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Lovelife counselors' perceptions of the impact of HIV and AIDS on the sexual conduct of adolescents

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2007-03-02T12:00:55Z
http://hdl.handle.net/10539/2202

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CHAPTER 2 : LITERATURE REVIEW

2.1 INTRODUCTION

In this chapter, the theories that will be covered include the Social-Learning and Ecological Approaches as well as the Health Belief Model. These theories are useful to explain why adolescents are prone to HIV and AIDS infections. The impact of the HIV and AIDS pandemic on South African adolescents will also be explained. The prevalence of HIV and AIDS is high among adolescents, and it is therefore important to understand the factors that contribute to the spread of the virus in adolescents. This study concentrated on the perceptions that loveLife counselors have about the impact of HIV and AIDS on adolescent sexuality. Adolescent cognitive, physical and sexual development will be discussed as well as factors that influence early engagement in sexual relationships. The last topic that will be covered, in the literature review, concerns sexuality. The sexual behavior among adolescents will firstly be explained, and thereafter, the perceptions of adolescents towards sexuality. A further elaboration will be done on how adolescents perceive condom use and their sexual conduct, before the issue of condom availability is finally discussed.

2.2 **THEORETICAL FRAMEWORK**

2.2.1 Social-Learning theory (Albert Bandura)

In his Social-Learning Theory, Albert Bandura asserted that behaviour is a result of cognitive and environmental factors interplaying with each other (Bandura, 1963). Albert Bandura named this kind of interplay “reciprocal

determinism" which concentrate on the connection between cognition and the environment.

Ryckman (1978) stated that a person's behavior is modeled by observing other people. According to this theory, observational learning is a process that happens intentionally or unintentionally, which means that one engages in a certain behavior being aware or not aware. The reciprocal determinism involves one's cognition and other personal factors, behavior, and environmental influences operating interactively as determinants of one another (Bandura, 1963). The environment in which people find themselves, influences their behavior the same way their behavior influences the environment. People adapt their behavior and/or attitudes to what is going on around them, and they have a tendency of imitating what they see being done by those people who have the power to influence them (Bandura, 1963).

The Social-Learning Theory does not only focus on an individual's egoistic tendencies but also takes into account those environmental factors that influence an individual's behavior. Adolescents live in a highly technological world where there are, amongst other things, the television, radio, print media, computers, etc. Adolescents are exposed to a number of influences, attitudes and behaviors that they later imitate. From the media, a lot of emphasis is made on sexuality and sexual matters.

This study has observed that the media make sex glamorous and fashionable. From the study's further observations, most of the advertisements that are shown on television, internet or broadcast on radio have sexual connotations to them. According to Brown and Keller (2000) the media is mainly concerned about attracting audiences and selling products. The media is less concerned about promoting healthy sexuality (Brown & Keller, 2000). As they say, "sex sells" (meaning that the more an advertised product had sexual connotations to it, the more it will sell).

The media would thus seem to be promoting sex but at the same time it does provide guidelines on how to engage in protected sex. The media puts a lot of emphasis on either using a condom during penetrative sex, abstaining from sexual relationships or being faithful to one HIV negative sexual partner. Adolescence is a stage which is characterized by many changes including cognitive change (Craig, 1996; Reproductive Health Outlook, 2004; Papalia & Olds, 1998). Adolescents are not yet cognitively mature, which means that they are not capable of thinking rationally (Craig, 1996). The inability to think rationally puts them at a risk of contracting HIV because they are not able to internalize the warning messages about the dangers of HIV and AIDS that the media talks about.

Piaget's cognitive development theory in Papalia and Olds (1982) states that adolescents are in the formal operations stage. In the formal operations stage, a person has the ability to think abstractly, deal with hypothetical situations and think about possibilities (Papalia & Olds, 1982). According to Piaget's cognitive development theory, it is not the adolescents' cognitive immaturity that make them engage in risky sexual behaviours but other reasons apply. The cognitive dissonance theory by Festinger (1956) in Sdorow (1993) also does not agree that adolescents are cognitively immature. The cognitive dissonance theory highlights the unpleasant physiological tension that an individual experiences when s/he recognizes that his/her cognitions are not consistent with each other. For example, according to this theory an adolescent may be knowledgeable about the dangers of contracting HIV and AIDS but still engage in risky sexual behaviours because s/he would have convinced him/herself that s/he will not be infected with the virus. In this way, there would not be any physiological tension as his/her cognitions will be consistent with each other.

As Nielsen (1996) mentioned, adolescence is a stage characterized by many changes, and it is during this stage that an individual tries to find his/her purpose in life. According to Erikson's psychosocial theory in Papalia, Olds, and Feldman (1998), adolescents are in the identity versus identity confusion stage. Adolescents must determine their own sense of self or experience confusion about roles (Papalia et al., 1998). It is also a stage whereby adolescents are prone to multitudes of influences as they are still trying to define themselves, who they really are, and what they stand for. If these are some of the processes that take place during adolescents, then it means that what they see or hear around them easily persuades them.

