Adolescent risky behaviours in Johannesburg: Understanding the role of parents and peers from a qualitative perspective

Lesego Katlego Ralesego

374981

This research report is submitted to the faculty of Humanities, School of Social Sciences, University of the Witwatersrand, in partial fulfilment of the Master of Arts in Demography and Population Studies.

SUPERVISOR'S NAME: Dr Nicole De Wet

DATE: 28 March 2019

DECLARATION

I, **Lesego K. Ralesego** hereby declare that this research report is my own work. It is being submitted to the Faculty of Humanities, School of Social Sciences, University of the Witwatersrand, Johannesburg, in partial fulfilment of the requirements for the Master of Arts degree in Demography and Population Studies. I declare that this report has not been submitted previously, in part or in full, for any other degree or examination in this or any other university.

…….. [Signature of candidate]

……. Day of ……. 20…….

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ABSTRACT

This qualitative study was conducted to explore what adolescence perceive as risky behaviour and the reasons behind adolescents partaking in this type of behaviour knowing the outcome. In addition, this study looks at the association between parental and peer influence on behavioural outcomes. This study was based on focus group discussions made up of 26 students from the two high schools in Johannesburg, South Africa. Participates were asked to take part in analysing two cases studies and two activities around what the participate deemed as socially acceptable behavioural choices.

The study found, that parental influence compared to peers is minimal and as a result parents mainly become the support to a participant's individual decision and therefore not seen as very influential. There is also an acknowledgement to group activities, such as sports, which are provided at schools being recognised as acceptable behaviours because they are primarily seen as being socially acceptable. On the other hand, activities that have largely resulted in negative outcomes and that have little to no health benefit have been deemed not socially acceptable and as a consequence have been noted as unacceptable behaviours.

The findings indicated that there is a general understanding of the possible outcomes by the participates, yet, this has not discouraged some of the participants from exhibiting different views on some of the activities being ranked as acceptable or unacceptable. Furthermore, adolescents are aware of their environment and the perceived norms that influence their ability to assess what is socially acceptable and what is risky.

1. Introduction

1.1 Background

Due to the transitional stage of adolescence, these young people start to experiment with both risky and exploratory behaviours.Risky behaviour is defined as any consciously, or non-consciously, controlled behaviour with a perceived uncertainty about its outcome, and/or about its possible benefits or costs for the physical (Killianova 2013). Extensive research has found risky behaviours, such as lack of condom use and drunk driving, to be associated with negative health outcomes including the contraction of HIV/AIDS and unintended pregnancy from the former and mortality from the latter (Toska et al 2017).

Exploratory behaviours are defined as behaviours that have positive health outcomes (Akey 2006). These behaviours are often associated with positive or non-negative outcomes. An example of this is participation in sports, where the benefits of physical activity to the good health of individuals are outweighed by the potential injuries one could incur on the sports field (Gilchrist & Wheaton 2017). Another example is participation in youth groups, where there is the benefit of organised and supervised social interaction (Millstein et al 2016).

In South Africa, the rate of non-condom use among adolescents (10-19 years old) is high at 36.2% (Zuma et al 2016). Also, under-age use of alcohol and the use of illicit drugs are prevalent at 48% and 22% respectively (Reddy et al., 2007). During this stage of life, adolescents are also forming peer-networks and participating in sports and other extra-curricular activities. Research from South Africa shows that 43% of adolescents play sports (Uys et al 2016) and estimated 9 458 schools participated in the Choral Eisteddfod (South Africa 2012). These activities have positive health outcomes such as developing a healthy body through physical activity (Strong et al 2005) and preventing depression through constructive social interactions (Dingle et al 2013). What is unclear is how adolescents rationalise their choices of behaviours. That is, what do they understand as risky and exploratory behaviours and how do parents and peers influence these behavioural outcomes.

Peer networks are perceived as having significant influence on what adolescent's regard as exploratory and risky behaviour (Reyna & Farley 2006). Adolescents might participate, voluntarily or involuntarily, towards a particular behaviour based on choices made by peers they interact with (Gardner & Steinberg 2005). However, influence from parents, unlike peer networks, is significant to what adolescents might see as acceptable behaviour and how parents can influence individual decision making (Reyna & Farley 2006).

The paragraph “A previous study investigating decision making in social situations, in which parents and peers offered contrary advice. It was discovered that although there was acceptance to the advice made by parents decreases with age, acceptance to advice made by peers increases during adolescence (Knoll, 2015). However, influence from parents, unlike peer networks, is significant to what adolescents might see as acceptable behaviour and how parents can influence individual decision making (Reyna & Farley 2006). Similar results were also found in a previous study where parental opinions continued to be important throughout adolescence as adolescents depend on parental advice particularly when making decisions relevant for their futures (Knoll, 2015).” Added to Background section (page 8, paragraph 1)

1.2 Problem Statement

Adolescents in Sub-Saharan Africa face a number of health challenges. In Nairobi, Kenya, 50% of all students reported to have taken drugs in the past (Gabriel et al 2016). The prevalence of tobacco use in the Seychelles was reported at 20.2% amongst students, one of the highest in sub-Saharan Africa (Arrazola et al 2017) and alcohol use was 40.9% amongst adolescents in Lagos, Nigeria (Dada et al 2016).

Non-condom and inconsistent condom use is seen as risky behaviour (Reddy et al 2016). In South Africa, HIV and AIDS is a major contributor to the ill-health of the entire population including adolescents and youth. Population prevalence of HIV/AIDS is 7,03 million or 12.7% while among youth as many as 5.6% are infected with the disease (Statistics South Africa 2016). The main mode of transmission of the disease in South Africa is unprotected sexual intercourse and as many as 75% of youth have reported inconsistent condom use (Devine-Wright et al. 2015).

Related to this is the high number of adolescent pregnancies in the country. Recent estimates suggest that 47 per 1 000 adolescent females has had at least one live birth (Reddy et al 2016). This is also attributed to the risky behaviour of inconsistent condom use (Reddy et al 2016).

With these observations, adolescents are more likely to participate in risky behaviour. However, what is not clear is what influences these behavioural outcomes, and whether peer networks and parental involvement have a significant role in these choices.

1.3 Justification

Adolescence is a critical stage in one's life and choices made in this period have greater consequences to individual behavioural outcomes and government policy making regarding potential health outcomes that may occur in the future. It is empirical to understand risky behaviour and why adolescents still partake in these types of behaviour knowing the outcome. Also, it is important to study the association between influences by parents and peers on behavioural outcomes from adolescence.

Adolescents make a substantial proportion of the South African population at 18% (Statistics South Africa 2016). This sub-population will transition into adults and become vital to the country's sustained development. Policies such as the National Youth Policy, aims to ensure the optimal health and survival of adolescents through, reducing HIV infection rates and preventing unintended pregnancies, among others (National Youth Policy 2015). In order to do this, the behaviours which are linked to these outcomes need to be better understood. In addition, the factors that influence the behaviour and whether the behaviour is perceived as exploratory or risky by the adolescent needs to be explored. These factors include the role of the parents and peers in making the decision to participate in the behaviour, as well as the individual's choice to participate.

Therefore, the purpose of this research is to understand why adolescents participate in risky behaviour, even when they know the possible outcome. This study will also look at the role of peers and parents in behavioural choice and whether these roles influence exploratory or risky behaviour in adolescents. In addition to assist in better, more focused social programs designed towards adolescent social behaviours.

1.4 Research Question and Sub- Questions

How do adolescents perceive risky behaviour and how do parents and peers influence adolescent behaviour?

Sub-questions

1. What is the perceived difference between and exploratory behaviour and a risky behaviour?
2. To what extent do family and peers influence behaviour?

1.5 Research Objective and Sub-Objectives

To explore if peer networks and parental influence adolescent behavioural outcome.

