

## A Need to Intensify HIV and AIDS Education in Secondary Schools

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**ABSTRACT** The purpose of this paper was to investigate Grade 12 learners' perceptions of their exposure to HIV and AIDS in two purposively selected high schools in the Eastern Cape in South Africa. A qualitative methodology that involves the use of focus group discussions for data collection was used. The findings revealed that the teaching of HIV and AIDS or life skills education in schools is not yielding the expected results. It was also found that some of the participants did not use condoms, hence there is a need to promote abstinence and consistent use of condoms as a preventive measure against unwanted pregnancies and sexually transmitted infections (STIs), including HIV. The study recommended that learners' active involvement in extracurricular activities would help them develop self-esteem and the ability to resist drugs and other risky sexual behaviors that makes them vulnerable to HIV and AIDS.

### INTRODUCTION

South Africa is one of the countries that are severely affected by the HIV and AIDS epidemic. The South African youth (15–24 age group) have been identified as a high-risk group with HIV prevalence rates estimated at 7.1 percent (Strauss et al. 2014). However, the good news is that the overall growth of the epidemic has stabilized in recent years. With around sixty-nine percent of all people living with HIV residing in sub-Saharan Africa, the region carries the greatest burden of the epidemic. Unfortunately, since the beginning of the epidemic, nearly 30 million people have died from AIDS-related causes (UNAIDS 2011). The annual number of AIDS-related deaths has steadily declined owing to the significant increase in people receiving antiretroviral therapy (UNAIDS 2011). There were an estimated thirty-four percent fewer AIDS-related deaths in sub-Saharan Africa in 2014 than in 2000 (in 2000, they were about 1.2 million and in 2014, about 790,000) (UNAIDS 2015). These are life-threatening diseases for which there is no

cure yet, and hence, the urgent need for preventive measures to curb the pandemic.

Achieving zero new infections will require effective combined prevention, that is, a combination of behavioral, biomedical and structural strategies, both intensively in specific populations in concentrated epidemics and across the whole population in generalized epidemics. Critical programmatic elements of prevention of the sexual transmission of HIV include behavior change, condom provision, male circumcision, focused programs for sex workers and men who have sex with men, and access to antiretroviral therapy (UNAIDS 2012). The youth's social and sexual behaviors will therefore determine the future direction of the AIDS pandemic. These behaviors will depend largely on accurate knowledge of preventive measures, perceptions and attitudes towards HIV and AIDS. The National Department of Health (2011) further estimates that the national HIV prevalence increased from 17.8 percent to 17.9 percent between 2009 and 2010, projected from the 15 to 49-year-old members of the general population.

In a study conducted by Slabbert et al. (2015) on HIV prevention in South Africa, the results show that although girls idealize a less risky identity, they are unable to assert this. Contrary, results for boys show that they are indeed able to actualize their possible identities as this is driven by male-dominated social norms that dictate risky behavior for girls. Previous HIV preven-

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tion programs recommending non-risky behavior to girls may have met limited success, because social norms dictate risky behavior for girls. Current conditions in South Africa of high unemployment rates, poor living conditions, and high HIV prevalence, now render already vulnerable girls even more vulnerable to contracting HIV, young motherhood, and lack of attaining education.

Karim (2013) cautions that lack of knowledge or denial of one's HIV status is a consequence of discrimination and social marginalization, which continues to be experienced daily by people who are the most affected by HIV. Stigma contributes substantially to the individuals' reluctance to test for HIV (Mbatha 2013). HIV infection rate is seemingly high among the South African youth. The Fort Hare Institute of Social and Economic Research (FHISER) (2007) study indicated that many young people in the Buffalo City of the Eastern Cape continue to engage in risky behaviors like unprotected sex and having multiple sexual partners, despite the known threats posed by HIV and AIDS and other sexually transmitted diseases (STDs). Thus, despite high levels of awareness in the modes of HIV transmission and prevention among teenage learners, the majority of teenagers do not think that they are personally at risk.

