, kennis aangaande konsepsie en swangerskap, houdings aangaande seksualiteit en seksuele gedragsvorme. Die studie het 'n dispariteit gevind tussen deelnemers se kennis, houdings en seksuele gedrag. Baie van die deelnemers het nie seksuele identiteit ontwikkel nie, as gevolg van verskeie faktore wat hierdie ontwikkeling beïnvloed het. Sosiale, ouerlike, emosionele en sosio-ekonomiese veranderlikes, onkunde, sowel as die invloed van die media, is faktore wat bydra tot die swak ontwikkelde seksuele identiteit van deelnemers.

Die bevindinge het aangetoon dat die oorgrote meerderheid van die respondente 'n redelik goeie kennis aangaande HIV/VIGS het, maar nie so goed ingelig is aangaande veneriese siektes nie. Dit wil voorkom asof 'n aansienlike hoeveelheid van die deelnemers nie oor betroubare bronne beskik om hulle van die nodige antwoorde op seksuele vrae te voorsien nie. Hierdie gebrek aan informasie het 'n direkte invloed op die vorming van hul houdings aangaande seksualiteit en hul seksuele gedrag. 'n Betekenisvolle verskil is tussen die seksuele praktyke van manlike en vroulike deelnemers gevind. Meer manlike deelnemers was betrokke in seksuele bedrywighede in vergelyking met vroulike deelnemers. Die onderlinge verwantskap tussen kennis, houdings en gedrag is ook deur die studie na vore gebring.

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CHAPTER 1

M0TIVATION FOR AND RELEVANCE OF STUDY

1.1 INTRODUCTION

Internationally there is concern about the reproductive health of adults and adolescents. This concern developed for many reasons, including the increasing number of adults and adolescents becoming infected with Human Immunodeficiency Virus (HIV), adolescents presenting with other sexually transmitted diseases (STD's) and adolescents falling pregnant.

The South African minister of education, Kader Asmal, has instructed his department to urgently implement sexual education in schools, technikons and universities. "There must be a high sense of urgency, particularly because we know the most vulnerable group are the 15 to 25 year olds" (Michaels, 2002:1). He further postulated that the sexual education programme would focus on sexual habits especially in the light of rampant underage sexual activity in schools. Joanne Sampson, the director of Build a Better Society (BABS), an organisation based in the Athlone region in Cape Town, noted that teenage pregnancies were on the increase and that teenagers needed to be educated about sexuality (Erfort, 2002:1).

In order to address the ever-increasing rate at which adolescents are contracting the HIV virus, STD's and the high number of teenage pregnancies, health organisations around the world advocate preventative programmes, with the adolescent population as a key target group. Research has shown, however, that the preventative programmes focusing on adolescent sexuality have not been effective in teaching adolescents to manage their sexuality responsibly (Kirby, 1992:286). The First Aids Kit and the AIDS and Lifestyle Education Programme for teenagers developed by the South African Department of National Health and

Population Development in 1992, had positive effects on students' awareness of and knowledge of AIDS and their attitudes towards people who have AIDS. The effects on knowledge and attitudes were, however, not accompanied by significant changes in behavioural intention (Visser, 1996: 103-113).

During adolescence a large number of factors may influence the initiation of sexual activity. One factor is adolescents' ability to cope with their changing body size and shape (Hetherington, Lerner & Perlmutter, and Lerner & Lerner in Pillai & Barton: 1999: 382). "In particular, females have to develop interpersonal skills (especially assertiveness) that will allow them to avoid unwanted sexual involvement" (Schinke & Gilchrist in Pillai & Barton, 1999: 382).

In South African literature various contributing factors to the problem have been identified. These include reproductive ignorance, early menarche, risk-taking behaviour, psychological problems like poor self concept, peer pressure, dysfunctional family system, inadequate family planning service, poor socio-economic status and the breakdown of cultural traditions (Macleod, 1999b: 8-14).

From the above it is clear that adolescent sexual and reproductive health issues need urgent attention due to high rates of teenage pregnancy, STD's and HIV infection. Despite the implementation of many preventative programmes, South African adolescents still remain at risk of contracting the HIV virus, STD's and falling pregnant. In order to address these risks, it is suggested that efforts will be more successful if preventative programmes take greater account of the factors related to the socio-cultural and dyadic context of sexual behaviour. Given that HIV transmission in South Africa is overwhelmingly taking place in heterosexual sexual interactions, a greater understanding of heterosexual sexual contexts are needed. Risk reduction programmes that merely provide information without paying attention to the orientation and social context of the individual will perhaps not be enough to result in changes in sexual behaviour (Joffee, Kelley, Kalichman, Lachman, Langer & Warheit in Bremridge, 2000: 4).

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The theoretical part of the study proposes to examine the importance of the development of sexual identity in adolescence. In opposition to parental, adult, and more general societal desires to regulate adolescent sexuality are the developmental experiences of adolescents that result in this period of life being particularly important in the formation of a sexual identity and the sense of self (Katchadourian in Jessor, 1998: 276). Adolescents' sexual behaviours are related to their sexual identity. The two concepts, adolescent *sexual behaviour* and *sexual identity* should be examined together when studying adolescent risky sexual behaviour.

The goal of this study was to get an understanding of adolescents' sexuality in a specific school community. This particular school community has referred many pupils who indulge in risky sexual behaviour to the local school clinic for counselling.

1.2 STATEMENT OF THE PROBLEM

The research problem can be stated in the form of the following question: Do adolescents have adequate knowledge and appropriate attitudes, and do they show responsible behaviour patterns, that are needed for developing a healthy sexuality?

1.3 OBJECTIVE

The objective of this study is to explore the knowledge, attitudes and behaviours of a group of adolescents with regard to their sexuality.

1.4 RESEARCH METHODOLOGY (explained in detail in Chapter 3)

1.4.1 Research design

This research study will be approached from a qualitative perspective. A primary advantage of qualitative methodology in terms of description is its ability to richly depict the views and experiences of participants, and to identify complex behavioural or social patterns. Gale (1993: 81) describes qualitative research as "interpretive inquiries regarding meaning making". According to Mertens (1998: 159) a qualitative approach enables the researcher to elicit a reasonable degree of connotatively rich meaning.

For this study a qualitative approach is preferred. This approach does not only entail the gathering and collation of data, it focuses on the examination of the context and integrity of the research material (Merriam, 1998a: 7; Mertens, 1998: 160). A major claim in qualitative research is that it seeks to understand or explicate the world events from the perspective of the participants, thus focusing on the subjects' constructions of meanings of reality or subjective knowing. Merriam (1998a: 6) underscores this point by stating that the key concern is to understand the participants' views on the subject being investigated and not the views of the researcher. In this way a greater depth and breadth of understanding may be achieved.

1.4.2 Procedure

Permission from the Western Cape Education Department (WCED) will be obtained to conduct the study at a secondary school in Athlone. Permission from the school principal will be obtained to conduct the interviews with the learners at the Athlone School Clinic. Individual semi-structured interviews will be conducted with 20 adolescents (10 males and 10 females).

The researcher will conduct the interviews by using the semi-structured interview format. Huysamen (1988: 45) suggests that this type of interview may be considered when the topics are of a very sensitive nature. The researcher will explain the nature of the research to the participants and emphasize that their

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participation is voluntary. An arrangement will be made with the school in terms of setting up suitable dates and times to do the interviews at the Athlone School Clinic. This venue was chosen because it would provide an environment conducive for conducting of the interviews, unlike the particular school's setting. Participants will be transported from their school to the researcher's office so as to provide a private and confidential environment for the interview. Individual interviews will be audio-taped and later transcribed with permission from the participants.

1.4.3 Participants

The grade 11 class from a school in the Athlone area of Cape Town was identified as the target population for this study. From this population a sample will be selected by means of using the stratified random sampling method. This will ensure gender representation so that there is the possibility of comparing the study's results in terms of gender if necessary. The sample size will be 20, and will consist of 10 males and 10 females.

1.5 DEFINING KEY CONCEPTS

1.5.1 Sexual attitudes

An *attitude* can be defined as a mental state of readiness that has a direct or indirect influence on a person's actions in relation to all objects and situations confronting him or her (Van den Aardweg & Van den Aardweg in Gouws, Kruger & Burger, 2000: 126). English and English (in Gouws *et al.*, 2000: 126-127) contend that "it is a permanent, acquired predisposition to react consistently towards a given class of objects". Attitudes therefore play a huge role in the choices adolescents make. *Sexual attitudes* are those attitudes adolescents have, about sex and sexuality. Some examples of sexual attitudes would be attitudes about premarital sex and having sexual intercourse with multiple partners.

Sexual attitudes reflect the social context in which adolescents live (Kimmel & Weiner, 1995: 344). Changes during adolescence are inherently defined by an individual's social context and by the roles and expectations for behaviour based on an individual's identification in a social group. Some of the important factors that shape to a large degree the adolescents' sexual attitudes are parents, the media, peer groups and educators. Parents and the people closest to the adolescents will have a major influence on their attitudes towards sex and sexuality.

1.5.2 Sexual behaviours

The researcher sees *sexual behaviour* as only one aspect of human sexuality. Sexual behaviour is based on human biological potential and it needs certain internal and external body parts, but sexual behaviour can only be fully understood if an understanding is gained of the complex rules by which different cultures regulate sexual behaviour (Caplan, Foucault, Unger & Crawford in Lesch, 2000: 53). Adolescents' sexual behaviour includes masturbation, as well as sexual activities associated with intimate sexual relationships with a partner.

1.5.3 Sexual identity

Sexual identity is but one of the many identities adolescents must develop and it does not occur in isolation to their overall identity development. Some of the other identities adolescents develop are cultural, career and social identities. Adolescent sexual identity develops as sexual exploration takes place. This may include kissing, dating, intercourse or just fantasizing about a relationship. Adolescents are required to master emerging sexual feelings and form a sense of themselves as a sexual being. *Sexual identity* can be described as the mastering of emerging sexual feelings and adolescents forming a sense of themselves as sexual beings. This development includes a multifaceted set of tasks. Some of these tasks involve: learning to manage one's feelings of sexual arousal, developing new forms of intimacy and autonomy, experiencing

interpersonal relationships with others that may include both physical and emotional intimacy and developing the skills to control the consequences of one's sexual behaviour.

"Sexual identity involves more than sexual behaviour, it also includes the integration of behaviours into the construction of the concept one has of oneself" (Brooks-Gunn & Paikoff in Jessor, 1998: 277).

1.5.4 Adolescence

The Dictionary of Psychology (Corsini, 1999: 21) defines *adolescence* as a period of life beginning with puberty and ending with the completed growth and physical maturity. In humans this period usually is from ages 12 to 21 in females and 13 to 22 in males. This period is marked by major changes in sexual characteristics, body image, sexual interest, career development, intellectual development and self-concept.

A more detailed description of the concept adolescence will be given in Chapter 2.

1.6 STRUCTURE OF PRESENTATION

Chapter 2 deals with a literature review which will focus on the developmental domains of adolescence, sexual identity development and risk-taking behaviour.

Chapter 3 will focus on the empirical study which include data production and data analysis.

Chapter 4 will include a summary of findings, conclusions, implications and recommendations.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter the concept of adolescence will be defined firstly. Secondly the developmental domains that adolescents experience, will be explored. These domains include the physical, social, cognitive, emotional, psycho-sexual, moral and religious development of adolescents. The adolescent experiences these domains in a dynamic integrated manner and their complementary influences help to mould the identity and personality of the adolescent. For the purpose of highlighting the importance of each domain, the domains will be discussed as separate aspects of adolescent development, with specific focus on psycho-sexual development and the formation of a sexual identity. Different schools of thought on sexual identity development as well as the factors involved in the development of adolescent sexual identity and their impact on risk taking behaviour will also be discussed.