Sub-objectives: Using examples of exploratory and risky behaviours to gain an understanding of the following:

1. To determine what makes a behaviour exploratory or risky
2. To investigate where the knowledge which distinguishes these behaviours come from.
3. To distinguish which factors contribute toward making the decision to engage in exploratory or risky behaviour

1.6 Definition of terms

Adolescence: Is a critical developmental period between the onset of puberty and the establishment of social independence which is commonly between the ages of 10 to 18 (Curtis, 2015).

Adolescent: Refers to the development phase in the human life cycle that is situated between childhood and adulthood (Meyer 2014). In this study, Adolescent will refer to people 15 to 18 years of age.

Peer: Refers to belonging to the same societal group especially based on age, grade, or status (Reitz et al. 2011).

Parent: An adult who has a genetic link with the child and/or has legal guardianship of a child (Bainham et al, 1999)

Risk: Is the possibility of suffering harm or loss (Ellis et al, 2012).

2. Literature review and Theoretical Framework

2.1 Brief review of the Literature

Risky behaviour

Adolescents still partake in risky behaviour knowing the negative consequences. Even though they are aware of the possible outcome, they see risky behaviour as a means to seek new activities and gaining new experiences to help measure behaviour (Giles, 2017) in accordance to social standards held by individuals in the community. Selman's theory describes how children how are fourteen years and older start to develop the ability to understand individual's perspective can be influenced by larger societal values. They become aware of their individuality in a world made up of independent individuals (Castells, 2002).

The adolescent period is a time when the boys and girls are forming their habits of thinking and doing, and assuming their attitudes toward social, political, ethical, and religious questions. The decision to use contraception and practice safe sex or abstaining are some of the decisions an adolescent makes towards their reproductive health. (Kyilleh et al, 2018). This is a time in one's life where opinions of different lifestyle choices are formed and in most situations these choices are made in the school environment (Rynearson, 2017). In addition, most behaviours that are considered risky are mainly group-oriented (Reyna & Farley 2006). Risky behaviour is more likely to take place among a group of peers than individually or with parents (Reyna & Farley 2006).

As children grow up, they are able to explore more complex problems better and to understand the world from other peoples' perspectives. These social interactions with others influence an individuals' sense of self-esteem which effectively develop the persons' sets of values (Deen, 2015). Girls in same-sex schools have developed greater self-confidence than their coeducation counterparts while boys in same-sex schools have better discipline compared to boys in coeducational schools (Pahlke, Hyde, and Allison 2014).

Parent and peers

The aim of the parent should be to keep the suggestion of the home life and the associates of such a lifestyle as the one that is socially desired (Giles, 2017). This suggests that parents desire non-risky behavioural outcomes that have been taught at home (Fulkerson et al 2006). A study was conducted on the frequency of family dinners and adolescent behavioural outcome. It was found that the more frequent the family dinners occurred the more likely the

adolescent would avoid risky behaviours such as smoking, consuming alcohol and participating in sexual intercourse (Fulkerson et al 2006). Furthermore, one study conducted in Ethiopia, showed that most parents in Africa were not well informed on reproductive health issues and only a small proportion said they communicated with their adult children (Mturi, 2003).

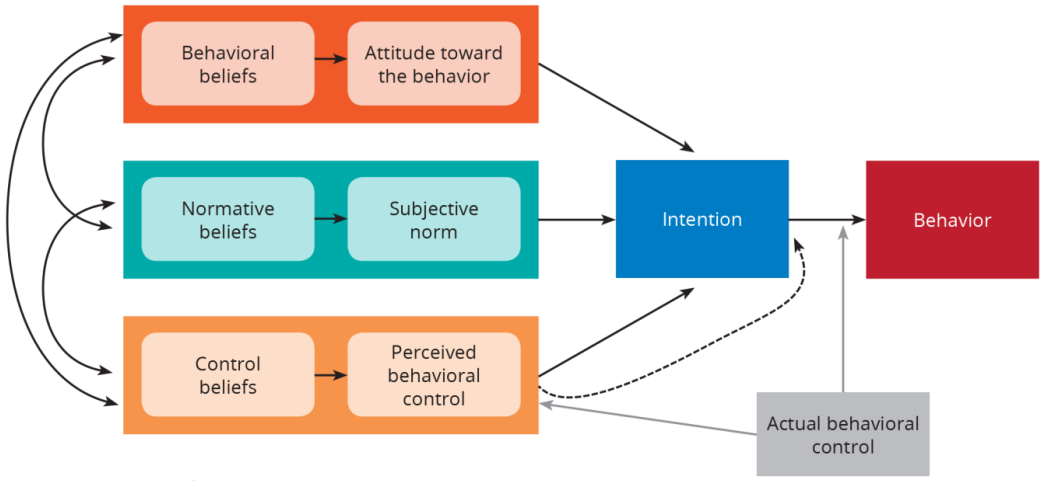
Yet, adolescents are susceptible to peer influence because during that time in their lives they must cope with biological changes and changes in social demands that leave them vulnerable and unsure of themselves (Majumdar, 2006). A sense of belongingness and positive future outlook can lead to constructive outcomes for adolescents (Gilman, Meyers, and Perez, 2004).

The facts indicate that in adolescence the individual goes through a rather definite process in forming their ethical standards, a process marked by a breaking up of the old, a trial and reorganization, and finally by the attainment of the standard of his group (Giles, 2017). However, it is not only individual choice that determine behavioural outcome, but also an individual's social networks. In most cases, parent's do shape adolescent's behaviour, however, when parents have a lack of knowledge or are concerned that talking about certain activities, such as sexual activities, it will influence the adolescent to participate in those behaviours (Mturi, 2003).

2.2 Theoretical Framework

This study will look at the theory of planned behaviour to look at both an individual's choice in risky behaviour and the external factors, such as peer networks and parental participation.

Theory of planned behaviour



Source: Ajzen, I (2006) Theory of planned behaviour Diagram
Retrieved from http://people.umass.edu/aizen/tpb.diag.html

The Theory of Planned Behaviour is essentially an extension of the Theory of Reasoned Action which includes measures of control belief and perceived behavioural control (Armitage, 2001). Behavioural intention represents a person's motivation in the sense of their conscious plan, decision or self-instruction to perform that behaviour (Conner, 2005). People's attitudes towards a behaviour are formed after careful consideration of the information available (Conner, 2005). The theory of planned behaviour suggests that more favourable attitudes towards specific acts, more favourable subjective norms, and greater perceived behavioural control strengthen the intention to perform the behaviour (Ajzen 1991).

Behavioural beliefs: These are beliefs about the likely consequences of the behaviour such as the belief that having non-condom use during intercourse can lead to unwanted pregnancy.

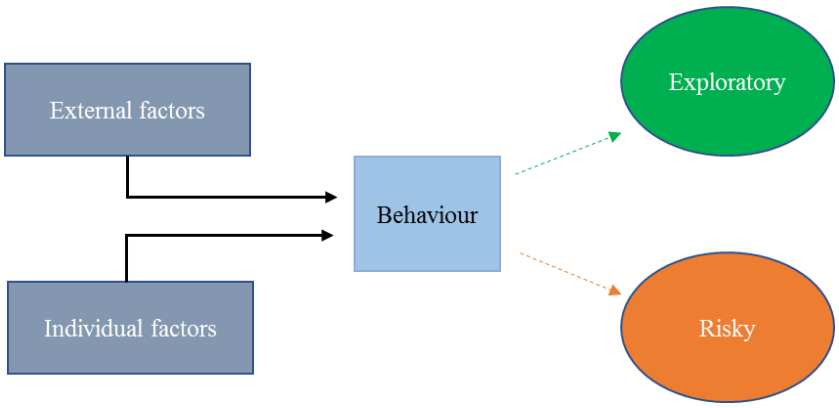
Normative beliefs: Looks at beliefs about the normative expectations of others. This can include the expectations of your peer network and the expectations from your parents.