In South Africa the current health services are not orientated toward adolescent care (Naidoo and Taylor 2015). Schools do not offer HCT and there are no counselors in schools. Thus, the services that infected youth receive are no different from those provided for adults. With the current HIV prevalence among the youth, there is clearly a need for more youth friendly services to be developed. The first phase of adolescence predominantly entails relinquishing childhood while the second phase relates to structuring what will become adulthood. During the second phase, the patterns are subject to modification, but except in extreme cases, not subject to abandonment. It is during the second phase that adult behavioral patterns of adaptation take shape. Adolescence is a period of transition and the challenges, turmoil, disturbances and conflicts that are part of adolescence, are carried by learners to school. It is at school that parental, community and even religious support are either absent or minimal and where the unique cultural environment could be in conflict with traditionally and religiously driven controls at

home. The period of adolescence is often marked by mixed messages from mass media (Hare and Villarruel 2007) and family adults (Davis and Friel 2001), which often lead to confusion and contradiction.

Research has shown that the majority of HIV and AIDS cases all over the world, particularly in sub-Saharan Africa, are the result of heterosexual transmission and mostly among adolescents and young adults (UNAIDS 2012). The effectiveness of latex condoms in preventing sexual transmission of HIV is not in doubt. The "Safe Sex" guidelines suggest that the sexual transmission of HIV can be avoided or minimized if condoms are used consistently and correctly during sexual intercourse (AIDS infoNet 2010). Several studies have shown that adolescents and young adults continue to engage in risky sexual behavior. Despite their access to a wealth of information on the risks of unprotected sexual relationships, and the need to be able to negotiate the use of condoms, even in difficult circumstances, such as when under the influence of alcohol or drugs (Lewis et al. 2007; Sabone et al. 2007). The use of condoms in Africa, particularly in South Africa is hindered by cultural and religious constraints because of its association with contraception. A number of Africans also associate the use of condoms with a lack of trust between partners (Oshi et al. 2007). Factors responsible for the unpopularity of condom use among Africans are interruption of foreplay during sexual intercourse, the creation of suspicion in a relationship, the association of carrying condoms with prostitution and promiscuity, creating the wrong impression that a man or woman who carries condoms around is "asking for sex", loss of enjoyment during sex, male dominance in a relationship that robs the female partner of the strength to negotiate the use of a condom, religious and cultural constraints, where traditionally the primary aim of sex is deemed to be procreation, and the association of the use of condoms with casual sex only, particularly with known prostitutes (Sabone et al. 2007). In addition to sexual abstinence and mutual fidelity, the condom, however, is an important method to prevent the spread of STDs and HIV (Slabbert et al. 2015). Although the use of condoms as a method of prevention is becoming more popular in many African countries, there is still a large gap between knowing and using them correctly and consistently (Chimbiri 2007). South African

sexually active adolescents run a high risk of contracting HIV, but despite this, the youth disregard the risk and engage in compromising behavior. This study used a qualitative research approach to investigate Grade 12 learners' perceptions of their exposure to HIV and AIDS in two high schools in the Eastern Cape in South Africa.

### Theoretical Framework

Bandura's social cognitive theory specifies a set of three determinants, the mechanism through which they work, and the optimal ways of translating this knowledge into effective health practices (Bandura 1997). The core determinants include knowledge of health risks and benefits of different health practices, *perceived self-efficacy* that one can exercise control over one's health habits. Secondly, *outcome expectations* about the expected costs and benefits for different health habits, the health goals people set for themselves and the concrete plans and strategies for realizing them. Thirdly, the *perceived facilitators or impediments* to the changes they seek.

Beliefs of personal efficacy play a central role in personal change. This focal belief is the foundation of human motivation and action. Unless people believe they can produce desired effects by their actions, they have little incentive to act or to persevere in the face of difficulties. Whatever other factors may serve as guides and motivators, they are rooted in the core belief that one has the power to produce desired changes by one's actions. Health behavior is also affected by the outcomes people expect their actions to produce (Bandura 1997).

