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Title:

Perceptions of males on the relationship between sexual risk taking behaviours and HIV/ AIDS in Nkonkobe Municipality

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DECLARATION

I Zolani Mario Sonjani hereby declare that the work that is contained in this research dissertation is my own work except where acknowledgements are stated. This document has not been submitted to any university or institution of higher learning for examination purposes or any qualification.

Signature

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Date................................

DEDICATION

This research dissertation is dedicated to **my grandmother Nomisile Ivy Sonjani** who rose and cared for me from childhood up to my adulthood. To you **"IVY" ndithi mazenethole**. Secondly, this work is also dedicated to my parents **Makhosonke** and **Nowandile Sonjani** for their support throughout this academic journey which was a predicament. Lastly and emphatically, this work is dedicated to all my **uncles** and **aunts** including my **brothers** and **sisters.**

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ABSTRACT

The aim of this study was to explore the perceptions of males on the relationship between sexual risk taking behaviours and HIV/AIDS in Nkonkobe Municipality with the following objectives: to explore the risk taking behaviours relevant in Hogsback Township and Msobomvu location; to explore the perceptions of males regarding the relationship between sexual risk taking behaviours and HIV/AIDS; to determine the perceptions of males towards HIV/AIDS test; to suggest strategies to ameliorate the lives of males in Hogsback Township and Msobomvu location. A research method that was employed in this study was quantitative and it took the form of mini survey.

The study utilised a questionnaire as the instrument of data collection. The findings indicated that there is a huge correlation between sexual risk taking behaviours and HIV/AIDS. In this regard, intimate partner violence (IPV), infidelity, with unprotected sex were highly practiced in both domains and were accompanied by stereotypic views surrounding condom usage as curbing them from sexual pleasure. Hence HIV/AIDS testing has never given the value it disserves. The issue of minding about the status of the sexual partner was also not taken very seriously or as something that brings one on a safe side for the unprotected sex that might rise. Although a certain percentage among these respondents used condom and other forms of contraceptives, it is revealed that respondents never stopped sex when the condom accidentally busts in the middle of the night. This researcher recommends that a topical collaboration of all government stakeholders such as campaigners, social workers and NGOs to address the issue of alcohol intake that leads to sexual pressure and unprotected sex which put youth at risk of being infected with the pandemic of HIV/AIDS. Hiding of sexual transmitted diseases when contracted was also identified

due to being ashamed of exposure to female nurses was also identified. Statistics on sex and use of intravenous drugs was not at all. Alcohol intake was very high from both domains and it is an indicator that could not remember to use condoms or any form of contraceptive. This, also led them to have sex in the darkness which put both parties at risk of getting HIV/AIDS. This showed intimate partner violence (IPV) where respondents indicated that they sometimes force their sexual partner to agree on their sexual advance.

Although respondents reported that they were involved in romantic relationships, multiple concurrent partner relationships were very high and were accompanied by stereotypic views of one who is circumcised cannot easily be infected. There were also some stereotypic views surrounding deep kissing that it is the least protective way than unprotected sex from getting HIV/AIDS. This researcher also recommended that the government together with community members and parents need to come up with behavioural modification campaigns against social ills and promote economic empowerment to deal with unemployment that might be a contributory factor to HIV/AIDS. This researcher also suggests that such a study could be carried out the interview guide and focus group discussions, also since it focused on 2 domains; it is therefore necessary for a similar study to be conducted in other places across the African folk.

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LIST OF ACRONYMS AND ABBREVIATION

SRTB	Sexual Risk Taking Behaviours
MCPs	Multiple and Concurrent Partners
HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
WHO	World Health Organisation
NGOs	Non-Government Organisation
SPSS	Statistical Package for Social Sciences
STI	Sexual Transmitted Infections
STD	Sexual Transmitted Diseases
TRA	Theory of Reasoned Action
TPB	Theory of Planned Behaviour
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
HSRC	Human Science Research Council
UNFPA	United Nations Population Fund Activities
UNIFEM	Fonds des Nations Unies poul la Femme
IPV	Intimate Partner Violence
UN	United Nations

DEVAW	Declaration on the Elimination of Violence Against Women
GBV	Gender Based Violence
MDG	Millennium Development Goal
UNICEF	United Nations International Children's Emergency Fund
VCT	Voluntary HIV antibody Counselling and Testing
SANAC	National Strategic Plan on HIV, STIs and TB

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CHAPTER ONE

GENERAL OVERVIEW OF THE STUDY

1.1 Introduction

This chapter presents the general overview of the study in the sense that, the background to the study has been outlined in this chapter. The chapter also outlines the problem statement and the research questions that are crafted from research aims of the study. Basically, this chapter highlights the initial interest in conducting the study. How the study is significant is also highlighted in here. Lastly, the brief outline of the study has explicitly depicted in this chapter.

Eclectic literature sources have explicitly indicated that the issue of sexual risk taking behaviours and the pandemic of HIV/AIDS is a critical matter nationwide. It is this researcher's subjective view that there is a correlation between the above two stipulated aspects. In this regard, recent studies indicate that alcohol consumption, multiple sex partners and, "I do not care attitudes" and use of drugs contributes to the spread of the pandemic of HIV/AIDS (Subst Use, 2011). On the other hand, studies in South Africa have shown testing positive for STI' S and HIV is closely associated with alcohol consumption (Gwati, Guli & Todd, 1995; Shaffer, Njeri, Justice, Odero & Tierney, 2004; Ayisi et al., 2000; & Shisara et al., 2005 as cited by Seth et al., (2007). Morojele et al (2006) as cited by Seth et al, (2007) outlines that men are more likely to drink than women. However, women are more likely to drink with their sex partners and not looking multiple of sex partners when under the influence of alcohol. In South African context, having multiple sex partners, going to night clubs, and alcohol consumption are practices which have been formalised.

It is in this light and context that there are flying postulations concerning culture that it also constitutes an accumulation of values, norms, beliefs, ideologies and stereotypes that are passed from generation to generation on young men (Kang'ethe, 2010). This researcher will demystify the concerns regarding the spread of the pandemic of HIV/AIDS and its contributory factors if found to be invalid.

A review of over a number of studies from South Africa highlights that, women in South Africa account for 90% of HIV infections, and this is due to patriarchal societal norms and lack of knowledge associated with prevention of STIs and HIV/AIDS. As such, social determinants of these aspects are incessantly poorly understood (Subst Use, 2011). This researcher is of the view that the issue of sexual risk taking behaviours (SRTB) and HIV/AIDS need to be taken into account by policy makers. However, the question remains a glaring lacuna on whether these SRTB are practiced having the reason behind needs to be empirically validated.

The report by South African Development Community (SADC) indicates that “multiple concurrent partnership in which consistent condom use tends to be low, combined with low levels of male circumcision, and are also key drives of HIV/AIDS in Southern Africa”. There are flying postulations regarding the stereotypic views of South African males on circumcision as a protective mechanism to HIV/AIDS (Bhana, 2005). Emphatically, this also makes lives of those females in marriage and intimacy relationships to be on risk of being infected with HIV/AIDS. The issue of intergenerational sex, young men dating old women or ladies is another issue which is contributing to HIV/AIDS. This outlines that, a young person dating old person is on risk of getting HIV infection (Bhana, 2005). Generally, the issue of SRTB and HIV/AIDS has a patriarchal trait due to culture where women are exploited and are used as sex objects; and realistically, observations from the literature outline that this is due to lack of knowledge.

In South Africa, the issue of substance consumption, sexual drives, sexual pleasure, and inconsistency of condom use is commonly perceived as panacea by males especially in institutions of higher learning, urban areas and lately, this extended to rural areas due paradigm shift. This in deed points out how things have turned out nowadays, of which it puts young people on risk of being infected with HIV/AIDS. In addition, this researcher is in pain due to UNAIDS (2012) which reveals that about 50% of people in South Africa do not know their statuses and eclectic literature also outlines that you can go everywhere around the country visiting HIV/AIDS support groups you will find out that only 1% of males who form part of those forums in fighting the spread of HIV/AIDS. This tells that if people are not getting tested they will not know their statuses and the disease will continue spreading from one person to another. In small towns and in rural areas where there is lack of knowledge concerning SRTB and HIV/AIDS people are still focusing on the old fashioned stereotypic views where if one is having multiple sex partners is praised and given a status. As such, interchanging of sexual partners is commonly practiced and that is due to the number of people residing in that particular area.

The issue of young men dating with old women or ladies is another issue which is contributing to SRTB. This outlines that, a young person dating with old person is on risk of getting HIV infection. In this sense, a conducted research postulates that having money, expensive car and chronic diseases leads to people to date with old people and vice versa. Realistically, males with diabetes tend to perform poor during sexual intercourse, and on the other hand their counterparts go out and look for young males who are healthy and energetic to satisfy their sexual pleasure. More so, since the time is limited for the act of sexual intercourse condom use is side lined at times. Recent studies reveal

Unfaithfulness goes hand in hand with sense of belongingness and a status of being called a playboy. Having a status of "multiple sex partner play boy" is seen to be something which is a panacea to most young males worldwide, having South Africa with high numbers concerning that. To those around 18 to 35 years of age, condom inconsistency is highly practiced due to lack of knowledge, irresponsibility as well as pleasure seeking, and emphatically, this postulation is accompanied by a variety of stereotypic views.

1.2 PROBLEM STATEMENT

It is very perturbing that, despite the fact that the South African government has been supporting people living with HIV/AIDS at all levels from macro to micro levels the mortality rate due to sexual risk taking behaviours HIV/AIDS is still not diminishing, but escalating. African South of Saharan countries that only take a tenth of the world population continue to take the lion's share of about 80% of the global HIV/AIDS cases (Kangethe, 2010). On the ground, statistics indicate that to males having multiple sex partners, abusing drugs, and engaging with unprotected sex has turned to be a norm in many contexts countrywide. In this regard, this has also prompted this researcher to explore the relationship between sexual risk taking behaviours and HIV/AIDS. Various strategies and methodologies on how this situation could be overcome is still remaining a glaring lacuna that needs to be addressed. Basically, the researcher, therefore, is of the opinion that the study like this one will come out with various strategies to overcome the problem and it will be a source of knowledge on the relationship between sexual risk taking behaviours and HIV/AIDS.

More so, tracking statistics on students living with HIV/AID in institutions of higher learning is quite appalling, in that they record the highest infection rates in the city. This has immensely eroded the dignity of learners as well as these institutions. As such, this also dents the reputation of the country globally, and could discourage and impede foreigners from other countries to come and further their studies in the country. Evidence in South Africa holds that, there is a high number on divorced married partners due to sexual risk taking behaviours and HIV/AID, and that leads to big number of orphans which exerts pressure on government welfare. This again puts pressure on government stakeholders such as nurses, community developers, psychologists, and social workers having big loads on therapeutic treatments. Various strategies and methodologies on how this situation could be overcome remains a glaring lacuna that needs to be addressed. Basically, the researcher, therefore, is of the opinion that the study like this one will come out with various strategies to overcome the problem and it will be a source of knowledge on the relationship between sexual risk taking behaviours and HIV/AIDS.

1.4 Aims and objectives of the study

The aim of this study was to explore the relationship between sexual risk taking behaviours and the prevalence of HIV/AIDS in Hogsback Township and Msobomvu location in Eastern Cape Province.

1.4.1 Specific objectives of the study

- To explore the risk taking behaviours relevant in Hogsback Township and Msobomvu location
- To explore the perceptions of males regarding the relationship between sexual risk taking behaviours and HIV/AIDS.
- To determine the perceptions of males towards HIV/AIDS test.
- To suggest strategies to ameliorate the lives of males in Hogsback Township and Msobomvu location.

1.5 Research questions

- What are the risks taking behaviours taking place in Hogsback Township and Msobomvu location?
- What are the perceptions of males regarding the relationship between sexual risk taking behaviours and HIV/AIDS?
- What are the perceptions of males towards HIV/AIDS test?
- What policy recommendations can be made to ameliorate lives of males living in Hogsback Township and Msobomvu location?

1.6 RESEARCH DOMAIN

Research domain is referred to as an area where one is carrying his/her study. The study was conducted in 2 areas, Msobomvu location and Hogback Township in Nkonkobe Municipality, Eastern Cape. Msobomvu location boasts of 1 clinic, one high school, 1 primary school and 2 pre-schools. On the other hand, the grave of Ntsikana Gaba the prophet is situated nearby Msobomvu. Hogsback Township is a mountainous place commonly known by tourists. It is a harmonious place commonly liked by white people. It comprises of 3 hotels and is 40 kilometres away from Alice town unlike Msobomvu which is 20 kilometres away from Alice town. There is one surgery and 2 primary schools in Hogsback.

These areas were chosen due to the fact that the researcher grew up in these areas and there is high level of alcohol consumption, there are no HIV/AIDS prevention clubs in both areas and having multiple sex partners is perceived as a panacea. Hogsback Township in particular, with a small number of residents who are largely uneducated lack knowledge concerning the risks related to sexuality which contributes to HIV/AIDS.

1.7 LIMITATIONS OF THE STUDY

Shortcomings were encountered in during the research journey. Illiteracy levels were not that much high. However, there were some few respondents who took some time in understanding the language where explanations were needed and shifted the timeframe of the study to be longitudinal. The research was conducted during the rainy day and the muddy roads were also a challenge since it was difficult for the private care to enter both domains. The researcher had to walk in the muddy pathways.

1.8 SIGNIFICANCE OF THE STUDY

The research puts an emphasis on the point that the relationship between sexual risk taking behaviours and HIV/AIDS amongst males needs to be addressed following the proposed strategies to mitigate the problem thoroughly. Addressing sexual risk taking behaviours and HIV/AIDS is another aspect which is of the great significance in tackling Millennium Goal number 6 which aims in combating HIV/AIDS and other major diseases.

Although HIV/AIDS and sexual risk taking behaviours issues have been discussed over and over again, stereotypic views, irresponsibility, live for the present, myths, and unfounded hazardous ritualistic mannerism are still rampant across the African folk. This research will debunk the myths and incorrect perceptions concerning sexual risk taking behaviours which might be contributing to the spread of the pandemic of HIV/AIDS. In line with Millennium Goal number 6, this project is designed to investigate the perceptions of males on the relationship between sexual risk taking behaviours and HIV/AIDS.

Moreover, the study will also serve to inform the government actions and plans pertaining to the problems associated with sexual risk taking behaviours which might contribute to the pandemic of HIV/AIDS. The research will also play a vital role to validate whether sexual risk taking behaviours are a major cause of HIV/AIDS amongst youth. Lastly, the study will also be significant in assisting policy makers to overhaul, panel beat or restructure policies.

The findings of this study will be a device to guide stakeholders such as social workers, community developers, and psychologists in enhancing their practices to address the dangers of sexual risk taking behaviours and HIV/AIDS. Hence, the study will also broaden the scope of literature on the relationship between sexual risk taking behaviours and HIV/AIDS.

1.9 CONCLUSION

It has to be noted from onset that the escalating trend of mortality rate of young people has prompted the need for this study to look at the perceptions of the males in the relationship between sexual risk taking behaviours and HIV/AIDS on targeted two domains in Nkonkobe municipality. The following chapter discussed various arguments from different scholars on sexual risk taking behaviours and HIV/AIDS. Lastly, the following chapter is very imperative, since it gives a broad knowledge about sexual risk taking behaviours and HIV/AIDS and the grey areas that need to be close.

1.10 BRIEF OUTLINE OF PROPOSED CHAPTERS

Chapter 1: Introduction/ Background of the study

This chapter dwelled on the introduction of the topic, as well as highlighted its overview and certain aspects which prompted the researcher to conduct the study. This chapter also explained the research problem surrounding sexual risk taking behaviours and HIV/AIDS. The research questions to answer the phenomena of sexual risk taking behaviours and HIV/AIDS including the significance of the same study are discussed in this chapter.

Chapter 2: Literature Review

This chapter reviewed literature related to the study and also its aim based on filling the glaring lacuna as on the topic that was left by other researchers. The chapter discusses 2 frames of the theoretical framework and how they link with study.

Chapter 3: Research Methodology

This chapter was based on research methodology on which methods were used and how are they were used during data collection.

Chapter 4: Findings and Discussions

How data was organized and analysed is explicitly stipulated in this chapter in order for the study to be readable and be understood.

Chapter 5: Summary of findings, Conclusion and Recommendations

This chapter summarises the findings of the study and proposes recommendations.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to explore the existing information on sexual risk taking behaviors and HIV/ AIDS. The literature review is a vital component of research. This chapter reviews literature based on how other researchers have tackled their research studies. In addition this chapter focuses on the operationalization and the conceptualization including the validity and reliability of other studies that are related to the conceptual aim of problem statement. Du Plooy (2009) outlines that the purpose of literature survey is to find material related to the conceptual focus of the research problem. He further points out that these materials can be in published form or in an unpublished form such as thesis and dissertation. Lastly and emphatically, this chapter outlines the definition of sexual risks taking behaviours including other postulated factors that are contributory factors to HIV/AIDS. Knowledge gaps will also be identified in order to place this study into its appropriate perspective.

2.2 Theoretical framework

A theoretical framework can be defined as a process of identifying a core set of connectors within a topic and showing how they fit together or are related in some way to the subject (Du Plooy, 2009). Basically every study is based on something and this something is generally a broad theoretical area within the existing research literature (Makuyana, Nyamutinga, Sibindi, Shurugwi and Sonjani, 2012). Hence, this research is going to use a variety of theories so as to draw an explicit picture.

2.2.1 The theory of reasoned action

The theory of reasoned action (TRA) was developed by Fishbein and Ajzen in 1980. This theory posits that attitudes (toward the behaviour) and subjective norms (beliefs about whether individuals who are important to the person approve or disapprove of the behaviour) lead to a behavioural intention which leads to a particular behaviour. Therefore, behavioural intention is the central predictor of behaviour (Ajzen and Fishbein, 1980). The theory of reasoned action has a model with 3 variables. These variables are attitude, subjective norms regarding the action and normative belief. Therefore, this theory depicts that people engage themselves in various behaviours testing what will happen if they engaged in that particular behaviour. Moreover, this theory places an emphasis on reasoning before engaging on behaviour. One needs to question himself/herself before engaging in a particular behaviour. Cognisant to the foregoing Nicholas (2008) attitudes exerted a direct influence on responses therefore one could expect strong positive relations between attitudes and people's behaviours.

In spite of the polices and support that has been promulgated to raise awareness in sexual risk behaviours, it may be assumed that young people like to explore by engaging themselves in sexual risk taking behaviours. Therefore, the point arising in the researchers' opinion is that if this theory can be used, the glaring lacunas on sexual risk taking behaviours and HIV/AIDS can be filled because of the prevailing situation.

2.2.2 The Theory of planned behaviour

The theory of planned behaviour (TPB) was later developed in 1988 by ajzen which was based on the TRA (theory of reasoned behaviour). Ajzen added that perceived behavioural control predicts behavioural intention (Ajzen, 1988). The researcher is of the view that this theory is aligns with the current study and is the most suitable the one in understanding the behaviour of individuals at a broader context. By developing this theory, Ajzen wanted to measure how human actions are guided by proposing a model which is stipulated according to 3 variables below.

The focus of these variables is to illustrate how to predict the intention to perform the behaviour. These variables are as follows: perceived behavioural control, attitude and subjective norms. Interestingly, this theory espouses learning, reasoning, taking responsibility for one's life, implications of all behaviours and also how people perceive the behaviour and how they feel when performing such behaviour. This theory tries to illustrate that people want to be above than the other competing with behaviours. Regrettably, out of that they do know on what will be the outcomes afterwards. Realistically, this theory is relevant to this study in the sense that competing with sexual partners and other sexual risk taking behaviours is perceived as a panacea by most males across the African folk.

Lastly, applying this theory can fill up perfidious aspects such as irresponsibility, "I don't care attitude", and stereotypic views which are contributory factors to HIV/AIDS.

2.2.3. Social learning theory

Albert Bandura is one of the modern theorists who helped to reshape behaviourist theories. Bandura's work focuses on the aspect of learning that happens in a social context. The social learning theory is based on the premise that personality is largely shaped through learning. According to this cognitive- behavioural theory people learn through observing others people's behaviours, attitudes and even the attitudes of those behaviours. Moreover, the social learning theory explains human behaviour in terms of continuous reciprocal interaction between cognitive, behavioural, and environmental influences. In furtherance to this view, Nicholas (2008) most social learning theorists accept the role played by conditioning in human learning. Observational learning is key, when it comes to social learning theory. Thus the view that we learn by observation and imitating another person which is a concept called modelling is one of the major features of social learning theory.

Cognisant to the foregoing Bandura (1987) quoted in Nicholas (2008) argues that there are four main processes that must be present for observational learning to occur. These four processes include; attention, retention, motor production and reinforcement. Firstly the issue of paying attention to what the model is doing or saying. Secondly, the observer must be in a position to retain the information that has been observed. Thirdly, the observer must be capable and able to repeat the model's actions and lastly, the observer must reproduce the acquired behavioural pattern (Nicholas, 2008).

It can be noted from the preceding statements that the three theories were chosen specifically by the researcher as they place more emphasis on people's behaviours and how these behaviours can relegate them to sexual risk taking behaviours. These theories focus on behaviour and the perceptions behind the certain actions. Though the theories used in the study are different they complement one another and will act as framework in guiding the researcher in this research study. Because in as much as these theories are in a way related, they are also certain different aspects thus these theories will be used to address this study in this study. Thus it is vital to use these three theories in this study.

2.3 Definition of concepts

In this study certain concepts have been defined in the way they are used in this study.

2.3.1 Sexual risk taking behaviours and young men

Eclectic sources of literature posits that alcohol and drug consumption, having multiple sex partners inconsistent of condom use, irresponsible intimate partner violence, the one night stand and other sexual risk behaviours have been indicated as sexual risk taking behaviours. In all Sub-Saharan countries, sexual risk taking behaviours are closely related to HIV/Aids and this is supported by Ayiro, Oburu and Othuon (2013) who postulates that males who engage in sexual intercourse at an early age are more likely to be involved in sexual risk taking behaviours (SRTB) as compared to females.

2.3.2 HIV/AIDS

According to Nicholas (2008: 335) ‘AIDS is a disease which is characterised by progressive damage to the body’s immune system which results in the development of the so called opportunistic infections which are eventually fatal.’ Generally AIDS results from the infection by the Human Immuno-deficiency virus (HIV). Nicholas (2008) posits that receptive anal intercourse has shown the strongest association with HIV transmission in homosexual men whereas the incentive anal intercourse posed a lesser risk.

2.4 HIV/AIDS prevalence rates

2.4.1 Global prevalence

According to WHO (2004), the total number of people living with HIV/AIDS was estimated at 37.8 million as for 2004. Statistics continues to reveal that of those infected 25 million lived in Sub Saharan Africa. This is however imperative to note that South Africa is therefore located in the worst affected area in terms of global prevalence. Towards the end of 2003 the prevalence rate of adults (aged 15 to 49 years of age) living in Sub Saharan Africa was reported at 7.5 %. The estimated global prevalence rate was 1.1 % therefore seven times lower than the estimates for Sub Saharan Africa. No other region compares to the high rates of infection in this area as global estimates place Eastern Europe, Central Asia, North America and Latin America at 0.6 %; Western Europe at 0.3 % and the Caribbean at 2.3 % (WHO, 2004).

In addition five million new cases of HIV are reported each year, and in 2003 fifty percent of these included youth aged between 15 - 24 years. The principal mode of transmission in 80-90 % of HIV cases is reported to occur through unprotected sex (WHO, 2004). The statistics therefore indicate that the scope of the problem of HIV/AIDS facing the youth of today is incredible. It is therefore necessary to assist this age group with prevention practices (Ibid).

According to UNAIDS (2006) in Swartz, de la Rey, Duncan, and Townsend (2011), since it was first identified in 1980, millions of people worldwide have already died of the Acquired Immuno-deficiency Syndrome (AIDS), with 39.5 million people currently living with human immunodeficiency virus (HIV). According to the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2012) approximately 34 million people worldwide lived with the HIV pandemic in 2011. Barnett and Whiteside (2009), Desmond and

Gow (2002) in Swartz et al (2011) postulate that HIV virus reproduces by integrating its genetic instructions into the white blood cells of human host and attacks then body' s immune system, thus rendering then human host vulnerable to opportunistic infections, such as pneumonia, meningitis, cancers and TB.

2.4.2 South African prevalence rates

In 2009 the estimated prevalence of HIV was 17.8% of the people of the age range 15-49 years old and 5.6 million people were estimated to be living with HIV IN South Africa(Joint United Nations Programme on HIV/AIDS (UNAIDS, 2010). The Nelson Mandela/Human Sciences Research Council Study of HIV/AIDS involved a national household survey of 9 963 participants who demographically represented the South African population. The study aimed to determine "the social-cultural, political, economic and structural context within which HIV/AIDS-related behaviour occurs" (HSRC, 2002). The study investigated HIV status, behaviours relating to HIV/AIDS and how HIV/AIDS prevention messages have impacted on the spread of the disease (HSRC, 2002). The results of the study revealed that the total prevalence of HIV/AIDS in South African youth between ages 15-24 years, is 9.3%. This figure is higher than the estimated prevalence rates for Sub Saharan Africa. Furthermore the HSRC (2002) estimated that prevalence is highest in African youth at 10.2 % followed by Coloured youth at 6.4 %. The much lower figures for White, 3.2%, and Indian youth, 0.3 %, were reported. However, these numbers were interpreted as unreliable estimates due to low response rates of these groups (HSRC, 2002).

In addition, significant differences in the prevalence rates relating to the geographical areas were found. The youth living in urban informal settlements, known as townships, were at 20.2% and youth living in formal housing at 9.3%. Therefore indicating that, youth with fewer resources are more at risk for HIV infection. Furthermore, gender differences were also noted, with female youth at 12 % and male youth at 6 % (HSRC, 2002). These figures are similar to global reports stating sixty percent of all HIV positive people between the ages 15- 24 year olds are female; therefore indicating that young woman are more at risk for HIV infection than men (UNAIDS, UNFPA, UNIFEM, 2004).

The HSRC (2002) concluded that the prevalence rates of HIV infection relate to social and behavioural causes. According to the study living in an informal settlement, limited access to prevention information, limited education and having a previous sexually transmitted disease also increased the risk of HIV infection.

In the South African academic curriculum, knowledge on HIV/AIDS is mainly transmitted during Life Orientation lessons which learners often pay little attention to. It is an undeniable fact that, most students find these classes boring and a monotonous repetition of one and the same information, thus in a way pay little attention to the teachers. The lack of creativity and 'teacher and learner exhaustion' are some of the measures that lessen the impact of these lessons to the intended parties (Mitchell, De Lange, Moletsane, Stuart & Buthelezi, 2005; De Lange, Mitchell & Stuart, 2007). However, nowadays those who go to school are exposed to Life Orientation but due to the learning system that is there and the attitudes of the learners, it may be assumed that positive results are yet to be achieved. The children who take up these courses on HIV/AIDS seriously have an increased likelihood of living a healthy lifestyle. It is imperative to note that the gained knowledge is beneficiary to those learners that have the privilege to go to school and take up orientation classes. On the other hand those who are not at school are more vulnerable as they are not exposed to the valuable knowledge on HIV/AIDS. In addition knowledge about HIV and higher socio-economic status are significant factors in encouraging prevention behaviour. The study also found that gender status relates to HIV infection as more women are infected than men (HSRC, 2002).

The WHO has reported similar factors relating to HIV/AIDS. The organisation describes poverty and gender inequality as variables that are likely to increase the spread of HIV (WHO, 2004). This is because in the event that people are striving to survive they end up resorting to certain measures like commoditizing sex so that in exchange they can get money and gifts. In order to understand how social, economic and gender factors affect the spread of HIV it is necessary to take a closer look at some of the issues believed to be relevant to HIV prevention (Ibid).

2.5 CONTRIBUTORY FACTORS TO HIV/AIDS THAT ARE ASSOCIATED WITH SEXUAL RISK TAKING BEHAVIOURS

There are various factors that are contributory to HIV as a result of sexual risk taking behaviour. These factors include alcohol and drug consumption, transactional sex, Intimate partner violence, unprotected sex, multiple sex partners and infidelity.

2.5.1 Alcohol and drug consumption

According to WHO (2005) sexual risk behaviour leads to a large number of opportunities for acquiring HIV infection, and alcohol use and drug use have been seen as the catalyst that has a positive effect to the increasing effects to the high-risk sexual behaviour. Johnson, Hanson, Metzyer, Brems and Dewane (2012) postulate that individuals who abuse alcohol and other drugs are at an increased risk of getting the HIV virus as they are more exposed to risky environments. Literature on this phenomenon depicts that alcohol use is mainly associated with morbidity and mortality in countries such as Russian Federation, Mexico and even South Africa. Previous studies has it on record that alcohol has a stronger relationship with risky HIV behaviours among sex workers and those having unprotected sexual intercourse (Operario, Soma and Underhill, 2008).

One of the major issues to be noted is that the relationship between alcohol and risky sex is a complex phenomenon that may involve a consensual sexual risk behaviour or non-consensual sex. Numerous studies indicate that women's alcohol use predicts sexual victimization with greater risks associated with moderate to heavy alcohol use. A gloomy picture is painted as a lot of women are sexually assaulted in the so called alcohol-involved rape. As a result several terms are used to describe the alcohol-involved rape or sexual assault which occurs in various instances (Krebs et al, 2009; Lawyer et al 2010). One of the alcohol-involved rapes that occur is the drug facilitated rape which usually occurs when a substance is given to the victim secretly by the perpetrator with the aim of incapacitating the victim first before the victim is raped. The other alcohol–involved rape is called incapacitating rape, this type of rape happens in instances whereby the victims are unable to legally consent to sexual acts because of incapacitation from voluntary alcohol or drug consumption. The major difference between these two forms of alcohol-involved rape is whether the drug or alcohol was taken willingly or without knowledge (Lawyer et al 2010).

A study conducted by Lawyer (2010) reveals that among college women who were participants in the research reported that 91.1% of the sexual assaults involved alcohol consumption. It is however, important to note that the combination of sex and alcohol leaves sexual partners in a danger since alcohol incapacitates the parties involved. Furthermore, this puts the parties involved at a risk of being involved in risky sexual behaviours. Johnson et al (2012) echoes the same sentiments and reports about the dangers that are prone when sexual activity becomes more frequent following alcohol intake because the rate of risky sexual behaviours may also increase.

Drawing on previous research, WHO (2005) puts it across that there is a big assumption that despite the presence of alcohol policies in some of these countries, still these policies are either present on paper only or are largely ignored by these states. In Kenya, Mexico and South Africa alcohol use is actively promoted through different media houses. Ironically it is one of the promoters of sexual risk taking behaviours. According to WHO (2005), there is a high prevalence rate of men who have an alcohol dependency syndrome to be HIV positive. This is despite the measures that have been taken to educate the people about the preventative measures; condom use is low in the vulnerable groups especially when they are under the influence of alcohol or any other psychoactive substance.

According to Palepu et al (2005) people who abuse alcohol or other drugs are exposed to sexual risk behaviours that include having multiple sexual partners and having intercourse without a condom. Sadly these patterns are patterns maintained even among the high-risk group of individuals living with HIV/AIDS. Such behaviours seem to be patterns that follow people involved in risky behaviours. Messa-Moore, Ward and DeNardi (2013) report that positive alcohol expectancies are associated with risky behaviour and that risky behaviour may relegate the victim to alcohol-involved rape. However there are certain stereotypes that people uphold to such as the false belief the slim people are the ones affected by the epidemic and those with big bodies is not HIV positive. It is key to note that these judgements are based on how one looks rather than the reality.

2.5.2 Intimate partner relationships

Growing evidence indicates that STI/HIV rates are growing among women reporting that they have been exposed to sexual or physical violence from male intimate partners and this instance is referred to as intimate partner violence (IPV) as compared to those who were stating that they were never victimized nor exposed to violence (Champion, Piper, Holden, Korte and Shain, 2004; Raj, Reed, Welles, Santana and Silverman, 2008). It is also vital to note that sexual coercion and control within one's relationship is characterized by IPV are likely mechanisms for increasing risks for STIs among females in abusive relationship with their male partners.

Relationships characterized by IPV leave the women involved in such relationships bound and unable to leave such relationships as coercion is the driving force within the relationship. Due to IPV females in these relationships are highly exposed to sexual risky taking behaviours that their partners subject them to (Raj, Reed, Welles, Santana and Silverman, 2008). According to El-Bassel, Fontdevila et al (2001) findings form their study report that male perpetrators of IPV are significantly more likely than their non-perpetrators to report riskier sexual behaviours including unprotected sex, male infidelity and multiple sex partners.

Sexual coercion not only involves physical violence but a process of pressurizing and manipulation that relates to expectations of sex. Kelly (2000) reveals that women often feel obliged to have sex because of fear of violence, rape or losing their partner; and so they give in to their partner's sexual needs. This includes giving in to the partner's needs even at the expense of their own health (Kelly, 2000; UNAIDS, 2004). In furtherance to the foregoing views, women also reported to have been tricked by their sexual male partners into compromising situations that they are not prepared for (Kelly, 2000). A study by Kelly and Parker (2000), on the contextual issues relating to youths' responses to HIV/AIDS, revealed stories relating to this kind of manipulation, in the Amatola region of the rural Eastern Cape, South Africa.

There is a close link that has been noted between IPV and one's sexual self- esteem. Thus, according to Hurlbert and Apt (1991) a study on sexual self-esteem was conducted with the aim to compare abusive husbands with non-abusive husbands. These researchers studied the sexual characteristics of men in order to determine if these characteristics were tied to the presence of abusive behaviours. However, the findings of this study revealed that the abusive males were found to be having low sexual esteem which was closely linked with lack of proper sexual communication skills as they had a sense of being entitled to sexual dominance in their relationships and lack of empathy for their partners (Kelly and Erickson, 2007).

Due to women's exposure to IPV, research has it on record that women's physiological state puts them at a higher risk of contracting HIV. It is imperative to note that the issues of hegemonic masculinity appear to relegate women to the peripherals because of patriarchies; control and this leaves them at a greater risk of catching the virus as they do not have room to choose safe sex or even abstain because all the decisions relating to the sexuality particularly come from one party (Harrison, 2005).

Various studies have revealed that this kind of violence is perpetuated by the masculine upon the weak that in most cases are women and the children (Odimegwu et al, 2010). The UN Declaration on the Elimination of Violence Against Women (DEVAW) states that this violent act which occurs in the family of publicly (GBV or IPV) has negative impacts as it results in physical, sexual or psychological harm or suffering to the victims (women) (Odimegwu et al, 2010). Gender based violence and Intimate Partner Violence has become more prevalent in the developing world were rigid traditional norms are still governing the society for instance in Ethiopia (Dodie, Bizu, Miruts, Yemane, Williams, 2008). Berhane (2004) is of the view that in traditional countries like Ethiopia GBV is perpetuated by the cultural norms and values within the country.

To say the least Okemini & Adekola (2012) violence against women is also evident in Ikwerre Ethnic Nationality of Rivers State. This violent act towards women has serious effects on women's health and social lives. In Ikwerre ethnic nationality of Rivers State research conducted there reveals that cultural beliefs within the area play a pivotal role in the decisions taken by many women not to report these risky act. This researcher believe that since most of these women do not seek help this behaviour emanating from their male partners keeps on repeating its self and it has negative impacts in the lives of the GBV victims.