Control beliefs: Beliefs about the presence of factors that may facilitate or impede performance of the behaviour. These can be an individual's personality traits or behaviours taught based on external factors.

These beliefs can be looked at individually and together. In combination, attitude toward the behaviour, and perception of behavioural control lead to the formation of a behavioural intention. As a general rule, the more favourable the attitude and subjective norm the greater

the perceived outcome for the adolescent's intention to perform the behaviour in question (Sallis, Owen, and Fisher 2008).

2.3 Conceptual Framework



The conceptual framework for this study depicts how external factors, such as parental influence at home and peer networks at school, influence behavioural outcomes of adolescents. It additionally shows the adolescent's individual characteristics that influence their own decision making based on biological and personality traits. From these factors, the behaviour is either exploratory and have a positive health outcome or risky and potentially have a negative health outcome.

3. Methodology

3.1 Research Approach

This study used a qualitative approach. The strategy was focus group discussions. This research approach defined which questions and sub-questions could be answered using different activities better suited for group settings such as sharing opinions about different relatable scenarios focused on social behaviours.

Unlike in-depth interviews, in focus groups, adolescents feel more comfortable to open up among other peers and encouraged debate among the participants (Israelite, Ower, and Goldstein 2002). This was an appropriate approach because it provided multiple perspectives in trying to understand the adolescents are more likely to participate in risky behaviour and whether peer networks and parental involvement have a significant role in these choices. Furthermore, since the activities did not pertain to actual risky behaviours but rather the attitude toward behaviours, focus group discussions were a suitable method.

The purpose of these focus group discussions was firstly, to investigate what adolescents perceive as risky behaviour and exploratory behaviour. Secondly, to investigate what role of parents and peers play in adolescent decision making pertaining these behaviours.

3.2 Participants

Adolescents are the focal population for this study. The participants selected for the study were adolescents aged between 15 and 18 years residing in Johannesburg, Gauteng, South Africa. The participants were both males and females and from all racial groups.

For the focus group discussions, participants were selected using a purposive random sampling technique. Using the 2011 South African Census, to determine the population density of adolescents in Gauteng, two areas of high adolescent density and two areas of low adolescent density were selected. Through stratified and random sampling, one secondary school from a high adolescent density area (urban) and one secondary school from a low adolescent density area (township) were selected.

In each of these schools, the focus group discussions were stratified by sex, with one focus group consisting of only male students and the other consisting of only female students. For both schools, both the male and female focus group discussions were done on the same afternoon.

All focus group discussions were conducted at the respective school venues and consisted of between six to eight voluntary participants each. The focus group discussion took place between October 2016 and February, 2017.

Table 3.3: Description of focus group discussion participation by sex and location of the school

Sex	Location of school				Total	
	Urban		Township			
	n	%	n	%	n	**%**
Males	4	40	8	50	12	**46**
Females	6	60	8	50	14	**54**
Total	**10**	**38**	**16**	**62**	**26**	**100**

Table 3.3 shows there was a total of 26 students that participated in the focus groups. Ten students came from the urban school and 16 students from the township school. Overall, there was more females (60%) in the focus group discussions compared to males (40%). However, there was an equal distribution of males and females in the township school, with eight students for each sex.

3.3 Data collection procedures

This research began with the development of the proposal. This was followed by the development of the data collection tools based on the study objectives.

Data was collected by three post graduate students in the Department of Demography and Population studies programme at Wits University. The data collection procedures were overseen by the research supervisor Dr Nicole De Wet. All three students who collected the data are African/black females. The focus groups discussions were conducted in English however, some vernacular language was included at the township school. Permission was given to voice record the focus groups discussions and data collectors also made written notes. All of which were transcribed by a professional transcription company in Johannesburg, Gauteng.

The audio and transcript were listened and read by the researcher. The research proposal was written and approved by the faculty of Humanities, Wits University.

3.4 Data collection tools

The focus group discussions were divided into three activities. Each activity focused on a specific sub-objective of the research. Below are the original tools used in the data collection process.

Table 3.1: Data collection tool

Below is the Focus group discussion guide which was read in full to participants at the start of each Focus group discussion.

Good day and welcome to our session. Thanks for taking the time to join us to talk about behaviour and activities. My name is [names of interviewers were added here]. We are all with the Demography and Population Studies Programme at Wits University. We are conducting a research on the determinants of adolescent behaviour in South Africa. We are trying to better understand the perceived difference between risky and non-risky behaviour from the point of view of adolescents. This research is being done for academic not commercial purposes. We would like to know more about adolescent behaviour so that we can make policy and programme recommendations to foster safe and healthy transitions into adulthood for youth around the country. We are having discussion like this with other groups around the province.

This school was selected as a result of random sampling throughout the province and because you are adolescents or teenagers.

There are no wrong answers to any of our discussion questions, but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Keep in mind that we are as interested in marginalised comments as we are with popular or conventional comments. The less conventional responses can be the most helpful.

You have probably noticed the voice recording devices. We are recording this session because we do not want to miss any of your comments. People often say very helpful things and we cannot write fast enough to get them all down. Although we will be using first

names in this discussion, none of your names will appear in any work resulting from this discussion. You may be assured of complete confidentiality.

Now let us begin. First, I am going to ask you some questions about what activities you do on weekends and after-school. Then I am going to read two short stories to you and ask you to comment on them. Before we end, we are going to do a short exercise arranging different behaviours on the board.

1. **Activity 1: Open- ended questions (30 minutes)**

The purpose of this round of questions is to determine the extracurricular activities which adolescents engage in and who or what influences their decision-making. The objective is to understand how adolescents spend time outside of school and to explore sources of behaviour. The two broad open-ended questions (and follow-up questions) which will be asked are:

(a) What type of activities do you do after school or on weekends?

a. Where do you do these activities?

b. Who do you do these activities with?

c. Why do you do these activities?

d. Using hand signals (one thumb up for 'thoroughly enjoy'; a thumb to the side for 'it's okay' and a thumb down for 'do not like at all') how would you rate these activities you engage in?

(b) Who encouraged you to do these activities?

a. If you were a parent, which activities would you encourage your children to participate in?

b. Using hand signals again (one thumb up for 'approve'; a thumb to the side for 'don't know' and a thumb down for 'disapprove') – how would you rate your parent's attitude toward your activities?

c. If a younger sibling wanted to do the same things on weekends and after-school that you do, would you encourage them? If not, which activities would you recommend to them?

d. If your friends asked you to recommend activities, which would you recommend? If

these are different to what you do then why?

2. Activity 2: Case Studies (15 minutes)

Two case studies are used to understand adolescent perception of risk- taking behaviour. The first is about an adolescent girl who falls pregnant and the second is about an adolescent boy who takes drugs. The participants will then be asked to comment on the characters actions.

Case Study 1:

I am going to read you a brief story about a hypothetical girl. This means that the story does not come from a real person. Any resemblance to any person you or I know is coincidental. The purpose of the story is to find out from you afterwards if the girl made the right or wrong choice and what you would do differently if you were her.

Sarah is a 16 year old girl from a township in Gauteng. She is currently in Grade 10 and hopes to pursue a career as a fashion designer one day. John is Sarah's first and only boyfriend. They have been dating for 6 months. John is 5 years older than Sarah, so he is 21 years old and works as a call-centre agent while studying part-time. John buys Sarah clothes, takes her to fancy restaurants for dinner, drives her home from school and pays for her airtime. Sarah and John decide to have sex for the first time. It is Sarah's first time but not John's. He tells her that he does not like the feel of condoms and assures her that she will not get pregnant on her first time. They have sex without a condom. Three months later Sarah finds out she is pregnant.

a. What is your overall impression of the story?
b. If you were Sarah, what would you have done differently?
c. If you were John, what would you have done differently?