2.2 THE CONCEPT ADOLESCENCE

The word *adolescence* comes from the Latin word *adolescere* meaning "to grow up or to grow into maturity" (Muuss, 1982: 4). It refers to a developmental phase in the human life cycle that is situated between childhood and adulthood. The term *adolescence* generally refers to the period of life between childhood and adulthood, roughly corresponding to the teenage years. The meaning of adolescence and the ages at which it begins and ends differ from culture to culture and from one historical period to another. Ackermann (2001: 104-105) defines adolescence in terms of a developmental approach, describing this period as a process of exploration and decision-making regarding individual matters such as future goals, religion, politics, moral values, and sexual development. He describes this period of growth as "a process of movement from relative dependence to relative independence and autonomy". Ackermann

states that internal levels of psycho-social maturity mainly influence the beginning and ending of adolescence. It is therefore a crucial developmental process of transition that differs in length for each individual.

Adolescence is generally considered to begin around the onset of puberty and ends sometime around the age of twenty-five years. In terms of chronological age, three phases of adolescence can be distinguished, namely, early adolescence (12-15 years), middle adolescence (15-18 years) and late adolescence (18-22/25 years). In this approach gender differences are normally taken into account, mainly because puberty in females occurs about two years earlier as compared to males. The participants used in this study fall in the phase of middle adolescence.

Some developmental tasks of adolescence include coping with physical changes and emerging sexuality, developing interpersonal skills for opposite sex relationships, acquiring education and training for adult work roles, becoming emotionally and behaviourally autonomous, resolving identity issues and acquiring a set of values for successful functioning in adulthood (Crockett & Crouter, 1995: 1).

2.3 PHYSICAL DEVELOPMENT

In terms of physical development adolescence is marked by the onset of puberty. This is a period of rapid growth and sexual maturation. It takes place over an average period of 4 years and varies in duration from 2 to 6 years (Jaffe, 1998: 75). Puberty could begin at about age 9 or 10 for girls and about 11 for boys (Jaffe, 1998: 75). The beginning of puberty is also influenced by biological and psycho-social factors. Growth and maturation are adversely affected by extreme environmental conditions such as malnutrition, chronic stress, neglect and abuse (Jaffe, 1998: 75). During puberty adolescents become aware of their sexuality and develop their identity as sexual beings. An important task for adolescents will be to satisfy their sexual needs in a socially acceptable way so that it contributes

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to the development of their identity. Rapid increases in height and weight are some of the physical changes that occur during puberty. These changes lead to the completion of physical sexual development or reproductive maturity (Seifert & Hoffnung, 1997: 444).

In females, the beginning of menstruation signals the completion of *reproductive maturity*. In males, it is heralded by the ejaculation of mobile sperm. It is a popular notion that hormonal changes are responsible for emotional changes of puberty, as well as for the physical changes. However hormones are not the only factors responsible for the emotional and physical changes. Some of the other factors responsible for these changes are social and environmental influences. Gouws, Kruger, and Burger (2000: 5) mention that physical development concerns the growth of the body, changes in proportions between different parts of the body, and changes in the internal structure and functioning of the body. These changes occur as a result of the complex influences of hormones. Adolescents observe themselves with alternating feelings of fascination, charm, and dislike as the biological changes occur. These body changes include the growth and development of sexual organs as well as continuous changes to the body shape and size (Frydenberg, 1997: 9). Bodily hormonal changes affect self-image, which in turn influences a host of psychological variables. All these hormonal shifts are life-long, but they are more erratic and powerful, and less familiar and controllable in puberty (Berger, 2000: 444). However, during puberty, hormones have their greatest emotional impact by causing visible signs such as the growth of breasts in females or the growth of beards in males. It is these signs and reactions they produce in other people, that cause most adolescent emotional reactions and counter reactions (Berger, 2000: 441).

An important developmental task during adolescence is the acceptance of a changed physical appearance. The age at which adolescents reach physical maturity affects their psychological development, especially when they reach physical maturity either much earlier or much later than the average expected

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age (Coleman in Louw, Van Ede & Louw, 1998: 393). The effect of early or late maturation on the adolescent is related to two main factors, namely physical attractiveness and the norms of the peer group.

Physical attractiveness: Physical attractiveness is influenced by cultural perceptions. The norms of a particular society determine what is considered attractive. In most cultures, physical attractiveness in males is associated with height, broad shoulders and a muscular body. In some Western cultures, attractiveness in females is associated with a slender body (Louw *et al.*, 1998: 383), although this may not be the case in other cultures, such as traditional African cultures specifically.

The norms of the peer group: Adolescents' body image is linked to their self-esteem and their experience of how other people perceive them. Many adolescents value how their peers perceive them. Also the extent to which they measure up to the peers' norms of physical appearance become particularly important to them (Louw *et al.*, 1998: 383).

The extent in which high levels of development is achieved in relation to this domain influences the sexual identity development of the adolescent.

2.4 COGNITIVE DEVELOPMENT

The cognitive development perspective stresses sequential cognitive changes in how adolescents come to know and understand the world around them. The adolescent thinks more in a comprehensive way and develops more advanced abilities in order to analyse and reason logically about concrete as well as abstract concepts.

In Piaget's developmental theory, the highest level of reasoning that can be attained is the formal operational level. This level of thought is usually achieved between the ages of 12-15 years and is characterized by abilities such as

abstract thinking, hypothetical deductive reasoning, reasoning from the possible to the real, scientific thinking, reflective abstraction, interpropositional reasoning and combinatorial thinking (Helder & Piaget in Louw *et al.,* 1998: 412). Piaget stressed that not all individuals reach the stage of formal operations. A study done by Kohlberg and Gilligan supported Piaget's view that not all individuals reach the formal operational stage of cognitive development (Louw *et al.,* 1998: 413).

Adolescents' cognitive development is a complex domain that encompasses aspects such as the formal operational phase, intelligence, developing of thinking skills and creativity. Adolescents' cognitive ability is closely linked to their sensory perception, their communication with other people and their general ability to process information (Gouws *et al.,* 2000: 5).

Adolescent egocentrism may be an important influencing factor in their behaviours and relationships. Elkind refers to adolescent egocentrism mainly as heightened self-consciousness. Many studies have identified egocentric thinking patterns in adolescent behaviour and relationships (Adams & Jones in Jaffe, 1998: 136). Elkind described two forms of egocentrism: the *imaginary audience* and the *personal fable*. Adolescents construct in their minds an *imaginary audience* and react to this "audience" according to what they think the audience is thinking of them. Elkind describes *personal fables* during adolescence as the belief of adolescents in their own uniqueness and feelings of invulnerability. The *personal fable* specifically refers to an overly dramatic fantasy that adolescents create about their lives and the accompanying belief that they have a special destiny (Jafffe, 1998: 137). If adolescents cannot differentiate their feelings and experiences from reality they could indulge in high-risk behaviours because they feel invulnerable. Under such circumstances sexual risk-taking behaviour is promoted in the belief that the exceptional nature of their relationships will magically protect them from the bad consequences other couples experience, such as having to deal with unplanned pregnancies or being infected by sexually

transmitted diseases. Since their thinking patterns influence adolescents' behaviours, their tendency to engage in risky sexual behaviours is also influenced by their thinking patterns.

2.5 EMOTIONAL DEVELOPMENT

Adolescents do experience certain emotional changes because of their physical, cognitive, personality and social development. Many adolescents are inclined to experience less positive and more negative emotions than younger children (Richards & Larson in Louw *et al.,* 1998: 434). Emotionally, adolescents tend to be less stable because a great deal is happening in this transition between childhood and adulthood.

It was found in adolescent girls that they experience an increase of feelings of anger and depression (Louw *et al.,* 1998: 434). Adolescent boys experienced ambiguous emotions. On the one hand they felt more energetic and focused, but on the other hand also more irritated and aggressive (Louw *et al.,* 1998: 434). Steinberg and Lennie (in Burger, 2000: 12) list the following expressions of heightened vulnerability that are prevalent amongst adolescents:

- *Moodiness*: Adolescents may be ecstatic one moment, despondent the next. The intensity of their emotions seems totally out of proportion to the events that inspire them.

- *Sulking*: Adolescents do not have much experience talking about feelings. They may feel down but not know why, not able to verbalize their feelings, or not wanting to do so; or they may attribute all of the discomfort they are experiencing to a particular comment or event and not be able to think about anything else.

- *Privacy*: Being on stage all the time is tiring, even if the audience is imaginary. Closing the door to their room allows teens to relax. Alone, they can indulge in heroic fantasies, without being observed or they can surround themselves with the old, familiar possessions of childhood without letting others know they are not as grownup as they pretend to be.

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- *Short tempers*: With little or no provocation, adolescents may blow up at their parents and siblings. Frustration and anxiousness are thus displaced onto others as defense mechanism.

The fact that adolescents tend to focus on themselves could also contribute to the fact that they are more inclined to experience feelings of anxiety, guilt, shame and embarrassment. On the other hand, because of their ability to think in a more abstract and complex way, they are more inclined to show insight into their own and other people's feelings.

Adolescents' emotional experiences are a complex interaction of pubertal and societal influences (Louw *et al.,* 1998: 434). As young people approach adolescence, their gradual drift away from their parents encourages them to seek peers with whom to share their innermost thoughts. Intimacy involves the giving and receiving of emotional support. Erikson believes that adolescence is a time for discovering, modeling and reshaping the self. Once this has been achieved can intimacy occur (Gullotta, Adams & Markstrom, 2000: 139). During adolescence emotional closeness becomes coupled with physical sexual drives. A conflict often arises between earlier parental and societal teachings about the standards for sexual intimacy (touching, fondling and body contact) and the young person's desire for contact (Gullotta *et al.*, 2000: 139).

Adolescence may therefore be a phase in human development that is marked by a multitude of emotional experiences as the individual discovers his/her identity.

2.6 SOCIAL DEVELOPMENT

Social development is crucial during adolescence because all the other developmental domains of adolescence occur within a social context. The nature of this social context could either promote or hamper adolescent development. During adolescence factors such as family, peers, community, socio-economic status and culture are present in the social context. The researcher shall briefly

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explore the impact that the family and peer group has on adolescents' social development.

2.6.1 Peer Influence

Many adolescents become increasingly less dependent on their families as they build social relationships with their peers. To some extent, the peer group takes the place of the family. An increasing interest in and involvement therefore characterize adolescents' social development with the peer group (Louw *et al.*, 1998: 449). A major social need for adolescents is acceptance by their peers. When acceptance is absent or sought some adolescents may turn to risky behaviour which may include aggressive behaviour, drugs, alcohol and sexual activity. Pressure to conform to peer values can be overwhelming to some adolescents. Excessive conformity could result in adolescents' involvement in high-risk behaviour such as early sexual activity. Peer group pressure is not the only reason for such high-risk behaviour. It could also be an interaction of personality characteristics, family background, culture and socio-economic status amongst other factors. Research on glue-sniffing among South African street children suggests that these children come from poverty-stricken and disorganized families (Louw *et al.*, 1998: 453). Many of them have been excluded from family life and seek solace and acceptance from other street children.

The peer group may also play an important role in moulding the adolescent's self-esteem outside the primary family unit. Close friendships can counteract loneliness and isolation and can help towards the development of the adolescents' self-concept (Kimmel & Weiner, 1995: 282). As they experience physical changes many adolescents also begin to experience sexual feelings. Some adolescents wonder about what it would be like to have an intimate relationship. This is probably a very topical conversation among adolescents. These conversations could direct adolescents' intimate interactions with the opposite sex (Burger, 2000: 10).

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2.6.2 Family Influence

Terms such as "breaking away'" are often used to describe the changes in the relationship between parents and their adolescents. For many adolescents there is no real break in their relationship with their parents, but rather a gradual movement towards more autonomy and independence (Noller & Callan, 1991: 5). If this does not occur and adolescents' families are highly critical and rejecting, then adolescents are likely to adopt a negative identity (Noller & Callan, 1991: 18). Families that do not foster emotional connectedness may generate feelings of social and emotional isolation, feelings which may be compensated by adolescents engaging in irresponsible sexual behaviour.

Adolescents seem to be better adjusted when the family is seen as cohesive, expressive and organized. This generally leads to the encouragement of independence (Noller & Callan, 1991: 19). If families are in conflict and very controlling, adolescents can become less well adjusted and may adopt a negative identity. This negative identity could push adolescents towards irresponsible sexual interaction. Adolescents who cannot engage through open meaningful communication with parents or family members may seek the advice of their peer groups whom they consider to be more knowledgeable. The information adolescents receive from their peer group could promote or discourage premature sexual activity.

