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**Sexual Aggressive Behaviour and Incidence of HIV/AIDS Among Adolescent Males In
Nkonkobe Municipality, Eastern Cape**

BY

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Department of Psychology

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DECLARATION

I hereby declare that aggressive sexual behaviour among adolescent boys in rural high schools- Eastern Cape is my own work and that all references that have been used or quoted from have been acknowledged by means of complete references. It has not been submitted before, for any degree or examination at this university.

Mvuyisi Notole

Signature

Date / /

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ABSTRACT

The general aim of this study was to explore the impact of sexual aggression and the incidence of HIV/AIDS among male adolescents in Nkonkobe Municipality, Eastern Cape, South Africa. Specific aims were to

- Explore the extent to which the cultural values and attitudes held by adolescent males contribute towards sexual aggression
- To analyse the consequences of sexual aggressive behaviour among adolescent males based on the statistical findings of the study.

Using the mixed method that was administered anonymously to and with consent from the two school principals of conveniently sampled 110 adolescent males, aged 15-21 years, in Grade 10 to Grade 12, Phase 1 of the study became the quantitative research. The Statistical Package for Social Sciences (SPSS) version 18 was used to obtain descriptive and inferential statistics. Results from this study found that the null hypotheses were rejected in favour of following alternative hypotheses on 0.05 level of significance; *Ha1: There is a statistically significant correlational relationship between adolescent males who have been forced in sexual intercourse by their friends in terms of sexual aggression and become perpetrators of sexual violence. Ha2: There is a statistically significant difference between adolescent males who talk about sex with their partners and sexually aggressive behaviour. Ha3: There is a statistically significant correlation relationship between adolescent males who receive sex-education from their educators and those who do not receive sex-education from their educators.*

In Phase 2 (qualitative research) the open-ended questionnaires were

completed by 10 respondents and to identify the themes, the data was coded to bring the similarities. Hegemonic masculinity, conformity, alcohol abuse, physical punishment and imprisonment emerged as having impact on the well-being of adolescent males to be sexually aggressive and engage in risk-taking behaviour.

Based on the findings of this study, further research is recommended in determining the self- esteem and sexual attitudes of adolescent males. Furthermore, more of sex-education at schools should be explicit and adolescent males be equipped in the areas of decision-making skills and self-efficacy with respect to condom-use.

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CHAPTER ONE

1 BACKGROUND AND ORIENTATION TO THE STUDY

1.1 INTRODUCTION

The consequences of sexually transmitted infections including HIV remain the major concern for health practitioners. In Africa, 78% of people living with HIV/AIDS are between 15 and 24 years (McAnulty & Burnette, 2006) and more than 50 % of HIV cases reported to have been caused by sexual aggressive behaviour (Baumeister & Bushman, 2011; Smit, 2010). Peterson, Jansen and Heiman (2010) found that higher rates of sexually transmitted infections including HIV/AIDS among adolescents are exacerbated by sexual violent behaviour of adolescent males based on various factors such as peer pressure, gangsterism, cultural norms, sexual exchange and modelling.

Socialized to be sexually aggressive, majority of adolescent males reared in communities (e.g. Sotho, Zulu, Xhosa), that are embedded in cultural practices such as polygamy, *ukuthwala* (abduction) and traditional male circumcision, tend to put their lives at risk of contracting HIV and other sexually transmitted infections (e.g. gonorrhoea, syphilis) by sexually coercing women and children through practicing unsafe sex (DeCraen, Michielsen, Herbots, van Rossem & Temmermen, 2012; Jewkes & Morrell, 2012; Kheswa & Hoho, 2014; Kotchick, Shaffer, Miller & Forehand, 2001).

Culture is defined as a set of permanent denotations, customs, beliefs, values (Weiten, 2010), unwritten laws and practices shared by a collective group of people that enable them to understand the society they reside-in and possible transferred to the

next generation (Visser & Moleko, 2012). According to Franklin, Bouffard and Pratt (2012) adolescent males who join gangs at their early ages, tend to get involved in sexually destructive behaviours, and by virtue of being gang members, sexual aggressive behaviour gets intensified.

Gangsterism augments sexual victimization and perpetration among adolescents through preserving group cohesion, envisioned activities, endorsement of hegemonic masculinity (Brown, 2011) and sustains sexual objectification of women which deters women from initiating condom use, consequently escalates sexual infections including HIV (Bank, 2011; Kheswa & Notole, 2014a). To support this, Jewkes and Morrell (2012) found that adolescent males who rape contributed more than 19.6% to the total number of men who are HIV positive and they were involved in gang-rape. Ryckman (2008) is of the opinion that sexual victimization could be attributed to societies which lack good role models.

In an attempt to study sexual aggression, previous scholars utilized quantitative design (Mwinga, 2012; Phaswana, Seage, Peitzer, Jooste & Mkhonto, 2010), which narrowed the participant's response through quantifying the results and making inferences. However, the current study, intends to follow the mixed method (i.e. qualitative and quantitative research paradigm) in order to triangulate the responses.

1.2 PRELIMINARY REVIEW

1.2.1 Abbreviations

STI (Sexual Transmitted Infections), **HIV** (Human Immune Virus), **AIDS** (Acquired Immuno-Deficiency Syndrome).

1.2.2 Definition of terms

Below are the operational definitions of the terms that are central to the progressing study.

1.2.2.1 Adolescence

Adolescence is a term derived from the Latin word '*adolescere*' which means to mature. Jansen, Moletsane, Neves, Soudien, Stroud, Swart and Wild (2012) referred to adolescence as the stage between 13 and 18 years of age in which the adolescents go through significant physiological, emotional and psychological changes.

Drawing from the psychoanalytic approach by Sigmund Freud, adolescent males are in the genital stage- a time of growth spurt or puberty (i.e. sexual hormones become intense, penis gets enlarged) and aggressive impulses resurface as well as an interest in girls increases (McAnulty & Burnette, 2006; Swartz, de la Rey, Duncan, Townsend & O'Neill, 2011). However, majority of adolescent males seemed to be triggered by this stage, especially when they have never been equipped in the development of decision-making skills, emotional stability, ideal- self and sex-education (Keyes, 2009; Schultz & Schultz, 2009).

1.2.2.2 Sexual aggression

Aggression is defined as an act in which one intentionally harms other individuals who appear to be vulnerable (Steinberg, Vandal & Bornstein, 2011). Kheswa and Notole (2014a) define aggression as mentality of hatred that could possible lead to sexual threatening behaviour or victimization for the perpetrator's sexual gratification. It involves using violence, threats and deception without the consent of the victim

(DeCraen *et al.*, 2012). Sexual aggression is perpetuated by cultural beliefs and economic conditions which promote patriarchal attitudes towards women (Swartz *et al.*, 2011).

1.2.2.3 HIV/AIDS

Human Immunodeficiency Virus (HIV) is the virus that causes and is strongly allied with AIDS. Whereas, Acquired Immune Deficiency Syndrome (AIDS) that overpowers the individual's immune system, and it spread by means of bodily fluids, for example, semen during unsafe sex or any blood contact (Steinberg *et al.*, 2011). Of the global population of 2.2 million adolescents living with HIV, 1.8 million live in Sub-Saharan countries (UNICEF, 2012).

1.3 FACTORS ENABLING SEXUAL AGGRESSION, AND SPREAD OF STI/HIV.

In addition to culture and poverty, various studies have documented factors which are inextricably linked to sexual aggression and HIV transmission, namely; *parenting styles, pornography, drug-friendly environment and school environment.*

1.3.1 Parenting styles

According to Jansen *et al.*, (2012) aggressive sexual behaviour is narrowly rooted from parenting styles and the family settings. Adolescent males from uninvolved parent households tend to have low self-esteem, poor self-regulation, become incapable of forming secure attachments and behave impulsively, because their parents are unresponsive and inattentive of their emotional needs as compared to authoritative

parents who monitor the whereabouts of their children, provide warmth and unconditional support (Karla, 2010; Pastorino & Doyle-Portillo, 2011).

In comparison, permissive parents are submissive and too lenient in terms of instilling morality and internalization from an early age and as a result their children grow up displaying what psychoanalytical theory by Sigmund Freud refers to as *anal-expulsive personality* (personality characterized by risky- sexual behaviour and rebelliousness) (Bhana, 2013; Engler, 2014).

It is interesting to note that even in families that are dysfunctional (i.e. single or both parents drink alcohol, experience financial hardships, divorce and domestic violence) adolescent males may struggle to demonstrate resilience and sense of coherence (Karla, 2010; Pastorino & Doyle-Portillo, 2011). Instead, adolescent males may mask their emotional inadequacies and stress by resorting to anti-social behaviour (e.g. smoke dagga, drink alcohol, skip classes) disregard authority figures such as educators and eventually contract STIs for early sexual debut (Holborn & Eddy, 2011; Jansen *et al.*, 2012; Louw & Louw, 2007).

1.3.2 Peers and schools

Because adolescent males are concerned about discovering themselves, the question that ponders is "*Who am I?*". The work of Erik Erikson views peers as variables that could trigger identity versus identity confusion stage, since adolescents prefer spending most of their time out-doors to communicate about matters which impact on their sexuality, careers, values and religion (Swartz *et al.*, 2011).

However, when adolescent males grow up in a drug-friendly environment and parents never equip them with decision- making skills, for fear of rejection, they, in turn,

conform easily to delinquent peers who later introduce them to substance use and unhealthy sexual practices (e.g rape)(Kann, 2008; Nduna, Jewkes, Dunkle, Jama & Colman, 2010). Barnes, Brynard and de Wet (2012) found that schools which lack cognitive stimulation for adolescents have also been found to influence bullying, violence and sexual victimization especially in impoverished environment such as in Eastern Cape Province, South Africa, where there are no recreational facilities.

1.4 PROBLEM STATEMENT

Unsafe sexual practice is a common phenomenon amongst rural male adolescents (Mwinga, 2012) and results in HIV infection. Kheswa and Notole (2014b) found that majority of adolescent males prey on women who are vulnerable because of their impoverished background. Drawing from social exchange and gender-strain theories, adolescent males engage into transactional sex with numerous sexual partners to prove their masculinity and sexual prowess, leaving women with less autonomy to make informed decisions about condom use since they are being compensated to meet their needs (e.g. cellphones, clothes, school fees) (Kalichman, Simbayi, Kaufman, Cain, Cherry, Jooste & Mathiti, 2005).

Furthermore, once African adolescent males have undergone traditional circumcision, they are regarded as matured and it is deemed acceptable for them to drink alcohol and have multiple sexual partners (Mhlahlo, 2009; Ntombana, 2010). Bernstein and Penner (2012) argue that by being left unchecked by their parents, adolescent males access sexual content by means of pornography and tend to engage in aggressive sexual behaviour as compared to those who do not have access to

pornography. Pornography viewing has been found to desensitise and condition male adolescents to preserve opposing beliefs about women which increases the probability of sexual attacks (Franklin *et al.*, 2012). Because they have less knowledge about healthy sexual practice (Baumeister & Bushman, 2011; Stevens & Cloete, 2010) they are unable to differentiate between reality and fiction and that increases the propensity of contracting HIV/AIDS. Against this background, this study intends to investigate the following research questions:

- Which social factors perpetuate sexually aggressive behaviour of adolescent males?
- How does sexual aggression amongst adolescent males contribute towards HIV/AIDS transmission?
- What are the consequences of sexually aggressive behaviour among adolescent males?

1.5 RESEARCH AIM AND OBJECTIVES

1.5.1 Aim

The main aim of the current study is to explore the role of sexual aggression among rural male adolescents on the drastic escalation of sexual infections including HIV/AIDS in the Eastern Cape, and to suggest significant procedures to prevent the spread of sexual infections.

1.5.2 Objectives of the study

- To investigate the social factors that perpetuates sexual aggressive behaviour among adolescent males.
- To determine how sexual aggression contributes towards HIV/AIDS transmission.
- To explore the extent to which the cultural values and attitudes held by adolescent males contribute towards sexual aggression.
- To analyse the consequences of sexual aggressive behaviour among adolescent males based on the statistical findings of the study.
- To suggest significant procedures to prevent the spread of sexual infections.

Table 1-1: Research methods linked to research questions

Research Questions	Data Sources and Methods	Justification
Which social factors perpetuate sexual aggressive behaviour of adolescent males?	Questionnaire Likert: See appendix 4	Participants will indicate the extent to which they express their sexually aggressive behaviour.
How does sexual aggression amongst adolescent males contribute towards HIV/AIDS transmission?	In-depth interview and observation. See appendix 4	The participants will reveal knowledge and psychological encounters around HIV/AIDS.

<p>What are the consequences of sexually aggressive behaviour among adolescent males?</p>	<p>Questionnaires as well as interviews</p>	<p>This will help the researcher to make inferences and suggest a psycho-educational programme</p>
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1.6 THEORETICAL FRAMEWORK

According to Mouton (2012) a theoretical framework is the statement of supposition that conveys the researcher’s view about what must be considered valid. The current study will be underpinned by Self-Control Theory pioneered by Gottfredson and Hirschis (1994). It postulates that adolescents with low self-control, a lack of conscientiousness and patience strive for immediate gratification and become self-centered (Walsh, 2012). Furthermore, such adolescents are more likely to be tempted by the fascinations of the moment and cannot repel these momentary temptations and thus display antisocial behaviour owing to impulsivity (Franklin *et al.*, 2012; Reisig & Pratt, 2011).

1.7 RESEARCH METHODOLOGY

A research paradigm refers to a matrix of beliefs and perceptions. It is a worldview, a whole framework of values and methods within which research takes place (Durrheim, Painter & Terre Blanche, 2006). This research study will employ the mixed approach methods as previously mentioned (i.e. combination of quantitative and

qualitative approaches). It reduces bias and provides greater confidence in terms of capturing accurate data. Furthermore, the use of mixed methods or triangulation leads to the synthesis or integration of theories and enriched explanation of the research problem (De Vos, 2005).

1.7.1 Sampling and population

Sampling is referred to as the process by which the researcher selects a group of respondents (Weiten, 2010), and in this research study, a convenience sample of 110 participants in Grade 10-12, were drawn from the population of adolescent males attending two high schools in the district of Nkonkobe Municipality in the Eastern Cape. Population refers to the collection of individuals that constitute to a particular group, whilst a sample is a subset of the population (Hennink, Hutter, & Bailey, 2011; Nevid, 2012). The sample must share the same characteristics (e.g. culture) and be legible to answer questions in English.

1.7.2 Data collection

The data were collected from the participants by means of self-administered questionnaires. During the first phase (Phase 1), quantitative research questions distributed followed by open- ended questionnaires (Phase 2) as suggested by Leedy and Ormrod (2005). According to Evans and Rooney (2014) advantages of closed - ended questionnaires and open-ended questionnaires are as follows:

- Closed-ended questionnaires involve a large group of participants in a relatively short- period and each question is answered by all participants.

- Quantitative research questions indicate the direction along which participants should answer. Using the Likert- scale (i.e. 1.strongly disagree, 2. disagree, 3. Neutral, 4. Agree and 5. Strongly agree) or dichotomous (Yes or No), the information obtained can be interpreted easily.
- Open-ended questionnaires, accommodates up to 12 participants and express their phenomenological experiences without being channelled.

1.7.3 Data analysis

Data analysis was done by means of themes after comprehensive coding was employed. Also, the descriptive statistics (central tendencies) and inferential statistics shall be determined. Descriptive statistics was done in detail.

1.8 RELIABILITY AND VALIDITY OF THE STUDY

To measure reliability and validity of the study, triangulation was employed. For phase 1, the self-administered questionnaires were formulated and guided by content validity from the literature as suggested by Kerlinger and Lee (2000). To ensure the trustworthiness for Phase 2, credibility, generalisability, dependability and confirmability pioneered by Lincoln and Guba (1985) were followed.

1.9 ETHICAL CONSIDERATIONS

According to de Vos, Fouche, Strydom and Delport, (2011) and Mouton (2012), ethics aim to give guidelines on what constitutes moral research behaviour and which significant issues the researcher needs to adhere to during the course of the research study, primarily preserving the welfare and dignity of participants. Thus, ethics are formulated to protect and maintain good relationship between the researcher and participants.

The written formal letter to the principals of the rural high schools seeking permission will be sent. Also gaining informed consent of the participants and parents or legal guardians of the adolescent boys under the age of 18 years will be sought. Prior the study begins, participants will be assured about the right to anonymity and privacy, as suggested by Leedy and Ormrod (2005), hence their names will not be asked during the interview and revealed when publishing the results. Furthermore the researcher will undertake all possible measures to ensure confidentiality and inform the participants that once raw data is obtained, transcribed and statistically analysed, the materiel used for data collection will be destroyed.

1.10 CHAPTER OUTLINE

Chapter 1: *Background and orientation of the study.* This will present a brief background encompassing the preliminary reviewed literature, problem statement, objectives of the study, hypotheses, significance of the study and theoretical framework.

Chapter 2: *Literature review.* This chapter present a detailed discussion on the impact of sexual aggression by rural male adolescents on drastic escalation of sexual

infection including HIV/AIDS in the Eastern Cape. It is therefore obligatory to provide reviewed literature obtained from accredited academic sources (journals, books and internet scholar articles) within the field of sexuality to grasp the relationship between sexually aggressive behaviour and HIV/AIDS.

Chapter 3: *Research Methodology.* This chapter will discuss and outline the research design used, the methodology and sampling procedures that would have been used in this research.

Chapter 4: *Analysis and interpretation of data.* Since the current study utilized both methods, obtained results will be presented and analysed in relation to the research hypothesis and research questions presented in chapter one, to bring order, structure and meaning of data.

Chapter 5: *Discussions, conclusions and recommendations.* The findings will be presented, conclusions that will be based on the results will be given and recommendations will be made generalizable to the broader population.

1.11 CONCLUSION

This chapter explored the problem statement concerning sexual aggressive behaviour of adolescent males and escalation of HIV/AIDS. The research questions, aims and objectives were summarized. The ethical issues which were outlined are informed consent, confidentiality, privacy and anonymity and protection from harm.

CHAPTER TWO

2 LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter provided an introduction and background to the study. This chapter focuses on the literature to support the study. The psycho-social factors inclined to sexual aggressiveness of male adolescents such as witnessing violence, parenting style, absent fathers, dysfunctional families, culture, gender inequality, intimate partner violence, history of child abuse, disorganized social environment, self-esteem and self-efficacy and resilience come from the literature and will be discussed as the chapter progresses in the following pages. Furthermore, this chapter will pave a way forward, as to what possible measures can be implemented to curb sexual aggression and further escalations of sexual transmitted infections including HIV/AIDS among adolescent males. Sexual aggressiveness of male adolescents poses a vigorous challenge in legal and communal health professionals to combat sexually transmitted infections including HIV. The main reason for African males being unduly infected by STIs/HIV could be attributed to the above mentioned factors.

2.2 PREVALENCE OF SEXUAL AGGRESSION ACROSS COUNTRIES

The pervasiveness and patterns of sexual aggression differ from one country or community to the next. For example:

- In a mixed gender studies of sexual perpetration among adolescents in Kenya, DeCraen *et al.*, (2012) found that 21% of females and 11% of males were victims of sexual coercion and sexual harassment perpetrated by the peers.
- A study conducted in Nigeria, Plateau State from 39 schools at a sample of 2705 school going participants, Dartnall and Jewkes (2013) found 32% of males and 45% of females reported having experienced coercive sex. Jewkes *et al.*, (2013) emphasize that peers may influence adolescent males to aggressively engage in risky sexual behaviours.
- In South Africa, Dartnall and Jewkes (2013) found that approximately 28% of female and 37% of male adolescents from rural areas and low-income households have perpetrated sexual victimization. In another population study of male adolescents, Jewkes *et al.*, (2013) found a correlation of 37% males as sexual perpetrators, while 23% of female adolescents aged between 12 and 19 years, were reported not willing to have sex in their first sexual practice but force was exerted (Ybarra, *et al.*, 2012).
- In the Western Cape among school going adolescents of colour who are involved in intimate relationships, 20.7% perpetrated sexual violence, while 16.4% reported as having intentions to sexually violate their partners (Walker-Williams, van Eeden & van der Merwe, 2012).
- In the Eastern Cape Province, Kheswa and Notole (2014b) found that adolescent males who engaged in sexual aggressive behaviours when raised in cultural

dominated societies and alcohol and drug friendly environment and dysfunctional communities.