It is interesting that adolescents imitate mostly negative things from the media. Adolescents seem to neglect the positive messages that the media broadcasts, like "do not have unprotected sex". The spread of HIV and AIDS can decrease if adolescents allowed themselves to be influenced by the positive messages from the media. This study thinks that one of the reasons why the negative messages are being adopted rather than the positive ones may be because adolescents have not yet developed the capacity to think rationally about matters. Adolescents are not yet cognitively mature, which is why the messages that save lives such as "do not have unprotected sex" are neglected (Craig, 1996; Reproductive Health Outlook, 2004; Papalia & Olds, 1998). According to Piaget's cognitive development- and Festinger's cognitive dissonance theories there are other reasons why adolescents seem to be adopting negative rather than positive messages from the media.

The presence of HIV and AIDS causes conflict in adolescents about how they express their sexuality. This is the case because the media and some members of the general society are dictating one thing while the reality of HIV and AIDS says another. The media promotes sex and sexual relationships, and makes it all right and acceptable for one to be sexually active. As a result of HIV and AIDS, adolescents may experience a lot of turmoil between the

norms that the media wants society to adopt and the reality of the dangers of contracting HIV or AIDS.

2.2.2 Ecological Approach theory (Bronfenbrenner)

Bronfenbrenner's Ecological Approach is concerned with the different environmental spheres that influence an adolescent's life. The Ecological Approach explains in detail the environmental levels that are important to an individual (O'Connor & Lubin, 1984). According to the Ecological Approach there are various environmental systems that influence an individual's life. These systems will be described below.

The first system Bronfenbrenner stated was the *microsystem*, which include activities that an adolescent is directly connected with. This encompasses the immediate surroundings such as parents, teachers and the church. The second system, the *mesosystem*, has to do with the connections between different components of the microsystem. This may involve, amongst other things, the ways in which the family and the school interact and how adolescents form friendships. The *exosystem*, which is the next system, is concerned with those things that an adolescent may not have direct contact with, but still influence the adolescent, nonetheless. These are, for example, the parents' work place and school board decisions. The fourth and last system is called the *macrosystem*. The macrosystem refers to the broader context that an adolescent develops in, such as laws, cultural beliefs and customs (Hook, Watts, & Cockcroft, 2002; O'Connor & Lubin, 1984;).

All these systems that are discussed above, have a lot to do with how adolescents view and express their sexuality. For example, the microsystem has direct influence on adolescents as it consists of an individual's immediate environment and parents. The study thinks that parents have a pivotal role to play in terms of shaping adolescents' attitudes towards their sexual conduct.

The Social-Learning Theory states that adolescents imitate a lot of things that they see and hear around them (Bandura, 1963). Some of the things they imitate is having unprotected sex. The parents can play a role in educating their adolescent child about sexual matters and the dangers of HIV and AIDS.

In the mesosystem, the friendships that an adolescent forms are highlighted. In the study's opinion, peers can also be used to influence each other about HIV and AIDS related matters. Adolescence is a stage where peers and what they think are taken very seriously. Peers can be used to influence how adolescents conduct themselves sexually because they listen to each other more than they do to their parents (Craig, 1996; MacPhail, 1998).

There are some systems that an adolescent has control over, but there are also those that an adolescent does not have control over. Nonetheless, all these systems contribute in shaping how adolescents will choose to conduct themselves sexually. The exo- and the macrosystems can be used to educate parents on the importance of talking about sexual matters with their adolescents.

An adolescent is an individual system on his/her own. An adolescent has his/her own mind and wishes. What an adolescent sometimes wishes for, is not necessarily what all the other systems dictate. An adolescent can wish to abstain from sexual relationships or use a condom during penetrative sex, but most of the time some members of society dictate different ideas that will put the adolescent at danger of contracting HIV and AIDS. Bronfenbrenner's Ecological theory may have an impact on understanding how adolescents conduct themselves sexually. All the systems that the Ecological Approach discusses play a very important role in how adolescents perceive sexuality as it is from the cultural beliefs and the society norms that perceptions are formed.

South Africa is faced with a big challenge with such high rates of HIV and AIDS infection amongst the youth, as most of them imitate what they see or hear even if it puts them in danger of contracting the HI virus. The Social-Learning Theory incorporates an individual's cognition as well as the environment, which surrounds him/her. The Health Belief Model attempts to cover the Social-Learning and Ecological Approaches' shortcomings by focusing on the attitudes and beliefs of individuals (which in itself is also a possible shortcoming).

2.2.3 The Health Belief model

Albert Bandura's Social-Learning and Bronfenbrenner's Ecological approaches attempt to explain why adolescents do the things they do. The study focuses on the Health Belief Model as it attempts to explain why adolescents would engage in HIV-risk behaviours.