Case Study 2:

I am now going to read you a brief story about a hypothetical boy. Again this boy is not

real and any resemblance to someone you or I know is coincidental. The purpose of the story is to find out from you afterwards what your thoughts are and what you would have done differently.

Michael is 18 years old and has started his first year of varsity. He has made many new friends and some of them invite him to a party on Friday night. Michael decides to attend. At the party, one of his new friends, Steve, tells a group of people about the last party he attended. In the story, Steve tells everyone how drunk he was and that he took drugs, but was stopped by a policeman on the way home. Steve boasts about lying to the policeman about his drug and alcohol intake and the cop lets him go. Michael is impressed by Steve's story and the crowd of people who gather to hear it. Michael also wants a story to tell people at the next party. Michael decides to drink a lot of alcohol at the party and take drugs. Michael drives himself home and is involved in a serious car accident, where a pedestrian is killed.

a. What is your overall impression of the story?
b. If you were Michael, what would you have done?

3. Activity 3: Behaviour Acceptability Rating Exercise (30 minutes)

In this portion of the focus group, participants will be shown 20 cards with different behaviours written down. The participants will then argue whether these behaviours are acceptable, unacceptable or don't know by placing the cards on one of three poster boards in the front of the room. We will also briefly discuss why you have these perceptions. The 20 behaviours are will be risky and non- risky behaviours and will follow no particular order.

The behaviours are:

1. Playing soccer
2. Going to a nightclub
3. Drinking alcohol
4. Smoking a cigarette

5.	Jogging around your neighbourhood
6.	Having two or more girlfriends/ boyfriends
7.	Singing in the choir
8.	Smoking marijuana
9.	Using heroin, mandrax or cocaine
10.	Having sex without a condom
11.	Using birth control (the pill)
12.	Acting in a school play
13.	Driving without a legal license
14.	'Jay-walking' (crossing the street at a non-designated spot)
15.	Going to a youth group
16.	Selling but not using drugs
17.	Playing tennis
18.	Swimming at the local pool
19.	Hanging around at the mall with friends
20.	Taking a lift from someone who has been drinking alcohol

The open-ended discussion in activity 1 was aimed at answering the second sub-objective on who or what influenced the decision making. Activity 2 was based on two cases studies that were read out loud to the group to be discussed. This case studies focused on the third sub-objective, which was to understand adolescent's perception of risky behaviour.

In activity 1, in the results section, Sports has been defined as "all forms of physical activity which, through casual or organised participation, aim at expressing or improving physical fitness and mental well-being" (Taylor and Gratton, 2002: 7).

Activity 3 was a behaviour acceptability rating exercise where 20 cards with different behaviours written on each card were shown to the group. This activity was aimed at establishing what participants perceived as acceptable or unacceptable behaviour in sub-objective 1.

Table 3.2 Key words used to describe ranked activities in Activity 3 results

Activity	**Code**
Acting in a school play	Acting
Drinking alcohol	Alcohol
Using birth control	Birth control
Singing in the choir	Choir
Your partner using Contraceptives	Contraceptives
Taking a lift from someone who has been drinking alcohol	Drinking and driving
Using heroin, mandrax or cocaine	Drugs
Driving without a legal license	Illegal driving
'Jay-walking'	'Jay-walking'
Jogging around your neighbourhood	Jogging
Hanging around at the mall with friends	Mall
Smoking marijuana	Marijuana
Having two or more girlfriends/boyfriends	Multiple partners
Going to a nightclub	Nightclub
Selling but not using drugs	Selling drugs
Smoking cigarettes	Smoking
Playing soccer	Soccer
Swimming at the local pool	Swimming
Playing tennis	Tennis
Sex without a condom	Unprotected sex
Going to a youth group	Youth group

3.5 Data Analysis/ Interpretation strategy

The interpretation of the data was done using Grounded Theory's deductive process (Cho 2014). Coding procedures were based on the three sub-objectives. The data analysis was done using qualitative software.

The codes were derived from common themes picked up within the focus group discussion transcripts. Therefore, the analysis was based on deductive, Grounded Theory approach.

The data analysis was done based on the sub-objectives:

Aim	Objective	Activity
Sub-objective 1: To determine what makes a behaviour exploratory or risky	looked at what determined what makes a behaviour exploratory or risky	Activity 3: the adolescents had to rank twenty different behaviours. The analysis was displayed in two tables. The first showed the rankings of what was perceived as acceptable and unacceptable behaviour, by the male participants from the urban and township schools. The second table showed the rankings of what was perceived as acceptable and unacceptable behaviour, by the female participants from the urban and rural schools.
Sub-objective 2: To investigate where the knowledge which distinguishes these behaviours come from	focused on investigating where the knowledge which distinguishes these behaviours come from	Activity 1: there was an open-ended discussion in which the participants shared their opinions. The results were displayed by different themes that distinguished where these behaviours came from. Under each theme, quotes made by participants were written and discussed to understand the second objective.
Sub-objective 3: To distinguish which factors contribute toward making the decision to engage in exploratory or risky behaviour	established what factors contribute toward making the decision to engage in exploratory or risky behaviour	Activity 2: two case studies were read out loud and questions based on these cases studies were discussed. The results were displayed using different themes that distinguished factors contributing towards the decision to engage in exploratory or risky behaviour. Under each theme, quotes made by participants were written and discussed to understand sub-objective three.

3.6 Ethical consideration

First, permission from the Gauteng Department of Education (Appendix A) was requested followed by the permission being granted from the school principals (Appendix B) who completed the info sheet. All participants took part in the focus group discussions voluntarily with the knowledge and approval of the school and their parents. Third, ethics approval from

the University of the Witwatersrand (Appendix C) was acquired and lastly, consent forms from both the students and their parents (Appendix D) was also required and obtained.

The focus group discussions and transcripts are the property of the Department of Demography and populations studies at the University of the Witwatersrand. Accordingly, both the recordings and transcripts are stored with the department.

The privacy of the participants was protected by not using their given names throughout the report. The only information made public about the students were their age group and their general location in South Africa.

3.7 Limitations

Since focus group members usually attend the meeting voluntarily, and therefore, responses by these members might differ from the larger population (Breen, 2006).

In focus groups, people might share opinions of what they think they should say and not necessarily their true opinion (Krueger & Casey, 2009). In addition, opinions presented by assertive focus group members may overwhelm ideas held by the rest of the group (Krueger & Casey, 2009). The participants were made more comfortable with each activity and were more willing to share their own experiences, even when the differed from the groups.

The misinterpretation of target language in the focus group discussion can lead to information results that might not be the accurate opinion of the participant (Krueger, 2005). These focus group discussions were conducted in English, a language that was familiar to all the participants.