The news of late Anene Booysen who was brutally victimized sexually and murdered on the 2nd of February 2013 signifies the prevailing sexual aggressiveness of males especially in rural communities of South Africa (Meyer, 2013). A newspaper article by Mike and Nkonkobe (Daily Dispatch, 2014: November 24) a 12-year old primary school boy was found guilty of having sodomized 7 boys and raped 1 girl.

Escalating high rates of sexual aggression as the major predisposing factor of HIV/AIDS is not only a challenge to health practitioners, but a major social problem to South African communities. Statistically, in South Africa 30% of sexual crimes are committed by adolescents as early as from 10 years (Donald, Lazarus & Lolwana 2014). However, table below show number of reported sexual crime in the Eastern Cape, between year 2009 and 2014.

Table 2-1: Sexual cases in Eastern Cape from 2009 to 2014

Years	2009/2010	2011/2012	2013/2014
Cases reported	9, 047	9, 239	9, 897

The above table exhibits a comprehensible representation of escalating occurrence of sexual violent behaviors in South African communities. However despite elevated figures, many rape cases are presumed to be unreported (in criminology termed '*dark figure*') due to fear of embarrassment especially in rural communities where sexually related discussions are regarded as a taboo (Hamilton & Campbell,

2013; Miller, 2010). For example, in a study by Hayes and Carpenter (2012) South African Police Service reported an increase in sexual offenses and the findings revealed that 20% of males have raped but their cases were not reported to police.

2.3 PREVALENCE OF HIV/AIDS ACROSS SUB-SAHARAN COUNTRIES

Approximately 13 million adolescent males under the age of 18 years worldwide have encountered sexual violence (United Nations Children's Fund, U.S, 2011). The incidence of HIV/AIDS in South Africa particularly in rural communities exhibits heightened rates among adolescents. The studies conducted illustrate strong concurrence of escalating rates of sexual infections including HIV.

According to Meises (2009), 12% of all females and 6% males between the ages of 15 and 24 were declared HIV positive in year 2002. In line to that, Ramathuba (2012) found that in year 2005, 5.5 million people were diagnosed HIV positive. Among them, 5.3 million were adolescents and young adults aging between 15 and 24 years old, of which 3.1 million equals to 70% of HIV positive adolescents were females. In 2007, another global study (UNAIDS, 2008) found that 33 million people were living with HIV/AIDS in the African countries, counting 67% of the total number of HIV/AIDS positive people globally. As a result 72% of deaths in 2007 were anticipated to be HIV/AIDS related (Shannon *et al.*, 2012).

The South-East areas of Sub-Saharan countries have been identified as the most affected area by HIV/AIDS. South Africa is not only beholding the alarming prevalence of adults living with HIV/AIDS, relatively numbers of South African adolescents gradually increases and outnumber infected rates of all other age groups

(Mitchell & Pithouse, 2009). In year 2006, almost 5.4 million (equivalent to 11.2%) out of 48 million South African population were believed to be HIV infected with a prospects of approximately 6% increase in HIV/AIDS diseases and death by 2015 (Donald *et al.*, 2014). It is not surprising that, a newspaper article showed an alarming 19.1% of South African youth are HIV/AIDS positive (Louw, 2015: The times). By provinces, KwaZulu Natal in South Africa is well-known as having the highest prevalence of HIV, approximately 21.5% (Gomez-Olive *et al.*, 2013; Louw, 2015: the times).

Despite the collective HIV/AIDS awareness aimed at South African youth, attained through media large-scale intercessions such as LoveLife, Komanani and Soul City, knowledge fractures such as negative beliefs and myth about STIs including HIV/AIDS still persists among cohorts of rural male adolescents (Espelage & Swearer, 2010; UNICEF, 2012). For example, male adolescents who have undergone traditional male circumcision hold negative belief that with their circumcised penis it is impossible to contract sexual infections.

There is a strong belief that sex with circumcised penis and without condom is more pleasurable, and most of adolescents do not know their HIV status especially those living far from the clinics to ask for condoms. As a result, Stockman, Lucea and Campbell (2013) found that 25-40% of those adolescents who are already infected continuously engage in sexual risk behaviours and proliferates the possibility of HIV/AIDS transmission and reinfection. As stated by Kheswa and Tikimana (2015), adolescent males with multiple sexual partners may be the carriers of STIs because once intoxicated they tend not to practice safe sex.

Males are culturally and socially projected to physical robustness, male adolescents experiment their masculinity by forcing women into unsafe sex. By so doing are deemed to deny women their ability to constantly practice safe sex which could reduce chances of pregnancy and contraction of sexually transmitted infections. Research by Jewkes and Morrell (2010) shows a strong correlation between gender power imbalances and heightened risks of HIV and other sexual infections. Reason being, hegemonic masculine adolescents tend to control their women and use violence to ordain their control. Subsequently living rural communities are more burdened by HIV/AIDS pandemic.

2.4 THEORETICAL FRAMEWORKS AND MODELS OF SEXUAL AGGRESSIVE BEHAVIOR

Theoretical framework is a tentative philosophical statement that facilitate in gathering the research literature (Evans & Rooney, 2014) and this study will be guided by multiple theoretical approaches. Freud is of the view that human behaviour is determined by unconscious impulses, irrational forces, instinctual and biological drives which emanate from psycho-sexual stages during the first six years of life (Keyes & Annas, 2009). For example death instincts (*thanatos*) are perceived as the justification for aggressive drives which are influential determinants of behaviour (Steinberg *et al.*, 2011). However, failure to master oral stage due to neglect by parents or caregivers, fixation may lead to inability to trust others, fear to show affection, lowered self-esteem and fear of initiating intimate relationships (Swartz, *et al.*, 2011).

Fixation is defined as a condition in which libidinal energy remains devoted to psychosexual stages due to deficient gratification and excessive frustration caused and exacerbated by attitudinal influence of parents and significant others (Schultz & Schultz, 2013). Wahab, Mazhar and Sultana (2012) noted that boys fixated in anal stage may either develop anal retentive personality which is characterized by stubbornness orderliness and uncontrollability, or anal expulsive personality which is characterized by cruelty. Based on that, oral fixated male adolescents are more likely to be inflexible and mischievous in sexual encounters.

In spite of the fact that people have capability for both attitudes (extroversion and introversion) as posited by Carl Jung, but one dominates itself in personality (Weiten & Hassim, 2016). Contrasting good qualities of extraversion (socially assertive, sociable), introverted male adolescents are shy, withdrawn, with self-reliance, focuses on their beliefs and feelings (Schultz & Schultz, 2009) which pushes them to engage in risky behaviours. By far personality affects adolescents' sexual behaviour through altering the prospects of engaging in sexual aggressive or health destructive behaviour.

Reflecting from five-factor model by Robert McCrae and Paul Costa (1976) hostile sexual behaviour is the indication of low agreeableness and heightened neuroticism, which are related to precarious health behaviours like extreme alcohol consumption and smoking, subsequently reckless behaviours (French, Vedhara, Kaptein & Weinman, 2010). For example, adolescent males with neuroticism and extraversion traits are more likely to engage in risky behaviours (i.e. alcohol consumption, attention-seeking and reckless sexual practices for recognition) to cope with their adversities.

Proceeding from death instinctual drives and introversion which infuse egoistic personality, gender schema theory advocates that sexual readiness understood from cultural definition of manliness and femininity originates from gender inequalities (Meyer, 2013). Emotional avoidance theory proposed by Polusny and Follette (1995) suggests that sexual aggression could be attributed to emotional avoidant behaviours (self-mutilation, alcohol abuse and dissociation) which are believed to perpetuate pervasiveness of abusive sexual practices among adolescents.

In the same vein, drive theory posits that aggressive behaviour emanates from external circumstances that stimulate the drive to sexually aggress on others. For example, drawing from frustration-aggression hypothesis, adolescent males tend to aggressively engage in sexual behaviour due to frustrations, such as witnessing parental abuse, insufficient survival means, peer pressure and poor academic performance (Baron & Brasncombe, 2014; Lalor & McElvaney, 2010). From social learning theory pioneered by Albert Bandura, human behaviour emanates from reciprocal relations among cognitive, environmental and behavioral determinants and adolescent males may acquire it through exposure to violent environment (Akers, 2011; Meyer, 2013).

Based on that explanation, sexual aggression and delinquent behaviours by male adolescents are learned in the same way. Literature findings documented that exposure to disorganized community, permissive parents, delinquent peers and other unpleasant incidences contribute towards adolescents' engagement to aggressive sexual behaviours, which also enhances the risk of contracting HIV/AIDS (Ferguson & Dyck, 2012; Simons & Burt, 2011). No wonder in a United State of America's national survey

Jones *et al.* (2010) depicted that 48 % of rural high school adolescents engaging in sexual practice without using condoms. Peterson *et al.*, (2010) contemplate high rates of STIs/HIV as being aggravated by male aggressiveness which originates from cultural norms, modeling, male masculinity, sexual objectification of women, social exchange, peer pressure and gangsterism.

According to theory of planned behaviour, adolescent males' sexual aggression is determined by intentional powers and control that one has to perform certain behaviours (French *et al.*, 2010). Due to self-centeredness of introverts, self-control theory invented by Gottfredson and Hirschi (1994) suggest those components (self-centeredness, introversion) to be the strongest predictors of sexual aggressive behaviours especially when influenced by social experiences (Hadwin & Oshinge, 2011). For example, egocentricity of male adolescents may inhibit their self-control, and as a result they could find it very difficult to resist sexual engagements despite disagreeing with sexual counterparts.

2.4.1 Models of sexual aggression

Given the fact that human hostility is a human innate condition and frequently imbedded in negative moralistic terms, it is unsurprising that sexual aggressiveness of male adolescents is an inherited behavioural mechanism to prove manhood (Denson, DeWell & Finkel, 2012). Drawing from Anderson and Bushman's *General Aggression Model*, sexual aggression is triggered by wide variety of factors that may include cognitive stereotypes, which serve as cognitive frameworks that explicitly stimulates hostile behaviour (Baron & Branscombe, 2012; Baron & Branscombe, 2014; Ferguson & Dyck, 2012). In this regard, sexual schemas may serve as a central mechanism that elicits

sexual aggression among male adolescents especially those embracing strong cultural doctrines and who are physically masculine.

According to French *et al.* (2010), *Ecological model* of human behaviour pioneered by Bronfenbrenner has been identified as indispensable in understanding the reciprocity between the interaction of adolescents and their environment (e.g. individual feelings, family, peer groups, community and school) (Espelage & Swearer, 2010). For example Kheswa, Dayi and Gqumani (2014) found that adolescent males in South African rural settings tend to engage in aggressive sexual practices due to cultural dominance, dysfunctional families, disorganized schools and environment which could be associated with wrong models and witnessing violence from the surroundings.

According to Bryant and Conger's Development of Early Adult Romantic Relationships (DEARR) model, environment and personal distinctiveness have the propensity to uphold or restrain the success of romantic relationship. DEARR model suggests that earlier negative experiences in the family and in intimate relationships are closely related to negative sexual behavioural interactions in adolescent romantic relationships (Masarik, Conger, Martin, Donnellan, Masyn & Lorenz, 2013). For example, marital desolation and divorced parents negatively affect emotions and behavioural outcomes of children especially in their adolescence stage.

Furthermore, drawing from *Excitation Transfer Theory* which posits that stimulation produced in one incident can persist and strengthen emotional and behavioural reactions to occur in later situation. Adolescent males who are sexually aggressive in their romantic relationships are at greater risk of displaying anger and violence in their adult relationships (Baron & Branscombe, 2014; Temple, Shorey, Fite,

Sturt & Le, 2013), and it is for this reason that *Alcohol myopia theory* postulates that alcohol hampers and narrows individuals' perceptions and reduces individuals' self-control to counteract on perceived cues (Espelage & Swearer, 2010). Self-control is the ability to control one's own thinking, emotions and subsequently the willpower to behave certainly, while poor self-control due to ego-depletion may diminish the capacity for adolescent males to successively engage in socially acceptable behaviours (Baron & Branscombe, 2014; Baumeister & Bushman, 2011). Consequently, due to poor judgment, adolescent males who are under the influence of alcohol may engage in sexually aggressive behaviours.

Dictating sexual practices contravene sexual talks among sexual partners, and adolescent males who partake in such behaviours possibly become teenage fathers and contract sexual infections including HIV/AIDS due to non-condom use. Hence Griffin, Umstad and Usdan (2010); Kirby (2002) call for sex-education programmes owing to a large number of adolescent males lacking in communication and decision-making skills pertaining to healthy sexual practices.

2.5 CONTRIBUTORY FACTORS OF SEXUAL AGGRESSIVE BEHAVIOUR

In this section, intrapersonal factors (e.g. self-esteem/ self-efficacy and resilience as well as interpersonal factors) will be discussed.

2.5.1 Parenting styles

Parenting styles and the family settings serve as the primary agency of socialization and male adolescents reared by uninvolved parent households tend to

have low self-esteem, poor self-control, struggle to form secure attachments and develop impulsive behaviour because their parents are unresponsive and inattentive to their emotional needs, as compared to authoritative parents who observe and deal with misbehaviour at its onset, monitor whereabouts of their children and provide warmth and unconditional support necessary for positive development (Jansen *et al.*, 2012; Karla, 2010; Pastorino & Doyle-Portillo, 2011).

Adolescent males whose parents are emotionally involved to provide clear regulations and expectations are more likely to conform to acceptable norm. These familial and communal ties are anticipated to lessen participation of male adolescent in risky sexual behaviours (Leoschut & Burton, 2009). Consequently, Hadley, Brown, Lescano, Kell, Spalding, DiClemente, Donenberg & Project STYLE Study Group (2009) found that 76% of adolescents males who are sexually active and who have had sexual communication with parents or significant others are reported consistently using condoms. However, adolescent males raised by permissive or uninvolved parents (Bhana, 2013), disorganized society (Engler, 2014; Karla, 2010), with low self-esteem and hampered self-efficacy are at greater risk for behavioural outcomes such as drugs use and alcohol consumption, poor school attendance, poor academic performance and school dropout (Salami, 2010).

2.5.2 Absent fathers

Family life plays a central role in shaping well-being of its members and contributes to the well-being of its community (Koen, van Eeden & Rothman, 2013). Drawing from attachment theory pioneered by John Bowlby (1969), which emphasizes the acquisition of emotional bonds between the caregivers and the child, supportive father-adolescent

relationships have been documented to reduce problematic behaviours. Furthermore, the involvement of positive father or father-figure conveys sexual values and attitudes, and stimulates the adolescents' cognitive, social and emotional functioning, thereby social skills, good peer relationships, empathy and behavioural adjustments are internalised (Adamson & Johnson, 2013; Schuster, Corona, Elliott, Kanouse, Eastman, Zhou & Klein, 2008). Family bonds are bases of security and emotional support to family members and serve as a protective factor against risky sexual behaviours and endorse resilience (Koen *et al.*, 2013). By contrast, adolescent males who grow up in the absence of father or who are raised by disengaged stepfathers may have feelings of rejection and understand their parents as less attentive and less affectionate towards them (Fagan & Wright, 2012). In this regard, adolescent males may cover their emotional inadequacies and stress by resorting to anti-social behaviour (e.g. smoke dagga, drink alcohol, skip classes) and disregard authority figures such as educators, engage in violent sexual behaviours and eventually contract sexually transmitted infections including HIV/AIDS (Holborn & Eddy, 2011; Jansen *et al.*, 2012; Louw & Louw, 2007; Zhang, Zhao, Ju & Ma., 2015). Since

disengagement of father figure poses a major feeling of neglect and psycho-social problems among male adolescents (Fearon, Bakermans-Kranenburg, Van IJzendoorn, Lapsley, & Roisman, 2010; Gallarin & Alonso-Arbiol, 2012), they tend to be stereotypic around gender issues, lacking skills to control their temper and violent towards women (Adamson & Johnson, 2013; Roman & Frantz, 2013; Zhang *et al.*, 2015). Because of disorganized attachment which emanates from insufficient parental contact, sense of insecurity and inability to associate with others put male adolescents at risk of being

sexual offenders and once condemned are more likely to have suicidal ideations (Fearon *et al.*, 2010).

2.5.3 Dysfunctional families

According to Karla (2010), dysfunctional families are families where children experiences detachment with their parents due to parental alcohol abuse, domestic violence, divorce, single parenting and experiences of financial hardships. Adolescents from dysfunctional families may struggle to demonstrate resilience and as a result experience impaired reasoning ability, which may increases the propensity of engaging in aggressive sexual behaviours.

Many societies in South Africa are made up of dysfunctional families due to fractured family ties, poverty which may lead to migration and HIV/AIDS pandemic (Koen *et al.*, 2013). As a result of those family dysfunctional factors, 43% of South African adolescents are raised by single parents and 23% live without both biological parents (Holborn & Eddy, 2011). Thus, the possible behavioural outcomes for male adolescents from such families may include impaired emotional well-being which may encompass lack of emotional support and lowered self-esteem (Lalor & McElvaney, 2010; Engler, 2014), educational difficulties that may result in school dropout (Salami, 2010), drug and alcohol excessive use leading to violence and risky sexual behaviours (Barnes *et al.*, 2012).

Adolescent males reared by single-parents or broken families may experience reduced contact with people whom they may have established positive bonds and role modeling, and by so doing who may perhaps provide continuous behavioral supervision (Fagan & Wright, 2012). Pastorino and Doyle-Portillo (2011) are of the view that male

adolescents nurture in families with deficiency in parental warmth and lack of communication may experience deindividuation as compared to adolescents raised in fully functioning families. It could thus be assumed that male adolescents who lack secure attachment and emotional support are at risk of being psychosocially dysfunctional and engage in risky sexual behaviours.

2.5.4 Witnessing violence

Witnessed sexual violence among parents or caregivers by children increases the likelihood of continuous cycle as intergenerational aggressive behaviour with male being perpetrators, probable of sexual coercion (Roman & Frantz, 2013).

The general trend in these studies is that, witnessing violence at home predicts sexual violence among adolescents. In such a context, young males develop their attitudes towards relationship and sex from multiple sources –traditions (as practiced in their families), modernity (the influence of the outside world, as portrayed in films and other media) (Mulumeoderhwa & Harris, 2015). Socialization theory advocates that male adolescents' sexual aggression is the outcome and expression of masculinity as rooted in cultural norms and typecasting (Meyer, 2013). Internalization of endorsed cultural norms creates circumstances where males reinterpret and misunderstand girl's response 'No' as 'YES' (Ybarra *et al.*, 2012), and these cultural norms very often deny girls of being assertive and responsible for their sexuality, which contributes towards no communication about sexual matters.

To prove their manhood they engage in multiple sexual relationships, sexually exploit their partners and have forceful unsafe sex. The pressure that is experienced by boys to prove their maleness through having forceful sex could be the compensatory

reaction towards their developed low self-esteem (Moore, Madise & Awusabo-Asare, 2012). A cross-sectional study in South Africa by Wilson (2011) found that 3.4% of boys and 9.7% of girls respectively disclosed having been forced by men to have sex. As a result adolescent males who were victims of coerced sexual debut are prone to psychological anxiety regarding their masculinity and sexual expertise.

