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# INTERPERSONAL COMMUNICATION ABOUT SEXUALITY AND HIV/AIDS-RELATED MESSAGES AMONG SOUTH AFRICAN HIGH SCHOOL LEARNERS

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## **ABSTRACT**

*Communication between adolescents and associated others about sex-related issues is considered to be important in promoting healthy behaviour among young people. Sexual behaviour by adolescents is influenced by conversations held with family members and peers. Mass communication effect theories state that interpersonal discussions are capable of modifying the responses of targeted audiences to mass media messages. Various studies have been conducted about parent-child communication. However, literature provides scant evidence of the reasons given by adolescents for their preferred choice of conversation partners for “sensitive” sexual communication. Individual interviews were conducted with 320 high school learners in order to solicit their views. Results (n=1280) show that generally learners would be more willing to talk to their friends than their parents about sex-related health issues. Findings from this study could assist campaign designers in constructing sexual behaviour change messages that foster the right conversations with the right people.*

**Keywords:** sexuality, sex-related issues, HIV/Aids, parent-child communication, interpersonal communication, health communication, high school learners

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## INTRODUCTION

Statistics abound concerning the prevalence of HIV and Aids infections in Sub-Saharan Africa with South Africa being the country most affected (UNAIDS 2012). Recent statistics by UNAIDS (2014) indicates that in 2013, Sub-Saharan Africa accounted for almost 70% of the 2.1 million new infections globally. According to a 2014 survey by the Human Research Sciences Council (HSRC), in 2012, there were 1.2 million more people in South Africa who were HIV positive than the 5.2 million in 2008, bringing the number of people living with Aids to 6.4 million. Furthermore, the 2014 survey reveals that the HIV prevalence among young women is estimated to be eight times higher than that of their male counterparts (Shisana *et al.* 2014). In addition, among the youth aged 15-24 years, Statistics South Africa (2013) reports that 8.5% were HIV positive in 2013.

At present, even though the rate of new infections has decreased by 38% globally, since 2001 according to UNAIDS (2014), available figures such as those highlighted above, indicate that HIV/Aids still needs to be regarded in a serious light. It is worth noting that globally the countries which have reported a decline in HIV prevalence also observed significant changes in sexual behaviour among young men and women, according to UNAIDS (2010). As such, communication targeting sexual behaviour change by audiences remains crucial in the fight against HIV/Aids.

Health promotion organisations and governments in various countries have used the media to communicate and create awareness among different target audiences, with the goal of getting audiences to change their sexual behaviour (KFF & SABC 2007; UNAIDS 2010). In surveys (*ibid.*) around the world, radio and television are cited as key sources of information about Aids by large numbers of people. In South Africa, a 2006 national survey by the Kaiser Family Foundation (KFF) and the South African Broadcasting Corporation (SABC) showed that “the media (including radio and television), as well as national HIV/AIDS prevention and awareness campaigns which utilize media, are highly regarded as effective ways for young people to learn about HIV”. Research however indicates that while mass media campaigns are effective in creating awareness about health issues, they have small and also short-term effects in terms of behaviour change (cf. Lee 2014; Noar *et al.* 2009; Snyder *et al.* 2004). Snyder *et al.* (2004), who conducted a meta-analysis of 48 health campaigns, found that there was a small effect size of short-term campaigns of .09. This means that across a number of different behaviours, only 9% of the people who were analysed as part of the related campaigns, reported behaviour change after exposure to campaign messages.

Still, media campaigns have been shown to have indirect effects through institutional and interpersonal routes (Hornik & Yanovitzky 2003). These authors explain that some individuals may be exposed to media messages via institutions,

not through direct exposure. Or, individuals may be exposed to messages through social interaction with family members, peers, and members in the community; thus people learn about practices that are socially acceptable and those that are not. A number of empirical studies have shown that interpersonal discussions about mass media campaigns have the capacity to moderate campaign effects resulting in changes in behavioural intentions, social norms, attitudes and beliefs, and ultimately leading to behaviour change amongst the target audiences (cf. Dunlop, Cotter & Perez 2014; Reimuller, Hussong & Ennett 2011; South African Government Information 2010).