4. Results

4.1 Background characteristics of participants

4.2 Sub objective 1: To determine what makes a behaviour exploratory or risky

Table 4.1 Behaviour acceptability rating by male participants in the urban and township school

Acceptable				**Unacceptable**			
Urban		**Township**		**Urban**		**Township**	
Rank	**Activity (n)**	**Rank**	**Activity (n)**	**Rank**	**Activity (n)**	**Rank**	**Activity (n)**
1	Acting (4)	1	Acting (7)	1	Alcohol (4)	1	'Jay-walking' (8)
1	Choir (4)	1	Choir (7)	1	Drinking and driving (4)	1	Smoking (8)
1	'Jay-walking' (4)	1	Soccer (7)	1	Drugs (4)	2	Drinking and driving (7)
1	Jogging (4)	1	Swimming (7)	1	Illegal driving (4)	2	Illegal driving (7)
1	Mall (4)	1	Tennis (7)	1	Marijuana (4)	2	Selling drugs (7)
1	Soccer (4)	2	Jogging (6)	1	Multiple partners (4)	2	Unprotected sex (7)
1	Swimming (4)	2	Multiple partners (6)	1	Selling drugs (4)	3	Drugs (6)
1	Tennis (4)	3	Alcohol (5)	1	Smoking (4)	3	Marijuana (6)
1	Youth group (4)	3	Nightclub (5)	1	Unprotected sex (4)	4	Birth control (4)
2	Nightclub (3)	4	Mall (4)	2	Birth control (2)	4	Contraceptives (4)
3	Birth control (2)	4	Youth group (4)	3	Nightclub (1)	5	Mall (3)
		5	Birth control (3)			5	Youth group (3)
		5	Contraceptives (3)			6	Alcohol (2)
		6	Drugs (1)			6	Multiple partners (2)
		6	Marijuana (1)			6	Nightclub (2)
						7	Jogging (1)

In Table 4.1, males from the urban school ranked playing sports such as soccer and tennis as acceptable behaviour by all participants. In addition, group activities such as singing in a choir, acting in a school play and going to a youth group were also all seen as acceptable behaviour by the entire group. Other acceptable behaviours included social activities such as hanging around at the mall with friends and swimming at the local pool. Individual activities such as jogging around your neighbourhood and jay-walking were also seen as acceptable behaviour by all four participants. The majority ranked going to a nightclub as acceptable behaviour, while only half of the participants ranked using birth control as acceptable behaviour.

Under unacceptable behaviours in the urban school in Table 4.1, alcohol related activities such as drinking alcohol, taking a lift from someone who has been drinking alcohol were ranked as unacceptable behaviours by all four participants. Activities that included the use and selling of illegal drugs and smoking cigarettes were also seen as unacceptable behaviours by everyone. Other activities ranked as unacceptable included have more than one girlfriend or boyfriend, having sex without a condom and driving without a licence. Half of the participants ranked using birth control, while only one participant ranked going to a nightclub as unacceptable behaviour.

Looking at male participants from the township school, seven of the eight participants ranked sports activities, group activities such as singing in a choir and acting in a school play and social activities such a swimming at the local pool as acceptable behaviours. A majority of the participants also put jogging around your neighbourhood and having more than one girlfriend or boyfriend as acceptable behaviours. Five participant ranked going to a nightclub and drinking alcohol as acceptable behaviour and only half of the participants ranked going to a youth group and hanging around at the mall with friends the same. Using birth control and having your partner use contraception was ranked as acceptable by three participants, while only one student ranked smoking marijuana and using illegal drugs as acceptable too.

All eight participants ranked smoking a cigarette and jay-walking as unacceptable behaviour. Seven participants considered taking a lift from someone who has been drinking, driving without a legal licence and having sex without a condom and selling drugs as unacceptable. Drug use such as smoking marijuana and using heroin, mandrax or cocaine was ranked as unacceptable by six participants while only half ranked using birth control and having your partner use contraception in the same category. A minority saw hanging around at the mall

with friends and going to a youth group as unacceptable while only two students ranked going to a nightclub, drinking alcohol and having more than one partner as unacceptable. Only one student ranked jogging around the neighbourhood as unacceptable behaviour.

Table 4.2: Behaviour acceptability rating by female participants in the urban and township school

Acceptable				**Unacceptable**			
Urban		**Township**		**Urban**		**Township**	
Rank	**Activity (n)**	**Rank**	**Activity (n)**	**Rank**	**Activity (n)**	**Rank**	**Activity (n)**
1	Acting (6)	1	Acting (8)	1	Alcohol (6)	1	Alcohol (8)
1	Choir (6)	1	Jogging (8)	1	Drinking and driving (6)	1	Drinking and driving (8)
1	Jogging (6)	1	Mall (8)	1	Drugs (6)	1	Drugs (8)
1	Mall (6)	1	Soccer (8)	1	'Jay-walking' (6)	1	Illegal driving (8)
1	Soccer (6)	1	Swimming (8)	1	Marijuana (6)	1	Jay-walking' (8)
1	Swimming (6)	1	Tennis (8)	1	Multiple partners (6)	1	Marijuana (8)
1	Tennis (6)	1	Youth group (8)	1	Selling drugs (6)	1	Selling drugs (8)
1	Youth group (6)	2	Choir (7)	1	Smoking (6)	1	Unprotected sex (8)
2	Birth control (5)	3	Nightclub (5)	2	Nightclub (3)	2	Birth control (7)
2	Driving (5)	4	Birth control (1)	2	Unprotected sex (3)	2	Multiple partners (7)
3	Nightclub (3)	4	Multiple partners (1)	3	Birth control (1)	2	Smoking (7)
3	Unprotected sex (3)	4	Smoking (1)	3	Illegal driving (1)	3	Nightclub (3)
							Choir (1)

In Table 4.2, all female participants from the urban school ranked group activities such as acting in a school play, going to a youth group and singing in the choir acceptable behaviours. In addition, playing tennis and soccer as well as swimming at the local pool were also seen as acceptable. Participants also ranked hanging around at the mall with friends and jogging around your neighbourhood as acceptable. Five students considered using birth control and driving without a licence. Half of the students ranked going to a nightclub and having sex without a condom as acceptable behaviours.

All urban female participants ranked jay-walking, taking a lift from someone who has been drinking alcohol and having more than one girlfriend or boyfriend as acceptable. Smoking cigarette and marijuana as well as drinking alcohol were also ranked as unacceptable by all students. In addition, all participants considered drug related activities such as selling drugs and using heroin, mandrax or cocaine. Half of the participants found going to a nightclub and having sex without a condom as unacceptable while only one student ranked driving without a licence and using birth control.

Every participant from the township school ranked sports activities such as playing soccer and tennis as acceptable. Other activities ranked as acceptable by all participants include jogging around your neighbourhood, swimming at the local pool and hanging around at the mall with friends. In addition, group activities such as acting in a school play and going to a youth group were also ranked as acceptable by all. Seven participants considered singing in a choir as acceptable while only five students ranked going to a nightclub as acceptable. Smoking a cigarette, having more than one girlfriend or boyfriend and using birth control were ranked as acceptable by one student.

Looking at unacceptable behaviour in the township school, all females considered drug related activities such as smoking marijuana, using heroin, mandrax or cocaine and selling drugs as unacceptable. Other unacceptable behaviours ranked by all participants included drinking alcohol, having sex without a condom, driving without a legal licence, taking a lift from someone who has been drinking alcohol as well as jay-walking. Seven students ranked smoking a cigarette, having more than one partner and using birth control. Going to a nightclub war considered unacceptable by three participants while only one student ranked singing in a choir as unacceptable behaviour.

4.3 Sub-objective 2: Social norms relating to behavioural perceptions

In the first activity of the focus group discussions. The participants were asked what activities they did after school or on weekends. The responses showed a variety of school and non-school activities.

Most of the respondents participated in both school and non-school activities. The students from both the township and urban schools participated in group and individual activities.