2.5.5 Culture

Among Zulu and Xhosa speaking African males, the concept of “*Isoka*,” a term which signifies adolescent males having multiple sexual relationships with popular girls, influences adolescent males to dominate and portray dictatorship in their affairs, whereas women are expected to comply and be submissive (Wilson, 2011). In this regard, most parents especially in rural settings that hold strong cultural values and where sex-talk is regarded as taboo, adolescent males are not being guided and encouraged to conduct themselves with respect. As a result, they often encounter peer influence and which lead them to engage in coercive sexual practices (Bastien, Kajula & Muhwezi, 2011; Jerman & Constantine, 2010).

A decade ago Simbayi, Chauveau and Shisana (2004) attested that sexual debut among boys have been influenced by unruly traditional circumcision schools as in Mankweng, Limpopo Province, South Africa, Ragnarsson, Onya, Thorson, Ekstrom and Aaro (2008) found that boys aged 12-14 years, constructed their sexual identity and practicing unsafe sex because they were told that real sex is enjoyable when the foreskin is cut. These cultural norms have been found to deprive females to express their sexual prowess (Kheswa *et al.*, 2014). According to Ramathuba (2012), male adolescents attain supremacy and tend to be in control of women’s sexual practice

through aggression and force, leaving women incapable of practicing their sexual rights, and therefore susceptible to HIV/AIDS transmission.

Various researchers (Rosenthal & Levy, 2010; Shannon *et al.*, 2012) noted that among secondary schools of KwaZulu-Natal, gender inequality was found to correlate with non-use of contraceptives resulting to spread of STIs (gonorrhoea, syphilis) including HIV (DeCraen *et al.*, 2012; Jewkes & Morrell, 2012; Kheswa & Hoho, 2014). Finally, constitutionally these patriarchic practices are unacceptable and contradictory to human rights as enshrined in the constitution of the republic of South Africa, Act 108 of 1996 (Republic of South Africa, 1996) because they are frequently imposed by means of aggression and coercion (Brown, 2012; Gomez-Olive *et al.*, 2013). In terms of Section 15(2) and 16(2) of the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, to have sex with a minor (12-16years old) despite being consensual is classified as a rape.

2.5.6 Intimate partner violence

Intimate partner violence refers to any behaviour contained in love relationship that may include physical and psychological harm, forced sexual acts, controlling behaviours and verbal abuse (Kouyoumdjian *et al.*, 2013). In sub-Saharan countries, due to hegemonic masculinity, women frequently endure victimization. Research by Roman and Frantz (2013) revealed that the overall prevalence of intimate partner violence among three African countries ranges from 25.7% to 48%, with Zambia having the highest prevalence of 48% followed by Kenya with prevalence of 46.2% and South Africa ranked the third with prevalence of 25.7%. On the other hand Nyembezi, Resnicow, James, Funani, Sifunda, Ruiters, Borne, Phillips and Reddy (2012) argued

that in Africa, experiences of forced sex in intimate relationships fluctuated from 21% to 68%.

2.5.7 History of child abuse

Various scholars concur that adolescent males who experienced child abuse and maltreatment have been found to be more aggressive and tend to impersonate and practice what they have suffered, possibly sexual coercion mainly at home and in school settings (Dartnall & Jewkes, 2013; Gomez, 2010; Roman & Frantz, 2013). In the same vein, a newspaper article by Louw (2015) show that more than one in ten of male adolescents who have been found sexually aggressive, have previously been coerced into having unwanted sex. Therefore, sexual aggressiveness of male adolescents is ingrained from previous experiences particularly child molestation (Jewkes, Fulu, Roselli & Garcia-Moreno, 2013).

According to Roman and Frantz (2013), children who witnessed violence from their care-givers and those who experienced abuse in their early ages are more likely to develop aggression, delinquency and possibly risky sexual behaviours. Homma, Wang, Saewyc and Kishor (2012) found that adolescent males who have history of abuse are unable to develop quality social relationships and social bonds with significant others and often display low self-esteem.

Various scholars believe that social communities that are set in poverty lack social facilities (like sports and recreation facilities) to enable adolescents to acquire new skills and positively interact with others, unlike in affluent communities where adolescents are provided with cognitive, social and emotional stimulating facilities to

enhance prosocial behaviour and concern for the wellbeing and rights of others (Fagan & Wright, 2012; Jansen et al., 2012; Witherspoon & Ennett, 2011).

Accordingly, adolescent males who are certain about their societal goals tend to maintain good relationship with others and potentially refrain from partaking in deviant behaviours. On the other hand, male adolescents from poverty stricken families and disorganized social environment may perceive their disadvantaged condition as deprivation of opportunities and may force them to take part in unlawful endeavors (Alanezi, 2010; Witherspoon & Ennett, 2011).

Consequently, inequalities among male adolescents yield feelings of bitterness and antipathy which could be expressed through sexual violence towards vulnerable individuals. The exposure of adolescents to gender stereotypic behaviour held in disorganized societies may be internalized and later disseminates sexual aggressiveness of male adolescents (Zhang *et al.*, 2015). However, lack of communication among neighbours augments social isolation and inability for community member to teach adolescents about repercussions of sexual misbehaviour and sexual infections including HIV (Mustaine, Tewksbury, Huff-Corzine, Corzine & Marshall, 2014).

2.5.8 Self-esteem and self-efficacy

Self-esteem is defined as the degree of one's attitude or self-worth towards him/herself which emanates from individual perceptions and evaluations about oneself, either positive or negative (Baron & Branscombe, 2012; Weiten & Hassim, 2016). Self-esteem as a construct of psychological well-being (e.g. life satisfaction and happiness) it enhances adolescents' socialization, learning and quality in education.

Adolescent males with positive self-esteem were found to be more resistant to peer pressure, held more equitable gender attitudes and sexual values and displayed high self-efficacy as compared to their counterparts with negative self-esteem (Engler, 2014; Gomez-Olive *et al.*, 2013; Leoschut & Burton, 2009; Mncube & Madikizela-Madiya, 2014). Because they are happy and optimistic they tend to accomplish their life satisfying objective and less likely to engage in antagonistic behaviour including sexual aggression, unlike their counterparts who may resort to sexual victimization to calm their stress (Salami, 2010).

In this regard, adolescent males with low self-esteem and sense of powerlessness do not only experiencing depressive feelings, but in the acquisition process of those intrusive thoughts, a sense of antagonism including sexual hostility get intensified (Homma *et al.*, 2012). Drawing from person-centered theory pioneered by Carl Rogers (1951), adolescent males with low self-esteem often experience negative emotions, become passive and struggle to assert themselves (Singh & Steyn, 2014). Such youth's sense of powerlessness tend to erode their self-regulation and result in diminished academic performance and heightened distress that may arouse negative attitude towards learning (Dogan, Totan & Sapmaz, 2013).

A multidimensional notion of emotional self-efficacy encompasses individuals' emotional understanding, emotion regulation, and emotional perception and emotional support in thoughtful proportions. Consistent with personality framework, adolescent males with neurotic personality have a greater likelihood of misinterpreting their past (failing a test or repeating a class) and present circumstances (which could be distress and attitudinal behaviours) as dissatisfying (Masarik, *et al.*, 2013). Lalor and McElvaney

(2010) advocated that sexual victimization could also have extensive psychological harm including lowered self-esteem, depression, anxiety, anger and aggression. For that reason, male adolescents who have been molested may have deteriorating self-efficacy and misconception that the world is unsafe and aggravating a sense of hopelessness or helplessness. Sun and Shek (2012) noted that adolescent males' personality characterized by poor self-identity, psychosocially incompetent, low self-efficacy and weak resilience are unable to cope with their life circumstances and increases the possibility of misbehaviour.

This is better explained by Hans Eysenck's PEN model that human behaviour emerges from aspects of personality that include *Psychoticism* (e.g. inter-personal aggression, attention-seeking and willingness to take risky and antisocial behaviours), *Extraversion* (e.g. socially assertive and sociable) and *Neuroticism* (bitterness, self-centeredness, impulsivity and rebellious behaviour) (Swartz *et al.*, 2010; Weiten, 2010).

2.5.9 Resilience

Resilience is defined as persons' capabilities to positively adapt to devastating circumstances (hardship, post-traumatic stress, and depressive thoughts) regardless of prior exposure to adversities (Malmberg & Flouri, 2011; Salami, 2010). Individuals scoring high on resiliency manifests high self-esteem, display less behavioural problems and have better problem solving strategies because they are intrinsically motivated adolescents.

Ungar, Liebenberg, Dudding, Armstrong and Van de Vijver (2013) found that despite having encountered traumatic experiences, with necessary resources for their psychosocial growth, such adolescents tend to be socially and culturally competent.

2.6 CONTRIBUTORY FACTORS AND SPREAD OF HIV

Contributory factors associated with sexual aggression of male adolescents and perpetuating STIs including HIV transpires from all levels of social structure (Jewkes *et al.*, 2013). For example, this may cover individual factors (hostility, hyperactivity, poor academic performance, susceptibility to peer influence), relationship or familial factors (parental abuse and delinquent relatives), community factors such as dysfunctional community, drug friendly environment and contact with criminal peers.

Inadequate policing and poverty amplifies sexual aggressiveness of male adolescents in various ways (Donald *et al.*, 2014). These factors may include poverty, poor psychological well-being, sexual communication, school environment, stress, peer influence, cohabitation and gangsterism. According to Miller (2010) unsafe sex account for more than 31.5% of STIs including HIV, with interpersonal violence which contributes 8.4%, alcohol consumption 7% and drugs 4%. Most of these behavioural influential factors for sexual aggression of rural males usually begin during adolescence (Espelage & Swearer, 2010). These factors will be discussed in the following headings.

2.6.1 Poverty

Poverty as a prominent factor could lead to fractured family ties prompted from migration of parent(s) in search for jobs, leaving adolescents unattended, and with feelings of neglect (Holborn & Eddy, 2011; Koen *et al.*, 2012). Distorted attachment resulting from lengthy periods of absent parents is anticipated to be toxic in adolescents' self-esteem, leaving such adolescents with trust issues, struggling to bond and form intimate relationships (Walker-Williams *et al.*, 2012). In support, study by Jewkes *et al.*,

(2013) found that inequitable sexual ideals of maleness such as numerous sexual partners that serve to prove male sexual competency through sexual violence and coercion was highlighted as the common practice among male adolescents who spend most of their time without parental supervision.

Impoverished communities are often characterized by inadequate recreation facilities, highly populated, scarce resource and lack of good role models. Such communities warrant antisocial behaviours. Rural-urban migration in this regard refers to the movement of people from rural communities to more urbanized communities of the same country. In the South African milieu, in year 1996 about 54% of citizens were urbanized, with Gauteng industrialized societies having 97 % immigrants followed by Western Cape with 89% (Wissing, Temane, Khumalo, Kruger & Vorster, 2013).

According to Khumalo, Temane and Wissing (2012) urbanization aggravated by poverty is strongly associated with routine life changes especially for adolescents who may have relocated with their parents. As a result adolescents are differently exposed to aggressive sexual content by multiple contextual factors. For example, compared to male adolescents in rural communities, adolescents in urban areas have better quality education in model-C schools, with a plenty of extra cash that increases the likelihood of using drugs and joining delinquent gangs (Khumalo *et al.*, 2012).

Consistently, male adolescents who participated in lucrative sex with older partners, poverty tormented women are at high risk of being sexually victimized by their financial providers since they are unable to express their discontent in sexual encounters (Khumalo *et al.*, 2012).

Due to stressful circumstances emanating from poverty that adolescent male find themselves-in, adolescent male resort to being drunkards, drugs users, gamblers and join delinquent gangs which all are believed to endorse the perception of male dominance over women, and in turn exacerbate barriers to safe sexual intercourse (Jewkes *et al.*, 2013).

2.6.1.1 Stress

Adolescence as a stress and stormy phase poses a vigorous challenge to adolescents from impoverished backgrounds, especially males who may find themselves in the margin of taking care of the family in the absence of parents (due to death or when parents are in job places). Such adolescents may feel deprived of the necessary support from parents and display feelings of resentment (Roman & Frantz, 2013). Such adolescent males may exhibit domineering and controlling sexual behaviours and could also be associated with rape perpetration (Jewkes *et al.*, 2013).

2.6.2 Poor Psychosocial well-being of adolescent males

Psychological well-being is a multifaceted and universal concept that covers multiple domains of personal characters or is a multidimensional aspect of the self that involves cognition, affection and behaviour (Ryff, 2014; Walker-Williams *et al.*, 2012). In the same vein, Khumalo (2011) refers to psychological well-being as the flourishing state of cognition, emotional and social well-being.

In this regard, Weiten (2011) emphasized that psychosocial or psychological well-being of adolescent males denotes self-awareness and identity formation regarding psychological, moral and sexual development within a particular cultural framework.

There is a correlation between self-awareness, social functioning and aggression. Adolescent boys with low self-awareness tend to show problems in learning, struggle to form relationships with others and have behavioural problem (Koen et al., 2012; Derdikman-Eiron *et al.*, 2011; Ryff, 2014).

As a result, South African rural communities are in crisis of heightened rates of adolescents and young adults living with HIV/AIDS and other sexual infectious diseases. Nyirenda, McGrath and Newell (2010) uphold that poor psycho-social well-being by inadequate economic resources (unemployment of parents) and peer influence, which may in turn increase the likelihood of engaging in risky sexual behaviours yield to HIV infection.

2.6.3 Schools

School as an agent of socialization shapes the lives of adolescents by affecting their cultural, social, cognitive and emotional development in preparation for their adulthood. In 2006 the Department of Education amended the curriculum to include life orientation subject, aiming to provide social skills and acquainting adolescents with healthy behaviours. Those social skills may include respect, problem solving and tolerance of human rights (Roman & Frantz, 2013).

However, schools which lack cognitive stimulation for adolescents owing to lack of recreational facilities have been found to influence bullying, violence and sexual victimization particularly in underprivileged environment such as the Eastern Cape Province of South Africa (Barnes *et al.*, 2012; Ryckman, 2008). Drawing from Frustration aggression theory by Dollard, adolescent males may act aggressively (Lalor & McElvaney, 2010; Schultz & Schultz, 2013). Due to violent and aggressive behavior

that adolescent males are submerged in, Singh and Steyn (2014) found that adolescent males tend to be problematic in class, discriminate their classmates and disturb teaching lessons. Furthermore, social disorganization theory, emphasized that adolescent males learn to become aggressive towards others when nurtured in an environment dominated by anti-social role models (Adamson & Johnson, 2013). In comparison, Leoschut and Burton (2009) found that adolescent males who show interest in academic progressions, who concentrate in the class, and get good marks are more likely to resist antisocial behaviours.

2.6.4 Peer influence

Adolescents tend to find themselves comfortable in the company of their friends and they are more likely to reciprocate their behaviours while in the process of discovering themselves. Theories in Developmental Psychology, Criminology and Sociology posited that group polarization could influence peers to drift towards risky behaviours as a result of conformity (Baron & Branscombe, 2012). Adolescent males who grow up in a drug-friendly environment lack in decision-making skills and for fear of rejection, they may display dependent personality and conform easily to delinquency and may later be introduced to substance use and unhealthy sexual practices such as rape (Kann, 2008; Nduna *et al.*, 2010). Because of confusion, they tend to regard themselves as “invincible” and think that they will not contract STIs and/or HIV/AIDS (Meyer, 2013; Nicholas, 2008).

2.6.5 Gangsterism

Gang formation is a fast growing social disturbing problem in rural South African communities and it is practiced by huge numbers of school going adolescents. Gangsterism augments sexual victimization and perpetration among adolescents through preserving group cohesion, envisioned activities, endorsement of hegemonic masculinity (Brown, 2011) especially among alcoholic male adolescents and consequently escalates sexual infections including HIV (Bank, 2011; Kheswa & Notole, 2014a). Various scholars believe that male adolescents join gangs to gain sense of belonging, personal identity needs, and cover their emotional inadequacy owing to poverty and poor academic performance (Donald *et al.*, 2014; Franklin *et al.*, 2012; Ward 2002). Western Cape being known as the leading province in South Africa in housing gangs, Goga (2014), du Plessis, Kaminer, Hardy and Benjamin (2015) found that colored adolescent males were prone to untreated depression, conduct difficulties, criminality, imprisonment and unemployment. By far, adolescents who are victims of sexual abuse or who have been sodomized are the most likeliest to engage in group sex (Gomez, 2010; Lalor & McElvaney, 2010; Ward *et al.*, 2012).

2.7 CONSEQUENCES OF SEXUAL AGGRESSION AND HIV

The consequences of aggressive sexual behaviour among adolescents are strongly associated with traumatic sexual experiences and negative psychological, social and sexual-health related effects for both the victim of sexual coercion and perpetrator. These effects may include psychological disorders (extreme anger, fear,

guilty feelings and depression), contract STIs/HIV, sexual dysfunction and teenage fatherhood (Moore *et al.*, 2012).

2.8 PREVENTION AND WAY-FORWARD

Interventions and preclusions are essential to social challenges that promote factors leading to reckless behaviours such as excessive alcohol and substance use among male adolescents. Globally, schools are failing to protect school children through provision of safe places for learning especially in rural communities. Accordingly, it is recommended that the security system in rural schools should be strengthened (Dartnall & Jewkes, 2013; Devries Mak, García-Moreno, Petzold, Child, Falder & Pallitto, 2013).

Prevention of sexual abuse is indispensable and interventions must be directed to childhood and adolescents, and must address cultural dogmas entrenched to male socialization, male supremacy and power relations, women objectification and effective ways to cope with poverty as suggested by Jewkes *et al.*, (2013).

Based on high prevalence of HIV/AIDS among rural adolescents, it is important for South African governmental and nongovernmental stakeholders to work together in addressing life-skills and sexual educative programmes directed to adolescents' risky sexual behaviours and HIV/AIDS pandemic. In rural South African communities sexual violence and HIV/AIDS prevention should be guided by careful analysis and eradication of social factors associated with risky sexual behaviours and contraction of HIV (Donald *et al.*, 2014; Kalichman *et al.*, 2010). Therefore, sexual misbehavior and HIV/AIDS preventative programmes should not be relegated and deliberated to only prostitutes

and truck drivers, but adolescents and intimate partners must be catered as well (Ramathuba, 2012).

In school settings where sexual violence is more apparent, efforts should be made to enrich adolescent resilience to sexual risk behaviours in school environmental context. This may lessen the effects of alcohol use, associating with delinquent peers, joining violent gang and participating in violent and risky behaviours (Campbell, Lucea, Stockman & Draughon, 2013). Hence school programs should not only redress negative consequences of violence, but must also prevent violence, promote healthy sexual behaviours and well-being through creation of recreational facilities, safe and tranquil environment for learning (Ward *et al.*, 2012).

2.9 CONCLUSION

The literature revealed several factors that includes dysfunctional families, culture, socialization, peer influence, gangsterism and other factors leading to sexual aggression and perpetuate sexual infections including HIV/AIDS. Aggressive sexual behaviour has adverse effects not only sexual infections, but teenage fatherhood and imprisonment as well. Thus, in essence sexual aggressive behaviours yield to fractured job opportunities and impaired psychological functioning for both victim and perpetrator.

CHAPTER THREE

3 RESEARCH DESIGN AND RESEARCH METHODOLOGY

3.1 INTRODUCTION

The prime purpose of this chapter is to give a framework, outline facets of the progressing research study and explain how the current research study has been conducted. In view of that, a comprehensive discussion on employed research design, sampling, research instrument and procedure(s) of data collection will be specified. The term(s) 'research approach, paradigm' and 'research designs' were used interchangeably, similarly to 'respondents' and 'participants'. Since the current study seeks to examine human behaviour, ethical issues have been considered and will be discussed to ensure trustworthiness and credibility of this scientific research study.

