

# INTENSIFYING HIV EDUCATION FOR SUSTAINABLE HUMAN AND SOCIAL DEVELOPMENT

**Nceba Nyembezi**

Division of Academic Affairs and Research Directorate of Research Development,  
Walter Sisulu University, Private Bag X1421, East London, 5200, South Africa.  
Corresponding author: nyembezi.n@gmail.com

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**Abstract:** HIV and AIDS present a critical challenge to the viability of education systems in many countries. As the spread of the HIV and AIDS epidemic continues, the potential of the education sector to respond to the root causes of vulnerability to HIV infections has increasingly been highlighted. While raising the educational level of the population is a desirable goal in itself, it can help to restrain the spread of HIV and AIDS through effective prevention education linked to adequate support services provided by other sectors. Numerous international texts and global agreements have reaffirmed the basic right to education for all, and countries have invested considerable public and private resources in developing their education system. Without specific targeted responses, the AIDS epidemic will continue to threaten this investment in several ways. In countries with a high prevalence of HIV, the human resource base of education systems is decreasing. Other sectors are also affected, reducing productivity and hard-won human capacity, and thereby reversing economic and social development gains. The purpose of this study was to investigate Grade 12 learners' perceptions of their vulnerability to HIV and AIDS. This was to gain insight into their experiences of HIV and AIDS in two purposively selected high schools in the Eastern Cape. The study adopted a mixed method approach in which focus group discussions and questionnaires were used to gather data. However, this article reports only on the qualitative data, and thematic categorisation was used to analyse the data. The theory of planned behaviour (TPB) was found to be relevant to this study. The findings revealed that respondents were of the opinion that the teaching of HIV and AIDS or Life Skills is not adequate in the schools. It is possible that the lack of learner involvement in the design and implementation of the programmes is one of the reasons for the poor participation of learners in the intervention programmes in schools. There is need for strong advocacy of the use of condoms as a preventive measure against unwanted pregnancies and sexually transmitted infections (STIs), including HIV. More involvement in extra-curricular activities would help learners to develop self-esteem and the ability to resist drugs and other risky sexual behaviours. This study identified various strategies that could rescue and protect education systems in countries heavily impacted by HIV and AIDS to determine what the various stakeholders of the international community can and must do to encourage and assist countries to overcome the effects of the epidemic on basic education.

**Keywords:** AIDS; Grade 12 learners; HIV-infections; perceptions; vulnerability

## INTRODUCTION

Sadly, South Africa is one of the countries severely affected by HIV and AIDS. The number of people living with HIV increased from around eight million in 1990 to 34 million by the end of 2011 (UNAIDS, 2011). However, the good news is that the overall growth of the epidemic has stabilised in recent years. The annual number of new HIV infections has steadily declined, and owing to the significant increase in people receiving antiretroviral therapy, the number of AIDS-related deaths has also decreased (UNAIDS, 2011). With around 69% of all people living with HIV residing in sub-Saharan Africa, the region carries the greatest burden of the epidemic. Unfortunately, since the beginning of the epidemic, nearly 30 million people have died from AIDS-related causes (UNAIDS, 2011). Because the pandemic has affected mostly young people, it was deemed appropriate to establish learners' perceptions of their vulnerability to HIV and AIDS. These are life-threatening diseases for which there is no cure yet – hence the urgent need for preventive measures to curb the pandemic.

Achieving zero new infections will require effective combined prevention –that is, a combination of behavioural, biomedical and structural strategies, both intensively in specific populations in concentrated epidemics and across the whole population in generalised epidemics. Critical programmatic elements of prevention of the sexual transmission of HIV include behaviour change, condom provision, male circumcision, focused programmes for sex workers and men who have sex with men and access to antiretroviral therapy (UNAIDS, 2012). Young people are the most vulnerable globally, (accounting for half of the new cases of HIV) and the greatest hope for turning the tide against HIV and AIDS (UNAIDS, 2012). The youth's social and sexual behaviours will therefore determine the future direction of the AIDS pandemic. These behaviours will depend largely on accurate knowledge of preventive measures, perceptions and attitudes towards HIV and AIDS. The National Department of Health (2011) further estimates that the national HIV prevalence increased from 17.8% to 17.9% between 2009 and 2010, projected from the 15 to 49 year-old members of the general population.