Social development therefore plays a crucial role in the development of the adolescent, with the peer group and the family being especially influential.

2.7 MORAL DEVELOPMENTAL

Moral development is based on the customs, manners or patterns of behaviour that conform to the standard of the group (Hurlock in Gouws *et al.,* 2000: 101). It is a reflection of the way in which people learn to distinguish between right and wrong. Children grow up from infancy with these norms, some of which are formalised by parents and others through traditions. Adolescents become familiar

with these norms through education and should gain moral independence and responsibility (Gouws *et al.*, 2000: 101).

Kohlberg concluded that moral development is closely linked to cognitive development. He postulated that one's moral judgement and actions pass through a series of stages in unchanging sequence, but a person can be partly in one phase and partly in another at the same time (Gouws *et al.*, 2000: 104). Age in itself cannot cause a change in moral judgement, rather a change in age is accompanied by a change in cognitive, affective, social and other kinds of development that affect moral development (Jaffe, 1998: 152).

The values of society are undergoing constant change under the influence of historical, political and social change. An array of value systems with very few guidelines to help them decide which of these to accept and which to reject confront adolescents.

Adolescents are also confronted daily with political, religious, social, educational, economical, cultural and security problems that constitute moral dilemmas (Balk, 1995: 185). When adolescents face these moral dilemmas they perceive the world as no longer having absolute answers. Facing issues of conformity, double standards, and independence, the adolescent must also face sexuality as another growing dilemma (Gullotta *et al.,* 2000: 140).

Changing sexual attitudes and behaviour are evident in the media and are portrayed with greater candour encouraging permissiveness in premarital and extramarital sex (Gouws *et al.,* 2000: 110). Adolescents who are not well grounded with their own morals and values may be attracted to a "new morality" that is on offer.

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Therefore the morals and value system that the adolescent subscribes to, may influence the adolescent's attitudes and behaviours, including sexual attitudes and behaviours.

2.8 RELIGIOUS DEVELOPMENT

Religion concerns the individual's conclusions about the most elemental issues of human life and people's relationship with a supernatural being (Rodgers in Gouws *et al.*, 2000: 116).

Cognitively adolescents begin to develop a capacity for abstract reasoning. This allows them to move from a concrete level of intellectual activity to a level at which spiritual matters are understood (Gouws *et al.*, 2000: 116). During adolescence, cognitive development also affects both specific religious beliefs and overall religious orientation (Seifert & Hoffnung, 1997: 487).

Some adolescents begin to question religious convictions. They become disillusioned by their parents' inconsistencies in practicing their religion. This disillusionment with religion may have the following consequences: adolescents could experience a renewal of their faith, they may reject religion in its entirety or they may seek alternatives to their current religion. If adolescents embrace religion it can provide an answer to many of the moral issues confronted by them (Vrey in Gouws *et al.*, 2000: 118). Religion offers a moral and value system in which adolescents can attempt to model their lifestyles on. Many adolescents who reject religion and its teachings could be consumed by the constant exposure to sexually explicit material found on television, films and songs. The pressures exerted on these adolescents might evoke inappropriate sexual desires in them (Noller & Callan, 1991: 8).

Research indicates that adolescents, who have religion as an important part of their lives, tend to engage in sexual risk-taking behaviours to a lesser extent.

2.9   PSYCHO-SEXUAL DEVELOPMENT

2.9.1 Introduction

Many adolescents experience an identity crisis because their identities are not yet fully developed. These adolescents are still uncertain of who they are because they are still in an experimental phase in establishing their identity. The establishment of a personal identity is, therefore, a prerequisite for a mature adult sexual relationship, which is characterised by emotional intimacy, and by caring and respect for other people (Louw *et al.*, 1998: 485). Some adolescents have developed physically like an adult but are not ready psychologically for the consequences of a sexual relationship. These consequences could be taking on the role of becoming a parent or competing equally with an adult in the job market. Psycho-sexual developmental during adolescence includes decisions regarding sexual activity, the partner relationship, and the use of condoms for the sexually active (Rosenthal, Lewis and Cohen, 1996: 731). Since adolescent identity development is such an important factor in adolescent psycho-sexual development, this concept will be briefly explored in the following section.

2.9.2   Adolescent identity development

According to Erikson (in Papalia *et al.*, 2001: 447) *identity* refers to a sense of being at one with oneself as one grows and develops. According to Erikson, the chief task of adolescence is to confront the crisis of identity versus identity confusion – so as to become a unique adult with a coherent sense of self and a valued role in society. Identity formation is a lifelong and largely an unconscious process (Gouws *et al.*, 2000: 90). The adolescent has to establish a sense of personal identity and avoid the dangers of role diffusion and identity diffusion. This requires effort in evaluating personal assets and liabilities and in learning how to use these to achieve a clearer concept of who one wants to become (Erikson in Gouws *et al.*, 2000: 90).

Erikson purports that adolescents form their identity not by modeling themselves after people, as younger children do, but by modifying and synthesizing earlier

identifications into a "new psychological structure, greater than the sum of its parts" (Kroger in Papalia *et al.,* 2001: 447). For adolescents to form an identity they must organise their abilities, needs, interests, and desires so that they can express it in a social context. The cultural and the social environment greatly influence adolescent identity development. Some adolescents develop a false sense of who they are and try to emulate the behaviours of other individuals (Güneri, Sümer & Yildirim, 1999: 535).

For adolescents to form a mature sense of identity they have to go through a period of exploration, some ordered sequence of different roles and identities. Adolescents who have failed to consider seriously the matter of their own future are said to be in a vague state of *identity diffusion.* Adolescents who are committed to a specific future course and who have adopted values and goals without exploring different options are regarded as having *foreclosed* on their identity choices. Adolescents who are undecided or in a crisis and cannot make any commitments could remain in the *moratorium status.* Finally, having passed through such crises and having made one or more important life commitments elevates one to the status of *identity achievement* (Boyes & Chandler, 1992: 277).

2.9.3 The formation of a sexual identity

Identity development in adolescence includes the formation of a sexual identity. Adolescent sexual identity develops as sexual exploration takes place. This may include kissing, dating, intercourse or just fantasizing about a relationship as well as talking or reading about sexual matters. Adolescents are required to master emerging sexual feelings and form a sense of themselves as a sexual being. Many developmental tasks are to be mastered by adolescents to develop a sexual identity. These tasks include the following:

- Learning to manage feelings of sexual arousal.
- Developing new forms of intimacy.

- Experiencing interpersonal relationships with others that may include physical and emotional intimacy.
- Developing skills to control the consequences of sexual behaviour.
- The integration of behaviours into the construction of the concept one has of oneself (Brookes-Gunn in Jessor, 1998: 276-277).

Research often tends to focus on sexual intercourse and the risks of pregnancy rather than consider the broader pattern of interrelated changes involved. During adolescence, the expression of sexual urges interacts closely with the need to establish a secure sexual identity. This should be established reasonably free from anxiety and helps to fulfill the need for intimacy through close, collaborative relationships with others. Adolescents intensely and passionately engage in establishing intimate relationships independent of their families, developing social skills, experimenting with new social roles, and establishing a unique personal identity (Seifert & Hoffnung, 1997: 526).

Adult sexual desires begin to become apparent during adolescence. Although adolescents are sexually mature in the biological sense they are not emotionally mature for sexual intercourse. The act of sexual intercourse by adolescents is not yet socially acceptable (Hook, Watts & Cockcroft, 2002: 67). Adolescents seek other means of gratification like masturbation and sexual fantasy. "Sexual fantasies about real or imaginary situations often accompany masturbation. Many adolescents of all ages report having sexual fantasies throughout their working hour" (Seifert & Hoffnung, 1997: 526). Males and females have reported that they most commonly fantasize about petting or having intercourse with someone they are in love with (Miller & Simon in Seifert & Hoffnung, 1997: 526). The second most common fantasy reported by males is having sex with an anonymous person whilst females imagined having intimate but non-sexual activities with a person that they are fond of or in love with (Seifert & Hoffnung, 1997: 526). Sexually experienced adolescents tend to masturbate more than those who were

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less experienced, but boys tend to stop masturbating when they are involved in an ongoing sexual relationship (Seifert & Hoffnung, 1997: 527).

Drawing on Erik Erikson's psychosocial theory in stage 5 (identity versus role confusion) the adolescent must now face up to increasingly strong sexual urges. They must relocate themselves within a very different social matrix to the one inhabited as a child (Maier in Hook *et al.*, 2002: 279). The entire developmental span of childhood must now be left behind, and a new set of challenges must be met if the adolescent is successfully to become an adult.

Adolescents get mixed messages about their sexual development from parents, the media, the music industry and peers. These mixed messages adolescents receive could promote a false sexual development that accelerates their sexual development to that of an adult.

The changes in their sexual development are a cause of stress for adolescents because they judge themselves as inadequate compared to their peers. Peers can influence some adolescents who are ambivalent about their sexual values (Berger, 2000: 517).

Many adolescents experience several transitional relationships between when sexual feelings emerge and when a mutually supportive loving relationship develops. Kimmel and Weiner (1995: 367) postulated that these relationships are necessary experiences to aid the adolescents' development from one stage to another in the evolution of intimate sexual relationships.

The formation of character also involves establishment of a sexual identity, a sense of masculinity or femininity with irreversible boundaries (Kroger, 1996: 59). Blos (in Kroger, 1996: 59) views adolescence as a necessary regressive return for completion of the phallic stage in order to establish an ultimate sexual identity.

In conclusion there must be a match between adolescents physical and psychological development. If this does not occur, it might stifle their identity development.

2.9.4 Different views on sexual identity development

The following views on sexual identity development will be discussed, namely, Freud's psychosexual stages of development, Erikson's psychosocial stages of development and Marcia's model of identity status. I feel it is very valuable to examine these perspectives because it gives one a theoretical underpinning of adolescence, and of adolescent sexuality in particular.

2.9.4.1 Freud's psycho-sexual stages of development

Sigmund Freud believed that personality is formed in the first few years of life, as children deal with unconscious conflicts between their biological urges and the requirements of society. He proposed that these conflicts occur in an unvarying sequence of maturationally based stages of psycho-sexual development, in which gratification shifts from one body zone to another. At each stage, the behaviour that is the chief source of gratification changes from feeding to elimination and eventually to sexual activity (Papalia *et al.*, 2001: 29).

Freud established that the infant is a sexual being that receives sexual pleasure through the stimulation of its various erogenous zones. He further postulated that each erogenous zone might be pleasurably stimulated from the beginning of life. He further states that the different and important socializing challenges are tied to each of the zones (Hook *et al.*, 2002: 62). The outcome of a child's failure to adequately resolve and move on from a specific developmental challenge during the psychosexual stage could lead to the development of certain personality dispositions. Psychological problems and personality traits may result from fixations at certain stages of psychosexual development. Fixation might also occur because a child was frustrated in having the psycho-sexual needs of the

stage adequately satisfied. In such a case, neither the biological needs nor the emotional needs of the child have been adequately restored.

♦ **The oral stage (birth to eighteen months)**

The oral stage is the first stage by virtue of the fact that feeding is the primary function of the child at this stage (Hook *et al.*, 2002: 63). The mouth is the source of pleasure, through tasting, licking and sucking. Freud claims that at this stage, sexual activity has not yet been separated from the ingestion of food. Unsatisfactory resolution at this stage could lead to a manifestation of the desire for oral stimulations, such as smoking, eating, drinking, kissing, or even talking.

♦ **The anal stage (eighteen months to three years)**

The necessities of urination and washing of the genital area make it inevitable that children will notice the pleasure associated with these body parts. Freud observed that rarely do individuals not engage in non-orgasmic, pleasurable stimulation of the genitals. Up until this point of psycho-sexual development, sexual desire is largely auto-erotic, which means that sexual pleasure can, to a large extent, be achieved through sexual self-stimulation. This allows for the exploration of one's sexual self and can provide a sense of control over one's body and sexual needs (Jaffe, 1998: 332).

♦ **The phallic stage (three to five years)**

This stage is characterized by children's drive for knowledge and an awareness of sexual differences between the genders.