In terms of theory, research on interpersonal communication about media campaigns premises from mass communication effects theories, which focus on the effectiveness of the messages on audiences in society. A pivotal theory that explains the interface between mass and interpersonal communication is the Two Step Flow Theory by Katz and Lazarsfeld (1955), which assumes that from the media, information is mostly received by opinion leaders. Opinion leaders are identified as the most frequent consumers of media messages. In a second stage, these opinion leaders then interpret the content of the media and use it to influence other members of society concerning the content of the messages. Based on assumptions by theories such as the Two Step Flow, which posits that interpersonal discussions have the capacity to influence behaviour, it was important for this study to find out from the adolescents whom they engage in interpersonal discussions with, that is, their conversations partners. In addition, understanding the reasons why they talk about sexually-related topics and HIV/Aids with these conversation partners might provide insight into the kind of influence that occurs in the communication that occurs.

In order to achieve this, interviews were conducted with adolescents to solicit their responses to the following questions: Are young people willing to talk to their parents about sexuality and HIV/Aids-related topics? Why would young people be willing (or not) to talk to their parents about sexuality and HIV/Aids-related topics? Would young people be willing to talk to their friends about sexuality and HIV/Aids-related topics? Why would young people be willing (or not) to talk with their friends about sexuality and HIV/Aids-related topics?

The main objective of this study is to determine what the views of adolescents are, not only on who they would talk to, parents or friends, but also the reasons why they would want to talk to their preferred conversation partner(s) about sexually-related issues.

## **INTERPERSONAL HEALTH COMMUNICATION BETWEEN ADOLESCENTS, ADULTS AND PEERS**

Studies on how to achieve behaviour change through interpersonal discussions among adolescents are important for a number of reasons. Firstly, because of the recent statistics (as already discussed), which show that young people are still vulnerable with regard to HIV/Aids (Statistics South Africa 2013). Secondly, adolescence is a crucial development stage; a stage when behaviour is easily influenced, based on the Social Development Theory. For example, Catalano and Hawkins (1996: 156) in their Social Development Model state that at this stage, adolescents learn patterns of behaviour from socialising units such as family, school, religious and other community institutions, and peers.

Research has been conducted on the effects of interpersonal communication with adolescents, with a number of studies addressing the effects of adult-to-child (cf. Romo, Bravo & Tschann 2014; Ladapo *et al.* 2013; Sutton *et al.* 2014; White 2012; Wight & Fullerton 2013) and peer-to-peer (Lefkowitz, Boone & Shearer 2004; Zisser & Francis 2006) interpersonal discussions about sexual health-related issues on adolescents' behaviour. Some of the studies have examined the gist of the conversations and the subsequent effects: that is, positive or negative conversation valence (Boone & Lefkowitz 2007; Romo *et al.* 2014). Conversation valence studies, for instance, have shown that better parent-adolescent communication has been associated with fewer incidences of risky sexual behaviour, while negative communication has been related to risky adolescent sexual behaviour (Boone & Lefkowitz 2007). In another study by Romo *et al.* (2014: 7), the girls who reported that they communicate more at home about sexual topics also reported more positive attitudes, for instance, that they would feel comfortable using, buying and carrying condoms and asking their partners to use them as a preventative method. This study involved 48 mother-daughter dyads talking about sexual health and HIV transmission.

Studies on preferences in regard to conversation partner(s) by young people provide results that are mostly gender-biased (Miller-Day 2002; Namisi *et al.* 2009; Noller & Callan 1990). For instance, Noller and Callan (1990) found that mothers are the preferred choice of conversation partner about sexual communication. This is because mothers are often perceived by adolescents to be more accepting of their opinions than fathers. Miller-Day (2002) also found that adolescents feel closer to their mothers, therefore they prefer to talk to them about sensitive topics. A largescale study involving 14 944 adolescents at various sites in South Africa and Tanzania by Namisi *et al.* (2009) was gender-biased, but also based on the gender of the respondent. The study showed that young women preferred to talk to their mothers, while young men preferred to talk to their fathers about sexuality issues. However, it should be noted that many of the participants in this study