Karim (2013) cautions that a lack of knowledge or denial of one's HIV status is a consequence of discrimination and social marginalisation, which continues to be experienced daily by people who are the most affected by HIV. Stigma contributes substantially to individuals' reluctance to test for HIV (Mbatha, 2013). The problem that was investigated in this study pertained to the HIV infection rate that is high among the South African youth. An alarming finding of a study conducted by the Fort Hare Institute of Social and Economic Research (FHISER) (2007) indicated that many young people in the Buffalo City of the Eastern Cape are engaged in a risky lifestyle by choice. This study revealed that a large percentage of youth continue to engage in risky behaviours like unprotected sex and having multiple sexual partners, despite the known threats posed by HIV and AIDS and other sexually transmitted diseases (STDs). This indicates that despite high levels of awareness in the modes of HIV transmission and prevention among teenage learners, the majority of teenagers do not think that they are personally at risk. The aim of this study was to investigate Grade 12 learners' perceptions of their vulnerability to HIV and AIDS and to gain insight into their experiences of HIV and AIDS in selected schools in the Eastern Cape. To achieve the stated aim, the following questions were addressed:

- What do Grade 12 learners know about HIV and AIDS?
- What are the perceptions of Grade 12 learners of their vulnerability to HIV infections?
- What are the attitudes of Grade 12 learners towards the vulnerability of contracting HIV?
- How do Grade 12 learners perceive the effectiveness of the available intervention strategies for curbing the spread of HIV in their schools?
- What strategies can be adopted to curb the spread of HIV and AIDS in schools?

The knowledge gained from this study could be used as a tool to make recommendations about the fight against the spread of HIV and AIDS. In addition, the researcher hopes that this study will provide a basis for implementing responsible sexual behaviour programmes in schools, and serve to review the current health behaviour programmes offered in schools in the Eastern Cape, which could filter through South Africa as a whole. This study could be of value to policy makers and the South African government. It is expected that this study will influence behaviour changes among adolescents by advocating the inclusion of AIDS messages in initiation ceremonies. The findings, conclusions and recommendations of this study will be made available to the research sites and the Department of Education. The results of the current study could lead to the development of programmes to revitalise sex education, sensitisation, redirection, strengthening and the provision of sexual information to sustain the justification for the secondary school health programmes in the Butterworth district in the Eastern Cape.

It is evident from the existing literature that secondary schools have not emerged as a focus group that has been studied systematically, despite the overwhelming evidence of the risky sexual activities prevalent among adolescents and young adults, who normally constitute the population of senior secondary schools. The sexual culture of secondary schools and the fertile grounds they provide for sexual incidents from within and outside the institutions are also common knowledge. It was therefore deemed necessary for systematic research to be conducted among Grade 12 learners so that both management and government would know the extent to which unrestrained sexual activity in schools could drive the HIV and AIDS pandemic. This study is expected to establish the background and factors that contribute to the sex profile and risky sexual behaviours of Grade 12 learners in the selected Eastern Cape schools in the context of HIV and AIDS pandemic and to make practical recommendations to address any problems identified. Since the focus of any preventive strategy is on behaviour change, this article also highlights the theoretical framework relating to prevention strategies and behaviour change. After outlining previous relevant studies on HIV and AIDS, the article examines the theoretical framework it has adopted, as its theoretical framework, report the findings, engage in discussions, draw conclusions and formulate recommendations based on the findings.