2.5.3 Multiple sex partners

The issue of having multiple sex partners is a challenge that has placed most of the people involved in such relationships at risk of getting HIV. This phenomenon is related to the act of infidelity which is taken as an act extra marital relationship but at some point this kind of relationship. But, at some point it extends to serious romantic relationships (Eyre, Flythe, Hoffma and Fraser, 2012).The act of infidelity is a common practise among African men, with the rise of HIV and AIDS statistics; most women in violent relationships are at risk of being infected (Campbell & Maman, 2000). This is because having multiple partners has been a well-known reason for susceptibility to the HIV and AIDS pandemic (Wingood & Diclemente, 1998).

Drawing on previous research Eyre et al (2012) postulate that this act of infidelity or having multiple sex partners has certain emotion bonding in certain relationships but in many instances there are greater consequences that linked to one getting HIV especially in relationships where there unprotected sex is practised. It is imperative to note that the decrease in condom use in infidelity cases also introduces risks to the other partners and their partners as well. This researcher however, points out that the risk is even excessbated in some instances whereby infidelity is practised by married people as most of the people in marriage tend to resort to unprotected sex more often.

According to Downing–Matibag and Geisinger (2009), in this efficiency –oriented society many college students are choosing an alternative to old fashioned dating which is resorting to casual sexual relationships. Many of these youngsters claim that causal sexual relationships seem to be save them time and money for their pursuits (Gilmartin, 2006). These casual sexual relationships are referred to as 'hook-ups' put those involved are at risk as they are involved in a range of intimate behaviours which stretch from kissing, fondling to sexual intercourse between partners who do not even have relational commitments. This however exposes the people involved to risks of contracting the pandemic.

2.5.4 Transactional sex

Literature reveals the issue of transactional sex as one of the risk taking behaviours that may even lead to the spread of the HIV pandemic. According to Luke and Kurz (2002) young women are at an enhanced risk of HIV through this common practise of transactional sex. Mane and Lawson (2007) postulates that anecdotal evidence on this phenomenon suggests that 'sugar daddy' relationships are common in sub-Saharan Africa, and these are fuelling the spread of HIV since young women are often unable to negotiate for safer sex in relationships with older men. The root cause of these transactional sexual relationships have a driving force behind them which is the love for money and gifts. In some instances, the peer pressure to fit in has left many teenagers vulnerable to contracting the deadly virus as they cannot negotiate or even abstain from sex with their partners.

A recent study by Bhatta (2014) further reveals that unprotected sex with multiple partners was also found to be popular in the instances whereby there is income involved. This assertion is further supported by Luke (2003) who postulates that this transactional sex act is highly motivated by finances and materialistic factors and these are a distinct activity including the traditional lobola which is paid when one is getting marriage. However, from the results of the study conducted by Bhatta (2014) it was revealed further the power that money has in influencing or encouraging risky sexual intercourse. This risky sexual transactional behaviour was more dominant in higher income groups than the lowest income groups.

On the other hand this act of transactional sex varies widely in Sub-Saharan Africa. When following the western norms, payment of sex is referred to as prostitution but, this same act is of women who are paid for sex are not necessarily called sex workers. It is important to note that to African women sex might be a sign of commitment of the other partner within the relationship, Moreover, these gifts and money usually have strings attached to them which is sex. Hence most women give in to sex with partners who give them money and gifts and in such an instance sex becomes a commodity of exchange (Norris, Kitali and Worby, 2009). One of the driving forces for women to be involved in the act of selling their bodies is because most of such women are faced with economic constraints and the male dominated norms that end up relegating them to risky sexual behaviours (Ben and Merten, 2008).

According to Chaterji et al (2005) in times when people are desperate to get something sex has been used commodity of exchange. Sex has been used by some people so that they get jobs, be promoted, for educational opportunities and in some instances for one to get luxury items. In a study among women in Soweto, South Africa, 21, 1% of the respondents indicated that they and sex with non-primary partner in exchange for gifts or money (Dunkle et al, 2004). This form of trade leaves these women taking up risky sexual behaviours as their sex partners decide if protection should be used or not. It is of essence to note that some of these women enter in these sexual relationships with a particular focus which is to get something. Thus, these women participants resort to casual relationships that leave them free to take on multiple sexual partners and all this depends on their material need and how best they are met (Selikow, Zulu, & Cedras, 2002).

To succulently say the least this transactional sex act is intricately interrelated with the act of having multiple partners so as to fulfil the needs of the parties involved. Money and gifts motivate the sex workers to have sex with more than one partner as they aim at getting something. This type of sexual activity results because of desperation. However, it is key to note that one's social status can force them to be involved in transactional sex. This is actually common with women who live in poor societies as they socio-economic status exposes them to additional risks of HIV- infections owing to the immediate needs for survival which tend to be placed above their sexual health concerns (Abdool, 2005; Fuller, 2008).

2.5.6. Pleasure from unprotected sex

To say the least, pleasure plays a central role in encouraging human sexual activity (Abramson & Pinkerton, 2002; Pinkerton, Cecil, Bogart, & Abramson, 2003). This aspect of motivation for human sexual activity is set so that people can at least enjoy. As a result, the factors like when and how come into play when people decide on their sexuality. In some instances pleasure and enjoyment overrides one's health concerns.

Consequently, any artifice that interferes with the pleasures of sex is likely to be avoided or accepted half-heartedly. The research reveals that this is particularly true of latex condoms, whereas the condoms are the cornerstone of current international efforts to prevent the spread of HIV and other sexually transmitted infections. Condoms interpose and thus, they are said to be a mechanical barrier between sex partners, which limits physical contact, reduce tactile sensation, and attenuate heat transduction, all of which reduce sexual pleasure (Randolph, Pinkerton, Bogart, Cecil and Abramson, 2007). This reduction in pleasure is one of the main reasons people cite for eschewing condom use (Albarracín et al, 2000; Norton, Bogart, Cecil, & Pinkerton, 2005).

Randolph et al (2007) reveals that there is relatively limited literature that seeks to look at the relationship between people's perceptions that condom use reduces sexual pleasure and condom use behaviours. Previous studies support the hypothesis that persons who strongly believes condom interfere with their pleasure or reduces the pleasure or who rate condom-protected sex as less enjoyable or pleasurable than unprotected sex may be less likely to use condoms in their sexual practice (Norton, Bogart, Cecil, & Pinkerton, 2005; Randolp et al, 2007).

2.5.7 Condom use

According to Nicholas (2008) the risks associated with unprotected sex are particularly pertinent to first intercourse which is usually unplanned and may expose those involved to unwanted pregnancy, STDs or contracting the deadly virus called HIV. Although condom use is one of the measures that have been spread and can be easily accessible throughout the globe, still most people do not use them properly and in some cases the sexual partners are inconsistent in using them which is one of the disadvantages that have led to the continuity of the wide spread deadly disease. Condoms remain one of the effective and main strategies used to curb the spread of sexually transmitted infections, including HIV/AIDS. But this same strategy of condom use among young people in sub-Saharan Africa is low (Tadele & Kloos 2013).

According Lahuert, Torrens, Sabidó, Batres & Casabona (2013) the results of the study conducted reveals that the participants in their study showed good knowledge of HIV/STI transmission routes and knew the importance of condom use to prevent infection but this knowledge did not translate to safe-sex practices. The results actually depicted a bleak picture whereby people still take pleasure in unprotected sex. Barriers towards the use of the condoms were more inclined to gender perceptions and attitude, coercion, and masculinity and these were some of the factors that some of the factors that prevented most women from practising safe-sex.

The result of a study conducted by Rahamefy, Rivard, Ravaoarinoro, Ranaivoharisoa, Rasamindrakotroka, & Morisset (2008) painted a gloomy picture whereby the participants who were females in the study where more likely not to use condoms with a steady partner. Marthur et al (2003) also reports that younger wives in their study were at a greater disadvantage than the single women when it comes to negotiations pertaining to the use of condoms or refusal to have sex. This however was also being fostered by the cultural perspectives that enforced submissiveness of women to their husbands and even the premium factor of female fertility as the bride is expected to give birth as quick as possible so as to show her fertility. It is imperative to note that neither abstinence nor safer sex are an option to these women. This however made these women more vulnerable to the STDs and to contracting the HIV pandemic as they based their relationship in mere trust without even going out to test for the pandemic before indulging in sexual activities. The shocking results pointed out that males were the condom users than the females (Rahamefy et al., 2008).

Elwood et al, (2003) postulates that studies of heterosexual relationships the issues of dominion or coercion still persist, women are subjected to inferior positions such that it is hard for them to ask their partners to wear condoms. Part of the reasons why women cannot even raise the issue of safe sex is that to the partner it propels a message of mistrust. In the same wave length, Doyle, Calsyn, and Ball (2008) state that many women in their study were unable to suggest the use of condoms to their partners because they were afraid that they might upset their partners. This happened more in abusive relationships were these women would be the recipients of violent outburst that they may be subjected too. Doyle et al (2008) also posit that besides the important aspect of prevention from sexual transmitted diseases both men and women perceived condom use as having a negative consequences in their relationships.

Seth, Raiji, DiClemente, & Rose (2009) reveals that an additional relevant variable in the prediction of sexual risk behaviours is the issue of self-efficacy to refuse sex. This includes the individual’s perception of their own ability to refuse sexual intercourse. Various studies indicate that individuals with higher self-efficacy to refuse sex also tend to report higher frequency rate of condom use and healthy sexual behaviours (DiClemente et al., 2004). Research outputs of a study that was conducted by Bhatta (2014) on the HIV related sexual risk behaviours among male to female transgender people in Nepal, results showed that educated respondents were three times more likely to have unprotected sex with multiple partners than the less educated fellows. The results around the educated respondents continued to point out that transgender persons with higher education level may find it easier to build a network with varied sexual associates than the less educated persons and may be further expended to engage in more unprotected sexual acts. In furtherance to this view, Bhatta (2014) stipulates that these respondents might not be aware of the greater risk that they are posing on themselves because of the confidence that they get from their level of education or it's because they simply do not care to see their sexual partners as being at risk of getting HIV and infecting each other.

Despite the dangers imposed by unprotected sex many teenagers delight in the act without taking full responsibilities of their own life. Sexual experimentation from unprotected sex which is done outside marriage is increasing and is also one of the risky taking behaviours that has led to the some being infected with the virus. This is however, common among the teens as most of them want to fit in and this act is peer driven (Lahuerta, Torrens, Sabidó, Batres & Casabona, 2013).

2.5.7 Male circumcision

Male circumcision is when men undergo a process of removal of the foreskin. The circumcision of males can be done in two ways, which is traditionally or clinically. The practice was proved to be helpful in combating the spread of HIV and AIDS as well as for hygienic purposes. Williams et al. (2002) reveals that, the implementation of male circumcision on a large-scale has high probable chances of reducing the spread of this pandemic disease. The authors further note that, this can reduce the spread of HIV for about 2 million new HIV infections and 300 000 death over the next 10 years

(William et al. cited in Peacock and Khumalo, 2010). Hence the practice becomes crucial as it help to prolong the human lives. However, there are also negative consequences associated with male circumcision. As such, this part of the research will elucidate more on the negative and positive effects of male circumcision.

Male circumcision in South Africa is accredited to traditional cultural practices in various communities mainly the Xhosa-community (Gaya, 2010). This emerged as a traditional belief and practice of which Xhosa ancestors practiced. Currently male circumcision is known and practiced country-wide under the Application of Health Standards in Traditional Circumcision (Eastern Cape) Act 6 of 2001 and as a way of reducing the spread of HIV/AIDS (Drimie, 2002 and Gaya 2010). Nevertheless, there are some initiation schools that are operating illegally and not abide by the Act 6 of 2001. In both legal and illegal initiation schools, initiates are not granted manhood by circumcision only, rather by attending initiation schools whereby boys are taught their roles, values and how to become proper men to take care of their families.

The transmission of HIV/AIDS was scientifically proved that it goes mainly through transfusion of blood and other body fluids. This can be through the use of same razor blades, needles, injections and sexual intercourse. It is therefore on this basis that the male circumcision practice is based that the circumcised ones have slim chances of contracting HIV/AIDS as compared to uncircumcised ones. Circumcision proved to be the most compelling evidence-based prevention method effective to combat the spread of the epidemic besides the transmission of the disease during child birth. Hence, it is encouraged that government and Non-governmental organization should put measures that would make this service affordable and safely available to relevant populations to avert the spread of HIV/AIDS (Peacock and Khumalo, 2010).

Sub-Saharan Africa has high rate of HIV/AIDS infections and it is assumed that this is due to "poverty and economic marginalization, poor nutrition, opportunistic infection, migration, sexual networking and patterns of sexual contact, armed conflict, and gender inequality" (Drimie, 2002). It is also coined that, women are more vulnerable to HIV/AIDS than men because women are traditionally taken as weak, lack of power to negotiate sexual relationship with male partners and gendered nature of poverty (Walker, 2002)

Looking at the traditional practice of circumcision, it is argued that there are challenges and dangers that initiates may encounter during the process. It is revealed that in tradition practice the circumcisers sometimes make use of same blade for multiple initiates that may result in blood fusion. This is not clinically advised as it leads to the spread of the disease if one of the initiates is positive. The practitioners would rather use one blade per initiate to avoid this. In addition, the traditional method sometimes causes complications and sometimes fatalities on initiates if not taken well (Peacock and Khumalo, 2010). This has led to the application of the Health Standards in Traditional Circumcision Act which is there to verify the health standards as a way of encouraging safe practice of circumcision (British Medical Journal, 2001 as cited in Peacock and Khumalo, 2010).

Traditional circumcision is effective if done well and this has helped much in the reduction of the spread of HIV/AIDS in predominantly traditionally circumcising communities. This is taking into account that Sub-Saharan Africa has the highest prevalence rate of this epidemic HIV/AIDS world-wide (UNAIDS, 2000). It is revealed that, the estimated prevalence of HIV in South Africa in 2009 was 17.8% (15-49 year olds) and almost an estimate of 5.6 million people was living with HIV. There are differences circumcision procedures that exist in these two circumcision methods. The clinical method is deemed safe in the sense that it uses a variety of medically approved equipment unlike traditional way whereby in some cases only a single blade can be used for several initiates. Furthermore, counselling is very important before circumcision to let the initiates know the benefits of being circumcised for instance, for HIV prevention and health) and disadvantages if any (Peltzer, et al., 2011).

Various researches revealed that besides depending on circumcision as a way of preventing the spread of HIV and AIDS, people are also encouraged to make use of condoms and avoid multiple concurrent sex partners. The reduction of the spread of this disease would lead to development of countries since currently all the countries with high and low prevalence rate of this disease are utilizing every resource available in trying to get rid of HIV/AIDS. Hence, HIV/AIDS has impact on both economic and social progress for both household and organizations (Drimie, 2002)

In some groups especially Xhosas the issue of circumcision is always associated with alcohol. As such, a boy has to enjoy by using alcohol during the preparation week towards the initiation day. Formative research on attitudes and beliefs about circumcision in South Africa identified that male circumcision lowered sexual inhibition by increasing sexual desire and sexual pleasure and facilitated multiple sexual partners and condom inconsistency (Petzer, Banyini, Simbayi, & Kalichman, 2009).

2.5.8 Intravenous drugs

It is important to note those intravenous drugs are drugs which are injected into blood streams. For instance these drugs might be steroids, insulin and any other drugs regardless of them being illegal or regal. It is known for a fact that drugs are addictive in nature however due to their nature they increase the risk to the addicts to be exposed to risk taking behaviours which will result in the infection and reinfection to pandemic like HIV/AIDS. Literature proves that, people who inject drugs are a high-risk group for exposure to HIV (UNAIDS/UNODC, 2010). This is mainly as a result of using and sharing of unclean needles which they use to inject drugs right into ones blood circulation.

Further to the foregoing views that the drugs are injected in one’s blood stream which lead to addiction or rather unconscious of the user, it is inevitable for the user to control their behaviours regardless of it being risk taking or not. Drugs lead the users to lose their process of knowing which entails the aspects as awareness, perception, reasoning, or intuition and judgement. This is will expose them to risk taking behaviour sexually. UNAIDS (2008). Today, up to 10% of global HIV infections are due to injecting drug use. If Sub-Saharan Africa is excluded, up to 30 percent of global HIV infections are due to injecting drug use. For instance crystal meth which happen to be said to make a person sexually active. This makes a person not control their sexual desires such that they will be not conscious of using protection such as condoms.

In support to the above it should be also understood in the sense that such behaviour usually do not take place in home environment were one could control their sexual pleasures. Instead it takes place in public areas where one would not know one other. Miro, Del-Rio, & Mestres, (2002) assets that injection equipment (needle and syringe) is often referred to at street level by terms such as ‘works’ and the process of injection is called ‘mainlining’, ‘fixing’ or ‘shooting up’. This can not only be limited to the fact of knowing one another but also the issue of having multiple sexual partners which will expose them to infection and reinfection to HIV/AIDS. Sharing unsterilized injecting equipment is a very efficient way to spread blood-borne viruses for instance HIV and Hepatitis C. Sharing needles and "works" (syringes, spoons, filters and blood-contaminated water) is thought to be three times more likely to transmit HIV than sexual intercourse UNAIDS/UNODC (2010). From the onset it is also important to note that, such acts are prone happen in a public arena which on its own will be evident to support that even the needles which are used will not be clean. This will ultimately lead to infection and reinfection which is transmission of HIV/AIDS either by sexual intercourse or by use of needles.

In addition to that, there is also a common understanding and knowledge of gungs of drug addicts which also lead them to have certain behavioural signs and symbols which will distinguish them from other gungs. As a result, the influence of such drugs will lead them to other objects for instance piercings and tattoos which are not sterilized Ebright, Pieper (2002). Therefore, this also does not limit the transmission of HIV/AID only through the taking of drugs and also sexual behaviours but rather expose the users to other various ways of infection transmission which are related to skin Morrison, Elliott, Gruer (1997), Ebright, Pieper (2002).

In a nutshell, the influence of such behaviour can be deeply rooted in the drugs that have been injected in the blood. This will transmit the HIV/AIDs infection in both the process and the way which those drugs are injected, and at the same time influence the behaviour of an individual when they are drunk which will expose the user to sexual chronic diseases.

2.6 VARIOUS PERSPECTIVES ON SEXUAL RISK TAKING BEHAVIOURS AND HIV/AIDS.

2.6.1Cultural perspective

It is of essence to note that many African societies operate via a hegemonic masculinity, with patriarchal governance and female subordination being a norm which relegates women at a risk of HIV (Fuller, 2008; Naylor, 2005). Culture in various societies has played a role in the perpetration of the HIV pandemic. The sex act in many African societies has got multiple disparities and these include one’s social status, age and gender being the most dominant differentials in heterosexual interactions (Clüver, Elkonin, and Young, 2013).

Numerous African cultures uphold traditional and religious practices that can be in contiguity with one another and aid the spread of the pandemic (Clüver, Elkonin, and Young, 2013; Fuller, 2008). This is due to the biased norms that govern the people and placing males at superior position which has a negative impact on women as they end up unable to have an equal say even on sexual matter because they are taught to be submissive. According to Cluver et al (2013) these patriarchal traditional norms that govern it have a strong emphasis on the imbalances of power which in a way affords men an unequal right per se to control sexual encounters entirely. This includes how and when sexual intercourses takes place and even to use coercion in the form of emotions and physical pressure or even violence.

The case in point is that various African cultures are governed by certain norms. For instance, a male counterpart has to marry a woman who is younger than him. However, this type of a scenario has leads to cross-generational sex. This cross-generational sex is characterized by young women having relationships with much older men. This instance places most women at risk of HIV infections for two reasons. Firstly, such men often have a history of multiple relationships and are prone to coercive sex owing to it being exchanged for money and gifts (Frank et al, 2008; Fuller, 2008). The second reason being the power imbalances between genders that women are relegated to since younger women are unable to negotiate condom use with their partners or other sexual interactions (Fuller, 2008; Harrison, 2008; Cluver et al, 2013).

According to MDG (2013), although Africa is making progress in achieving the Goal 3 of the MDGs, early marriages, household power dynamics and low economic opportunities for women are slowing this progress. Barker and Ricardo (2006) are of the view that within the African continent, cultural expectations have placed men in a higher position stating that men should be aggressive, sexually experienced and knowledgeable about sex. These expectations to date have expediently contributed to the violation of women’s rights and increased the chances of submissive women to contract infections from the uncontrollable and promiscuous men. The patriarchal societies have in a way allowed men to have multiple partners and given them the right to dominate women sexually. This risks or unbecoming behaviour has placed the young men and women at risk of contracting HIV infection. The findings of Barker and

Ricardo (2006) study conducted in South Africa, Uganda, Kenya, Botswana and Nigeria, reported that circumcision which is male's initiation into manhood characterized by sexual experiences, men are expected to have sexual encounters with women before marriage to declare sexual ability among male peers.

According to Abdool Karim (2005) culture places men at superior positions where their masculinity is depicted in terms of aggression, supremacy and autonomy where their merits are strength, valour and virility. This is certainly in contract to how women are treated. The African culture places women at inferior positions whereby they have to submit to their male counterparts as they are the head of the family. These cultural perspectives leave women inferior and viewed through the lenses of being dependent beings who are committed to passive roles where they possess qualities which include submission, motherhood and ignorance particularly about their sexuality and their bodies (Clüver, Elkonin, and Young, 2013). Female sexual passivity and male sexual aggression and dominance relate to stereotyped roles within the community that are normally the cultural expectations of male and female behaviour (UNAIDS, 2004). It therefore becomes difficult for women to try and assert their needs. Moreover, in negotiating for safer sex with their partners, as assertiveness lies outside socially appropriate behaviour. Cultural expectations may be passed on to younger generations. The process of social interaction that occurs between children and adults is a significant and essential element for learning cultural appropriate behaviour.

According to UNICEF (2005) in Guatemala, boys and men are encouraged to assert their manhood by being independent providers, taking risks and having multiple sex partners. Gender inequality in Guatemala has been portrayed a major problem that has contributed negatively to the attainment of better health care services for the women in various countries. This is because culturally the men in such nations like Guatemala are taught that they are not primarily responsible for family planning (Lahuerta, Torrens, Sabidó, Batres. & Casabona, 2013). Due to the gender norms that underpin women to be submissive to men such norms have relegated both parties to poor sexual and reproductive health outcomes.

On the other hand, a cultural perspective, the issue of ukuthwala is one of the traditional customs that has been observed as measures that put the thwarted women at risk of getting the HIV pandemic. The Department of Justice and Constitutional Development recognises this custom of ukuthwala as a condoned abnormal path to marriage targeted at certain girls and women who are forced into marriage without their concern.

2.7 ECLECTIC DATA SOURCES ON MALES UNDERGOING HIV TEST

A cornerstone of HIV prevention in South Africa is voluntary HIV antibody counselling and testing (VCT). However, records reveal that one in five South Africans who are aware of VCT have been tested (Kalichman and Simbayi, 2003). It is however important to note that South Africa is in the midst of a catastrophic AIDS pandemic. According to the World Health Organization, (2002) in South Africa the AIDS pandemic is affecting approximately 11% to 20% of the South Africa adults, and leaving 420 000 children orphaned due to the epidemic. Thus, one of the measures that has been implemented by the South Africa government and the international aid organizations are now investing significantly on prevention resources (Kalichman and Simbayi, 2003).

Despite the fact that these prevention measures have their major focus on VCT and aim at reducing the spread of the sexually transmitted diseases, most males do not go for HIV testing. To most African males, testing for HIV/Aids is never given the importance it deserves. This is because of lack of knowledge and stereotypic views grounded in culture that delays them to take into account the risk taking behaviours and HIV/AIDS. It is therefore, women who go for HIV/AIDS testing and upon getting their partners results that they are positive; they refuse to use a condom.

It has been noted that one of the major reason why most South Africans may not go for HIV testing is because of the negative perceptions that people have about the testing services. It is vital to note that AIDS related stigmas are amongst the other factors that have an influence to those who might not go for VCT IN South Africa (Kalichman and Simbayi, 2003). These factors include stigmatising beliefs about AIDS and their associated fears of discrimination are part of the other factors that some look into and these factors influence their decision making to seek HIV testing and HIV treatment services (Chesney and Smith, 1999). UNAIDS (2012) outlines that 50% of the people living with HIV/AIDS do not know their statuses.

UNAIDS (2012) further outlines that, today half or more of the 40 million people infected with HIV in the world are women. Millions of those infected with HIV are young people aged 15-24 years who now account for half of all new infections. Perhaps the most disturbing of all, is that in sub-Saharan Africa, young women (15-24 years) account for 75 % of all HIV infections and are approximately three times more likely to be infected than young men of the same age (UNAIDS, 2012). This is feminization of HIV/AIDS.

2.8 SOUTH AFRICAN POLICIES ON SEXUAL BEHAVIOURS AND HIV/AIDS

Human rights are a set of universal entitlement that individuals enjoy irrespective of their sex, nationality, religion, culture or their status that are inherent to human beings and that are proclaimed and protected by the international law (Gruskin and Ferguson, 2009). It is imperative to note that the international human rights norms provide a coherent normative framework for analysis of HIV/AIDS problem. The major focus of the international human rights is to provide legally binding foundation with procedural, institutional and other accountability mechanisms that are set to address the societal basis of vulnerability and help to implement change (Gruskin and Ferguson, 2009).

To say the least, human rights are the tools and the main drivers that can help shape the appropriate responses to the HIV epidemic and other health challenges. Human rights places an emphasis on equity for all human beings whit the aim to promote equal rights for all despite one's race, religion, colour, sex, language only to mention a few (Gruskin and Ferguson, 2009).

Various governments have in a way domesticated international laws and South Africa is not an exception. The constitution of the Republic of South Africa, 1996 (Act Number 108 of 1996), under section 27 states that all South Africans have an equal rights despite one's background, class, race, colour and even religion. Moreover, HIV/AIDS prevention is still one of the top priorities that are set to prevent the spread of the virus, the government has set strategies that can be used as ways to curb the epidemic. One of the measures taken by the South African government is the implementation of the National Strategic Plan. This National Strategic Plan on HIV, Sexually Transmitted Infections (STDs) and Tuberculosis of 2012- 2016 marks the strategy that has been set by the South African government as a response to the dual epidemics of HIV and TB (SANAC, 2011).in addition it has to be acknowledged that this 5 year plan of the National Strategic plan has its major focus of addressing the social and structural barriers that increase vulnerability to HIV, STI and TB infections. One of the aims of this National Strategy Plan on HIV, STIs and TB is to prevent any new infections (SANAC, 2011).

2.10 DEBATES SURROUNDING FAILURE AND POSSIBLE METHODOLOGIES IN DIMINISHING SEXUAL RISK TAKING BEHAVIOURS WHICH ARE CONTRIBUTORY FACTORS TO HIV/AIDS.

Previous studies on HIV/AIDS knowledge, risk perceptions and other related correlates of sexual risk taking behaviours amongst the adolescents have intensified of late. This is due to the harm imposed by the virus particularly in the sub-Saharan region where the pandemic seems to be scoring higher prevalence rates. However, debates, research and various studies have been set to come up with ways of combatting the virus through different types of strategies. Such strategies that have been implemented include the educational campaign which is geared towards changing the risky sexual behaviours of many adolescents (Tenkorang, Adjei and Gymiah, 2010).

However they are eminent debates surrounding the success of the implemented methodologies that are set to curb the spread of the pandemic. Thus relationships between the risk perceptions and sexual behaviours draw on the socio-psychological literature that argues that individual perceptions affect their actions or their inactions after a systematic and rational analysis of the consequences of those actions or inactions (Tenkorang, 2010). Thus, according to Macintyre et al (2004) younger people are expected to weigh the potential cost of an illness such as HIV/AIDS against the cost of following preventative measures that are available like the use of condoms and overcoming the reluctance to wear a condom while one is having sexual intercourse.

Tenkorang et al (2010) postulates that the Health Belief Model considers knowledge and awareness about HIV/AIDS as an important factor in making an informed decision. Moreover a person who possesses higher levels of awareness and knowledge about HIV is likely to have a fair and true assessment of risks than those who have low awareness knowledge about the phenomenon. Meanwhile Zeller (2003) also illustrates that AIDS knowledge as a form of self-empowerment that can influence a person's perceptions of risk and create awareness of sexual behaviour changes.

In Sub-Saharan African context the relationship between risk perceptions and knowledge about HIV/AIDS is confounded by a host of factors. Individuals who might be at higher risks of contracting AIDS as compared to those who possess low levels of education. However the increased awareness about the pandemic may contribute to accurate perceptions about the risks of getting the pandemic, though certain superstitions, culture and religion may in a way undermine such endeavours (Trinatapol and Regnerus, 2006). However, Smith (2003) gives an example that some

South Africans believe that AIDS can be cured by sleeping with a virgin. Thus, several cases have been noted whereby some people sleep especially with young people who are virgins with the belief that they will be healed from HIV. This further puts the lives of the innocent children or the virgins at high risks of also contracting the virus.

These misconceptions have a barring effect not only on the evaluation of the disease or judgement about the risks per se but also led some to believe that they are not at risk of contracting the virus of which this has implications on people’s sexual behaviours (Tenkorang, 2010).

2.11 Conclusion

In light with the views on the male perceptions on sexual risk taking behaviours and HIV/AIDS loopholes have been identified and thus chief amongst them being the fact that some people indulge in risky sexual behaviours at the expense of their own health. It is imperative to note that this chapter also exposed some of the factors that still relegate people into risky sexual intercourse which include socio-economic challenges, culture, patriarchy, the love for money only to mention a few. In conclusion, despite the various methodologies that have been set to address or curb the spread of the HIV epidemic it may be assumed that some of the measures are still ineffective. Thus, it is important to understand that this research is going to focus more on the risky sexual behaviours and this research will strive to further fill the gap in literature by focusing mainly on males since the previous literature has neglected males and placed more emphasis on women.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter mainly describes extensively the practical portion of the study. Tools and all other necessary methods that the researcher had used are explicitly stated in this chapter. In this regard, what the research design that the researcher used, the population size, research domain, sampling methodology and technique, sampling frame, and the sampling size are well discussed in this chapter so as to give a vivid understanding to the reader based on the methodology of the study. As such, Babbie, (2007) outline that methods and approaches used to carry out a research study are referred to as the methodology.

3.2 METHODOLOGY

Durrheim, (2006) put up rest that the term methodology refers to the methods that the researchers utilise in carrying out a research, while on the other hand Neuman, (2006) as cited by Manomano, (2013) outlines that these methods can either be qualitative, quantitative or triangulated of both qualitative and quantitative methods. Pivotally, the ontology of the study was quantitative design because it utilised only quantitative research method. Interestingly, the quantitative design that was employed in this research enabled this researcher to allot and exhume the quantified magnitude on the relationship between sexual risk taking behaviours and HIV/AIDS particularly on the male’s perceptions in South Africa. Lastly and emphatically, the study entails research design, method of data collection as well as data analysis.

3.3 RESEARCH PARADIGM

A paradigm is a model or pattern containing a set of legitimated assumptions and designs for collecting and interpreting data (Bancer, 2003 in De Vos, Strydom, Fouche, and Delport 2013).In this regard, the study was guided by quantitative paradigm. This tool made this research a success through a statistical analysis using (SPSS) through various graphs and tables.

3.4 RESEARCH DESIGN

Research design refers to how the researcher will modify his study following certain procedures. A plan outlining how information is to be gathered for an assessment or evaluation that includes identifying the data gathering methods, the instrument to be used, how the instrument will be administered and how the information will be organized and analysed (Mata, 2011). On the other hand, Babbie et al (2007), cited in De Vos et al, (2013), a research design involves a set of decisions regarding what topic to be studied among what population with what research method and for what purpose.

Basically, this study employed a quantitative research design that was descriptive and explanatory with the use of a mini-survey. Each and every research method has got its attributes that can distinguish it from another research method. As such, there are characteristics of quantitative method as cited by Kreuger and Neuman in De Vos (2011) and the following are.

- Measurements of objective facts.
- Focus on variables.

- Reliability as the key criterion of scientific excellence.

3.5 METHODS OF DATA COLLECTION

Having discussed the research methodology, design and paradigm, this section will give a clear picture on the process of data collection. In this sense, procedures and all other means that were adopted in collecting data will be vividly stipulated. The population under study, sample size or the unit of analysis, research instruments including sampling and sampling procedures.

This refers to method and tools that the researcher uses when conducting study. This study employed instruments of data collection such as questionnaires with open-ended and closed-ended questions. As defined by Hair, et al., (2008), a questionnaire is a document consisting of a set of questions and scales to gather primary data. On the other angle, Leung (2001) posits that a questionnaire is a booklet of standardised procedure, pre-coded and containing open ended questions; or it can be regarded as a data collection instrument that sets out questions to be asked in a formal way in order to produce desired information.

Knatterud et al (1998) in Makuyana et al (2012) defines data collection as the process of gathering and measuring information on variables of interest, in an established systematic fashion that enables one to answer stated research questions, test hypotheses, and evaluate outcomes. Data is available in two forms; primary data and secondary data. The collection of such data varies accordingly. Primary data refers to non-documented data such as data in the form of people’s perceptions, circumstances and culture which normally forms the greater part of the findings of a study (Zack, 2008).

According to Boslaugh, (2007) as cited in Makuyana, (2012), secondary data on the other hand refers to data available in documented form, that is, books, magazines, websites and other sources of already documented data. As such, in this research, the collection of data was to focus on these two separate categories of data; primary and secondary.

3.5.1 Methods of data collection

The researcher only used one research method which was a quantitative. This was because of its applicability and usefulness in a study that led to its successfulness from its commencement up to its knees.

- **Mini Survey**

  Neuman, (2006) outlines that a survey is especially useful as it sample many respondents in a study. As such, a mini survey was adopted in collecting data on the perceptions of males on relationship between sexual risk taking behaviours and HIV/AIDS.

3.6 RESEARCH INSTRUMENTS

3.6.1 Questionnaire

Interestingly, the researcher used closed-ended self-administered questionnaires where there was no direct contact between respondents and the interviewer; questionnaires are completed by respondents without any assistance (Bless, Higson-Smith, and Sithole, 2013). In this study, the researcher made use of a closed ended questionnaire using a likert-scale design questions to measure the perceptions of males on the relationship between sexual risk taking behaviours and HIV/AIDS. A questionnaire was divided into 3 sections viz section A, B and C. Section A comprised of questions to get the demographic aspects from respondents such as, age, gender, race, marital status and level of education to mention a few. Section B had questions that are closely related to risk taking behaviours. These questions are pivotal as they reveal risk taking behaviours associated as the contributory factors to the pandemic of HIV/AIDS. Section C had questions based on the extent in which sexual risk taking behaviours contribute to HIV/AIDS, alcohol consumption and lack of knowledge accompanied by stereotypic views and culture. Such questions would validate whether the alcohol could lead to condom use inconsistency and on the other angle, does lack of knowledge and stereotypic views contribute towards the spread of HIV/AIDS. Furthermore, this researcher employed this technique to get a broad exploration on the perception of males on sexual risk taking behaviours and HIV/AIDS. In this light, the tool that the researcher adopted made this research a success in the sense that, there were no complications regarding the level of understanding of questions that the researcher administered. To respondents the tool was very convenient and saved their time since it just took 30 minutes of their time.

The numerical expression of information for classification, summarisation, and generalization of the outcomes was used by the researcher, meaning that questions that enable the researcher to count the respondent's responses. Quantitative research approaches are less time consuming. In this sense, respondents just answer what is required there are no follow up question unlike in qualitative studies. Quantitative studies seek to predict and analyse what the current activity imply in relationship between the identified variables (Makuyana et al 2012). Makuyana even went on stating that Qualitative researches also espouse intangible factors, such as social norms, socio-economic status, gender roles, ethnicity, and religion. In this light, quantitative studies also espouse such factors, whose role in this research is paramount. Therefore, the difference is only on the summarization and analysis of findings.