reported that they do not talk about sexual topics with older people. At some of the sites up to 87% of the participants reported that they did not talk to their parents about sexual topics. The study by Namisi *et al.* (2009) is similar to the one whose findings are reported in this article as the focus of both studies includes providing reasons why the adolescents prefer to talk about sexually-related topics. The difference between the two studies is that the study by Namisi *et al.* (2009) was quantitative, with the information derived from 155-item questionnaires. The length of the questionnaire implies that there was not much of an opportunity given to participants to express their views on the subject.

Researchers caution about the consistency of reports about sexual communication (Miller *et al.* 1998; Wight & Fullerton 2013). Miller *et al.* (1998), for example, found inconsistency in reporting in 26% of mother-child pairs. This implies that if information about sexual communication is reported by parents, it may not necessarily reflect the same or even similar views from the children. Yet most of the studies on interpersonal discussions report findings based on responses by the parents. It is noteworthy too that parent-child conversations do not always guarantee behaviour change among the adolescents. Wight and Fullerton (2013), in an evaluation of 44 programmes which mostly focused on parent-child communication on sex, found that sexual behaviour outcomes only improved in about half of the studies.

It appears that not many studies have been conducted about communication with friends about sex-related topics. Literature analysing the content or effects of conversations between friends, in comparison to parent-child studies, is scarce. However, a study on conversations with peers, by Lefkowitz *et al.* (2004), found that conversations between friends were more frequent among females. They also found that more frequent and comfortable conversations between friends were generally associated with more liberal sexual attitudes and more positive condom-related attitudes. Another study by Busse *et al.* (2010) on communication with friends about sexual initiation found that females engaged in more frequent communication, but that the effects of the conversations did not differ from those of the males. In other words, there were no gender differences in terms of the effects of communication with friends.

### **Conversations based on media campaigns**

Research about parent-child discussions is driven by media campaigns which often encourage parents to talk to their children about health-related issues. More often than not, most of the media campaigns do not indicate how they should discuss such topics (Boone & Lefkowitz 2007; loveLife 2006). As Boone and Lefkowitz (2007) point out, such media messages urge parents to talk to their children, but do not offer guidelines about how this should be done. An example

of a media campaign aimed at encouraging conversations was constructed by the South African health promotion organisation loveLife in 2006 with the tag line “Talk about it”. In addition to the messages targeted at young people, some of the loveLife billboards targeted parents. For instance, one of the advertisements addressed parents specifically: “If you aren’t talking to your child about sex, who is?” The rationale of the campaign, according to loveLife (2006), was that pre-campaign surveys showed that young people, who reported that friends and siblings were their primary source of sexual education, often found that information inaccurate. The billboard message, according to loveLife, was designed to encourage parents to talk more openly to their children about sex and other matters. It is unclear whether empirical studies were conducted among parents to determine the effects of this campaign message; thus, whether or how any resultant conversations took place.

A study on conversations between mothers and adolescents, by Boone and Lefkowitz (2007), examined the form and the content of the conversations, with a view towards establishing what it is that parents talk about with adolescents. These authors attempted to determine the communication strategies that parents use to communicate with their children, and whether parents talk about different sex-related topics in a similar manner. They found that in conversations about different health-related topics, such as sexuality, drugs and alcohol, nutrition and exercise, the mothers spent more time asking questions rather than discussing the negative consequences or lecturing the children. The study, which examined 49 dyads between mothers and adolescents, focused on the mothers, but did not analyse the responses of the adolescents in terms of their own communication strategies and form. Similarly, Romo *et al.* (2014) found that mothers asked more questions in the conversations, rather than talking about the message content. Interestingly, a study among young people on another loveLife campaign, which was intended to encourage interpersonal discussions in 2005, the “Get Attitude” campaign, indicated that the campaign failed to stimulate discussion for many of them (Zisser & Francis 2006), even though they said that they were more likely to speak to their teachers than to their parents or friends.