## Literature Review and Theoretical Framework

This study is informed by the theory of planned behaviour (TPB) (Ajzen, 1991). Measures of intention and perceived behavioural control should correspond to the behaviour that is predicted. In other words, intentions and perceived behavioural control should only be related to the behaviour in question, and the context should be the same as that in which the behaviour is to occur. For example, the learners' behaviour should be to use a condom every time they have sex, because in so doing they will ensure that they do not contract HIV (Ajzen, 1991). The following three tenets are the basis of any social learning theory:

- Response consequences (such as rewards or punishments) influence the likelihood that a person will perform a particular behaviour again in a given situation.
- Humans can learn by observing others and also by participating in an act personally.
- Individuals are most likely to model behaviour observed by others they identify with.

According to Bandura's social cognitive theory, an individual's beliefs in his/her personal efficacy to exercise control over and regulate his/her own sexual behaviour plays a crucial role in whether or not the idea of changing risky behaviour will be considered. In other words, if an individual does not have control over his/her own behaviour, there is little motivation to try to change that behaviour.

**Adolescent sexuality and the implications for the spread of HIV and AIDS.** A significant number of high school learners are adolescents and young adults in their teens. Adolescence is a crucial phase in life characterised by unique sexual and behavioural characteristics, which include exploration, experimentation and discovery. Sexual behaviour and/or drug/alcohol use are often a part of this exploration (Connor, Gray & Kypri, 2010). The first phase of adolescence predominantly entails relinquishing childhood while the second phase relates to structuring what will become adulthood. During the second phase, the patterns are subject to modification, but except in extreme cases, not subject to abandonment. It is during the second phase that adult behavioural patterns of adaptation take shape. Adolescence is a period of transition and the challenges, turmoil, disturbance and conflict that are part of adolescence are carried by learners to school. It is at school that parental, community and even religious support are either absent or minimal and where the unique cultural environment could be in conflict with traditionally and religiously driven controls at home. The period of adolescence is often marked by mixed messages from mass media (Hare & Villarruel, 2007) and family adults (Davis & Friel, 2001), which often lead to confusion and contradiction.

**Condom usage.** Research has shown that the majority of HIV and AIDS cases all over the world, particularly in sub-Saharan Africa, are the result of heterosexual transmission and mostly among adolescents and young adults (UNAIDS, 2012). The effectiveness of latex condoms in preventing sexual transmission of HIV is not in doubt. The "Safe Sex" guidelines ([www.aidsinfo.net.org](http://www.aidsinfo.net.org)) suggest that the sexual transmission of HIV can be avoided or minimised if condoms are used consistently and correctly during sexual intercourse. Several studies have shown that adolescents and young adults continue to engage in risky sexual behaviour. Despite their access to a wealth of information, on the risks of unprotected sexual relationships, and the need to be able to negotiate the use of condoms, even in difficult circumstances, such as when under the influence of alcohol or drugs (Lewis, Lee, Patrick & Fossos, 2007; Sabone, Ntsayagae, Brown, Seboni, Mogobe & Sebegu, 2007). The use of condoms in Africa, particularly in South Africa is hindered by cultural and religious constraints because of its association with contraception. A number of Africans also associate the use of condoms with a lack of trust between partners (Oshi, Ezugwu & Oshi, Dimkpa, Korie & Okperi, 2007). The following are additional factors that make the use of condoms unpopular among Africans. Interruption of foreplay during sexual intercourse; the creation of suspicion in a relationship; the association of carrying condoms with prostitution and promiscuity; creating the wrong impression that a man or woman who carries condoms around is "asking for sex". Loss of enjoyment during sex; male dominance in a relationship that robs the female partner of the strength to negotiate the use of a condom; religious and cultural constraints, where traditionally the primary aim of sex is deemed to be procreation; and the association of the use of condoms with casual sex only, particularly with known prostitutes (Sabone et al., 2007).