3.2 RESEARCH DESIGN

According to de Vos, *et al.* (2011) research design refers to decisions that a researcher puts together in preparation of executing the research study. In this research study, the researcher preferred mixed method (triangulation). Triangulation research is a method of study in which both unrefined personal experiences and gathered statistical figures are analysed to understand the phenomenon at hand (de Vos *et al.*, 2011; Ralph & Robert, 2008). The advantage(s) of using mixed method over distinctive approach is that, one approach may not only disadvantage the participants, but the researcher as

well. For example, pure quantitative approach could restrict the researcher to rule out the opinion and explanations of participants, while on the other hand qualitative design makes it difficult to make generalization on data gathered from few participants and more on subjective experiences (Gravetter & Forzano, 2016; Mouton, 2012).

This implies that quantitative approach lacks in-depth understanding of participants' personal experiences. Then again, qualitative research is commonly critiqued for partiality allowing respondents to explicate their views in details. Based on the above mentioned deficiencies exemplified by each approach, triangulation as a mixed approach gains its recognition through ruling out these biases to understand social behaviour both from personal and objective point of view (Hennink, Hutter & Bailey, 2011). Thus, the researcher employed mixed method to avoid and eliminate biasness in exploring aggressive sexual behaviour of adolescent males and HIV/AIDS.

Mixed approaches enable the researcher to identify the ways in which the individuals' behaviour is influenced by the survival conditions which consists of social, economic, cultural, physical background and well-being (Gravetter & Forzano, 2016; Hennink *et al.*, 2011). In the current study, utilizing a triangulation research method in examining sexual aggression and HIV/AIDS among male adolescents was crucial to gather more in-depth and representative information from a detailed and holistic viewpoint of the participants.

The rationale to utilize mixed method was to explore sexual aggression, the correlation and the effects of sexual aggressive behaviour and HIV/AIDS, then recommend possible intervention strategies to rectify and restructure the undesirable aggressive behaviours of male adolescents. Hence, in this regard, exploratory study

was used. According to Ralph and Robert (2008) exploratory study seeks to investigate an observable behaviour and is guided by common enquiry.

3.3 SAMPLE

Sample is defined as a cluster of individuals selected from the population for the purpose of research, representing the population with which it was selected. The population on the other hand population refers to the collection of research components or the whole group of people interested and have equal chances of partaking in a research (Gravetter & Forzano, 2016). Ralph and Robert (2008) further defined sample as a “subset of the population”. These research components can be groups of individuals, organizations, human products and even their representative conditions.

As a result, selected sample from the population of interest, then the sample gives findings about the population (Sanders, 2010). In this regard, representative sample make it possible for the researcher to gather data on a reasonable number of participants as suggested by Sanders (2010), through which the findings drawn from the sample represent the entire population. The population of the progressing study were rural male adolescents, in which adolescent males schooling in two different rural high schools in Alice were sampled.

3.3.1 Sampling technique

In selecting a sample, the researcher ensured that the representative sample were carefully selected with the accurate qualities of the population (Hennink *et al.*, 2011; Leedy & Ormrod, 2005; Ralph & Robert, 2008). For the purpose of this research

study, convenient sampling technique, which is the non-probability sampling method has been be utilised. The benefits of using convenience sample are that, the researcher deliberately searches for available respondents to represent the population (Elmes, Kantowitz & Roediger, 2012).

The researcher had conveniently selected the group of male adolescents who are schooling in rural high schools of the Eastern Cape, precisely two different high schools in Alice to participate in the study. The reason for participants in these schools is that, the schools are nearer the University of Fort Hare and that made it possible for the research to be cost effective and convenient. The age group of participants varied from 15 to 21 years of age. The selected participants were Xhosa speaking, school going male adolescents in grade 10, 11 and grade 12.

3.4 RESEARCH INSTRUMENT FOR DATA COLLECTION

Open-ended questionnaires and closed-ended questionnaires in a form of 'true or false' were used for data collection. These questions, both elaborative and multiple-choice categorically emanated from the literature based on the theoretical framework provided in chapter two, attempting to answer the main research question.

3.4.1 Questionnaires

According to Hennink *et al.* (2011) and Sanders (2010) questionnaires bring about the essential questions in a chronological order that allow participants to agree or disagree with the given statement (in closed ended questions) or express themselves based on the question (like open-ended questions) in an unambiguous manner. The

questionnaires utilized in the study were not only phrases that purely produced a narrow insight based on single approach, rather allowed wide range of personal experiences and simultaneously taking into account objective views. For example in the closed ended questionnaire, question number 24; 26; 27; 28; 32 and 35 (see Appendix 4) requires their impersonal views regarding causal factors of sexual aggression.

The motive was to explore sexual aggressiveness of male adolescents and put forward proper strategies to ensure healthy sexual behaviour of rural male adolescents. That motive is constructed from objective number five “*To suggest significant procedures to prevent the spread of sexual infections*”. That objective can be achieved through contingent responses from rural male adolescents. For instance in question number 32, if majority of participants agree that being aware of the consequences of sexual aggression reduces the chances of engaging in risky sexual behaviours that will emphasize the need for awareness campaigns and sexual education.

The literature revealed that psychosocial factors and well-being of adolescent males are the most predisposing and precipitating aspects of sexual aggression and heightened rates of HIV/AIDS pandemic (Khumalo *et al.*, 2012; Koen *et al.*, 2013). Hence multiple theoretical approaches informed questions based on changes that arise in adolescence stage, particularly males. The questions were structured and formulated in a way not to evoke and hurt the feelings of respondents by avoiding sensitive questions.

In the process of data collection, participants who participated voluntarily had to complete the questionnaires. Leedy and Ormrod (2005) suggested that questionnaires have the following advantages as suitable instruments of data collection:

3.4.1.1 Advantages of using closed-ended questionnaires

Below are the advantages of close-ended questionnaires:

- Closed-ended questionnaires make available set of responses from which the respondent has to select one suitable response.
- Inclusiveness of the phenomenon under study can be established meaningfully through closed questions.
- In a large sample, closed-ended questionnaire gather valuable data.
- Outcomes of the study can be available fairly quicker.
- Respondents can understand the meaning of the question better
- Responses are easily coded and statistically analyzed, with fewer irrelevant and confused answers to the questions.

However, respondents may feel upset when their desired answers are not in the choices, could easily misinterpret and may give simplistic responses to the complex concern (de Vos *et al.*, 2011; Shaughnessy, Zechmeister & Zechmeister, 2012).

3.4.1.2 Advantages of using open-ended questionnaires

The following are the advantages of open-ended questionnaires as suggested by de Vos *et al.* (2011) and Sanders (2010).

- Participants fully and freely express themselves in writings and reveal participants' true thoughts and opinions.
- The substantiation is written and it saves the researcher's time and expenses of copying out.

- Assists the researcher to further explore the variable(s) and obtain better knowledge of the possible range of responses.
- Facilitate and improves the level of co-operation and deeper understanding through detailed information provided.
- Encourage respondents to provide information based on their ideas, concerns and feelings from their own viewpoint.
- Open ended questionnaires are convenient for participants since they can complete it in a place and at time that is convenient for them.

Apart from benefits, open-ended questionnaires are criticised for lengthy time necessary for completion, roughly, participants may be trapped to leave incomplete spaces which reduces the value of data obtained.

3.4.2 Description of questionnaire

The closed ended questions were drawn from the literature and were structured based on their contextual proximity. Personal variables believed to prompt sexual aggression were identified and questions were structured accordingly. The 40 closed ended questions in the questionnaire were structured as follows:

Question number 1; 3 and 4 seeks to examine the influence of past experiences on sexual aggressiveness of adolescent males. Question number 2; 6 and 30 scrutinize self-control of adolescents. Question number 7; 9; 11 and 15 seeks to review condom use self-efficacy of adolescent males. Question number 10; 12 and 33 examine the cultural influence on sexual aggression of male adolescents. Question number 13; 16;

17; 18 and 19 looks at parental supervision and emotional support as predisposing factor to sexual aggression. Question number 21; 25; 27; 28 and 31 examined peer influence on sexual aggressive behaviours. Other questions were probing questions to validate the responses. Furthermore, open ended questions enabled participants to explain their views and experiences of sexual aggressive behaviour.

3.4.3 Procedure of data collection

As it applies to the current study, the behavioural research requires agreement between the researcher and various administrators where the research study is conducted. The researcher was indebted and mandated to highly consider the feelings of the participants as a prerequisite for a good research. The questionnaires were approved by the Ethical research committee at the University of Fort Hare to ensure relevance of the study and safe guard emotions participants. Good rapport of the researcher, assistance of school teachers and participants' cooperation was regarded as the main source for this study.

In the progressing study, the permission to carry out the research study was obtained from the high school principals in the form of written letters (see Appendix 1_A and 1_B). Written letter was sent to-and-from the two principals asking for permission to carry out a research study to Jabavu and Nzululwazi high schools in Nkonkobe Municipality. The request was not directed only to the HOD or principal, rather to the educational structure at large. Principals jointly with educators, especially 'Life Orientation' where the study was conducted, wrote a confirmation letter declaring that the study could be carried out (see Appendix 2_A and 2_B). The study was carried, or data was collected in July, 2015.

A total of 55 learners in each school were divided into two groups, where 45 learners had to answer close-ended questionnaires (see Appendix 4_A) that fit quantitative section, while 10 learners had to answer open-ended questionnaire that fall under qualitative section (see Appendix 4_B). In the beginning, the researcher introduced the topic to the participants and adequately orientated them about the completion of questionnaires on the absence of their educators. After they have been introduced, they were given five minutes before starting to complete questionnaires just to familiarize themselves with the questions in the questionnaire. Considering ethical concern, respondents were assured of confidentiality, their anonymity and informed consent.

The completion of questionnaires took 1 hour 15 minutes. During the process of completion, the researcher acted as an invigilator to supervise or guide the respondents in filling the questionnaires. The researcher translated the questions into an understandable language of participants, that is from English to IsiXhosa or vice-versa where it was necessary, to ensure that respondents clearly understand the questions. After all the respondents had finished answering their questions, questionnaires were collected by researcher with no personal names attached on the script and then placed in a sealed envelope. Finally, debriefing took place and all the participants felt free and left informed about HIV/AIDS and the disadvantage of sexual aggression.

3.5 TRUSTWORTHINESS

According to Guba and Lincoln as cited in Leedy and Ormrod (2005), triangulated research study can be judged using four criteria to ensure validity and

reliability. The four distinct criteria are: credibility, generalisability, dependability and confirmability. These criteria will be discussed as follows:

3.5.1 Credibility

According to de Vos *et al.* (2011), credibility is referred to as the accuracy of the data to reflect reality. For the benefits of the progressing research study, Creswell (2009) has suggested that research must be involved in conducting observations when the participants complete both the open-ended and closed-ended questionnaires to ensure that findings are credible. For that reason, the researcher had observed participants when they were completing their questionnaires.

3.5.2 Generalisability

Generalisability is defined as the extent to which generalization can be made from findings obtained from sampled participants to a broader population (De Vos *et al.*, 2011). For the purpose of the current study, 110 participants were sampled. Since sample was selected to be representative, sampled participants were sharing the same characteristics (e.g. similar cultural values, gender) with the population which sample was drawn. For that reason, the sample's empirical findings could be made broader inferences.

3.5.3 Dependability

Dependability refers to how truthful the researcher is. In line to that, de Vos *et al.* (2011) sustain that dependability is the collection and presentation of data. In this study, the researcher has asked participants questions (by means of open-ended and closed-

ended questionnaires) which were in the context of adolescents' sexual behaviour using the theories of sexuality. For that reason the researcher avoided using irrelevant theories with the aim of maintaining the truthfulness of the research findings.

3.5.4 Confirmability

Leedy and Ormrod (2005) define confirmability as the degree to which other researchers can possibly confirm the research results. In the current research study, the researcher has relied on detailed notes provided by the participants as their responses which were coded by means of axial coding from grounded theory approach, and for qualitative section, statisticians were employed for statistical analysis.

3.6 CONCLUSION

This chapter begins by outlining the research design utilised, proceeding to sample and procedure of data collection. Since the current study examined sexual aggression and incidence of HIV/AIDS as a sensitive topic, the researcher had to consider various issues in obtaining truthful findings for the fulfilment of the current study. The researcher benefited from significant power of convincing the public that the research study has been conducted conscientiously by considering the welfare and rights of research participants. However, the next chapter is mainly focussing on the analysis of data.

CHAPTER FOUR

4 DATA ANALYSIS AND INTERPRETATION

4.1 INTRODUCTION

The previous chapter discussed and outlines the methods used in data collection. This chapter serves to explicate the process undertaken in analysing mixed data gather through combination of both paradigms. As suggested by de Vos *et al.* (2011); Hennink *et al.*, (2011) and Sanders (2010), data analysis from mixed methods entails the interpretative nature of analysing data that requires identification, clarification and interpretation of human behaviour through considering underlying personal, psychological and social meanings.

From a qualitative point of view, the researcher had utilized open-ended questionnaires to accomplish the prime purpose of this study through identifying appropriate themes. Themes are used to analyse data in a non-numeric forms. However since this study employed mixed methods, Section A specifically analysed the quantitative data and section B analysed qualitative data to draw illustrations based on the phenomena understudy. Subsequently, section C compared analysed qualitative data in relation to quantitative data.

4.2 BIOGRAPHICAL INFORMATION

The current study, purposively selected one hundred and ten (110) isiXhosa speaking male participants Grade 10, 11 and 12 attending high school in Alice, Eastern Cape. The participants were from two different high schools, with each school contributed 50% of the total sample. 10 participants in each school answered open-ended questionnaire, while the other 40 answered true or false questionnaire to suit quantitative paradigm.

Table 4-1: Description of caregivers' marital status

Grade	Frequency	Valid Percent
10	52	57.8
11	29	32.2
12	8	8.9
	1	1.1
Total	90	100.0
Parenting category	Frequency	Valid percent
Single	43	48.3
Legally married	38	42.7
Divorced	3	3.4
Living together, but not married	5	5.6
Total	89	100

Grade	Frequency	Valid Percent
10	52	57.8
11	29	32.2
12	8	8.9
	1	1.1

The age group ranged from 15 to 19 years of age, the mean age was 17, 26 years; a median of 17, 00 years and standard deviation is 1, 53 years. Adolescent males participated were in different grades with 57, 8% (N=52) of respondents in grade 10 followed by 32.2% (N=29) of grade 11 and 8, 9% (N=8) grade 12 learners. Question 4 requested respondents to indicate their caregivers' relationship status. A total of 48,3% (N=43) which is the majority indicated that they are raised by single parents as compared to 42.7% (N=38) living with legally married parents, while 5.6% raised by cohabitants and 3,4% raised by divorced parents as indicated in table 4.1 below.

Question 6 requested male adolescent learners to indicate whether their fathers are alive or not. A total of 74, 4% (N=67) of adolescents indicated that their fathers are alive, while 24, 4% of participants (N=22) indicated that their fathers are not alive. Only 1, 1% of respondents (N=1) did not responded to this question.

SECTION A: QUANTITATIVE DATA ANALYSIS

In this section the focus is on the analysis of quantitative data obtained from school going adolescents in rural setting of Alice. The results of various relational and differential analyses will be discussed and presented in the following headings.

4.3 ANALYSES OF SEXUAL AGGRESSION OF MALE ADOLESCENTS

In the following sub-headings the focus is to give descriptions on male adolescents' perceptual views of sexual aggression and incidence of HIV/AIDS. Analyses of sexual aggression in relation to social influences will also be discussed.

4.3.1 Self-control and sexual aggression in relation to childrearing

From the cross tabulated data below, it is evident that adolescent males raised by stable family are more likely to have one intimate partner unlike adolescent males raised in the absence of biological father. Drawing from model of parenting style pioneered by Baumrind (Nicholas, 2008), parent-child relationship plays a significant role in behavioural outcomes of adolescents. However, the presence of father figure does not guarantee good sexual behaviour. For example, 32.4% (N=11) reported having raised by stable family with their biological fathers, but they have multiple concurrent sexual partners as indicated in table 4.2 below.

Table 4-2: Self-control and sexual aggression in relation to childrearing or caregiver

		Do you have multiple sexual partners(e.g. more than 2)		Total
		yes	no	
Which one of the following best	both mother and father	11	23	34

describes the	father only	1	2	3
person(s) who is	mother only	15	17	32
taking care of you?	father and	1	1	2
	stepmother			
	mother and	1	2	3
	stepmother			
	guardian(s) (Aunt,	6	7	13
	Uncle,			
	Grandparents)			
Total		35	52	87

4.3.2 Sexual aggression of adolescent males in relation to their past experiences

Data clearly shows a strong relationship between sexual aggressive behaviour and past experiences. From the data, 5.6% (N=5) participants reported that they were forced to have sex in their sexual debut and 15.7% (N=14) adolescent males reported having been previously victimized sexually. Furthermore, 29.8% (N=25) of male adolescents indicated to have witnessed violence from their care-givers, 40.2% (N=35) reported having multiple sexual partners, 21.1% (N=19) participants were found not paying attention to sexual suggestions or refusal from their sexual partners, while 40.9% (N=36) indicated that they do not last in their relationships.

Furthermore, 2.2% (N=2) adolescents indicated that they have once forced their

partners to have sex. In view of that, rural adolescent males as young as 17 years old are more likely to have sexual criminal record. This is evident in that 4.5% (N=4) of adolescent males who stated that they have been arrested for sexual offence. However, some participants did not respond to various questions that yielded to the above results. For example, 1 participant did not respond to the question of previous sexual victimization, 3.3% (N=3) did not responded whether they have multiple sexual partners or not, and 6.7% (N=6) did not replied to the question of 'have you ever witnessed violence from your caregiver'.

4.3.3 Condom use self-efficacy

With respect to the question "*do you use condom when having sex?*" a large proportion of adolescent males (89.5%) of participants indicated that they use condom when having sex as compared to 10.5% (N=9) adolescent males do not use condom. Hence, 76.7% (N=66) stated that they have never thought of contracting HIV. These findings could be in line with self-efficacy advocated by Mcube and Madikizela-Madiya (2014).

These scholars found that adolescent males who practice safe sex report healthy attitudes towards sex and have future goals as compared to their counterparts who engage in unsafe sex. As already explained in Chapter 2, paragraph 2.4.7, these youth hold more equitable gender attitudes and have good communication skills with their partners concerning sexuality. This implies that these participants may complete their Grade 12 and reach adulthood without having been arrested for sexual aggression.

Furthermore, 36.8% (N=32) of participants reported having gone for HIV test, while 63.2% (N=55) have never gone for HIV test and do not know their HIV status.

Consequently, in a question that required adolescent males to respond whether they have a child/children or not, 5 (5.6%) indicated that they have children as an indication that they do engage in sex without using contraceptives.

Below is a bar-graph demonstrating the repercussion of condom use and HIV testing as constructed from the responses of participants.

Figure 4-1: condom use and HIV testing



From the above graph 4.1 combined responses of condom use and HIV testing indicated that 31.3% have gone for HIV testing and consistently use condom when having sex, and 57.8% have not gone for HIV testing in the past three month but they use condom. The high rate of condom use could be attributed to the contemporary curriculum that includes 'Life Orientation' as sexual educative subject. However, despite the existing knowledge on sex precaution measures, 4.8% of participants stated that they do not use condom even though they have gone for HIV testing in the past three month. While on the other hand, 6.05 indicated that they have not gone for HIV testing

and simultaneously do not use condom when having sex. In a study by Goga (2014), 67 % were affected by sexual related violence which increase the probability on none condom use.

4.3.4 Cultural influence in relation to sexual aggressive behaviour

Table 4-3: Does you culture allow you to have sex any time you want?