The Health Belief Model was adapted to explore a variety of long- and short-term health behaviors, including sexual risk behaviors and the transmission of HIV and AIDS (Becker, 1974). There are basic principles which govern the Health Belief Model, these are:

a) Perceived threat

Perceived threat is divided into two parts: ***Perceived susceptibility and Perceived severity.***

Perceived susceptibility is concerned with an individual's subjective opinion of contracting disease or a health problem. It defines the population(s) at risk; it determines the risk levels (Becker, 1974). Adolescents do not generally see themselves as being susceptible to contracting HIV, hence an increase in the infection rate amongst that age group (AIDS Foundation Of South Africa, 2005;

DoH, 1998; Jogunosimi, 2001; UNFPA, 2003; Reproductive Health Outlook, 2004).

Perceived severity deals with one's opinion of how serious a condition will be or what the symptoms will be like. It specifies consequences of the risk and the condition. Adolescents do not believe they can be infected with HIV, and therefore, they do not even think out how it will be like if they contract the virus (MacPhail & Campbell, 2001).

b) Perceived benefits

Perceived benefits encompasses those ideas, opinions and beliefs of the effectiveness of the strategies, which are designed to reduce the threat of illness. It defines the action that one will take; how, where, when, and clarify the positive effects to be expected. Adolescents do not see the benefits of conducting themselves differently in sexual relationships which is why the majority of young people are not using condoms during penetrative sex and are not abstaining from sexual relationships (Meyer-Weitz, Steyn, & Ghama, 1999). The young people do not see themselves using alternative methods to protect themselves from being infected with the HI virus.

c) Perceived barriers

These are an individual's opinion of the tangible and psychological costs of the advised action (Becker, 1974). Perceived barriers identify and reduce barriers through reassurance, incentives, and assistance. Adolescents view the practice of safe sex as inconveniencing and unpleasant, which is why they stop themselves from using condoms during penetrative sex. Adolescents are not yet ready to act on their sexual conduct as they have not internalized their susceptibility to contracting the virus (Meyer-Weitz et al., 1999).

d) Cues to action

Cues to action involve events, either bodily (e.g., physical symptoms of a health condition) or environmental (e.g., media publicity) that motivate people to take action. This covers the strategies, which activate “readiness”, provide how-to information, promote awareness and reminders.

The study thinks that if people, who are infected with the virus, were more open and admitted that they were suffering from AIDS, then adolescents will be able to see the reality of the pandemic. People do not readily disclose their HIV status because of fear of being stigmatized against (UNAIDS, 2003). If young people knew that someone in their family or someone they knew died from AIDS related illnesses, then that might serve as a trigger to them to conduct themselves differently.

e) Self-efficacy

This is concerned with one’s ability or confidence to be able to carry out successfully the behavior required to produce the desired outcomes (Becker, 1974).

The study thinks that adolescents’ perceived susceptibility is very low, which is why they are not taking precautionary measures to prevent themselves from contracting HIV and AIDS (MacPhail & Campbell, 2001). They perceive HIV and AIDS infections as being a disease that would infect other people and not themselves. Adolescents are not as yet concerned about the perceived-severity, -benefits, -barriers, cues to action and self-efficacy as their perceived susceptibility is very low at the spectrum. It, therefore, becomes very unsafe for them if they do not believe that they are at risk of contracting the HI virus as this may lead them to careless behaviors (Becker, 1974).

2.3 HIV and AIDS

The impacts of HIV and AIDS brings about uneasiness in a society about their sexuality (Weeks, 1986). The study thinks that the reason for this may be based on the fact that many people hold different attitudes about HIV and AIDS. Some attitudes are positive and protect an individual from contracting the HI virus, while some views increase the spread of HIV and AIDS. The author thinks that a few people hold attitudes that promote the use of condoms during penetrative sex, while others discourage protected sex during sexual intercourse. Meyer-Weitz et al. (1999) agreed that many people do not engage in protected sex. The different conflictual views bring about anxieties as people end up not knowing how to behave or protect themselves against contracting the virus.

The United Nations Population Fund's State of World Population (2003), in Reproductive Health Outlook (2004) mentioned that the world has an estimate of six billion people living with HIV and AIDS. There are about 1.2 billion adolescents (aged between 10 and 19), and one billion aged 15 to 24. It is estimated that at least one in six adolescents are being infected by the Human Immunodeficiency Virus every minute. This leads to a total of about twelve million young people living with HIV and AIDS. It is further reported that many of these adolescents will die before they reach the age of 35.

2.3.1 Present situation of HIV and AIDS in South Africa

There is an estimated 6.29 million South Africans living with HIV and AIDS. This estimated figure includes 3.3 million women (adolescents and adults (Avert, 2005). HIV and AIDS infections as well as sexually transmitted diseases (STD's), are more prevalent among adolescents (Division of STD prevention, 1995 in Lear, 1997; Zabin & Hayward, 1993; Richter & Swart-Kruger, 1995).

The Nelson Mandela/HSRC study (2002) in Avert (2005), looked at the South African National HIV prevalence, behavioural risks and mass media household reported that Kwazulu-Natal, Gauteng and Mpumalanga had the highest prevalence of HIV and AIDS infections among antenatal attendees. The prevalence rate for each of the provinces was 40.7 %, 33.1 % and 30.8 % respectively. According to the study Western Cape had the lowest prevalence of 15.4 % infection rate.