♦ **The latency phase (five years to puberty)**

This phase is characterized by the build-up of sexual instincts, which are expressed in socially acceptable ways. Physical exercise, the making of art, and the dedication of one's life to religion or the search of knowledge can be some of the ways it can be done (Freud in Hook *et al.*, 2002: 67). It allows children to

expand new interests, activities, and achievements that involve the school, community and peer groups (Gullotta *et al.,* 2000: 25).

♦ **The genital stage (puberty onwards)**

Freud describes the last psycho-sexual stage as the genital stage. This stage starts around puberty where sexual and aggressive urges once again come to be influential. Conflicts encountered at previous developmental stages may occur again, this time within the broader demands of culture (Hook *et al.,* 2002: 67). As latency draws to a close with the arrival of puberty, sexual and aggressive urges once again come to be influential (Hook *et al.,* 2002: 67). Many adolescents try to satisfy their sexual desires by masturbation and by sexually fantasizing about their heroes. If all the prior psychosexual stages have been properly negotiated and no strong fixations have developed, then adolescents' sexual instincts are focussed on the genital organs. The overarching sexual aim of the genital stage is for individuals to have a better control over their sexual and aggressive instincts. Adolescents have been transformed from the self-centered and pleasure-seeking infant into a well-socialized and caring adult.

To summarize, the child progresses through four stages. Across this developmental path certain issues must be resolved, like one's sexual identity, that result in the formation of defense mechanisms that will be used for life. Freud's theory views psychic growth essentially completed in the final stage of adolescence (Gullotta *et al.,* 2000: 25).

2.9.4.2 Erikson's psycho-social stages of development

Erikson proposed that during each stage of life we face distinctive developmental tasks. He described eight life stages; each defined in terms of a developmental task that he deemed crucial for that period. Erikson proposed that, because of the almost endless opportunities to explore different ways of being, adolescence is the optimal time for deconstructing one's childhood identity and reconstructing

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a viable adult identity. Erikson's epigenetic principle states that every stage in development contributes to future stages and re-frames all earlier ones.

Erikson's refers to the developmental stages as *crises*. These are not crises in the fatalistic sense, rather they are critical times in the developmental sense of challenges. The successful resolution of such challenges leads to the gaining of what Erikson calls virtues, a term which should be understood not as an evaluation of the individual, but as an indication of growing ego strength. Each developmental crisis relating to a biological maturation focus has a social dimension which crystallizes around an emotional conflict. Erikson is a theorist of affect and it is emotions in their productive and resolving capacities that make up the building blocks of human behaviour, and ultimately, individual personality (Hook, *et al.*, 2002: 268).

Stage 1: basic trust versus basic mistrust (birth to one year)

The earliest basic trust is indicated by the infants' capacity to sleep, eat, and excrete in a comfortable and relaxed way. Infants who are in a daily routine and have supportive parents have a trusting view of the world. The proper balance between trust and mistrust leads to the development of hope. Failure to develop such trust may seriously interfere with a child's sense of security and compromise their ability to successfully master the challenges of the stages that follow (Seifert & Hoffnung, 1997: 36).

Stage 2: autonomy versus shame and doubt (one year to three years)

With the development of a basic sense of trust in their caregivers, in their environment and in themselves, infants begin to realize that they can determine their own behaviour. This is the ability that leads to a sense of autonomy. A child who is consistently shamed may have difficulty developing confidence in their ability to express themselves freely and to self-regulate their thoughts, feelings and behaviours. Doubt and shame are the chief factors that threaten the development of autonomy (Hook *et al.*, 2002: 272).

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Stage 3: initiative versus guilt (three years to six years)

Having gained or achieved a sense of autonomy, children now build on their limited explorations of the previous phase by moving on to a new set of environmental conquests in widening social and spatial spheres (Maier in Hook *et al.,* 2002: 273). If a child's conflicting feelings of love and hate and conflicting impulses to be independent and dependent are ignored, belittled, or ridiculed, destructive feelings of guilt can result.

Stage 4: industry versus inferiority (six years to twelve years)

The child enters school and must come to believe in his or her ability to learn the basic intellectual and social skills. A failure to feel competent can lead to a sense of inferiority. The child who consistently fails in school is in danger of feeling alienated from society or of thoughtlessly conforming to gain acceptance from others (Jaffe, 1998: 175).

Stage 5: identity versus role confusion (twelve years to nineteen years)

This stage coincides with the physical changes of puberty and the psychosocial changes in adolescence. A successful resolution of this crisis is the development of the virtue of fidelity, the ability to sustain loyalties to certain values despite inevitable conflicts and inconsistencies (Seifert & Hoffnung, 1997: 37). Identity involves a reliable, integrated sense of who one is, based on the many different roles one plays. Role confusion refers to the failure to achieve integration of the roles. Adolescents undergo tremendous stress about many areas of identity development including the sexual, physical, intellectual, religious and career areas. Children who lack the family support and adult role models they need may fail to successfully resolve this crisis. Erikson states that the lack of resolution at this stage may be linked to behaviours of substance abusers and antisocial personalities. Erikson postulates that the roles of deviance and extreme conformity could lead to a negative identity, or an identity opposite to the one suggested by society (Hook *et al.*, 2002: 282).

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Stage 6: intimacy versus isolation (nineteen years to twenty five years)

The central objective at this stage is to share oneself with another, and to do so without the fear of losing one's own identity. The young adult must develop the ability to establish committed relationships with others and cope with the fear of losing his/her own identity and separate sense of self that such intense intimacy raises (Seifert & Hoffnung, 1997: 37).

Stage 7: generativity versus stagnation (twenty five years to fifty years)

This stage occurs during adulthood and midlife. Generativity is the feeling that one's work, family life, and other activities are both personally satisfying and socially meaningful in ways that contribute to future generations (Seifert & Hoffnung, 1997: 35).

Stage 8: Integrity versus despair (fifty years and older)

This stage occurs during later adulthood and old age. Ego integrity refers to the ability to look at one's life with a sense of dignity, optimism and wisdom. If a person's life seems to have been a series of misdirected energies and lost chances, the person is left with a sense of despair (Hook *et al.*, 2002: 288).

In summary, according to Erikson's psychosocial perspective, adolescence is associated with the development of industry, identity and intimacy. The family of the adolescent must establish the basic foundation for positive development. The broader social and cultural environments also influence this development (Jaffe, 1998: 27). Positive resolution to dilemmas adolescents encounter will result in fully functioning, capable and mature adults. Erikson provides a useful framework to explain the process of psycho-sexual maturation in terms of a developmental perspective. This corresponds with the perspective of adolescence as a path of transition from childhood to adulthood.

2.9.4.3 Marcia's model of identity status

Marcia developed a model for studying the different ways in which adolescents construct a personal identity. He identified four statuses in which adolescents may be expected to resolve the identity versus identity confusion conflict. These statuses are explained below:

♦ **Identity diffusion**

Adolescents in identity diffusion are not actively exploring or committing to adult roles and values. They may have been unsuccessful in their exploration of the past. Adolescents in this identity have no internally consistent set of values and goals and are not searching for any (Jaffe, 1998: 178). People in identity diffusion may appear to have a carefree lifestyle or may admit to being unfulfilled. A high school pupil who underachieves in his academic schoolwork and has limited prospects could be an example of identity diffusion. Identity diffusion or lack of direction can also be seen in many of the alienated adolescent offenders and drug abusers. Many adolescents in identity diffusion have strained relationships with their parents (Adams, Dyk & Bennion in Jaffe 1998: 178).

♦ **Identity foreclosure**

Adolescents in identity foreclosure have committed themselves to specific goals, values, roles, and beliefs but without weighing up any alternatives (Jaffe, 1998: 178). Exploration during adolescence is limited, since adolescents either accept the guidance of others or submit to social pressures from their parents or other significant people in their lives.

♦ **Moratorium**

Adolescents in identity moratorium consider different points of view and experiment with various adult roles but have not yet made final commitments (Jaffe, 1998: 179). They are busy exploring alternatives, but not without some anxiety. Their aim is to choose the best options available so that they can commit themselves to occupational, interpersonal and ideological goals (Jaffe,

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1998: 179). Achieving moratorium status may indicate that adolescents enjoy a good relationship with their parents (Adams in Jaffe, 1998: 179).

♦ Identity achievement

Adolescents in identity achievement are virtually more matured in every facet of their personality development compared to adolescents who may be diffused or foreclosed. They confront problems directly and normally make informed decisions after considering all their options. The commitment usually is a compromise between personal needs and social demands. Adolescents in identity achievement usually have good relationships with their parents (Adams in Jaffe, 1998: 179). These adolescents are more autonomous in decision making and are less reliant on the views of others in making their own decisions (Kroger 1997: 34).

Marcia's model could be summarized in the following manner: If adolescents can successfully 'master' the different crises by actively exploring alternatives, whilst making certain life choices on route towards identity achievement, they are then able to form stable sexual identities and sexual orientations.

2.10 FACTORS INVOLVED IN THE DEVELOPMENT OF ADOLESCENT SEXUAL IDENTITY

Risk-taking behaviour is defined in terms of the knowledge, attitudes and behaviour that influence the chances of adolescents engaging in risky sexual practices. These are in turn influenced by factors such as social, parental, emotional, socio-economic, media and attitudinal factors. A discussion of the influencing factors follows.

2.10.1 Social factors

Adolescence is a time of rapidly expanding social horizons. Many of the participants in the current study live under extremely poor socio-economic conditions. Many of the participants' sexual identity development is influenced by

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the social environment in which they live. Many of the participants are reared in dysfunctional communities and they are exposed to many negative influences such as drug and substance abuse. Many of the participants identify with the statuses afforded to drug lords and gangsters who are seen as successful and may aspire to follow in their footsteps. Many of the participants may have not been exposed to any positive role models in their communities. In many communities where they have created safe environments for adolescents they have tended not to join up with gangs. Many of the participants in the present study come from areas where gangsterism is rife.

Most adolescents prefer the companionship of peers to that of their family members. Adolescents are capable of relating to and identifying with their friends' experiences. Parker & Gottman (in Jaffe 1998: 268) relate friendship to the process of identity formation. When adolescents continually compare themselves with their peers to ascertain whether or not their own behaviour is appropriate they can become influenced by the peer group norms. A similar pattern appears in children as they move towards adolescence and strive to create an integrated self-image apart from their parents (Erikson in Maxwell, 2002: 2). Comparing themselves with their peer groups, friends and what the media portrays, assists adolescent identity formation. If these are positive experiences adolescents will experience them as supportive social interactions that enhance their identity formation.

Adolescents are particularly vulnerable to peer influences because they share a stressful biological event over a relatively short period of time, and these physical changes are coupled with shifting expectations and new social demands (Petersen & Spiga in Maxwell, 2002: 268). One of the most powerful influences on adolescents is the perception of their peer group norms. Many adolescents indulge in sexual activity because they believe that their friends are engaging in intercourse (Papalia *et al.*, 2001: 456). Adolescents' strong need at this time to belong and conform to a group and exclude all those who are different is

regarded as a defense against a sense of identity confusion. This is ameliorated by identifying with 'the group', and stereotyping themselves.

Society has advocated double standards with regard to sexual practices in terms of gender. There is a greater tolerance of premarital sexual activity for males than for females. The double standard presumes that males have almost uncontrollable sexual needs that must be satisfied as opportunities present (Jaffe, 1998: 325). However, the focus on women's rights and the promotion of equality between the sexes is slowly eroding this unfair disposition towards women.

2.10.2 Parental factors

Adolescents learn about relationships from their experiences within their families. How parents relate to each other, to their children, to their own parents and other relatives will have a major impact on each member's thinking and attitude towards relationships, including gender, spousal and sexual relations. Adolescents generally see their homes as safe havens where they have a sense of security and belonging and are able to be themselves, caring and sharing with those they love. Adolescents who are susceptible to a lack of adequate parental supervision are at greater risk of displaying antisocial and self-destructive behaviours (Jaffe, 1998: 34). The consequences of these self-destructive patterns include social rejection, sexually transmitted diseases, serious accidents, addiction and unwanted pregnancies. According to Freud parents play the major role in the child's psycho-sexual development during the genital stage. If they do not resolve this stage successfully, this could lead to them indulging in risky sexual behaviour. Fixation can occur because adolescents cannot gratify their sexual desires in a completely satisfying and acceptable way (Hook *et al.*, 2002: 68).