Quantitative research method has a long illustrious history. In this regard, Terre Blanche, Durreim, and Peinter, (2006) declares that "historically, social scientists have favoured quantitative over qualitative data". Terre Blanche et al (2006) also went on articulating that one of the reasons why the researchers have preferred quantitative data is the widespread acceptance of the positivist paradigm and it was believed that there were a lot of facts in the world at large to be collected by means of quantitative measures.

Basically, quantitative research design made this research a success due to the fact that the nature of the intended research required the respondents, particularly those males between the age of 18 and 35 years about their perceptions on the relationship between sexual risk taking behaviours and HIV/AIDS. The study wanted to explore the new ideas on the relationship between these 2 variables in assististing government policies and other stake holders who are concerned about the totality of the person and his surroundings. Interestingly, Terre Blanche et al (2006) reveal that a quantitative data with good quality and statistics allows a comparison of different situations. This research method has been devised in this study due to its good characteristics, in this sense; the social science cannon tell us that quantitative research study has 2 primary strengths. This means that the findings are generalized and the data are objective Terre Blanche et al (2006).

The use of self- administered questionnaires made this study imperative and a success where respondents were not talking to any person rather than in qualitative study where there is use of interview guides that can lead to boredom and hiding of information. Self-administered questionnaires are less expensive than other techniques of data collection such as interview guides where the respondents must be present at all times. Moreover, in designing the questionnaire, the researcher also took into account the issue of the theoretical constructs that were identified during literature review. As such, a closed ended questionnaire was employed during the process of data collection. Thus, by opting for this research method the researcher managed to find that there is a relationship between sexual risk taking behaviours and HIV/AIDS.

3.7 POPULATION UNDER STUDY

Geographically speaking, a population can be defined as a number or organisms or species of the same kind living in a particular area at a specified time. Population is "the total collection of elements about which one wishes to make some inferences"

(Welman et al, 2001:46) as cited by Makuyana, Nyamutinga, Sibindi, Shurugwi and Sonjani (2011). Friedman and Blumenthal (2010) define study population as the subset of the population within the condition or characteristics of interests defined by the eligibility criteria.

On the other hand, a research population refers to all those cases upon which the study intends to make a scientific conclusion with respect to a certain attribute or social phenomenon (Sumbulu, 2005). Bless et al (2006) defines population as all individuals about whom the research project is meant to generalise. In this study the population referred to all males who are residing in Msobomvu location and Hogsback Township. The study was focusing on all males of different age groups between 18 and 35.

3.8 SAMPLING AND SAMPLING PROCEDURES

Here in this subsection study sampling techniques and sampling procedures that were employed in the study are explicitly stated below.

3.8.1 Sampling selection

Probability sampling methodology was the sampling method that which guided the researcher in completing this study. Bless et al, (2013) points out that probability sampling is referred to when the probability of including each element of the population can be determined. Bless et al (2013) further outline that it is possible to estimate the extent to which the findings based on the sample are likely to differ from what would have been found by studying the whole population. Specifically, the type of random sampling used was simple random sampling, where all respondents got equal chance of being selected.

Moreover, the researcher used a lottery technique where a symbol for each unit of the population in a container was mixed well and the lucky number drawn constituted the sample (Bless et al*,* 2013). This researcher decided to choose this technique because he wants to get a rigid and broad exploration of the perceptions of males on the relationship between sexual risk taking behaviours and HIV/AIDS.

3.8.2 Sampling size or unit of analysis

A list of potential candidates that the researcher wants to investigate is referred to as a sampling frame. According to Bless et al (2013), sampling frame is the list of all units from which the sample is to be drawn. The actual sample unit of the study included 50 males, meaning that a half from Msobomvu and a half from Hogsback. Thus, out of these 50 males 25 units represented males aged 18-25 and another 25 units was representing males aged 25-35. The actual sample investigated was 50. Welman and Kruger (2001) further note that the term sample involves decision about which people, settings and events, behaviour and social processes to observe. This means sample is a subset of population that is convenient to represent the population. The sample size and the unit of analysis are presented in Table 3.1. In addition, there were factors that informed the selection criteria and these are as follows:

- A person must be a Hogsback and Msobomvu resident

- A person must be a male between the age of 18-35 including all sexual orientations (heterosexuals, homosexuals and bisexuals).
- A person must be A south African citizen
- And lastly, a person must be willing to participate

Table 3.1 Mini Survey Self- Administered Questionnaire

Number	**Questionnaire Sample**	**Sample scale**
1	Males of 18-35 years	50
	Total	**50**

3.8.3 Sampling frame

This is referred to as the actual list from which potential samples will be drawn (Bless et al, 2013). Welman and Kruger (2001) depict that the term sample involves decision about which people, settings and events, behaviour and social processes to observe. Cherry (2010), add on by stating that a sample is a subset of a population that is used to represent the entire group as a whole.

This means sample is a subset of population that is convenient to represent the population. The specific target population of this study were males between the ages of 18 and 35 residing at Msobomvu location and Hogsback Township. This researcher chose this population due to the fact that it is this population that is heavily engaged in alcohol consumption and having multiple sex partners. It is also this group that faces misunderstanding between the phenomena of circumcision and condom inconsistency. As such, the sampling frame cannot be deduced because the actual list from which the potential candidates will be drawn is not yet available.

3.9 CONTENT ANALYSIS

For the study to be well grounded with theory content analysis must be used. As such, content analysis as the primary data collecting tool for the secondary data. Randolph (2007) as cited by Makuyana et al (2012) purports that content analysis refers to the study of the content and meaning of texts and information resources, such as books, essays, interviews, discussions, historical documents, speeches, conversations, websites and images. Basically, this study consulted a variety of sources and theories relating to the subject under investigation so as to procure secondary data.

3.10 DATA COLLECTION PROCESS

It has to be spelt out that the permission to collect data was from the respondents and was dealt with before its commencement. Questionnaires as the main research instruments were distributed to the respondents and were answered within a period of 30 minutes and were brought back to the researcher. 65% of the respondents were literate and only few who faced challenges in understanding the language where interpreter was needed. The research assistant helped both in interpretation and in distribution of questionnaires.

3.10.1 Time frame

Every study has got its beginning and should end to bring about implications for literature review purposes. As such, it is of the great significance to spell out that the study was longitudinal. In this regard, the study was not a once off process. Basically, this depended on the availability of the respondents on broad exploration and collection of data on the perceptions of males on the relationship between sexual risk taking behaviours and HIV/AIDS. The researcher then took one month in collecting data.

3.10.2 Data presentation and analysis

Any data has to be cleaned, analysed, reduced, organized and interpreted whether qualitatively or quantitatively depending on the method used by the researcher. De Vos et al (2013) state that data analysis can be referred to as a process of bringing order, structure and meaning to the mass of collected data. This study used quantitative method of analysing data and data was analysed quantitatively using statistical methods that are descriptive and statistics to describe basic feature of the data in this study. Data gathered through questionnaire was analysed by using Statistical Package for Social Sciences (SPSS) and was presented using various types of graphs. Manomano, (2013) depicts that SPSS is a package that is essential useful as it assigns and dermacates raw data into variables that can be presented graphically or in table form. Contrastingly, Neuman, (2006) as cited by manomano, (2013) reveals that SPSS can also present data through cross tabulation or through descriptive statistics that also shows pertinent answers to the average and the mean among other things. Lastly, this package was used because of its recognition in analysing and presenting data quantitatively.

3.11 ETHICAL CONSIDERATIONS

Each and every study which is not a systematic review has to consider ethics, since the focus is on individuals not on books. This will make respondents to participate freely especially when the study needs a very sensitive information e.g. HIV/Aids. DeVos et al (2012:113) reveal that research should be based on.

3.11.1 Informed consent and voluntary participation

The researcher made use of an inform consent form to explain to the respondents about the purpose of the research, his expectations from them and their expectation from him. Voluntary participation was vividly stated prior the commencement of the research. in this regard, respondents were aware of all the research expectations, hence they were allowed to read and understand the informed consent document and their participation and thereafter they consented by signing to agree to participate. Emphatically, the copy has been attached as Appendix B copy of signed informed consent Form.

3.11.2 Confidentiality

Confidentiality is one of the most imperative aspect in research. The researcher made sure that all the information gathered is kept confidential between him and the respondents and that was vividly stipulated to them, both in the informed consent document and in the research tool that the information can be revealed to other researchers. However, their names will not be revealed. Information provided by participants, particularly sensitive and personal information, should be protected and not made available to anyone other than the researchers. Bless et al, (2013).

3.11.3 Permission

The ward councillors from both domains were consulted prior the commencement of the research. The ethical clearance form from the University of Fort Hare was also filled in as another supporting document for authority to embark on the research.

3.11.4 Anonymity

This principle is closely related to confidentiality where the information from respondents should be kept anonymous. This will go hand in hand with not associating respondents' data with their names or any other identifier, what will be used by this researcher is the word respondent when analysing data.

3.11.5 Appropriate referral

The researcher made sure that any professional person other than him such as social worker was consulted to stay nearby the place since the study includes HIV/AIDS which might trigger previous experiences on how the person got infected due to sexual risk taking behaviours. Bless et al (2013:33) postulates that "this is most commonly done by arranging appropriate referral to a counselling centre, social work agency or medical facility".

3.11.6 Discontinuance

To quit in a research was explicitly stipulated to the entire population prior the commencement of the research. As such, the researcher made sure that respondents knew that they are free to discontinue their participation any time.

3.11.7 Deception

The researcher made sure that the true nature of the study is masked so that respondents can be unable to portray natural behaviours as a result of knowing that it is observed.

3.12 CONCLUSION

In wrapping up, it has to be spelt out that the main aim of this chapter was to point out and illustrate the work and processes which were followed by the researcher in terms of practical aspects of the study. At first it has been outlined that the study employed a quantitative research method and a self-administered questionnaire was also used as a research tool guiding this research. In this chapter, the attempt was to show and justify the work and processes which were followed in terms of the practical aspects of this study. The sampling methodology including technique that was proposed was used accordingly. The researcher made use of 50 respondents as required earlier; there were neither additions nor subtractions in the sample. This means that the sample size remained constant from the commencement of the research up to its knees.

CHAPTER 4

DATA ANALYSIS, INTERPRETATION AND PRESENTATION OF FINDINGS

4.1 INTRODUCTION

The main focus of this chapter is on the analysis, interpretation and the presentation of research findings that emanated from a mini survey of 50 respondents who answered a self-administered questionnaire on the relationship between sexual risk taking behaviours and HIV/AIDS.

4.2 BIOGRAPHICAL INFORMATION OF STUDY PARTICIPANTS

4.2.1 Age distribution of study respondents

Out of 50 questionnaires that were distributed to the respondents, 25 were distributed to each of the two research domains that is Hogsback and Msobomvu. The findings reveals that respondents from Hogsback and Msobomvu displaced age the following frequencies: 18-23 years (36); 24-29 years (32%) and 30-35 years (32%) (see table 4.1 and Figure 4.1). On the other hand, the findings from this study also indicated that respondents from Hogsback Township embraced the following age frequencies: 18-23 years (60%); 24-29 years (36%) and 30-35 years with (4%).

Table 4.1: Age of respondents in Hogsback and Msobomvu Township

No	Age range in (years)	Frequency (Hogsback)	Percentage	No	Frequency (Msobomvu)	Percentage
1	18 – 23	15	**60**	**1**	09	**36**
2	24 – 29	09	**36**	**2**	08	**32**
3	30 – 35	01	**4**	**3**	08	**32**
4	**Total**	**25**	**100**	**4**	**25**	**100**

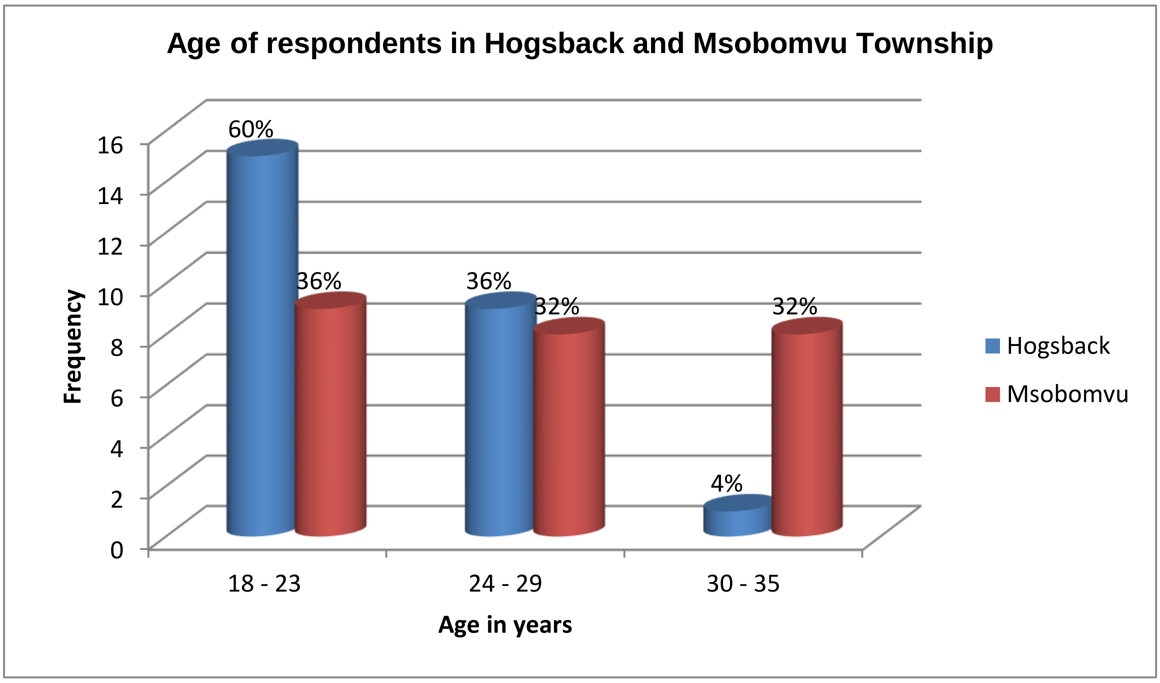

Figure 4.1: Age Distribution of respondents

4.2.2 Race of study respondents

The findings from this study indicates that out of 25 questionnaires that were distributed to males in Hogsback, 84% constituted of the blacks who were all Xhosa speaking people, while 16% were whites (English speaking); while all the respondents in Msobomvu were blacks of isiXhosa origin. (see table and Figure 4.2). On the other hand, in Msobomvu, 100% of the respondents were all blacks of isiXhosa origin. Realistically, these results shows that Xhosa people were the most dominant group in this study

Table 4.2 Race of the participants for both Hogsback and Msobomvu respectively.

No	Race	Frequency (Hogsback)	%		No	Race	Frequency (Msobomvu)	%
1	Black	21	84		1	Back	25	100
2	White	4	16		2	White	0	0
3	**Total**	**25**	**100**		**3**	**Total**	**25**	**100**

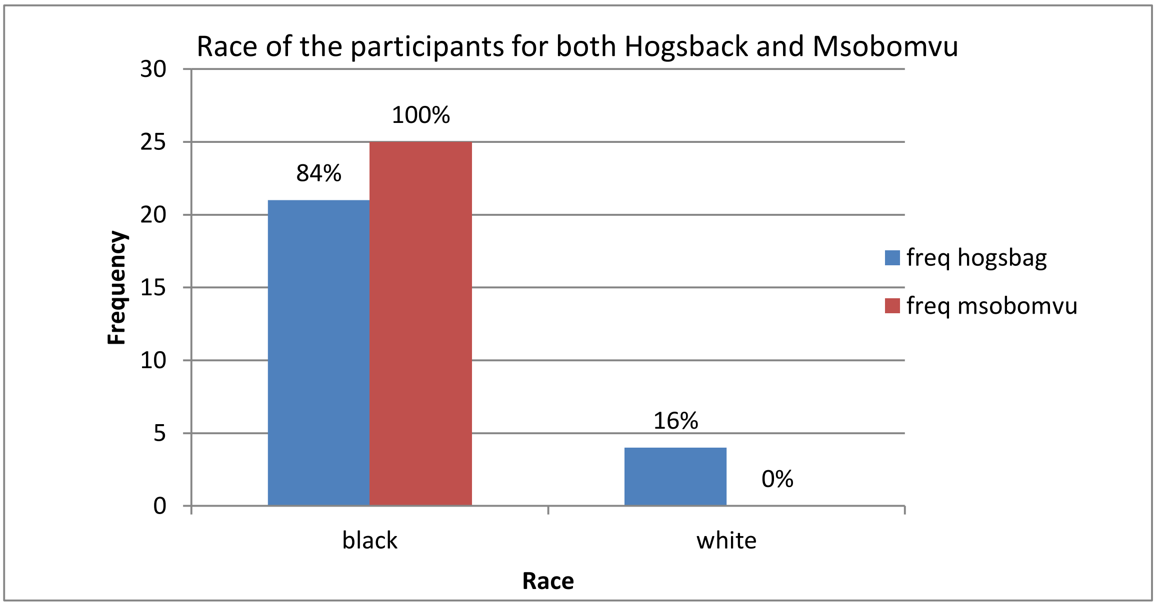

Figure 4.2 Race of the participants for both Hogsback and Msobomvu respectively

4.2.3 Level of education

On the level of education, for both Hogsback and Msobomvu domains, respondents were in 3 categories, primary level high school level and tertiary level. For Hogsback 16% primary level education, 80% had high school level education and 4% were of tertiary level. For Msobomvu, 8% were of primary level, 88% were of high school level and 4% had tertiary level of education. The level of education was a blessing to this research because with both areas having a target of the respondents being in high school

Table 4.3 Level of education

Level of education (grade)	Hogsback	%	Msobomvu	%
Primary (1-7)	4	**16**	2	**8**
High school (8-12)	20	**80**	22	**88**
Tertiary	1	**4**	1	**4**
Total	**25**	**100**	**25**	**100**

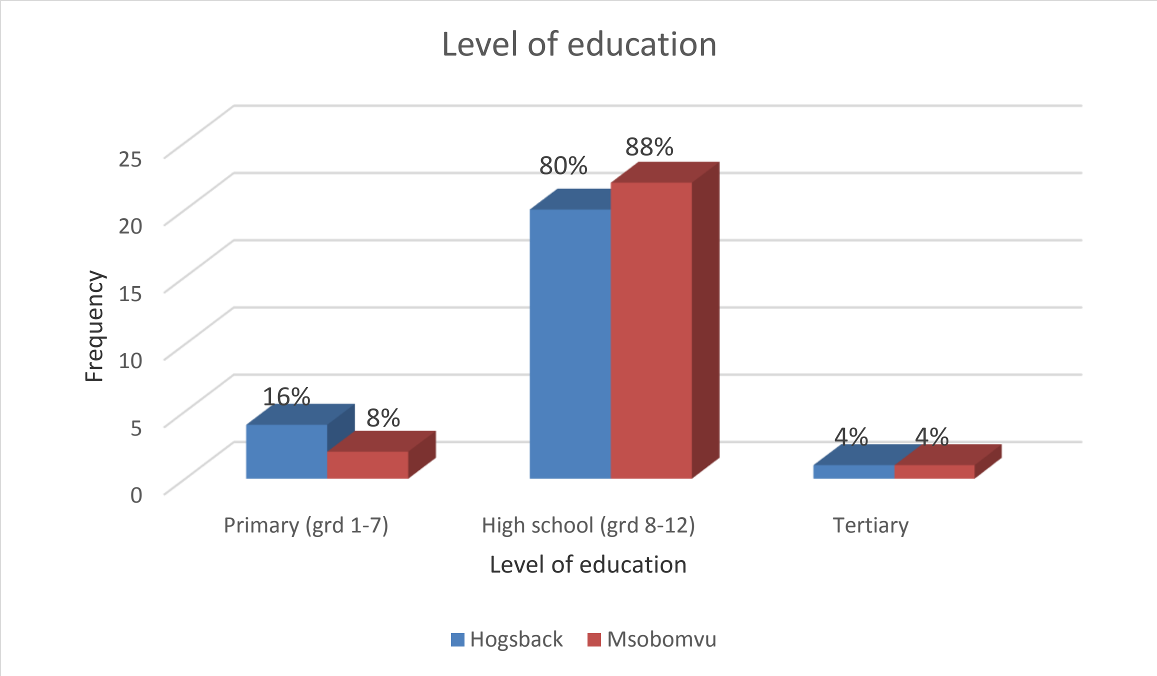

Figure 4.3 Level of education

4.2.4 Home Language

The findings from this study highlighted that 100% of the respondents from Msobomvu were comprised of blacks who were predominantly Xhosa speaking people while in Hogsback 84% were blacks of Xhosas origin while 16% comprised of white people who were all English speaking. The above findings may mean that the areas were predominated by blacks and only a few whites. This could imply the people could be cohesive making any sexual reproductive intervention to succeed easily through the use of isiXhosa language. The Xhosa predomination may also mean that many people may understand one another easily with more or less same cultures. This would make any sexual related campaign an easier intervention.

Table 4.4 Home language

Language	Hogsback	%	Msobomvu	%
Xhosa	21	84	25	**100**
English	4	16	0	**0**
Total	**25**	**100**	**25**	**100**

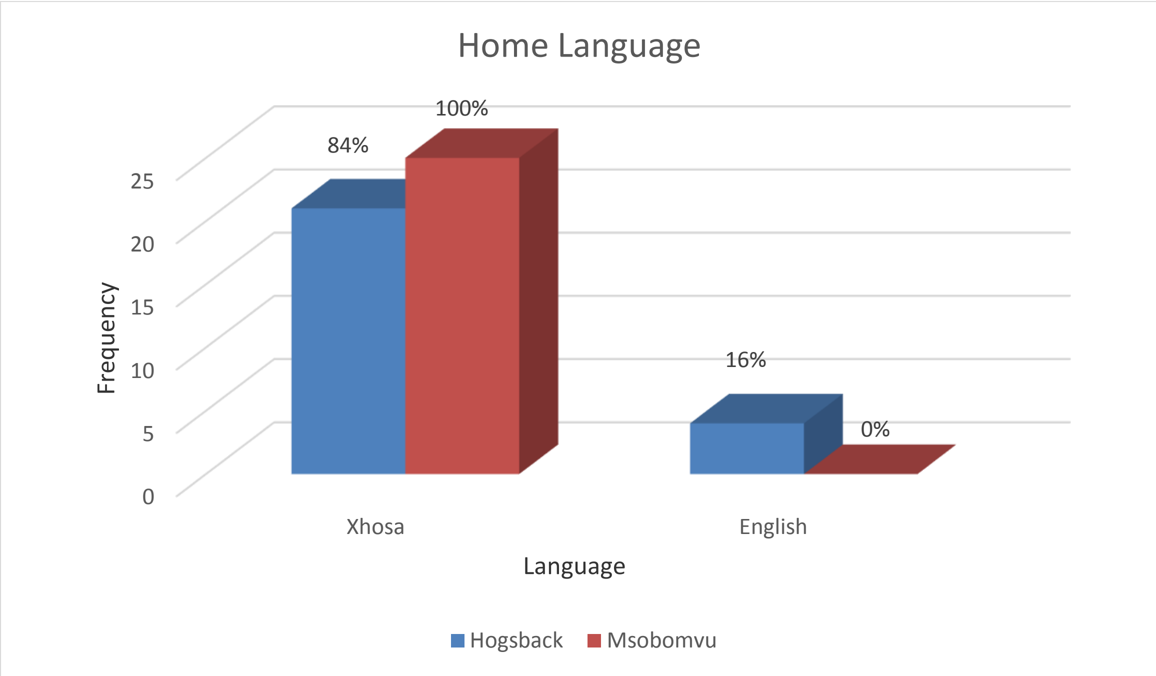

Figure 4.4 Home Language

4.2.5 Marital status of the respondents in both Msobomvu and Hogsback

The findings from the study revealed that 96% of respondents from both Hogsback and Msobomvu were single, while only 4% were married. There was no one that reported incidences of being divorced, separated or widowed (see Table 4.5 and Figure 4.5 below). Since statistics from South Africa indicates that it is the youth who are vulnerable to HIV/AIDS, likely to be involved in many other vices such as crime, drug abuse, then it could be no wonder that the youth of these two areas could be embracing the same fate. It would also be important that the youth of the area are mainstreamed by government or the NGOs with HIV/AIDS/STI prevention education and services. Perhaps the campaign should take advantage of language as an important cultural component. This is because campaigners can easily use isiXhosa language and other aspects of Xhosa culture to easily convince the youth on the need to take seriously the mass age of prevention. However, the campaigners need not to isolate the fewer youths whose cultures and language may not be isiXhosa

Table 4.5 Marital Status for Hogsback and Msobomvu combined

No	Marital Status	Frequency	Percentage
1	Single	48	96
2	Married	2	4
3	Divorced	0	0
4	Windowed	0	0
5	Separated	0	0
6	**Total**	**50**	**100**

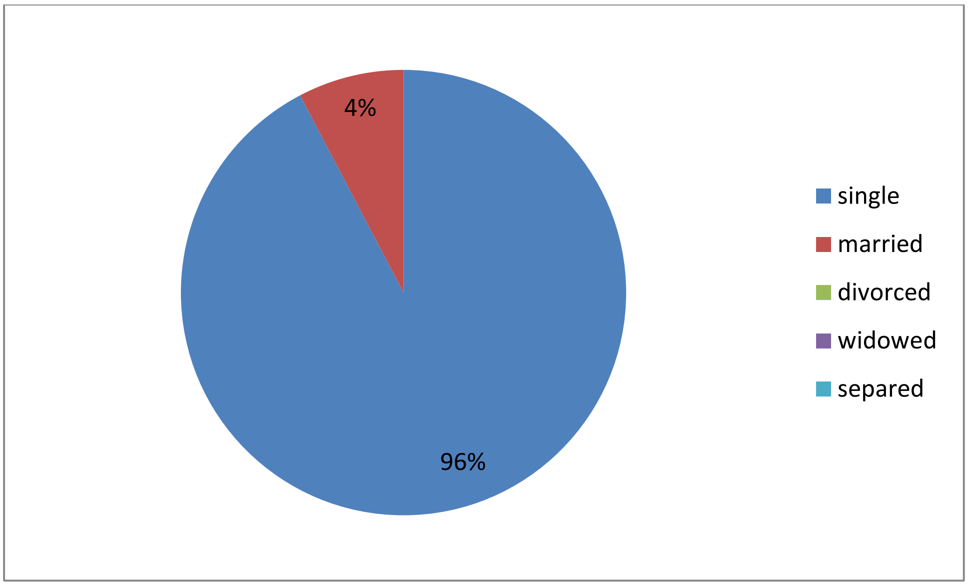

Figure 4.5 Marital status of respondents

4.2.6 Hidden affairs outside marriage

On the state of having hidden affairs, findings indicates that no one harboured hidden affairs in Hogsback, while only 4% revealed to have had hidden affairs in Msobomvu. This, if the respondents were revealing the truth presented a very good state of behaviour. This may mean that the people of this area had adhered to culture mores and ethos that emphasize on the importance one being faithful to his or her partner. On the other hand, the fact that 4% of the respondents from Msobomvu indicated they had secret affairs shows the need for education on the need for individuals to be faithful to their partners. This also indicates the need for emphasis on the individuals to consider the consumption and the use of adequate prevention services such as the condoms. This researcher would wage the youth answer heavily adopting abstinent as it is the only 100% method of prevention. This is because countries such as South Africa and Botswana that consume a lot of condoms are not meaningfully mitigating the prevalence of STIs and HIV/AIDS, but countries such as Uganda that are richly emphasising on abstinence and to be faithfully none significantly lowered their HIV/AIDS prevalence.

Table 4.6 Hidden affairs outside marriage

no	Frequency (Hogsback)		Percentage		No	Frequency (Msobomvu)		Percentage
1	Yes	0	0		1	Yes	2	4
	No	25	100			No	23	96
2	**Total**	**25**	**100**		**2**	**Total**	**25**	**100**

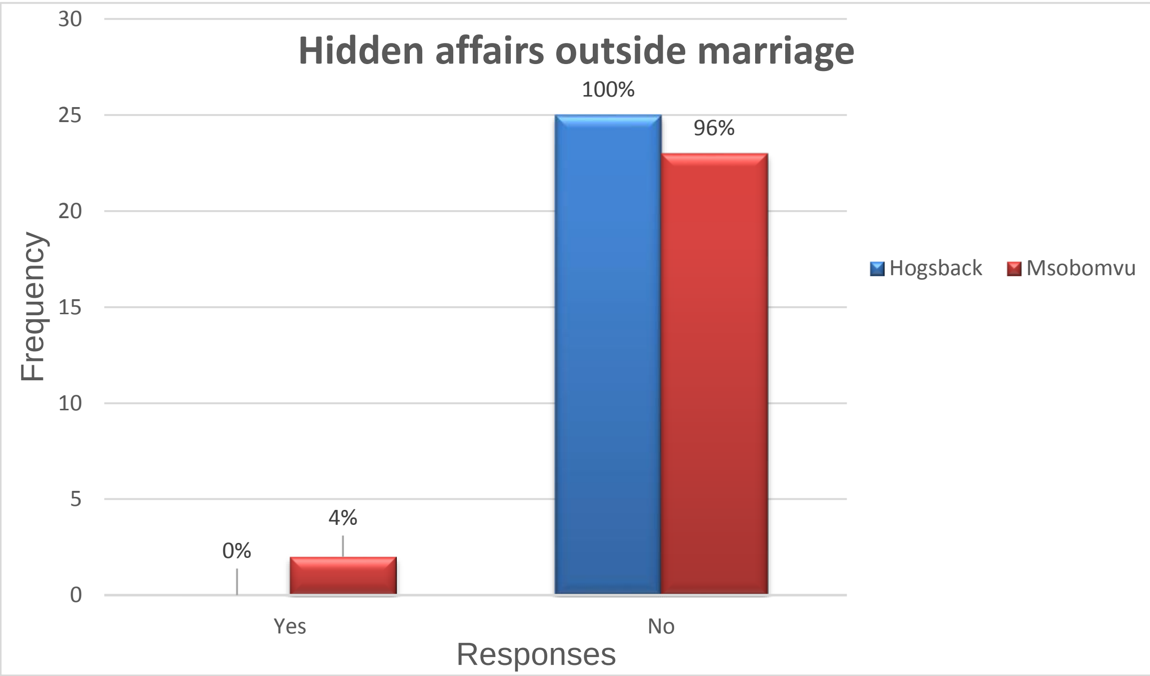

Figure 4.2.6 Hidden affairs outside marriage

4.2.7 Home description for both Hogsback and Msobomvu respectively

The findings from this study indicated that in Hogsback 88% of the respondents live in brick houses, while 8% live in flats. In Msobomvu, the findings revealed that 84% of the respondents live in brick houses and the remaining 16% lives in other forms of shelter (see Table 4.7 and Figure 4.7). The fact that most respondents live in brick houses could indicate that they are not vulnerable socio-economically. However, the fact that a smaller percentage lived in other forms of shelter could be an indicator of vulnerability such as poverty. Since poverty and HIV/AIDS/STI have an inextricable relationships, the group could be prone to the phenomenon. It is therefore important that HIV/AIDS/STIs prevention campaigns are strengthened in the area. Perhaps those who live in vulnerable environment need to be helped to meet the social worker assigned for the answer to be brokered to the RDP housing administrators. They can be put in the queue to own a house.

Table 4.7 Home description for both Hogsback and Msobomvu respectively

No		Home Description	Frequency		Percentage %	
			Hogsback	Msobomvu	Hogsback	Msobomvu
1		Brick house	22	21	**88**	**84**
2		Backyard room	1	0	**4**	**0**
3		Flat	2	0	**8**	**0**
5		Other	1	4	**4**	**16**
6		**Total**	**25**	**25**	**100**	**100**

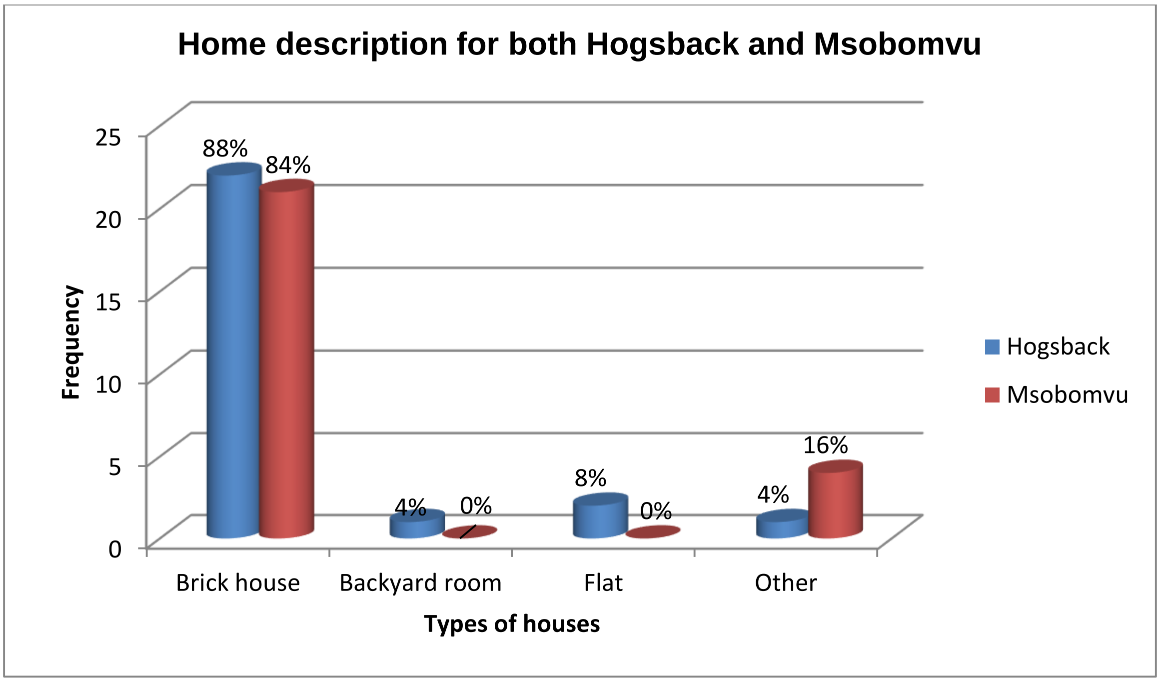

Figure 4.7 Home description for both Hogsback and Msobomvu respectively

4.2.8 Parental lively-hood

The study findings revealed the following statistics pertaining to the livelihood of their parents. In Hogsback, 68% said their fathers were still alive, while 32% had lost their fathers; 76% said their mothers were still alive and only 24% had lost their mothers. In Msobomvu, the findings revealed that 56% and 84% were still with their fathers and mothers respectively; while 44% and 16% were without their fathers and mothers respectively. This indicates that many respondents came from families with both parents. In this researcher's contention, this augured well for the respondents in terms of their nurturing, giving them various kinds of advices and the requisite psychosocial aspects of life such as a feeling of belonging, having somebody to lean their live on, having somebody one can trust and talk to, and share private issues with, and having people who could offer care giving if one was sick. Perhaps also the scenario could indicate that most respondents by having their parents around could have benefited from the cultural values such as those that emphasize on good morals, being ethical and the need to avoid involving in risky sexual behaviours. However, for those who had one parent, or none at all, these aspects of psychosocial support, counselling, advisory and having one to lean on during trying moments of life could be absent. This researcher, therefore calls upon the community elders and parents too generally to be available to advice and guide such youth especially on the importance of respecting cultural mores. This could make them socially undesirable habits and behaviours such as drugs abuse, unprotected sex and alcohol intake.