The DoH (2004) in Avert (2005), also stated that Kwazulu-Natal is the most affected by HIV and AIDS. The prevalence of the pandemic in Kwazulu-Natal is 36.5 %, in 2002, while in Gauteng (the second most affected province) is 31.6 %. In the Western Cape Province, the prevalence of HIV and AIDS is 12.4 % which is the lowest as compared to other provinces in the country. The statistical differences between the Nelson Mandela/HSRC and the South African Department of Health studies may be due to the fact the there was a two year interval between the two studies. The one study (Nelson Mandela/HSRC study) was conducted in 2002 while the South African National Department of Health carried out their study in 2004. In two years a lot can happen and things may get better or worse. Another reason for the discrepancy in the statistics may be due to statistical errors, meaning that different calculation methods could have been used to calculate the same thing.

South Africa is one of the countries that is most affected by the HIV and AIDS pandemic (Population Council Research, 2003). Big Media (2003) estimated that about six million South Africans will die from AIDS related illnesses in the next ten years. Young women are most at risk of being infected, mainly, due to the fact that their bodies matured much quicker than men's, and their immature reproductive systems are more prone to HIV and AIDS infections (DoH, 1998).

Campbell and Kelly (1995) further stipulated that adolescent girls are more at risk of being infected with HIV due to lack of information on matters relating to sexuality. There is a belief that the less one knows about sexuality, the more purified and innocent they remained (Campbell & Kelly, 1995). Ignorance is seen as a sign of purity and innocence. Society seem to place a high social value on virginity in unmarried girls. This high social value that is placed on virginity, in girls, can put a lot of pressure on the families and communities to ensure that young women are kept ignorant about sexual matters.

According to Masserman and Uribe (1989), about 70 % of young men and 50 % of young women had sexual intercourse by the age of fifteen, implying that adolescents engage in sexual relationships at a very early age. From this statement, the study assumes that adolescents are not taking seriously the warning messages about the dangers of HIV and AIDS. This early onset of sexual intercourse increases the prevalent rate of HIV and AIDS infections amongst adolescents. Rivers and Aggleton (1999) stated that about one third of boys and girls aged 12 – 17 have had sexual intercourse in South Africa. By the age of twenty, only 20 % of all adolescent girls are still virgins (an increase of about 30 % from the 1980's), and almost 75 % of all boys had sex before their eighteenth birthdays (Nielsen, 1996). The number of adolescents engaging in sexual relationships increased as the years went by.

Studies have stated that the best ways to prevent HIV infections is by abstaining from sexual intercourse, being faithful to one uninfected partner, and using condoms (Jogunosimi, 2001; Kaiser Family Foundation, 2001; Moolman, 2004; UNFPA, 2003). Even though preventive and protective strategies against contracting the HI virus are reported on, HIV and AIDS infection rates still remain high amongst adolescents. What are the factors predisposing adolescents to such high infection rates?

2.3.2 Factors influencing the spread of HIV and AIDS

There are a number of factors that influence the spread of HIV and AIDS amongst adolescents. These factors include:

a) Substance abuse

Alcohol seems to be one of the main contributing factors to the spread of HIV and AIDS as it leads to promiscuity, irresponsibility and high risk sexual behaviors. In the study conducted by Seloilwe (2005) on the "Factors That Influence The spread of HIV/AIDS among students of the University Of Botswana" alcohol reduces willpower, judgement and inhibitions. Papalia and Olds (1982) stated that alcohol serves as a depressant, which suppresses the immune system making one's control over sexuality difficult. It often interferes with rational decisions on having protected sex.

Dorrington, Bradshaw, and Budlender (2002) stated that in 1998 the prevalence of HIV and AIDS infection amongst people consuming alcohol was as follows: 35 % (men), 55 % (women) and 65 % (commercial sex workers). Older men tend to sexually take advantage of younger women when under the influence of alcohol as it makes them both careless and fearless. Alcohol intoxication makes men more brave than they usually are if they are sober, which makes engaging in unprotected sex more prevalent (Seloilwe, 2005).

The influence of alcohol encourages low, improper, and inconsistent use of condoms, thus predisposing people to contracting the HIV infection. Alcohol reduces willpower, judgement and inhibitions. It often interferes with rational decisions on having protected sex. When an individual is under the influence of alcohol sexual discipline dissipates as cultural values and morale are at their lowest. This put an individual at risk of contracting HIV as it is when one's

morale is low that risky sexual discipline prevails. Dorrington et al. (2002) mentioned that alcohol abuse increases the risk of HIV and AIDS infection.

b) Frequent change of partners and high number of sexual partners

Many adolescents change partners frequently, on the average two to four times a year (Seloilwe, 2005). This is a result of seeking stability from their partners who are observed and experienced as not being serious about the relationship. Material gains such as money, gifts, clothing, and cellular phones also contribute to high levels of partner change (MacPhail, 1998; Meyer-Weitz et al., 1999).