In addition to sexual abstinence and mutual fidelity, the condom, however, is an important method to prevent the spread of STDs and HIV. Although the use of condoms as a method of prevention is becoming more popular in many African countries, there is still a large gap between knowing and using them correctly and consistently (Chimbiri, 2007). Condoms are highly effective in preventing pregnancies and slowing the spread of HIV and certain other sexually transmitted infections (STIs). When used correctly and consistently, male condoms can reduce the risk of HIV transmission by as much as a 94% but this figure could vary between 60% and 96% (Holmes, Levine & Weaver, 2004). Condoms have therefore been promoted as a major public health strategy to combat unwanted pregnancies and the rising rates of STIs, including HIV and AIDS.

The literature indicates the widespread knowledge of condoms among youths, but knowledge alone does not determine use. Studies show that despite universal awareness and knowledge that consistent and correct use of condoms largely protects individuals against infection with STIs and HIV, the level of condom use is relatively low among sexually active adolescents/youths, in Nigeria (Asekun-Olarinmoye & Oladele, 2009), Botswana (Sabone et al., 2007), African Americans (Adefuye, Abiona, Balogun & Lukobo-Durrell, 2009) and South Africans Kalichman, Simbayi, Cain & Jooste, 2009).

**Concurrent multiple sexual partners.** Concurrency in sexual relationships refers to people who have high levels of sexual partner turnover and concurrency – that is, having more than one sexual partner during the same period of time. Epidemiologists have observed that in Africa, men and women often have more than one sexual partner at the same time. Sometimes, they have two or more concurrent sexual partners that can overlap for months or even years (Halperin & Epstein, 2007).

While circumcision can be used to explain the disparity between infection rates in West Africa and Southern African region, it cannot be used to rationalise the disparity between Southern Africa and Europe and America where the majority of males are not circumcised. Multiple concurrent partnerships by men and women, with low consistent condom use, and in the context of low levels on male circumcision (SADC, 2006) have been identified by Kalichman et al. (2009) and SADC as the two major driving forces in the exacerbation of the pandemic in Africa, more so in the Southern African regions.

Many people involved in multiple sexual relationships find it difficult to change and may not see any convincing reasons to change their behaviour for a number of social, cultural, and economic reasons. Many Africans enter into polygamous relationships because of fame, wealth or power. Many African young girls and women, because of poverty or greed, fall prey to the intrigues of richer and privileged men and enter into multiple relationships for money or position (Sabone et al., 2007). Such women lack the power to negotiate timing for sex or the use of a condom. The sustained high prevalence of HIV and AIDS in Africa is thus associated with concurrent multiple sexual partnerships among Africans, single or married. For example, HIV has been present in Asia for two decades yet the spread of the disease is still limited (Park, Siraprapasiri, Peerapatanapokin, Manne, Niccolai & Kunanusont, 2010).

## MATERIALS AND METHODS

A mixed method approach was adopted by conducting focus group interviews and questionnaires in order to engage with and capture the different perspectives of the target population. However, this article reports only on the qualitative data. The target population, comprising a total of 40 participants who were 17 years of age and in Grade 12, was selected using proportional stratified sampling. The reason for targeting 17-year-old Grade 12 learners was that they were deemed to be suitable sources of information for the study because they were considered to be relatively knowledgeable about HIV and AIDS. Secondly, they had been exposed to various programmes offered in their schools in an effort to curb the spread of HIV.

Qualitative data were organised and broken down into smaller units in the form of stories and sentences. General themes and subthemes were identified, categorised and summarised accordingly. In terms of ethical measures, informed consent was obtained from each participant in the study. This was to ensure that they understood what they were doing and to verify their willingness to participate. The purpose of the study was explained to the respondents before completion of the questionnaire and the commencement of the focus group discussions. Ethical clearance was obtained from the Department of Sociology at the University of South Africa.

Participants were informed that participation in the study was voluntary and that failure to participate or to withdraw consent would not result in any penalty or loss of benefits to which the participants were otherwise entitled. After informing the participants of the purpose of the study, the type of information needed and how the information would be used, the participants voluntarily and orally confirmed their participation. The representatives of the school governing body signed a consent form for all the participants in the study. The researchers did not place the participants in a situation where they might be at risk of harm (physically, emotionally, socially, politically, economically and psychologically) as a result of their participation. Confidentiality was ensured by not divulging the participants' information to anyone who was not directly involved in the study. The anonymity of participants was ensured by not revealing their identity. The researchers ensured that all the findings were presented honestly without making up any data to support a particular finding. The researchers also adhered to the research institutional guidelines.