Table 4.3: number of participants who partake in a selection of group and individual activities

Activities	**Urban**			**Township**		
Group	**Male**	**Female**	**Total**	**Male**	**Female**	**Total**
Sports						
Basketball	0	0	0	1	0	1
Boxing	0	0	0	0	0	0
Cricket	2	0	2	0	0	0
Hockey	2	1	3	0	0	0
Netball	1	0	1	0	1	1
Soccer	1	0	1	2	0	2
Swimming	1	0	1	0	0	0
Tennis	1	0	1	0	0	0
Leisure						
Hanging out with friends	3	3	6	0	0	0
Recreational						
Acapella	0	1	1	0	0	0
Beauty pageants	0	0	0	0	1	1
Chess	0	0	0	1	1	2
Church	3	0	3	1	0	1
Dance	0	1	1	0	0	0
Debate	0	0	0	2	2	4
Gaming	2	0	2	0	0	0
Recording music	0	0	0	1	0	1
Youth group	0	1	1	2	1	3

Individual						
Sports						
Gym	2	0	2	0	0	0
Running	1	0	1	0	0	0
Leisure						
Reading	0	0	0	1	4	5
Sitting alone	0	0	0	0	1	1
Studying	0	2	2	1	2	3
Watching TV	0	0	0	1	6	7
Recreational						
Playing drums	0	0	0	1	0	1

This activity also highlighted who had an influence in choosing the activity to partake in. These influencing factors were divided amongst the individual's choice, parental and peer influence, as well as influence from siblings and other family members.

1. Agency

Most of the participants from both the township and urban schools accredited themselves for any participation to activities. The participants acknowledge some parental support; however, this is support on an individual's decision to participant in a sport they had already made. Some of the quotes mentioned included:

"*Uhmm I guess no one did, I just felt that I like those things and I should go for them*" (participant 1, township school, male).

"*If it's an academic activity, then my parents. But either [sic] than that then it's what I want to do*" (participant 1, urban school, female).

"*To go to church and go to youth, and going out, it's just myself*" (participant 2, urban school, female).

"*All the sports was [sic] just my idea because I can keep fit*" (participant 1, urban school, male).

2. Parental influence

Parental involvement in a participant's choice of activity was acknowledged. The predominant forms of parent involvement were either for or against. In most of these cases, parental support was present even if some scepticism existed. However, this did not deter the participant's in the activity.

2.1 Support

"99% of the time my mom is very supportive of me" (participant 2, urban school, male).

"*The acapella, my dad usually thinks it's not really something that is worth my time*" (participant 3, urban school, female)

2.2 Opposed to

"*My parents do not support me in basketball because where we practice it is very near from where I live but where we actually play it with other teams is very far*" (participant 4, township school, male).

"*No, my mom doesn't allow me to do music because I spend most of my time doing music, I don't pay attention to what she says anymore because I am always straightforward to music… yes that's it*" (participant 5, township school, male).

"*The acapella, my dad usually thinks it's not really something that is worth my time*" (participant 3, urban school, female).

"*My mom doesn't think doing out every weekend is worth it*" (participant 5, urban school, female).

3. Peer Influence

Peer influence is mainly driven by a sense of competition and trying to fit in within a particular peer group.

3.1 Support

"*Ja my rival, he is in grade 6, he encouraged me to play chess and that's why I took it on*" (participant 2, township school, male).

"*I guess my friends encouraged me to join the debate team*" (participant 3, township school, male).

"Hockey was because a lot of people were doing it Gaming was because I could do it with my brother and just bond" (participant 1, urban school, male).

At the same time, certain activities done by participants in the community can result in the opposite effect and make an individual not want to participant in these activities as they have determined them to be risky.

3.2 Opposed to

"*when you become observant and you then look at the people around you, your community your peers, you will be like… I don't want to be like them*" (participant 6, township school, female).

4. Siblings/ Other family members

An additional form of influence comes from close family members such as siblings and grand parents that have contributed to the participants choice in activities. This is a limited source of influence however, still important to the overall study.

4.1 Support

"Hockey was because a lot of people were doing it Gaming was because I could do it with my brother and just bond" (participant 1, urban school, male).

"*My uncle is my role model so he suggested I do it*" (participant 1, urban school, male).

4.2 Opposed to

"*Then there is also my granny who is kind of like a senior pastor at church, then me…church don't get along [giggle & the group laughed] actually like nna ke ye kerekeng wa ngfosta wa bona*"(for me to go to church she forces me you see)" (participant 5, township school, female).

4.4 Sub-objective 3: To identify and explore factors contribute toward making the decision to engage in exploratory or risky behaviour

To address this objective, case studies 1 and 2 were presented to participates in 4 focus group discussions. The following predominant themes came out of the adolescence pregnancy in case study and supporting quotes from the focus group participants are included in italics:

Theme 1: Sexual and reproductive knowledge

1.1: Pregnancy risk

Quotes around the risk of pregnancy were mentioned by the students in both the male and female focus group discussions. They mention that Sarah allowed herself to be at risk of pregnancy by engaging in unprotected sex.

"I think the first mistake that Sarah made is having unprotected sex allowing the person to have sex with her without using a condom" (participant 1, township school, male).

"She didn't know that protection would be able to help her not to fall pregnant" (participant 1, township school, female).

"Obviously I wouldn't want to be "ngwana skolo" (a school child) and a mother at the same time" (participant 1, township school, female).

"So I wasn't going to budge and remember I am still at school, I am not ready to lose my virginity and bear the consequences of that" (participant 1, township school, female).

1.2: Sex readiness

Within discussions on the presented case study, a re-occurring code of sex readiness came out. Pupils generally felt that Sarah was not ready for sex and she should have waited. However, some that she was coerced into having sex even when she was inexperienced and still a student in high school.

"So I wasn't going to budge and remember I am still at school, I am not ready to lose my virginity and bear the consequences of that" (Participant 1, township school, female).

"I would also tell him that he should wait, I want to finish my schooling and I am not ready to have sex, so he will wait)" (participant 1, township school, female).

"Sarah, first thing is that she shouldn't have dated a person 5 years older than her especially if she is still in grade 10… the person has more experience than you and obviously the person will ask you for sex, from you, so ja, I think that's the first mistake Sarah made" (participant 1, township school, male).

"I think Sarah is not knowledgeable enough, hence I was talking about being knowledgeable, taking informed decisions and she is not taking informed decisions…" (participant 1, township school, male).

1.3: Partner Dynamics

Quotes focused on the dynamics of the relationship between Sarah and John were based on the perceived power balance within the relationship. They insinuated that John took advantage of Sarah's youth by using gifts to gain sexual favours.

"He was able to take advantage of her" (Participant 1, township school, female).

"The sex I feel like ingathi uya ngibadalisa (you are making me pay)" (Participant 1, township school, female).

"He knows the girl is still young, so what he did by saying let us not use a condom you will not get pregnant the first time we do it…I think he in a way was manipulating the girl's decisions because he knows that the girl is fragile and she is still young, he knows that the girl would think that oh like omogolo (he is older) like he knows better, so he manipulated Sarah's decision" (Participant 1, township school, male).

"*Probably, tell him that, if you wanna have sex with me lets go test first just in case she get infected with HIV, shes not even pregnant*" (Participant 1, urban school, female).

"First I wasn't going to let me just say 'bribe the girl into loving me', because the more I take the girl to fancy restaurants, buy her fancy things and airtime, it is more like I am bribing her to sleep with me so I wouldn't do that, so I would just refrain from doing that" (Participant 1, township school, male).

1.4: Gender roles and perspective

It is important to note the gender differentials on how these behaviours were viewed. The focus group discussions showed a distinctive pattern between males and females outlooks on the activity. Quotes focused on the roles by each gender on who held responsibility was assigned by each of the focus group discussions. Most of the females in the focus group held John responsible, while the males in the focus groups discussion focused on Sarah's role for the outcome

"What if the baby comes then "u ya baleka" (You run away)" (Participant 1, township school, female)

"Obviously John didn't like the girl neh" (Participant 1, township school, female)

"Why not then be patient with me" (Participant 1, township school, female)

"I think Sarah is influenced by pseudo-scientific theories, you can never believe when someone is telling you that eh unprotected sex eh just because it is the first time then you will not have a disease or you will not fall pregnant you know" (Participant 1, township school, female)

Theme 2: Self-esteem

2.1: Confidence

Throughout the focus groups, confidence was a reoccurring code. This code was mainly focused on Sarah's role in the relationship and there were multiple suggestions on Sarah's lack of confidence in putting her needs above John's needs.