c) Exchange of sexual partners

Partner exchange is another factor predisposing individuals to contracting the HI virus (Seloilwe, 2005). Usually partners are temporarily changed, amongst a group of close friends to experience what someone else's partner has to offer, sexually. Seloilwe (2005) reports that this can be a very exhilarating experience amongst a group of friends. This is a high-risk activity as it contributes to the spread of HIV and AIDS.

d) Prestige of multiple partners

To have multiple partners is something that the male youths think is prestigious. Multiple partners for males give them status and reinforces their masculinity. Having multiple partners predisposes individuals to the infection of HIV and AIDS (Seloilwe, 2005).

e) Sexual activity for financial gain

Some adolescents engage in sexual activities as their way of getting material favors from their partners. This is the reason why they choose to have sex with working men rather than students or scholars who are not working. Most of these working men are much older than they are (Nnko & Pool, 1997; Tapia-Aguirre, Arillo-Santillán, Allen, Angeles-Llerenas, Cruz-Valdéz, & Lazcano-Ponce 2003). Some of these material favours included, being responsible for transport, the other man for pocket money, the other to buy groceries, while the other will take care of the girl's entertainment needs and so forth. In the study conducted by Seloilwe (2005), young people spoke about the "three C syndrome", cash, cellular phone, and car. In their view, a sexual partner must be able to provide these material commodities (p. 8).

The young women agree to have sexual relations with older men, as most of the men are already working and can therefore offer them better gifts than younger ones, and this predispose younger women to a higher risk of contracting the virus (Rutenberg, Kaufman, Macintyre, Brown, & Karim, 2003). The older men that the younger women sleep with had a number of sexual partners, and therefore, the chances of them carrying the HI virus is very high.

f) Sexual activity for good grades

Sexual activity for good grades is a behavior most young people report engaging in (Meyer-Weitz, et al., 1999). Young people have sexual relations with the academic staff so that they can give them better grades. As a result of this favor, the academic staff is put in a position where he has multiple partners which predispose individuals to contracting HIV and AIDS (Meyer-Weitz, et al., 1999).

g) Casual sex partners

Having casual sex or one-night stands is a common behavior amongst adolescents. This is a behavior most common in nightclubs where a boy will buy a girl a drink and thereafter, they will have sex, which is usually unprotected and unsafe. According to Seloilwe (2005) in a study conducted in Botswana amongst university students, 67 % of adolescents reported this kind of behavior, which is risky amidst the HIV and AIDS pandemic.

h) Peer pressure

When adolescents were asked how much peer pressure influenced their decision to have sexual intercourse, about 90 % of them responded by saying that peer pressure and norms had a lot to do with what decision they take concerning sexual intercourse (MacPhail, 1998). Most adolescents are prone to peer pressure. Peer pressure contributes tremendously to the spread of HIV and AIDS. There is a high need for adolescents to be part of a group, and being counted as one of the group members requires one to conform to the group norms (Craig, 1996; MacPhail, 1998).

Often peers brag about, for example, having multiple partners and if one group member fails to copy the group's behavior by having multiple partners, he may be called "sack" which means that the scrotum was full of sperm. A group member finds him/herself engaging in behaviors that s/he would not have usually engaged in outside the group norms. Conforming to group norms minimized being called names such as "sack" (Craig, 1996; Seloilwe, 2005).

Amidst the high percentage of adolescents who get influenced by peer norms, there are still those who are strong enough to resist peer pressure. They are adolescents who are highly knowledgeable about HIV and AIDS and who are not afraid to abstain from sexual relationships. Adolescents, who openly admit

that they are abstaining from sexual relatioships, are usually those who belong to a particular church group, which forbid sex before marriage. Vulnerability to peer pressure is mostly experienced more by boys than girls (Tapia-Aguirre, et al., 2003).

i) Gender issues

Women are historically disadvantaged in terms of socio-economic status. The rise of women to a better socio-economic standing is in the process of being implemented. This socio-economic deprivation puts women in a vulnerable position in terms of being sexually exploited, as they seek basic needs like food and shelter from men who usually take advantage of them. Women generally get infected much more easily than men mainly due to their biological make-up (Seloilwe, 2005).

j) Sexual activity to relieve stress

Sex is also used as a way of relieving stress. It is viewed more as a recreational activity rather than it being taken as sacred (Seloilwe, 2005). This is a practice, which is mainly observed amongst young people whereby they engage in sexual activities to relieve themselves of stress, especially stress caused by examinations (Seloilwe, 2005).

The factors discussed above, which contribute to the spread of HIV and AIDS among young people, are factors which people, mostly adolescents, found themselves trapped under. These factors are very important to be understood and dealt with as they contributed tremendously to the spread of HIV and AIDS amongst adolescents. Before one can understand why adolescents are so vulnerable to contracting the HI virus, one needs to understand adolescence and its nature.