## FINDINGS

The findings are discussed under the following headings: demographic profile of the respondents; Grade 12 learners' knowledge of HIV and AIDS; learners' vulnerability to HIV; availability of HIV intervention programmes in schools; and strategies for reducing learners' vulnerability to HIV and AIDS.

**Demographic profile of the respondents.** As expected, all the participants (40; 100%) were indigenous Africans. This did not come as a surprise because both the targeted schools were located in rural areas in the Eastern Cape. The study comprised 20 (50%) females and 20 (50%) males. The study targeted only 17-year-old Grade 12 learners at two senior secondary schools in the Eastern Cape.

**Grade 12 learners' knowledge of HIV and AIDS.** One of the main aims of the study was to ascertain the learners' knowledge of HIV and AIDS. This was to ascertain whether they were aware of how one can contract HIV or prevent being infected with the disease. Interestingly, the learners demonstrated a relatively high knowledge of HIV and AIDS and on how one can contract or prevent infection.

For example, one learner indicated the following: *"sometimes we have some drinks when we go out as the school, and when we come back we drink alcohol and the mind gets disturbed. After that, one thinks of a girl that he has been lusting for and that girl will also be in the same mood and we go for quick unprotected sex."*

One learner was concerned with the lack of HIV and AIDS education in the villages where some cultural practices and church beliefs are followed. She commented as follows: *"One day my friend told me about this thing they do in her church – you get pricked by a straight pin on the ankle and as you are in a queue they start with the first one until the last person and the pin is not sterilised or anything."*

As indicated in the above quotations, the learners were able to pinpoint contexts that might put them at risk of contracting HIV, such as having unprotected sex with an infected person, and practices that might help them avoid contracting the virus, such as abstinence.

**Learners' vulnerability to HIV infections.** The participants were required to comment on their vulnerability to HIV. It was important to allow them to express their thoughts in order to determine their perceptions and attitudes towards their vulnerability to HIV. The researcher observed that while Grade 12 learners regard their sexuality development as a normal phenomenon, they also perceive it as putting them at risk of contracting HIV. Learners perceive themselves as deficient in exercising control over their sexual desires, arising from their sexuality development.

For example, one learner commented as follows: *"When you have sex it is like you are doing something better. It is something nice; it is enjoyable, so I would say that we are at risk because there is no secret. Everyone wants to do it just to show off that they can also do it."*

A number of school-related factors that predispose learners to the dangers of contracting HIV, such as inter-school meetings, peer pressure and sexual harassment were highlighted during the interviews. In the words of one learner: *"I would say I am at risk because there are sugar daddies and sugar mummies now, you see they are able to sleep with learners without using a condom and yet we do not know their HIV status."* Grade 12 learners think that their risky sexual behaviour is often the result of peer pressure or merely imitation of friends' behaviour.

It also emerged during the focus group discussions that learners were of the opinion that their homes provided unsafe spaces for adolescents, and that as learners and young people they lacked good role models. This has implications for where and how learners are raised, sometimes putting them at risk of contracting HIV, especially the girls who repeatedly mentioned poverty as a motivating factor for engaging in risky sexual behaviour. This ought to be weighed against the consequences of contracting HIV, which this study has demonstrated and which are well known to Grade 12 learners.