		Frequency	Percent	Valid Percent
Valid	yes	41	45.6	47.7
	no	45	50.0	52.3
	Total	86	95.6	100.0
Missing	System	4	4.4	
Total		90	100.0	

From the data (table 4.3), it is clear that culture of rural male adolescents influences aggressive sexual ideologies as 47.7% (N=41) participant responded YES in the question “*does your culture allow you to have sex anytime you want?*” while 17.8% (N=16) indicated that their father and brothers support and encourage them to have

multiple sexual partners. This research finding is in agreement with the study of Visser and Moleko (2012) who found that cultural practices that are transferred from one generation to the next through observation and imitation. This draws attention to male adolescents who are culturally indoctrinated and who embrace male dominance in their sexual endeavours as being more likely to be sexually aggressive.

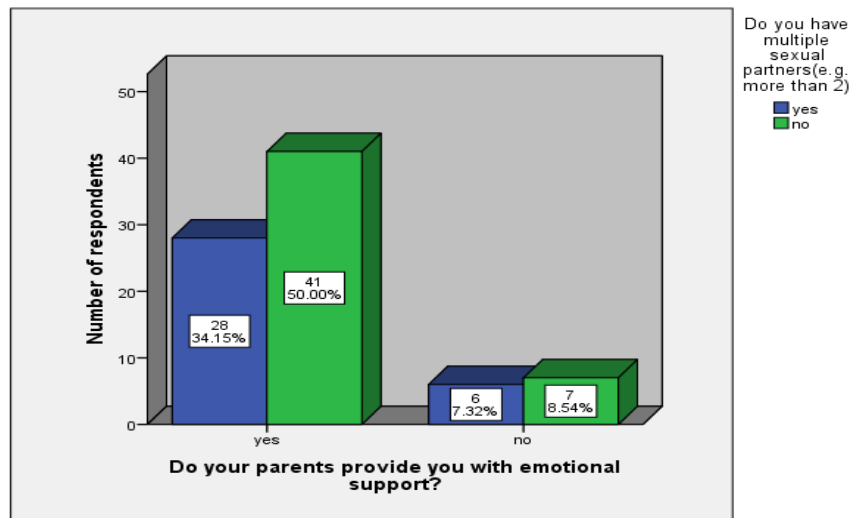
4.3.5 Parental supervision and emotional support in relation to sexual aggression

Research shows that parental supervision and emotional support have an influence in sexual behaviour of adolescents. In question number 16 that required participants to indicate whether their parents monitor their whereabouts, 21.1% (N=19) of adolescents reported that their parents do not monitor their whereabouts. With respect to the question “*do your parents provide you with emotional support?*” 16.5% (N=14) participants indicated that they do not get emotional support from their parents.

It is a fact that adolescents needs parental warmth and care in cherishing good behaviour, these findings point out that neglectful and inattentive parenting could yield to aggravated sexual aggressive behaviours. For example, male adolescents who were raised by negligent parents are more likely to furiously seek affection, as a result have concurrent sexual partners to displace their anger by sexually harass and physically assault them (Holborn & Eddy, 2011; Zhang *et al.*, 2015).

Following the above findings, graph 4.2 below show a relationship of emotional support and sexual behaviour of adolescent males.

Figure 4-2: Parental emotional support and multiple sexual partners



Half the total number of participants (50.0%) indicated that since their parents are emotionally supportive, they do not having multiple sexual partners. 34.2% (N=28) participants stated that irrespective of emotional supportive their parents are, but they have multiple sexual partners. Likewise, 7.3% (N=6) participants reported having emotional unsupportive parents and as a result they resort in having multiple sexual partners to compensate their parental unaffectionate.

Table 4.4 below demonstrate clustered data on parental supervision and emotional support.

Table 4-4: Cross tabulated data of parental supervision and emotional support

			Do your parents monitor your whereabouts (e.g. when you are not home at night)?	
			yes	no
Do your parents provide you with emotional support?	Yes	<i>Count</i>	55	13
		Do your parents provide you with emotional support?	80.9%	19.1%
		Do your parents monitor your whereabouts (e.g. when you are not home at night)?	85.9%	72.2%
		% of Total	67.1%	15.9%
	No	<i>Count</i>	9	5
		Do your parents provide you with emotional support?	64.3%	35.7%

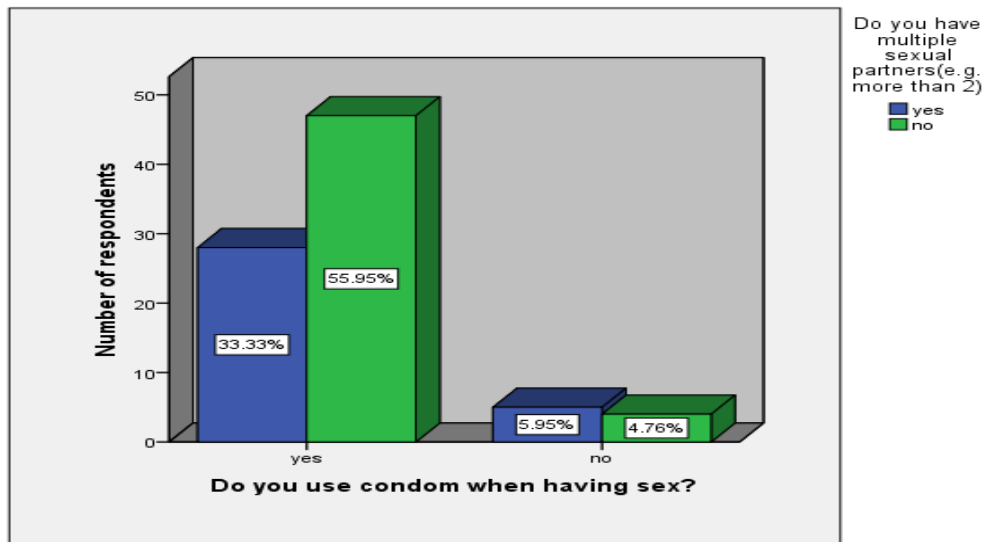
	Do your parents monitor your whereabouts (e.g. when you are not home at night)?	14.1%	27.8%
	% of Total	11.0%	6.1%
Total	<i>Count</i>	64	18
	Do your parents provide you with emotional support?	78.0%	22.0%
	Do your parents monitor your whereabouts (e.g. when you are not home at night)?	100.0%	100.0%
	% of Total	78.0%	22.0%

From the data in table 4.3, 67.1% indicated that their parents are emotional supportive and monitor their whereabouts, respectively 15.9% (N=13) reported that they get emotional support, but their parents do not monitor their whereabouts. On the other hand, 11.0% indicated that their parents do not provide them with emotional support but they are vigilant enough in monitoring their whereabouts. 6.1% reported not getting emotional support and equally their parents do not monitor their whereabouts.

Having explicated the inclination of parental supervision and emotional support as determining factors for adolescent males to have multiple sexual partners, it is within the scope of this study to analyse multiple sexual partners and condom use.

4.3.6 Multiple sexual partners and condom use as determinants of HIV/AIDS incidence

Figure 4-3: Multiple sexual partners and condom use



The above graph merges responses on multiple sexual partners and condom use among rural male adolescents. Question 5, 6 and 9 in the questionnaire seeks to examine sexual aggression as a propagating factor of HIV/AIDS. Merged responses point out that 33.3% (N=28) reported having multiple sexual partners and consistently use condom when having sex. 56.0% (N=47) stated that they do not have multiple sexual partners and use condom when they have sex. On the other hand 6.0% (N=5) indicated that they have multiple sexual partners and do not use condom when having sex, while 4.8% (N=4) do not have multiple sexual partners and do not use condoms. This finding clearly indicates that advocacy for sex-education is needed to protect future adults from HIV/AIDS.

4.3.7 Peer influence in relation to sexual aggression

Adolescence as a stress and stormy phase in which adolescents spend most of their time out-doors, more than two-thirds of respondents 72.7% (N=64) mentioned that they spend much of their time with friends. 73.3% (N=66) indicated that as much as they

spend most their time with friends, they are not swayed by their peers to engage antisocial behaviours such as drinking alcohol, use drugs or sexual coercion. Drawing from parental emotional support as shown in graph 4.2, adolescent males raised by parents who are emotional supportive tend to have self-confidence and resistant to peer pressure.

4.3.8 Resilience

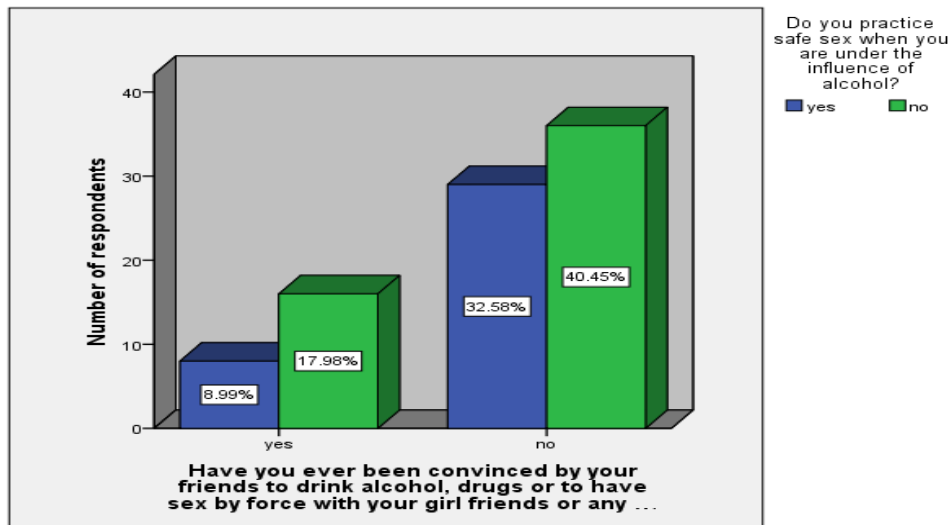
Contrary to great unyielding proportion of male adolescents, 26.7% (N=24) reported that they have been influenced by their friends to use alcohol, drugs and sexually coerce their counter parts. Since 6.8% (N=6) indicated that their friends have raped girls, and owing to contradictory responses in question number 21 (see appendix 5), in probing question number 31 "*Do your friends give you sexual advises more than your parents?*" as it relates to peer influence, 63.6% (N=56) approve that they are sexually advised by their friends. This indicates that adolescent males with poor resilience engross sexual advices from their associates including rebellious sexual suggestions which heighten the prevalence of sexual aggression among adolescent males.

4.3.9 Peer influence accompanied by substance use in relation to sexual behaviour

Apart from the positive role played by peers which could include regularly attending classes and competing for good marks, aggressive sexual behaviour also originates and perpetuates as a result of delinquent peer influence. Below is a graphic

representation of merged peer influence and risky sexual behaviour fuelled by substance use.

Figure 4-4: peer influence, alcohol intoxication and condom use



Graphic data above point out that very few adolescent males who can practice safe sex when they are under the influence of alcohol, especially if they were pressured by peers. In authenticating that view, only 9.0% (N=8) participants who indicated that they have been convinced by their friends to engage in antisocial behaviours like taking alcohol but constantly use condom even when they are intoxicated. 18.0% (N=16) adolescents reported having been influenced by their peers and as a result they do not use when they are drunk.

29 (32.6%) male adolescents indicated that they are resistant to peer influence and as such uses condom even when are under the influence of alcohol. Whereas 36 (40.5%) adolescents indicated that they are not influenced by peers but equally do not use condom when are under the influence of alcohol. This draw a clear indication that

alcohol intoxicated adolescent males do not use condom, as a result are susceptible to contract sexual infections including HIV/AIDS.

4.3.10 School climate as adolescent behavioural mediator

School as socializing agent, schools that lacks cognitive stimulations and do not have recreation facilities especially underprivileged rural societies like Eastern Cape, adolescents from such communities are more likely to sexually aggress others (Rychmand, 2008; Singh & Steyn, 2014; Ward *et al.*, 2012).

Participants were asked if they receive sex-education from their educators, 25.0% (N=22) adolescent males reported that at school they are not exposed to sexual education, 63.0% (N=51) adolescent males indicated that their schools have no recreation facilities. Consequently, 10 (11.2%) participants reported the occurrences of rape and sexual harassments within their school premises. Furthermore, in question number 26 participants 51.1% (N=45) participants approved that sexual aggressive adolescent males disrespect educators as opposed to 48.9% (N=43) who expressed that they sexual aggressive but do not disrespect educators.

4.4 RELATIONAL ANALYSIS AND INTERPRETATION OF THE STATISTICAL FINDINGS

According to de Vos *et al* (2011); Gravetter and Forzano (2016) a research hypothesis is a formal statement reflecting the researcher's expectation under investigation. Chi-Square is employed in testing associations of variables in two-ways table and used for predicting probabilities for each outcome (Hanse, Jeske & Kirsch, 2015). In this instance, Ho refers to the null hypothesis and Ha (alternative hypothesis).

Ho1: There is no statistical significant relationship between adolescent males who have been forced in sexual intercourse by their friends in terms of sexual relationship.

Ha1: There is a statistical significant relationship between adolescent males who have been forced in sexual intercourse by their friends in terms of sexual aggression.

Ho2: There is no statistical difference between adolescent males who talk about sex with their partners and sexual aggressive behaviour.

Ha2: There is a statistical difference between adolescent males who talk about sex with their partners and sexual aggressive behaviour.

Ho3: There is no statistical relationship between adolescent males who receive sex-education from their educators and those who do not receive sex-education from their educators.

Ha3: There is a statistical relationship between adolescent males who receive sex-education from their educators and those who do not receive sex-education from their educators.

Ho4: There is no statistical relationship between adolescent males' control of sexual feelings and the influence of alcohol.

Ha4: There is a statistical relationship between adolescent males' control of sexual feelings and the influence of alcohol.

Table 4-5: Relational analysis of statistical findings

Items	Yes	No	Chi-square	P-Value

Have you ever been forced to engage in sexual intercourse by your friends?	14 (16%)	75 (84%)	41.809	0.00
Do you talk about sex with your partner?	71 (79%)	19 (21%)	30.044	0.00
Have any of your friends ever raped girls?	6 (7%)	82 (93%)	65.636	0.00
Do you have multiple sexual partners?	35 (40%)	52 (60%)	3.322	0.68
Do you receive sex-education from educators	66 (75%)	22 (25%)	22.000	0.00
Are you able to control your sexual feelings and behaviours when you are drunk?	70 (79.5%)	18 (20.5%)	30.727	0.00
Do you practice safe sex when you are under the influence of alcohol?	37 (41.6%)	52 (58.4%)	10.227	0.11

Degree of freedom =1; Using the asymptotic standard error assuming the null hypothesis; P<0.05 level of significance

From the table, it follows that the null hypothesis (Ho1) is rejected in favour of the alternative hypothesis (Ha1) on the 5% level of significance $P = 0.00$. Furthermore, the Ho2 is rejected in favour of Ha2 on the 5% level of significance. The implication of this

finding is that the proportions of adolescent males who have been forced to engage in sexual intercourse by their friends (0.16) differ statistically significantly as compared to 0.84 of the adolescent males who have not been forced to engage in sexual intercourse. This research finding differ from the number of studies, Kann (2008), Katz, Heisterkamp and Fleming (2011); Nduna *et al.* (2010) who found that adolescent males who are influenced by their peers or friends tend to engage in sexual intercourse easily.

From the table, the null hypothesis (Ho3) is rejected in favour of alternative hypothesis (Ha3) on the 5% level of significance, $P=0.00$. Of the 88 participants who answered the question “Do you receive sex-education from educators?” 75% (N=66) indicated to be receiving sexual education from their educators, relative to 25% (N=22) of the respondents who do not receive sex-education. The implications are that the educators are knowledgeable and provide sex-education to adolescent learners. However, despite sex-education provided by educators, a proportion of 25% adolescent male who reported not receiving sex-education may continue to engage in risky sexual behaviours. The Chi-Square goodness of fit test ($\chi^2= 22.000$, $df = 1$, $P < 0.001$) showed that there is a statistically significant difference between learners who are exposed to sex-education than those who are not exposed to sex-education. This finding calls for awareness and emphasise healthy sexual behaviours, and its dimensions which are; decision-making skills, self-esteem, self-efficacy, assertiveness, communication with ease and sexual values.

It is clear also from the table that 79.5% (N=70) of participants indicated that they control their sexual feelings and behaviour as compared to 20.5% (N=18) of participants who do not control their sexual feelings when they are drunk. This is evident in the Chi-

Square goodness of fit test ($\chi^2 = 10.227$, $df = 1$, $P = 0.00$) that there is a significant difference between male participants who control their sexual feelings and behaviour when drunk. The implication is that adolescent males who can control their sexual feelings when drunk, they will not abuse their partners or violate the rights of others. There could be other factors such as effective communication with their parents and peers about sexuality as indicated in section B, that they spend most of their time with quality friends, receiving advice on sexual matters.

SECTION B: QUALITATIVE DATA ANALYSIS STRATEGY

This section seeks to explicate the processes undertaken in analysing the qualitative portion of the methods.

4.5 PROCESS OF DATA ANALYSIS

The process of analysing qualitative data entails the idea of conceptualizing unrefined data to make conclusions of the empirical data. Data analysis is defined as the process of repeatedly reading data to construct meaning through themes (Blanche, Durrheim & Painter, 2006; de Vos, Strydom, Fouche & Delport, 2011). Therefore, this section demonstrates essential process of data analysis that requires instigation of themes and coding. Coding is referred to as substantiations that are derived from data (Blanche *et al.*, 2006; Hennink *et al.*, 2011). These evidences are basically discussed by participants and are identified by the researcher through reading and make interpretations of data.

Mixed method necessitates the researcher to scrutinize qualitative data and make descriptions of procedures that have been utilized. For that reason, in the progressing study the researcher has cautiously studied data and separated it into logical and significant components (themes). These themes have come up from the data guided by research questions, which emanated from the literature in chapter two.

4.6 ANALYSIS AND DISCUSSION OF RESEARCH RESULTS

The researcher has discovered correspondence and commonalities from the data which required formulation of themes. The significance of these themes is based on the notion of discussing social aspects instigating and perpetuating sexual aggression of adolescent boys in rural setting concomitantly with prevalence of HIV/AIDS directly from the data revealed by participants. In that regard, identified themes will be discussed in following subheading:

4.7 DISCUSSION OF THEMES

Since this study employed thematic analysis, this subheading aim to discuss themes in relation to the literature, and the themes will be discussed as follows:

4.7.1 Attitudes and values adolescents towards sexual aggression.

Attitudes and values held by adolescent males give an impression that, sexual aggressive behaviour is ingrained in their attitudinal ideologies around sexual practices. Taking into account uniqueness and individualistic views of adolescents as it relates to sexual aggression and HIV/AIDS, male adolescents were asked: *“What are your*

attitude and values towards sexual behaviour (e.g. communication with the partner)?”

Their responses show an inconsistency towards attitudes and values that are assumed to be root causes of sexual violence. Their responses are quoted as follows:

“I alone I think sexually abusing a woman is rude or may I say is not right in a way because it live a particular person emotionally abused”.

“It is wrong, because you are taught well by your teachers and parents. I don’t see the reason to be sexual aggressive”.

“I don’t think there is a need to be aggressive towards your partner, I certainly value what she likes and respect her own views”.

4 participants were quoted: *“You have to negotiate with your partner when and where”.*

2 participants responded as: *“I use to communicate with my partner”.*

“Males don’t really have relationships, it’s just that they burg girls for sex and some even force them, so they become one night stand. They even rape”.

In view of the pervasive alterations made by conformity among peers, the participant who was quoted: *“I use to communicate with my partner,”* his response draws an indication that some male adolescents shift from their parental teachings and engross their friends’ teachings. For example, in section A, chapter 4 of this study 72.7% of adolescent males were found that they spend much time with friends as compared to their parents and they are more likely to influence each other. Epstein and Ward (2008) concur that boys regard their friends as important sources of sexual

related information, with 48.5% found often discussing their attitudes and values towards sexuality with peers.