2.4 ADOLESCENT DEVELOPMENT

Lerner and Spanier (1980) agreed with Masserman and Uribe (1989) that adolescence is a stage characterized by physical, physiological, and psychosocial changes. The psychoanalytic theory states that the environment (mainly the kinds of experiences an individual has during their first few years of life) influence adolescent behavior and development (Nielsen, 1996). The development of an individual progresses in distinct stages during which certain psychological and sexual issues need to be resolved if one is to become a well-adjusted adolescent and adult. It is during adolescence that separating from the family or "individuating" takes place (Nielsen, 1996).

Dating usually starts around this period, and it is a very important task to master because not only does it help adolescents become more socially skilled, but gives them the opportunity to learn how to be both sexually and emotionally intimate with another person (Berk, 2001; Ryckman, 1978). Being emotionally, romantically, and sexually involved with someone, help adolescents expand the knowledge of themselves beyond what is possible through their relationships with family members and friends. Sexual development is one of the most crucial processes to go through, in adolescence. Realizing that they are sexual beings fascinates adolescents and sex, therefore, becomes one of the things that they experiment with. In the paragraphs that follow, the author will discuss briefly about sexual development.

2.4.1 Physical and sexual development

The bodies of both boys and girls rapidly increase in size during adolescence. This increase in body size brings with it physical changes which are related to sexual functioning. The primary sexual characteristics, which are the reproductive organs, develop. In girls, the primary sexual characteristics

encompass ovaries, uterus and vagina while in males it is the penis, scrotum and testes (Papalia & Olds, 1982). The secondary sex characteristics involve the outside appearance of additional signs of sexual maturity like breasts (in girls) and underarm and pubic hair (in both girls and boys) (Berk, 2001). Because adolescence is a stage during which sexual maturity occur, it is vital to know more about the factors that influence early sexual relationships.

2.4.2 Factors influencing early engagement in sexual relationships

It was reported by Derlega, Winstead and Jones (1999) that there appears to be a strong correlation between sex and religion. Hendrick and Hendrick in Derlega et al. (1999) reported in a study they conducted on personality and human sexuality that those people who attend church regularly and are religious, do not readily engage in sexual relationships as compared to those who are not religious. The expression of an individual's sexuality is also determined by the number of times an individual was in a sexual relationship. Those who engaged in sexual relationships, many times before, are likely to do it again as compared to those who had a sexual relationship a few times (Hendrick & Hendrick in Derlega et al., 1999). Sexual maturity brings with it the concept of sexuality and being sexual, but what is sexuality?

2.5 SEXUALITY

According to Levince (1992), sexuality may be defined as an individual's personal characteristics. These personal characteristics involve amongst other things an individual's anatomy, reproduction, identity and genital responses. Craig (1996), also agreed that an individual's anatomy, physiology, and psychology determines their sexuality, but went on further to add an individual's culture, relationship with others, and their developmental

experiences throughout the life cycle, as being part of the determinants of one's sexuality.

Everyone has his or her own attitude about sexuality. Some promote the idea of protected sex, during sexual intercourse, while others do not believe in having protected sex. These are the attitudes that determine an individual's sexual behavior in a particular relationship and to what consequences (Sprecher & McKinney, 1993). According to Sigmund Freud in Maddi (1996), these attitudes are determined by how one was raised as a child. According to Maddi (1996) there is a constant struggle, intra-psychically, between what an individual would like to do and what the society demands from an individual. Most of the times, an individual engages in activities that please the society rather than him/herself. The society influences an individual's actions. Some of the influential others affecting the adolescents' sexuality are the peers and the family.

Peers are very important in an adolescent's life, they are the main source of information to other adolescents (Big Media, 2003; DoH, 1998; UNFPA, 2003). In order to be successful in diminishing HIV and AIDS infections among adolescents, they, themselves, need to educate each other about this epidemic and their reproductive health, in general.

According to Masserman and Uribe (1989), and Nielsen (1996) adolescents tend to mimic sexual behaviors of their family role models- how the specific family members conceived babies, in or out of wedlock? did they start dating and having sex at an early age? etc. Nielsen (1996) also found that the communication between parents and adolescent about sexual issues also influenced their sexual decisions. Families that readily and freely discuss sexuality with their adolescent, tends to have adolescents that use contraceptives, practiced safe sex, and made other sexual decisions more carefully than other adolescents.

A lot has been discussed about HIV and AIDS, the nature of adolescence as well as sexuality. In all that discussion, the author thinks that it would be interesting to also discuss how adolescents perceive sexuality, knowing that they are the most vulnerable to contracting HIV and AIDS.

2.5.1 Sexual behaviour among adolescents

It was reported by Meyer-Weitz et al. (1999) that about 80 – 95 % of adolescents are sexually active. This includes those who started early, at about 13 years of age, and those who postponed their first sexual intercourse until they were 16 or 17 years old. Many adolescents get influenced by peer pressure to engage in sexual activities at an early age. Both girls and boys have sex with different sexual partners over a period of time. Many girls make use of pills or injectables as preventive methods against falling pregnant (Meyer-Weitz, et al., 1999). Adolescents fear falling pregnant more than contracting HIV or AIDS. Those who are infected with HIV or who already have full-blown AIDS are feared, discriminated against, stigmatized and avoided (Peltzer, 2003; UNAIDS, 2003).