Problems relating to the structure and organisation of a family are seen as contributing firstly to early sexual initiation and secondly to teenage pregnancy.

The type of family structure, which is commonly considered to be problematic, is the single parent, or the female headed household (Macleod, 1999b: 11). If adolescents come from single or female headed households their identity development does not have to be adversely affected provided they are in an emotionally supportive environment. If families promote positive sexual values and encourage their adolescents to delay sexual intercourse until after marriage, it may negate the possible negative influences that a particular type of family structure has on adolescent psycho-sexual development.

The manner in which family members communicate may influence adolescent sexual development. Anagnostara (in Macleod, 1999b: 8) found that adolescents of families with closed patterns of communication are more likely to have what she sees as attitudes conducive to risky sexual behaviour. Adolescents coming from families with open communication patterns are less likely to get involved in risky sexual behaviours (Macleod, 1999b: 11).

Parental styles play an important role in the adolescent's identity development. The social competence of adolescents and the development of social maturity during adolescence depend largely on the parenting styles of the parents (Louw *et al.*, 1998: 447).

♦ **Authoritative parents** encourage adolescents to behave independently and to become socially responsible. Adolescents understand the rules and limitations set by parents and are allowed to reason with their parents (Jaffe, 1998: 170).

♦ **Authoritarian parents** are restrictive and have punitive parenting style, which often does not allow for verbal reasoning to take place. This type of parenting style is associated with socially incompetent behaviour in adolescents (Gullotta *et al.*, 2000: 170).

◆ **Permissive parents** do not exercise control over adolescents' behaviour. Adolescents make their own decision about important areas in their lives such as indulging in sexual behaviour (Louw *et al.*, 1998: 448). Parents do not establish rules and many adolescents look for direction in their lives by either following peers advice or follow what the media promotes.

In conclusion, parenting styles are one of the most important factors in the development of positive sexual identities in adolescents. If this is not a positive experience it could affect how the adolescent perceives the world.

2.10.3 Reproductive ignorance

Ignorance concerning sexuality, contraception and reproductive biology can be a major contributing factor in teenage pregnancy. Often adolescents cannot make informed choices because they do not know of the consequences of their actions. Research has found that the South African population in general lacks adequate knowledge about reproductive biology. However, this was not true in all communities (Buga in Macleod, 1999b: 8). Adolescents' knowledge about sexuality increased when they received parental guidance and life-skill programmes at schools.

Adolescents' knowledge, reasoning and judgement plays an important role in the way they think about commitments, having sex, using contraceptives, and deciding whether or not to abort an unwanted pregnancy.

2.10.4 Emotional factors

Some adolescents often have sex when, in fact, they primarily have other needs, such as affection, to ease loneliness, to conform masculinity or femininity, to bolster self esteem, to express anger or escape from boredom (Jaffe, 1988: 323). Adolescents often engage in sex as a coping mechanism to express and satisfy non-sexual needs. For many adolescents, being sexual is a way of demonstrating normality or proving their love in relationships like adults. Having

sex also is a means of avoiding the embarrassment and conflict that result from simple refusal (Jaffe, 1998: 324).

For many adolescents, orgasm becomes a quick fix for any uncomfortable feeling or situation. "Sex becomes a general coping mechanism, a drive to get relief, through orgasm, from emotional tension or discomfort" (Hajack & Garwood in Jaffe, 1998: 324). If adolescents meet their affection and esteem needs in a non-sexual way they are able to develop mature sexual relationships (Jaffe, 1998: 324).

2.10.5 Socio-economic factors

Poor socio-economic conditions contribute to adolescents indulging in sexual behaviour as a form of escapism. The HIV transmission in South Africa flourishes mostly in areas characterized by unemployment, homelessness, welfare dependency, lack of basic services and recreational facilities, prostitution, and crime ridden areas (Bremridge, 2000: 18).

Many parents are preoccupied with their own problems of unemployment, inadequate housing and food shortages and therefore may not provide their adolescents with adequate guidance and emotional support (Jaffe, 1998: 32). Many parents feel that they have failed their adolescents and may direct their frustrations at them starting a vicious cycle of hate and disrespect towards one another. In many homes, adolescents sleep in over-crowded conditions where they share a bedroom with older family members. These conditions may lead children to be inappropriately exposed to sexual activities that the older family members engage in. These observed/vicarious experiences could influence the sexual attitudes and behaviours of adolescents. It may also lead to a precocious indulgence in sexual activities.

2.10.6 Media influences

Many adolescents receive information from the media, which may give them a distorted view of sexual activity. Sexual activity is often portrayed as involving fun, excitement, competition, danger or violence (Papalia *et al.*, 2001: 457). Rarely does the media show the risks or the consequences of unprotected sexual relationships. Constant references to and depiction of sexual behaviour in the media keep sex on the minds of adolescents (Strouse in Jaffe, 1998: 334).

2.10.7 Attitudinal factors

Changes in sexual attitudes and values have occurred so rapidly that South Africa is in a *sexual revolution*. Attitudes about sex-related practices such as masturbation, premarital sex and abortion have become more liberal. The availability of safe, effective birth control technology, sexual activity and reproduction are no longer inextricably linked, leading to increasingly permissive sexual values and attitudes (Jaffe, 1998: 325). Sex within an affectionate relationship rather than within a committed relationship has become the norm of adolescents (Jaffe, 1998: 325).

2.11 CONCLUSION

Sexual identity development during adolescence forms part of the greater development of identity and personality development. The adolescent has to undergo a number of developmental tasks on route to adulthood. The extent of the achievement of these tasks influences the individual's type of lifestyle, including sexual identity, which is expressed by the person's attitudes, decisions and sexual practices. Sexual exploration in adolescence is critical to sexual identity formation (Jaffe, 1998: 326). Adolescents need to develop an identity, which includes the following aspects: who you are, what you believe in, making relatively stable commitments to a set of values and morals they believe in. Thus sexual identity development is a crucial factor in the holistic development of the person.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

3.1 INTRODUCTION

In deciding on the most appropriate methodology for a particular study, a number of crucial variables have to be considered. These range from pragmatic considerations such as time constraints and sample size, to the individual strengths and weaknesses of the researcher, such as the ability to establish rapport and verbal or numerical preference (Leedy, 1997: 108). The researcher must be comfortable with the approach he/she employs when doing research. If the researcher does not have the necessary skills to do interviews then he/she should refrain from using it. Leedy (1997: 109) underscores this point by stating: "First consider your own comfort with the assumptions of the qualitative tradition, that is, you believe that there are multiple constructed realities and that understanding both the content and construction of such multiple and contingent realities is regarded as central."

The researcher will revisit some of the variables that were important in deciding on an appropriate methodology. This will include the research aim, research design, and research method.

3.2 RESEARCH AIM

As discussed in Chapter one, the aim of this study is to explore the knowledge, attitudes and behaviours of a group of adolescents with regard to sexuality.

3.3 RESEARCH DESIGN

Research design refers to the overall plan or blueprint according to which information (data) will be assembled, organised and integrated, which will result in a specific end product. The type of design used is informed by the worldview of

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the researcher, the nature of the research problem, the question it raises and the product desired (Merriam, 1998a: 3, 6). The research design of this study may be described as qualitative, contextual and descriptive.

Qualitative research refers to research that is designed to provide an in-depth description of a specific phenomenon. It is research in which data in the form of words rather than numbers are gathered and it is used to convey what the researcher has learned about the phenomenon. Qualitative research is concerned with the study of phenomena in their natural settings as it is lived and experienced (Merriam, 1998a: 7; Mertens, 1998: 160). The interest is therefore in the process rather than the outcomes.

According to Denzin and Lincoln (in Mertens, 1998: 159) qualitative research is "… multi-dimensional in focus, involving an interpretive, naturalistic approach to its subject matter. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them…"

The aim of qualitative research is to gain insight into the meaning that people give to experiences in their lives, and how they structure their worlds according to these meanings (Merriam, 1998a: 16-17). This is done by means of what Miles and Huberman (1994: 10) refer to as "thick descriptions that are vividly vested in real content and have a ring of truth that has a strong impact on the reader".

Qualitative research was considered to be suitable for the purpose of this study because:

➢ it is exploratory in nature.

➢ Qualitative study takes place in the real world where the topic being researched, exists (Merriam, 1998a: 7). This study was based at the clinic, so

as to create a safe environment for learners so that they could express themselves honestly.

➢ Qualitative research is inductive in nature. Abstractions, concepts, hypotheses or theories are built rather than tested (Merriam, 1998a: 7; Mertens, 1998: 160; Huysamen, 1994: 172). The responses of participants are used to create descriptions and gain insight into the issues being researched.

➢ The researcher is the primary instrument of data collection and analysis (Merriam, 1998a: 7; Mertens, 1998: 175). Several methods of data collection are used in qualitative research. Interviewing was the method employed in this study.

This study is *contextually based* in an urban school in the Western Cape. Many of the learners come from a low socio-economic area. Many problems relating to inappropriate sexual behaviour of the learners has been reported to the Athlone School Clinic. The reason why the researcher chose to conduct the research at the Athlone School Clinic was to create a safe environment for the learners to speak freely.

Within the eco-systemic approach, it is understood that there is a reciprocal influence of the context in which the individual exists. This view takes cognisance of the fact that one cannot separate individual from the context. Valle, King and Halling (cited in Huysamen, 1994: 167) emphasised this relationship and say that: "In the truest sense, the person is viewed as having no existence apart from the world and the world as having no existence apart from persons. Each individual and his or her world are said to co-constitute one another". According to Miles and Huberman (1994:10) human behaviour always occurs "in specific situations within a social and historical context, which deeply influences how they are interpreted by both insiders and the researcher as outsider".

Descriptive research aims to examine events or phenomena in the way that they are lived. There is no manipulation or treatment of the subject and the researcher takes things as they are. The aim is for the researcher to gain insight through "thick descriptions...", which are accurate, detailed descriptions (Miles & Huberman, 1994:10; Merriam, 1998b: 29). This study is descriptive in that it aims to understand via accurate and careful descriptions learners' knowledge, behaviours and attitudes relating to their sexuality. This study is descriptive in that its aim is to understand sensitive and highly emotive issues, which need to be done in a very containing environment.

3.4 PARTICIPANTS

After formally receiving permission from the Western Cape Education Department to do the research at a school falling under the auspices of the department, the researcher approached the principal of the school. The researcher selected this particular school because he had previously worked there as a counselor and knew that a potentially information rich sample was available.

Given the research topic, the researcher felt that the required in-depth interviews would be more likely to yield rich data. The learners were acquainted with the researcher because he addressed them in their assembles a few times. The researcher had worked at the school for two years and had a reputation for being empathic with the learners, therefore the researcher felt he had sufficient credibility not to be dismissed as a judgmental person. The researcher felt that his association with the school and his familiarity with the participants would facilitate rapport and the easy flow of conversation.

The researcher chose the learners from the Grade 11 on the assumption that they would have more life experiences than the younger learners. The Grade 12 learners were excluded from the study because of their intensive examination demands. A class list of the English grade 11 learners was given to the researcher. The names of the learners were separated into males and females. In this manner

gender comparisons could be made in the analysis of the research findings. The researcher put the participants' names into two hats. He then chose the first 10 male participants and the first 10 female participants that were drawn from the two respective hats. The total sample included 20 participants.

The demographic details of the participants are summarized in Table 3.1 .

Table 3.1 Demographic information of participants

Demographic variables		Number	Percentages
Gender	Male	10	50%
	Female	10	50%
	15 to 16	02	10%
Age	17 to 18	18	90%
Mean age	17.3		
	Afrikaans	03	15%
Home Language	English	17	85%

3.5 COLLECTION OF DATA

Data was collected by means of semi-structured interviews.

3.5.1 The interview

Individual semi-structured interviews using an interview guideline were used to gather data. The researcher explored the three categories, namely, knowledge, attitudes and behaviours. Each category was explored by means of basic questions, which the researcher would use as a guideline during the interview process. This type of interview format has the following advantages:

➤ It is regarded as being especially suitable where the phenomenon under study is complex process orientated, personal or controversial (Smith, 1995: 9-26). Since this study involved an examination of psycho-sexual development and personal issues the use of the interview method was used.