"If I was Sarah I would date who I love but then I would always make sure that whoever I am dating with, we make an agreement, we talk and I tell the person that I have these principles, I have these norms and I have this moral code, I don't do this, I love that you know and we make an agreement and that's a relationship." (Participant 1, township school, male)

"She lacked self confidence in a way" (Participant 1, township school, female)

"She allowed the her life to revolve around the guy" (Participant 1, township school, female)

"… I think this whole thing "e qala mo wena" (It starts with you), so you should be self-motivated and then you should be confident about yourself and know that "wena" (you) are worth more" (Participant 1, township school, female)

2.2: Self-awareness

Based on setting parameters that would give Sarah some level of control in the relationship. Found that males had no issue with the relationship and the age gap associated with it however, a level of agreement was needed that would benefit both parties. I the female focus group however, the focus was on how Sarah should not have compromised and be misled by John.

"If I was Sarah I would date who I love but then I would always make sure that whoever I am dating with, we make an agreement, we talk and I tell the person that I have these principles, I have these norms and I have this moral code, I don't do this, I love that you know and we make an agreement and that's a relationship." (Participant 1, township school, male)

"I still persist to say that love is not about age and I still persist to say that blesser(s) are not (laughing) destroying love in a way people describe it but then even though the person might be 40 and 15 the girl might be 15or 16, still there is no difference for as long as they agree and no one is pressurizing another person and nobody is forcing another person into doing something, then they are perfectly fine." (Participant 1, township school, male)

"I wouldn't let John mislead me" (Participant 1, township school, female)

"So I wasn't going to budge and remember I am still at school, I am not ready to lose my virginity and bear the consequences of that" (Participant 1, township school, female)

The following predominant themes came out of the driving under the influence of drugs in case studies 2:

Theme 3: Peer influence

3.1: Peer network

The need to be part of a collective was mentioned in all the focus group discussions. The code on peer networks was based on the how the desire to conform to the norms set by the group of friends at the party, altered Michael's views on what he viewed as acceptable behaviour.

"He was not supposed to try to work hard to impress or have a story to tell other people, if he wanted to have a story how about he waited until graduation, then he could tell people that I got me degree, instead of I got a criminal record" (Participant 1, township school, female)

"Bathabie,"mina be ngiyo enza u Steve" (I was going to turn Steve) into laughing stock… when he was telling the story at the party that, "Ukuthi u sa qhoma ngalokhu abantu ba qhoma nga madegree, (you are still boasting about that while other people are boasting about the degrees?), because That would change everybody's mindset, and that "ngeke incede mina ngi yi one izo nceda wonke u muntu"(that will not only help me it will help everybody)" (Participant 1, township school, female)

"If I was Michael I would make friends but I would not do crime, If I see drugs, I report the matter because if you don't report the matter, according to the law of South Africa you are already a criminal too." (Participant 1, township school, male)

"I think what Michael had done wrong was to have too many friends whereas he knows he went to varsity to study and not to make friends." (Participant 1, township school, male)

"I probably would have reassured myself that I don't really need to say any story, because I don't need like a big group of people to impress" (Participant 1, urban school, female)

3.2: Peer pressure

The notion of being influenced by friends came up in all the focus group discussions. In the female focus group discussion, they suggested that Michael allowed himself to be influenced with ease. The male focus group discussion suggested that Michael had a desire to not be seen as an out cast in a new environment and therefore did participated in the behaviours set by his friends.

"Why would he want to do a bad thing that Steve did. What Steve did is not cool at all. Look at him now, he's involved in this and he's now facing…with… he is a criminal." (Participant 1, township school, female)

"So, like, he shouldn't have given to peer pressure that easy." (Participant 1, township school, female)

"As they say good company corrupts good habits, I would say making friends and bad friends can also lead you to making bad things." (Participant 1, township school, male)

"My impression of the story would be that Michael is one of those people who have poor assessment skills, those people who say my life is miserable simply because I had bad friends whereas you allowed your bad friends to influence you and throw you in bad consequences and bad." (Participant 1, township school, male)

"*It's not a really good idea to impress people*" (Participant 1, urban school, male)

Theme 4: Self-awareness

4.1: Goals

A substantial number of quotes focused on Michael's goals and purpose for being at university. In the female focus group, they suggest that his priorities had altered and that his purpose for being at university had shifted. While in the male focus ground discussions, they questioned the choice of seeking friendships and not focussing solely on his studies.

"He was supposed to do something else that was going to benefit him, which would benefit him as the right person and other people can see that he is a right person, because he is doing the right things" (Participant 1, township school, female)

"He shouldn't be proud of what he has done because it is quite a bad thing, so I think ....showing off is actually the worst, and the bad behaviour" (Participant 1, township school, female)

"You go to varsity and study not to make friends…" (Participant 1, township school, male)

"The first mistake that Michael made was forgetting what he came to do in the university and making many friends, and trying to make himself another person." (Participant 1, township school, male)

4.2: Confidence

Michael's confidence has a re-occurring topic of discussion for both female and male focus group discussions. All the focus groups implied that Michael needed to have the confidence to be able to address the situation by talking about the risks associated with the behaviour and not alter from his principals.

"Bathabie, "mina be ngiyo enza u Steve" (I was going to turn Steve) into laughing stock… when he was telling the story at the party that, "Ukuthi u sa qhoma ngalokhu abantu ba qhoma nga madegree, (you are still boasting about that while other people are boasting about the degrees?), because That would change everybody's mindset, and that "ngeke incede mina ngi yi one izo nceda wonke u muntu"(that will not only help me it will help everybody)" (Participant 1, township school, female)

"I would lay out the consequences of his actions that if you are drunk this and that would happen and teach him that he must learn from my mistakes, and he shouldn't do this and that." (Participant 1, township school, female)

"I don't think that making friends is the problem here, the only problem is that people don't know themselves, we should be aware, self-awareness, you should know yourself very well and know how assertive you are as a person you can say no and you can say yes, and you can say no I don't want and you can say I do want so I think it depends on an individual." (Participant 1, township school, male)

4.3: Responsibility

This quote on responsibility was mainly mentioned in the male focus group discussions. They suggested that Michael had a sense of responsibility to voice the risks involved in the behaviour suggested by his friends.

"…once you make a friendship with someone you look at what they do, what do they do to have fun and so I do not think that it began at the party, he knows him from way back, he knows him…what he does, so ja, it is purely Michael's fault." (Participant 1, township school, male)

"If I was Michael I would make friends but I would not do crime, If I see drugs, I report the matter because if you don't report the matter, according to the law of South Africa you are already a criminal too." (Participant 1, township school, male).

"You need to find people who will except you the way you are" (Participant 1, township school, male).

5. Discussion

The overall objective of the study was to determine if parental and peer networks had an influence on adolescent behavioural outcome by exploring what participants from four focus groups perceived as risky behaviour. The results were from three separate activities based on the three sub objectives to asses the participants views on a selection of behaviours.

One of the main findings was that negative peer influence is not as important in the overall choice in activity participation. However, peer influence did have a positive impact in the choice of some of the activities participated in. This finding does support other research done by Trost et al (2003) found that peer acceptance was seen as a major influence in choice of behaviour, but mainly in the early adolescent period. This indicates that there is a need for social acceptance by a peer network that deter adolescents from antisocial behaviour (Scanlon, Laux, and Kapfhammer 2002).