The participants demonstrated that they were quite aware of the consequences of contracting HIV, such as withdrawal from school, being discriminated against in society, long illnesses and suffering, and ultimately death. They were also aware of the various environments that are unsafe and that can put them at risk of contracting STIs, including HIV. Unfortunately, this awareness of their vulnerability to HIV seems to be concealed in misconceptions about the disease and also overshadowed by their attitude of so-called "othering" or distancing themselves from the disease. Othering is a negative attitude towards vulnerability where the respondents believe that heterosexuals are not susceptible to HIV, and they attribute HIV infections to homosexuals. Statements like "adolescents are..." or "they do this because..." or "many youth..." are indicative of othering (Squire 2007:117) the disease or situation and distancing themselves from adolescents who encounter the problems discussed. This denial of their own vulnerability is also a reflection of deep-rooted cultural norms in rural South Africa where the issues of sex and sexuality, and consequently HIV and AIDS, are still taboo.

**Availability of HIV intervention strategies in schools.** The participants were required to comment on the availability of HIV intervention programmes in their schools. This was to gauge their awareness of the HIV intervention programmes that were available to them, and whether they were effective or not. For example, the following HIV intervention programmes were available in both schools.

- loveLife
- Life Orientation

This study found that the teaching of HIV and AIDS or Life Skills is unsatisfactory. The findings of learners' mixed responses to the HIV and AIDS programmes offered in schools have their own implications for the delivery of the programmes. Learners indicated negative experiences in the form of poor delivery of the programmes by teachers, such as teachers' failure to relate to real-life situations and the lack of openness in discussing the issues of sexuality and HIV and AIDS.

For example, one learner stated the following: *"I cannot say there are or there are not, because they do not come as often as they should, so we would not necessarily count them under a school-based programme because they rarely come as in like very seldom. We have not seen them this year."*

The findings highlight the need for a review of the practice of interventions at school level, to make them more informative, practical and realistic.

**Strategies for curbing the spread of HIV and AIDS in schools.** The participants were asked to suggest contextual conditions that need to be adopted in order to curb the spread of HIV and AIDS in their schools. It is important for Grade 12 learners to adopt a new language of optimism, that is, affirmation of the possibility of change and of the centrality of compassion and concern, as they engage with the AIDS pandemic. The suggestions they made have implications for government to change the mind-set of society when talking about HIV and AIDS.

In particular, programmes need to address the attitude of othering by enabling adolescent learners to accept that the pandemic is among them. For example, when one learner was asked to offer a solution to reducing HIV infections, she said that *"the government can make a plan by having officers who go from home to home checking those who have had sex while below the age of 18 and if found they should arrested."*

The status often associated with manliness in adolescents can be transferred to the sports pitch. Learners themselves believed that involvement in extracurricular activities would help them to develop self-esteem and the ability to resist gangs, drugs and other anti-social behaviour. Based on these findings, the researcher therefore subscribes to the concept of Grassroots Soccer (GRS), a programme tried in Zimbabwe by an NGO (Griffiths, 2005), where life skills based interventions that use national and international soccer stars as role models have had tremendous success in behavioural change. Griffiths (2005) further confirms that, because of this success, the concept has already been extended to countries such as Zambia, Botswana and South Africa, where FIFA has embraced it under the theme *"Football for Hope."*

From the learners' perspective, abstinence seemed favourable as the main solution to curbing HIV infections. One learner had the following to say in this regard: *"I think another thing that could be done is to emphasise the issue of abstinence, meaning that ok fine it is either you do not have sex or you use a condom if you have sex."*

According to another learner, *"condoms are freely available but even when using a condom you are exposed to a risk of contracting HIV. There are risks of it breaking out and they say a condom has some tiny pores, which may cause you to contract HIV. So you end up saying this thing is condoning AIDS because one may have been sceptical about sex but when seeing condoms being promoted she/he may say at least I am safe, I will not get AIDS and let me indulge, and by so doing she/he gets infected."*

Another learner, however, viewed the use of condoms with dissatisfaction: *"I look at this condom thing; it is somehow promoting AIDS because when you bring precaution it has to be guaranteed and not have an element that does not serve its purpose. For me now, I see a condom as something which does not serve its purpose to the fullest, if I may put it that way."*

Amazingly, another learner discouraged the involvement of learners in sports and said that *"things like inter-school matches need to be scrapped from extra-curricular activities and focus on things like the Students Christian Organisation because learners end up having sex when they go out"*.