➤ Interviewers are often free to take cues from the respondents' verbal and non-verbal responses and pursue these in addition to the formally set questions. This increases the likelihood that the richest, most detailed data on each respondent may be collected.

➤ The participant is perceived as an expert on the subject at hand and can steer the direction of the interview. The interviewer and participant work together to come to the heart of the matter. The interviewer's chances of entering the psychological and social world of the respondent are therefore increased, while the power imbalance between interviewer and interviewee is reduced.

➤ The structure provided by the basic questions identified by the interviewer ensures that all the participants are asked the same questions thereby making comparisons of responses possible if needed. It also allows the interviewer to bring into focus areas that may have been avoided consciously or unconsciously by the participants.

At its most basic level, the qualitative interview can be described as a situation in which one person encourages another to articulate his thoughts, feelings and experiences freely for the purpose of gaining access to the subjective reality of the person being interviewed. The integral components of any interview are therefore the interviewer, the informant, the information, as well as the specific context, that is, the interview, within which these components interface (Huysamen, 1994: 172-176).

3.5.2 The qualitative interview and bias

Given this dynamic composition some claim that bias is inherent in any research process and because it results in distortion of data and therefore the integrity of findings, it is important to identify and try to contain sources of bias. In order to do this, researchers working within a positivist paradigm assume an uninvolved distant position, asking only identically phrased questions of participants without any spontaneous verbal expression (Smith, 1995: 9-26). This is done in order to minimize the social interactional aspects of interviews that are regarded as the breeding ground for contamination of interview data.

There has therefore been much censure of the role of the qualitative researcher, often described as the prime research instrument, which actively participates in the interview in a manner that transforms it into a conversation with a purpose (Mertens, 1998: 182). Merriam (1998b: 204), in support of the qualitative approach, points out that the presumed bias-inhibiting stance of the positivist interviewer may, ironically, create biased data as the interviewer's failure to respond to participant responses could instinctively be interpreted as being negating. This usually causes participants to change their previously expressed sentiments, therefore 'causing' distortion of data.

According to Brenner (1985), of all the potential sources of bias in the interview, the respondent poses the greatest threat to measurement adequacy. A number of factors that influence and distort data have been identified. The respondent may, for example, lack motivation and hence damage or destroy the interview by under or inaccurate reporting (Brenner in Khan, 2000: 85) Low motivation may stem from any number of different sources such as a lack of interest in the topic, various contextual and interviewer characteristics or even the topic, if questions are experienced as being threatening. Other sources of respondent related distortion include memory lapses, misunderstanding, embarrassment and the tendency for respondents to make socially desirable responses (Merriam, 1998b: 204-205; Mertens, 1998: 181-183).

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Many researchers express concern about the various ways in which interviewees are not fully candid or intellectually responsible. Some consequently warn against the tacit assumption that participants are naturally co-operative and can be relied upon to provide valid and reliable information. People rarely tell the whole truth, as they see it, about the most important things, but they tend to be generally evasive or misleading rather than lying. A field researcher must understand this and the reasons are: Primarily a fear of exposure, of being caught in a lie, and an unwillingness to appear less than absolutely "moral" to an academic stranger (Mouton & Marais, 1988: 65-66).

In terms of the present study, the researcher felt that the personal nature of the topic and the fears and taboos around discussing sexual behaviour with an adult, might increase the likelihood of eliciting biased data. People are by and large reluctant to respond to questions that deal with sensitive subjects such as sexual behaviour (Huysamen, 1994: 145). The researcher therefore assured the participants that their responses would be handled with the strictest confidentiality and respect. Also, emphasizing that participants would not have to include their names in their responses insured anonymity. Hopefully, these steps would encourage participants to give their candid views and relate their experiences as accurately as possible instead of giving incomplete or sensational information. The researcher is of the opinion that his gender had no influence on the research participants because good rapport and trust was established before the interviews took place.

The other variable that impacts on the research process is, of course, the interviewer. Patton (1990: 35) makes the point that the purpose of interviewing is to find out what is in someone else's mind and not to put things into the person's mind. Data can therefore be distorted when interviews are not sufficiently non-directive and 'lead' the respondent to answer in a certain way. Participants' responses may also be influenced by factors such as the interviewer's tone,

attitude, and reactions to the participant's responses and failure to probe or inconsistent probing of responses (Huysamen, 1994: 145).

The researcher and the researched are regarded as collaborating in the constitution of knowledge in the qualitative paradigm and the researcher is expected to have an emotional and intellectual interest in their research topic. Therefore, according to Huysamen (1994: 147), the qualitative researcher in particular needs to guard against his/her surreptitiously entering the research process and going undetected.

To ensure that the findings of the study accurately reflect the participants' experiential world and not the unconscious shadow material of the researcher, the qualitative approach demands consistent reflexivity on the part of the researcher (Mertens, 1998: 181). This requires that researchers be in touch with who they are, what they feel and how this impacts on the process of research from its inception to its conclusion. To facilitate this process the research data was constantly analyzed and discussed with the researcher's supervisor.

3.5.3   Interview procedure

The interviews were conducted during the months of June and July 2002. The researcher ensured that the participants understood the purpose of the interview and that they were still willing to be part of the process prior to the interview being conducted. They were assured that the interview could be stopped at any point if they were uncomfortable or unwilling to continue with it. The participants were assured that the interviews would be treated as strictly confidential and that their identities would be protected throughout. All the participants understood the reasons for recording the interviews on tape, and a few admitted to feeling a little uncomfortable about the presence of the recording equipment. In a number of cases, the discomfort was caused by fears of who would get the information. All the interviews started with the interviewer reassuring the participants of confidentiality. Most of the subjects spoke a mixture of English and 'kombuis

Afrikaans'. Although my guiding questions were asked in formal English, I was happy using colloquial speech to avoid distancing the subject and to facilitate comprehension and flow. I tried to maintain a supportive and understanding attitude throughout the interviews. Three of the participants preferred to speak in Afrikaans and were allowed to speak in the language they felt comfortable in.

3.6 ETHICS APPRAISAL

Every effort was made to respect the dignity of participants and to protect them from psychological harm. This was done through open disclosure of the purpose of my research and the modus operandi to be followed. Participation was entirely voluntary. The interview records and transcriptions were available only to my supervisor and myself.

Given the sensitive nature of the topic and the possibility of emotional distress, participants were never forced into answering questions they felt uncomfortable with. Moments of distress were handled sensitively and participants had recourse to myself afterwards if they felt the need to ventilate. Interviews were followed by a debriefing session where the process could be reflected on and participants could ask questions.

3.7 ANALYSIS OF DATA

3.7.1 Transcriptions

The transcription of recorded data makes possible the examination of the events of the social interaction between interviewer and interviewee by others (Merriam, 1998: 159-160). In this way others are able to indulge in their own sense-making process and are to judge the validity of the findings of the researcher (Berg, 1995: 174-192). All the interviews were tape recorded and transcribed verbatim onto computer. In this way the potential for misrepresentation of the text during translation would also be reduced. In order to produce as true a representation of the actual interview as possible, all details such as pauses and hesitations were indicated.

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Participants' speech was not edited as the stylistics of talk lends itself to latent level interpretation (Lindlof, in Khan 2000: 91). I was often struck how the manner in which something was said, be it by way of the dysfluent grappling for words, emotive intonation or the usual combination of slang or 'adolescent vocabulary'. Insights and language that were triggered by the stylistics of participants' dialogue were noted and integrated into the analysis of the data.

Having to transcribe and type the interviews personally was a tedious, trying and sometimes embarrassing experience, when confronted with my actual responses. The researcher with hindsight thought about asking more salient questions. It was at the same time an extremely fruitful exercise in that it helped the researcher to integrate the process and content of the interviews.

3.7.2 Generating categories, themes and patterns

The "immersion in the data" process started with the transcription process, in that it facilitated a general, intuitive understanding of the data. It was followed by a more overt process of becoming familiar with the material through several close readings of the transcribed text on a manifest and latent level. The transcribed texts were scrutinized for themes and patterns of both consistency and variance (Miles & Hubermann, 1994: 249). The selection of themes was inclusive as suggested by Miles and Huberman (1994: 249) so as not to exclude relevant material.

Miles and Hubermann (1994) warn against data overload when pulling themes. They advocate a balance between being mindful of the conceptual lenses one is training on the data, and still remaining open to perceiving the unexpected.

After a protracted process of refocusing on the objective of the study and the statement of the problem the researcher identified the following themes in the three categories.

Knowledge

➤ Knowledge concerning HIV/AIDS and venereal diseases

➤ Participants sources of sexual information

➤ Participants knowledge about conception

Attitudes

➤ Relationships

Behaviour

➤ Sexual behaviours

Once these themes had been identified from the three categories defined by the researcher, the relevant segments of the text that reflected them were colour-coded. Coded text that includes phrases, sentences and paragraphs were assigned to separate thematic files on computer. They were then printed and cut into 'quotation strips'. These quotation strips, representing the above 5 themes, were stuck onto whiteboards, creating a visual representation of the diversity of participant thought on each particular theme. I found this visual display invaluable in terms of forming a gestalt of participants' views, while simultaneously being able to see the component parts of the overarching theme.

After having mapped out a specific theme and its sub-themes, I returned to the transcriptions and interview summaries to check that the organisational structure that I had put onto the data for the purpose of presenting it, still allowed the participants' voice to be heard. Quotations that best illustrated particular views were selected for use in the writing up of the results. The participants were assigned numbers in order to disguise and protect their identities. As with all studies of this nature I am aware that my analysis of the text is by no means a definitive one and that my making sense of the participants' lived experiences was also tinged by my own subjectivity.

In conclusion then, qualitative research is a useful way to conduct exploratory research with a population whose voices are not often heard socially and in the available literature. The following chapter describes and discusses the themes that emerged from the study.

CHAPTER 4

RESEARCH FINDINGS, DISCUSSION OF FINDINGS, LIMITATIONS, RECOMMENDATIONS AND CONCLUSIONS

4.1 INTRODUCTION

This, the concluding chapter, will focus on the findings that emerged from the research process. The interpretation and discussion of the findings will bring together the different threads of information presented in the data. The chapter will be concluded with recommendations, a discussion of the limitations of the study and conclusions. The researcher will focus on the three categories, namely knowledge, attitudes and behaviour, and each category will include the various themes that evolved from the study.

4.2 KNOWLEDGE

The researcher wanted to explore the participants' knowledge about HIV/AIDS and venereal diseases. The researcher focussed on aspects of participants' knowledge such as the understanding of the concepts HIV/AIDS and venereal diseases, the manner in which these diseases are transmitted and how they affect human beings. The researcher also wanted to explore the extent to which the participants' sexual knowledge influenced their sexual attitudes and behaviour. Three themes emerged under this section, namely:

➤ Knowledge about HIV/AIDS and venereal diseases
➤ Participants' sources of sexual information
➤ Participants' knowledge about conception

4.2.1 Knowledge about HIV/AIDS and venereal diseases

The researcher expected many, if not all participants to have a reasonable level of knowledge about HIV/AIDS, its transmission and consequences to human health, since the school had conducted a number of AIDS awareness

programmes. This expectation was fulfilled because many of the participants had a fairly good understanding of the terms HIV/AIDS. Some of the participants' responses are quoted below.

"Well it is a deadly virus…. And it is not curable".

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"HIV spreads Aids, it is a very harmful disease there is no cure for it, you can die, to prevent it you must have safe sex".

"Jy kry dit as jy baie seks het met verskillende partners".
"Jy kan doodgaan met daai siekte".
(You can contract HIV/AIDS by having sex with multiple partners and you can die.)

The researcher then probed the participants to elicit if they knew how HIV/AIDS is transmitted. Their responses indicated that they were quite knowledgeable about how HIV/AIDS are spread. Some of their responses about the spread of HIV/AIDS are quoted below:

"Having sex with more than one partner and not using a condom".

'By sharing blood, needles, having sex without a condom".

"By having sex with someone who has Aids".

"Like using a condom or you don't do sex at all".