Table 4.8 Parental lively-hood

No	**Frequency (Hogsback)**		**%**		**No**	**Frequency (Msobomvu)**		**%**
1	Father alive				1	Father alive		
	Yes	17	**68**			Yes	14	**56**
	No	8	**32**			No	11	**44**
2	Mother alive				2	Mother alive		
	Yes	19	**76**			Yes	21	**84**
	No	6	**24**			No	4	**16**
3	**Total**	**25**	**100**		**3**	**Total**	**25**	**100**

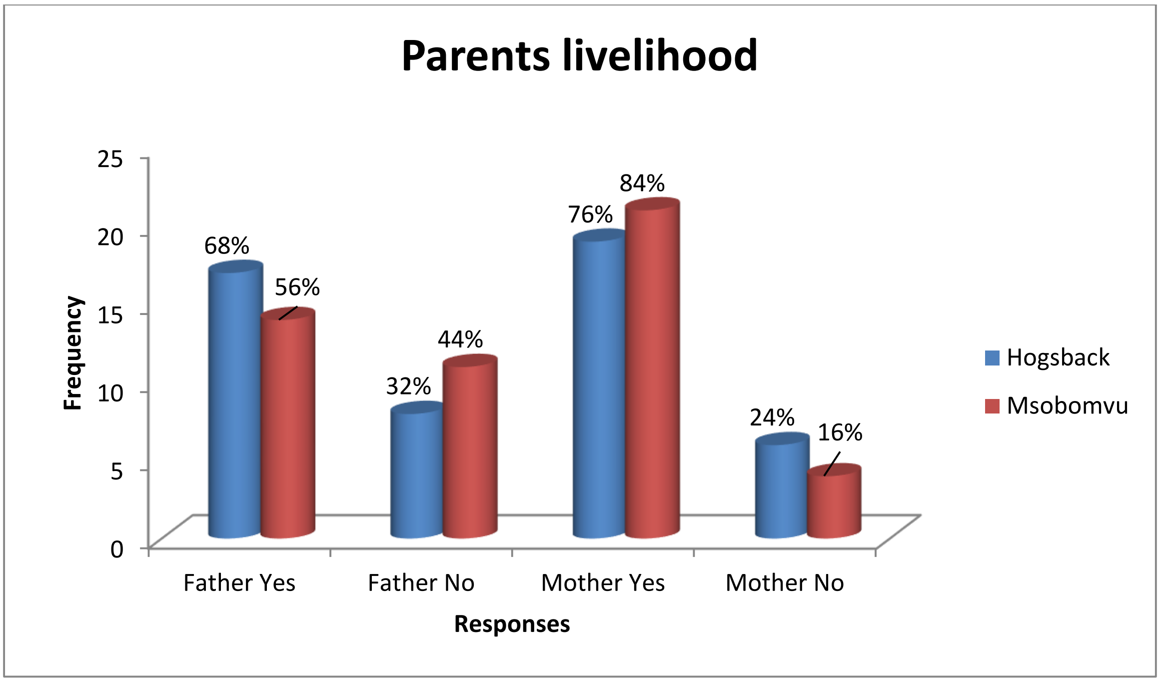

Figure 4.8 Parental livelihood

4.2.9 Other people responsible for the nurturance of respondents

The findings revealed that 64% of Hogsback respondents admitted to having other people responsible for their nurturance; while 36% of them said they only had their parents for nurturance. In Msobomvu, 72% had other people to contribute to their nurturance and only 28% did not have other peoples to facilitate their lives nurturance. This therefore could imply that many respondents were living in communities and had other different support systems in their lives besides their parents. This may have an impact on the state of sexual risk taking behaviours. As far as sexual risk taking behaviours are concerned, some close community members such as one's aunties, uncles, grandfathers, grandmothers remained, sources of social support such as counselling and educating to them the does and don'ts. They are important especially in giving culturally grounded aspects of how to maintain respect, how one can ethically and morally be a good citizen, and in the event of one falling sick, these community members could form support systems. In many African settings and societies, South

African societies notwithstanding, uncles offer sexual education to the boy children while grandmothers and aunties offer the girl children sexually grounded education such as how one can avoid being an embarrassment through teenage pregnancy. Therefore the presence of these community members may have a positive impact in prevention matters. Conversely, those respondents whose social support system was narrow may not have had access to such a support system and their lack of counselling, absence of individuals can trust and learn on and give, social support can negatively impact upon their prevention capacities and possible psychosocial support. The state may dent their capacities to prevention of HIV/AIDS/STIs. However, this researcher takes this opportunity to visit South African elderly communities through the chiefs to identify such youth and reach out to them for any possible social support

Table 4.9 Other people responsible for the nurturance of respondents

No	**Frequency (Hogsback)**		**%**		**No**	**Frequency (Msobomvu)**		**%**
	Other people responsible for the nurturance of respondents					**Other people responsible for the nurturance of respondents**		
1	Yes	16	**64**		**1**	Yes	18	**72**
	No	9	**36**			No	7	**28**
2	**Total**	**25**	**100**		**2**	**Total**	**25**	**100**

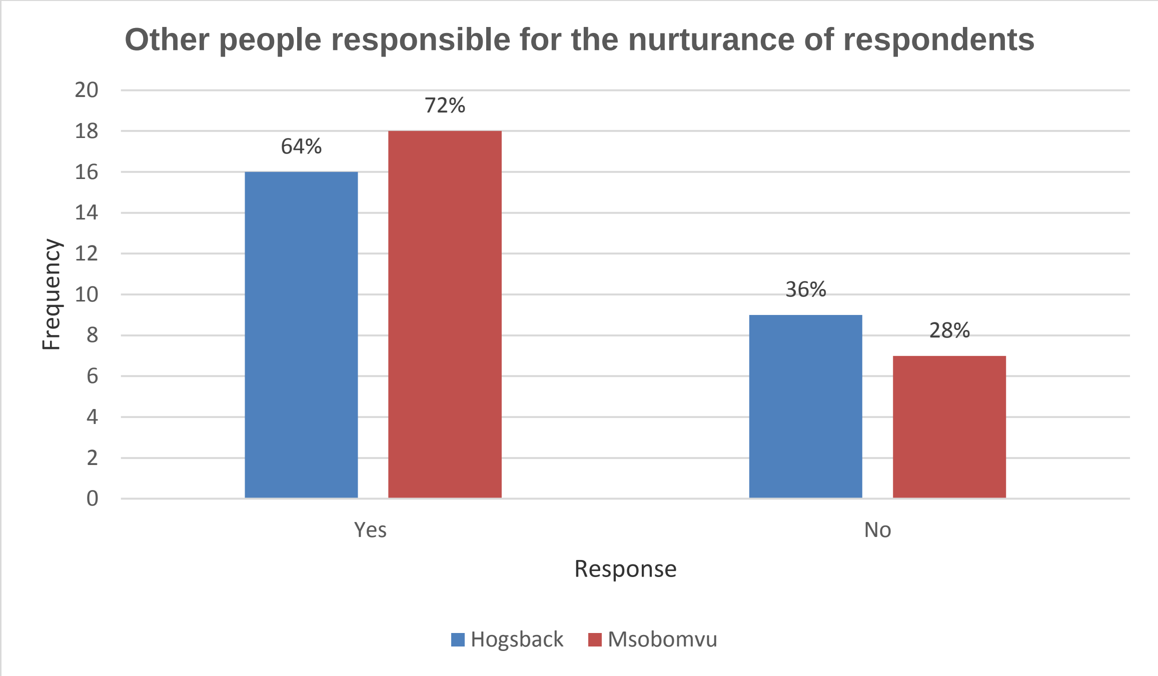

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Figure 4.9 Other people responsible for the nurturance of respondents

4.3.1 Involvement in romantic relationships

The findings from this study revealed that 84% respondents from Msobomvu were involved in romantic relationship, while 16% did not. Also, 80% respondents from Hogsback agreed to also being engaged in romantic relationships, while 20% did not. (see table 4.10 and figure 4.10). This indicates that a greater number of the respondents were involved in various risk taking behaviours depending on what kinds of a romantic behaviour one was involved in. But from a realism point of view, many people especially the youth culminate their romantic aspects through engaging in sex. This may also bring in the need for government or NGO services to offer the youth especially the adolescent sexual reproductive health education. This is to enable them to tread carefully along the path of HIV/AIDS/STI's prevention. Perhaps having HIV/AIDS community clubs can be a crucial factor to strengthen the youth's HIV/AIDS/STI prevention education endeavours. On the other hand, those respondents who were not involved in romantic relationships need to be encouraged through out of school abstinence clubs. This is because abstinence is the surest prevention methodology for HIV/AIDS/STIs.

Table 4.10 Involvement in romantic relationships

No	**Frequency (Hogsback)**		**%**		**No**	**Frequency (Msobomvu)**		**%**
	Involvement in romantic relationships					**Involvement in romantic relationships**		
1	Yes	20	**80**		**1**	Yes	21	**84**
	No	5	**20**			No	4	**16**
2	**Total**	**25**	**100**		**2**	**Total**	**25**	**100**

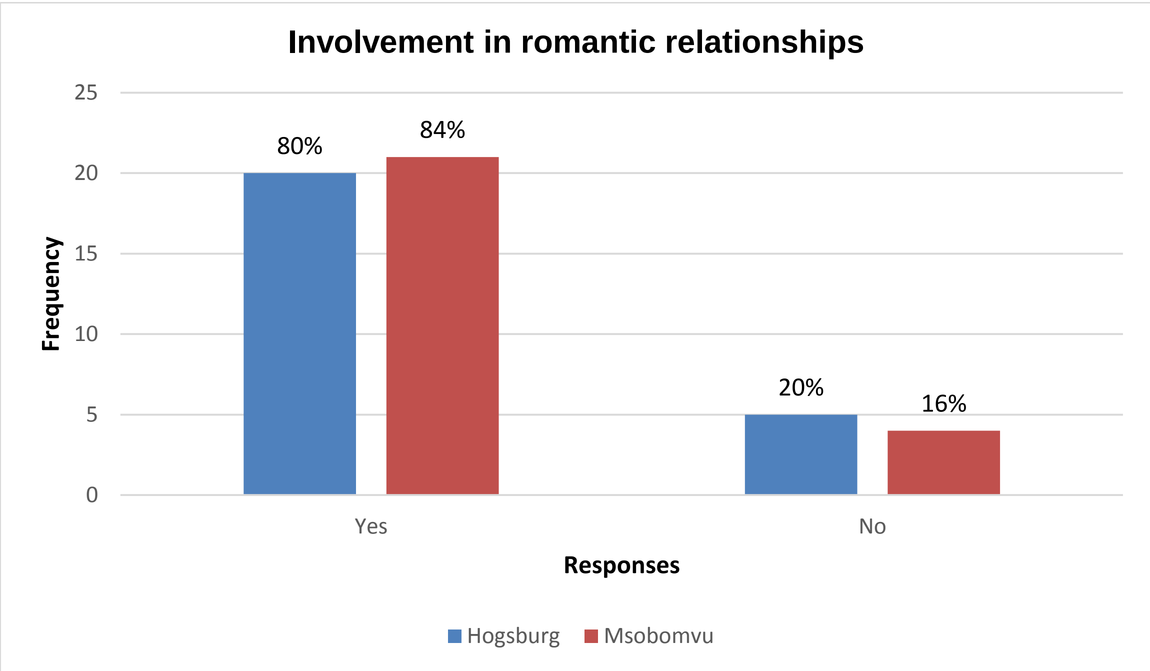


Figure 4.10 Involvement in romantic relationships

4.3.2 Multiple and concurrent partners

The findings from the study indicated that 60% of the respondents from Msobomvu and 64% from Hogsback revealed that they had more than one sexual partner. (see Table 4.11 and figure 4.11). This, according to the researcher indicates the level of risk taking behaviours that the people of Msobomvu and Hogsback are involved in. This is because immense literature shows an inextricable relationship between HIV/AIDS/STIs and sexual risk taking behaviours. However and contrastingly, the fact that a sizeable number of the respondents (40% from Msobomvu and 36% from Hogsback) indicated they were not involved in multiple and concurrent partners is a signal that people are embracing the much publicised campaign of individuals sticking to only one faithful partner. This group need to be encouraged through reinforcing a one-faithful partner relationship campaigns. There is therefore a great need for increased community education that will encourage the people of Msobomvu and Hogsback to reduce or discourage risk taking behaviours and encourage prevention based methodologies.

Table 4.11. Multiple concurrent partners

No	Frequency (Hogsback)		Percentage		No	Frequency (Msobomvu)		Percentage
	Multiple concurrent partners					Multiple concurrent partners		
1	Yes	16	**64**		**1**	Yes	15	**60**
	No	09	**36**			No	10	**40**
2	**Total**	**25**	**100**		**2**	**Total**	**25**	**100**

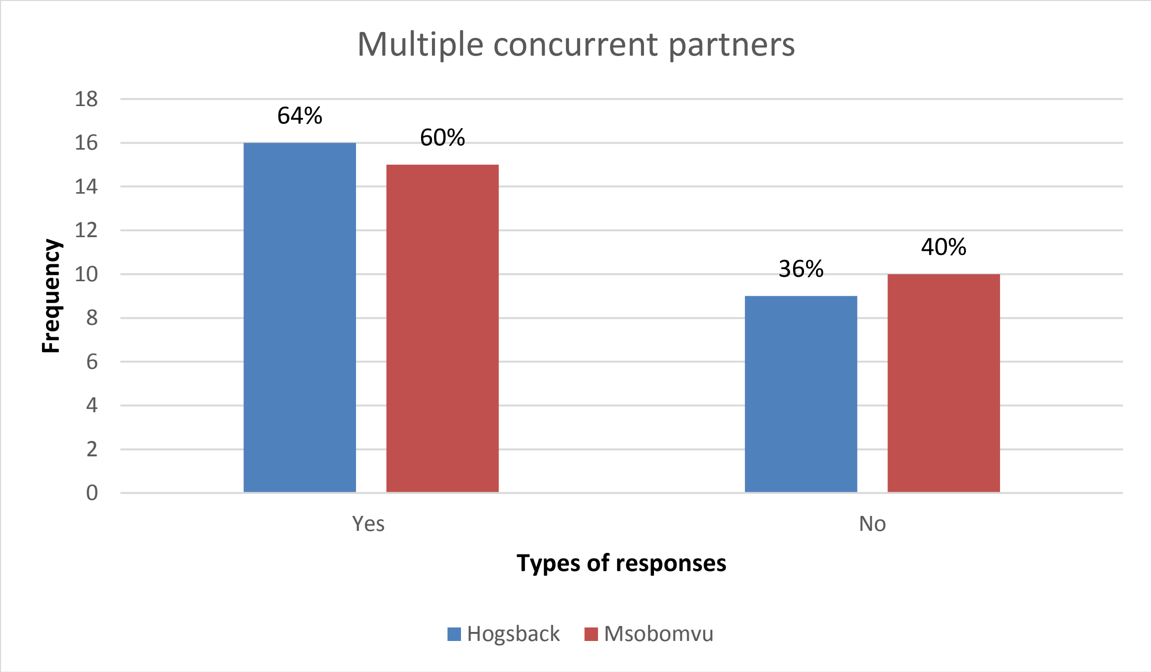


Figure 4.11 Multiple concurrent partners

4.3.3 Status of circumcision (traditionally)

Study findings indicate that 84 % of the respondents from Hogsback had traditional male circumcision while 16% of the respondents were not traditionally circumcised. Also 88 % of the respondents from Msobomvu were traditionally circumcised, while 12% were not. This has an implication as far as sexual risk taking behaviours are concerned. This is because it has scientifically been proved that when males undergo penile circumcision in which their penile foreskins are removed, they become 60% resilient to HIV/AIDS. It is therefore important that campaigns on male circumcision is unleashed to all in the area to make those who are not circumcised to undergo the practice. On the other hand, undergoing male penile circumcision alone should not be taken as a 100% prevention methodology, no. Campaigns to indicate to the people that they are still vulnerable irrespective of their circumcision status is critical. However, caution should be taken to avoid stigmatising those who had not undergone the traditional one, at those who had opted to take medical male circumcision. All in all, all kinds of penile circumcision as long as it affected the removal of the foreskin is still okay.

Table 4.12 Status of circumcision

No	Frequency (Hogsback)		%	No	Frequency (Msobomvu)		%
	Status of circumcision				Status of circumcision		
1	Yes	21	**84**	**1**	Yes	22	**88**
2	No	4	**16**	**2**	No	3	**12**
3	Not at all	0	**0**	**3**	Not at all	0	**0**
4	**Total**	**25**	**100**	**4**	**Total**	**25**	**100**

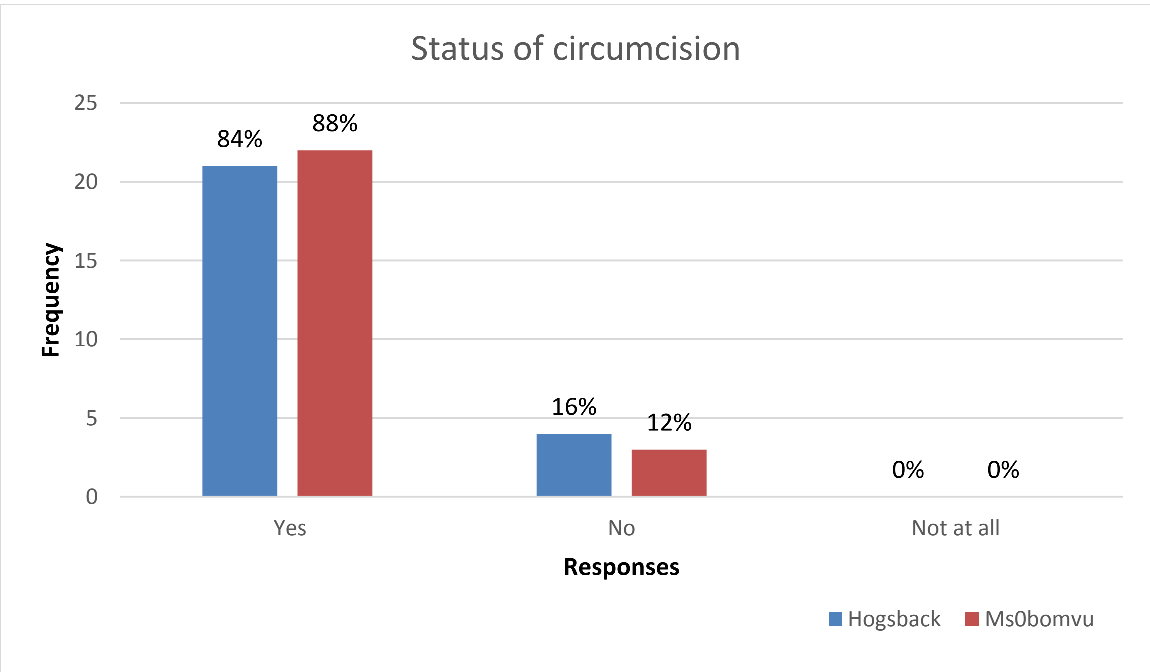


Figure 4.12 Status of circumcision (traditionally)

4.3.4 Perception of males on one-night stand offers where there are no condoms available?

Study findings revealed that 80% of the respondents from Hogsback indicated that they were not at all ready for a one- night stand offer without a condom, while 16% said no and 4% strongly said were ready to take the risk. On the other hand, 72% of the respondents of the Msobomvu revealed that they were not ready to take a one-night stand offer, 20% said no and 8% strongly said yes. Perhaps this indicates how prevention cautious many respondents were. This might indicate that perhaps the government and NGOs had mainstreamed education on sexual risk taking behaviours, or the parents and other community members had done so it was also an indicator of rich most respondents were in HIV/AIDS prevention education. For the smaller number of people who did not mind taking a one- night stand without a condom, this might be a displayer of ignorance, or probably the fact that some were already living with the virus and were not taking adequate prevention, or they may not have had adequate information about the risk involved or conceptualized its ramifications. This therefore indicates the need for the government and the NGOs to continue their education on safer sex well practices. This researcher would like to see education that strongly emphasizes on abstinence and for people not to be faithful to faithful partners.

Table 4.13 Perception of males on one-night stand offers where there Are no condoms available?

No	Frequency (Hogsback)		%	No	Frequency (Msobomvu)		%
	Perception of males on one-night stand offers where there are no condoms available				Perception of males on one-night stand offers where there are no condoms available		
1	Yes	1	**4**	**1**	Yes	2	**8**
2	No	4	**16**	**2**	No	5	**20**
3	Not at all	20	**80**	**3**	Not at all	18	**72**
4	**Total**	**25**	**100**	**4**	**Total**	**25**	**100**

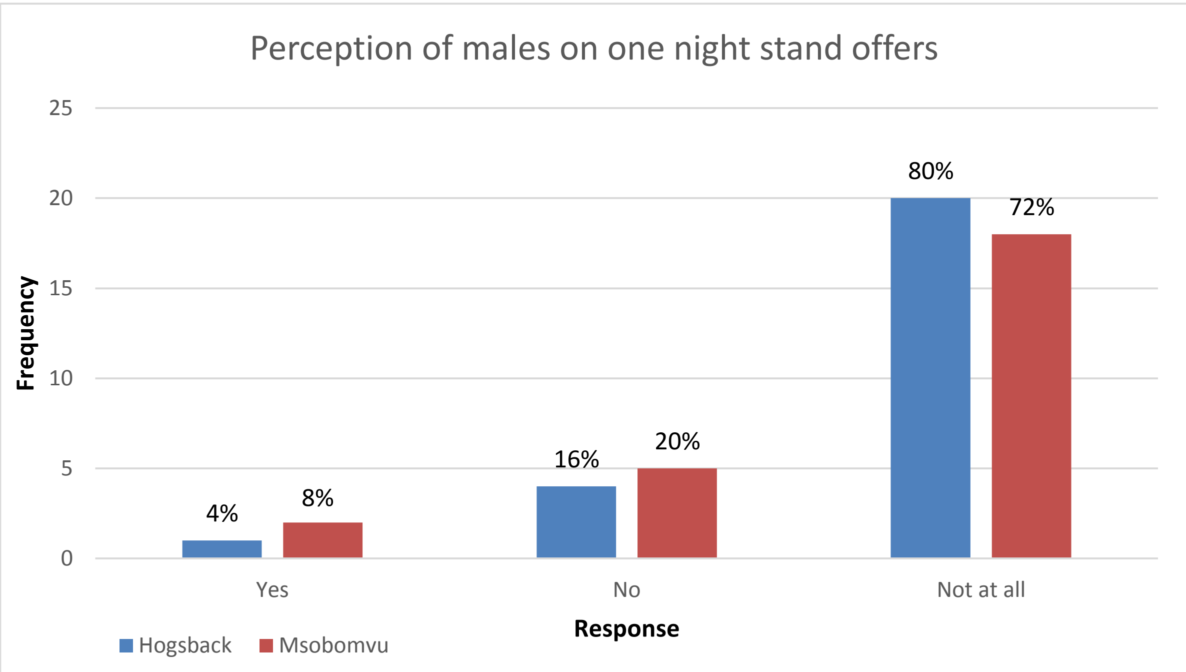


Figure 4.13 Perception of males on one-night stand offers where there Are no condoms available?

4.3.5 Sex and use of intravenous drugs.

The findings from this study indicated that 80% from Hogsback and 72% was from Msobomvu never took drugs. Twenty percent (20%) from Msobomvu and 16% from Hogsback indicated they took drugs sometimes. Eight percent (8%) from Msobomvu and 4% from Hogsback were taking intravenous drugs (see Table 4.14 and Figure 4.14). While the statistics gives home that the majority of youths in these two areas had avoided intravenous drugs, perhaps due to government and NGOs campaigns against them, the small percentage that took drugs could easily influence those that were not taking them. This sends the message to the government and NGOs to strengthen the campaign against taking of drugs. It is important that such campaigns start at primary level and secondary school levels. Perhaps this researcher, a social worker should take this research environment opportunity to invite SANCA team to the areas to engage the youth on dangers of taking drugs.

Table 4.14 Sex and use of intravenous drugs.

No	Frequency (Hogsback)		%		No	Frequency (Msobomvu)		%
	Sex and use of intravenous drugs.					Sex and use of intravenous drugs.		
1	Yes	1	**4**		**1**	Yes	2	**8**
2	Sometimes	4	**16**		**2**	Sometimes	5	**20**
3	Not at all	20	**80**		**3**	Not at all	18	**72**
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

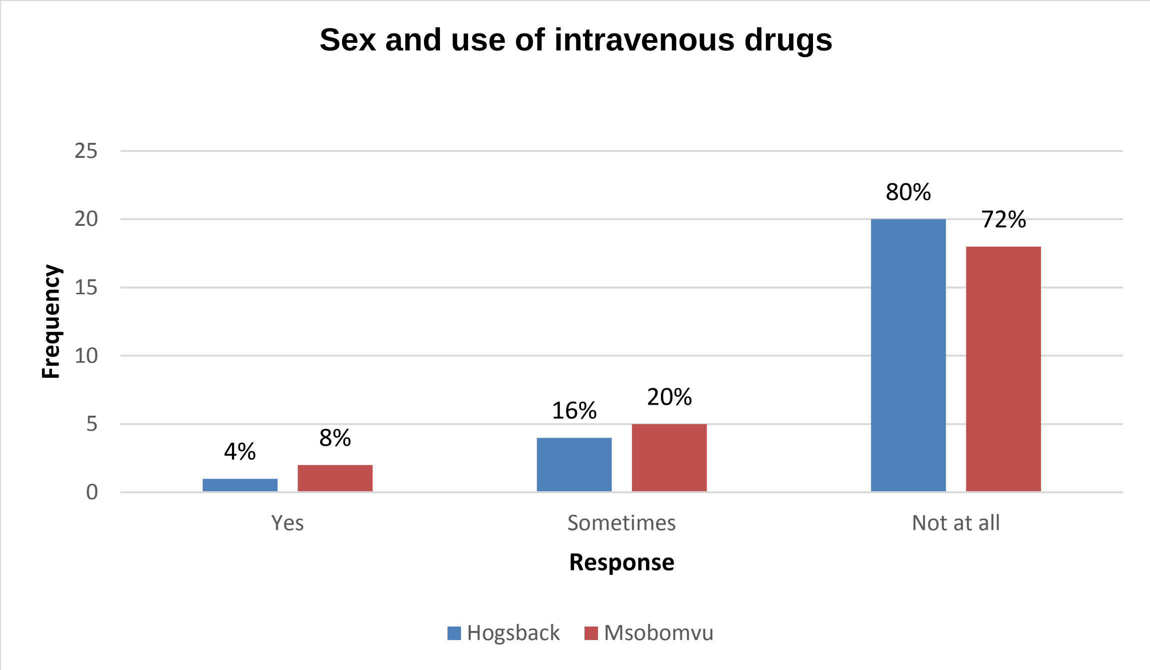


Figure 4.14 Sex and use of intravenous drugs.

4.3.6 Various perceptions on deep-kissing

The findings from this study indicated that 68% of the respondents from Hogsback and 60% from Msobomvu indicated that deep kissing was not a protective and a preventive way from getting HIV/AIDS than normal kissing. Twenty percent (20%) from Msobomvu and 16% from Hogsback articulated that deep kissing lowered the risk of getting HIV/AIDS than unprotected sex, while 16% from Hogsback and 20% from Msobomvu indicated that deep kissing is the least protective way from getting HIV/AIDS (see Table 4.15 and Figure 4.15). The statistics indicate that the youths had deeper knowledge of various risk taking behaviours such as deep kissing (French kissing) in relation to normal kissing, and how kissing compared with unprotected sex engagement. Since issues of whether kissing is a risk taking behaviour and to what magnitude it has been a controversial issue, this points to the need for health personal knowledgeable about the youth in order to clear the mist.

Table 4.15 Various perceptions on deep-kissing

	Frequency (Hogsback) Various perceptions on deep-kissing		%		No	Frequency (Msobomvu) Various perceptions on deep-kissing		%
1	Lower the risk of getting HIV than unprotected sex	4	**16**		**1**	Lower the risk of getting HIV than unprotected sex	5	**20**
2	Is the least protective way from getting HIV	4	**16**		**2**	Is the least protective way from getting HIV	5	**20**
3	It is not the protective way than a normal kiss	17	**68**		**3**	It is not the protective way than a normal kiss	15	**60**
4	**Total**	**25**	**100**			**Total**	**25**	**100**

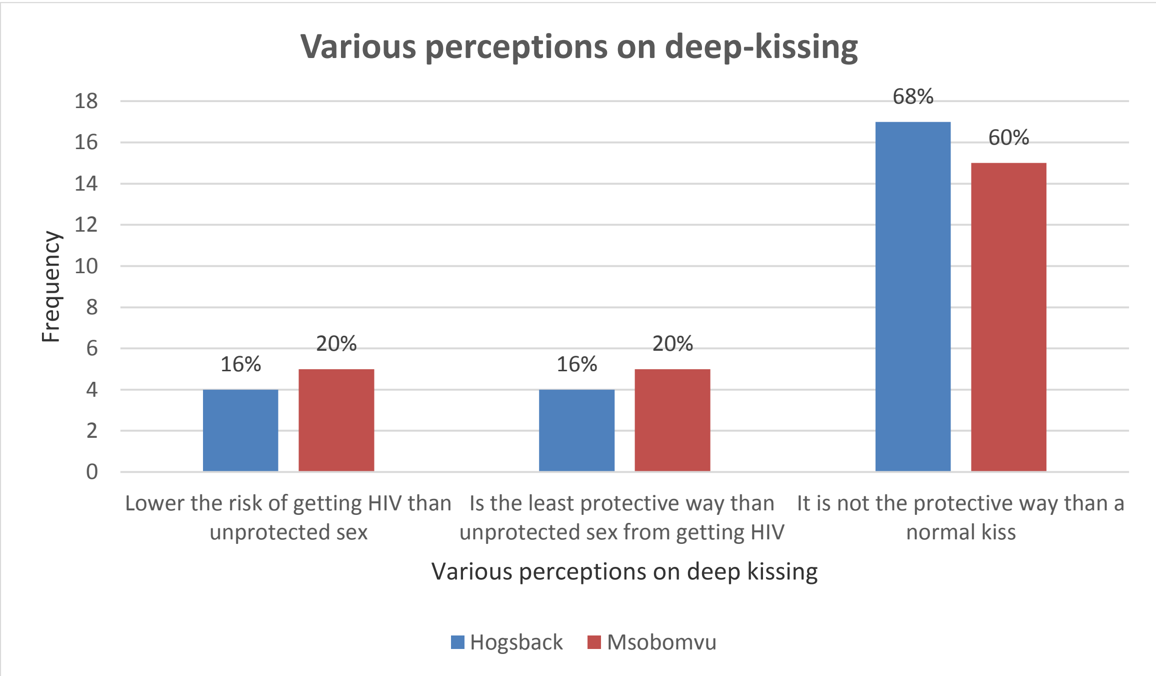


Figure 4.15 Various perceptions on deep-kissing

4.4 THE EXTENT TO WHICH SEXUAL RISK-TAKING BEHAVIOURS CONTRIBUTE TO HIV/AIDS

4.4.1 Knowing HIV status/knowledge about HIV/AIDS

The findings in Hogsback outlined that 84% of the respondents did not know their HIV status and only 16% knew their status. In Msobomvu, 64% of respondents did not know their HIV status while only 36% of respondents knew their HIV status (see Table 4.16 and Figure 4.16). According to the researcher, the fact that more than a three quarters of the youths 2 areas did not know their status is worrisome. This should prompt the government to topically come up with various educational approaches that will persuade and soothe youths to know their HIV status as an entry point to start mitigating processes against HIV/AIDS. This researcher thinks that the spread of HIV/AIDS will escalate highly if the government does not come up with other measures to give a clear picture the importance of knowing one seropositive status. Failure to know ones status means that one may not know how vulnerable he/she is. It also shifts all avenues of possible help one could get if he/she is infected.

Table 4.16 Knowing HIV status/knowledge about HIV/AIDS

No	**Frequency (Hogsback)**		**%**		**No**	**Frequency (Msobomvu)**		**%**
	Knowing HIV status/knowledge about HIV/AIDS					**Knowing HIV status/knowledge about HIV/AIDS**		
1	Yes	04	**16**		**1**	Yes	09	**36**
	No	21	**84**			No	16	**64**
2	**Total**	**25**	**100**		**2**	**Total**	**25**	**100**

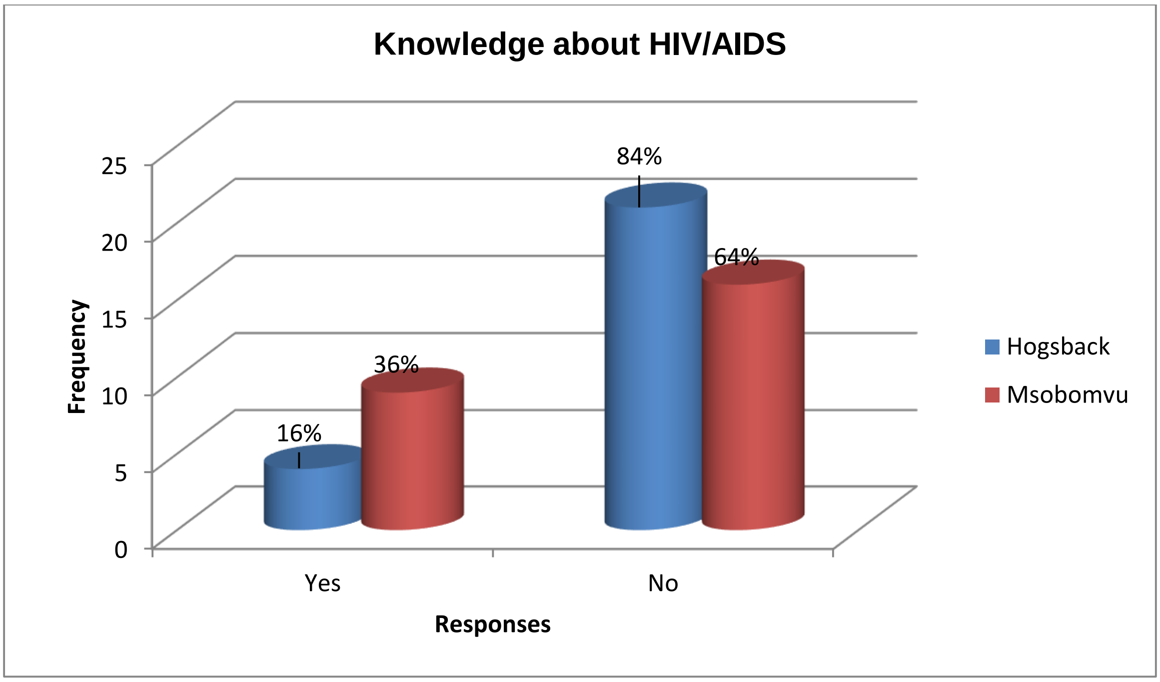


Figure 4.16 Knowing HIV status/knowledge about HIV/AID

4.4.2 Time frame of going for HIV test per annum

Findings indicated that most people rarely went for HIV/AIDS test, with the few who reported having gone for the test indicated having gone 2 times per annum. This indicates the need for mobilization sensitization campaigns on knowing ones status to be staged in these two areas. Knowing ones status can help people to take medication timeously.