4.7.2 Cultural influence and socialized to be sexual aggressive

Socially disorganized environment and culture have been found to be the contributory factors towards HIV/AIDS transmission. For example, the following narratives expressed by adolescent males confirm that being raised in disorganized environment influences youth to be sexually active at an early age to avoid stigma and discrimination. Participants were further asked *“What are the social factors that shape the aggressive behaviour of adolescent males in rural areas”* and a probing question subsequent to that, was: *“how do culture contribute towards sexual behaviour of adolescent males?”* The responses are quoted as follows:

“The main one or one has to be culture and traditions. This leads most rural men to have the misconception that they can force women to sleep with them”.

“Family members say your uncles they will put nasty thoughts in your mind and also your friends as well they can shape your thinking towards sexual aggression”.

“Sexual aggression in my community ixhaphakile, nathi singabantwana sikhula siyibona nasebantwini abadala, kengoku akululanga ukuba ilawuleke kuba kalok abantwana bafunda ebantwini abadala” (meaning: is more prevalent, even us as children we grew up witnessing it from our elders, then now it is not easy to control it because adolescent learn it from elders or role models).

“They do nothing because most of them sees fine with it to them it’s common thing and there aren’t nothing wrong with that.”

“Abantu abadala nootata bafuna sabelane ngesondo ukuze sizobangamajita aqinileyo kwaye ukuba U are still a virgin that is a disgrace in our culture. And our peers hide their virginity and form of their feel the use to engage in sex rough behaviour”.

“In our culture we’ve got the permission to do whatever we want but when we circumcised at the age of 18”.

“Once you reach manhood they encourage you to have sex because since your foreskin is out you will have more fun doing it and girls will love you”.

The findings are in agreement with the literature pointing out that cultural socialization as a practices that educate children about cultural customs, traditions and values, sexual aggressive behaviour of adolescent boys is also channelled by those traditional beliefs. Reassigned customs and cultural beliefs were found to have negative impact on disciplinary measures and yielded to aggressive behaviours of adolescents (Bezuidenhout & Joubert, 2011; Kassin *et al.*, 2011; Papalia, Olds & Feldman, 2009). For example response number 7 (*In our culture we’ve got the permission to do whatever we want but when we circumcised at the age of 18*), indicates that adolescent males who have undergone circumcision have an authority to behave as they wish. In support of that Breet, Myburgh and Poggenpoel (2010) maintained that adolescent boys reared in traditional villages embrace culture and male dominance, and such adolescents perceive aggression as the sign of their sexual ability and preparation for their leading roles in the household.

Following that, another respondent (*“Once you reach manhood they encourage you to have sex because since your foreskin is out you will have more fun doing it and girls will love you”*) endorse the misconception of more pleasurable sex with

circumcised penis which increases the likelihood of not using a condom, consequently contract STIs including HIV/AIDS.

4.7.3 Hegemonic masculinity

The data revealed that male adolescents' sexual abusiveness originates from their hegemonic masculinity and physical power. Male adolescents were asked to define sexual aggression: *"In your own view, what is sexual aggression?"* Their responses confirmed that hegemonic masculinity and physical forcefulness of male adolescents originates sexual aggression as demonstrated in the following:

"Sexual aggression means having power towards sex or trying to have sex by force to other people."

"When you overpower a chick during sexual intercourse, or try to force your girlfriend to have se."

"When you force someone to have sex with you without asking them."

"Some sort of forcing your sexual partner, classmates or any individual into having."

Similarly, Brown (2011) further sustain that males tend to be more aggressive than females due to variations in testosterone levels which males to be physically stronger. As a result hegemonic masculine adolescents tend to control their women and use violence to ordain their control.

4.7.4 Conformity

Conforming to gang and peer influence appeared in the literature as predisposing and precipitating factors of sexual aggressive behaviour among adolescent males. With respect to the question: *“How do peer influence (friends) contribute towards the sexual behaviour of adolescent males?”* The responses confirmed that peer influence and gang conformity play a fundamental role in precipitating sexual aggression and predisposes male adolescents to unsafe sexual practices, and as a result may contract sexual infections. The responses are as follows:

“Friends always want you to have sex with a girl even if they know it is wrong”

“Friends force/ influence you to have sex in your early stage/ age and our culture, culture does not go along with that culture norms, you are 13 years and above”.

“Our friends encourages us to do sex”.

“Amajita asezilalini bayabaseleka kakhulu (meaning guys from rural areas they got excited) when they see things that are unusual to them (like make-up, nice hairstyle), so they take their chances if they get a no they force them and sleep with them emahlathini (meaning: in the scrubland)”.

“Kuba ibangelwa luxinzelelo olufumana kotshomi bakho nakobhuti abadala basekuhlaleni (meaning: because of pressure from your friends and older brothers in your community)”.

“Friends always want you to have sex with a girl even if they know it is wrong”

“Friends force/ influence you to have sex in your early stage/ age”

“I had to force her because my friends will say am weak and call me by names”

“Because if you have friends and they have girls and you do not, they will put a pressure on you about girls, every topic they discussed it’s about girls nothing else, so they will end up doing things without thinking well”.

“It give him that attitude of it’s about time now to have sex whether he is ready or not he will want to have it because friend will be talking and he will not have something to talk about in that sexual conversation”.

Peers and gang members engage in risky sexual behaviour by coercing their sexual partners into sexual activities to be considered as conformists within their group. Adolescent males who grow up in chaotic environment and who are not equipped with decision-making skills, for fear of rejection they may conform easily to delinquent peers (Baron & Branscombe, 2012; Jama & Colman, 2010). Extending from peer pressure and conformity, risky sexual behaviours of adolescent male tend to be more apparent when they are under the influence of alcohol.

4.7.5 Alcohol and Substance intoxication

Based on the literature, substance and alcohol are the key precipitating and predisposing factors to sexual aggressiveness of rural male adolescents. In relation to that, findings reveal that the reason for adolescent males to sexually abuse emanates from alcohol and substance intoxication. Participants were asked to: *“Explain the reason why adolescent males rape or force their sexual partners?”* and *“What are the social*

factors that shape aggressive behaviour of adolescent male in rural areas?" Their responses are as follows:

"Some other people get aggressive when they high drunk and some they think when they have power they have all".

"Because you don't have girlfriend so you rape. Because of alcohol and drug abuse you may force your partner".

"Firstly it's when you are influenced by alcohol, drug, pornography and peers".

"I can say it's because

The findings are in agreement with the literature by Burton (2007) who maintained that adolescents who are under the influence of substances (alcohol and drugs) may not be able to monitor and control their behaviours. Impulsivity may lead adolescent males to sexually victimize their partners and other vulnerable individuals (Bhana, 2013; Fagan & Wright, 2012). It would further seen that such masculine-discourse dominated beliefs about sexuality among African adolescent males create delusion which leads them to practice unsafe sex when are under the influence of alcohol and drugs, without considering the danger of HIV/AIDS.

4.7.6 Pornographic viewing

Media, social networks and pornographic viewing are inseparable since adolescents exchange sexual content like nude picture and sexual videos through their media devices such as cell phones and laptops. Thus, media as the shortest way of exchanging information enormously contribute to adolescent males' sexual violence.

Sexual aggression is broadcasted via the media and is becoming easily accessible even to younger children, since social networks are not monitored and restrict the content of the message and the user-age. Respondents were asked: *“What are the social factors that shape the aggressive behaviour of adolescent males in rural areas?”* and were further asked: *“Explain the reasons why adolescent males rape or force their sexual partners.”* Their responses were as follows:

“When you watch too much porn, seeing girls dressing sexy, bad influence from boys by peer pressure”.

“Pornography and masturbation influences them to have sexual aggressive behaviour towards sexual partners”.

“In watching too much porn so you behave sexually”.

“Because the pornography influence to do so”.

“Because they are watching lot of pornography or sexual active”.

Literature by Jerman and Constantine (2010); UNICEF (2012) supports the fact that even though media has quality educative programs suitable for adolescents that make it possible for adolescents to learn good behaviour, sexual violence is also learned from vague message portrayals. In view of that, Kassin *et al.* (2011); Mulumeoderhwa and Harris (2015), sustain that adolescents learn anti-social behaviours by being exposed to unsuitable media channels. However, the escalating sexual aggression in rural areas is precipitated by sexual violent messages portrayed by media, which instil aggression and later adolescent males practice what they observed.

4.7.7 Imprisonment

Regarding the third objective of this study, the respondents expressed that sexual aggression or rape in their rural area(s) is forbidden and may result in imprisonment or death by mob-justice. For example, participants were quoted as saying:

“You are going to get arrested for rape and you didn’t condomise when you did that forceful sexual”.

“You put yourself in danger, because you did this with force so you will end up in jail”.

“You get arrested for a long time. You may get killed. You may get life sentence imprisonment”.

Imprisonment is imposed as a punishment in response to perpetrators of sexual violence with the intention of restructuring the offenders’ behaviour into socially acceptable (du Plessis *et al.*, 2015; Steven, 2010). Sadly, adolescents get depressed by the abuse inside the prison, which leaves them without solution rather resort to suicidal ideations (Tillyer, Wilcox & Gialopsos, 2010; Stevens & Cloete, 2010).

4.7.8 Physical punishment

Apart from imprisonment, physical punishment is imposed by rural community members to offenders. As a result adolescent males from such villages refrain from criminal or sexual offence. Regarding the question: *“What are consequences of sexual aggression?”*, participants responded as follows:

“Sexual aggression is wrong so if that particular male has done something wrong to a girl they use corporal punishment and then you get arrested”.

“Punish aggressive males, such as male who raped or forced himself in a female for sex”.

“Use corporal punishment and you get arrested”.

“Siyayibetha itsotsi pha kuthi elalini (meaning: we beat the wrongdoer in our village). We don't tolerate nonsense in our village.”

“Elders of the community, they either beat or hang you”.

“If they catch the person who committed such crime, then they beat the person up”.

“The community members handle sexual aggression committed by beating someone who rape”.

Participants repeatedly mentioned that physical punishment stops sexual aggressive behaviour in the community, because elders in the village are violent to an extent that they either beat or hang the perpetrators of sexual violence. Also community members are intolerable when it comes to sexual related crimes. Their responses correspond with Pegueros (2012) findings that physical punishment serve an example to those who may try to sexually offend other.

4.7.9 Lack of sexual communication and sexual education

From the literature it is found that male adolescents who nurture in families and school with poor warmth and lack of educative sexual communication may have feelings

of deindividuation. Furthermore, lack of positive sexual communication among neighbours enhances social isolation and inability for community member to teach adolescents about repercussions of sexual misbehaviour and sexual infections including HIV. This is confirmed by the following responses from different questions regarding causal factors of sexual aggression:

“When a person is uneducated and has nothing to do during the day”.

“As a parent you have to talk to your child about sex. So if you do not talk to your child about sex then sexual aggression easily takes place in your child’s life. So families contribute in a negative way by not communicating to their children about such things”.

“Adults intend to hide sexual behaviour amongst adolescent males”.

“They does not communicate with children most time they shout and beat”

“Because they do not have the garts to talk with a girl and ask them out”

These inferences point sex-education as the central factor in the realm of sexuality. Taking into account cultural hindrances in sexual discourse, rural families including educators regard sexual discussions as a taboo, leaving adolescent males unequipped about sexual encounters. In support, in a study of adolescents it has been found that adolescent males who do not receive sex-education are more likely to engage in risky sexual behaviours (Mustaine *et al.*, 2014; Zhang *et al.*, 2015). However, this group of adolescent males seems to be aware of the implications of poor sex-education in relation to sexual aggression.

4.7.10 Inaccessibility of basic services and HIV/AIDS and STIs

Adolescent males in rural societies are more likely not to use condoms when having sex. Inaccessibility of basic health services such as clinics, long distances to the clinics and lack of transport in rural communities serve as an excuse and deprives adolescents to collect condoms. As a result adolescent may engage in unsafe sex and possible contract sexual infections such as syphilis, gonorrhoea and HIV/AIDS, with detrimental effects in health and well-being of affected and infected adolescents. However, the literature is validated by the following findings:

“I think the other thing is that there are no police stations in rural areas that is why they take advantages”.

“Impregnate a girl and become a father, ungenayo imali yokondla”.

“You may be able to contract an STI’s and an HIV”.

“You get STI’s/HIV and even have STD’s and get infection”.

“You can get HIV, STI and AIDS etc”.

“STIs, HIV, Being pregnant”.

“You will get HIV. You will have the baby”.

“You will have HIV. You will make your sexual partner pregnant”.

“It could lead to HIV and AIDS or other STI’s”

“Usebengciphekweni kuba xa usenza ucantsi olungakhuselekanga ungafumana izifo”.

“You can contract HIV and STI’s”

Worldwide HIV/AIDS is amongst the top five sexual related adolescent killer disease. While in African countries the numbers of infected people are gradually escalating due to sexual aggressive and reckless behaviours of adolescent males

(Donald *et al.*, 2014; Meises, 2009; Ramathuba, 2012). Therefore, sexual aggression and incidence of HIV/AIDS are proportional to the availability of basic services.

4.7.11 Role models, Sexual objectification and unplanned fatherhood

Family and community environment may have detrimental effect on adolescents' behaviour. For example, adolescent males growing in socially disorganized environment with delinquent role models and embracing cultural doctrines that understand women as sexual objects are more likely to demand sex from women and possibly without using condom. Such adolescents are most likely to impregnate girls and contract HIV/AIDS. This is confirmed by the responses below:

“Our brother always tell us that if we are virgins we are uncool and useless hence they call us “isishumane” (men that has no girlfriend) so the only way for our brothers not to call us that name is by having sex”.

“Males don't really have relationships, it's just that they burg girls for sex and some even force them, so they become one night stand. They even rape”.

“Seeing our neighbour wives do whatever the husband wants and we see it as a good thing hence we do it to other women”.

Adolescent males who grow up in an environment where men dominates and portray dictatorship in their affairs, with women complying and being submissive, such adolescents are more likely to observe and imitate such behaviours followed by sexual coercions (Giddens, 2013; Visser & Moleko, 2012).

Since in many rural communities sex related conversations are regarded as a taboo and sexual objectification is viewed as a norm, another respondent further said,

“In my community girls does not communicate with their parents when they involve with situation like this because they believe that their parents does not understand”. This shows the inferiority complex among victims of sexual aggression. Hence, constitutional laws condemn domineering behaviours practiced by sexually aggressive male adolescents (Brown, 2012; Gomez-Olive *et al.*, 2013).

4.7.12 Regrets and guilty feelings

Human beings are understood to have feelings following their behaviours. In this study adolescent males were asked the question: “How do you (as an adolescent male) feel after having sexually forced your partner (e.g. manhood and masculinity, recognition and respect by your peers)?” Their responses are as follows:

“Forcing your partner to have sex makes you loose your reputation and your dignity”.

“When you wake up in the morning you get shocked and lost and you get scared”.

“I would feel good at all because I would have the thought that is at the back of my mind that my partner isn’t happy or isn’t enjoying herself”.

“Some feels recognised and respected and some feel ashamed of what they have done”.

“Others regret what they did because it is a sexual aggression and they end up blaming alcohol and drugs”.

“I would feel ashamed, disappointed to myself”.

“Uye uzisole ukuba lento okanye le sex uqqiboyenza khange uyinikwe ngesihle uyifune ngenkani. Uye woyike nokuyobanjiswa ngoba ngelaxesha ububatywe ingqondo icinga ngesondo” (meaning: *you regret for what you did or sex you have done was not*

consensual, but forcefully. You get scared of being arrested because in that time you were erected your focus was on sex)”

This evidence show that this group of adolescent males feelings and emotions for other human beings. They are compassionate and it seems that they are not sexually abusive, hence they expressed that they may regret their deeds.

4.7.13 Sexual education, support system, awareness campaign and service delivery

Educating young stars about appropriate behaviours and equipping them by means of distributing necessary services (e.g. condoms) serves as a protective measure against escalating rates of HIV/AIDS as caused by sexual aggression. Furthermore, they proposed that sex-education and awareness campaigns are vital for adolescent males' sexual values, decision-making and communication with ease. The following are supporting responses responses:

They open centres such as “love life” so that they raise the awareness of sexual aggression and sexual abuse.

Forming community forum that take part on patrolling at night and call meetings talk about sexual intercourse.

Creating the sexual programmes to decrease the high rates of sexual aggression. Doing activities in the community.

Raise awareness by teaching adolescent males about how dangerous sex is, and consequences of sex

Providing condoms for those who having sex.

The findings validates the necessity of incorporating social support groups in combating the impact of sexual aggression. Kassin, *et al.* (2011) and Mustaine *et al.* (2014) agree that support groups allows individuals to share stories and discuss ways of coping with experiences, while awareness campaign serve to educate and equip rural adolescents with necessary resources like condoms.

4.8 CONCLUSION

This chapter dealt with procedures of data analysis to analyse raw data and come with empirical findings. The findings point out that social factors are the most contributory aspects of adolescent males being sexual aggressive and contract STIs and HIV/AIDS. Various formulated hypotheses were tested using Chi-square test. Recommendations will outline possible measure to be implemented in the following chapter.

CHAPTER FIVE

5 SUMMARY, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

In the previous chapter data was analysed and interpreted in which statistician was employed and thematic analysis through coding was also used. This final chapter seeks to outline the findings derived from the literature and the empirical investigations, and further give summary of detailed discussion on basic factors that has been summarized in previous chapters. Accordingly, the focus will be on summary of findings, limitations of the study, way-forward and conclusion. For future research, limitation of this study will help researchers who may intend to further explore sexual aggression of rural male adolescents in relation to HIV/AIDS. Regarding the fourth objective of this study, obtained recommendations will suggest sex-educational programmes to enhance healthy sexual behaviours and lessen the occurrence of STIs including HIV/AIDS among adolescents.

5.2 FINDINGS FROM THE LITERATURE

Guided by research questions, reviewed literature was relevant in the exploration of the social factors that perpetuate sexual aggression of male adolescents, and subsequently spreads HIV/AIDS. These factors will be briefly discussed in the following:

5.2.1 Contributory factors

The contributory factors of sexual aggressive behaviour cover a broader spectrum in the realm of sexuality. This study has found numerous factors that disseminate aggressive sexual behaviours of adolescent boys and co-occurrence of sexual infections including HIV/AIDS. Among other factors; witnessing violence, parenting style, absent fathers, dysfunctional families, culture, gender inequality, intimate partner violence, history of child abuse, disorganized social environment, resiliency, self-esteem and self-efficacy were found to be central factors prompting sexual violence. Adolescents raised by supportive and positively involved parents in their socialization tend to have high self-efficacy and they are able to adjust to social demands, unlike adolescent males raised by permissive and uninvolved parents who are more likely to have low self-esteem and struggle to form secure attachments with others.

Due to lack of warmth, unresponsiveness and inattentive parents, adolescents may behave impulsively to compensate their parental negligence (Jansen *et al.*, 2012; Karla, 2010). In agreement, the findings in chapter four, section A indicates that some parents do not monitor the whereabouts and are emotionally unsupportive to their children. As a result such children may rely on their friends for sexual guidance, which makes it possible to also learn risky sexual behaviours.

In rural black dominated communities culture exerts strong attitudinal beliefs that embrace male supremacy while women are regarded as sex objects (refer to paragraph 2.4.3). These gender differences rooted in cultural beliefs and violence maintained by hegemonic masculinity deprives women of the right to initiate safe sex in sexual encounters, hence it becomes challenging to control HIV/AIDS among adolescents.

Furthermore, adolescent males reared in dysfunctional families and disorganized social environment may possibly disguise their emotional inadequacies by engaging into delinquent behaviours such as smoking and drinking which increases the probability of early sexual debut and also contract STIs/HIV as discovered in a study by Holborn and Eddy (2011). However, despite the negative reactional behaviours expected, motivated and resilient adolescents with high self-esteem may have less behavioural problems and better problem solving skills (refer to paragraphs: 2.4.2; 2.4.7 & 2.4.9).