2.5.2 Perceptions of adolescents towards sexuality

The study conducted by Rutenberg et al. (2003) on “Adolescent Childbearing and HIV Risk in Kwazulu Natal, South Africa” mentioned that adolescents are knowledgeable about the existence of HIV and AIDS as well as preventive measures against contracting the disease. The above-mentioned study used data that was collected in 1999, as part of a longitudinal study of adolescents in Kwazulu-Natal in South Africa which was entitled “Transitions to Adulthood in the Context of AIDS”. Adolescents reported having either heard about HIV and AIDS messages from school, the media, their peers or parents. Adolescents are however still not sure as to how exactly HIV and AIDS gets

transmitted. Others believe that one can get infected by kissing someone who was already infected with HIV or AIDS or by touching them. The participants were, however, interested in improving their knowledge on HIV and AIDS.

Meyer-Weitz et al. (1999) reported that there is still a general lack of accurate information regarding sexuality amongst adolescents. This was recorded in the study they conducted which looked at "Existing information, education and communication strategies (IECS) regarding adolescent sexuality in the Piet Retief District, Mpumalanga". The study further highlighted that young people still believed myths such as:

- *"AIDS does not exist;*
- *the concept of AIDS was being used as a political tool to inhibit sexual activity among specific population groups; and*
- *AIDS was a "white-man's disease" and black people were therefore not at risk" (p. 5).*

The high rate of HIV and AIDS infections prove that adolescents are not engaging in protected sex. Injectables (as a preventive method) are mostly used by, approximately, 50 % of 15 – 24 year old females. 50 % of 15 to 19-year-old young women, reported having used condoms the last time they had sex with their regular partner (Rutenberg et al., 2003).

Adolescents do not believe that they are vulnerable to contracting the HI virus as it is seen as a disease that infected other people and not them. According to the Health Belief Model (Becker, 1974), they do not see themselves as being susceptible to contracting HIV or AIDS. A lot of young people have a perception that they are "immuned" (meaning that they were naturally protected) against being infected with the virus (MacPhail & Campbell, 2001). A number of other factors, some of which were briefly discussed earlier included peer norms and pressures; negative and unsupportive adult attitudes

to adolescent sexuality; restricted availability of condoms; and broader social issues related to the social construction of gender and to economic constraints on young people (MacPhail & Campbell, 2001).

MacPhail and Campbell (2001) further stated that adolescents have a tendency of classifying new relationships as “serious” (implying that the partner one had was the one they were going to get married to). When a relationship is given such a name, it then warrants those involved in the relationship not to make use of condoms during lovemaking, as “seriousness” automatically implies trustworthiness. In reality, one finds that the partners in the relationship know very little about each other or their sexual histories not to be making use of condoms during sexual intercourse.

As MacPhail and Campbell (2001) stated, a lot of adolescents have always viewed HIV as a disease that only affected other people and not themselves. Almost 70 % of both young men and women said that they were not vulnerable to contracting HIV and AIDS as it will never infect them (Tapia-Aguirre et al., 2003). This meant that adolescents do not associate the HIV risk messages with their behavior.

There are two main factors that appear to be contributing to attitude change towards sexuality amongst adolescents. The first one is around knowledge that someone close to them or someone they knew had died from an AIDS related illness (Rutenberg et. al., 2003). This fact seems to change the attitude of adolescents, as this re-affirms to them that HIV and AIDS really exists, and it makes them take precaution so as not to be infected themselves. Another factor is disclosure and lower levels of denial of AIDS as the cause of death. The more people deny that someone has died from an AIDS related illness, the more adolescents will deny the existence of the disease and therefore be careless in their sexual behavior (Rutenberg et. al., 2003).

2.5.3 Perceptions of adolescents towards condom use

There are generally negative perceptions against condom usage. According to Meyer-Weitz et. al., (1999), these were some of the comments that adolescents gave:

- "*Boys do not like to use condoms".*
- *"Girls do not like to use condoms".*
- *"Some have tried using condoms – some failed".*
- *"Others found no difference in sex while using condoms".*
- *"Sex without a condom is superior".*
- *"Some condoms were not good – they had too little fluid" (Meyer-Weitz, et. al., 1999, p. 11).*

The use of condoms is not a popular practice and boys blame girls for not wanting to use a condom during lovemaking and girls blame boys in return (Meyer-Weitz et. al., 1999). When one partner initiates condom usage during penetrative sex, the other partner seems to think that there is no trust in the relationship. As a result, to prove to each other that the partners really trusted each other, condoms are done away with during penetrative sex (Meyer-Weitz et. al., 1999).

MacPhail and Campbell (2001) reported that it is difficult for adolescents to make use of condoms during sexual intercourse, as there were negative attitudes towards the use of condoms. Condoms are viewed as preventive measures that should be used only by those who are already infected with HIV, AIDS and other Sexually Transmitted Infections (STI).