The physical outcomes include the pleasurable and aversive effects of the behavior and the accompanying material losses and benefits. The social approval and disapproval, and the behavior it produces in one's interpersonal relationships is the second major class of outcomes. This set of outcomes concerns the positive and negative self-evaluative reactions to one's health behavior and health status. People adopt personal standards and regulate their behavior by their self-evaluative reactions. They do things that give them self-satisfaction and self-worth and refrain from behaving in ways that breed self-dissatisfaction. Motivation is enhanced by helping people see how habit changes are in

their self-interest and in the interest of the broader goals they value highly. Personal goals, rooted in a value system, provide further self-incentives and guides for health habits.

Lastly, personal change would be easy if there were no inhibitions to overcome. The perceived facilitators and obstacles are another determinant of health habits. Some of the impediments are personal ones that deter performance of healthful behavior. They form an integral part of self-efficacy assessment. For example, in assessing personal efficacy to stick to a routine, people judge their efficacy to get themselves to use a condom regularly in the face of different obstacles. If there are no impediments to overcome, the behavior can be easy to perform and everyone is efficacious.

### Objective of the Study

The study determined grade 12 learners' perceptions of HIV and AIDS. Specifically the study sought to address the following key question: *What are learners' perceptions of their exposure to HIV and AIDS?* An allied aim of the study was to generate findings that provide a basis for implementing responsible sexual behavior programs as well as serve to review the current health behavior programs offered in schools in the Eastern Cape and South Africa as a whole. This knowledge could be used as a tool to make recommendations about the fight against the spread of HIV and AIDS.

### METHODOLOGY

This study adopted a qualitative interpretive methodology that enabled the researcher to get data directly from the subjects (Grade 12 learners) by sitting with them, hearing their views, perceptions, voices and expectations in detail. This methodology is rooted in the interpretive assumption that knowledge is subjective and ideographic and can only be obtained after entry into the participants' social world (Patton 2002). A case study research design was adopted. A case study is conceived by Thomas and Nelson (2001) as a form of descriptor research that gathers a large amount of information about one or a few participants in considerable depth. Data was collected from two high schools in the Eastern Cape Province of South Africa. The population sample comprised of 40

17-year-old Grade 12 learners selected from the two schools through the proportional stratified sampling technique. The 17-year-old Grade 12 learners were selected because they were deemed to be suitable sources of information for the study bearing in mind their relative knowledge about HIV and AIDS. Secondly, they had been exposed to various programs offered in their schools in an effort to curb the spread of HIV. To get in-depth understanding of learners' perceptions regarding their exposure to HIV, a series of focus group interviews were conducted over a period of two weeks.

### **Ethical Considerations**

Care was taken to adhere to ethical measures during the research on this sensitive subject. Permission was first obtained from the Department of Sociology at the University of South Africa on the basis of the study outline. In order to ensure the safety and rights of the participants, their informed consent was sought and the purpose of the study was spelt out before their participation in the study. The representatives of the school governing body signed a consent form for all the participants in the study. Confidentiality was ensured by not divulging the participants' information to anyone who was not directly involved in the study. The anonymity of participants was ensured by not revealing their identity. The researchers ensured that all the findings were presented honestly without making up any data to support a particular finding. With these ethical guidelines in place, the researcher was convinced that credible data would be obtained.

### **Data Analysis**

The data for this study was analyzed qualitatively using summarized themes, sub-themes and categories. Data was organized and broken down into smaller units in the form of verbatim statements and narratives. This method of analysis is regarded by Bogdan and Biklen (1992) as appropriate for qualitative and interpretive research. General themes and subthemes were identified, categorized and summarized accordingly.

## **RESULTS**

The results are discussed under the headings of demographic profile of the respondents,

Grade 12 learners' knowledge of HIV and AIDS, learners' exposure to HIV, availability of HIV intervention programs in schools, and strategies for reducing learners' exposure to HIV and AIDS.

### **Demographic Profile of the Respondents**

As expected, all the participants (40 or 100%) were indigenous Africans because both the targeted schools were located in rural areas in the Eastern Cape. The study comprised 20 (50%) females and 20 (50%) males.