5.3 FINDINGS FROM THE EMPIRICAL INVESTIGATION

Data was analysed using the SPSS, version: 18 (SPSS, 2011) and the descriptive findings indicated that 110 isiXhosa speaking males in Grade 10-12, had the median age of 17, although 51.8% (N=52) were in grade 10. Almost half of the participants were raised by single parents. Adolescent males raised by stable family are more likely to have one intimate partner unlike adolescent males raised in the absence of biological or father-figure.

The findings showed that a strong relationship between sexual aggressive behaviour of male participants and their experiences. Participants who reported having been victimized sexually were more inclined to early sexual debut.

Regarding condom-use among male participants, a large proportion (89.5%) indicated to be using condoms when having sex. This implies that the adolescent males may complete their metric without being teenage fathers. However, 63.2% (N=55) do not know their HIV status despite being sexually active. The significant positive correlations that were found between sex-education and talking about sex with one's

partner made a theoretical sense.

The statistical findings show that adolescent males with friends who ever raped girls proved the strongest correlation with control of sexual feelings and behaviour when they are drunk. A number of hypotheses concerning adolescents with regard to multiple sexual partners and sexual practice (refer to table 4.5) were formulated from which the following findings were made. The important findings are that the large proportions of adolescent males who have been forced to engage in sexual intercourse by their friends (0.16) differ statistically significantly as compared to 0.84 of the adolescent males who have been forced to engage in sexual intercourse. There is a statistically significant difference between learners who are exposed to sex-education than those who are not exposed to sex-education.

5.4 RECOMMENDATIONS AND EDUCATIONAL IMPLICATIONS OF THE STUDY

Propose recommendations for eradicating sexual aggression and subsiding high prevalence of HIV/AIDS among adolescents include redressing cultural misconception regarding sexual practices, directed interventions to adolescents, advance rural security system and inclusion of sex-education in the curriculum as suggested in paragraph 2.9.

5.4.1 Suggestions for future research

Although sexual behaviour of adolescent males continues to be explored in South Africa, further exploration is needed in determining their self-esteem and sexual attitudes. Since this study explored the sexual aggression of adolescent males in a rural

setting and incidence of HIV/AIDS, it is recommended that it should also be done in townships and urban settings.

5.5 LIMITATIONS OF THE STUDY

Although the objectives of this study were met, there are a couple of limitations in this study. Among Africans, sex is still regarded as a taboo. Therefore, it may have been difficult for the participants to respond honestly to questions regarding sex, although they were assured of privacy and confidentiality. Secondly, because data was gathered through self-administered questionnaires and interviews, there was no control for misunderstood questions, missing data and high possibility of deliberately concealed responses or might have provided responses that they think the researcher expects from them (second guessing).

A third limitation is that the sample of the study was not the population of the entire adolescent males from the villages in the Eastern Cape. Another limitation of this study is that the assumption was that all the participants were heterosexuals. This research could have got the different results if it accommodated adolescent males in the same-sex relationships. While measures were taken to reduce these inaccuracies, it is likely that the proportion of respondents that engaged in high risk activities is actually higher than what was reported in the study. While the researcher was fluent in both English and the local language (IsiXhosa), there might have been instances where questions asked could be misinterpreted by respondents upon translation.

5.6 CONCLUSION

In this study, there appears to be a shift to committed relationships, an increase of condom use and a decrease in engaging with multiple sex partners. In addition, the vast majority of learners reported having positive relations with parents and friends, have tolerant friends and do not smoke or drink alcohol. Statistically, A large proportion of participants indicated that sex- education from school helped them to maintain sexual relationships.

REFERENCE LIST

- Adamsons, K., & Johnson, S. K. (2013). An updated and expanded meta-analysis of nonresident fathering and child well-being. *Journal of Family Psychology, 27*(4), 589.
- Akers, R. L. (2011). *Social learning and social structure: A general theory of crime and deviance*. Transaction Publishers.
- Alanezi, F. (2010). Juvenile delinquency in Kuwait: Applying social disorganization theory. *Digest of Middle East Studies, 19*(1), 68-81.
- Bank, J. L. (2011). *Home spaces, street styles: contesting power and identity in a South African city*. South Africa: Wits University press (Pluto press).
- Barnes, K., Brynard, S., & de Wet, C. (2012). The School in School Violence in the Eastern Cape Province of South Africa. *Journal of Social Science, 31*(2), 209-218.
- Baron, R. A. & Branscombe, N. R. (2012). *Social Psychology*. United State of America: Pearson.
- Baron, R. A. & Branscombe, N. R. (2014). *Social Psychology*. United State of America: Pearson.
- Bastien, S., Kajula, L. J., & Muhwezi, W. W. (2011). A review of studies of parent-child communication about sexuality and HIV/AIDS in sub-Saharan Africa. *Reprod Health, 8*(25), 1-17.
- Baumeister, R. F. & Bushman, B. J. (2011). *Social Psychology and Human Nature*. Canada: Wadsworth Cengage Learning.

- Bernstein, C. S. & Penner, R. (2012). *Psychology*. China: Wardsworth cangage learning.
- Bezuidenhout, C. & Joubert, S. (2011). *Child and Youth misbehaviour in South Africa: a Holistic approach*. Pretoria: Van Schaik.
- Bhana, D. (2013). Parental views of morality and sexuality and the implications for South African moral education. *Journal of Moral Education*, 42(1), 114-128.
- Breet, L., Myburgh, C., & Poggenpoel, M. (2010). The relationship between the perception of own locus of control and aggression of adolescent boys. *South African Journal of Education*, 30(4), 511-526.
- Brown, R. (2012). Corrective Rape in South Africa: A Continuing Plight despite an International Human Rights Response. *Annual Survey of International & Comparative Law*, 18(1), 5.
- Burton, P. (Ed.). (2007). *Someone stole my smile: An exploration into the causes of youth violence in South Africa*. Centre for Justice and Crime Prevention.
- Campbell, J. C., Lucea, M. B., Stockman, J. K., & Draughon, J. E. (2013). Forced sex and HIV risk in violent relationships. *American Journal of Reproductive Immunology*, 69(s1), 41-44.
- Costa. P. T.. Jr., & McCrae, R. R. (1976). Age differences in personality structure: A cluster analytic approach. *Journal of Gerontology*, 31, 564-570.
- Creswell, J. W. (2009). *Research design: Qualitative, quantitative, and mixed methods approaches*. Cape Town: Sage publications
- Dartnall, E., & Jewkes, R. (2013). Sexual violence against women: the scope of the problem. *Best practice & research Clinical obstetrics & gynaecology*, 27(1), 3-13.

- Dartnall, E., & Jewkes, R. (2013). Sexual violence against women: the scope of the problem. *Best Practice & Research Clinical Obstetrics & Gynaecology*, 27(1), 3-13.
- De Vos, A. S. (2005). Combined quantitative and qualitative approach. In A.S. de Vos, H. Strydom, C. B. Fouch & C. S. L. Delpont., *Research at grassroots for social science and human service professions* (3rd ed.). Van Schaik Publishers: Kagiso, pp 357-366.
- De Vos, A. S., Fouche, C. B., Strydom, H. & Delpont, C. S. L. (2011). *Research at grass roots*. Pretoria: Van Schaik.
- DeCraen, E., Michielsen, K., Herbots, S., Van Rossem, R., & Temmerman, M. (2012). Sexual coercion among in-school adolescents in Rwanda: prevalence and correlates of victimization and normative acceptance. *African journal of reproductive health*, 16(3).
- Denson, T. F., DeWall, C. N., & Finkel, E. J. (2012). Self-control and aggression. *Current Directions in Psychological Science*, 21(1), 20-25.
- Derdikman-Eiron, R. U. T. H., Indredavik, M. S., Bratberg, G. H., Taraldsen, G., Bakken, I. J., & Colton, M. (2011). Gender differences in subjective well-being, self-esteem and psychosocial functioning in adolescents with symptoms of anxiety and depression: Findings from the Nord-Trondelag health study. *Scandinavian Journal of Psychology*, 52(3), 261-267.
- Devries, K. M., Mak, J. Y., Garcia-Moreno, C., Petzold, M., Child, J. C., Falder, G. & Pallitto, C. (2013). The global prevalence of intimate partner violence against women. *Science*, 340(6140), 1527-1528.

- Dogan, T., Totan, T., & Sapmaz, F. (2013). The role of self-esteem, psychological well-being, emotional self-efficacy, and affect balance on happiness: a path model. *European Scientific Journal*, 9(20).
- Donald, D., Lazarus, S., & Lolwana, P. (2014). *Educational psychology in social context: Ecosystemic applications in Southern Africa*. Cape Town.
- Du Plessis, B., Kaminer, D., Hardy, A., & Benjamin, A. (2015). The contribution of different forms of violence exposure to internalizing and externalizing symptoms among young South African adolescents. *Child abuse & neglect*, 45, 80-89.
- Durrheim, K. Painter, D. & Terre Blanche M. (2006). *Research in Practice: Applied Methods for The social science*. (2nd edition). Cape Town: UCT Press.
- Elmes, D., Kantowitz, B. H. & Roediger, H. L. (2012). *Research methods in Psychology*. United Staes of America: Wadsworth Cengage Learning.
- Engler, B. (2014). *Personality theories*. (9th ed.). Belmont: Wadsworth Cengage Learning .
- Epstein, M., & Ward, L. M. (2008). "Always use protection": Communication boys receive about sex from parents, peers, and the media. *Journal of Youth and Adolescence*, 37(2), 113-126.
- Espelage, D. L., & Swearer, S. M. (2010). A social-ecological model for bullying prevention and intervention. *Handbook of Bullying in Schools: An International*

- Perspective*, ed. Shane R. Jimerson, Susan M. Swearer and Dorothy L. Espelage (New York: Routledge, 2010), 61-72.
- Evans, A. N. & Rooney, B. J. (2014). *Methods in psychology research*. Cape Town: Sage Publications.
- Fagan, A. A., & Wright, E. M. (2012). The Effects of Neighborhood Context on Youth Violence and Delinquency Does Gender Matter?. *Youth Violence and Juvenile Justice*, 10(1), 64-82.
- Fearon, R. P., Bakermans-Kranenburg, M. J., Van IJzendoorn, M. H., Lapsley, A. M., & Roisman, G. I. (2010). The significance of insecure attachment and disorganization in the development of children's externalizing behavior: A Meta-analytic study. *Child development*, 81(2), 435-456.
- Ferguson, C. J., & Dyck, D. (2012). Paradigm change in aggression research: The time has come to retire the General Aggression Model. *Aggression and Violent Behavior*, 17(3), 220-228.
- Franklin, C. A., Bouffard, L. A., & Pratt, T. C. (2012). Sexual Assault on the College Campus Fraternity Affiliation, Male Peer Support, and Low Self-Control. *Criminal Justice and Behaviour*, 39 (11), 1457-1480.
- French, D., Vedhara, K., Kaptein, A. A., & Weinman, J. (2010). *Health Psychology*. Malaysia: John Wiley and Son.
- Gallarín, M., & Alonso-Arbiol, I. (2012). Parenting practices, parental attachment and aggressiveness in adolescence: A predictive model. *Journal of adolescence*, 35(6), 1601-1610.

- Giddens, A. (2013). *Sociology*. Italy: Polity Press
- Goga, K. (2014). *The drug trade and governance in Cape Town*. Pretoria: Institute for Security Studies
- Gómez, A. M. (2010). Testing the cycle of violence hypothesis: Child abuse and adolescent dating violence as predictors of intimate partner violence in young adulthood. *Youth & Society*.
- Gómez-Olivé, F. X., Angotti, N., Houle, B., Klipstein-Grobusch, K., Kabudula, C., Menken, J., ... & Clark, S. J. (2013). Prevalence of HIV among those 15 and older in rural South Africa. *AIDS care*, 25(9), 1122-1128.
- Gottfredson, M. & Hirschi, T. (1994). *The Generality of Deviance*. New Brunswick, NJ: Transaction Publishers
- Gravetter, F. J., & Forzano, L. B. (2016). *Research methods for behavioural sciences*. Wadsworth: Thomson Learning.
- Griffin, J. A., Umstattd, M. R., & Usdan, S. L. (2010). Alcohol use and high-risk sexual behavior among collegiate women: a review of research on alcohol myopia theory. *Journal of American College Health*, 58(6), 523-532.
- Hadley, W., Brown, L. K., Lescano, C. M., Kell, H., Spalding, K., DiClemente, R., ... & Project STYLE Study Group. (2009). Parent-adolescent sexual communication: Associations of condom use with condom discussions. *AIDS and Behavior*, 13(5), 997-1004.

- Hadwin, A., & Oshige, M. (2011). Self-regulation, coregulation, and socially shared regulation: Exploring perspectives of social in self-regulated learning theory. *Teachers College Record*, 113(2), 240-264.
- Hamilton, Z. K., & Campbell, C. M. (2013). A Dark Figure of Corrections Failure by Way of Participation. *Criminal Justice and Behavior*, 40(2), 180-202.
- Hayes, S., & Carpenter, B. (2012). Out of time: The moral temporality of sex, crime and taboo. *Critical criminology*, 20(2), 141-152.
- Hennink, M. Hutter, I. & Bailey, A. (2011). *Qualitative research methods*. London: Sage.
- Holborn, L., & Eddy, G. (2011). First steps to healing the South African family. Marshalltown: South African Institute of Race Relations
- Homma, Y., Wang, N., Saewyc, E., & Kishor, N. (2012). The relationship between sexual abuse and risky sexual behavior among adolescent boys: a meta-analysis. *Journal of Adolescent Health*, 51(1), 18-24.
- Jansen, J., Moletsane, M., Neves, D., Soudien, C., Stroud, L., Swart, S. & Wild, L. (2012). *Child and adolescent development*. Cape Town: Oxford University Press.
- Jerman, P., & Constantine, N. A. (2010). Demographic and psychological predictors of parent–adolescent communication about sex: A representative state wide analysis. *Journal of Youth and Adolescence*, 39(10), 1164-1174.

- Jewkes, R., & Morrell, R. (2010). Gender and sexuality: emerging perspectives from the heterosexual epidemic in South Africa and implications for HIV risk and prevention. *Journal of the International AIDS Society*, 13(1), 6.
- Jewkes, R., & Morrell, R. (2012). Sexuality and the limits of agency among South African teenage women: Theorising femininities and their connections to HIV risk practises. *Social Science & Medicine*, 74(11), 1729-1737.
- Jewkes, R., Fulu, E., Roselli, T., & Garcia-Moreno, C. (2013). Prevalence of and factors associated with non-partner rape perpetration: findings from the UN Multi-country Cross-sectional Study on Men and Violence in Asia and the Pacific. *The lancet global health*, 1(4), e208-e218.
- Jones, D. J., Runyan, D. K., Lewis, T., Litrownik, A. J., Black, M. M., Wiley, T., ... & Nagin, D. S. (2010). Trajectories of childhood sexual abuse and early adolescent HIV/AIDS risk behaviors: The role of other maltreatment, witnessed violence, and child gender. *Journal of Clinical Child & Adolescent Psychology*, 39(5), 667-680.
- Kalichman, S. C., Simbayi, L. C., Kaufman, M., Cain, D., Cherry, C., Jooste, S., & Mathiti, V. (2005). Gender attitudes, sexual violence, and HIV/AIDS risks among men and women in Cape Town, South Africa. *Journal of sex research*, 42(4), 299-305.
- Kann, L. (2008). *A dangerous game: male adolescent's perceptions and attitudes towards sexual consent*. Johannesburg: University of Witwatersrand.
- Karla, K. (2010). *Pretend Aggression in play, aggressive behaviour and parenting style*. Western Cape.
- Katz, J., Heisterkamp, H. A., & Fleming, W. M. (2011). The social justice roots of the mentors in violence prevention model and its application in a high school setting. *Violence Against Women*, 17(6), 684-702.

- Keyes, C. L. M. (2009), The Black–White paradox in health: Flourishing in the face of social inequality and discrimination. *Journal of Personality*, 77(6), 1677-1706.
- Keyes, C. L., & Annas, J. (2009). Feeling good and functioning well: Distinctive concepts in ancient philosophy and contemporary science. *The Journal of Positive Psychology*, 4(3), 197-201.
- Kheswa, J. G., & Hoho, V. N. (2014). “Ukuthwala” The Sexual-Cultural Practice with Negative Effects on the Personality of Adolescent Females in Africa. *Mediterranean Journal of Social Sciences*, 5(20), 2808- 2814.
- Kheswa, J. G., & Notole, M. (2014a). Sexual Aggressive Behaviour Amongst Adolescent Males: A Challenge for South African Parents, Schools and Society at Large. *Mediterranean Journal of Social Sciences*, 5(10), 484- 490.
- Kheswa, J. G., & Notole, M. (2014b). The Impact of Pornography on Adolescent Males’ Sexual Behaviour in the Eastern Cape, South Africa. A Qualitative Study. *Mediterranean Journal of Social Sciences*, 5(20), 2831-2840.
- Kheswa, J. G., & Tikimana, S. (2015). Criminal Behaviour, Substance Abuse and Sexual Practices of South African Adolescent Males. *Journal of Psychology*, 6(1), 10-18.
- Kheswa, J. G., Dayi, X. & Gqumani, P. (2014). African Adolescent Males and Rape in the Eastern Cape, South Africa: A Need for Sexuality Education. *Mediterranean Journal of Social Sciences*, 5(10), 541.

- Khumalo, I. P. (2011). *The evaluation of the general psychological well-being and the mental health continuum models in an African context* (Doctoral dissertation, North-West University).
- Khumalo, I. P., Temane, Q. M., & Wissing, M. P. (2012). Socio-demographic variables, general psychological well-being and the mental health continuum in an African context. *Social Indicators Research*, 105(3), 419-442.
- Kirby, D. (2002). Do Abstinence –only programs delay the initiation of sex among young people and reduce teenage pregnancy? National Campaign to Prevent Teenage Pregnancy: Washington DC.
- Koen, V., van Eeden, C., & Rothmann, S. (2012). An Exploration of Families' Psychosocial Well-Being in a South African Context. *Journal of Psychology in Africa*, 22(3), 343-357.
- Koen, V., van Eeden, C., & Rothmann, S. (2013). Psychosocial Well-Being of Families in a South African Context: A Prospective Multifactorial Model. *Journal of Psychology in Africa*, 23(3), 409-418.
- Kotchick, B. A., Shaffer, A., Miller, K. S., & Forehand, R. (2001). Adolescent sexual risk behavior: A multi-system perspective. *Clinical psychology review*, 21(4), 493-519.
- Kouyoumdjian, F. G., Calzavara, L. M., Bondy, S. J., O'campo, P., Serwadda, D., Nalugoda, F., ... & Gray, R. (2013). Intimate partner violence is associated with incident HIV infection in women in Uganda. *Aids*, 27(8), 1331-1338.