There is another problem attached to condom usage and that is discrimination, stigmatization and ostracization. As already mentioned above that initiation of condom usage by one partner may be perceived by the other partner as

though the one who wanted to use a condom did not trust him/her. There is a general belief amongst adolescents that initiating condom usage in the relationship implies admission that one is infected with the HI virus (Lindegger & Wood, 1995; UNAIDS, 2003). There is a lot of stigma attached to HIV and AIDS and also to those who had been infected. People do not wish to be associated with HIV infected people, and that makes it particularly difficult for one to initiate condom usage in a relationship (Avert, 2005; Peltzer, 2003; UNAIDS, 2003).

South African adolescents have attached negative attributes towards condoms and they believe that the use of condoms during sexual intercourse is only necessary for those who are already infected with the virus or other STI's (Avert, 2005; UNAIDS, 2003). They further believed that condoms are not necessary in steady relationships but should be used in casual encounters. Some adolescents highlighted the importance of using a condom to prevent pregnancy, in steady relationships, and from getting diseases in casual relationships (Tapia-Aguirre et. al., 2003). Condom usage during penetrative sex is also associated with lack of respect for one's partner, as if your partner respected you, then they would not be insisting on using a plastic during lovemaking.

2.5.4 Perceptions of adolescents about their sexual conduct

Adolescent girls reported not having the desire to bare children until they had the financial means of caring for the child. However, they were prone to peer pressure, which put pressure on them to be in relationships. Once one is involved in a relationship, it takes sexual intercourse between the parties involved to confer the status of their relationship (Rutenberg et. al., 2003).

It is difficult for women to be seen carrying condoms due to social pressures against women who carried condoms. Such women's reputation was at stake

as they are given names and talked about, in a bad manner. Male violence and coercion on females makes it even more difficult for females to negotiate the use of condoms during lovemaking (MacPhail & Campbell, 2001).

A woman who is seen carrying a condom is usually given labels such as “bitch” (one who sleeps with many different partners) or promiscuous. Young men reported not trusting women who carry condoms as that means that they are not the only ones the woman sleeps with otherwise she would not be carrying condoms (Tapia-Aguirre et. al., 2003).

Peer pressure determines if one will make use of a condom or not during penetrative sex. Young men, especially, tease or mock someone who uses a condom, saying that he is not man enough. Those boys who abstained from sexual intercourse also experienced the same taunting and teasing. To prove to other boys that he is also a man, and to prevent being teased, he makes sure that he sleeps with all the girls he dates. Some boys highlighted the importance of sleeping with a girl they are dating, to prove to other boys that he is also like them (Tapia-Aguirre et. al., 2003).

Young men rely on looks to make their decisions about women. They believe that a young woman’s looks can tell them if she was carrying the HI virus or not and if they need condoms during penetrative sex (Tapia-Aguirre et. al., 2003).

Male adolescents believe that the use of condoms affected their masculinity and pleasure during sexual intercourse (Abdool Karim, Abdool Karim, Preston-Whyte, & Sankar,1992 & Preston-Whyte & Zondi,1991 in MacPhail and Campbell, 2001). Young men do not see it necessary for them, who are HIV negative, to be wearing condoms during lovemaking. Preston-Whyte and Zondi (1991) in MacPhail and Campbell (2001) further mentioned that young men are opposed to using condoms due to their contraceptive value. Fertility and the ability of a man to produce offspring is seen as an important

transformation step from child- to adulthood. A man proves his masculinity by his fertility, and therefore, condoms are opposed as they prohibited young men from having babies.

HIV and AIDS seem to be infecting many of the young women due to socio-economic factors (Campbell & Kelly, 1995; Rivers & Aggleton, 1999). There is a belief amongst older men that the chance of them contracting the virus is minimized when they engage sexually, with younger women (as they do not yet have sexual experiences, and therefore had had fewer sexual partners, if any).

Even though the majority of adolescents are opposed to condom usage during penetrative sex, there are still those who want to make use of them. The problem with condoms is that they are not readily available when an individual needs them, which makes adolescents end up engaging in sexual intercourse without the use of a condom. Can another reason why adolescents are not making use of condoms during penetrative sex be that condoms are not available? The author thinks that condoms are available, and the assumption that condoms are not available is used as an excuse to engage in unprotected sex. According to the Health Belief Model, adolescents do not believe that they are susceptible to contracting HIV and AIDS. Assumptions such as condoms not being available reinforce their attitudes of engaging in unprotected sex.

2.5.5 Condom availability

The availability of condoms is another problem for those adolescents who would like to make use of them during lovemaking. Adolescents reported that sometimes they have unprotected sex because condoms are not available. Getting access to condoms is particularly challenging to young women as the main place to get free condoms is at government local clinics. When young

women request condoms from local clinics, they receive bad attitudes from the nursing staff, which prevents them from accessing free source of condoms. Adolescent females who consult privately reduce their chances of obtaining condoms as condoms are not readily available at private institutions (Tapia-Aguirre et al., 2003).