It is important to find out who the preferred choice of conversation partners is, especially if effective media campaign messages are to be constructed. Furthermore, for effective campaigns to be designed that ensure that the right conversations are held with the right conversation partners, it is necessary to determine what the views of the young people are.

## **METHODOLOGY**

A mixed-method study was conducted in which the respondents were interviewed using a schedule with both open-ended and close-ended questions. As such

both qualitative and quantitative questions were asked, both forms of data were collected and analysed, and a quantitative and qualitative interpretation was made. According to Creswell and Plano Clark (2007: 10), “this kind of research is ‘practical’ because individuals tend to solve problems using both numbers and words, combine inductive and deductive thinking ...”. This approach allows for a better understanding of the subject, given that it is examined using both approaches. With regards to this study, the quantitative data (close-ended questions) enabled the researcher to determine whom the adolescents would be more willing talk to, with the qualitative data (open-ended questions) informing on the reasons why.

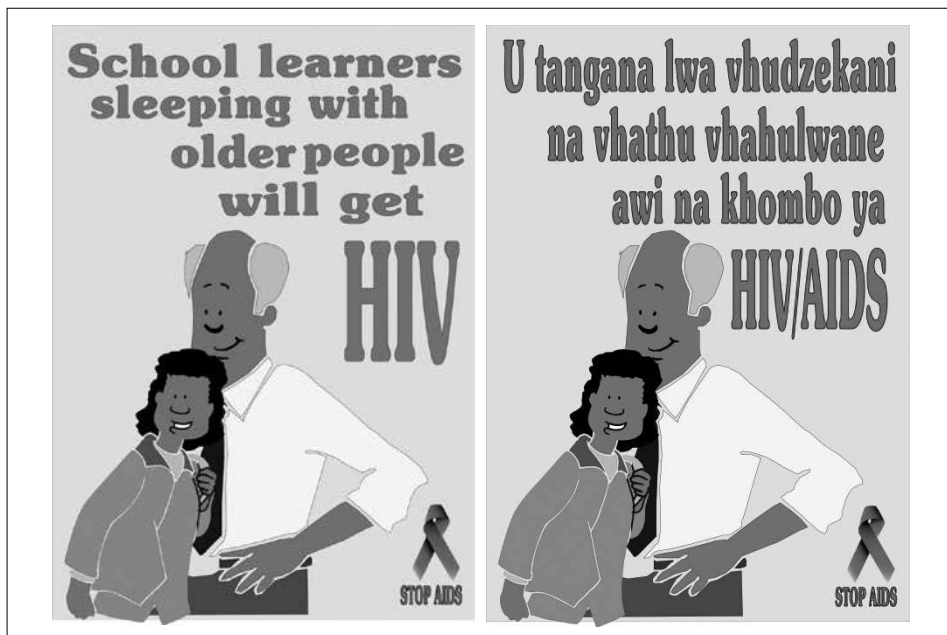
A total of 320 learners, both female and male, were randomly selected from 11 secondary schools in the Vhembe district of the Limpopo Province. All the learners were aged between 13 and 19 years. This age group was selected on the basis of falling within the adolescent bracket, but also being the target audience of various mass media campaigns, such as those of loveLife and Soul City. The participants were all first-language speakers of Tshivenda. All the respondents were asked the same questions in two different languages: English and Tshivenda.

Sixteen posters were designed based on four topics, namely, intergenerational relationships, peer pressure, alcohol abuse and multiple partners. These themes were sexually-related and also identified as indicators and determinants of HIV infection in the 2008 and 2009 Human Sciences Research Council (HSRC) South African National HIV Prevalence, Incidence Behaviour and Communication Survey and the South African National HIV Communication Survey, respectively. The 2009 HSRC Survey identified high-risk consumers of alcohol as one of the most at-risk populations in terms of exposure to HIV and Aids. Also, the number of young people who had sex with partners who were five or more years older than them increased from 9.6% in 2005 to 14.5% in 2008 among males, and among females from 18.5% in 2005 to 27.6% in 2008. There was a higher HIV prevalence among teenage males and females who reported having sexual partners who are five or more years older than themselves (Shisana *et al.* 2005). More recently, Shisana *et al.* (2014) reported that young women aged 15 to 19 years are more likely to have sex, not with their peers, but with older men. One-third (33.6%) of the young women reported having had a partner more than five years their senior, compared to only 4.1% of the young men. This trend is motivated by subsistence needs, as well as being linked to materialism (which is in turn motivated by peer influence) and consumption (Hunter 2002; Leclerc-Madlala 2008; Pettifor *et al.* 2004). Regarding multiple relationships, in 2002 among people aged between 15 and 49 years, 9.4% of the participants reported having two or more partners, a number that increased to 10.6% in 2008 (Shisana *et al.* 2009).