There seemed to be discrepancies in how HIV education programmes are run when comparing rural and urban areas. One learner claimed that, *"in rural areas people do not have enough information about HIV and AIDS, so to raise the awareness among them could help in terms of protection and giving them free condoms so that they do not*

*contract HIV.*” This claim might be true in remote areas (in terms of transport and the media) and people are stigmatised for contracting HIV.

Another learner pointed out that *“the government should intervene by encouraging nurses to go to communities at specific times to visit schools and in rural areas so that they spread the message that, HIV is risky and explain how it can be prevented.”*

## DISCUSSION

It is worth mentioning that based on the three tenets of the social cognitive theory, abstinence from sex should be preached to learners so that they can avoid the punishment that comes with lack of self-restraint. The reward for such abstinence would be good health and longevity. By observing other role models in their families, schools, communities and churches, learners would be encouraged to keep the pledge of being faithful to one partner at a time. For learners to be able to take precautionary measures, such as condom usage, there should be more television programmes and HIV and AIDS campaigns that stress the importance of taking such measures. This should be a continuous drive, regardless of the recently noted decrease in the number of HIV infections in certain areas of South Africa. Moreover, the concept of the 3R's should always be stressed: one's rights, responsibilities and rewards associated with boy-girl relationships (Steyn, Mayburgh & Poggenpoel, 2005). Such debates can demonstrate the level of understanding among adolescents of what constitutes a risky or safe context, and should be encouraged so that in the process of discussions and interaction, adolescents acquire decision-making and self-control skills. To address the problem of the low levels of HIV status knowledge, South Africa adopted a novel approach in launching an aggressive national campaign in April 2010 to encourage 15 million sexually active individuals to test for HIV over 12 months. At the end of the campaign, in June 2011, 14.8 million counselling sessions and 13 million tests for HIV and eight million tuberculosis tests had been completed Karim (2013). Campaigns like this should be encouraged and not be a once-off occurrence. Such initiatives could also correct the many myths about HIV and AIDS among learners and increase their awareness of the realities of the pandemic.

Regarding the learners' vulnerability to HIV and AIDS, the findings that learners are forced to engage in unprotected sex because of peer pressure, have implications for the learners' capacity to negotiate safe sex and this places them at risk of contracting HIV and AIDS. While inter-school meetings are considered healthy for social development, they are considered a risk factor, as learners tend to use such opportunities to fulfil their sexual desires, engaging in unplanned and unprotected sex. These have implications for school management and government, to make schools safe places for learners, especially girls. In particular, school management should review their practices with regard to inter-school meetings, either for educational purposes or for sport, since these have been reported to pose potential risks for learners who engage in risky sexual activities. Although sexual harassment by teachers was not prominent in the study, the fact that it was mentioned is indicative of its existence. A strong condemnation of the practice by authorities should be followed by action against teachers who perpetrate this practice on girl learners.

In relation to the availability of HIV intervention programmes, effective delivery of intervention programmes should involve active participation by learners. Programmes should appeal to adolescents by including play, music, drama, poems and external guest speakers. To make HIV and AIDS programmes more realistic and practical, arrangements could be made for adolescent learners to visit hospices where AIDS patients are treated. As the participants in this study indicated, this could help them to internalise their responsibility in terms of the prevention of HIV transmission. Participants expressed the need for facilitators to focus on their lives, to be actively involved in the programmes, to engage in sporting activities and to invite guest speakers so that they can learn from them. The suggestion of bringing in People Living with HIV and AIDS seems to concur with the view of Parker (2005), who argues that presenting programmes that are associated with personally, knowing people who live with HIV may greatly contribute to HIV and AIDS risk reduction among learners.