### **Grade 12 Learners' Knowledge of HIV and AIDS**

One of the main aims of the study was to ascertain the learners' knowledge of HIV and AIDS. This was to ascertain whether they were aware of how one can contract HIV or prevent being infected with the disease. Interestingly, the learners demonstrated a relatively high knowledge of HIV and AIDS and on how one can contract or prevent infection. For example, one learner indicated the following: "*sometimes we have some drinks when we go out as the school, and when we come back we drink alcohol and the mind gets disturbed. After that, one thinks of a girl that he has been lusting for and that girl will also be in the same mood and we go for quick unprotected sex.*"

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

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

### **Learners' Exposure to HIV Infections**

The participants were required to comment on their exposure to HIV. It was important to allow them to express their thoughts in order to determine their perceptions and attitudes towards their exposure to HIV/AIDS. It was ob-



served that while Grade 12 learners regard their sexuality development as a normal phenomenon, and they also perceive it as putting them at risk of contracting HIV. Learners perceive themselves as deficient in exercising control over their sexual desires, arising from their sexuality development.

The following comment from one learner bears testimony to the above: *“When you have sex it is like you are doing something better. It is something nice, it is enjoyable, and so I would say that we are at risk because there is no secret. Everyone wants to do it just to show off that they can also do it.”*

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

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

The participants demonstrated that they were quite aware of the consequences of contracting HIV, such as withdrawal from school, being discriminated against in society, long illnesses and suffering, and ultimately death. They were also aware of the various environments that are unsafe and that can put them at risk of contracting STIs, including HIV. Unfortunately, this awareness of their exposure to HIV seems to be concealed in misconceptions about the disease and also overshadowed by their attitude of so-called “othering” or distancing themselves from the disease. “Othering” is a negative attitude towards exposure where the respondents believe that heterosexuals are not sus-

ceptible to HIV, and they attribute HIV infections to homosexuals. Statements like “adolescents are...” or “they do this because...” or “many youth...” are indicative of “othering” (Squire 2007:117) the disease or situation and distancing themselves from adolescents who encounter the problems discussed. This denial of their own exposure is also a reflection of deep-rooted cultural norms in rural South Africa where the issues of sex and sexuality, and consequently HIV and AIDS, are still distasteful.

### **Availability of HIV Intervention Strategies in Schools**

The participants were asked to comment on the availability of HIV intervention programs in their schools. This was to gauge their awareness of the HIV intervention programs that were available to them, and whether they were effective or not. For example, loveLife and Life Orientation were available as HIV intervention programs in both schools.

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

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

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

It also emerged from the findings that the status that given to Life Orientation, as a subject that houses programs of HIV and AIDS, was very low as compared to other subjects like Mathematics, English, Life Science and so on. The issue of being non-examinable tends to affect the approach of both students and teachers towards the subject. The following remarks from one learner were pertinent:

*Life Orientation only exists in the school curriculum in name, as we do not pay much attention to it. We tend to concentrate on examinable subjects and not Life Orientation, which is not examined. Even teachers themselves are not serious about the subject.*

It is evident from the above response that while Life Orientation exists in the school curriculum, it is difficult to conclude that it is achieving the purpose for which it was designed.

The study indicated that other than Life Orientation, there were no other formal intervention strategies or programs in the schools that are meant to mitigate the impact of HIV and AIDS.

### **Strategies for Curbing the Spread of HIV and AIDS in Schools**

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

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

The status often associated with manliness in adolescents can be transferred to the sports pitch. Learners themselves believed that involvement in extracurricular activities would help them develop self-esteem and the ability to resist gangs, drugs and other anti-social behavior. Based on these findings, it is worthwhile subscribing to the concept of Grassroots Soccer (GRS); a program tried in Zimbabwe by an NGO (Griffiths 2005), where life skills based interventions that use national and international soccer stars as role models have had tremendous success in behavioral change. Griffiths (2005) further confirms that because of this success, the

concept has already been extended to countries such as Zambia, Botswana and South Africa, where FIFA has embraced it under the theme *"Football for Hope."*

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

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

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

Amazingly, another learner discouraged the involvement of learners in sports and said, *"Things like interschool matches need to be scrapped from extracurricular activities and focus on things like the Students Christian Organization because learners end up having sex when they go out."*

There seemed to be discrepancies in how HIV education programs are run when comparing rural and urban areas. One learner claimed, *"In rural areas people do not have enough information about HIV and AIDS, so to raise awareness among them could help in terms of protection and giving them free condoms so that they do not contract HIV."* This claim might be true in remote areas (in terms of transport and the media) where people are stigmatized for contracting HIV.