The participants did not seem to understand the researcher when he spoke about venereal diseases. Other concepts such as sexually transmitted diseases, sexually transmitted infections and abbreviations such as STD's and STI's were also used. Many participants found these concepts foreign and had no idea of

their meanings. Some participants only knew the concept when the researcher used the Afrikaans concept *"vuilsiekte"*. The researcher then mentioned names of specific venereal diseases such as herpes and gonorrhea but only a few of the participants had heard about these diseases.

Generally the participants' responses about the concept of sexual diseases indicated that they were unfamiliar with sexual diseases and how it could be contracted. Examples of their responses in this regard are quoted below:

"Yes, I think when one gets a discharge but I am not sure".

"Not actually, I think through oral sex".

"I heard about it but I do not know what it is".

"No I never heard about Herpes or Gonorrhea".

Some of the participants were aware of how one could contract a sexually transmitted disease and the possible consequences of contracting the sexual disease. Some of the responses are quoted below.

"It is a disease you also get through sexual intercourse but not necessarily Aids".

"Yes, if you sleep around maybe and you get stuff on your penis".

"Ek het gehoor van Herpes".
(I heard about Herpes.)

"Ek het gehoor mense gaan dood van daai".
(I heard that people could die from it.)

The implications of adolescents not coming to terms with a healthy positive sexual identity could spell disaster for South Africa. Knowledge plays an important role in the development of the adolescent's sexual identity. With the rampant HIV/AIDS pandemic in South Africa the youth need to make sound decisions with regard to sexuality issues and in particular avoiding contracting HIV/AIDS. Most of the participants were knowledgeable about information concerning HIV/AIDS. This could be the result of programmes run at the school or due to the influence of the media and advocacy campaigns run by different concerned individuals and groups. However, most participants were not familiar with concepts regarding STD's or venereal diseases which could result in many of them being ignorant to the dangers of casual sex. Most of the participants did not know that people suffering from venereal diseases had a greater chance of contracting HIV when they engaged in risky sexual practices. Furthermore, it is uncertain to what extent their knowledge has a significant effect on their sexual attitudes and their actual sexual behaviours.

4.2.2 Participants' sources of sexual information

The researcher wanted to find out where the participants received information about sexual issues. The responses varied markedly from participant to participant. Most of the participants received their sexual information from the following sources: their parents, family members, educators, religious leaders, their friends and the media. The researcher concluded that the source of sexual information was important because if the sources were reliable and trustworthy they would have a positive influence on the sexual identity development of the participants. Some of their responses are quoted below.

"At school you hear a lot about it when you out with your friends, at different places, like taxis, buses and sometimes my parents".

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"Mostly through books and lecturers who come to our schools, computers. From friends and books".

"By teachers at school, by asking them. I will ask my mom and daddy".

"*Ek het dit gekry van my vriende, kerk, TV en my ma en pa*".
(I received information from my friends, church, TV and my parents).

Many of the participants only use their peer group to get information on sexual matters. This could be dangerous because peers may be less reliable, or may be not as well informed as educators or health professionals (Macleod, 1999b: 9). This view is debatable because a study of 152 school-going students in Soweto and Alexandria, found the source of knowledge (parents/health professionals versus friends/siblings) did not make a difference in sexual knowledge or attitude (Macleod, 1999b: 9).

Most of the participants used peers and the media to obtain their sexual information. If adolescents have a strong sense of personal identity then they would question information shared with them by their peers and the media. However If they are not empowered to make certain crucial decisions it could result in them putting their lives at risk.

Some participants reported that they would easily confide in their parents and would also approach them on sexual issues. A few participants, however, indicated that they would never approach their parents because they are fearful of being labelled. Some feel that their parents are unapproachable, or they feel embarrassed to discuss sexual issues with them. Some of the responses of the participants who would confide in their parents are quoted below.

"My friends sit together and we talk about it or I ask my mother. I am open to my mother".

"At school and I ask my parents and teachers and people who come to school. I will ask some friends and my grandma".

"My mother will ask me a lot of questions".

The following responses indicated that they find it difficult to speak to their parents about sexual issues.

"Some how, I don't get along with him, *my pa raak ombeskof*".
(My daddy becomes rude.)

"My parents will think of me as bad".

"My ouers gaan my wegstuur".
(My parents will send me away.)

"I will ask a friend, my parents are from the old school".

If adolescents find it difficult to speak to their parents about sexuality issues they will seek to obtain this information from other sources like the media or from peers. This may result in participants obtaining incorrect information about issues relating to sexuality. This, in turn, could have a negative influence on their sexual identity development.

Interpersonal family relations do influence adolescents' need for emotional closeness. Adolescents who are emotionally close to their parents and who feel comfortable communicating with them usually have more satisfying and less problematic relationships with romantic partners (Jaffe, 1998: 386). This may be

so because their parents would fulfill their emotional needs. Thus the possibility of finding inappropriate emotional fulfillment such as physical affection with different romantic partners may be lessened substantially. The present study showed that some of the participants did not enjoy close relationships with their parents. Consequently they sought emotional fulfillment by engaging in undesirable acts such as using alcohol, engaging in casual sex and joining peer groups who indulge in risky sexual behaviours.

Preference of sources of sexual information differed in terms of gender. The mass media seems to be the most important source of sexual information that the male participants use. Most female participants obtain their sexual information from their parents and a few receive it from their peers and the media. The danger of obtaining sexual information from the mass media is the possibility of getting conflicting messages about knowledge on the one hand and behaviour practices on the other hand. This point is illustrated in the following responses.

"Then I look at the Love Life advert on TV and they say practice safe sex and this and some of the teachers and family say don't have sex before you are married".

"Verskillende goete, boodskappe die advertisements waarsku jou teen Aids en dan kry jy weer die advertisements wat sê hoe jy moet dit doen".
(Different messages you receive from advertisements some warn you against AIDS and some show you how to have sex.)

Chapin (2000: 803) supports the view that the media is believed to have a powerful impact on sexual attitudes and behaviours because adolescents spend more time watching TV than they do in school or with their parents. Social learning theories suggest that people often model novel and observed behaviours and then reproduce them. If some adolescents merely replicate some

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of the negative behaviours they observe on TV it may result in them continually searching for their identity. Adolescence is characterized by information seeking regarding developmental tasks. Adolescents strive for greater independence from parents. The mass media offer an attractive alternative source of sexual information for adolescents who cannot obtain it from their parents (Chapin, 2000: 805).

4.2.3 Participants' knowledge about conception

The researcher was interested in participants' knowledge about conception and pregnancy. The participants had to explain what they knew about conception and how it occurred. The following question was posed to the participants. Can a female fall pregnant if she has unprotected sex for the first time? Most of the participants said she could fall pregnant but a few said that a female could not fall pregnant. Their responses in this regard are quoted below.

"As I hear, the rumour says it depends on the guy how long he takes, there is a possibility yes, but most of the time she won't".

"I am not quite sure but I will say yes".

"Not actually, her body, like we say, is a virgin still, now when she is going to have sex she is going to bleed and then blood will wash the sperm cell I'm not sure, I never heard anything about it".

The findings revealed that 15% of the participants believed that females could not fall pregnant if they had unprotected sex for the first time. If adolescents' knowledge about conception is incorrect or inadequate this could result in them making uninformed decisions which could have negative consequences for them. The negative consequences could be an unplanned pregnancy or acquiring a venereal disease.

4.3 Attitudes

The researcher was of the view that attitudes, knowledge and behaviour are interrelated. This interrelationship was examined by eliciting participants' attitudes about sex, particularly their views about casual sex relationships, multiple sex relationships and using sexual intercourse as an expression of love. The participants were asked the following question by the researcher: Is there a difference between a sexual relationship and a committed sexual relationship?

Ten percent of the participants gave the following responses to illustrate that they did not make a distinction between a sexual relationship and a committed sexual relationship.

"No I think so because you are just being used, I think that you just being used".

"There is not actually a difference".

Ninety percent of the participants, however, did make a distinction between a sexual relationship and a committed sexual relationship. Below are some of the participants' responses.

"Sexual relationships is that they are just having sex, there is no commitment, they are just having sex, they could be sleeping with different people. But a committed sexual relationship means hopefully they are just having sex with each other".

"Maybe you're committed to one person so you wont want her to sex around but the other one can sleep around because you are not committed to her".

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"As jy committed is dan bly jy mos met een partner, jy is committed met daai partner sexually".

(If you are sexually committed to one partner then you will remain with that partner.)

Although most of the participants made a distinction between a committed sexual relationship and a sexual relationship, their attitudes and behaviour appeared to be inconsistent with this knowledge. This may be due to the participants not having developed intimacy skills sufficiently. Erikson supports this by stating that most adolescents cannot develop intimacy skills because they have not developed sufficiently emotionally. Many adolescents who have poorly developed intimacy skills can not truly become intimate. They have few role models in adult relationships who display intimate self-disclosure (Jaffe, 1998: 372). Many relationships that are portrayed on television are generally superficial, and self-disclosure is minimal. Therefore the participants' understanding of the term "committed sexual relationship" could be seen in terms of the context of television programmes or the lived social experiences. Many of the participants in this study obtain their sexual knowledge from TV. These participants may identify with behaviours of TV personalities. The social environment in which many of the participants live may offer them little stable family relationships. This may have a negative effect on their identity development.

Participants' responses varied among one another about their thoughts on sex with multiple partners. About 50% of the male participants indicated that they would be willing to indulge in sex with multiple partners as compared to only 20% of the female participants. Following below are some of the responses given by the female participants who did not approve of multiple relations.

"No it is wrong… I don't even trust my own boyfriend".

"No, I cannot be committed to two people at the same time".

"No it is not for me, you can't love two people the same way. Everyone is different, I will choose the one who love me for who I am".

Following below are some of the responses given by the male participants who approved of multiple relations.

"I will take the one as my girlfriend and the other one as my sex partner".

"If I get so lucky I will go for it as long as they don't find out about it".

"I will go for it".

Attitudes about indulging in casual sexual relationships could be influenced by various factors. Gullotta *et al* (2000: 140) illustrates this point by contending that adolescents face issues of conformity, double standards and independence. The adolescent must also face sexuality as another growth dilemma. Adolescents are confronted with a barrage of messages implying that chastity is an ancient relic of former generations but an important development task is to integrate their sexuality with interpersonal relationships and feelings of worth as a person. This task involves deciding what sexual activities one prefers and integrating these into the rest of one's life (Kimmel & Weiner, 1995: 381). Conflicts between the needs for security, intimacy, and lust are typical during this process. Some adolescents often base their relationship on physical attraction rather than on the depth of "emotionality" (Shaunghnessy & Shakesby, 1992: 477).

Adolescents face a "new morality" where the institution of marriage is questioned and devalued by some sectors of society. Many television soap operas give credibility to this type of moral system. Many adolescents who do not have a sound moral system may cling on to this "care free" lifestyle.

The researcher further investigated the participants' attitudes by exploring their views regarding sexual intercourse as a means of expressing their love for their partner.

Most of the participants felt that one does not have to have sex with a partner to show that one cares for them. However, three participants felt that by just having sex with a partner does prove that one cares for him/her. One of the typical responses that equate sex with love is quoted below.

"Because if I have sex with her I will be hers totally and I will show her my feelings".

Many of the participants differentiated between sex and love (sex is not synonymous with love). Below are some of the responses of the participants who support this view.

"No, that is not the only way. Respect and love is more important".

"No, there are many ways you can show him not just sex".

The researcher feels that the following could be some of the contributing factors that have shaped the participants' sexual attitudes. Many adolescents confuse the physical act of sex with being intimate with a partner. If the need for "emotional closeness" becomes coupled with physical sexual drives, as it does in adolescence, the adolescent indulges in sexual activities for the wrong reasons (Gullotta *et al.*, 2000: 139).

Parents and family play an important role in the development of adolescents' sexual attitudes. Many adolescents follow the examples of their parents or knowledge that is shared with them by the family or other adults. Parents and

other authority figures discourage sexual activity between adolescents, but do not provide them with adequate information and guidance regarding responsible sexual attitudes and behaviour (Louw *et al.,* 1998: 402). Many of the participants in the study indicated that they had poor relationships with their parents and could not communicate openly and effectively with them. When adolescents engage in sexual activities for the wrong reasons they start to form incorrect sexual attitudes, such as to have sex means to love someone.