- Lalor, K., & McElvaney, R. (2010). Child sexual abuse, links to later sexual exploitation/high-risk sexual behaviour, and prevention/treatment programs. *Trauma, Violence, & Abuse, 11*(4), 159-177.
- Leedy, P. D. & Ormord, J. E. (2005). *Practical research planning and design*. Merrill Prentice Hall: Pearson.
- Leoschut, L., & Burton, P. (2009). Building resilience to crime and violence in young South Africans, Research Bulletin Centre for Justice and Crime Prevention 4. *Centre for Justice and Crime Prevention, Cape Town*.
- Louw, D. & Louw, A. (2007). *Child and adolescent development*. The University of Free State: Bloemfontein.
- Louw, P. (2015; May Tuesday). Students take stupid sex risk. *The Times*.
- Malmberg, L. E., & Flouri, E. (2011). The comparison and interdependence of maternal and paternal influences on young children's behavior and resilience. *Journal of clinical child & adolescent psychology, 40*(3), 434-444.
- Masarik, A. S., Conger, R. D., Martin, M. J., Donnellan, M. B., Masyn, K. E., & Lorenz, F. O. (2013). Romantic relationships in early adulthood: Influences of family, personality, and relationship cognitions. *Personal Relationships, 20*(2), 356-373.
- McAnulty, R. D., & Burnette, M. M. (Eds.). (2006). *Sex and Sexuality: Sexual deviation and sexual offenses* (Vol. 3). Greenwood Publishing Group.
- Meyer, J. (2013). Deconstructing masculinity: Dominant discourses on gender, sexuality and HIV and AIDS from the experience of the adolescent male orphan. *HTS Theological Studies, 69*(1), 01-09.

- Mhlahlo, A. P. (2009). *What is manhood?: the significance of traditional circumcision in the Xhosa initiation ritual* (Doctoral dissertation, Stellenbosch: University of Stellenbosch).
- Meises, A. (2009). Gender inequality and corrective rape of women who have sex with women. *GMHC Treatment Issues*, 1-3.
- Miller, K. (2010). The darkest figure of crime: perceptions of reasons for male inmates to not report sexual assault. *Justice Quarterly*, 27(5), 692-712.
- Mitchell, C. & Pithouse, K. (2009). *Teaching and HIV/AIDS*. Gauteng: Macmillan.
- Mncube, V., & Madikizela-Madiya, N. (2014). Gangsterism as a cause of violence in South African schools: The case of six provinces. *Journal of Sociology and Social Anthropology*, 5(1), 43-50.
- Moore, A. M., Madise, N., & Awusabo-Asare, K. (2012). Unwanted sexual experiences among young men in four sub-Saharan African countries: prevalence and context. *Culture, health & sexuality*, 14(9), 1021-1035.
- Mouton, J. (2012). *Understanding social research*. Pretoria: Van Schaik.
- Mulumeoderhwa, M., & Harris, G. (2015). Forced sex, rape and sexual exploitation: attitudes and experiences of high school students in South Kivu, Democratic Republic of Congo. *Culture, health & sexuality*, 17(3), 284-295.
- Mustaine, E. E., Tewksbury, R., Huff-Corzine, L., Corzine, J., & Marshall, H. (2014). Community characteristics and child sexual assault: Social disorganization and age. *Journal of Criminal Justice*, 42(2), 173-183.

- Mwinga, A.M. (2012). *Factors contributing to unsafe sex among teenagers in the secondary schools of Botswana*. Pretoria: University of South Africa.
- Nattrass, N. (2009). Poverty, sex and HIV. *AIDS and Behavior*, 13(5), 833-840.
- Nduna, M., Jewkes, R. K., Dunkle, K. L., Shai, N. P., & Colman, I. (2010). Associations between depressive symptoms, sexual behaviour and relationship characteristics: a prospective cohort study of young women and men in the Eastern Cape, South Africa. *Journal of the International AIDS Society*, 13(1), 44.
- Nevid, J.S. (2012). *Essentials of psychology concepts and applications*. Australia: Cengage learning.
- Nicholas, L. (2008). *Introduction to Psychology*. Cape Town: UCT Press
- Ntombana, L. (2010). *An investigation into the role of Xhosa male initiation in moral regeneration* (Doctoral dissertation, Nelson Mandela Metropolitan University).
- Nyembezi, A., Resnicow, K., James, S., Funani, I., Sifunda, S., Ruiter, R. A., Borne, B.V., Phillips, S.K. & Reddy, P. (2012). The association between ethnic identity and sexual coercion among young men in the Eastern Cape Province, South Africa. *Journal of health psychology*, 17(7), 1089-1094.
- Nyirenda, M., McGrath, N., & Newell, M. L. (2010). Gender differentials in the impact of parental death: Adolescent's sexual behaviour and risk of HIV infection in rural South Africa. *Vulnerable children and youth studies*, 5(3), 284-296.
- Papalia, D.E., Olds, S.W. & Feldman, R.D. (2009). *Human development*. New York: McGraw-hill.

- Pastorino, E. & Doyle-Potillo, S. (2011). *What is Psychology*. Australia: Wadsworth Cengage Learning.
- Peguero, A. A. (2012). Schools, bullying, and inequality: Intersecting factors and complexities with the stratification of youth victimization at school. *Sociology Compass*, 6(5), 402-412.
- Peterson, Z. D., Janssen, E., & Heiman, J. R. (2010). The association between sexual aggression and HIV risk behavior in heterosexual men. *Journal of interpersonal violence*, 25(3), 538-556.
- Phaswana, N., Seage, J., Peitzer, K., Jooste, S. & Mkhonto, S. (2010). *Social determinant of HIV in the Eastern Cape*. Pretoria: Human Science research council.
- Polusny, M. A., & Follette, V. M. (1995). Long-term correlates of child sexual abuse: Theory and review of the empirical literature. *Applied and Preventative Psychology*, 4, 143–166.
- Ragnarsson, A., Onya, H. E., Thorson, A., Ekström, A. M., & Aarø, L. E. (2008). Young males' gendered sexuality in the era of HIV and AIDS in Limpopo Province, South Africa. *Qualitative health research*, 18(6), 739-746.
- Ralph, L. R. & Robert, R. (2008). *Beginning behavioural research*. United State of America: Pearson Prentice Hall.
- Ramathuba, D. U. (2012). Exploring gender and cultural factors associated with sexual health communication in the era of HIV/AIDS: Implications for sexual health

- interventions. *Indilinga African Journal of Indigenous Knowledge Systems: African Indigenous Knowledge Systems: An Account*, 11(1), 73-82.
- Reisig, M. D., & Pratt, T. C. (2011). Low self-control and imprudent behavior revisited. *Deviant Behavior*, 32(7), 589-625.
- Republic of South Africa. (1996). Constitution of the Republic of South Africa, Act 108 of 1996. *Government Gazette*, 378.
- Rogers, C. R. (1951). *Client-centered Therapy: Its Current Practice, Implications, and Theory, with Chapters*. Houghton Mifflin.
- Roman, N. V., & Frantz, J. M. (2013). The prevalence of intimate partner violence in the family: a systematic review of the implications for adolescents in Africa. *Family practice*, 30(3), 256-265.
- Rosenthal, L., & Levy, S. R. (2010). Understanding women's risk for HIV infection using social dominance theory and the four bases of gendered power. *Psychology of Women Quarterly*, 34(1), 21-35.
- Ryckman, R. M. (2008). *Theories of personality: International student edition*. (9th edition.). Thomson Wadsworth: United State of America.
- Ryff, C. D. (2014). Psychological well-being revisited: Advances in the science and practice of eudaimonia. *Psychotherapy and psychosomatics*, 83(1), 10-28.
- Salami, S. O. (2010). Emotional intelligence, self-efficacy, psychological well-being and students attitudes: Implications for quality education. *European Journal of Educational Studies*, 2(3), 247-257.

Sanders, L. (2010). *Discovering research methods in Psychology: A student's guide*.

Britain: BPS BlackWell.

Schultz, D. P. & Schultz, E. S. (2009). *Theories of Personality*. (9th edition.) Wadsworth

Cengage Learning: Australia

Schultz, D.P., & Schultz, E.S. (2013). *Theories of Personality*. 10th edition. Australia:

Wadsworth Cengage Learning.

Schuster, M. A., Corona, R., Elliott, M. N., Kanouse, D. E., Eastman, K. L., Zhou, A.

J., & Klein, D. J. (2008). Evaluation of Talking Parents, Healthy Teens, and a new worksite based parenting programme to promote parent-adolescent communication about sexual health: randomised controlled trial. *bmj*, 337-346.

Shannon, K., Leiter, K., Phaladze, N., Hlanze, Z., Tsai, A. C., Heisler, M., Lacopino,

V. & Weiser, S. D. (2012). Gender inequity norms are associated with increased male-perpetrated rape and sexual risks for HIV infection in Botswana and Swaziland. *PLoS One*, 7(1), e28739.

Shaughnessy, J.J., Zechmeister, E. B. & Zechmeister, J.S. (2012). *Research methods*

in Psychology, ninth Edition. McGraw-Hill: Singapore.

Simbayi, L., Chauveau, C.J. & Shisana, O. (2004). Behavioural responses of South

African youth to the HIV/AIDS epidemic: A nationwide survey. *AIDS Care* 16(5), 605-618

Simons, R. L., & Burt, C. H. (2011). Learning to be bad: Adverse Social conditions,

Social Schemas, and Crime. *Criminology*, 49 (2), 553-598.

- Singh, G. D., & Steyn, T. (2014). The Impact of Learner Violence in Rural South African Schools. *J Sociology Soc. Anth*, 5 (1), 81-93.
- Smit, M. E. (2010). *The role of school discipline in combating violence in schools in the East London region* (Doctoral dissertation, University of Fort Hare, 2010). East London.
- Steinberg, L., Vandell, D.L. & Bornstein, M.H. (2011). *Development: Infancy through Adolescence*. Canada: Wadsworth Cengage Learning.
- Stevens, R. & Cloete, M. G. T. (2010). *Introduction to Criminology*. Cape Town: Oxford university press.
- Stockman, J. K., Lucea, M. B., & Campbell, J. C. (2013). Forced sexual initiation, sexual intimate partner violence and HIV risk in women: a global review of the literature. *AIDS and Behavior*, 17(3), 832-847.
- Sun, R. C., & Shek, D. T. (2012). Positive youth development, life satisfaction and problem behaviour among Chinese adolescents in Hong Kong: a replication. *Social indicators research*, 105(3), 541-559.
- Swartz, L., De la Rey, C., Duncan, N. & Townsend, S. (2010). *An Introduction to Psychology*. Oxford University Press: Cape Town.
- Swartz, L., de la Rey, D., Duncan, N., Townsend, L., & O'Neill (2011). *Psychology: An introduction*. Oxford University Press: Cape- Town.
- Temple, J. R., Shorey, R. C., Fite, P., Stuart, G. L., & Le, V. D. (2013). Substance use as a longitudinal predictor of the perpetration of teen dating violence. *Journal of youth and adolescence*, 42(4), 596-606.

- Tillyer, M. S., Wilcox, P., & Gialopsos, B. M. (2010). Adolescent school-based sexual victimization: Exploring the role of opportunity in a gender-specific multilevel analysis. *Journal of Criminal Justice, 38*(5), 1071-1081.
- UNAIDS, W. (2008). Report on the global AIDS epidemic. *New York: US UNAIDS*.
- Ungar, M., Liebenberg, L., Dudding, P., Armstrong, M., & Van de Vijver, F. J. (2013). Patterns of service use, individual and contextual risk factors, and resilience among adolescents using multiple psychosocial services. *Child abuse & neglect, 37*(2), 150-159.
- UNICEF. (2012). Progress for children: a report card on adolescents. New York: UNICEF.
- United Nations Children's Fund, U.S. Centers for Disease Control and Prevention, Muhimbili University of Health and Allied Sciences (2011). Violence against children in Tanzania: findings from National Survey 2009. Dar es Salaam: Government of Tanzania
- Visser, M. & Moleko, A.G. (2012). *Community psychology in South Africa*. Pretoria: Van Schaik.
- Wahab, Z., Mazhar, S., & Sultana, F. (2012). The Psychoanalytic Study of the Personality Development of Paul Morel in DH Lawrence's Novel Sons and Lovers. *International Journal of Asian Social Science, 2*(11), 1967-1979.
- Walker-Williams, H. J., van Eeden, C., & van der Merwe, K. (2012). The prevalence of coping behaviour, posttraumatic growth and psychological well-being in

- women who experienced childhood sexual abuse. *Journal of Psychology in Africa*, 22(4), 617-622.
- Walsh, A. (2012). *Criminology: the essentials*. United State of America: Sage publication.
- Ward, T. (2002). *Marshall and Barbaree's integrated theory of child sexual abuse: A critique*. England: Routledge.
- Weiten, W. & Hassim, J. (2016). *Psychology: Themes and Variations*. United Kingdom: Cengage Learning.
- Weiten, W. (2010). *Psychology: themes and variations*. China: Wadsworth Cengage Learning.
- Wilson, F. (2011). Gender based violence in South African Schools. UNICEF/11EP working document, 4.
- Wissing, M. P., Temane, Q. M., Khumalo, I. P., Kruger, A., & Vorster, H. H. (2013). Psychosocial health: Disparities between urban and rural communities. In *Well-Being Research in South Africa* (pp. 415-438). Springer Netherlands.
- Witherspoon, D., & Ennett, S. (2011). An examination of social disorganization and pluralistic neighborhood theories with rural mothers and their adolescents. *Journal of youth and adolescence*, 40(9), 1243-1253.
- Ybarra, M. L., Bull, S. S., Kiwanuka, J., Bangsberg, D. R., & Korchmaros, J. (2012). Prevalence rates of sexual coercion victimization and perpetration among Uganda adolescents. *AIDS care*, 24(11), 1392-1400.

Zhang, B., Zhao, F., Ju, C., & Ma, Y. (2015). Paternal involvement as protective resource of adolescents' resilience: Roles of male gender-role stereotype and gender. *Journal of Child and Family Studies*, 24(7), 1955-1965.

APPENDICES

Consent form/ ifom yokwazisa

The researcher guarantees the participants freedom from harm, anonymity, confidentiality and freedom of withdrawal from this research whenever the participant feels like or is feeling uncomfortable with continuous participation.

I Agree to voluntarily participate on the research entitled “**Sexual Aggressive behaviour and incidence of HIV/AIDS among adolescent males in Nkonkobe Municipality, Eastern Cape**”.

Participants’

Signature:

Date:

Uyacelwa ukuba ube yinxalenye yophando kwizimvo zabant’wabatsha basezilalini mayelana nonukunezana ngokwesondo kwabafundi abangamakhwenkwe. Inkcukacha nezimvozakho njengomfundi wasezilalini zakubaluncedo koluphando.

Inkathalo yakho iyakundiceda ekuphumeleleni kwam i deggre yakwas-Psychology. Inxaxheba yakho iyakuba luncedo olukhulu yaye ndiyayibulela.

Ndingu..... ndiyayazi eyokuba ezinkcukacha zizakunceda uphando luka-Notole Mvuyisi. Ndiyathembisa ukuba ndakuhambisa konke okubalulekileyo.

Signature

Date:

Questionnaire

Participant number []

Interview question:

What are the causes, attitudes and values held by adolescent boys on aggressive sexual behaviour and what can be put into practice to ensure good sexual behaviour amongst them?

1. In your own view, what is sexual aggression?

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2. What are your attitude and values towards sexual behaviour (e.g communication with the partner)?

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3. What are the social factors that shape the aggressive behaviour of adolescent males in rural areas?

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4. How do families and societal environment contribute towards the high rates of sexual aggression among adolescent males?

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5. Explain how your community members handle sexual aggression committed by adolescent males.

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6. How do peer influence (friends) and culture contribute towards the sexual behaviour of adolescent males?

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7. Have you ever sexually coerced your sexual partner(s)? Please substantiate your answer.

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8. How do you (as an adolescent male) feel after having sexually forced your partner (e.g. manhood and masculinity, recognition and respect by your peers)?

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9. Explain the reasons why adolescent males rape or force their sexual partners?

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15. Have you ever cohabited (i.e. ukuhlalisana nentombi okomntu otshatileyo)?

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16. If the answer is yes in question 15, please state the reasons that led you to cohabitation.

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17. What strategies would you recommend to reduce the high rate of sexual coercion in your community and/or schools?

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Phase 1: Quantitative approach

**THANK YOU:
SIYABONGA!!!**

SECTION A (biographical information)

Kindly complete the following personal particulars, by putting a cross (X) in the relevant block. To remain anonymous, please do not write your name on the questionnaire. If you would like to change an answer, please do so by clearly erasing using an eraser (rubber). After completion, please return this questionnaire to the person whom it was received.

1. Your age in years?

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2. At which grade are you in this year?

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3. What is your home language

IsiXhosa	1
Zulu	2
English	3
Afrikaans	4
Other	5

4. If your parents are alive, are they?

Single	1
Legally married	2
Divorced	3
Living together, but not married	4

Both mother and father	1
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5. Which one of the following best describes the person(s) who is taking care of you?

Father only	2
Mother only	3
Father and stepmother	4
Mother and stepfather	5
Guardian(s) (Aunt, Uncle, Grandparents)	6
An institution or organization	7
Yourself	8

6. Is your father alive?

Yes	1
No	2

7. If yes, what is your father's employment status?

Retired or pensioner	1
Employed fulltime	2
Employed part-time	3
Self-employed	4
Unemployed	5

Thank you very much

Please turn to the next pages for other questions

Section B

1. Were you forced by older man or woman to have or engage in your first sex (sexual debut)?	Yes	No
2. Do you think will you ever force someone to have sex?	Yes	No
3. Have you ever been forced to engage in sexual intercourse by your friends?	Yes	No
4. Does your past experience of sexual victimization make you to sexually victimize others?	Yes	No
5. Do you have multiple sexual partners (e.g. more than 2)?	Yes	No
6. Do you pay attention when girl say NO or refuse to have sex?	Yes	No
7. Do you use condom when having sex?	Yes	No
8. Do you have a child or children?	Yes	No
9. Have you ever thought of contracting HIV?	Yes	No
10. Does your culture allow you to have sex any time you want?	Yes	No
11. Do you accept sexual suggestion from your partner (e.g. initiation of condom use)?	Yes	No
12. Does your brother or father support and encourage you to have multiple sexual partners?	Yes	No
13. Have you ever witnessed violence from your care-givers or at home?	Yes	No
14. Do you think stress can be relieved through sex?	Yes	No

15. Do you talk about sex with your partner?	Yes	No
16. Do your parents monitor your whereabouts (e.g. when you are not home at night).	Yes	No
17. Do your parents provide you with emotional support?	Yes	No
18. Are you staying with both mother and father?	Yes	No
19. Do your parents drink alcohol?	Yes	No
20. Do you spend much of your time with friends?	Yes	No
21. Have you ever been convinced by your friends to drink alcohol, drugs or to have sex by force with your girl-friend or any vulnerable individual?	Yes	No
22. At school, do your teachers expose you to sexual education?	Yes	No
23. Does your school have recreational facilities?	Yes	No
24. Are there any rape cases or sexual harassments committed within your school premises?	Yes	No
25. Have any of your friends ever raped girls?	Yes	No
26. Sexually aggressive adolescent males have a tendency to disrespect educators?	Yes	No
27. Is it possible for men who provide his girlfriend to negotiate sexual practices?	Yes	No
28. Can drug intoxication lead adolescent males to behave impulsively?	Yes	No
29. Do you practice safe sex when you are under the influence of alcohol?	Yes	No
30. Are you able to control your sexual feelings and behaviors when you	Yes	No

are drunk?		
31. Do your friends give you sexual advices more than you parents?	Yes	No
32. Do you think being aware/conscious about consequences of sexual aggression (punishment, imprisonment, stigmatized and contraction of STIs/HIV) may reduce chances of adolescent males to sexually violate others?	Yes	No
33. Does being physically strong or masculine, give you power to sexually force girls?	Yes	No
34. Do you think poverty can make you to be sexually aggressive?	Yes	No
35. Does pornography viewing influence sexually aggressive behaviour?	Yes	No
36. Have pornography viewing ever influenced your sexual behaviour?	Yes	No
37. Have you ever been arrested for sexual offence?	Yes	No
38. Have you ever gone for HIV test in the last three months?	Yes	No
39. Do you have realistic goals about your future?	Yes	No
40. Do you last in your sexual relationship(s)	Yes	No

**THANK YOU:
SIYABONGA!!!**