The 16 posters in this study mostly varied in terms of the form of the messages, but also the language used. Some of the posters were literal, some included verbal

metaphors, others visual metaphors, or a combination of both, while others included Tshivenda proverbs and idioms. Common among the posters were the themes, the literal verbal messages, and some of the visual messages. All of the posters carried a logo with the red ribbon and the text “Stop AIDS” (see figure 1 below).

**FIGURE 1: EXAMPLES OF TWO LITERAL POSTERS ON THE THEME OF INTERGENERATIONAL RELATIONSHIPS**



Before proceeding with the research, the main researcher received permission from the Limpopo Provincial Department of Education to conduct research among the learners at the schools identified. The researcher was instructed to seek further permission from the circuit managers where the schools were located, as well as the school principals. The research took more than a week at the different schools. The schools were in different locations in order to avoid the learners sharing information, thus compromising the study. At the schools, the learners were randomly selected by teachers in charge of Life Orientation, as instructed by their principals.

A venue was allocated at each of the schools where the four researchers could guide the learners through the interview schedules. At the venue, two researchers interviewed the learners in English and the other two in Tshivenda using an interview schedule in both languages. The interview schedule consisted of closed-ended and open-ended questions. Using a 4-point Likert scale, among other



questions, the learners were asked: “How possible will it be for you to talk about this message with friends?”, with 1 (not possible at all) to 4 (very possible). They were also asked: “How possible will it be for you to talk about this message with older people?”, with 1 (not possible at all) to 4 (very possible). Both of these questions were followed by an open-ended question: “Can you explain why you gave this mark?”

The responses were written down by the researchers, but also captured on a voice recorder. All the information was transcribed verbatim. The interviews conducted in Tshivenda were translated into English by a first-language speaker of Tshivenda. They were cross-translated into English by another first-language expert to ensure validity.

## RESULTS

The results from the study will be presented both quantitatively from answers to the closed-ended questions, and qualitatively with answers to the open-ended questions. In general, young people ( $N=1,280$ ) mentioned that they would be very willing to talk to their friends ( $M=3.19$ ,  $SD=1.12$ ), on a scale of 1 to 4, with a median of 2.50, rather than to their parents ( $M=2.80$ ,  $SD=1.16$ ).

### Whether young people would be willing to talk to their parents

The first question sought to determine whether the young people who participated in this study would be willing to talk to their parents about sexuality and HIV/Aids-related topics. The responses of the participants ( $N=1,280$ ) showed that overall, young people would be willing to talk to their parents ( $M=2.80$ ,  $SD=1.16$ ), on a scale of 1 to 4, with a median of 2.50. In addition, a one-way MANOVA was conducted to find out what topics the learners would be most willing to talk about with their parents. A significant effect was found of willingness to talk to parents on two topics. Multiple, concurrent sexual partners was one of the two topics ( $F(12,945)=2.19$ ,  $p<.01$ ; Pillai's Trace= 2.15,  $\eta^2=.003$ ). A follow-up test was conducted. The Analysis of Variance (ANOVA) revealed a significant effect of the topic of multiple, concurrent partners ( $F(3,318)=3.80$ ,  $p<.01$ ;  $\eta^2=0.04$ ). On average, the participants were of the opinion that the possibility was higher that they would not discuss this topic with their parents ( $M=2.80$ ,  $SD=0.14$ ).