Another learner pointed out, *"The government should intervene by encouraging nurses to go to communities at specific times to visit*

*schools and in rural areas so that they spread the message that HIV is risky and explain how it can be prevented.”*

### DISCUSSION

The paper demonstrates some level of understanding among adolescents of what constitutes a risky or safe context, and should be encouraged so that in the process of discussions and interaction, adolescents acquire decision-making and self-control skills. To address the problem of the low levels of HIV status knowledge, South Africa adopted a novel approach in launching an aggressive national campaign in April 2010 to encourage 15 million sexually active individuals to test for HIV over 12 months. At the end of the campaign, in June 2011, 14.8 million counseling sessions and 13 million tests for HIV and eight million tuberculosis tests had been completed (Beyrer and Karim 2013). Campaigns like this should be encouraged and sustained. Such initiatives could also correct the many myths about HIV and AIDS among learners and increase their awareness of the realities of the AIDS epidemic.

Integrating HIV Counseling and Testing (HCT) into a comprehensive package of health services offered to young people as part of an initiative that reaches out to schools, provides some unique opportunities to reduce barriers to testing. However, it is not without potential problems. Mbatha (2013) and Strauss (2015) agree that the HIV-related stigma and discrimination that exists in schools reinforces barriers to testing, which must be reduced or eliminated in order to facilitate uptake. Offering HCT as part of a range of general healthcare services could help not stigmatize testing in schools by inculcating a culture of HCT, regardless of lifestyle and sexual behavior, as well as help normalize testing. By reducing stigma associated with HIV testing, fears relating to the possibility of a positive result can be reduced, and for learners who perceive themselves to be at high risk, this may reduce many of the barriers to testing discussed in this paper. Reducing stigma and normalizing testing will also help encourage learners who do not feel they are at risk to make testing part of their sexual health routine before their risk increases as they transition into adulthood (Strauss 2015).

Regarding the learners' exposure to HIV and AIDS, the findings that learners are forced to engage in unprotected sex because of peer pressure, have implications for the learners' capacity to negotiate safe sex and this places them at risk of contracting HIV and AIDS.

While interschool meetings are considered healthy for social development, they are considered a risk factor, as learners tend to use such opportunities to fulfill their sexual desires, engaging in unplanned and unprotected sex. These have implications for school management and the government, to make schools safe places for learners, especially girls. In particular, school management should review their practices with regard to interschool meetings, either for educational purposes or for sport, since these have been reported to pose potential risks for learners who engage in risky sexual activities. In building condom use self-efficacy the results from a qualitative study conducted by Devine-Wright (2015) among adolescents aged 12-17 years in South Africa suggest that it is important to reinforce the belief that HIV is principally contracted through sexual intercourse rather than through asexual contact with an HIV infected person or “supernatural” means, that other people use condoms when they have sex and that condoms are an effective way to reduce the likelihood of contracting HIV. There are some young people for whom sex is important but they do not think it is necessary to use a condom every time they have sex to prevent HIV.

Although sexual harassment by teachers is not prominent in the paper, the fact that it was mentioned is indicative of its existence. A strong condemnation of the practice by authorities should be followed by action against teachers who perpetrate this practice on girl learners.

From the theoretical framework it can be realized that any given behavior is most likely to occur if one has a strong intention to perform the behavior, if one has the necessary skills and abilities required to perform the behavior, and if there are no environmental constraints preventing behavioral performance. Indeed, if one has made a strong commitment (or formed a strong intention) to perform a given behavior, and if one has the necessary skills and the ability to perform the behavior, and if there are no environmental constraints to prevent the performance of that behavior, the probability is close to one that the behavior will be performed (Fish-

bein et al. 1992). It has been shown that school attendance is associated with less risky sexual behavior (Kao and Salerno 2014).