Table 4.17 Time frame of going for HIV test per annum

Time frame of going for HIV test per annum	Hogsback	%	Time frame of going for HIV test per annum	Msobomvu	%
6 per annum	0	**0**	6 per annum	0	**0**
4 per annum	1	**4**	4 per annum	2	**8**
2 per annum	8	**32**	2 per annum	5	**20**
Once per annum	5	**20**	Once per annum	3	**12**
Not at all	11	**44**	Not at all	15	**60**
Total	**5**	**100**	**Total**	**25**	**100**

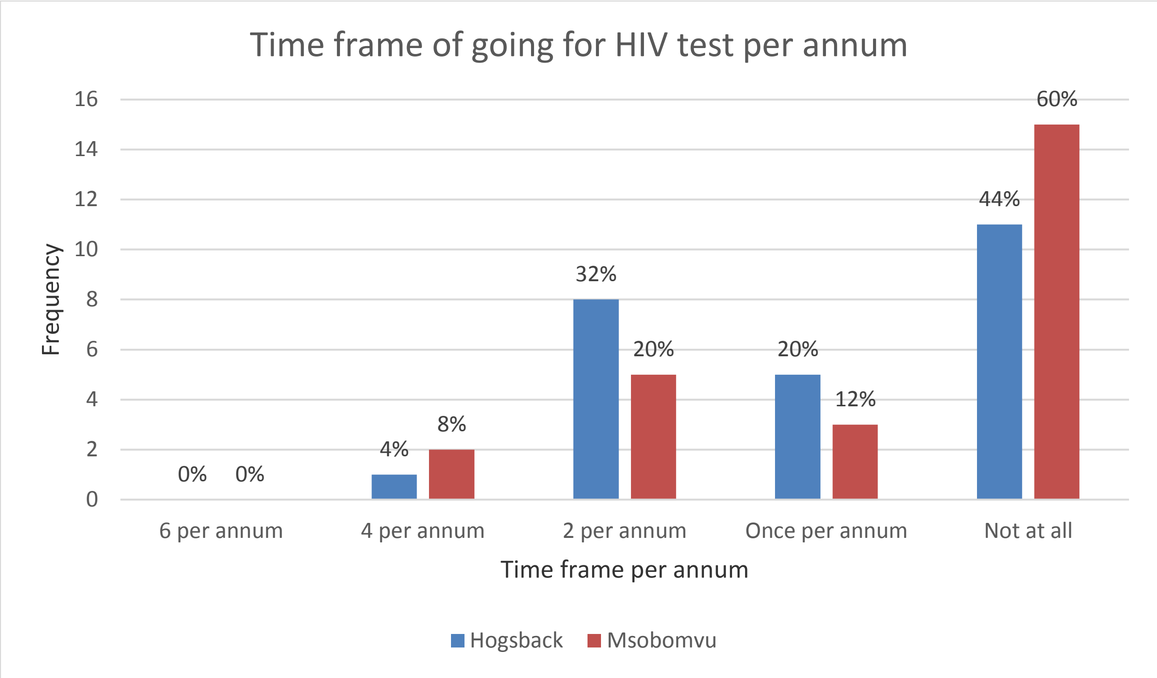


Figure 4.17 Time frame of going for HIV test per annum

4.4.3 Sexual orientation and sexual intercourse

On sexual orientation and kind of sexual intercourse 92% of the respondents in Hogsback indicated having sex with women, while only 4% of them admitted to be having sex with men only and only 4% were having sex with both women and men. In Msobomvu the findings indicated that 96% of the respondents were having sex with women only, 4% said they were having sex with men only: another 4% with both men and women. (see Table 4.18 and Figure 4.18). The above statistics indicated that many respondents were predominantly heterosexual, while only a few were homosexuals and bisexuals. While this researcher admits that people of different sexual orientation have rights equally according to South African constitution, there as need for ample education to indicate that homosexual and bisexual orientation carries more vulnerability as far as risk taking behaviours are concerned. It is important also that government avails all the requisite preventive tools such as oral presentations in the clinics. These should be community awareness sessions to warn the community members not to discriminate and mishandle anyone depending on his/her sexual orientation. Community members should be educated that stigmatising and discrimination the homosexuals and bisexuals is breaking the South African Constitution.

Table 4.18 Sexual orientation and sexual intercourse

	Frequency (Hogsback)		%		No	Frequency (Msobomvu)		%
	Sexual orientation and sexual intercourse					**Sexual orientation and sexual intercourse**		
1	With men only	1	**4**		**1**	With men only	1	**4**
2	With both men and women	1	**4**		**2**	With both men and women	1	**4**
3	With women only	23	**92**		**3**	With women only	23	**92**
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

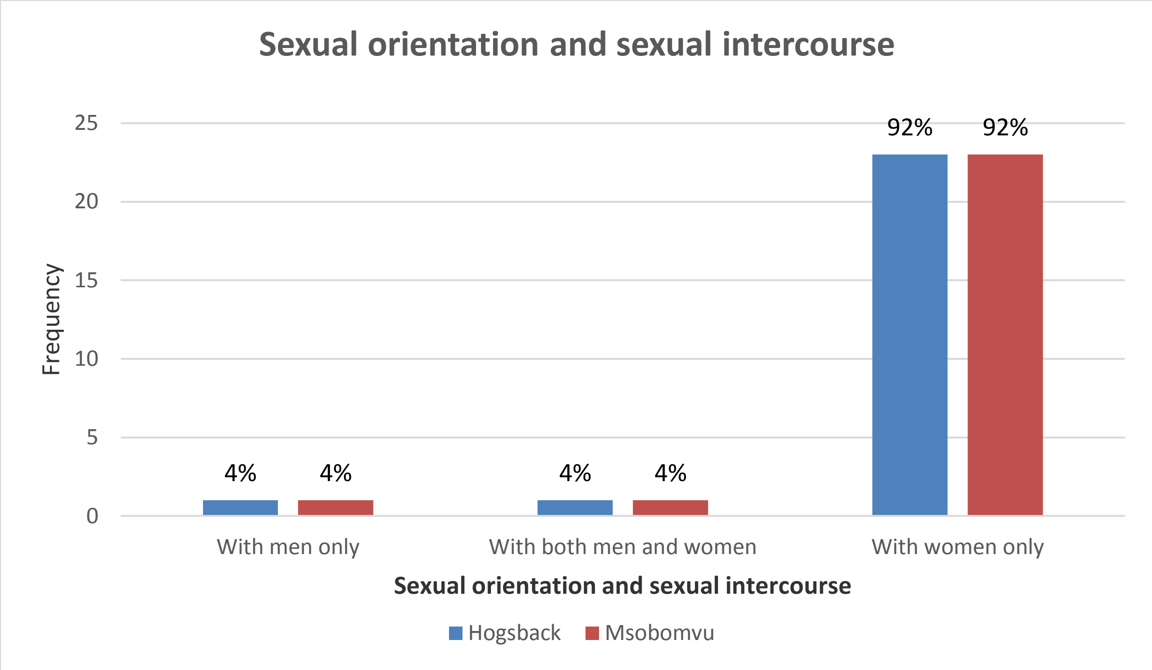


Figure 4.18 Sexual orientation and sexual intercourse

4.4.4 Minding about the HIV status of the sexual partner

The findings from this study outlined that no one from Msobomvu indicated always minding the HIV/AIDS status of his or her partner; 16% of the respondents indicated they were accidentally minding about the HIV/AIDS status of a sexual partner, while approximately 84% of the respondents respondent indicated to be not minding at all about the HIV/AIDS status of the sexual partner. In Hogsback findings indicated that 32% of the respondents were always minding about the HIV/AIDS status of the partners, 24% of the respondents were to accidentally minding about the HIV/AIDS status of their sexual partner and approximately 44% is said not to be caring at all about the HIV/AIDS status of the sexual partners. The statistics above indicate that most respondents had not been socialized and sensitized to mind and think about the status of their sexual partners. This big way had a serious bearing towards their sexual risk behaviours. This points to the need to increasingly advocate, lobbying for people to understand and own all prevention approaches so that they can strengthen their prevention and reduce taking risks associated with their sexual agreement.

Table 4.19 Minding about the HIV status of the sexual partner

No	Frequency (Hogsback)		%	No	Frequency (Msobomvu)		%
	Minding about the HIV status of the sexual partner				Minding about the HIV status of the sexual partner		
1	All the time	8	32	**1**	All the time	21	84
2	Accidentally	8	32	**2**	Accidentally	4	16
3	Not at all	9	36	**3**	Not at all	0	0
4	**Total**	**25**	**100**	**4**	**Total**	**25**	**100**

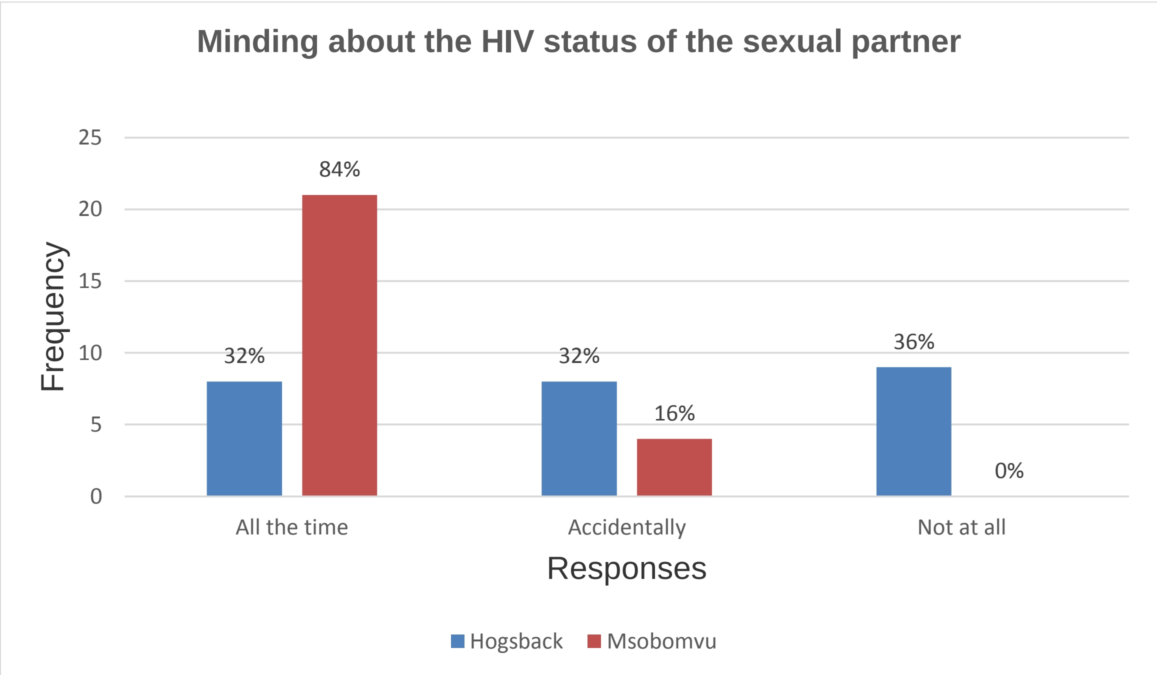


Figure 4.19 Minding about the HIV status of the sexual partner

4.4.5 Perception of males on their preference between darkness and light when having sex.

The findings of this study indicated that 44% from Hogsback preferred to have sex when it is dark, while Msobomvu indicated 40% of the respondents who have sex when it dark. Twenty two (22%) from Hogsback indicated having sex when there are lights on. Sixteen percent (16%) of the respondents from Hogsback and 4% from Msobomvu showed the respondents who have sex whether there are dim lights or even dark (see Table 4.20 and Figure 4.20). what needs to learnt from the statistics above is that many youths were not adequately sensitized on how to reduce risks of having of contracting HIV/AIDS and STIs. Perhaps more education of how to increase chances of prevention like having sex when there is light so that one can put the condom safely, need to be intensified.

Table 4.20 Perception of males on their preference between darkness and light when having sex

No	**Frequency (Hogsback)**		**%**		**No**	**Frequency (Msobomvu)**		**%**
	Perception of males on their preference between darkness and light when having sex.					**Perception of males on their preference between darkness and light when having sex.**		
1	When there are lights on	0	0		1	When there are lights on	10	40
2	When there are dim lights	05	20		2	When there are dim lights	04	16
3	When its dark	11	44		3	When its dark	10	40
4	Dim lights or even dark	04	16		4	Dim light or even dark	01	04
5	**Total**	**25**	**100**		**5**	**Total**	**25**	**100**

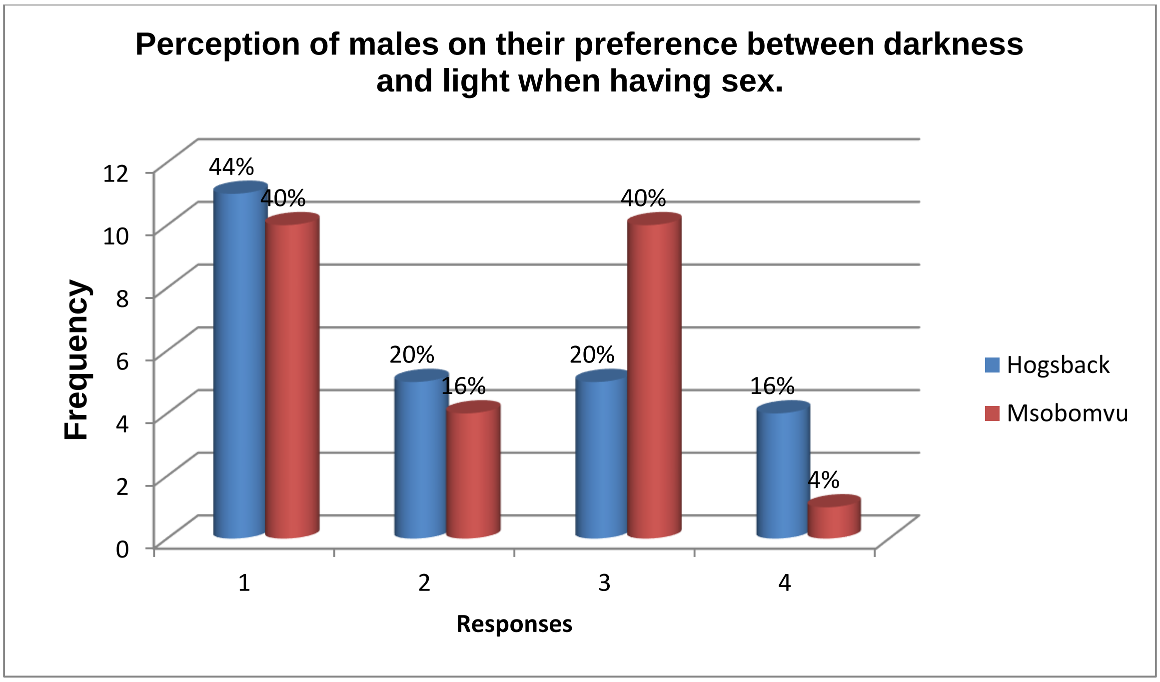


Figure 4.20 Perception of males on their preference between darkness and light when having sex.

4.4.6 Usage of condoms and other forms of contraceptives during sexual intercourse.

The findings from this study explicitly outlined that 56% from Msobomvu and 44% from Msobomvu used condoms inconsistently. Forty four percent from Hogsback and 24% from Msobomvu also indicated that they protected themselves when having sex. 20% of respondents from Msobomvu and 12% from Hogsback neither used condoms nor any other form of contraceptive (see Table 4.21 and Figure 4.21). The statistics presents a worrisome state of affairs because of the big number that used the condoms inconsistently for those that never used any form of prevention. This indicates that are bigger population of the youths of the 2 areas were vulnerable to HIV/AIDS and STIs. This puts to the need for more HIV/AIDS awareness and mobilization education especially on the importance of using condoms correctly and consistently. This is the only way to make condoms to work as prevention tools.

Table 4.21 Usage of condoms and other forms of contraceptives during sexual intercourse.

No	Frequency (Hogsback)		%		No	Frequency (Msobomvu)		%
	Usage of condoms and other forms of contraceptives during sexual intercourse.					Usage of condoms and other forms of contraceptives during sexual intercourse.		
1	All the time	**11**	**44**		**1**	All the time	**6**	**24**
2	Sometimes	**11**	**44**		**2**	Sometimes	**14**	**56**
3	None at all	**03**	**12**		**3**	None at all	**5**	**20**
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

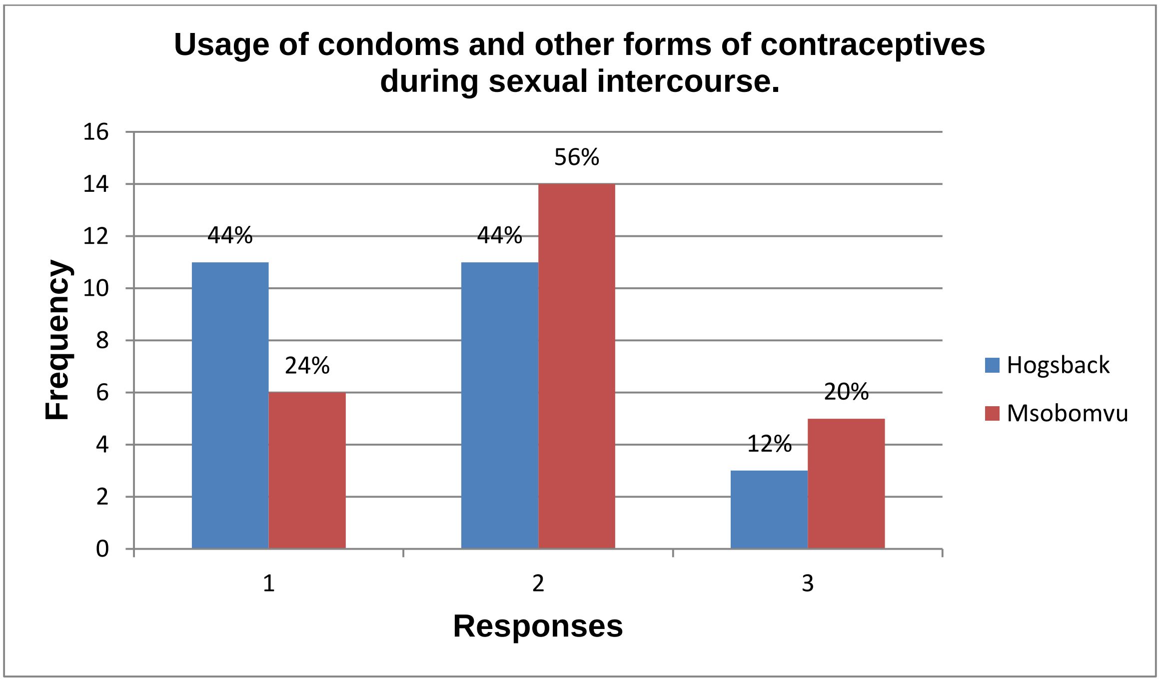


Figure 4.21 Usage of condoms and other forms of contraceptives during sexual intercourse.

4.4.7 Reaction of respondents to provocative dressings.

The findings from this study revealed that 68% from Hogsback and 56% from Msobomvu said that they become sexually provoked when seeing a provocatively dressed young women/young man; while 16% from Msobomvu and 24% from Hogsback indicated that they were not provoked at all. Sixteen (16%) from Msobomvu and 20% from Hogsback indicated to be normal under those circumstances (see Table 4.22 and Figure 4.22). While findings indicated that more than half of the respondents were sexually provoked by women/men dressing, this researcher would like to point out that it is critical that people disciplined and respect other people's rights due to various aspects that are provided for in the country's constitution. However, this researcher using this platform would like to appeal to the youth not to sexually provoke other people through their mode or style of dressing. When one provokes others, she/he can attract them wrath of rape or other forms of sexual related mistreatments.

Table 4.22 Reaction of respondents on provocative dressings.

No	Frequency (Hogsback)		%		No	Frequency (Msobomvu)		%
	Reaction of respondents on provocative dressings					Reaction of respondents on provocative dressings		
1	Sexually provocked	14	56		1	Sexually provocked	17	68
2	Only normally	05	20		2	Only normally	04	16
3	Not provocked	06	24		3	Not provocked	04	16
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

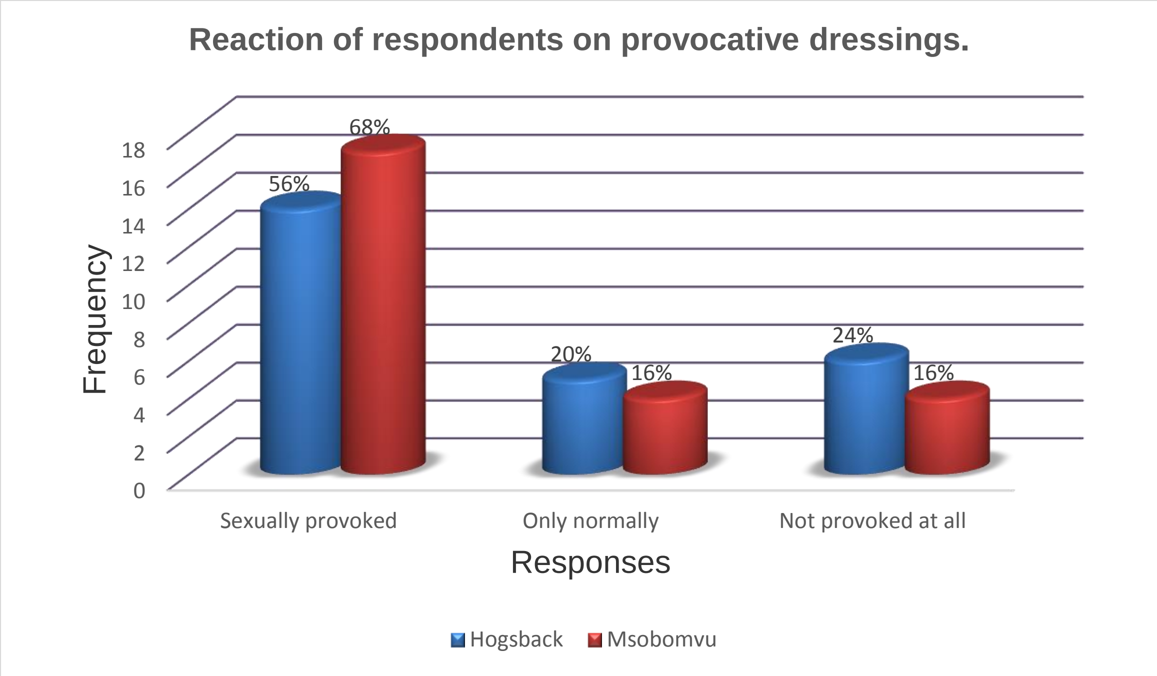


Figure 4.22 Reaction of respondents on provocative dressings.

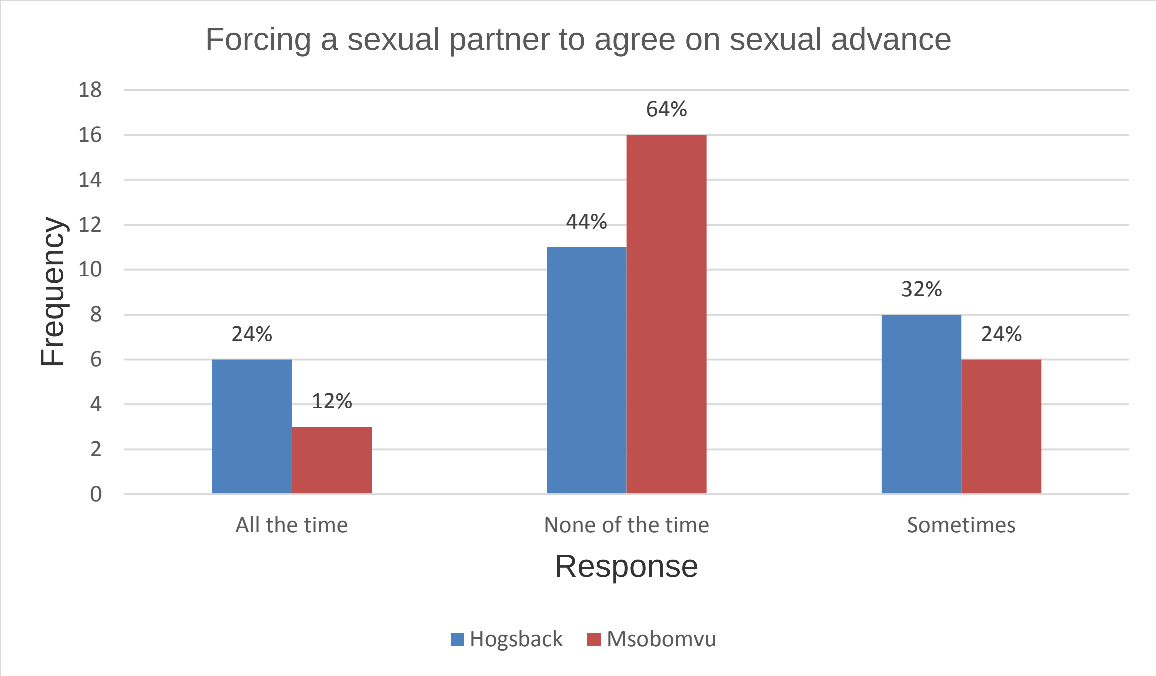
4.4.8 Circumstances pertaining to forcing a sexual partner to agree on sexual advance

The findings from this study revealed that 64% from Msobomvu and 44% from Hogsback indicated that there was no time when they force their sexual partners to agree on their sexual advance while 32% from Hogsback and 24% from Msobomvu articulated that they sometimes forced their sexual partners to agree to their sexual advance. Twenty four percent from Hogsback and 12% from Msobomvu outlined that they do force their sexual partners to agree to their sexual advance under some circumstances. The statistics outlined indicate that about one third of the respondents forced their sexual partners into sex against their will. While this may amount to rape, it need to be understood that sexual engagement against a partner will poses more risks than when done on one's volition. First, forcing may not attract the use of prevention, since perhaps a partner is refusing because of absence of preventive tool. Against, forcing oneself to a partner may mean possible psychological hiccups such as increased wear and tear of both the virginal wall and the penis walls. This is a phenomenon that heightens chances of contracting especially HIV/AIDS. This researcher uses this platform to caution the youth against forced sexual engagement. This is because besides being a session's sexual risk taking endeavour, it is also against the law and hurts the dignity of one's partner. It is also a room for conflict.

Table 4.23 Circumstances on forcing a sexual partner to agree on sexual advance

No	Frequency (Hogsback)		%		No	Frequency (Msobomvu)		%
	Circumstances on forcing a sexual partner to agree on sexual advance					Circumstances on forcing a sexual partner to agree on sexual advance		
1	All the time	6	**24**		**1**	All the time	3	**12**
2	None of the time	11	**44**		**2**	None of the time	16	**64**
3	Sometimes	8	**32**		**3**	Sometimes	6	**24**
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

Figure 4.23 Circumstances on forcing a sexual partner to agree on sexual advance



4.4.9 Sexual endeavours and sexual partner preference.

The findings from this study demonstrated that 44% from Msobomvu and 40% from Hogsback indicated preferred women of 20-30 years as sexual partners. 36% from Msobomvu and 28% from Hogsback indicated that that they prefer to have sex with younger school girls/boys while 16% from both domains indicated those who prefer to have sex with out of school adolescent girls/boys. However, 4% from Msobomvu and 16% from Hogsback preferred to have sex with elderly (see Table 4.24 and Figure 4.24). While statistics indicate individual sexual preferences, perhaps it should be pointed that the younger the girl one engages in sex, the riskier it becomes. This is because of the higher chances wear and tear usually experienced in sexual engagement. Since a number preferred to engage sexually with elderly men, it should be clear that anal sexual engagement carries more risk than the heterosexual sexual engagement.

Perhaps it also need to be pointed that it is important for the social workers and other community leaders to advocate tools to individuals of all types of sexual performance in the health facilities. Perhaps unavailability of these tools such as anal dams for the gays and bisexuals could be an indicator of their stigmatization and discrimination by societal structures.

Table 4.24 Sexual endeavours and sexual partner preference.

No	Frequency (Hogsback)		%		No	Frequency (Msobomvu)		%
	Sexual endeavours and sexual partner preference					**Sexual endeavours and sexual partner preference.**		
1	Young school girls	07	28		1	Young school girls	09	36
2	Out of school adolescent girls/boys	4	16		2	Out of school adolescent girls/boys	04	16
3	Women of 20-30	10	40		3	Women of 20-30	11	44
4	Elderly men	4	16		4	Elderly men	1	4
5	**Total**	**25**	**100**		**5**	**Total**	**25**	**100**

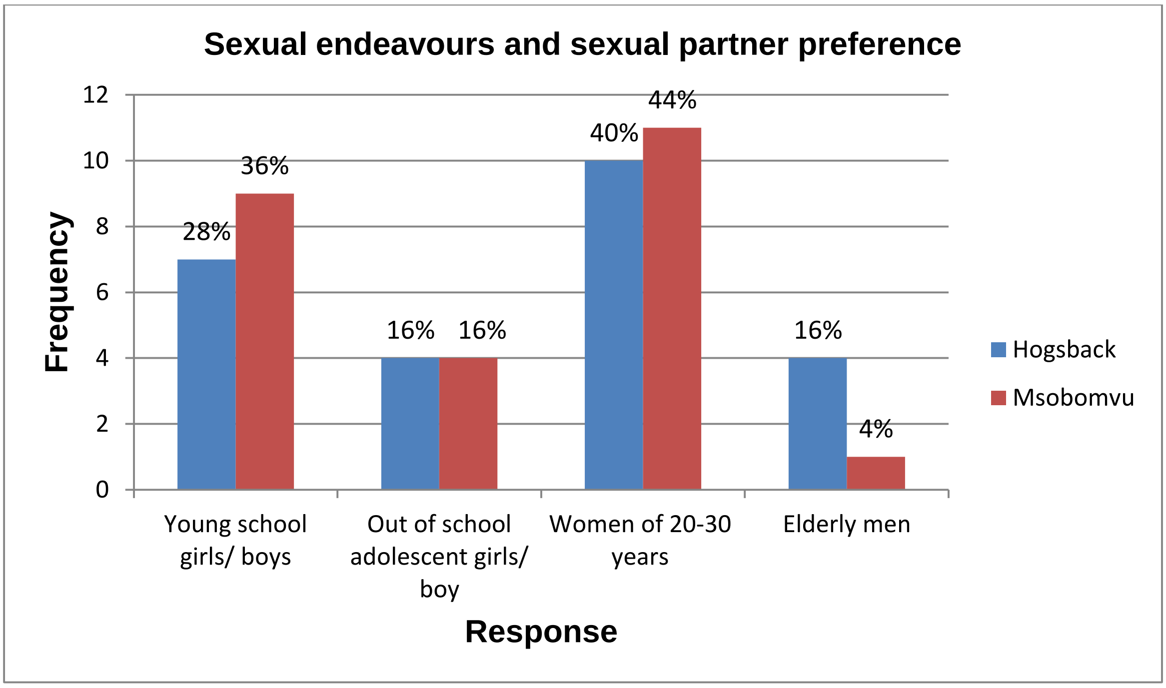


Figure 4.24 Sexual endeavours and sexual partner preference

4.4.10 Offers of sex and condom use

The findings from this study indicated that 76% from Hogsback and 24% from Msobomvu were not sure whether they would use a condom or not when urging a sexual partner to allow them to sleep with them. On the other angle, 64% from Msobomvu and 16% from Hogsback also indicated that when such an offer arises they will not bother themselves by using a condom. However, 8% from Hogsback and 12% from Msobomvu honestly indicated that they would use a condom under such circumstances. The statistics above presents a worrisome state affection when a bigger percentage especially from Msobomvu would not be sure to use a condom or not when an opportunity to sleep with a women present itself, while equally almost half of the respondents will not use condoms. This statistics indicates a possibly higher level of ignorance when handling issues of prevention. It is an indicator that a bigger percentage of youth in these areas shows that South Africa generally is vulnerable. This calls upon the government and NGOs dealing with sexual reproductive health to message their campaign to educate the youth on prevention endeavours.

Table 4.25 Offers of sex and condom use

No	**Frequency (Hogsback)**		**%**		**No**	**Frequency (Msobomvu)**		**%**
	Offers of sex and condom use					**Offers of sex and condom use**		
1	Yes	2	8		1	Yes	3	12
2	No	4	16		2	No	16	64
3	Not sure	19	76		3	Not sure	6	24
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

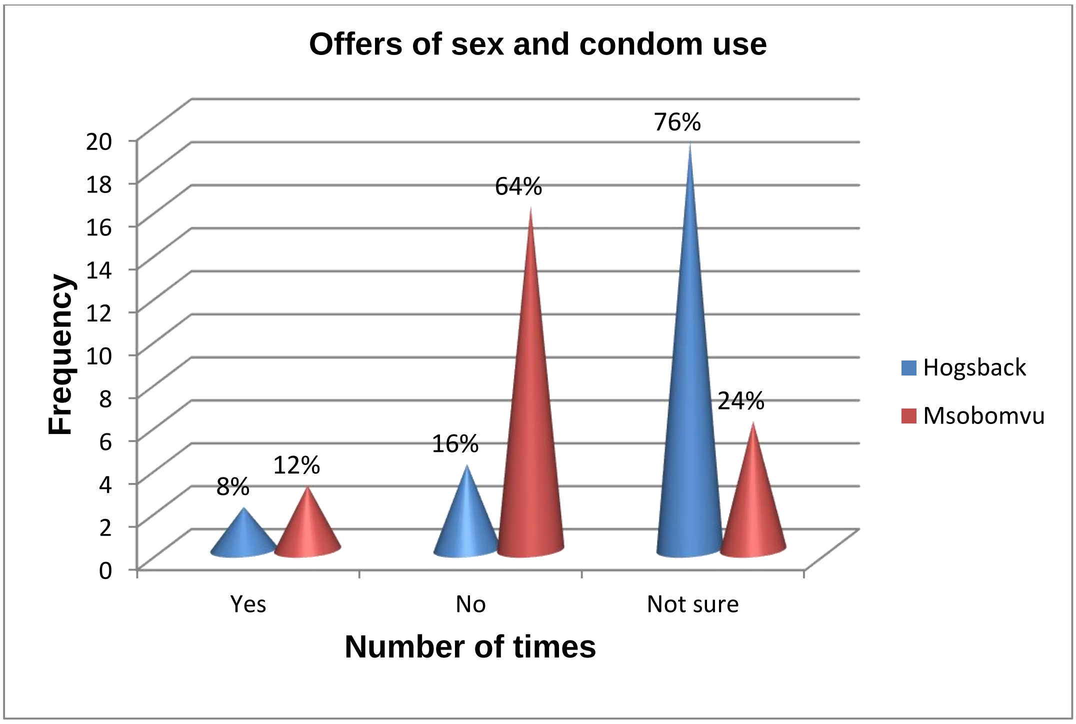


Figure 4.25 Offers of sex and condom use

4.5 ALCOHOL

4.5.1 Alcohol consumption and time frame

The finding from this study revealed that 72% of the respondents from Msobomvu and 60% from Hogsback indicated that they did not consumed only sometimes while 24% from Msobomvu and 16% from Hogsback said that they consumed alcohol all the time. Four percent from Msobomvu and 24% from Hogsback indicated that they never consumed at all. This researcher agrees with the findings that people who abuse alcohol are the ones who are at risk of getting HIV/AIDS due to state of unconscious mind that they have at the time. Perhaps the lesson from the statistics is that alcohol is increasingly being consumed by youth in South Africa. It should be made clear of the inextricable relationship bet alcohol consumption and the risks of contracting HIV/AIDS. For those who consume alcohol daily, chances that they will remember the use of a preventive tool are dim. This expresses the need for serious campaigns against alcohol consumption because the act increases chances of HIV/AIDS infection. Alcohol is also expensive and makes people poor, make them to compromise their dignity and negatively affects their socialization.