The second topic was the role of peer pressure ( $F(12,945) = 2.19$ ,  $p<.01$ ; Pillai's Trace=2.15,  $\eta^2=.003$ ). An ANOVA revealed a significant effect of the role of peer pressure ( $F(3,318)=3.19$ ,  $p<.01$ ;  $\eta^2=0.03$ ). On average the participants were of the opinion that the possibility was higher that they would discuss this topic with their parents ( $M=2.82$ ,  $SD= 0.10$ ). In terms of which gender would be more willing to talk to their parents, there was no significant difference between males and females.

## **Why young people are not willing to talk to their parents**

The reasons why these young people would, or would not, be willing to discuss the topics were derived from their answers to the open-ended questions. A number of themes emerged from the open-ended questions. They were of the opinion that they would not be very willing to talk to older people about multiple partnerships, mainly because of age and/or cultural reasons. This is reflected in some of the responses below.

### *Cultural norms as a barrier to sexual communication with parents*

The young people felt that according to their cultural norms, it is not allowed for a young person to talk about sex with an older person, including parents, because it is considered to be disrespectful. Two participants voiced it as follows:

“Older people they will say [sic] I am disrespecting them.”

“They will think that I am not respecting them.”

Other participants explained that according to their cultural norms it is allowed to have more than one sexual partner in terms of relationships, especially in terms of customary marriage. They felt that since the practice of having multiple sexual partners was the norm in their culture, it was not worthwhile talking about it. One participant said he or she would not bother to talk about it with his or her parents because of what the parents were likely to say:

“They will say it is a taboo in our culture but I want to help them get out of that life because it is bad and have one partner [sic].”

A participant said it was because of the cultural beliefs of the adults themselves in relation to the practice of multiple sexual relationships that he or she would not be willing to talk to them:

“Older people believe in having more than one wife.”

Another participant felt that young people were not willing to talk to parents about multiple sexual partners because of the discomfort that such a conversation could evoke:

“African children feel uncomfortable talking about this thing with their parents.”

### *Age as a barrier to sexual communication with parents*

In terms of age as a barrier to sexual communication, most of the participants felt that they were young and that older people, such as their parents, would question

why they are talking about sexually-related topics. These participants voiced a similar opinion:

“At my age they will ask me why I am asking and they will say I am too young to ask about this.”

“If I am talking about this with a person involved in it they will say [sic] I am still young I should shut up.”

Others related their age to feelings of inadequacy in terms of talking about the topic; for example, the responses of the following participants:

“Older people they cannot understand us [sic] because they will say you are still young you cannot tell me what to do.”

“I will be scared to talk to them.”

“I just can’t talk with them.”

“I will be too shy.”

Others felt inadequate because in their view their parents and older people in general are not accessible in terms of communication:

“Older people, you will not know what to say to them and how to talk to them because some of them are not approachable.”

“When we talk with older people they will say you are crazy because some of them they do not want young people to talk about it with them.”

## **Why young people would be willing to talk to their parents**

### *Guidance and advice*

The young people said they would be more willing to talk to their parents about the role of peer pressure because their parents always advised them on the type of friends they should associate with. They cast their parents in the roles of advisors and problem-solvers, which are both motivating factors for them to talk about this topic, as reflected in the responses:

“They are the ones that give me advice on how to choose friends even if I can choose friends for myself I need their advices [sic].”

“The elder [sic] are the ones that will advise me when I tell them I am HIV positive.”

“Older people tell me good advice [sic] when I have a problem with my friend.”

“They always guide their children not to listen to wrong advices [sic] from the friends.”

The young people were also of the view that older people have ample experience, which they can use to guide them in terms of which friends they should choose:

“They will advise us which friends must [sic] we choose.”

“I can talk with elder people because they understand what is [sic] all about and they will also give me advice.”

### **Whether young people would be willing to talk to their friends**

Thirdly, the question on whether young people would be willing to talk to their friends about sex-related topics was also answered using statistical tests.