As the participants in this study indicated, arrangements could be made for adolescent learners to visit hospices where AIDS patients are treated, and this could help them internalize their responsibility in terms of the prevention of HIV transmission. Participants expressed the need for facilitators to focus on their lives, to be actively involved in the programs, to engage in sporting activities and to invite guest speakers so that they can learn from them.

Religion seemed to play a crucial role in learners' understanding of their exposure to HIV, and this has implications on the coordination between religious institutions and civil society organizations and the government. When it comes to the strategies that can be adopted to curb the spread of HIV and AIDS in schools, the participants viewed abstinence and adherence to religious and moral codes as being the unquestionable way to reduce adolescents' exposure to HIV infections, and condemned the promotion of condom use. However, this is a contradiction when comparing quantitative and qualitative results because they acknowledged the importance of using a condom, but at the same time showed a negative attitude towards such use, thereby aggravating the spread of HIV infections among the youth in schools. There is a need for strong advocacy on the use of condoms as preventive measures against unwanted pregnancies and STIs, including HIV. Mwenyemasi and Kapakasa (2008) reported on another initiative aimed at delivering HIV and AIDS messages through the use of hip-hop music. A tour by Alliance 2015 under the theme "Virus Free Generation" was organized in 2008 and involved Malawi, Tanzania, Namibia and South Africa, as a successful project in spreading HIV and AIDS messages through hip-hop.

It is worth mentioning that based on the three tenets of the social cognitive theory, abstinence from sex should be preached to learners so that they can avoid the punishment that comes with lack of self-restraint (Bandura 1997). The reward for such abstinence would be good health and longevity. By observing other role models in their families, schools, communities and churches, learners would be encouraged to keep the pledge of being faithful to one partner at a time. For learners to be able to take precautionary measures, such as condom usage, there should be

more television programs and HIV and AIDS campaigns that stress the importance of adopting such measures. This should be a continuous drive, regardless of the recently noted decrease in the number of HIV infections in certain areas of South Africa.

## CONCLUSION

This paper established that attitudes, lack of skills in impulse control, decision-making and self-efficacy and low self-esteem seem to be key internal factors in the learners' continued engagement in risky behavior. Another point worth mentioning is that this paper clarified how prone adolescents are to sexual impulses and why, if these urges are not controlled, they can make adolescents vulnerable to HIV infection. Furthermore, the findings suggest the need for increasing learners' self-esteem and developing skills in risk and impulse controls. It was also evident from the findings that adolescent learners had difficulty with relationship building, especially with the opposite sex, and were easily influenced by peer pressure. These findings have implications for the promotion of self-determination, not only among Grade 12 learners, but also for all members of the school community so that they can provide appropriate support to adolescents to make them less vulnerable to STIs, including HIV. It is these inadequacies that place them at risk of contracting HIV and AIDS.

Drawing on behavioral models, the paper showed how the learners realized the consequences of engaging in risky sexual behavior, the need to change behavior, and have knowledge of which specific behaviors need to be changed. The social cognitive theory, which deals with aspects of cognition and emotion, provides useful insights into understanding how adolescents acquire and maintain certain behavioral patterns, including risky sexual behavior. Unfortunately, as indicated earlier, the participants in this study did not seem to have sufficient self-efficacy to adopt new behavior, and this puts them at risk of contracting HIV and AIDS.

## RECOMMENDATIONS

In the light of the findings from the study, the following recommendations are made.

- ♦ Building self-efficacy by practicing the skills of condom usage in small steps is what is



desired among the learners. This can be done by using a penile model and demonstrating condom wearing and condom removal in incremental easy steps by a Life Orientation teacher. Participatory practice among the participants can build mastery.

- ♦ Self-efficacy can also be built through using credible South African role models (for example, having a famous movie star demonstrate the condom use behavior).
- ♦ Teachers can easily do this by asking learners to identify instances where they were successful in changing a negative behavior to a positive one and then the teachers can state that the learners can do the same with sexual behavior change.
- ♦ Behavior change interventions among youths, at an individual level should focus on use of condoms and reduction in the number of partners.

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