Table 4.26 Alcohol consumption and time frame

No	Frequency (Hogsback) Alcohol consumption and time frame		%		No	Frequency (Msobomvu) Alcohol consumption and time frame		%
1	All the time	4	**16**		**1**	All the time	6	**24**
2	None of the time	6	**24**		**2**	None of the time	1	**4**
3	Sometimes	15	**60**		**3**	Sometimes	18	**72**
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

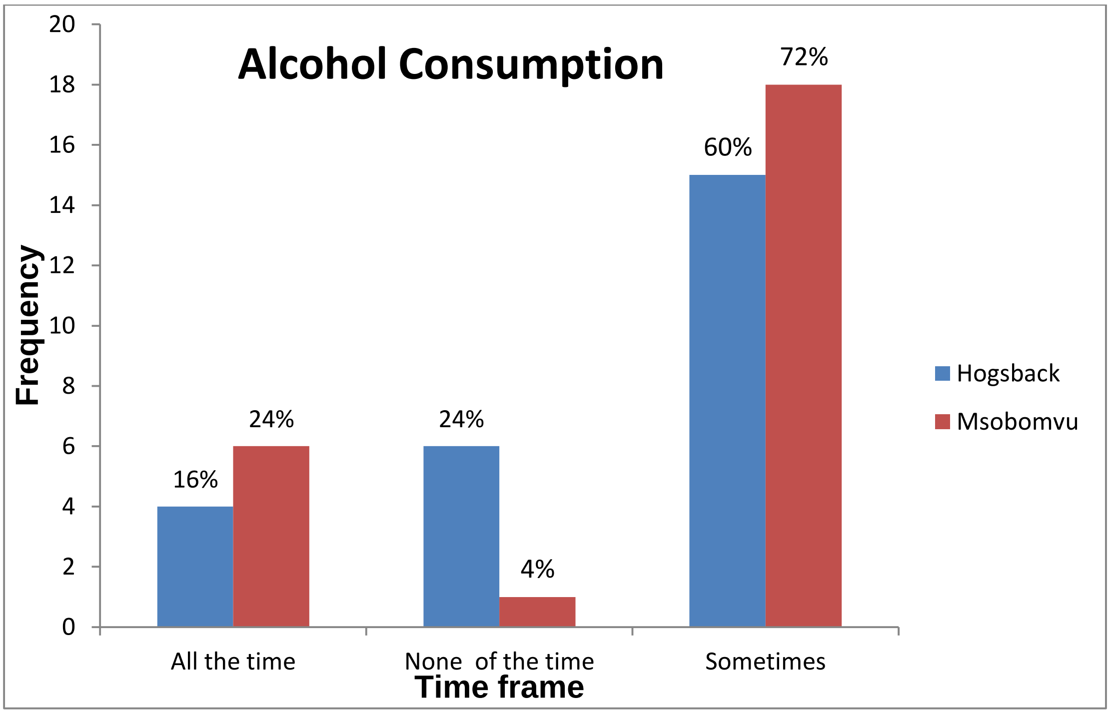


Figure 4.26 Alcohol consumption and time frame

4.5.2 Number of cans consumed by respondents in drinking episodes

The findings from this study indicated that 72% of the respondents from Msobomvu and 40% from Hogsback drank more than 6 cans/750ml or even 1 litre in one drinking episodes while 24% from Hogsback and 8% from Msobomvu said they drink 3-5 cans in these drinking episodes. Only 16% from Hogsback and 8% indicated that they take 5-6 cans during enjoyment in drinking episodes (see Table 4.27 and Figure 4.27).These statistics are worrying especially because of the inextricable relationship between alcohol intake and their vulnerability to HIV/AIDS. This is because once people become tipsy, issues of a condom become a second priority or is never rem. This also points to the need for the campaigns against alcohol intake to be strengthened especially among the youths.

Table 4.27 Number of cans consumed by respondents in drinking episodes

No	**Frequency (Hogsback)**		**%**		**No**	**Frequency (Msobomvu)**		**%**
	Number of cans consumed by respondents in drinking episodes					**Number of cans consumed by respondents in drinking episodes**		
1	1 to 3	6	**24**		**1**	1 to 3	2	**8**
2	3 to 5	5	**20**		**2**	3 to 5	3	**12**
3	5 to 6	4	**16**		**3**	5 to 6	2	**8**
4	More than 6	10	**40**		**4**	More than 6	18	**72**
5	**Total**	**25**	**100**		**5**	**Total**	**25**	**100**

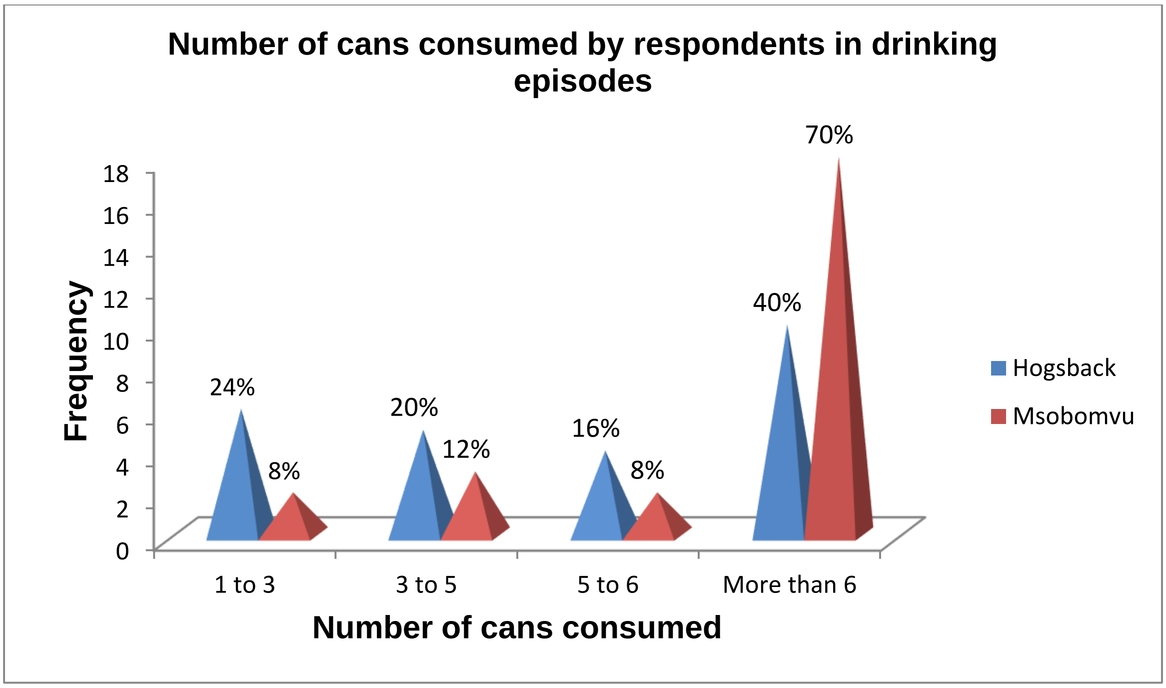


Figure 4.27 Number of cans consumed by respondents in drinking episodes

4.5.3 Drunkenness and sexual partner.

The findings from this study revealed that 48% of the respondents from both domains showed that respondents did not even like sexual partner when they are drunk and behave the same as when they are not drunk. Contrastingly, forty eight percent (48%) from Msobomvu and 36% from Hogsback also indicated that they really like sexual partners a lot when drunk, while 4% from Msobomvu and 12% from Hogsback indicated that they like a sexual partner more than when they are not drunk. When they are drunk sexual partners look beautiful and that is indicated by 4% in Hogsback and none in Msobomvu (see Table 4.28 and Table 4.28). As such, this also shows alcohol consumption which also contributes to sexual desires that also have an impact on the spread of HIV/AIDS. The statistics indicate that averagely, alcohol has a living factor for individuals to be attracted to sexual partners. This indicates that individual then increase opportunities for sexual encounters. The situation is even worse who when drunk get overly attracted to all sexual partners along the way and thereby making them act to have to have a sexual encounter with them. This therefore opens an opportunity to work to reduce alcohol intake as it increases individual’s sex risking behaviours.

Table 4.28 Drunkenness and sexual partner

No	**Frequency (Hogsback)**		**%**		**No**	**Frequency (Msobomvu)**		**%**
	Drunkenness and sexual partner					**Drunkenness and sexual partner**		
1	Yes a lot	9	36		1	Yes a lot	12	48
2	Just the same as when I am not drunk	12	48		2	Just the same as when I am not drunk	12	48
3	More than when I am not drunk	3	12		3	More than when I am not drunk	01	4
4	They look beautiful when I am drunk	1	4		4	They look beautiful when I am drunk	00	0
5	**Total**	**25**	**100**		**5**	**Total**	**25**	**100**

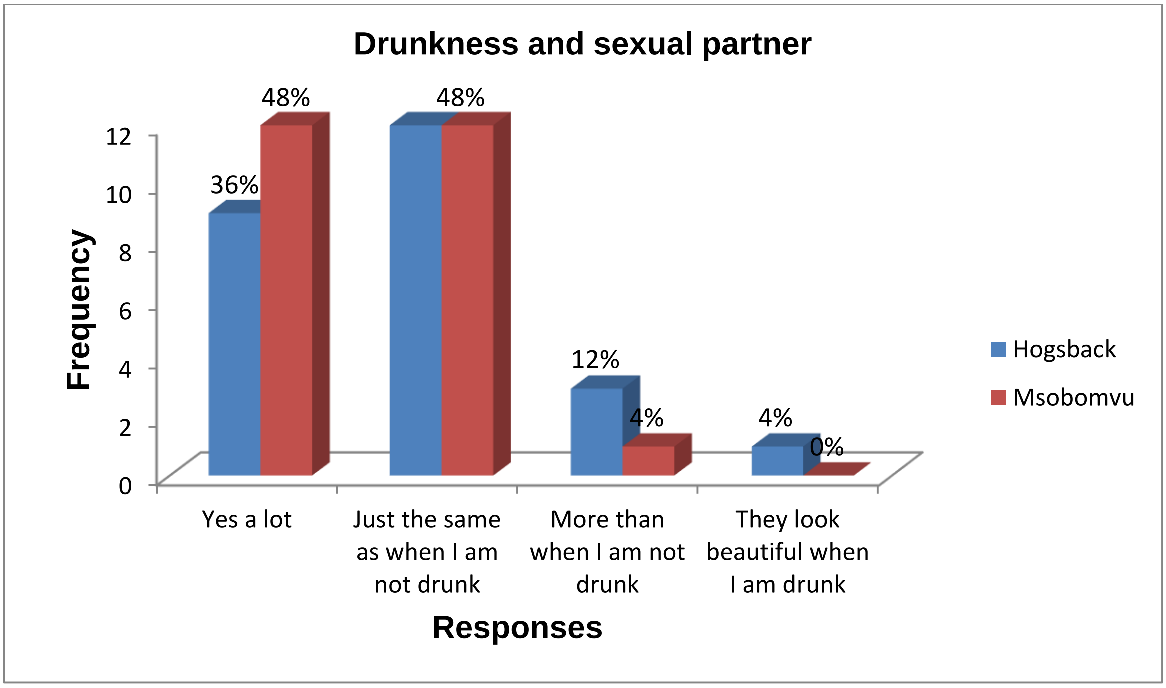


Figure 4.28 Drunkenness and sexual partner

4.5.4 Influence of alcohol and pressure on sexual desires

The findings from this study revealed that 48% from Msobomvu and 36% reported that they always remember to use a condom even when under the influence of alcohol. 36% from both domains showed that when under the influence of alcohol they use condoms accidentally. Twenty eight percent from Hogsback and 16% from Msobomvu also outlined that they rarely use condoms when under the influence of alcohol (see Table 4.29 and Figure 4.29). According to this researcher alcohol does have an influence on condom inconsistency and sexual pleasurability which contributes to HIV/AIDS. Thus, this researcher takes this opportunity through this research forum to wage communities to reduce drinking as increases their risk to contacting STI and HIV/AIDS. This brings the need to increase community mobilizations and campaigns for people to reduce their alcohol consumption. People should be educated on the inextricable relationship bet alcohol intake and HIV/AIDS prevalence

Table 4.29 Influence of alcohol and pressure on sexual desires

No	Frequency (Hogsback) Influence of alcohol and pressure on sexual desires		%		No	Frequency (Msobomvu) Influence of alcohol and pressure on sexual desires		%
1	Always	10	**40**		**1**	Always	12	**48**
2	Rarely	6	**24**		**2**	Rarely	4	**16**
3	Accidentally	9	**36**		**3**	Accidentally	9	**36**
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

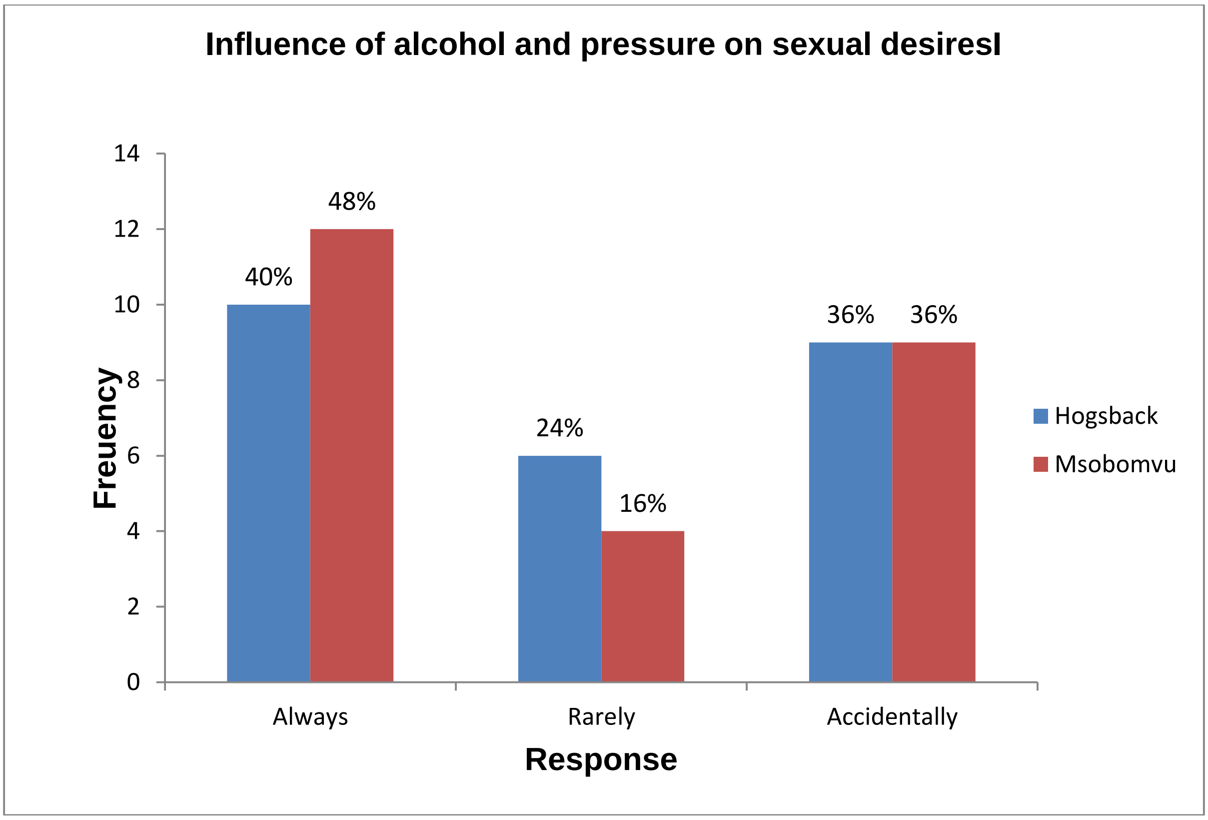


Figure 4.29 Influence of alcohol and pressure on sexual desires

4.5.5 Knowledge of condom use

The findings from this study revealed that 68% of the respondents from Msobomvu and 48% from Hogsback knew very well how to use a condom, and 44% from Hogsback as well as Msobomvu were not sure whether they knew how to use a condom or not. Lastly, 8% from Hogsback and 4% from Msobomvu did not have an idea on how to use a condom (see Table 4.30 and Figure 4.30). This shows an increased need to strengthen the HIV/AIDS campaigns especially on the use of condoms.

Table 4.30 Knowledge of condom use

No	**Frequency (Hogsback)**		**%**		**No**	**Frequency (Msobomvu)**		**%**
	Knowledge of condom use					**Knowledge of condom use**		
1	Yes	12	**48**		**1**	Yes	17	**68**
2	Not very sure	2	**8**		**2**	Not very sure	1	**4**
3	Very well	11	**44**		**3**	Very well	7	**28**
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

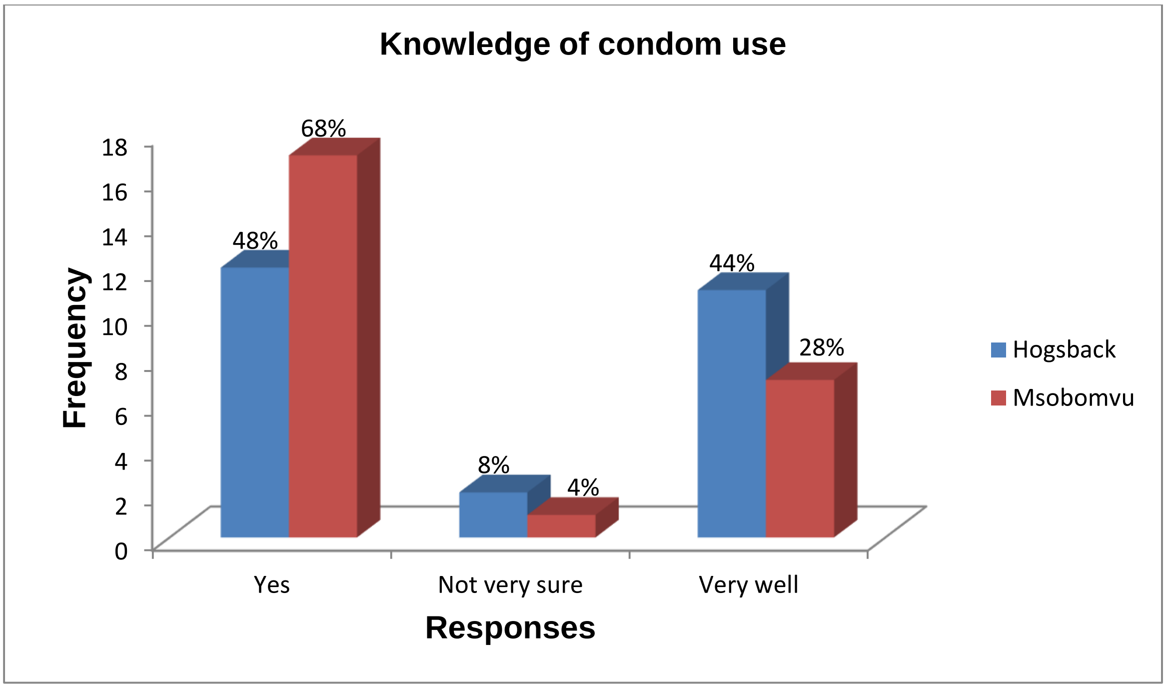


Figure 4.30 Knowledge of condom use

4.5.6 Views on basting of condoms

When asked what they would do in the event that a condom bursts in the middle of the night and there are no others available. Sixty percent from Hogsback and 24% from Msobomvu interestingly indicated that they would stop the sex immediately when such incident occurs. However, 8% from Hogsback and 4% from Msobomvu outlined it very clear that when such mess occurs they just continue with sex and assume nothing has happened. The scenario, however indicates that a bigger percentage of youth from these areas would make unformed and precautionary mores to avert a situation that that can put them to a risk of contracting HIV/AIDS. To contrary, a section of the youth still embrace a level of ignorance to the risks of contracting HIV/AIDS. This points to the need increased education on HIV/AIDS aetiology and how to strengthen prevention generally.

Table 4.31 Views on basting of condom

No	Frequency (Hogsback) Views on basting of condom		%		No	Frequency (Msobomvu) Views on basting of condom		%
1	Stop the sex immediately	16	**64**		**1**	Stop the sex immediately	06	**24**
2	Assume nothing happened	1	**4**		**2**	Assume nothing happened	00	**0**
3	Continue with sex and pray nothing bad will happen	8	**32**		**3**	Continue with sex and pray nothing bad will happen	19	**76**
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

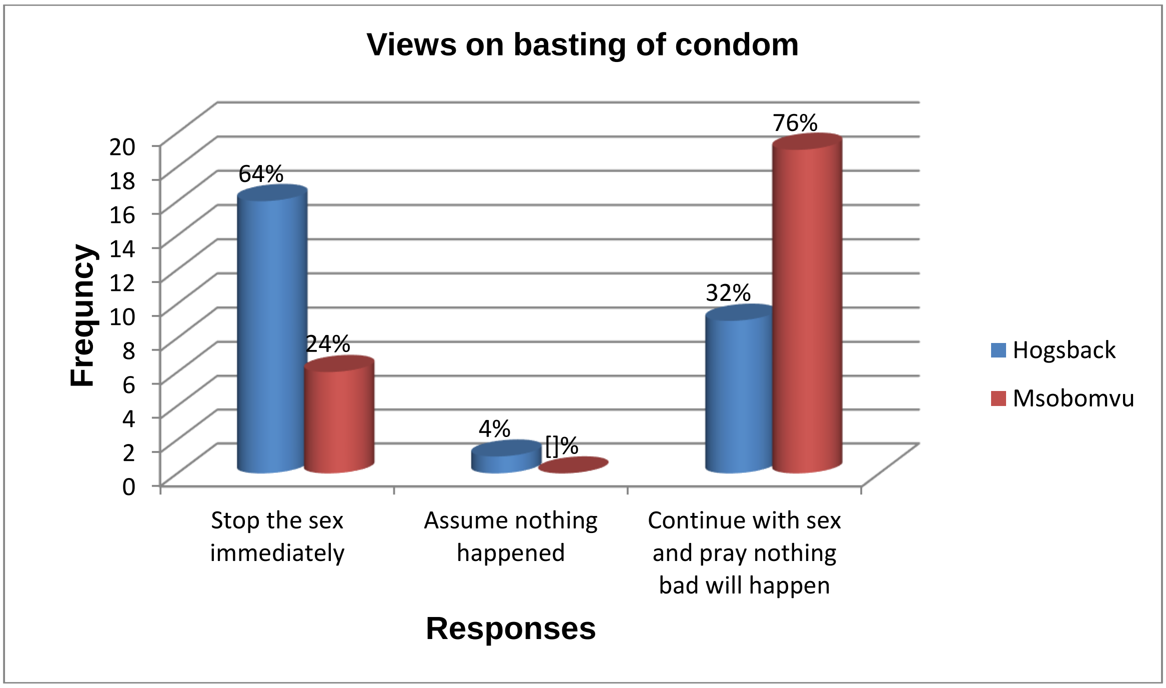


Figure 4.31 Views on basting of condoms

4.6 LACK OF KNOWLEDGE ACCOMPANIED BY STEREOTYPIC VIEWS AND CULTURE

4.6.1 Beliefs surrounding the issue of multiple sex partners

Study findings revealed that 56% of at Msobomvu and Hogsback respectively had multiple and concurrent partners. Contrastingly, 32% of the respondents from Msobomvu and 40% from Hogsback indicated they were not involved in multiple sex partner relationships. Amazingly, 12% of the respondents from Msobomvu and 16% of the respondents from Hogsback were not sure where they belong. The scenario above indicates that most youths were involved in many partners. This indicates the vulnerability to HIV/AIDS. Again indulging in many partners was not healthy in that one was not able to make them happy and had to cheat them all the time. It was also an expensive endeavour that can make one poor. A lot of campaigns on the need to live with only one sexual partner need to be strengthened .the role of faith based educations is thus helped as ritual

Table 4.32 Beliefs surrounding the issue of multiple sex partners

No	**Frequency (Hogsback)**		**%**		**No**	**Frequency (Msobomvu)**		**%**
	Beliefs surrounding the issue of multiple sex partners					**Beliefs surrounding the issue of multiple sex partners**		
1	Yes	11	**44**		**1**	Yes	14	**56**
2	No	10	**40**		**2**	No	08	**32**
3	Not sure	04	**16**		**3**	Not sure	03	**12**
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

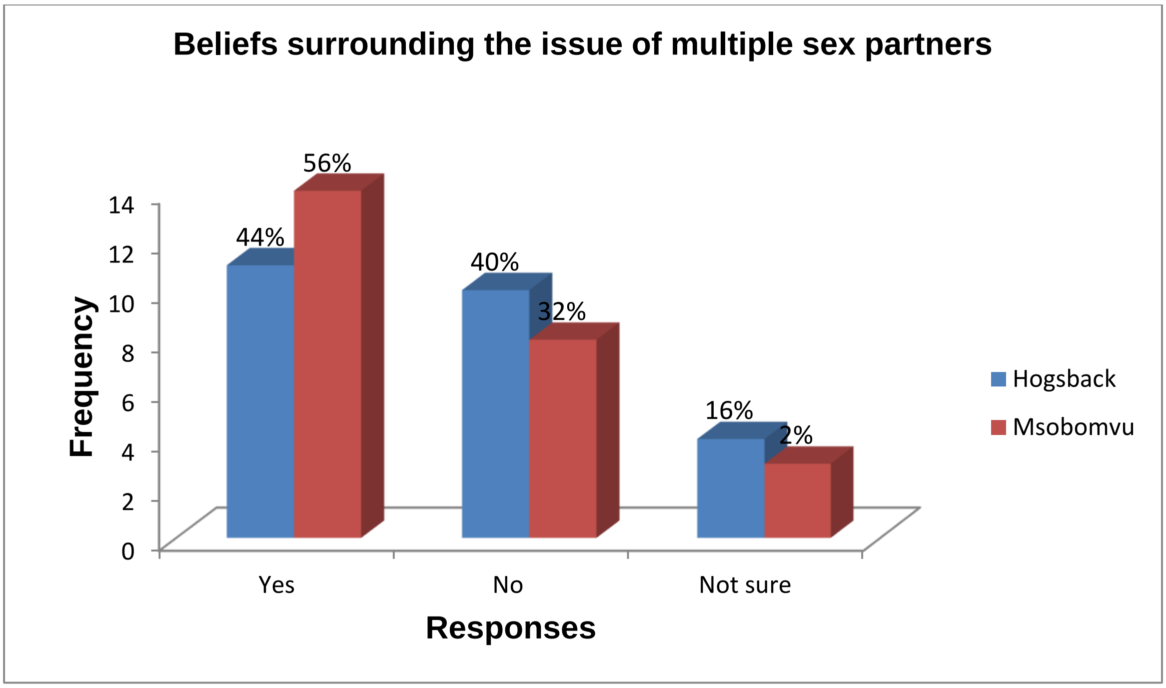


Figure 4.32 Beliefs surrounding the issue of multiple sex partners

4.6.2 Intergenerational sex and condom use

The study findings revealed that 76% of the respondents from Hogsback and 56% from Msobomvu used condoms during intergenerational sex. Twenty percent from Hogsback and 12% from Msobomvu revealed that these respondents do not use condoms very often, while 4% from Msobomvu and 32% from Hogsback outlined that they never used condoms during intergenerational sex encounters (see Table 4.33 and Figure 4.33). As such, this researcher thinks that it is very urgent for the government to topically check the issue of intergenerational sex since it kills the future of the young stars who are still developing. Conically also, faithful based organizations should work round the clock to discourage these encounters. They especially put the youth at risk. This is especially when they indulge in sex without any form of contraception as indicated above.

Table 4.33 Intergenerational sex and condom use

No	Frequency (Hogsback)		%		No	Frequency (Msobomvu)		%
	Intergenerational sex and condom use					Intergenerational sex and condom use		
1	All the time	19	76		1	All the time	14	56
2	Sometimes	05	20		2	Sometimes	03	12
3	Not at all	01	4		3	Not at all	08	32
4	**Total**		**100**		**4**	**Total**	**25**	**100**

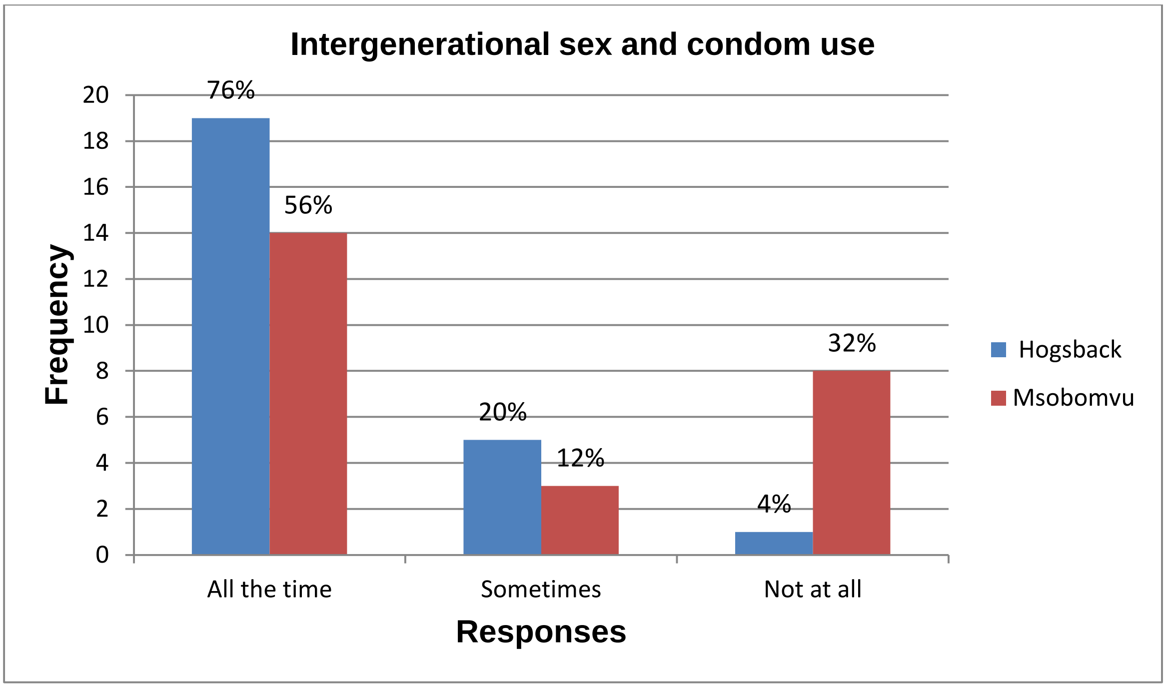


Figure 4.33 Intergenerational sex and condom use

4.6.3 Negotiations on safe sex

It has been highlighted from this study that respondents talked about safe sex with their partners. In this regard, the findings from this study outlined that 52% from Msobomvu were negotiating about safe sex before indulging into it and in Hogsback it was only 48%. Respondents who said they negotiated safe sex with their sex partner sometimes constituted 52% in Hogsback, and 16% in Msobomvu. Thirty two percent of respondents outlined that they did not bother themselves on negotiations of safe sex all the time, while Hogsback showed none of these respondents who do not negotiate safe sex with their partners (see Table 4.34 and Figure 4.34). It is this researcher's view that the 32% from Msobomvu who do not take responsibility of their safety to condom use is very perturbing. There is therefore a need for government to come up with a compulsory subject on sexual risk taking behaviours and HIV/AIDS that could be implemented in high school levels and in all institutions of higher learning.

Table 4.34 Negotiations on safe sex

No	**Frequency (Hogsback)**		**%**		**No**	**Frequency (Msobomvu)**		**%**
	Negotiations on safe sex					**Negotiations on safe sex**		
1	All the time	12	48		1	All the time	13	52
2	Sometimes	13	52		2	Sometimes	4	16
3	Not at all	00	0		3	Not at all	8	32
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

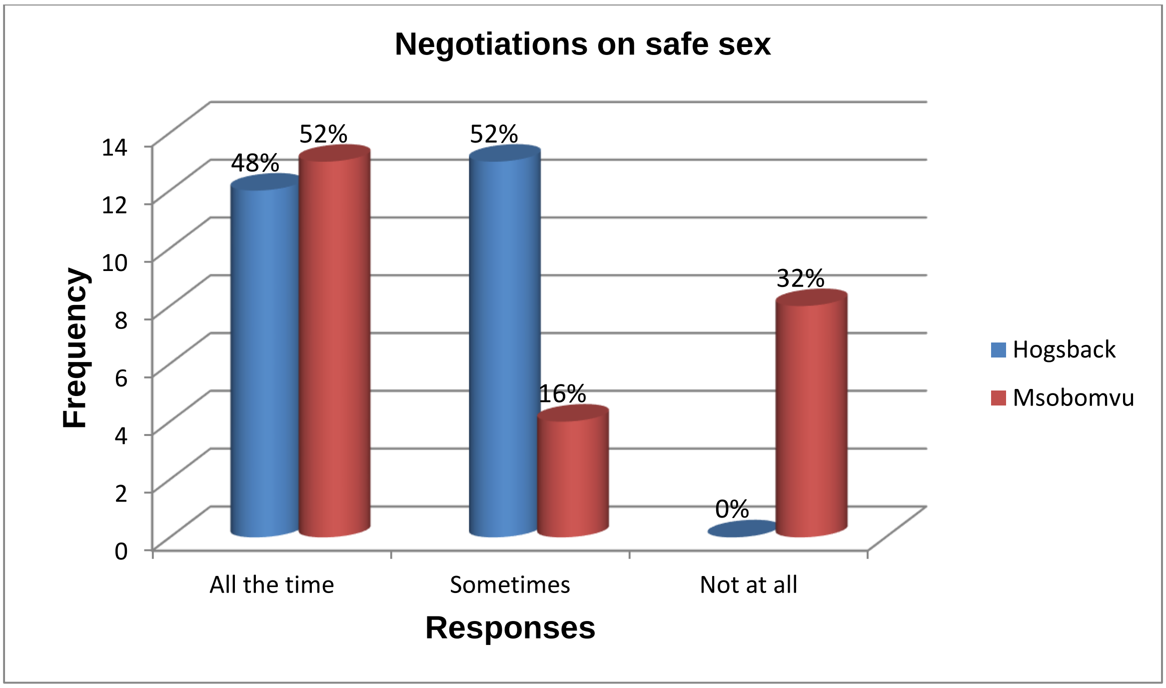


Figure 4.34 Negotiations on safe sex

4.6.4 Preferences on having sex

The findings from this study documented that 36% of the respondents from Msobomvu indicated to be not using a condom at all during sexual intercourse, while Hogsback highlighted that 16%. Interestingly, 40% from Msobomvu and 36% from Hogsback respondents documented that they always use a condom during sexual intercourse. However, 48% from Hogsback and 24% from Msobomvu said they rarely use a condom during sex. The scenario calls upon nurses and campaigners to emphasize and discourage acts surrounding sexual pleasurability and pleasure from unprotected sex. Also, parents have the challenge to opt for good parenting styles and address things related to sex and its dangers to their children at early stages. This researcher therefore thinks that unity among community members and good parenting styles would impede the issue of pleasure from unprotected sex.