The responses (N=1,280) of the participants showed that in general they would be very willing to talk to their friends (M=3.19, SD=1.12), on a scale of 1 to 4, with a median of 2.50, in comparison to their parents (M=2.80, SD=1.16). In addition, a one-way MANOVA was conducted to find out what topics the learners would be most willing to talk to their friends about. A significant effect was found on the willingness to talk to friends on two topics. The role of peer pressure was one of the two topics ( $F(12,945)=2.19$ ,  $p<.02$ ; Pillai's Trace= 2.07,  $\eta^2=.003$ ). A follow-up test was conducted.

The ANOVA revealed a significant effect on the topic of intergenerational relationships ( $F(3,318)=3.40$ ,  $p<.01$ ;  $\eta^2=0.04$ ). On average, the participants said that the possibility was low that they would not discuss this topic with their friends (M=2.05, SD=1.09). The second topic was about intergenerational relationships ( $F(12,945)=2.19$ ,  $p<.01$ ; Pillai's Trace= 2.15,  $\eta^2=.003$ ). An ANOVA revealed a significant effect of the multiple relationships ( $F(3,318)=3.41$ ,  $p<.01$ ;  $\eta^2=0.03$ ). On average the participants were of the view that the possibility was higher that they would not discuss this topic with their friends at all (M=2.95, SD=0.82). In terms of which gender would be more willing to talk to their friends, there was no significant difference between males and females.

### **Why young people would be willing to talk with friends**

#### *Closeness and open communication with friends*

In terms of the willingness to talk with their friends about how peer pressure relates to HIV and Aids, the participants cited a variety of reasons:

“When I am with my friend I can tell everything I like.”

“We talk about this things more often and we advice [sic] each other.”

“We are very close; we can talk about anything we want.”

*Value of friendship*

Some respondents were of the opinion that the motivating factor to have conversations about peer influence is because they value their friendships. In addition, because they value not only the friendship, but also have the interests of their friends at heart, they view such conversations as an opportunity to educate their friends:

“I will tell them that they must give me a good advice [sic] because as a person I must get good advice.”

“I wanted them to know that in life they should get good advice because bad advice will end you in trouble [sic].”

“I can tell them not to take wrong advice from friends.”

“I care about my friends and I wouldn’t want them to be infected by HIV and that means that I will do anything that I can so that they do not get the disease.”

“We have more to talk about it will be helping others to understand the meaning of HIV and how they must avoid bad companies [sic].”

**Why young people would not be willing to talk to their friends***Prevailing behaviour*

Interesting reasons emerged about why the participants would not be willing at all to talk to their friends about intergenerational relationships and HIV/Aids. Among the reasons was the fact that some of their friends were already engaging in intergenerational relationships with older people, therefore they would not be willing to listen to them:

“They cannot really understand because they love money a lot.”

“Some of my friends are addicted to sleeping with older people and it will be hard for them to understand.”

“It is their style.”

“They won’t believe me because they might have slept with elder people [sic].”

*Prior knowledge*

The young people were also of the view that there is a glut of information available on sexually-related topics and HIV/Aids. They therefore felt that it was not necessary to engage in further conversations about the topic:

“They know about it and I trust them that they won’t do it.”

“They understand about HIV/Aids.”

### *Fear related to inadequacy*

Some of the young people felt inadequate to talk to their friends about such sensitive topics. The feelings arose out of their personal views about self, but also related to how their friends would view them:

“I will be shy to talk about sex things with my friend.”

“I am shy to talk to them about what they are doing.”

“Some they will say I am a stupid because I am a Christian.”

### *Perceptions towards sexual topics*

Yet another group of participants felt that sexually-related topics, specifically HIV/Aids, were unpleasant, therefore they were not willing to talk about them:

“I will not talk this thing [sic] with my friend; we are not ready to do this thing.”

“My friends do not talk about horrible thing [sic] like having sex with older people.”

## **DISCUSSION AND CONCLUSION**

This study indicated a variety of reasons why young people would be willing to talk about sexuality and HIV/Aids with parents or friends. They included cultural, religious and social factors, as well as self-perception or the perceptions of others.