Studies have shown that in late adolescents, the individual has less external influences and mostly make decisions based on their own personal desires and needs (Padilla-Walker and Carlo 2007). This was evident in the adolescent's individual choice in behaviour and activity participation. Where this study looked at external influences on behavioural outcome, the results showed a large amount of individual agency in the choice of activities the participant took part in. Whether the activity of choice was a group or individual activity, the participant showed a great degree of individuality in their own personal choices and also in general.

The role of the parent is another significant outcome as it is mostly one of support than influence (Trost et al. 2003). There was no significant influence from the parent in behavioural outcome. In the focus group discussion, the parent was largely seen as a support system to most of the choice in activity than in taking a decision in the choice of activity. However, the participants did acknowledge cases in which the parent did not show support to the choice in activity, however this did not have any deterring effect to the student to stop the activity.

The focus group discussions did show influence from other family members. Participants did participate in activities to bond with a sibling or to appease an older family member by participating in activities that were not their own personal. Unlike parents, other family members were seen as having a positive influence of the adolescents participation in activities that limited their exposure to risky behaviour (DuBois and Silverthorn 2005).

The community in which the participant was exposed to has an influence in the types of activities they took part in (Scanlon et al. 2002). Mostly, the behaviours witnessed in the township community had a negative result in the student's willingness to participate in those behaviours (DeVore and Ginsburg 2005) and in some cases resulted in the participate either choosing to participate in activities that were not perceived as risky or to isolate themselves from the community by being involved in individual activities that could be done in the household (Valois et al. 2004). There were many instances where the student felt that the individual examples around them was not a representation of how they wanted to end up. In areas like the township, individuals tend to want a different life than the ones that are currently around them in the community. They perceive the township to be based on behaviours that they perceive as risky and in the long term could deter them from their goals and aspirations (Atav and Spencer 2002). At the same time participants in the urban school never made a mention of witnessed behaviour in their communities that had a negative effect on their behavioural outcome.

The participants recognise that the choice in participating in a particular behaviour like in the case studies was a conscious and individual choice. In addition, that the individuals in the case studies need of self-confidence would have prevented them from putting themselves in risky behaviours. The participates recognised the risky outcomes of the behaviour and therefore were more inclined to not participate in such behaviours (Krettenauer and Eichler 2006).

When assessing the first case study, participants identified a lack in self-confidence and knowledge around adult relationships as factors in Sarah's situation due to the behaviours that she participated in. Sarah being sexually involved with a man five years older than her was seen by the female participants in the group study as being risky and not a good behaviour choice. The participants in the focus groups discussions had no issue identifying what they all perceived as risky behaviour, however, the catalyst of such behaviour was different for males and females. The males in the focus group discussions did identify with both Sarah and John, where as in the female focus group discussions, they were predominantly focused on Sarah.

In the second case study there seemed to be a consensus by all focus group discussions as to Michael being the catalyst in the behavioural outcome. The role of the group of peers was acknowledged but overall, however, their actions were not questioned by the participants in

the study. Individual agency was the primary talking point as Michael's choice to participate in the risky behaviour was identified as being negative even with his knowledge of the possible risky outcome. The results were not unexpected as most of the participants had put a lot of significance on individual choice and seeing Michael being largely influenced by their peers was not seen as acceptable behaviour.

The task to rank the activities as acceptable and unacceptable behaviour showed predominantly the same activities being ranked as acceptable and unacceptable by both the male and female focus groups. This shows that there is a clear understanding of what is seen as risky behaviour from both urban and rural participants. Activities such as participating in a number of different sports was seen as acceptable and not risky, even though participating in sports could lead to injury, the risk associated with the activities was not seen as risky to the participants but rather socially acceptable (Gilchrist and Wheaton 2017). The health benefits in participating in a sport outweighed any possible risk. However, activities such as smoking cigarettes and having unprotected sex were universally deemed as unacceptable behaviours.

However, there were significant observations on the ranking of activities that even with the perceived risky outcomes were ranked by some participants as acceptable (French et al, 2001). Jay-walking is a behaviour that can lead to injury as some individual tries to illegally cross the street. Jay-walking could be seen as not high-risk and something that is commonly witnessed being done by their social networks and the community as a whole. This shows the there is a relationship between the community and the risk behaviour(Atav and Spencer 2002). There is an effort to conform in the urban community that is not always present in the township community, which could be why jay-walking was not acceptable to township males.

Having multiple sexual partners and going to nightclubs was seen as being acceptable behaviours by some males from the township males. This is a possible result of peer influence. As mentioned before, adolescents are more inclined to be influenced by their peers and what their peers perceive as normal behaviour (Scanlon et al. 2002).

On the contrary, the use of birth control was ranked as unacceptable behaviour by some urban and township males. This could be based on religious teachings that condone the use of female birth control but not the use of condoms as they not only seen as a form of birth control but primarily a form of protection from sexually transmitted diseases (Johnson, Jung, Larson and De Li 2001).

Females from the urban school, ranked driving under the influence of alcohol as an acceptable behaviour. This may be consequences on what adolescent females perceive as masculinity in males and an acceptable social norm (McCreary and Sasse 2000).

6. Conclusion

Though most of the male and female students identified similar activities as risky and the how to avoid participating in these risky behaviours pertaining to the case studies, they do show leniency to behaviours that they participated in such as going to a nightclub. There is a general understanding of the possible outcomes by the students, however, this has not deterred some participants from having different views on some of the activities being ranked either as acceptable or unacceptable.

There is a sense of individual self-awareness that is developed in the late adolescent period that has a significant role in the participants ability to make choices that benefit the individual. Adolescents are aware of their environment and the perceived norms that influence their ability to assess what is socially acceptable and what is risky.

Parents do not have much of an influence compared to their peers and other family members as they have mainly become the support to a participant's individual decision and not seen as very influential. Parental support does have a large effect to the participants self-confidence in their behavioural choice, which in-toe, feeds into the adolescent's ability to make independent choices.

There is an acknowledgement to group activities that are provided at school, such as sport, as being acceptable behaviour because they are seen as being socially acceptable. However, activities that have been predominantly seen to result in negative outcomes and have little to no health benefit have been deemed not socially acceptable and therefore have been registered as unacceptable behaviours.

6.1 Policy and programmes

In addition to the National Youth Policy implemented by the government in 2015, (National Youth Policy 2015), there needs to be policies aimed at creating community outreach that focuses on the impact of the social norms created in the community on adolescent behaviour outcome and how risky behaviour in the community needs to addressed with the availability of alternative activities that promote behaviours with less risky outcomes.

Programmes that involve group activities on the weekend that allow student to not be isolated at home but get involved in their community. These programmes should be based on building self-confidence amongst peers

Other programmes can be targeted to changing community behaviours that are perceived as risky. Therefore, instead of the community being a negative influence to behaviour, the community can be seen as a model to be shaped by.

6.2 Future research

Future research should explore the limitations on parental influence and why they don't have a significant impact on adolescent choice in activities. This would clarify how far being supportive or non-supportive to adolescents' behaviour influences the initial choice in the activity. Therefore, do adolescents particularly choose activities that the perceive would be supported by parents?

The effects of participating in individual activities on overall behavioural outcome. What are the effects on adolescents that partake in group activities instead of individual activities and what is the effects on adolescents' who take part in individual activities instead of group activities?

To better understand these definitions of risk, additional activities could be looked at

Most studies looking into adolescent behaviours has been conducted in mostly European an Asia countries. However, there is a lack in the number of studies done in Sub-Saharan countries. Looking into other Sub-Saharan African countries can yield a different perspective as cultural and social norms on the continent do not emulate those in other regions around the world.

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APPENDICES

Appendix A: Permission from the Gauteng Department of Education

Appendix B: Permission from the school principles

Appendix C: Approval from the university of the Witwatersrand

Appendix D: Consent forms from both students and parents