Table 4.35 Preferences on having sex

No	Frequency (Hogsback) Preferences on having sex		%		No	Frequency (Msobomvu) Preferences on having sex		%
1	Using condom	9	36		1	Using condom	10	40
2	Not using it at all	4	16		2	Not using it at all	9	36
3	Part timing condom	12	48		3	Part timing condom	6	24
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

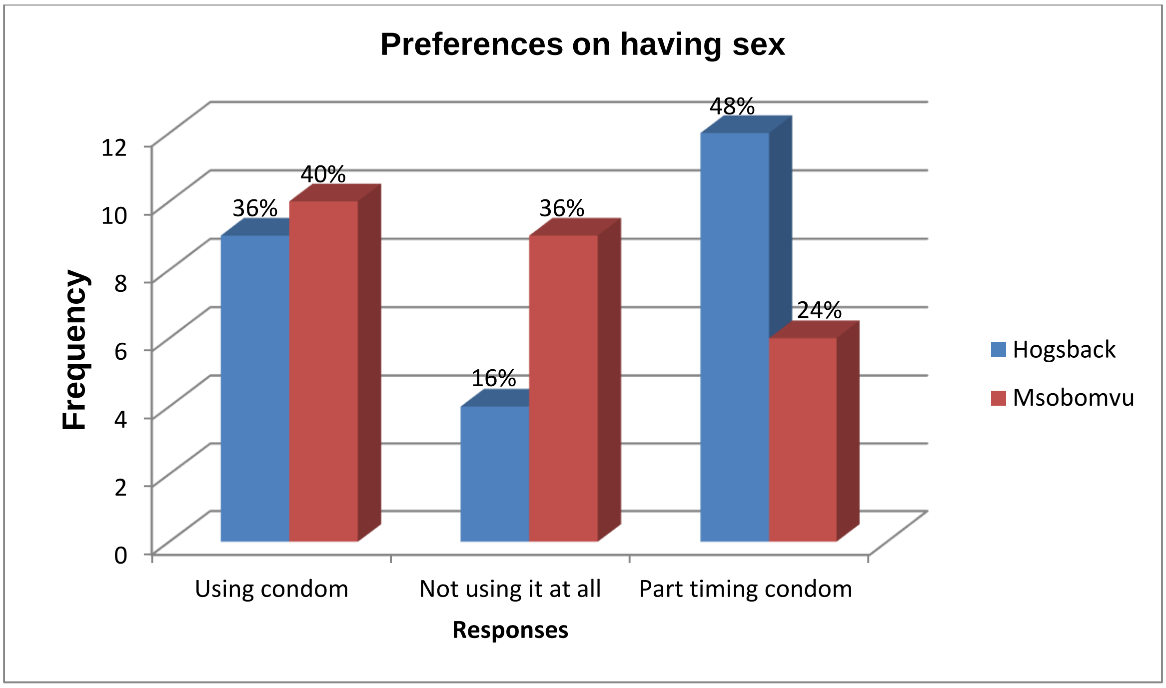


Figure 4.35 Preferences on having sex

4.6.5 Sexual transmitted infections

Findings from this study revealed that 48% and 32% of the respondents from Msobomvu and Hogsback respectively indicated that they do not go for treatment when they contract any sexual transmitted infection. Contrastingly, 40% and 32% of the respondents from Msobomvu and Hogsback respectively indicated that they go for treatment when contracted any of these diseases. That respondents do not go for treatment when they have contracted any sexual transmitted infection that is 48% from Msobomvu and 32% from Hogsback, whereas 40% in Msobomvu outlined that they go treatment when contracted any of these diseases. Sixteen percent (16%) and 4% in Hogsback and Msobomvu respectively indicated that when they have contracted sexual transmitted infections, they leave it as if nothing happened. Furthermore, results also indicated that 20% in Hogsback and 8% from Msobomvu indicated they do not go for treatment when contacted sexual transmitted infections since they are afraid of exposing their private parts to female nurses. (See Table 4.36 and Figure4.36). The fact that these respondents do not go for treatment brings about an escalating trend on HIV/AIDS infections since the untreated sexual infections contribute to the spread of the disease. However those who go for treatment presents a desirable start of affairs that should be followed by all the youth. Perhaps those who do not want be exposed should be treated by male nurses. The hospitals should have that provision.

Table 4.36 Sexual transmitted infections

	Frequency (Hogsback)		**%**		**No**	**Frequency (Msobomvu)**		**%**
	Sexual transmitted infections					**Sexual transmitted infections**		
1	You just leave it as if nothing happened	4	**16**		**1**	You just leave it as if nothing happened	1	**4**
2	You are afraid of disposing your penis to women	8	**32**		**2**	You are afraid of disposing your penis to women	12	**48**
3	You think of humiliating your culture of circumcision	5	**20**		**3**	You think of humiliating your culture of circumcision	2	**8**
4	You go for help	8	**32**		**4**	You go for help	10	**40**
5	**Total**		**100**		**5**	**Total**	**25**	**100**

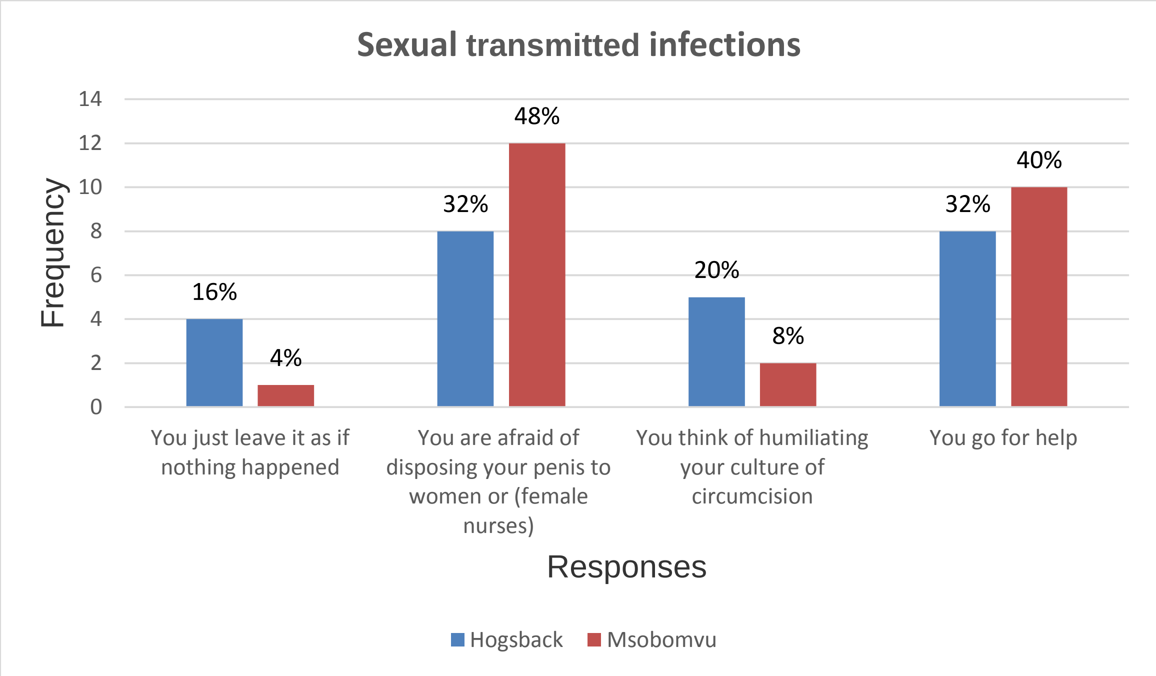


Figure 4.36 Sexual transmitted infections

4.6.6 Various perceptions about condoms and stereotypic views

The findings from this study indicated that 60% of the respondents from both domains revealed harbouring some stereotypic views concerning condom and sexual pleasurability in this sense, respondents answered that condoms curb them from getting sexual pleasure and were culturally not appropriate. Twenty eight percent from Hogsback were against condom use while 12% from Msobomvu. Twenty eight percent (28%) from Msobomvu said they were not sure whether the disease do exist or not. This was shared by 12% from Hogsback (see Table 4.37 and Figure 4.37). The scenario presents the challenge of beliefs, stereotypes and cultures and the way they related condom use. All these variables seem to negate the use of condoms and thereby putting the youth and the whole society in jeopardy. It is pertinent that the

HIV/AIDS campaigners increase mileage in dispelling these beliefs, stereotypes that go counter the prevention role of the condoms.

Table 4.37 various perceptions about condoms and stereotypic views

No	Frequency (Hogsback)		%		No	Frequency (Msobomvu)		%
	Various perceptions about condoms and stereotypic views					Various perceptions about condoms and stereotypic views		
1	Yes	15	**60**		**1**	Yes	15	**60**
2	No	7	**28**		**2**	No	3	**12**
3	Not sure	3	**12**		**3**	Not sure	7	**28**
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

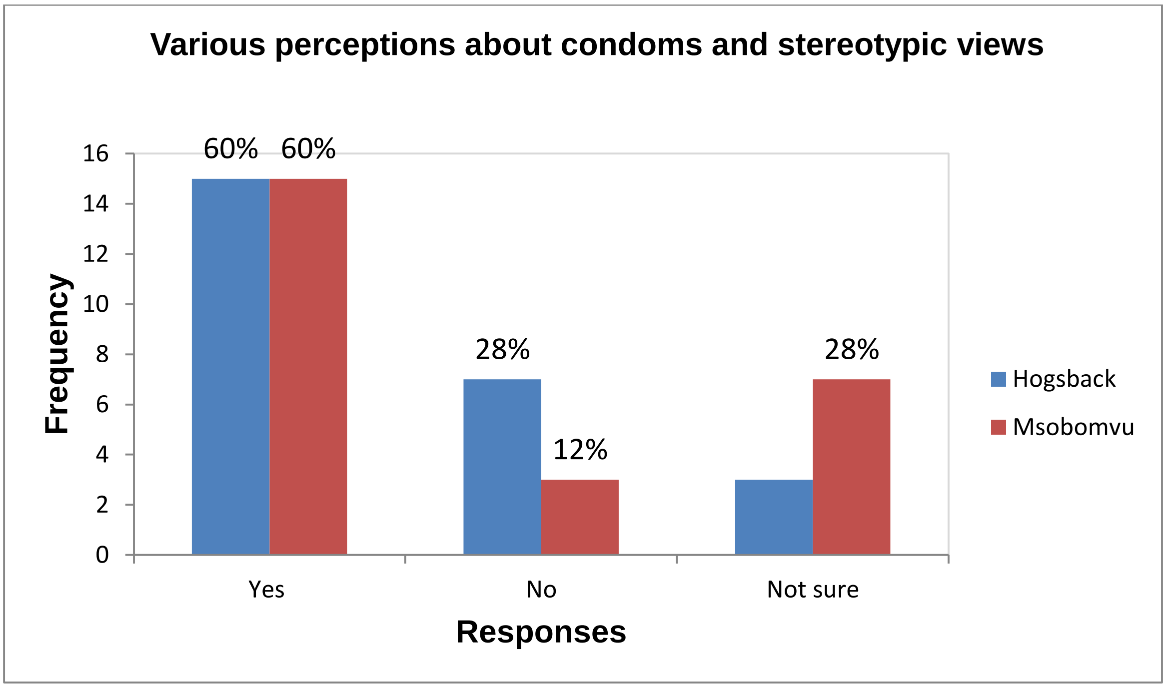


Figure 4.37 Various perceptions about condoms and stereotypic views

4.6.7 Beliefs in HIV/AIDS as an existing Disease and condoms as the protective mechanism of HIV/AIDS.

The findings from this study indicated that 92% of respondents from Msobomvu believed that HIV/AIDS is an existing disease and condoms are the protective mechanisms against the disease. This was shared by 72% from Hogsback. Sixteen percent of respondents from Hogsback who did not believe HIV/AIDS calls upon the campaigners to regularly visit these 2 areas to emphasise the existence of HIV/AIDS that needs to be taken care of. Hogsback showed 12% of the respondents who were not sure on whether HIV/AIDS is an existing disease and condoms as protective mechanisms, while Msobomvu showed 8%. The fact that these respondents were not sure on whether the disease exists or not brings about a big load to the government since the mitigation of the pandemic of HIV/AIDS is still going to be an endless task.

Table 4.38 Beliefs in HIV/AIDS as an existing Disease and condoms as the protective mechanism of HIV/AIDS

No	Frequency (Hogsback)		%		No	Frequency (Msobomvu)		%
	Beliefs in HIV/AIDS as an existing Disease and condoms as the protective mechanism of HIV/AIDS					Beliefs in HIV/AIDS as an existing Disease and condoms as the protective mechanism of HIV/AIDS		
1	Yes I believe	22	**72**		**1**	Yes I believe	23	**92**
2	Not at all	0	**16**		**2**	Not at all	0	**0**
3	Not sure	3	**12**		**3**	Not sure	2	**08**
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

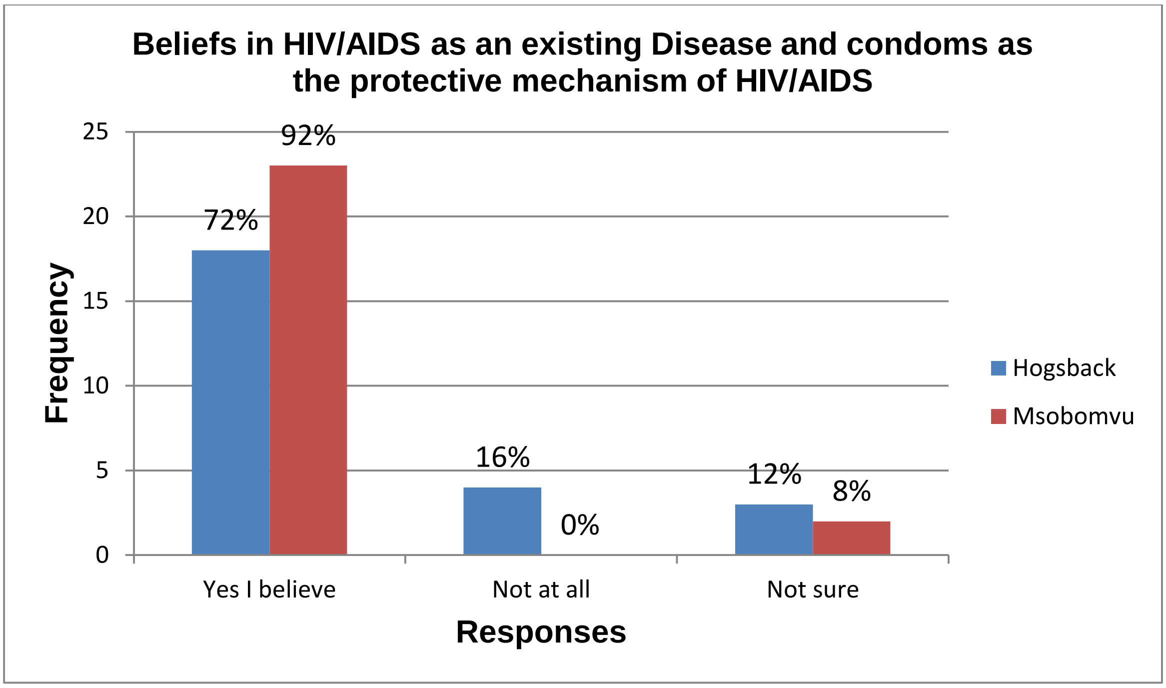


Figure 4.38 Beliefs in HIV/AIDS as an existing Disease and condoms as the protective mechanism of HIV/AIDS

4.6.8 Family awareness talks on HIV/AIDS.

The results from this study outlined that 84% of the respondents from Msobomvu revealed that families talk about HIV/AIDS to the respondents while Hogsback showed 100% regarding that. Msobomvu demonstrated 16% that their families do not warn them about HIV/AIDS while Hogsback showed none (see Table 4.39 and Figure 4.39). This indeed makes this researcher to be very happy to see such a very high statistical analysis on families who work hand in hand with the government campaigners in mitigating the spread of HIV/AIDS.

Table 4.39 Family awareness talks on HIV/AID

No	Frequency (Hogsback)		%		No	Frequency (Msobomvu)		%
	Family awareness talks on HIV/AIDS					Family awareness talks on HIV/AIDS		
1	Yes	25	100		1	Yes	21	84
2	No	00	0		2	No	04	16
3	Total	00	100		3	Total	25	100

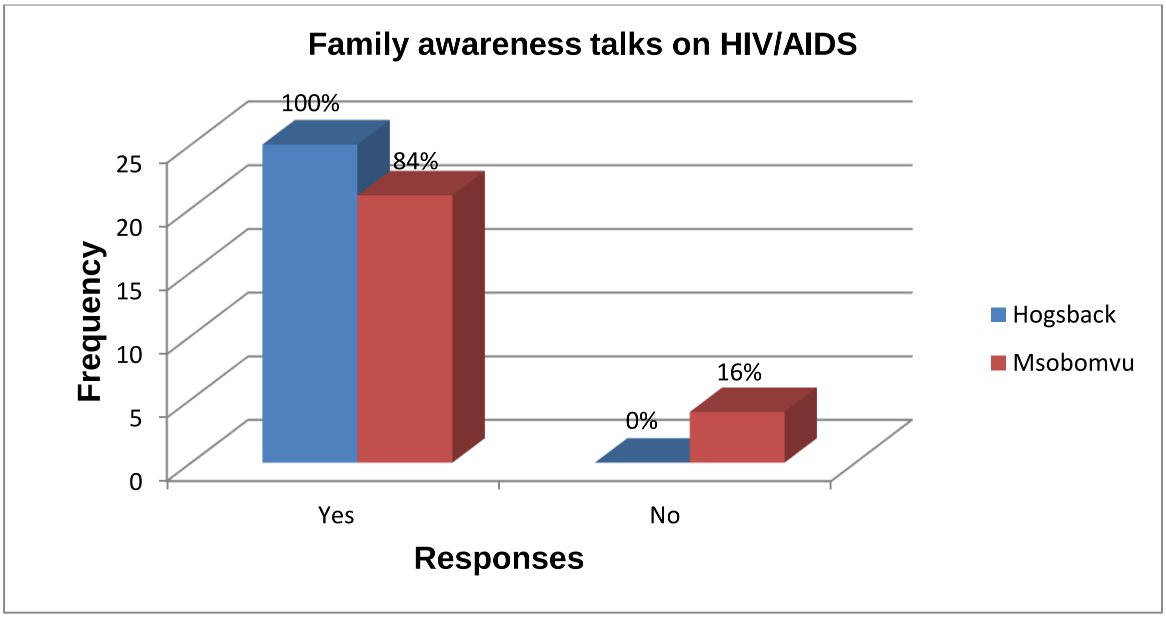


Figure 4.39 Family awareness talks on HIV/AIDS

4.6.9 Family talks on sexual related risks

The findings of this study revealed that Families do talk about sex and its risks to the respondents. However, even though there are such talks results showed that 56% of the respondents said their families talk to them about sex and its risks. What is very perturbing is 16% of the respondents from Msobomvu showed that their parents do not even talk about such things, while 2% in Hogsback also mentioned that. Twenty eight percent from both domains indicated that their parents sometimes talk about sex and its risks. (See Table 4.40 and Figure 4.40).

Table 4.40 Family talks on sexual related risks

No	Frequency (Hogsback)		%		No	Frequency (Msobomvu)		%
	Family talks on sexual related risks					Family talks on sexual related risks		
1	Yes	17	**68**		**1**	Yes	14	**56**
2	No	07	**28**		**2**	No	07	**28**
3	Not at all	01	**4**		**3**	Not at all	04	**16**
4	**Total**	**25**	**100**		**4**	**Total**	**25**	**100**

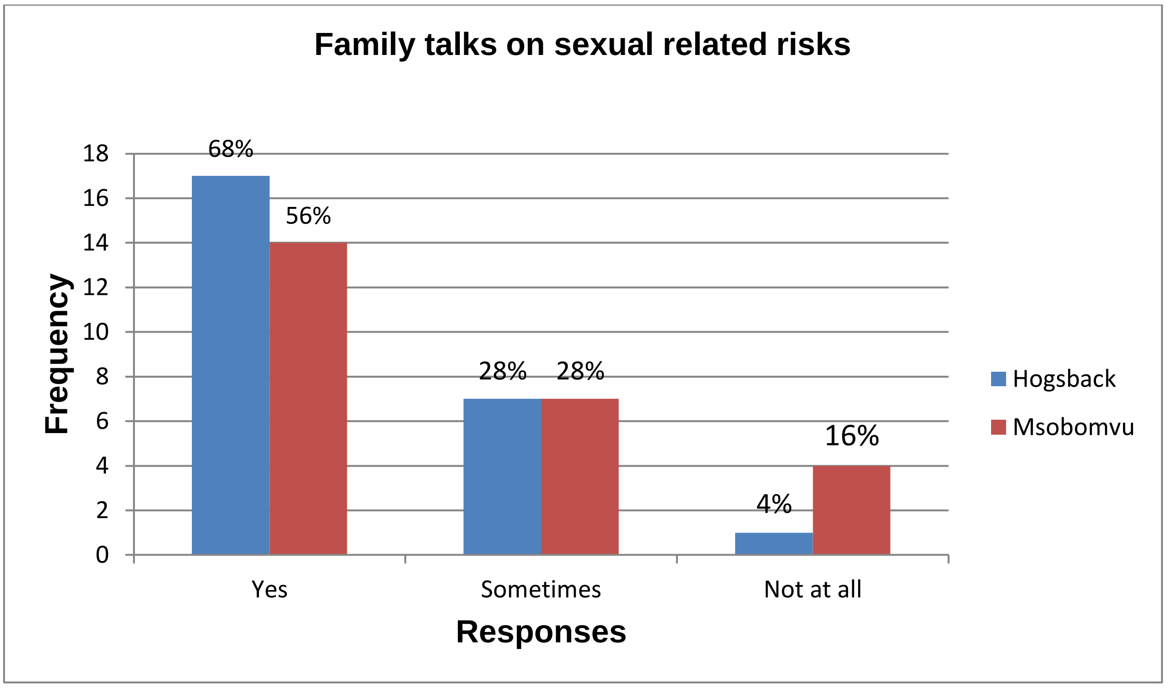


Figure 4.40 Family talks on sexual related risks

4.7 CONCLUSION

In a wrapping, findings from this study vividly outlined that there is a relationship between sexual risk taking behaviours and HIV/AIDS. It has to be spelt out that this chapter was very fundamental to clean, order and organise the findings of this study so as to come up with relevant, reliable and valid findings. Lastly, the following chapter will discuss the findings, conclusions and recommendations to the broader scope of the sexual risk taking behaviours and HIV/AIDS.

CHAPTER FIVE

DISCUSSION OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

The main aim of this chapter is to discuss the research findings in chapter four (4) against other literature on the sexual risk taking behaviours and HIV/AIDS across the African folk. This chapter also dwells on the debates and discussions of findings from the researcher's point of view. Discussions are of paramount importance in that new findings emanate from them, and therefore the opportunity for generating new knowledge. Lastly, they are critical in moulding the policies surrounding sexual risk taking behaviours and HIV/AIDS.

5.2 PROFILE OF STUDY RESPONDENTS

5.2.1 Age of study respondents

The findings from this study documented that that respondents who participated in the study were from two research domains that is Msobomvu and Hogsback. These respondents were in range categories of 18-23 years (36%), 24-29 years (32%) and categories with 30-35 (32%). This means most of the interviewed respondents were youth. According to South African government, a youth is a person of ages from 18 to 35. It was therefore important that the views gathered were from the youths and therefore the results could reliably and validly be used to inform youth HIV/AIDS This is important because the HIV/AIDS statistics in many countries of the world especially those from Africa, indicate that it is the youth who are immensely affected (Kang'ethe, 2014)

This researcher also thinks that focusing on one age group in a research undertaking is critical in that the interventions to be crafted for the group are likely to be more informed by a higher degree of precision. They are also likely to be more reliable and valid.

5.2.2 Race of study participants

Findings revealed that 100% from Msobomvu and 84% from Hogback were blacks (Xhosa speaking people), while 4% constituted of whites from Hogsback. This indeed does not pose any wonders since the national statistics also indicate that there are more black people in South Africa than whites (79% and 11 %) respectively (Napier and Beghin and Higgs and Powell, 2008; statistics SA, 2010). Since blacks are more commonly found in rural settlements and appears to be more infected and affected by HIV/AIDS, it is Lhuert, Torrens, Sabido, Batres and Casabana, (2013).

5.2.3 Level of education of the respondents

The findings of this study highlighted that respondent's level of education was categorised according to grade 1-7 and Hogsback had 16% of those respondents while Msobomvu reported 8%. Pertaining to those respondents who studied up to grade 8-12 in both domains, Hogsback indicated 80% while Msobomvu reported 88%. Lastly, only 8% from each domain had that is shared tertiary level education.

5.2.4 Home language of the respondents

IsiXhosa and English were the only two languages that the respondents used. In this regard, 100% of the respondents from Msobomvu were all Xhosa speaking people while Hogsback indicated 84% of the Xhosa speaking people with only 16% of English speaking people. However, this researcher thinks that languages should wisely be used to strengthen the campaign especially the adolescent sexual health campaign. People own the campaign if it is presented in a language they can adequately comprehend. That does not mean that a certain group should be forced to use the language they cannot well comprehend. Documented evidence holds that South African government has instituted eleven national languages which the HIV/AIDS architects and campaigners should utilize to reach out to all the groups in the country. The country beside the eleven languages has also acknowledged other indigenous languages. To this end, Kang'ethe (2014b) has praised the country of Botswana for emphasizing the need to reach the different groups of people in their languages instead of giving them messages they cannot adequately comprehend. However, 80% of the people from Botswana understand and use Setswana with ease. The way Setswana has been used to reach out to as many challenged South Africa and (Kang'ethe 2014b). This challenges South Africans to consider the language of each group whenever any HIV/AIDS campaign message mainstreaming is to be effectuated.

5.2.5 Marital status

Findings from this study revealed that 96% from Msobomvu and 96% from Hogback were single and the married one's constituted of 4%. There was no one who indicated incidences of being divorced, separated or widowed. This, however, was not shocking since the respondents were young people who were still growing. This researcher thinks that since marriage is increasingly becoming a challenge to many people in the country, with divorce rate on the increase, perhaps it is important that there are family programmes that need to be increasingly mainstreamed to the youth so that they value marriage and respecting one another. This is because countries with shaky families may always attract social ills such as crime and higher HIV/AIDS prevalence (Barnett & Whiteside, 2006; Ramphele, 2008).

Perhaps also a forum of cultural- rich parents and elders could be instituted to be talking to the youth about the need to have stronger family values. Although South Africa has a family policy, it would be important that such a policy contents is taught to the youth alongside adolescent sexual reproductive health education (ASRH).

5.2.6 Hidden affairs outside marriage

The findings from this study revealed that no one harboured hidden affairs in Hogsback, while only 4% revealed to have had hidden affairs in Msobomvu. Realistically, this indicates the need for emphasis individuals to consider strengthening the use and consumption of prevention services such as condoms. The culture of men having hidden affairs needs to be discouraged especially in this era of HIV/AIDS. With South Africa being a country with the highest number of people living with HIV/AIDS, all fuelling factors such as the incidence of having hidden affairs and the cultural of multiple and concurrent partners need to be discouraged. Perhaps realizing that the campaign for HIV/AIDS can succeed if only socio-cultural issues are given more weight and consideration is important (Kang'ethe 2014b; Barnett & Whiteside, 2006; Campbell and Maman, 2000). It is also imperative to note that the decrease in condom use in infidelity cases also introduces to the other partners and their partners as well.

5.2.7 Home description for both Msobomvu and Hogsback respectively

On the state of home description, the findings demonstrated that in Hogsback 88% of the respondents lived in brick houses, while 8% lived in flats. In Msobomvu the findings revealed that 84% of the respondents lived in brick houses and 16% lived in other forms of shelter. Even though living in brick houses may not indicate the level of vulnerability, the researcher's observation revealed that most people especially those that lived in other forms of shelter were economically vulnerable. According to the study, it is said that living in informal settlement, limited access to prevention information, limited education and having a previous sexually transmitted diseases increases the risks of HIV infection. This situation confirms and mirrors other research findings in Botswana by Kang'ethe that indicates an inextricable relationship between poverty and HIV/AIDS prevalence (Kang'ethe, 2013).

5.2.8 Parental livelihood

Based on the parental livelihood, the findings indicated that in Hogsback, 68% outlined that their fathers were still alive, while 32% had lost their fathers; 76% said their mothers were still alive and only 24% had lost their mothers. In Msobomvu, the findings revealed that 56% and 84% are still with their fathers and mothers respectively. This indicates that many respondents came from families with both parents and were adequately supported, either economically or in other aspects of psychosocial support.

Having parents and other elderly family members is critical especially in this era of young people falling into state of crime, moral decay and being at a risk of contracting HIV/AIDS. Parents a source of love trust and also form forums of cultural regeneration that could be pivotal in strengthening the youth's level and quality of citizenship. They also offer care giving to those who fall victims of HIV/AIDS (Uys & Cameron, 2003). But this also does not remove the youth's responsibility of being disciplined and accountable. All individuals need to take responsibility of their actions (Mitchell, De Lange, Moletsane, Stuart & Buthelezi, 2005).

5.2.9 Other people responsible for nurturance of respondents

The findings managed to document that 64% of Hogsback respondents admitted to having other people responsible for their nurturance; while 36% said they only had their parents for nurturance. In Msobomvu, 72% had other people to contribute in their nurturance and only 28% who did not have contributors to their nurturance. It is critical that the youth have other elderly individuals who can teach them about the need to grow as responsible citizens. With increased urbanization, westernization and globalization, the parental guidance that societies used to have is dwindling. Thjs is leaving the schools and institutions of higher learning to be the only organs for guiding the children and the youth. This has not augured well. Perhaps this in South Africa could explain the preponderance of social ills by the youth such as involvement in crime, drug taking, and other activities that are putting them at the risk of contracting HIV/AIDS. It is high time that the elders of the community form forums to engage the youth so that they can be moulded to realize good citizenship. Otherwise, left alone to sink or float, their position as future leaders would be highly being compromised (Lahuerta, Torrens, Sabido, Batres & Casabana, 2013).

5.3 RISK TAKING BEHAVIOURS

5.3.1 Involvement in romantic relationships

Based on the findings, 84% respondents from Msobomvu were involved in romantic relationships while 16% did not. In Hogsback, 80% of the respondents agreed they engaged in romantic relationships, while 20% did not. This shows that it is highly possible that the higher the number of involvement in romantic relationships the higher the chances of getting HIV/AIDS since young people culminate their romantic aspects through engaging in sex. In many instances, this romantic relationship goes hand in hand with unprotected sex. Since the use of prevention tools such as condoms is low among the youth in sub-Saharan Africa, this could explain the fact that the region is still the refuge of about 70%-80%% of all the HIV/AIDs cases in the globe (Pettfor, 2007; Barnett & Whiteside, 2006; Ramphele, 2008). Perhaps strengthening the adolescent sexual reproductive health to the youth is critical. This is because younger people due to influences of instruments such as the television and other forms of peer pressure are easily being wooed to practise what they are fed with. There should be education to discourage this kind of exposure (Harrison, 2005).

5.3.2 Multiple and concurrent partners

It has been indicated that 60% of the respondents from Msobomvu and 64% from Hogsback revealed that they had more than one sexual partner, while 20% from Hogsback and 16% from Msobomvu also indicated to practise such behaviour. The fact that these areas showed such huge statistics of infidelity shows that having multiple sex partners have been well known reason for susceptibility to HIV/AIDS (Wingood and Diclemente, 1998). This researcher think that the issue of multiple and concurrent partners has been an influence of African cultures that condoned a man having more than one partner, even if some were not known officially. This is a culture that need to be annihilated altogether if the battle against HIV/AIDS is to be won in South Africa and other neighbouring countries such as Botswana (Kang'ethe 2014b). This is perhaps why some scholars have indicated that the HIV/AIDS can only be subdued if all the social –cultural underpinnings are brought to the fore and addressed effectively. Perhaps also adopting cultural based campaigns such as the virginity testing can be a panacea to have the youth embrace abstinence. Although this may attract a barrage of questions from human rights bodies, it would be one of the indigenous solutions to the youth challenge associated with HIV/AIDS. The South African should support the Zulu King, Zwelithini Good Luck for driving the HIV/AIDS campaign through advocating for virginity testing (Kang'ethe 2014c).

5.3.2 STATUS OF CIRCUMCISION

The findings indicated 84% of the respondents from Hogsback were circumcised whilst 16% were not. On the other hand, we had 88% of the respondents from Msobomvu that were traditionally circumcised. Looking at those big percentages the researcher can conclude that people are getting circumcised in both domains both traditionally and clinically. As mentioned in chapter 4 this has an implication as far as sexual risk taking behaviours are concerned. This is because it has scientifically been proven that when males undergo penile circumcision in which their penile foreskins are removed, they become 60% resilient to HIV/AIDS (Kang'ethe 2013b). However, it need be conceptualised well because some people upon being circumcised think that they are free from the virus. Perhaps this occurs due to poor campaign message mainstreaming. It is therefore the role of the department of the health to play an important part in disseminating message and launching campaigns on male circumcision to all the youth in the country. Such messages could make those who are not circumcised to undergo the practice whilst on the other hand emphasizing that circumcision is not a cure for HIV/AIDS but rather minimizes chances of one contracting the virus getting

5.3.3 Perception of males on one night stand offers where there are no condoms available

The findings of this study showed that 80% from Hogsback and 76% from Msobomvu indicated strongly they were not ready at all to risk through a one night stand without a whereas a 20% from Msobomvu and 4% from Hogsback strongly said no. Perhaps the statistics indicate that messages of HIV/AIDS and risk taking behaviours are increasingly being owned by the youth. According to this researcher, it is only when the youth fully conceptualize the danger of the disease and accept to own it that the country of South Africa is going to experience low infection rates (Barnett & Whiteside, 2006; Treatment Action Campaign, 2007). This is because the disease is more prevalent among the youth than other segments of the society in many African countries. This means that the campaigns needs to be affirmatively tailored to target the youth, both school going and out of school (Kang'ethe 2014a).

5.3.4 Sex and use of intravenous drugs

Study findings indicated that 80% of respondents from Hogsback and 72% from Msobomvu were not using drugs. These findings also indicated that 20% of the respondents from Msobomvu and 16% from Hogsback gave an indication that they used drugs. Although having a larger group pf youth not taking drugs is a relief to the parents of these youths and the country at large, the other close to 20% that conceded using the drugs presents a very serious challenge. Perhaps the government and the NGOs need to heed to various researches and researchers who have indicated that there is an inextricable relationship between drug use and poverty especially due to poor neighbourhoods and lack of public sponsored recreation. If the consumption of the drugs has to go down, the government needs to institute proper infrastructure for out of school youth. In this researcher's thinking, it does not make sense for the government to spend a lot of money on rehabilitation while perhaps it could use a little money in instituting public recreation infrastructure that will keep the youth busy (Kang'ethe 2014a). It does not.

5.3.5 Various perceptions on deep kissing

The findings from this study indicated that 60% from Msobomvu and 68% from Hogsback indicated that deep kissing is not a protective way from getting HIV/AIDS than a normal kiss; while 36% from Msobomvu and 24% from Hogsback articulated that deep kissing lower the risk of getting HIV/AIDS than unprotected sex while 8% from Hogsback and 4% from Msobomvu indicated that deep kissing is the least protective way from getting HIV/AIDS. In this researcher's perspective, it is apparent that the issue of the type of kissing confuses the youth regarding what magnitude of the risk it carries. Perhaps this emanates from different researchers who offer different interpretation about the phenomenon of kissing, whether normal kissing or deep kissing. It is therefore a challenge to the HIV/AIDS campaigners to come out clearly and give a confirmatory message on the dangers associated with kissing, whether normal or the deep one. Perhaps access to mouth condoms if ever known can be a solution to kissing

5.4 THE EXTENT TO WHICH SEXUAL RISK TAKING BEHAVIORS CONTRIBUTES TO HIV/AIDS

5.4.1 Knowing HIV status/knowledge about HIV/AIDS

Having large percentages from both domains of people who are not aware of their HIV status (84% from Hogsback and 64% from Msobomvu) means that people do not go for test to know their zero-positivity. This means that the people could not access ARVs even if they were infected as they would not know unless they were tested. This presents a very sad state of affairs in the HIV/AIDS campaign. As indicated by researchers campaign bodies such as Treatment Action Campaign (TAC, 2007), it is only when people knows their status that the country can be sure it is moving in the right direction of subduing HIV/AIDS. This is because knowing one's status sets in a positive behavioural process of taking precaution to either keep oneself safe by strengthening the use of preventive tools, or ensuring that one does not become an agent of spreading the disease. The government and the NGOs need to strengthen to know your status campaign. Perhaps the government need to sensitize institutions of learning to integrate the HIV/AIDS information such as testing in the curriculum so that all the people especially the youth would timeously be sensitized to know their status. That, in this researcher's contention could be turning point of winning the battle against HIV/AIDS (TAC, 2007; Barnett & Whiteside, 2006).