In relation to the first question, there were only two sexually-related topics that were statistically significant in regard to the willingness to talk to older people, such as parents. The respondents said they would not be willing to talk about multiple partnerships and HIV/Aids with their parents, yet they were more than willing to discuss peer pressure and HIV/Aids with them. Perhaps it should be pointed out here that the topic that they were similarly willing to talk about with their friends was peer pressure and HIV/Aids, although the reasons that were given were different. One could argue that they probably viewed the topic as a safer one to discuss with older people than multiple sexual relationships and HIV/Aids. This finding concurs with what Namisi *et al.* (2009) found, namely that young people preferred silence above speaking to their parents about sexually-related topics.

In order to provide explanations about the reasons why they would be willing to talk, various themes emerged from their open-ended answers. In terms of multiple

sexual relationships and HIV/Aids, which the participants were not willing to talk about with their parents, culture and age played a dominant role. Most of the participants insinuated that culturally it was wrong, disrespectful and improper, a taboo even, for them to discuss such a sensitive topic with older people such as their parents. The literature provides support for culturally-related reasons resulting in an unwillingness to talk about sexually-related topics on the part of both parents and young people (cf. Klu, Frempong & Odoi 2012; Lambert & Wood 2005; Namisi *et al.* 2009).

On the other hand, some of the young people seemed to believe that since it was culturally correct to have multiple partners, as it was a common practice, then the need did not exist to talk about the topic. It was also interesting that one of the reasons why the respondents felt inadequate to talk to older people was because of the perception that older people were not approachable. This differs from the findings of Namisi *et al.* (2009) who found that young people experienced silence in their communication with older people. Other reasons given in this study for why young people would want to talk about sexually-related topics, namely experience and the advisory role, were also not identified in the study by Namisi *et al.* (2009). This may be because that study was quantitative, therefore it could not provide reasons for the findings.

The third question about whether they would talk to their friends about any of the four sexual and HIV/Aids-related topics indicated that young people were willing to talk about the relationship between peer pressure and HIV/Aids, but they were not willing to talk about intergenerational relationships with their friends. Their responses to the open-ended questions confirmed this unwillingness and yielded interesting themes. Most prominent of the responses was the fact that some of the learners were already engaging in such relationships with people who were much older than them, termed as the “sugar daddy” syndrome. The young people provided the main reason why they thought their friends engaged in intergenerational relationships: materialistic tendencies, with their friends wanting material goods. These views about intergenerational relationships and the reasons for engaging in such relationships are supported in prevailing studies (cf. Hunter 2002; Leclerc-Madlala 2008; Pettifor *et al.* 2004; Shisana *et al.* 2005; 2009; 2014). However, that young people are of the opinion that it would be futile to talk to their friends about changing their behaviour, especially if they were already involved in relationships with older people, is not mentioned in literature. The young people felt that because of their friends’ desire to possess material goods they would not heed their warnings.

Other young people were of the view that they had received ample sexuality education, especially from their school curriculum. They therefore thought that they had enough knowledge and did not need to talk to their friends about

sexually-related topics. There were some young people who viewed conversations about sexuality and HIV/Aids-related topics in terms of religion. Religion is also mentioned in literature in relation to interpersonal discussions about sexuality and HIV/Aids. For example, Ragnarsson *et al.* (2009) argue that religious beliefs often frame individuals' perceptions in conversations related to HIV/Aids. The respondents mentioned that they would not be able to talk about such topics because exposing their religious stance on such issues would cause their friends to undermine them.

In conclusion, the findings of this study have provided insight into the conversation partners and the reasons why adolescents would talk about sexually-related topics with these partners. Such results would be beneficial to health promotion organisations that may be interested in designing effective programmes which would take into consideration specific factors relating to target audiences. The results of this study may not be generalisable because they are unique to the particular group which participated. If the study was replicated in a different group, for example among an urban-based group of adolescents or young people from a different culture, it is possible that the results may differ because of the differences in cultural norms. Future studies could explore the views of adolescents from urban areas, especially given that they are exposed to various cultures. Nonetheless, the study offers valuable insight into the interpersonal communication behaviour of adolescents on sexuality and HIV/Aids.



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