When it comes to the strategies that can be adopted to curb the spread of HIV and AIDS in schools, the participants viewed abstinence and adherence to religious and moral codes as being the unquestionable way to reduce adolescents' vulnerability to HIV infections, and condemned the promotion of condom use. However, this is a contradiction in terms because they acknowledged the importance of using a condom, but at the same time showed a negative attitude towards such use, thereby aggravating the spread of HIV infections among the youth, especially in schools. There is a need for strong advocacy on the use of condoms as preventive measures against unwanted pregnancies and STIs, including HIV. Parents should talk openly about sexuality, HIV and AIDS issues with their children, and the government should do more by effectively implementing HIV and AIDS programmes in schools. Religion seems to play a crucial role in learners' understanding of their vulnerability to HIV; this has implications

for the coordination between religious institutions and civil society organisations and government. Mwenyemasi and Kapakasa (2008) reported on another initiative aimed at delivering HIV and AIDS messages through the use of hip-hop music. A tour organised by Alliance 2015 under the theme “Virus Free Generation” was organised in 2008 and involved Malawi, Tanzania, Namibia and South Africa, as a successful project in spreading HIV and AIDS messages through hip-hop.

## CONCLUSIONS

The findings of this study indicate that the onus is first and foremost on the individual learner to effect behavioural change because if he/she sees the need for behavioural change, he/she will be safe. This study established that attitudes, lack of skills in impulse control, decision making and self-efficacy and low self-esteem seem to be key internal factors in learners’ continued engagement in risky behaviour. Another point worth mentioning is that this study clarified how prone adolescents are to sexual impulses and why, if these urges are not controlled, they can make adolescents vulnerable to HIV infection. Furthermore, the findings suggest the need for increasing learners’ self-esteem and developing skills in risk and impulse controls. It was also evident from the findings that adolescent learners had difficulty with relationship building, especially with the opposite sex, and were easily influenced by peer pressure. These findings have implications for the promotion of self-determination, not only among Grade 12 learners, but also for all members of the school community so that they can provide appropriate support to adolescents to make them less vulnerable to STIs, including HIV. Moreover, the findings of this study determined the extent of learners’ understanding of the consequences of HIV and AIDS in shattering their hopes for the future, but it is also evident that learners seemed to have problems participating in interventions, because they had lost hope in their usefulness. It is these inadequacies that place them at risk of contracting HIV and AIDS. The current findings also emphasise the fact that idle bodies, in the absence of activities, tend to place learners at risk of HIV and AIDS, because all they may think about is how to engage in sexual activities.

Drawing on behavioural models, the study showed how the learners realised the consequences of engaging in risky sexual behaviour; the need to change behaviour; have knowledge of which specific behaviours need to be changed. It also showed how learners acknowledged the need for support from friends or adults in the process of behaviour change, and have knowledge about the benefits of adopting new behaviours such as the use of condoms. The social cognitive theory, which deals with aspects of cognition and emotion, provides useful insights into understanding how adolescents acquire and maintain certain behavioural patterns, including risky sexual behaviour. Unfortunately, as indicated earlier, the participants in this study did not seem to have sufficient self-efficacy to adopt new behaviour, and this puts them at risk of contracting HIV and AIDS. A similar study targeting more schools, not only in the Eastern Cape Province, but throughout South Africa, should be conducted.

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#### About the author:

**Name:** Dr Nceba Nyembezi

Dr Nyembezi is a Post-Doc Research Fellow at Walter Sisulu University, and is pursuing research for presentation at conferences and publication in peer reviewed journals. He also holds Master of Education (Inclusive education) and Master of Arts (Social Behavioural Studies in HIV and AIDS). He has taught extensively in both the General Education and Training band and Further Education and Training band. His areas of interest include identifying factors that promote the use of Cloud Computing technologies for regular and Inclusive classrooms.

**Mailing address:** Walter Sisulu University, Postdam Campus, Private Bag X1421, East London, 5200, South Africa

**Tel:** +27 78 197 9498

**Fax:** +27 86 605 0254

**e-mail:** nyembezi.n@gmail.com