5.4.2 Time frame of going for HIV test per annum

Findings indicated that most people rarely went for HIV/AIDS test, with the few who reported having gone for the test indicated having gone 2 times per annum from both domains. Perhaps this supports the finding that 50% of the people globally do not know their HIV status (UNAIDS, 2012). But South Africa being a middle income country should not be among those countries. This is because the country has resources for the campaign. The state of only a few people who knows their status could explain the higher prevalence the country has been experiencing. For example In 2009, the estimated prevalence of HIV was 17.8% of the people of the age range 15-49 years old and 5.6 million people were estimated to be living with HIV IN South Africa (Joint United Nations Programme on HIV/AIDS (UNAIDS, 2010). Perhaps deep research needs to be carried out to establish how factors such as stigma can be annihilated that make people not to know their status (Kalichman and Simbayi, 2003). This indicates the need for mobilization sensitization campaigns on knowing ones status to be staged in these two areas. Knowing ones status can help people to take medication timeously.

5.4.3 Sexual orientation and sexual intercourse

Research findings indicated that majority of the youth were heterosexual and only very few were either gays or bisexuals. However it needs to be explained that the homosexual and bisexual sexual engagement carries more risk of contracting HIV/AIDS. This is because the anal sexual engagement is not a natural kind of a sexual engagement and the anus is not structurally meant for a sexual purpose. However, due to the fact that homosexual and bisexuals have been incarcerated and stigmatized by most societies in South Africa, this researcher takes this opportunity to ask the South Africans to be tolerant to people of different sexual orientation. This is because they also have human rights that need to be respected. (Barrett-Grant, Fine. Heywood & Strode, 2001)

5.4.4 Perceptions of males on their preference between darkness and light when having sex

The study revealed that 44% from Hogsback and 40% from Msobomvu preferred to have sex when it is dark. On the other hand, 14% and 4% in both Hogback and Msobomvu respectively indicated that they have sex whether there is light or it is dark. Looking at the statistics, the researcher concludes that most people prefer having sex in the dark. Emmanuel Fru Doh (2009) noted that sex is considered an extremely private issue in African cultures. Perhaps this happens because people assume that sex is really a private activity that should attract respect of being done in the dark. However, perhaps it is the HIV/AIDS menace that calls for some changes that are prevention friendly. If a condom can be worn well when there is light and sex done when it is dark, there cannot be a problem. Light become necessary to ensure that the condom is worn appropriately. Perhaps when there is light, there are chances that the condom is used and probably worn appropriately. In this case, the issue of norm of what circumstances people are used to need to change in order to improve on the prevention mode.

5.4.5 Usage of condoms and other forms of contraceptives during sexual engagement

Findings indicated that 56% from Msobomvu and 44% from Hogsback were inconsistently using condoms. On the other hand, 24% from Msobomvu and 44% from

Hogsback indicated that they do protect themselves when having sex, 20% from Msobomvu and 12% from Hogsback said they never used condoms nor any other form of contraceptive (see chapter 4, Table 4.18 and Figure 4.18). Perhaps this is why the efficacy and effectiveness associated with the use of condoms in countries such as South Africa and Botswana has been doubted. This is because despite very high usage of condoms, there is no commensurate drop in the HIV/AIDS statistics. This calls for the HIV/AIDS campaign machinery to emphasize and offer appropriate education on how to use the condoms. Perhaps this researcher would like to note that some condoms in the market have been weak and therefore prone to bursting. This researcher would like to see a campaign in which abstinence and being faithful to a faithful partner is emphasized. There is much since because the country of Uganda has been able to bring down the level of the epidemic after dropping the emphasis on the use of condoms and adopting the abstinence and being faithful as important campaign strategies (Armstrong, 2000).

5.4.6 Reactions of respondents on provocative dressings

Like to any man, provocative dressing triggers ones sexual arousal and that is natural. However, this needs self -control and self- discipline and if one is under the influence of alcohol or any substance abuse he/she may be influenced by provocative dressing. Generally, the findings from study indicated that 68% of the respondents from Msobomvu and 56% from Hogsback got sexually provoked when seeing a provocatively dressed woman/man, while 20% from Hogsback and 16% from Msobomvu were provoked lastly, only 24% from Msobomvu and 16% of the respondents from Hogsback reported that they did not get sexually provoked at all. As such, provocative dressings could easily lead to one getting sexual advances that could lead to a sexual engagement. However, this researcher thinks that it is socially very bad for individuals to wear provocative clothing. In many societies, women who wear such are considered infidel or even prostitutes. So it is a mode of lowering one's dignity. It can also lead to one becoming a victim of rape. Perhaps this is why there are many episodes in Nairobi, Kenya where men upon spotting a lady who is provocatively dressed are tearing her clothes and then escort her to a nearby police station. The men reason that the women were out to make them destroy their homes. The same episodes have been happening in Botswana in the recent past. This researcher also thinks that going back to respecting African cultures could be a solution to such kind of behaviour. This is because many societies used to prescribe how each gender should dress in order to maintain their dignity (Kang'ethe, 2014b).

5.4.7 Circumstances on forcing a sexual partner to agree on sexual advance

The study's findings reported that not even a single moment where these respondents forced their sexual partners to agree on their sexual advances. In this sense, 44% from Hogsback and 64% of the respondents from Msobomvu said they never under any circumstances forced their sexual partners to agree on their sexual advance; while 32% of the respondents from Hogsback and 24% from Msobomvu highlighted that at times forced their partners. Only 24% of the respondents from Hogsback and 12% from Msobomvu reported they forced their sexual partners to agree on their sexual advances. This author thinks that ample education on the rights of all needs to be reinforced especially to the adolescent youth. These rights should be tied to gender because the effects of patriarchy appear to have tilted the reality that see women being forced to do things against their will. Perhaps the HIV/AIDS campaigners need to consider emphasizing on patriarchy and how it undermines the rights of women. The youth also need to be sensitized of how coercing one to have sex against her/his will is punishable by law (TAC, 2007; Barrett-Grant, Fine. Heywood & Strode, 2001)

5.4.8 Sexual endeavours and sexual partner preference

The findings from this study indicated that 44% of the respondents from Hogsback reported a preference of women aged 20-30 years. Thirty six (36) and 28% of the respondents indicated preferring young schoolgirls/boys in Msobomvu and Hogsback respectively. In the same order, 4% and 16% of the respondents showed fondness for elderly men/women. These findings realistically indicate an unhealthy state of affairs where the youth in schools have become a prey to sexual advances usually through being wooed with money or other forms of presents. This is becoming a concern because the people who approach the school girls/boys take advantage of their naivety and ignorance and they therefore become an easier prey. Because of their physiological position, and in case of girls, there are increased chances of vaginal wear and tear that heightens chances of viral transmission Perhaps the younger students can only be protected by the adults if the adults are morally and ethically concerned. However, with the current state of moral decadence, the youngsters are apparently not being protected by the adults. This perhaps would be different if the society accepts to go back to the roots and adhere to African cultural mores and embrace values that would protect the young ones against being involved in premarital sexual engagements (Kang'ethe 2014b)

5.4.9 Intercourse including the offers of sex and condom use

The research findings highlighted that 76% from Hogsback and 24% from Msobomvu were not sure whether they would use a condom or not when urging a sexual partner to allow them to sleep with them. On the other angle, 64% from Msobomvu and 16%

from Hogsback also indicated that when such an offer arises, they will not bother themselves by using a condom. The smallest percentages 12% from Msobomvu and 8% from Hogsback honestly indicated that they would use a condom under such circumstances. This also indicates that young people still prey ignorant to issues of contracting the virus. This calls for concerted and increased education on HIV/AIDS, its aetiology and possible future ramifications associated with it (Barnett & Whiteside, 2006). Perhaps effective integration of the HIV/AIDS education and effectively mainstreaming such education would be critical in having the youth own the disease in terms of being cautious of ways of contracting it. (Barnett & Whiteside, 2006).

5.5 ALCOHOL

5.5.1 Alcohol consumption and time frame

In as far as alcohol is concerned, 72% of the respondents from Msobomvu and 60% from Hogsback reported they were not regular alcohol consumers; whilst 24% from Msobomvu and 16% from Hogsback indicated they were regular alcohol consumers. A further 24% of the respondents from Hogsback and 4% from Msobomvu were not alcohol consumers. The researcher is very much worried since he knows that condom use is very low especially when most people are under the influence of alcohol. Perhaps that is why there is an inextricable relationship between alcohol intake and the prevalence of HIV/AIDS (Ramphele, 2008; Barnett & Whiteside, 2006). It would be proper that NGOs such as SANCA make some visits to schools especially in the rural areas to dissuade the school going children and the adolescents against alcohol consumption and also explain its relationship with HIV/AIDS. Also, some research have documented that people who abuse alcohol or other drugs are exposed to sexual risk behaviours that include having multiple sexual partners and having intercourse without a condom, patterns maintained even among the high-risk group of individuals living with HIV/AIDS (Palepu et al 2005)

5.5.2 Number of cans consumed by respondents in drinking episodes

The findings of this study highlighted that 72% of the respondents from Msobomvu showed that they drink more than 6 cans/750ml or even a litre in drinking episodes and 8% drink 3-5 cans in the same drinking episodes. On the other hand, 40% of respondents from Hogsback drink more than 6 cans and only 24% of the respondents drink 3-5 cans in drinking episodes. This indeed is not a shocking matter but a concern that needs to addressed because sexual risk behaviours leads to a large number of opportunities for acquiring HIV infection, and alcohol use and drug use have been seen as the catalysts that have a positive effect to the increasing effects of high-risk sexual behaviour (WHO, 2005). In this researcher’s contention, the role of faith based organizations should be conspicuous in dissuading the youth and even the adults from alcohol consumption. This is because besides the possible HIV/AIDS menace to individuals, alcohol has destroyed many homes, caused divorce and many men have neglected their children. It is a crisis that nobody wants to talk so strong against it (Kang’ethe & Rhakudu, 2010). Occurrence

5.5.3 Drunkenness and sexual partner

A significant 48% of the respondents from both Msobomvu and Hogsback did not like sexual partners when drunk. Nevertheless, 48% of the respondents Msobomvu and 36% from Hogsback really liked sexual partner when drunk. This poses that there will be no change if the government does not come with ways of addressing the issue of alcohol abuse which puts youth at risk of contaminating STIs and HIV/AIDS pandemic. The interesting thing is that nobody is talking harshly against alcohol abuse as if it is something that is destructive. The researcher also thinks that the government is not doing much on prevention, but reacts when the problem become uncontrollably higher.

5.5.4 Knowledge of condom usage

Sixty six percent (66%) of the respondents from Msobomvu and 48% from Hogsback reported knowing how to use a condom. Forty four percent (44%) from both areas were not sure whether they knew how to use a condom. Furthermore, 8% of the respondents from Msobomvu indicated that they did not know how to use a condom. There is therefore a need for increased education on how to use a condom. It would be appropriate if such education were to start early in life especially when individuals are in secondary school. Perhaps failure to use the condom correctly and consistently could be the reason why countries such as South Africa and Botswana that use so many condoms have not been commensurate in lowering their HIV/AIDS prevalence. On this, emphasis on male circumcision as a strategy of lowering the prevalence is recommendable (Kang'ethe 2013b). Perhaps also the campaign of condom use should be carried hand in glove within the campaign for abstinence and being faithful to a faithful friend,

5.6 LACK OF KNOWLEDGE ACCOMPANIED BY STEREOTYPIC VIEWS

5.6.1 Beliefs surrounding the issue of multiple sex partners

Study findings indicated that 44% of study respondents from Hogsback and 56% from Msobomvu agreed they had many sexual partners, whilst 40% from Hogsback and 32% from Msobomvu indicated not to be involved in multiple sex partner relationship. In this researcher's opinion, it is indeed out-fashioned for men to have as many sexual partners as he wants because that also leads to inconsistency in condom usage and possibly spread STIs and STDs. Campbell & Maman (2000) note that, the act of infidelity is a common practise among African men, which also give a rise to HIV and AIDS statistics, however, Looking at this argument, one can note that infidelity or the issue of having multiple sex partners is really boosting HIV/AIDS to affect more people. This researcher thinks that the government of the day needs to use media to promote "one woman-men" campaign. Perhaps the campaign against multiple and concurrent partners needs to tackle the socio-cultural factors that have condoned men to behave that way (Kang'ethe, 2009),

5.6.2 Negotiations on safe sex

Referring to the statistics on safe sex negotiations, statistics on the presentation (refer to chapter 4) depicts that 52% of Msobomvu respondents do negotiate on safe sex. Almost a half of the respondents (32%) from Msobomvu do not bother themselves on engaging on safe sex negotiations. This is a very big percentage and one can conclude that unsafe sex practice is very high and that also means the spread of STIs/HIV will be relatively high also. It is indeed that there is a need for government to come up with a compulsory subject on sexual risk taking behaviours and HIV/AIDS that could be implemented in high school levels and in all institutions of higher learning.

One can also recommend that, parents need to take part in educating their children about safe sex as they grow up. Wormer (2009) emphasizes that discussions of safe sex practices with youth does not lead them to initiate sexual activity earlier than they would have. This means that, parents should not worry that if they open up sexual discussion to their children they will initiate sexual activity immediately they are well informed or educated.

5.6.3 Beliefs in HIV/AIDS as an existing disease and condoms as the protective mechanism of HIV/AIDS

Study findings revealed that 56% of the respondents at Msobomvu and Hogsback respectively had multiple and concurrent partners. Contrastingly, 32% of the respondents from Msobomvu and 40% from Hogsback indicated they were not involved in multiple sex partner relationships. Amazingly, 12% of the respondents from Msobomvu and 16% of the respondents from Hogsback were not sure where they belonged. Perhaps what these statistics reveals supports the contention that condom use among young people in sub-Saharan Africa is very low (Tadele & Kloos, 2013). It is according to this researcher’s contention that the campaigners must call upon young people of these 2 areas to address and eradicate all the stereotypic views, unfounded ritualistic mannerism across the African folk especial in these two domains.

5.7 CONCLUSIONS

The study took a quantitative portion on the perceptions of males on the relationship between sexual risk taking behaviours and HIV/AIDS in Nkonkobe Municipality. Basically, the main aim of the study was to explore the relationship between sexual risk taking behaviours and the prevalence of HIV/AIDS in Hogsback Township and Msobomvu Location. As such, it has to be explicitly spelt out that the main focus of this study will assist in the methodology and strategies to be implemented to address issues surrounding sexual risk taking behaviours as the contributory factors to HIV/AIDS. Based on the four objectives that the study intended to achieve, the following were achieved, to explore the risk taking behaviours relevant in Hogsback Township and Msobomvu Location, to explore the perceptions of males regarding the relationship between sexual risk taking behaviours and HIV/AIDS, to determine the perceptions of males towards HIV/AIDS test and lastly, to suggest strategies to ameliorate lives of males in Hogsback Township and Msobomvu location.

The first objective was to explore the risk taking behaviours relevant in Hogsback Township and Msobomvu location. Eclectic data sources indicates that risk taking behaviours that are practiced by young people particularly males, takes about a lion's share as a contributory factor to the spread of HIV/AIDS across the African folk. This in deed linked with alcohol consumption accompanied by stereotypic views and culture. Risk taking behaviours that were relevant in both domains were accompanied by irresponsibility, alcohol consumption as well as "I do not care attitudes" as indicated in chapter 2 of literature review.

Emphatically, this researcher unveils that young people only live for the present and they always seek for sensation from unprotected sex having stereotypic views concerning condom usage. Basically, the research findings reveal that there is a relationship between sexual risk taking behaviours and HIV/AIDS. It has been indicated that there is a strong correlation between seeking for sexual pleasurability, condom inconsistency, carelessness and alcohol consumption. Moreover, research findings also indicated that respondents like a sexual partner when under the influence of alcohol than when normal and few of them who remember to use a condom when under the influence of alcohol. Aggleton, (2004) outlines that young people are irresponsible, pleasure seekers who only live for the present.

The issue of free one night stands as offered to males was still perceived as a panacea accompanied by condom inconsistency between the ages 18-24. According to social learning area and theory of learned behaviour is learned children of this age like to mimic what others are doing and put that into practice. On the other angle, deep kissing has been indicated with 36% from Msobomvu and 24% from Hogsback that is the most protective mechanism as compared to unprotected sex since it lowers the risks of getting HIV/AIDS according to their perception. Also, having sexual intercourse in the darkness showed a huge percentage. However, this researcher believes that having sex in the darkness increases chances of getting sexual infections such as, STI's and STD's.

Dating young school girls/boys was perceived as the best since they are still young and energetic and some are still virgins. Regrettably, this researcher thinks that the smaller the vagina the higher the chances of getting HIV/AIDS. In addition on that, 76% from Msobomvu among all ages revealed that when condoms bursts in the middle of the night and there are no condoms available they continue with sex and pray that nothing will happen, while only 64% from Hogsback explicitly outlined that they stop the sex immediately when such incident occurs. As such, this therefore indicates that seeking for sexual pleasurability including infidelity is at the high rate in all of these range categories. The study also indicated that only a few of these males who remember to use a condom when under the influence of alcohol.

The second objective was to explore the perceptions of males regarding the relationship between sexual risk taking behaviours and HIV/AIDS. The findings of the study revealed that respondents had some knowledge concerning other risk taking behaviours; regrettably, they did not perceive deep kissing as one of the risky behaviours. On the ground, statistics reveals that among those sexual risks taking behaviours only a certain percentage that is known as being risky and contributing to the pandemic of HIV/AIDS. However, all this was accompanied by pressure from sexual desires and turn to forget about the future.

Having more than one sexual partner was still perceived as a panacea by both domains and were still accompanied by stereotypic views grounded in culture. Apart from that, respondents reported that that they practice condom inconsistency as indicated by the results. More so, minding about the status of the sexual partner before sleeping with him or her was not perceives as a risk taking behaviour rather than chasing away a sexual partner by asking such things instead of just having sex and stop bothering about other things.

The third objective was to determine the perceptions of males towards HIV/AIDS test. The findings from this research indicated that the study respondents 52 % from Hogsback Township do not know their statuses as revealed by UNAIDS, (2012) that 50% of people globally do not know their status and according to millennium goal number 15. On the other hand, Msobomvu Location showed 64% of respondents who do not go for HIV/AIDS test especially ages between 18-23 and 29-35. This in deed indicates that young people do not see the point of getting tested of which that will make this escalating trend as far as the problem statement is concerned.

Fourth objective was to suggest strategies to ameliorate the lives of males in Hogsback Township and Msobomvu Location. The research findings revealed that has explicitly suggested the devices to be used to modify lives of respondents based on the glaring lacunas that were left by other scholars who wrote on issues surrounding sexual risk taking behaviours and HIV/AIDS.

5.8 RECOMMENDATIONS

Considering the various research contributions that examined how individuals and groups perceive risk and how culture influences risk behaviours in a wide society of environments. The following are recommendations based on the pieces of information that have been surrounded by the different consulted sources. It is hoped that if these recommendations would find their way to the law makers they would build their policies around them. However, it is hoped that the government's efforts to fight HIV/AIDS should now focus on address the both socio- economic and socio- cultural issues. Basically, having dwelled on the discussions and conclusion of the study, this sub-section will deeply clarify on the strategic recommendations that were compelled by the findings of this study.

5.8.1 Eradication of infidelity

The findings from this study indicated that the issue of having more than one sexual partner was still rampant in both domains (Msobomvu and Hogsback). This researcher suggests that the government must re-visit policies in modifying strategies and methodologies surrounding having more than one sexual partner which is still perceived as a panacea by most males across the African folk, particularly in Hogsback Township and Msobomvu location.

5.8.2. Behavioural modification campaigns against social ills

It has been revealed that the rate of social ills was very high, that is HIV/AIDS in particular and these SRTBs that will be broadly discussed below.

5.8.2.1 Romantic Relationship

Romantic relationship can be a high risk of conducting HIV/AIDS virus. Too often, research has shown that first time lovers especially during dating do not disclose the truth of their HIV status. This researcher recommends to the society that, all those who are opposed to low risks during dating should have follow up HIV testing through 6 months post- exposure as opposed to normal 3 months. Also related to the recommendation that, once people realise they have become exposed to risk behaviours during dating or romantic relationship they should start to abstain from other sexual relations/ experiences until they are sure of their HIV status. However, if they found out that they are tempted to have sexual relationship they should always disclose their status to avoid spreading of HIV/AIDS. Finally, getting the best help from the best people is equally important especially for men because it strengthens and the weak personality. This is a true case especially if one chooses to tell every one of his/her experience as some people may act as if he/she already infested when he might not even be.

5.8.2.2 Multiple and concurrent sexual partners

The findings from this study revealed that MCSPs was commonly practiced in both domains (Msobomvu and Hogsback). Concurrent sexual partnerships (MCSPs) are also known as overlapping partnerships where sexual intercourse with one partner occurs between two acts of intercourse with another partner. This highly risks the spread of HIV/AIDS transmission with generalised epidemics, how condoms are used and low prevalence of male circumcision. There is need for implementing multi-channel interventions that target those that engage in MCSP, and implement interventions to address partner reduction and a national mass media campaign could also be very important to raise the level of risk awareness especially among men.

It is also important for instances, to take campaigns to communities growth-points small cities/town meeting small groups of people and teaching about the risks of multiple sex partners. Finally, it is important for organisations to work with government on their efforts to raise public companies about the risk of concurrent multiple sex. These can help national multi-channel campaigns to raise awareness and risk perceptions about CSP and thereby encourage partner reduction.

5.8.2.3 Addressing misunderstandings surrounding deep kissing

It is outlined that respondents from both domains highlighted that deep kissing lowers the risks of getting HIV/AIDS than unprotected sex and a least protective way from getting HIV/AIDS. While it still very controversial, deep kissing is said not to be a mode of HIV/AIDS transmission. Latest studies on HIV/AIDS transmission, are showing that despite the billions of kissing events in the AIDS era, there has never been any one case of HIV has been known to be transmitted that way even though millions of such kisses may have been from months with cuts (HANSFIELD, 2013). Thus, on those findings it could be recommended that men either HIV/AIDS positive or with HIV positive women can kiss their spouses without fear. However, health precautions also need to be considered in any fore-play actions.

5.8.2.4 Teaching on self-control and self-discipline

Eclectic data sources indicate that in all societies men are known to engage in high-risk activities for acquiring HIV/AIDS- especially when under the influence of alcohol where they often engage in more sexual contact than women, hence, the findings revealed that males are pleasure seekers who are driven by sexual feelings and the sexual pressure from alcohol. To support the above assertion, Intravenous drug users are more often men that women. Due to the facts given above, where men often risk transmitting HIV/AIDS to their spouses. Thus, it would be advisable to educate men to exercise self-control especially when under the influence of substances. Self-control here should be considered as a virtue which every man must possess especially in the face of women who may appear instricting and provocative. Given the existence of so much evidence about the use of condoms, it would be important to advise men to consistently use condoms. Thus, in this case counselling session for man to exercise use of condoms would be very important as this has been able to reap positive results in European countries.

5.8.2.5 Minding about the status of sexual partner

This researcher recommends to those who are driven by their sexual feelings to minding about status of sexual partners as it helps to reduce the spread of HIV/AIDS. In a case whereby one does not know his/her partners status, there are high chances of living with HIV/AIDS unknowingly. Hence knowing your sexual partner status becomes important for protective measures.

5.8.2.6 Sexual orientation

It is widely acknowledged that most young persons are not exposed to sexual knowledge at an appropriate age. As a result many of them end –up experimenting in risky sexual behaviours. The recommendation therein is, communities together with ward councillor should revisit the orientation goals of old societies where community elders were responsible for initiating the young people into sexual orientation activities.

5.8.2.7 Darkness and light when having sex

It is the researcher's view that sexual intercourse is done in the dark in African cultures, as Emmanuel Fru Doh (2009) noted that sex is considered an extremely private issue in African cultures. So this is very common, but in these days it is highly dangerous of sexual partners preferring darkness to engage in sexual intercourse, as one cannot note whether a condom has been inserted or not amongst sexual partners. As the globalisation strengthens, development of new diseases are reflecting, thus, It is recommended that people should also practice the current ways of practicing things so as to meet halfway the measures that are being taken to decrease the spread speed of STIs and STDs to other people. For example, people should adapt to the current ways of living, in terms of having sexual and HIV/AIDS discussions with parents to uplift the level of awareness, as that might also help in fighting STIs.

5.8.2.8 Emphasizing that HIV/AIDS is an existing disease and it needs to be cared for

This is all centred to government programmes and media to be used as an education tool for HIV/AIDS awareness. Media must also be used to encourage families to engage themselves more in HIV/AIDS discussions so as to ensure that people are aware of this epidemic. Also, it poses the challenge to HIV campaigners and the NGOs to device some new strategies on the emphasis of educating people about HIV/AIDS and other risk contributory factors to its pandemic.

5.8.2.9 One night stand offers

Acceptance of one night stand offers was at the high rate from both domains as indicated by the findings of this study. As such, this researcher therefore recommends that the province should come up new ways of addressing alcohol consumption since one night stands goes hand in hand with it; also sexual pressure is triggered by alcohol consumption which leads to these one night stands. It was noted during the analysis of the findings that even during these one night stand offers people did not care about the status of the sexual partner which indeed links with unprotected sex. Thus, this poses the risks getting the disease to both parties. Basically, it is critical that campaigners like social workers with broader knowledge of social ills such as sexual risk taking behaviours and HIV/AIDS are involved. It is therefore recommended by the researcher that the social work profession and nursing science needs to be actively involved in behavioural modification of these social ills. Also, such involvement must partner with other agencies such as South African Council on Alcoholism and Drug Dependency (SANCA) to address the integration between these three aspects (alcohol consumption + sexual pressure = one night stand with unprotected sex).

5.8.2.10 Eradicating wrong perceptions about condoms and the stereotypic views surrounding their usage

The findings from this study indicated that condoms curb sexual pleasurability and shift respondent’s way of doing things as they were taught by their fore fathers. This means that young people are pleasure seekers who do not even care about what will happen tomorrow if they involve themselves in such act. It is this researcher's suggestion that the government's stakeholders should regularly visit areas especially rural areas such as Msobomvu and those small townships like Hogsback so as to eradicate illiteracy concerning wrong perceptions about condoms and their usage. As such, these stereotypic are the ones that leads to the spread of the HIV/AIDS unknowingly.

5.9 STEREOTYPIC VIEWS SURROUNDING CIRCUMCISION

It is topical to address that undergoing male penile circumcision alone should not be taken as a 100% prevention methodology. This researcher therefore thinks that the government campaigns like ministers of health collaboratively with the NGOs have to indicate to the people that they are still vulnerable irrespective of their circumcision status needs to be overhauled. Emphatically, it is a fundamental issue that should be taken very seriously to avoid stigmatising those who had not undergone the traditional one.

5.10 ECONOMIC EMPOWERMENT

Findings unveiled that economic instability was very high in both domains which might have an impact on the relationship between sexual risk taking behaviours and HIV/AIDS. It manifested itself that when there is nothing to do unprotected sex especially in winter seasons it is used as coping mechanism. More so, living only for the present and have multiple partners was also seen as a weapon to fight against unemployment which faces South African young people at large. This researcher suggests that the government to put the affirmative action employment opportunities for these people. It is indeed vital for the government to complement affirmative action with some awareness campaigns that will empower them with advices to ameliorate sexual risk taking behaviours and the pandemic of HIV/AIDS.

5.11 SUGGESTION FOR FURTHER STUDIES

The findings from this study revealed that there is a need for a triangulated study to be carried out to further explore the phenomena of sexual risk taking behaviours and HIV/AIDS. This indeed will include other stakeholders like, females and males of other ages. Qualitative research study could help in getting a broad exploration on the phenomenon. Lastly and emphatically, another research must also topically investigate the perceptions of females as being the victims of these sexual risk taking behaviours and HIV/AIDS including the culture of having multiple sex partners and condom inconsistency.

5.12 CONCLUSION

In a nut shell, indeed this has been a sensible academic task of conducting a study on perceptions of males on the relationship between sexual risk taking behaviours and HIV/AIDS on the target two domains in Nkonkobe Municipality. The quantitative method was of the great significance in conducting a study of this nature and therefore, made it a success. Lastly, the theoretical frames, the method of analysing data also made this study a success.

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APPENDICES

APPENDIX A: RESEARCH QUESTIONNAIRE

University of Fort Hare
Together in Excellence

RESEARCH QUESTIONNAIRE

I am a master of Social Work student at University of Fort Hare Alice Campus who is conducting a research study on **"Perceptions of males on the relationship between sexual risk taking behaviours and HIV/AIDS in Nkonkobe Municipality."** It has to be explicitly stated that the information that you will be providing will remain confidential for your safety and for your identity. Basically, no information will be exposed in this research. Your participation is deeply appreciated and you are free to ask questions if you find some complications in understanding the language. Lastly, you are free to withdraw from the study at any time you feel to do so.

Master of Social Work

Department of Social Work/Social Development

University of Fort Hare Alice Campus

SECTION A (Biographical Information)

Kindly complete the following personal particulars. You are urged to put a cross in the relevant blocks provided. Please do not write your name for confidentiality purposes. If it happens you want to change the answer, please do so by clearly erasing with an eraser and return the questionnaire to the researcher.

1. Your age in years

2. Your race

White	1.
Black	2.

3. Level of education

Grade	1-7	1
	8-12	2
	Tertiary	3

4. Which one is your home language?

Xhosa	1
Zulu	2
English	3
Afrikaans	4
Others	5

5. Are you married?

Yes	1
No	2

6. If so, do you have other hidden affairs outside marriage?

Yes	1
No	2

7. Which of the following best describes your home

Brick house	1
Backyard room	2
Fiat	3
Mud house	4
Other	5

8. Is your father alive?

Yes	1
No	2

9. Is your mother alive?

Yes	1
No	2

10. Whether these parents are alive or not, are there any other people who are responsible for your nurturance/guidance on issues of life?

Yes	1
No	2

SECTION B

Risk taking behaviour

11. Are you involved in a romantic relationship?

Yes	1
No	2

12. If yes, do you have more than one sexual partner?

Yes	1
No	2

13. Are you traditionally circumcised? If no are you surgically circumcised or not at all?

Yes	1
No	2
Not at all	3

14. When you and your friends are being offered a free one night stand sex as a group and there are no condoms what do you do?

You take it as if none of your friends can be affected	1
You continue having sex without a condom	2
You exclude yourself and look for a condom.	3

15. Without sex do you use intravenous drugs?

Yes	1
Sometimes	2
Not at all	3

16. What do you know about deep kissing? Does it

Lower the risks of getting HIV than unprotected sex	1
Or is the least protective way than unprotected sex from getting HIV	2
It is not the protective way than a normal kiss.	3

SECTION C

The extent to which sexual risk taking behaviours contribute to HIV/AIDS.

17. Do you know your HIV status?

Yes	1
No	2

18. If so how often do you go for test?

6 times per annum	1
4 times per annum	2
2 times per annum	3
1 time per annum	4
Not at all	5

19. Do you have sex with women or men?

With men only	1
With both men and women	2
With only women	3

20. Irrespective of the answer above, how often do you find about/mind about the HIV status of the sexual partner?

All the time	1
Accidentally	2
Not at all	3

21. Do you prefer having sex when there are lights or when there are not?

When there are lights on	1
When there are dim lights	2
When its dark	3
Dim lights or even dark	4

22. Do you use condoms or any other form of contraceptive during sex? If so how frequent

All the time	1
Sometimes	2
None at all	3

23. Explain how you react when you see a young woman/ young man who are provocatively dressed.

Sexually provoked	1
Only normally	2
Not provoked at all	3

24. Are there circumstances in which you find yourself forcing the sexual partner to agree to your sexual advance?

All the time	1
None of the time	2
Sometimes	3

25. In your sexual endeavours, what age of sexual partner do you prefer for sex?

Young school girls/boys	1
Out of school adolescent girls/boys	2
Women of 20-30 years	3
Elderly men	4

26. If it happens that you urge a sexual partner to allow you to sleep with you and she/he accepts. Would you sleep with her/him without a condom?

Yes	1
No	2
Not sure	3

Alcohol

27. Do you take alcohol? How often do you take alcohol?

All the time	1
None of the time	2
Sometimes	3

28. In any one drinking episode, how many cans/ 750ml bottles or 1 litre do you take?

1-3	1
3-5	2
5-6	3
More than 6	4

29. While you are drunk, do you normally like a sexual partner?

Yes a lot	1
Just the same as when I am not drunk	2
More than when I am not drunk	3
They look beautiful when I am drunk	4

30. Under the influence of alcohol, how much do you remember to use a condom

Always	1
Rarely	2
Accidentally	3

31. Do you know how to use a condom well?

Yes	1
Not very sure	2
Very well	3

32. In the eventuality that a condom bursts in the middle of the night and you do not have others, what would you do?

Stop the sex immediately	
Assume nothing has happened	
Continue with sex and pray that nothing bad will happen	

Lack of knowledge accompanied by stereotypic views and culture

33. Do you believe in multiple sex partners?

Yes	1
No	2
Not sure	3

34. When you and your friends are given an offer by an old person to have sex with her/him how often do you use condoms?

All the time	1
Sometimes	2
Not at all	3

35. How often do you negotiate safe sex with your partner?

All the time	1
Sometimes	2
Not at all	3

36. Which way do you prefer when having sex with your partner?

Using a condom	1
Not using it at all	2
Part timing condom	3

37. When you have contracted any sexual transmitted infection do you go for treatment or

You just leave it as if nothing happened	1
You are afraid of disposing your penis to women (female nurses)	2
You think of humiliating your culture of circumcision	3

38. Do condoms curb us from getting pleasure from sex and shift our way of doing things as we were taught by our fore fathers.

Yes	1
No	2
Not sure	3

39. If so, do you believe in HIV/AIDS as an existing disease and condoms as the protective mechanisms of HIV/AIDS?

Yes I believe	1
Not at all	2
Not sure	3

40. Does your family warn you about HIV/AIDS?

Yes	1
No	2

41. Does your family talk to you about sex and its risks?

Yes	1
Sometimes	2
Not at all	3

THANK YOU FOR YOUR COOPERATION!!!

APPENDIX B: INFORMED CONSENT FORM

INFORMED CONSENT

I hereby agree to participate in research regarding **the perceptions of males on the relationship between sexual risk taking behaviours and HIV/AIDS in Nkonkobe Municipality.** I understand that I am participating freely and without being forced in any way to do so. I also understand that I can stop this interview at any point should I not want to continueand that this decision will not in any way affect me negatively.

I understand that this is a research project whose purpose is not necessarily to benefit me personally.

I have received the telephone number of a person to contact should I need to speak about any issues which may arise in this interview.

I understand that this consent form will not be linked to the questionnaire, and that my answers will remain confidential.

I understand that if at all possible, feedback will be given to my community on the results of the completed research.

………………………………..

Signature of participant **Date**:…………………..