Many adolescents tend to engage in sexual activities because their attitudes are grounded on inaccurate knowledge or on a poorly developed value system. To many teenagers, being sexual is a way of demonstrating one's normality or proving one's love to another person (Jaffe, 1998: 324). Sexual experimentation with peers or with younger or older people is common during adolescence (Jaffe, 1998: 326).

4.4 Behaviours

The third category identified by the researcher was adolescents' sexual behaviours. In addition to knowledge and attitudes the participants' sexual behaviours are probably the most important reason for concern in the light of the AIDS pandemic confronting South Africa today. The researcher asked the participants the following question: Have you engaged in any sexual activity with anyone? Eighty percent of the male participants indicated that they were sexually active. Three of the male participants engaged in sexual intercourse at the age of 14 and two of them have children. The participants admitted that they are not ready or prepared for parenthood and they are still dependent on their parents to support them.

Thirty percent of the female participants indicated that they are sexually active and 70% indicated that they have never engaged in any sexual intercourse. The female participants who are sexually active gave the following responses.

"My first time was last year and it was enjoyable and scary at the same time".

"15 years. It just happened but he was my boyfriend, we went out for two years".

The responses below are from the female participants who did not indulge in sexual intercourse. The reasons given by a few of the female participants in this study for not indulging in sex, were because of religious convictions and their belief in strongly held family values.

"No, because that is the way I grew up, that is a belief I have, no sex before marriage".

"I don't think it is wrong to have sex but I am not ready and my religion does not allow me to".

A study done in the Cape Peninsula in 1993 indicated that 27,0% of males in Grade 11 were sexually active compared to 18,6% of females that were sexually active (Louw *et al.,* 1998: 404). The present study also shows a difference among the sexually active males and females. The present study indicated that 80% of the male participants were sexually active as compared to 30% of the female participants who were sexually active. Literature indicates some of the reasons why adolescents indulge in sexual intercourse. Jaffe (1998: 334) states that first intercourse by some adolescents is seen as the first step towards adulthood. Early sexual experiences in many of the adolescents' relationships are normally associated with poor communication skills developed by them (Jaffe, 1998: 335).

Pre marital sex rates among adolescents are not the same for urban and rural areas. Most studies indicate that premarital sex occurs more in urban areas than

in rural areas and more in technologically developed than traditional communities, possibly because of the exposure to greater sexual permissiveness and peer group pressure (Louw *et al.*, 1998: 406). Many adolescents who have a low self-esteem and who feel inadequate and isolated, and have no meaningful relationships with other people tend to become sexually active. This may be an attempt to increase their sense of self-worth (Louw *et al.*, 1998: 407).

From the present study many of the male participants indicated that they frequently indulge in risky sexual activities after they consumed alcohol. The primary reason for this would be that the participants would have less control of their actions. Most of the male participants do consume alcohol as compared to the female participants. Below are some of the participants' responses who indulge in alcohol.

"Yes I can drink a lot at parties nearly every week".
What normally happens at these parties?
"Anything goes you can have sex with anyone then".

Do you become horny when you drink?
"Yes".

Adolescents under the influence of drugs and alcohol often find their inhibitions lowered and their judgments affected. This could result in risky sexual behaviour taking place.

4.5.   SUMMARY OF FINDINGS

4.5.1 Knowledge

The findings reveal that although most of the participants were knowledgeable about HIV/AIDS and how it is transmitted, they knew very little about the various venereal diseases and its debilitating effects on human health.

The findings also revealed that a few participants believed that females could not fall pregnant if they had unprotected sex for the first time. Although this belief was not prevalent, it is still disconcerting that some individuals within this age range (16-18) and educational level (Grade 11) did not know how conception occurs.

This study indicated that participants gained their knowledge about sexuality from various sources. There were differences in terms of gender: males mostly obtained their sexual knowledge from the media whilst females from their parents. Peers, however, also were a popular source of obtaining sexual knowledge in males and females.

Kirby (1999: 92) supports this view by suggesting that on the one hand increasing knowledge about sex, contraception and sexuality will reduce teen sexual risk- taking behaviour. On the other hand increasing learners' knowledge will not necessarily change sexual or contraceptive behaviours. The researcher is of the view knowledge alone will not change attitudes or behaviour but it is necessary when adolescents must make informed decisions regarding sexual matters. The researcher's view was supported to a great extent by the research findings.

4.5.2 Attitudes

The findings revealed that the participants' attitudes varied in terms of gender with regard to the issue of having sex with multiple partners. Many of the male participants and a few female participants indicated that they would indulge in multiple sex relationships despite knowing the risks involved. This inconsistency between knowledge and attitudes is concerning because it reveals that the participants might engage in risky sexual activities. This inconsistency in the attitudes and behaviour was also illustrated by their responses on the distinction between sex and love.

4.5.3 Behaviours

The findings revealed that there is a huge discrepancy between the male participants' sexual behaviours and the female participants. Many more of the male participants are sexually active as compared to the female participants. Many more of the male participants indulge in alcohol consumption as compared to the female participants. This could be another contributing reason for the male participants indulging in sexual relationships.

In conclusion the researcher does see a correlation between the participants' attitudes and sexual practices. Many of the male participants of this study were quite knowledgeable about sexual issues but it was not consistent with their sexual attitudes and behaviour. Most of the male participants of this study indulged in sexual intercourse despite being knowledgeable. Inconsistent or confusing sources of sexual information may have a negative influence on the participants' sexual attitudes and behaviours. Female participants of this study who based their attitudes on religious beliefs and family values reported that they did not indulge in sexual activities. The view that knowledge alone does not necessarily change sexual behaviour may be true but the importance of instilling positive sexual attitudes together with knowledge is more likely to bring about a change in sexual behaviour. The abuse of alcohol by the male participants can also be another contributing reason that caused the participants to make irrational decisions about their sexual activities.

4.6 RECOMMENDATIONS

Adolescents spend more time attending school than they do in any other activity. An holistic approach to adolescent sexuality education should be adopted since there are various agencies such as the family, peers, school, religious communities, organizations and the media that influence adolescent sexual

identity development. These agencies should contribute to the appropriate development of adolescent sexuality in an integrated effective manner.

Educational interventions need to be practical and appealing to adolescents. Theory about sexuality needs to be constructed into understandable portions and consistently be related to reality. This means that adolescents have to understand theory about sexuality within their life context and not theory that applies to another culture.

Sexual education should be part of an integrated approach to the promotion of adolescent development. Sexuality education should not be presented in an isolated manner, rather as an aspect within the broader context of health promotion. Thus the total development of adolescents should be focussed on and not only separate aspects of development. Adolescents must engage in a participatory manner with educators to integrate their value clarification concepts.

The various socialization agencies can contribute to this holistic adolescent development in the following manner:

➤ **School**

Schools must provide a developmentally appropriate learning environment so that the learners can access the curriculum. Skilled non-judgmental educators must introduce effective life skills programmes in schools from a pre school level. Effective life skills programmes for adolescents must be introduced in the curriculum that promote alternatives to sexual intercourse, including abstinence and masturbation (Jaffe, 1998: 352). These life skills programmes should include themes like problem solving, assertiveness and decision-making skills so as to protect adolescents from their own impulses and peer pressure. The focus of many schools should not be the promotion of safe sex but empowering adolescents to develop a strong sexual identity. The promotion of a healthy

sexual identity must be promoted through knowledge, attitudes and responsible behaviour.

> **Parents**

Parents of adolescent learners should form partnerships with the school so as to strengthen communication and to deal with issues collectively. An important influence parents can wield is to develop a positive sexual identity in adolescents through their teaching of positive values. When adolescents share their parents' positive values they tend to wait longer before taking part in sexual intercourse. Parents need to be congruent with their behaviours and the messages they give to their adolescents. Parents who communicate effectively with their adolescents and have a supportive rearing style promote a healthy self esteem in their adolescents. This may result in adolescents becoming reasonably sure of the kind of persons they are, what they believe in, and what they want in their lives (Kimmel & Weiner, 1995: 423).

> **Religion**

Adolescents need to be exposed to religion even if family members do not prescribe to any formal religion. Literature indicates that some adolescents with deeply religious beliefs and practices would engage in sexual activity later than adolescents who do not practice any religion. Religion offers adolescents an alternative to morals and values portrayed by certain media (Gouws *et al.*, 2000: 118).

> **Media**

The media can play a positive role in the development of adolescents' sexuality. This can be done if they do not send conflicting messages to the youth. Many of the participants used the media as a source of obtaining sexual information. If adolescents are finding programmes and commercials on TV confusing by the conflicting messages they receive from it then the media may have a negative impact on the development of adolescents' sexuality. For adolescents not to fall

impact on the development of adolescents' sexuality. For adolescents not to fall into the trap of developing pseudo identities and value systems based on the media, they need clear guidelines which are based on healthy family values and sound knowledge when interpreting media messages.

➢ **Social agencies**

Many of the participants in the present study lack positive socialization experiences and healthy lifestyles. The different organizations that are active in the adolescents' neighbourhoods should work in collaboration with the school and parents so as to offer adolescents extra-mural activities like sport. This encourages socialization and physical activities which may decrease loneliness and boredom. Many of the participants are caught up in their social environment that mostly offer a life style of alcohol dependency and drug abuse.

4.7 RECOMMENDATIONS FOR FURTHER RESEARCH

➢ A study of adolescents' sexuality could be better understood within the context of their family life.

➢ A study needs to be conducted to examine the effectiveness of the life skill programmes in the curriculum of schools.

4.8 LIMITATIONS OF THE STUDY

➢ The findings of this study are contextualised in a particular school and cannot be generalised to the whole school population of South Africa.

➢ Only the interview method was used to obtain data for this study but a multiple approach could be used to obtain more sources of information.

4.9 CONCLUSIONS

South Africa is presently a country scarred by a history of prejudice and separatism. The present government is committed to a rights culture and a democratic order. There are huge disparities in education with regard to resources, educators' motivational levels and cultures of teaching and learning.

This has a huge impact on the learners' discipline, attitudes and behaviours. Many learners take advantage of this unstructured type of school management and start to indulge in risky behaviours.

Family life plays an integral part in the lives of adolescents. Without the necessary guidance and support adolescents may experience an identity crisis. This is the journey where adolescents must be helped and supported to develop their own unique personal identities. Parents must exercise a parenting style that does not alienate their adolescents from them because this might lead them to indulge in risky lifestyles. Religion must not become static that adolescents find it far removed from reality. Most religions do offer adolescents good morals which will help them in this changing society.

Schools could play a pivotal role in providing adolescents with knowledge that is also value based so that they can make informed decisions about sexual matters. Knowledge and attitudes about sexuality are crucial when adolescents have to make decisions regarding interpersonal relationships. Attitudes largely inform the behaviour of a person. These attitudes are not formed in a vacuum but need supportive parents, who have positive values that adolescents understand and identify with.

The development of a positive sexual identity will minimize the chances of adolescents indulging in risk taking behaviour. This development must include sound knowledge, positive attitudes and the practising of well thought out behaviours about sexuality. In this manner adolescents will become armed to resist negative peer pressure and media influences.

On a personal level this study was highly challenging and profound in its impact on my own perceptions on sexuality. Through some of the more painful experiences shared by the participants, I became re-sensitized to the important role family plays in an adolescent's life.

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APPENDIX 1
Interview schedule

Knowledge:
What is your understanding about the HIV?

How does one become infected with the HIV/Aids?

What precautions can one take to prevent contracting HIV/Aids?

Have you heard about a sexual transmitted disease/venereal disease?

How do you receive your information about sexual issues/information?

If a female has unprotected sex for the first time can she become pregnant?

Attitudes:
Should unmarried people engage in sex?

What should one take into account before engaging in sexual intercourse?

When do you think is the correct time to become sexually active?

What are you views about having sex with multiple partners?

Is there any pressure from your friends for you to become sexually active?

Do you think by just having sex with a girlfriend or boyfriend is a good way to show them that you care for them?

Behaviour:
Have you ever been involved in "petting" with someone of the opposite sex?

How frequently does this occur?

Have you engage in any sexual activity with anybody?

If yes, what type of sex did you have?

How frequently do you engage in sex?

Do you use any contraceptives when engaging in sexual intercourse?

Do you consume/drink alcohol?

How often do you consume/drink alcohol?